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Abstracts

University of Manchester Institute of Science and Technology (UMIST)

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Basic Processes

Keynote Addresses

Emotional processing biases: Nature and modification
Andrew Matthews, Cognition and Brain Sciences Unit, Cambridge, UK

The encoding of emotional events has sometimes been regarded as automatic, because the processing involved can occur outside awareness. However, this does not mean that emotional encoding cannot be controlled, although it may often be the case that people are unaware of how to do so, or even that such control is possible. Evidence is presented to show that the neural activation associated with fear-related stimuli can be modified by top-down control, and that related instructions can modify emotional vulnerability to stressful events. However, it is further argued that such effortful control is resource limited, and that more robust control might be achieved via repeated practice in accessing positive representations that inhibit competing negative meanings. Studies of attentional and interpretative encoding biases induced by practice show that they have causal effects on emotional vulnerability, by influencing how threatening events are encoded. Experimental investigations are beginning to reveal the critical processes underlying these changes in emotional vulnerability, and it is argued that the same approach is likely to be helpful in addressing questions relevant to therapeutic change.

Images in psychopathology: Mirrors that would do well to reflect again.

In recent years there has been renewed interest in phenomenology in PTSD. A number of studies have looked at the characteristics of imagery (including flashbacks, intrusive images and nightmares) in this disorder, and its response to various therapeutic interventions. There has also been a parallel interest in studies of imagery across many other disorders, making comparisons possible. There appears to be a substantial amount of commonality across disorders. In this paper there will be consideration of these findings in relationship to theoretical models of memory. Case examples will be described. Treatment strategies will be examined, with an attempt to delineate common processes. Implications for our understanding of cognitive-emotional processing of upsetting imagery will be discussed. It will be suggested that intrusive imagery is frequently appraised as accurately mirroring past, present or future reality, and is often strenuously avoided. However, it appears that bringing such imagery into full awareness and reflecting upon its content in various ways may produce profound changes, including its disappearance, even after many years.

Personality And Safety Behaviours In The Genesis And Treatment Of Anxiety Disorders
Marcel van den Hout, Utrecht University, the Netherlands.

Negative affectivity (NA) is a stable personality trait that is largely under genetic control and that predisposes to anxiety disorders. Meanwhile, though anxiety disorder patients (with the exception of simple phobics) are invariably high on NA, most people with high NA do not develop anxiety disorders. The first question to be addressed is how NA may contribute to anxiety disorders. The role of content overlap between high NA and some anxiety disorders will be reviewed as will be the combination of negative life events and NA. It will be argued that, especially after negative life events, NA fosters the perception of threat, motivating safety behaviours. Many safety behaviours may reduce perceived threat or leave perceived threat unaffected; in those cases people are unlikely to attend clinics. Some safety strategies have the ironic effect of increasing perceived threat and anxiety and counter-productivity of safety strategies may mark the transgression from high NA to a clinical syndrome. This will be illustrated by the paradoxical effects of compulsive checking on obsessive uncertainty. Second, personality and treatment issues will be reviewed. Do stable personality features like NA have influences on the outcome of CBT? And what is the therapy prognosis if anxiety disorder patients suffer from co-morbid axis II disorders? Data to be discussed stem from the lab, prospective trauma research, population genetics and a large data set from patients treated with CBT. Clinical implications will be discussed.
Symposium

Attention Training and Treatment: Nature and Effects
Convenor and Chair: Adrian Wells, University of Manchester

Introduction

Adrian Wells, University of Manchester, UK

Recent metacognitive theory of emotional disorders (e.g. Wells & Matthews, 1994) suggests hat it should be clinically beneficial to directly modify attentional processes in psychological disorder. Attention training could be used to disrupt unhelpful patterns of self-focused processing, increase flexible control of cognition, and facilitate disconfirmatory processing. This symposium offers a collection of papers describing the nature and effects of attention training procedures on a range of disorders or symptoms.

Attention Training with auditory hallucinations: A Case Study
Lucia R. Valmaggia, Institute of Psychiatry, London, UK; University of Maastricht, NL and Adrian Well, University of Manchester, UK and Laura Schuurman, Dept. of Psychotic Disorders, Assen, NL

The case presented in this paper illustrates how Attention Training (ATT) (Wells, 1990) can be applied in a clinical setting in the treatment of auditory hallucinations. The client presented had a four year history of schizophrenia and treatment refractory auditory hallucinations. He had received Cognitive Behaviour Therapy (CBT) before starting ATT. CBT had changed his attribution of the voices, when he started with ATT the client did no longer hold the belief “voices are dangerous”, but his processing configuration was still acting ‘as if’ the voices were a source of threat: he would listen to them, ruminate about them and was easily distracted by them. ATT resulted in a reduction of symptoms and a dramatic change in the perceived control and mastering over the auditory hallucinations.

Task concentration training versus applied relaxation, followed by cognitive therapy, for social phobia
Susan Bögels, Maastricht University, Department of Medical, Clinical, and Experimental Psychology, Maastricht, The Netherlands

Social phobia patients with fear of blushing, trembling, sweating and/or blocking as the main complaint (N = 65) were randomly assigned to either task concentration training (TCT) followed by cognitive therapy (CT) or applied relaxation (AR) followed by CT. Measurements took place before and after waiting list, immediately after TCT or AR (within-test), immediately after CT (post-test), at 3-months follow-up, and at 1-year follow-up. Effects were assessed on fear of showing bodily symptoms (the central outcome variable), general social phobia, other psychopathology, social skills, self-consciousness, self-focused attention, and dysfunctional beliefs concerning the bodily symptoms. No changes were observed during waiting list. Both treatments were highly effective, that is, effect sizes exceeded 2. TCT was superior to AR in reducing fear of bodily symptoms and dysfunctional beliefs at within-test. This difference disappeared after CT, at post-test and at 3-months follow-up. However, at 1-year follow-up the combination TCT-CT was again superior to AR-CT in reducing fear of showing bodily symptoms. Furthermore, at all assessment moments TCT or the combination TCT-CT was superior to AR-CT in reducing self-consciousness and self-focused attention. The superior long-term effect of TCT on fear of showing bodily symptoms is explained by changes in focus of attention.

Practical application of attentional training for Hypochondriasis
Theo K. Bouman, University of Groningen, The Netherlands

Over the past decade several applications for attentional training as a treatment for a variety of disorders have been proposed and described in the clinical literature. This paper addressed the specific application of attentional training for hypochondriacal patients. It is generally assumed that many of these patients have a strong tendency to focus on bodily stimuli to the exclusion of other input, whereas other patients try to avoid any awareness of their bodies. Our group adapted the attentional training paradigm in order to make it a treatment in its own right for patients with severe health anxiety. The treatment (called Training in Attentional Manipulation: TAM) consists of 12 sessions, six of which are dedicated to a general training in attentional modification, and six sessions aim at changing the specific hypochondriacal selective attention. The actual application of TAM will be highlighted and several successful as well as unsuccessful cases are presented to show the clinical potential and limits of attentional training.
Attentional and psychophysiological functioning following attention training versus guided relaxation in high worriers

Richard J. Brown, University of Manchester, UK and Adrian Wells, University of Manchester, UK

This presentation describes the findings from a preliminary study into the cognitive and psychophysiological mechanisms of attention training. Individuals reporting high levels of worry were randomly allocated to one of three treatment conditions: attention training treatment (ATT: Wells, 1990), guided relaxation (GR) or no intervention. Participants completed three measures of attentional functioning from the Test of Everyday Attention (Robertson et al, 1994) and questionnaire measures of anxiety, depression and dispositional self-focus in session 1. Participants in the ATT and GR groups were then introduced to the relevant technique and asked to practice it during the session. Psychophysiological measures of arousal (heart rate and galvanic skin response) were acquired during this initial procedure. These participants were then asked to practice the technique on a daily basis until session 2, a fortnight later. Participants in all three groups were re-presented with the attention tests and questionnaire measures in session 2. ATT and GR participants were also asked to practice the relevant technique for a final time, while further psychophysiological measurements were taken. Findings are discussed in relation to predictions from the S-REF model (Wells & Matthews, 1994) concerning the impact of attention training on emotional arousal and the efficiency of high-level attention.

Attention Training: Towards a New Effective Treatment for Hypochondriasis

Michael J Cavanagh, Sydney University, NSW, Australia

Hypochondriasis is a common and costly problem for modern health care systems. Until recently, effective and accessible treatments have been unavailable, and the disorder has often gone undiagnosed and untreated in primary care settings. Attention training is a brief intervention that may offer significant therapeutic benefit to patients such as are offered by more lengthy CBT treatment programmes. Attention training is thought to liberate attentional resources for processing of health related information, leading to lower anxiety and improved cognitive schemas. This paper presents the results of the first controlled trial of Attention Training as a treatment of Hypochondriasis. Thirty eight patients were allocated into treatment and waitlist control conditions.. Analysis of pre and post treatment/waitlist data suggest that Attention training is highly effective in reducing preoccupation with symptoms, need for reassurance, disease conviction and checking and avoidance behaviours. Results gathered immediately post treatment and at 18 month follow-up will be presented.

Anxiety and Attention: Research innovations in research and implications for theory and treatment

Convenors: Warren Mansell, Institute of Psychiatry

Factors determining attention bias for facial threat

Arne Öhman, Pernilla Juth, Daniel Lundqvist, Andreas Karlsson, Department of Clinical Neuroscience, Karolinska institutet, Stockholm, Sweden

Studies using visual search paradigms to examine potential threat advantages in detecting angry or happy faces against a background of neutral or emotional faces have reported inconsistent results. Some studies have reported a predicted threat advantage that is enhanced among anxious individuals, whereas others have not found any effect of target emotion. Indeed, under some circumstances there is even an advantage for happy over angry faces. This appears to be particularly likely if the background faces are neutral and if there are many different individuals represented in the stimulus material. Another factor promoting faster detection of happy than angry faces among neutral ones may be that angry and neutral faces are more confusable than happy and neutral faces. In an effort to alleviate this confound, we compared happy faces with fearful ones as targets among neutral background stimuli, because fearful and happy faces appear to share more features (e.g., open eyes and mouth) than angry and happy faces. Nevertheless, the happy advantage remained, and there were few effect of participants’ social anxiety. However, controlling for perceptual factors by using schematic faces, we demonstrated a consistent angry advantage both in terms of detection latencies and eye movement recordings. Furthermore, when social threat was added to the procedure by having participants monitored by an allegedly critical observer, socially anxious persons showed particularly poor accuracy in detecting happy targets among angry background stimuli, which suggest that they were distracted by threatening faces.
The Role of Anxiety in determining the Detection and Disengagement of Attention from Angry Facial Expressions
Elaine Fox, Riccardo Russo, & Stacy Eltiti, University of Essex

The nature of attentional bias towards threatening stimuli in anxious individuals has been the focus of much recent research. One view is that anxiety elicits a faster detection of threatening objects such as predators or threat-related facial expressions. An alternative view is that anxiety may be more closely associated with a delayed disengagement from threat, once detected. A number of experiments were conducted, in which both detection (visual search) and disengage tasks were presented to individuals reporting high and low levels of trait-anxiety. While there was a general tendency for faster detection of threat stimuli (angry faces) relative to non-threat stimuli (happy or neutral faces) for all people tested, high levels of trait-anxiety either did not further enhance this tendency or enhanced it to only a small extent. In marked contrast, anxiety was strongly associated with a delay in disengaging from threat-related facial expressions. To summarize, anxious people did not appear to detect threat any faster, but, once detected, threatening stimuli did hold the attention of anxious people to a greater extent than non-anxious people. We suggest that this delayed attentional disengagement from threatening information may be associated with increased negative rumination and worry. Thus, those who notice threat readily but disengage from it rapidly may remain relatively low in terms of anxious thoughts and feelings, while those who are unable to disengage their attention from threat relatively quickly may experience increased anxious thoughts and feelings.

Cognitive biases in anxiety: some unresolved questions
Karin Mogg, Brendan Bradley and Matthew Garner, Department of Psychology, University of Southampton

Cognitive models of anxiety propose that anxious individuals selectively process threat-relevant information and that biases in specific aspects of information processing, such as stimulus evaluation (appraisal) and selective attention, play important roles in causing and maintaining anxiety. The paper will consider some unresolved questions regarding the cognitive mechanisms that underlie these processing biases, and recent research findings and clinical implications will be discussed.

Attentional processes in the maintenance and treatment of social phobia
Susan Bögels and Marisol Voncken, Maastricht University, Department of Medical, Clinical and Experimental Psychology, Maastricht The Netherlands

Social phobic patients are assumed to focus too much on themselves in stressful social situations, and have to little attention for their task, other persons, and their environment. As a result of their internal focus, they become inconveniently aware of their own fear, arousal, and flaws in their performance. Moreover, as a consequence of their lack of externally focussed information processing, they will rely on their own (negative) impressions to evaluate social situations and their own behaviour, and will not process information that may disconfirm their once formed negative beliefs. This study investigates whether heightened self-focused attention plays a central role in the maintenance of social phobia. It is predicted that reduced self-focused attention will strongly predict reduction of social phobia during treatment, or, in other words, lack of reduction in self-focused attention predicts lack of improvement in social phobia by treatment. Data from 200 socially-phobic patients who received different forms of treatment in four treatment outcome studies conducted by our group are re-analysed to test this hypothesis. The predictive value of decreasing self-focused attention in reducing social phobia is compared to that of reduction in conviction of dysfunctional beliefs, as well as their interaction. Also, it is investigated whether reduction in self-focused attention precedes reduction in dysfunctional beliefs, or the other way round.
Training Cognitive Bias in Emotional Disorders I

Convenor: Colette Hirsch, Institute of Psychiatry, London

Introduction

Sue Grey, Maudsley Hospital, South London and Maudsley NHS Trust

It is well established that psychological disorders are associated with biases in information processing such as attention, interpretation and imagery. These information-processing biases are central to many cognitive-behavioral models of psychological disorders. Whilst establishing that biases exist is important, it may be the case that the biases are incidental or a secondary consequence of the emotional problem; if so, then they would not have a causal role in maintaining a disorder. In recent years works by Andrew Mathews, Colin MacLeod and colleagues have been at the forefront of developing new paradigms that are designed to manipulate a particular cognitive process by training and then assessing its impact. An example of a typical procedure used to train a more benign interpretation bias would involve repeatedly presenting ambiguous scenarios with the ambiguity being resolved in a positive way, facilitating a more benign bias. The development of cognitive training paradigms is an exciting new development in research into information processing in psychological disorders that enables one to test out the causal role of a cognitive process in the development and maintenance of a disorder. In this extended symposium we bring together research using training paradigms to investigate the conditions under which training is most successful, its impact on other cognitive processes and finally whether normalising cognitive biases in anxious individuals has beneficial effects.

Differential emotional effects of inducing interpretation bias via mental images or words

Emily A. Holmes and Andrew Mathews, MRC Cognition and Brain Sciences Unit, Cambridge, UK

People with anxiety disorders are characterised by a bias to interpret ambiguous events in a negative way. The interpretation training paradigm has been developed to investigate how such biases may be acquired (Mathews & Mackintosh, 2000). Typically, in interpretation training participants are exposed to many event descriptions with a negative or positive ending. In two new studies, participants were assigned to use either verbal or imagery processing during training, to investigate whether this influences changes in anxiety. In experiment 1, instructions to use imagery during negative training led to greater increases in state anxiety than instructions to process verbal meaning. Furthermore, when given ambiguous stimuli, emotionality ratings were more negative in the imagery compared to verbal condition. Experiment 2 was designed to replicate and extend these findings. Again, after negative training there were greater increases in state anxiety in the imagery than the verbal condition. In additional ‘positive’ training conditions, there was no such difference between imagery and verbal instructions. Results did not appear to be due to demand. Implications for the role of mental imagery in modifying anxiety will be discussed.

Emotional interpretation bias: Is active generation needed for anxiety change?

Laura Hoppit, Andrew Mathews and Jenny Yiend, MRC Cognition and Brain Sciences Unit, Cambridge

Recent research has shown that the interpretation biases characteristic of anxiety-prone versus non-anxious individuals can be induced experimentally. Such induced biases may influence vulnerability to anxiety, presumably due to selective encoding of emotionally ambiguous events. However, another possibility is that emotional changes depend on prior priming of an entire valenced category (positive or negative). In experiment 1 we compared training in active selection of the meaning of threat/ non-threat homographs, versus priming with unambiguous threat or non-threat meanings. Results suggested that both training methods led to increased readiness to respond in the trained direction as assessed by a lexical decision task. However, when viewing a mildly stressful video, the group trained to actively select negative meaning became significantly more anxious than those passively primed with negative words. In experiment two, the training was identical, but instead of the lexical decision task, participants were asked to imagine themselves in emotionally ambiguous situations. They then described their images, which were rated for valenced content. Results were consistent with the first experiment in that the group trained to actively select negative meaning became significantly more anxious following the imagination task than the group passively primed with negative words. Overall, this data supports previous findings that interpretation biases have a causal role in anxiety. Furthermore, it sheds light on some of the processes that may be involved, particularly the influence of active selection of meaning on vulnerability.
Does Evaluative Conditioning Work As A Conditioning Process Or A Training Paradigm?
Graham C.L. Davey & Kristy Lascelles, Department of Psychology, University of Sussex, UK

Evaluative conditioning (EC) is considered to be a form of classical conditioning in which affect can be transferred from one valued stimulus (the unconditioned stimulus, UCS) to a non-valenced stimulus (the conditioned stimulus, CS) by contiguously pairing the two stimuli. For example, pairing either a liked or disliked face (UCS) with a previously neutral face (CS) can change the evaluation of the CS in the direction of the valency of the paired UCS. However, there has been considerable debate over the past 10 years about whether EC is a viable and reliable conditioning process, and there have been many failures to demonstrate EC using what would normally be considered to be basic conditioning procedures. However, if procedures can be developed which produce reliable and robust evaluative conditioning, then it represents a training procedure that has considerable value in the development and modification of preferences. This paper reports two studies that have demonstrated EC using control procedures that confirm that evaluative changes were produced through classical conditioning. The possible role of EC in psychopathology is reviewed, and the potential use of EC as a training procedure to modify implicit preferences in therapeutic settings is discussed.

Assessing the Causal Basis of Selective Processing of Threat in Spider Fearful Participants.
Elaine Fox, Department of Psychology, University of Essex

Recent research has shown that biases in selective attention may be causally involved in mediating emotional vulnerability (MacLeod, Rutherford, Campbell, Ebsworthy, & Holker, 2002). An important element of this research is the possibility that cognitive-experimental procedures designed to induce specific processing biases may have potential therapeutic value. In the present study, we trained people who had a high self-reported fear of spiders on a selective attention task so as to induce attentional avoidance of spider-related words. Preliminary results demonstrate (i) that the initial tendency to selectively attend to threat-related material in these fearful participants can be modified by this simple training procedure; and (ii) the reduction of the initial bias to process threat is associated with an enhanced perceived ability to ignore the presence of spiders in the environment. The theoretical and potential clinical applications of these results will be discussed.

Training Cognitive Bias in Emotional Disorders II
Convenor: Colette Hirsch, Institute of Psychiatry, London
Chair and Discussant: Sue Grey, South London and Maudsley NHS Trust

A causal role for interpretations in negative self-imagery: a test in non-anxious volunteers
Colette Hirsch, Institute of Psychiatry, and Andrew Mathews, MRC Cognition and Brain Sciences Unit, and David M. Clark, Joanna Morrison, and Ruth William, Institute of Psychiatry

Individuals without social anxiety have a bias to generate positive interpretations of ambiguous social information, however people with social phobia lack this bias. Other research has shown that while patients with social phobia report experiencing distressing images of themselves performing poorly while actually in social situations, individuals without high social anxiety do not. Does a negative interpretation bias facilitate more negative self-imagery? Training an interpretation bias and examining its impact on self-imagery can shed light on this question. The current study sought to investigate whether training normal volunteers to generate either more positive or more negative interpretations influenced the valence of self-imagery. Volunteers were randomly allocated to negative or positive interpretation training using short scenarios, in keeping with Mathews and Mackintosh (2000). Following training, volunteers listened to ambiguous social scenarios and then generated an image of themselves in the situation. They then reported any imagery and rated how positive or negative it would be if they were in the imagined situation. Participants who had been trained to make negative interpretations had more negative self-images than participants who had been trained to generate positive interpretations. These differences were not confined to self-report, since an assessor who was not told which type of training the participant had undertaken also rated the negatively trained participants' self-images as more negative than the positive training group. These findings were not attributable to differences in state anxiety, since prior to the imagery task the groups did not differ on anxiety level. In conclusion, this study demonstrates that training an interpretation bias influences self-imagery.
The enduring consequences of experimentally induced biases in interpretation
Bundy Mackintosh, MRC Cognition and Brain Sciences Unit, Cambridge
Milton Keynes, Jenny Yiend, Department of Psychiatry, University of Oxford and Andrew Mathews MRC Cognition and Brain Sciences Unit, Cambridge

Recent research in which biases are artificially induced in the laboratory has provided experimental confirmation of the causal effects of biased cognitive processes on vulnerability to anxiety. Interpretation of ambiguous words and scripts can be artificially constrained during 'training' procedures in such a way that, following training, interpretation of novel ambiguous information becomes modified according to the direction of training, to become predominantly positive or negative in outlook according to training conditions. As will be described in a related paper, shifts in anxiety or vulnerability to anxiety result when participants actively generate meanings of ambiguous information during training. However, if techniques are to be developed in which such procedures could have a therapeutic application then induced biases must be capable of enduring beyond a single experimental session and transferring to novel contexts. Experiments will be described which demonstrate the potential of induced interpretation biases to transfer to conditions beyond training, that is, to survive the passage of time and the effects of transfer across differing contexts and cognitive operations.

Training Attentional Biases in Generalized Anxiety Disorder
Huppert, J.D, Foa, E.B., Pasupuleti, R., Center for Treatment and Study of Anxiety, University of Pennsylvania, USA, Mathews, A, MRC-CBU, Cambridge, UK, MacLeod, C., Bridle, R.I Department of Psychology, The University of Western Australia, Perth, Australia

Recent data have suggested that interpretation and attentional biases can be trained or diminished through shaping procedures, as opposed to traditional cognitive or behavioral therapies. The training of positive biases (away from threat or negative interpretations) has generated decreased reaction to negative stimuli and decreased anxiety prior to exams. Recently, pilot studies have also suggested that such training can lead to symptom reduction in patients with a clinically significant anxiety disorder. The current study presents data on patients who meet criteria for and are seeking treatment for generalized anxiety disorder. Anxiety and depression symptoms in patients randomized to training in positive bias vs. a control condition will be examined before and after participation in the attentional training program. Data will also include whether participants continued to desire treatment after the training program and how they fared in that treatment.

Modification of attentional bias in social phobia: change in attention, generalizability across paradigms, and change in symptoms
Nader Amir, Courtney Beard, Heide Klumpp, Jason Elias, Robert Brady, & Jennifer Hewett, Department of Psychology, University of Georgia

Social phobia is characterized by severe social anxiety, often leading to functional impairment. Thus, there is a clear need to develop highly effective and efficient treatment procedures for social phobia. Researchers have established a relationship between social phobia and attentional bias to socially relevant information. However, this knowledge has not been translated into more effective treatments for this disorder. Therefore, the current study 1) Uses cognitive mechanisms thought to be involved in the maintenance of social phobia to deliver an effective treatment for this disorder, 2) Overcomes some of the shortcomings of existing treatments for social phobia, 3) Demonstrates the efficacy and generalizability of our new treatment for individuals with social phobia. Specifically, we modified attentional bias to threat-relevant information because this bias: 1) is a reliable finding in the experimental psychopathology literature, 2) normalizes after treatment, 3) predicts anxiety symptoms in longitudinal studies, and 4) its modification leads to changes in anxiety symptoms. Treatment seeking socially phobic individuals (N=18) completed eight sessions of either an attention training using a modified version of the probe detection paradigm or a placebo condition. Pictures of people’s faces were selected as stimuli instead of words to create a more ecologically valid paradigm. The modification program was effective in: a) changing biased attention in socially anxious individuals, b) generalizing this change in disengagement to other measures of attention disengagement, c) reducing symptoms of social anxiety as assessed by an independent rater, and d) maintaining a high rate of compliance (0% drop out).

Metacognition and Psychological Disorders: Implications for Cognitive Therapy
Convenor and Chair: Adrian Wells, University of Manchester

Introduction
Adrian Wells, University of Manchester, UK

In the metacognitive theory of psychological disorders (Wells & Matthews, 1994; Wells, 2000) a general cognitive-attentional syndrome contributes to a wide range of disorders. The syndrome consists of repetitive styles of thinking in the form of worry/rumination, and attentional strategies of threat monitoring and self-focus. These strategies lock individuals into psychological disturbance and are driven by metacognitive beliefs. A collection of empirically based papers will be presented in this symposium testing the contribution of metacognitions and perseverative thinking to emotional disorders.
Metacognitions and Problem Drinking
Marcantonio Spada, London Metropolitan University, UK, Adrian Wells, University of Manchester, UK

Two studies investigating the nature of metacognitions in alcohol use and problem drinking were undertaken. In the first study the relationships between metacognitions, alcohol use and proneness to problem drinking was explored. A convenience sample of 97 participants completed questionnaires on negative emotions, metacognitions, alcohol use and problem drinking. Metacognitions were found to be positively and significantly associated with alcohol use and with proneness to problem drinking. Positive and significant relationships were also observed between anxiety, alcohol use and proneness to problem drinking on the one hand, and between depression and alcohol use on the other. Multiple regression analyses indicated that anxiety and beliefs about the need to control thoughts independently predicted alcohol use; and anxiety alone significantly predicted proneness to problem drinking. In the second study 10 patients with problem drinking behaviour were assessed to investigate whether they actively held positive and/or negative metacognitive beliefs about alcohol use. Ten patients endorsed positive metacognitive beliefs about alcohol use, and six endorsed negative metacognitive beliefs about alcohol use. Positive metacognitive beliefs appear to reflect themes concerning the usefulness of using alcohol as an emotional, cognitive and image self-regulation tool. The predominant themes associated with negative metacognitive beliefs reflect concerns about the uncontrollability, harm and negative consequences of using alcohol.

Metacognition and OCD: Confidence in memory and attentional capacities
Dirk Hermans, University of Leuven, Belgium, Ute Engelen, University of Leuven, Belgium, Guido Pieters, UC St-Jozef, Kortenberg, Belgium, Paul Eelen, University of Leuven, Belgium

It has been suggested that OCD, and particularly compulsive checking, is related to memory deficits related to general memory functioning (e.g. recall of actions) and reality monitoring capacity (i.e. process whereby one determines whether a memory originates from the imagination or perception of an action). In spite of some preliminary evidence, most studies failed to demonstrate such cognitive deficits. In contrast, a finding that has been replicated in almost all studies is that OCD is characterised by a lack of confidence in memory functioning. This might have a similar functional impact as a genuine memory deficit, but should be situated at the level of metacognitive beliefs. In previous research (Hermans et al., 2003; BRAT), we employed the Meta-Cognition Questionnaire (MCQ; Cartwright-Hatton & Wells, 1997) to assess cognitive confidence in a group of patients with OCD. In addition to reduced confidence in memory for actions, this group showed less reality monitoring confidence. Interestingly, two items of the MCQ that assess confidence in attentional functioning revealed a similar lack of confidence in this cognitive area. To further assess the reliability of these findings, we constructed a ‘Cognitive Confidence Questionnaire (CCQ)’ that assesses metacognitive beliefs concerning different areas of cognitive functioning. Further research employing the CCQ demonstrated that relative to controls, subclinical checkers show reduced confidence in memory for actions and reality monitoring. Interestingly, checking behaviour was most strongly related to (a lack of) confidence in attentional processing (keeping attention focussed, easily distracted) rather than memory confidence. Theoretical and clinical implications are discussed.

Is There a Role for Metacognition in Rumination and Depression?
Costas Papageorgiou, University of Lancaster, UK

In Wells and Matthews’ (1994) Self-Regulatory Executive Function (S-REF) theory of emotional disorders, vulnerability to, and maintenance of, disorders is associated with metacognitions that lead to monitoring threat, self-focused attention, and selection and activation of perseverative negative thinking, such as rumination and worry, as coping strategies. The role of metacognitions in the development and persistence of emotional disorders in this theory has been elaborated by Wells (2000). Grounded on the S-REF theory, Papageorgiou and Wells (2003, 2004) proposed a clinical metacognitive model of rumination and depression. In this model, positive metacognitive beliefs about rumination are likely to motivate individuals to engage in sustained rumination. Once rumination is activated, individuals may appraise this process as both uncontrollable and harmful and likely to lead to negative interpersonal and social consequences. The activation of negative metacognitive beliefs about rumination contributes to the experience of depression. Moreover, decreases in metacognitive confidence and efficiency may be an important depressogenic byproduct, which contributes to negative beliefs about the interpersonal and social consequences of rumination and maintains the activation of positive beliefs concerning the need to ruminate in order to facilitate effective coping. Thus, a number of vicious cycles of rumination, and metacognition may contribute to the perpetuation of depression. Data supporting the role of metacognition in rumination and depression will be presented and the implications for cognitive therapy of depression will be discussed.

Experimental Modification of Metacognitive Beliefs in Obsessive Compulsive Disorder
Peter L. Fisher, University of Manchester, UK, Adrian Wells, University of Manchester, UK

Metacognitive beliefs about the meaning and significance of intrusions are purported to be fundamental to the development and maintenance of Obsessive-Compulsive Disorder (OCD) in the metacognitive model (Wells, 1997; 2000). This model predicts that reductions in metacognitive beliefs about intrusions will result in decrements in anxiety and compulsions. It was hypothesised that exposure and response prevention configured as a behavioral experiment to challenge metacognitive beliefs would lead to reductions in anxiety, thought fusion beliefs and the urge to neutralise. Furthermore, these reductions would be greater than the effects observed in the same exposure and response prevention task, accompanied by a habituation rationale. The results obtained were consistent with the hypotheses and provided empirical support for Wells’s (1997; 2000) metacognitive model of OCD. The clinical implications of these results will be discussed.
Activation, Inhibition and Attribution in Bipolar Disorder: Advances in Research and Theory

Convenors: Warren Mansell, Institute of Psychiatry, London and Steven Jones, University of Manchester

Dysfunctional response styles in mania

Richard Bentall, University of Manchester; Rebecca Knowles, University of Manchester; Steven Jones, University of Manchester; Sarah Tai, University of Manchester

Karl Abraham's psychoanalytic hypothesis that mania is a defence against depression can easily be reformulated in terms of Nolem-Hoeksema's response style model of depression. According to this model, individuals respond to or cope with depression in different ways that either exacerbate negative mood or ameliorate it. Extending this account, mania arises from a response style that leads to risk-taking, loss of sleep and over-stimulation of the behavioural activation system. Indirect support for the manic defence hypothesis has been available from studies of manic and remitted bipolar patients, who show characteristics (dysfunctional attitudes towards self-evaluation, an implicit pessimistic attributional style) that are similar to those found in depressed patients. In a series of studies, we have examined these variables, together with stability of self-esteem and response styles in individuals at high risk of experiencing bipolar symptoms, together with currently ill and remitted bipolar patients. Remitted patients and healthy undergraduates at high-risk of bipolar symptomatology were found to have highly unstable self-esteem, partly as a consequence of making extreme appraisals of daily events. High-risk of bipolar symptomatology in healthy individuals was associated with both ruminative and risk-taking response styles. Risk-taking was also reported by currently manic patients but currently depressed bipolar patients reported high levels of rumination.

BAS Sensitivity, Approach Motivation, and Bipolar Disorder Vulnerability

Björn Meyer, University of Surrey Roehampton, School of Psychology and Therapeutic Studies

The behavioural approach or activation system (BAS; e.g., Gray, 1994), localised in part in the left prefrontal cortex, is thought to underlie a person's positive affect (e.g., hope, elation, euphoria) and approach behaviour when incentives are perceived in the environment. Moreover, low levels of BAS activity have been linked with sadness and depression, and high BAS activity has recently been found to predict negative affects such as frustration and anger (e.g., Carver, 2004). The theoretical relevance of the BAS in the context of bipolar disorder vulnerability is discussed, along with a summary of recent findings and results from a new study in which 461 college students completed self-report measures of bipolar disorder vulnerability (the General Behaviour Inventory) and BAS sensitivity. Participants completed a vignette task in which incentive strength was manipulated (low vs. high) and degree of approach motivation was measured (e.g., positive affective response and desire to pursue a potentially rewarding activity in an ambiguous situation). Regression analyses showed that both mania lifetime vulnerability (controlling for depression vulnerability) and BAS sensitivity predicted stronger approach motivation. Meditational analyses suggested that the link between mania vulnerability and approach motivation could only be partially accounted for by BAS sensitivity. Hierarchical regression analyses suggested that mania vulnerability related to stronger approach tendencies even after controlling for other potential approach-predictors, such as self-esteem, optimism, current symptoms, and current mood. Some implications for cognitive-behavioural therapists are discussed, including the clinical measurement of BAS sensitivity, the management of reward-related cognitions, and the setting of reward-related goals.

A Prospective Study of Life Events As a Predictor of Mania and Depression

Sheri L. Johnson, Amy Kizer, Camilo Ruggero, Paul Goodnick, University of Miami, Carol Winett Massachusetts General Hospital and Harvard Medical School, Ian Miller Butler Hospital and Brown University

To date, findings for life events in bipolar disorder have been relatively inconsistent. Stronger findings have emerged in prospective designs and those that have used the Life Events and Difficulties Schedule, but few such studies are available. Even fewer have separately examined the role of life events in depression and mania. To examine the effects of life events on mania and depression, 149 individuals with bipolar I disorder were interviewed monthly for an average of 20 months using the Modified Hamilton Rating Scale for Depression and the Bech-Rafaelsen scale for Mania. Drawing on previous findings, negative and goal-attainment life events were assessed with the Life Events and Difficulties Schedule. Negative life events predicted increases in depressive symptoms, congruent with previous literature. Extending previous findings in a small sample, goal-attainment life events predicted increases in manic symptoms. These findings provide further support for a model of mania as related to deficits in the regulation of reward sensitivity; people with bipolar disorder demonstrate increased reactivity to laboratory successes, to life events involving successes, and report greater investment in attaining their goals. Although life event effects were generally not moderated by baseline symptoms, people who were already experiencing hypomanic symptoms did become more manic after negative life events. This effect may be tied to deficits in the ability to recognize and effectively process cues of threat during the manic state. Discussion focuses on distinct predictors for mania and depression, and the need to consider baseline symptoms in reactions to psychosocial triggers.
Cognitive processes in bipolar disorder that may account for the ascent into mania
Warren Mansell, Department of Psychological Medicine, Institute of Psychiatry, London, &
Dominic Lam, Department of Psychology, Institute of Psychiatry, London.

Recent investigations have identified cognitive processes that may play a role in the ascent into mania. However, few studies have explored several processes within the same population and used relevant psychiatric and healthy control groups. Using both control groups allows specific processes involved in bipolar disorder to be distinguished from general psychopathological processes. We conducted a study to investigate several cognitive factors in a sample of 32 patients with remitted bipolar disorder, 32 matched patients with remitted unipolar depression, and 32 never depressed healthy controls. We report data using the Behavioural Inhibition/Activation Scales (BIS/BAS), the Dysfunctional Assumptions Scale (DAS), and two novel measures. Following Healy and Williams (1989) proposal, we developed a scenario-based task to assess the positive self-dispositional appraisals (e.g. ‘extremely creative’) of activation symptoms (e.g. mind racing, restlessness). Second, we developed a paradigm to assess the use of social feedback during goal-directed behaviour after a positive or negative mood induction. We predicted that the bipolar group would switch to use less social feedback to moderate their goal-directed behaviour after the positive mood induction. This mechanism may be responsible for goal-directed behaviour spiralling out of control and becoming inappropriate to the social context during mania. The results of the study will be discussed with respect to cognitive approaches to bipolar disorder.

Theoretical and Methodological issues for the development of theories of Bipolar Affective Disorder
Philip J. Barnard MRC Cognition and Brain Sciences Unit, Cambridge and Anne Palmer, Norfolk Mental Healthcare NHS Trust. Norwich

In both depressed and manic states, the ways in which meanings about the self, others and the world are processed and experienced moves towards, or beyond the extremes of a normal range of functional ideation. On a wide range of cognitive tests assessing memory, attention or executive function, deficits are frequently reported in manic and depressed states as well as some reports of residual effects in euthymic states. This paper will present and discuss some of the key issues for the development of theory that might accommodate symptom variation as well as the reported patterns of deficits on cognitive tasks. The paper will also address the challenges of translating theoretical ideas about multiple sources of variation in self-models, “modes” of processing meaning and body states into testable predictions.

The role of processing modes in depressive and anxious psychopathology: inducing modes to alter mood state
Convenor and Chair: Ed Watkins, Institute of Psychiatry, London

Recent research has suggested that the mode of processing may play a role in the development and maintenance of mood states. The presenters in this symposium present results from experimental studies looking at manipulating the mode of memory retrieval (specific versus generic) and thinking style (process-focused versus evaluative), which demonstrate that how people represent information can influence their emotional states.

Reduced Autobiographical Memory Specificity and Affect Regulation
Filip Raes, Dirk Hermans, University of Leuven, Belgium; Paul Eelen & Mark G. Williams, University of Oxford, U.K.

People suffering from depression and people with a trauma history show difficulty in being specific in their memory for autobiographical events. Relative to controls, when explicitly asked for a specific memory in response to a cue word, they Typically retrieve less specific or overgeneral memories. One possible explanation for this overgeneral memory is that people use such an overgeneral retrieval style as a means of regulating their affect (Williams, 1996). A series of studies is reported investigating this hypothesized affect-regulating effect of reduced memory specificity in students. An experimental stressful event led to more distress in high-memory specificity as compared to low-memory specificity participants. Afterwards, high-specificity individuals rated their memories for the event as more unpleasant (Raes, Hermans, et al., 2003, 2004a). The results indicate that, relative to high specificity, being less specific in the retrieval of autobiographical memories is associated with less affective impact of a negative event. The results are consistent with Williams’ (1996) affect regulation hypothesis. However, Raes, Hermans, et al. (2004b) recently observed an opposite pattern of results when level of memory specificity was manipulated instead of when participants were selected based on their habitual retrieval style. An induced overgeneral retrieval now led to more distress as compared to when a specific retrieval style was induced – at least in a group of participants who habitually retrieve less specific memories. This is consistent with findings by Philippot and colleagues (Philippot et al., 2003). The observed discrepancy between these and the earlier findings are discussed and possible explanations are suggested.
Voluntarily specifying emotional information diminishes emotion activation
Pierre Philippot, University of Louvain at Louvain-la-Neuve, Belgium

Abstract: When people re-evoke past emotional experiences, the original emotional state is automatically reactivated. When it comes to painful past experiences, this automatic link between memory evocation and emotion might motivate individuals to avoid remembering such experiences. This form of cognitive avoidance might feed into dysfunctional coping strategies and, eventually, into pathological conditions. In this presentation, I will defend the counter-intuitive hypothesis that voluntarily specifying emotional experience deactivates emotional arousal because it entails executive processes that inhibits the activation of emotional schema. Concretely, I will examine the impact of different way to evoke emotional information (be it past experiences or predictions about future experiences) on subsequent emotional arousal. I will specifically focus on three modes of evocation: (a) activating the information at a general level, (b) specifying emotionally relevant aspect of it, and (c) reappraising it. Our research show that when people are constraint to evoke a emotional experience and to either specify it or just evoke it at a general level, emotional remains intense in the general evocation condition, while it significantly diminishes in the specific evocation condition. This emotional deactivation effect is also observed for anxious experiences. Further, it occurs as well as when participants are required to specify the most anxiogenic aspects of the experience, as when they are required to reappraise the experience. These latter data suggest that the emotional inhibition is due to the voluntary specification process as such, and not to a consequent change in information content of the emotional information. These results will be discussed in the framework of multilevel theories of emotion and of the Conway’s autobiographical retrieval theory. I will also contrast them with results from studies that examined the effect on emotion arousal of overgenerality in autobiographical retrieval as a personality trait.

Training Mode of Thinking to Manipulate Rumination
Ed Watkins, School of Psychology, University of Exeter, UK

Abstract: Rumination about the self, about mood, and about problems is an important factor in the maintenance and relapse of depression (Nolen-Hoeksema, 2000; Pyszczynski and Greenberg, 1987). Recent research has suggested that ruminate focus on self, mood, and problems can occur in distinct processing modes that have distinct functional effects on subsequent depression (e.g. Treynor et al., 2003). Furthermore, manipulations of processing mode during rumination influence clinically-relevant outcomes like overgeneral autobiographical memory (Watkins & Teasdale, 2001) and social problem solving (Watkins & Baracaia, 2002). In particular, a more concrete or process-focused mode of self-focused rumination improves problem solving and reduces overgeneral memory retrieval in depressed patients compared to a more analytical-evaluative mode of self-focused rumination. These results suggest a putative hypothesis that the mode of processing adopted during focus on self, mood or problems determines 1) whether the rumination is pathological or adaptive 2) whether the self-reflection relatively rapidly reaches a natural end-point and stops or becomes stuck and over-persistent rumination. In particular, based on the current research, it is hypothesized that a processing mode characterized by evaluative-analytical thinking will produce longer and less helpful rumination. To test this hypothesis, a training paradigm has been developed to compare training participants to adopt the evaluative style versus a less evaluative style versus no training prior to the induction of rumination. A series of studies looking at this paradigm on a range of convergent measures of rumination is reported. Data suggests that repeated training in adopting a particular processing style can successfully influence the degree of rumination produced in response to a subsequent negative stressor.

Imagery and the Distressed Self

Convenors: Martin Conway, University of Durham and Emily Holmes, MCR Cognition and Brian Sciences Unit, Cambridge

A causal role for negative self-imagery in the distress associated with social phobia
Colette Hirsch, Institute of Psychiatry, Kings College, University of London, Andrew Mathews, MRC Cognition and Brain Sciences Unit, David M Clark, Ruth Williams and Joanna Morrison Institute of Psychiatry, Kings College, University of London

Individuals with social phobia fear that other people will evaluate them negatively as a consequence of them showing signs of anxiety, or behaving in manner that will embarrass or humiliate themselves in social situations. This causes them great distress. When they are anticipating a social situation and whilst in social situations clients with social phobia report experiencing negative images of themselves performing poorly when in feared social situations. The content of the images appears to be closely related to the person’s feared outcomes (e.g. a bright red face with sweat pouring off their forehead) rather than being an accurate portrayal of how they actually come across. Hence, the distress they experience is associated with their negative self-imagery. A series of experiments will be reported that manipulate the content of self-imagery (negative vs non-negative) in order to investigate the causal role of negative self-imagery in the development and maintenance of social phobia. Furthermore, a recent clinical study examining how the distress associated with negative imagery can be ameliorated through audio feedback will be reported. This study indicates that the beneficial effects of therapeutically addressing negative self-imagery are maintained in a subsequent social task. Implications for therapy will be discussed.
Using images to explore and develop self to self-relating  
Paul Gilbert, University of Derby and Mental Health Research Unit, Kingsway Hospital

When people are self-critical they have a variety of negative self-evaluations, such as seeing themselves as a failure, inadequate, unlovable. Re-evaluating these cognitions can be difficult. If patients are asked to form an image of their self-criticism, it is commonly experienced as powerful, condemning and with a variety of negative emotions, such as anger, contempt and disgust. Helping self-critical people explore the power of these images, their origins and the fear of challenging them, can be a step towards considering how to address these difficulties. In addition, compassionate images can be used to create a different self to self relating style. Compassionate imagery can be used to help to challenge self-criticism. This presentation will focus primarily on clinical material.

Cognitive aspects of ‘emotional processing’ of intrusive imagery across the anxiety disorders  
Ann Hackmann, University Department of Psychiatry, Oxford, and Institute of Psychiatry, London

Recurrent intrusive imagery has been shown to be fairly widespread across the anxiety disorders. Behavioural techniques for eliminating it have included in-vivo and imaginal exposure. This paper attempts to examine spontaneous cognitive change that may occur using such techniques. In addition other more cognitive techniques are described, which help the therapist prompt for further cognitive change. A case is also made for interleaving conceptual and experiential aspects of treatment, rather than keeping them in separate sections of the treatment sessions. The presentation will be illustrated with clinical examples.

Protecting the Self: A Possible Role for Distortions in Images of Trauma  
Martin A. Conway, Department of Psychology, University of Durham, England, Kevin Meares, & Sally Standart, Newcastle Cognitive and Behavioural Therapies Centre, England

We describe a series of case studies of PTSD in which memories were distorted. The distortions very often took the form of incorrect visual details in memory images. We discuss these errors in terms of their function and in particular in terms of the way in which they protect the self, usually from need for radical change. Change in this case refers to the need to change personal goals and we consider why this can be difficult and how images and goals might be related. We also consider how images might be manipulated to stimulate goal-change.

Discussion - Mental Imagery and Memory in Psychopathology  
Ann Hackmann, University Department of Psychiatry, Oxford, and Institute of Psychiatry, London and Emily Holmes, MRC Cognition and Brain Sciences Unit

The discussion will involve all speakers and the audience, and aim to link work in the symposium to related papers in the associated recent special edition on this topic in the journal Memory, called “Mental Imagery and Memory in Psychopathology” (Holmes & Hackmann, 2004).

Memory and Cognition in Post Traumatic Stress Disorder  
Convenors: Michelle Moulds, The University of New South Wales, Sydney, Australia and Thomas Ehring, Institute of Psychiatry, London

Remembering and reliving: Two studies of trauma memory, post-traumatic stress disorder, and depression in children and adolescents  
Richard Meiser-Stedman, William Yule, Patrick Smith, Department of Psychology, Institute of Psychiatry, London and Tim Dalgleish MRC Cognition and Brain Sciences Unit, Cambridge

Intrusively recollecting a traumatic event is the characteristic feature of post-traumatic stress disorder (PTSD). However, studies of adults have shown that intrusive memories can occur in patients who have depression but do not meet criteria for PTSD. Differences in the types of intrusive memories experienced have been reported. Within the context of two studies testing the applicability of aspects of adult cognitive models of PTSD to children and adolescents, the role of intrusive memories in PTSD and depression will be examined. The first study was a cross-sectional investigation of non-clinic referred 254 secondary school children, who completed a questionnaire battery relating to a recently occurring frightening event. The second study was a prospective investigation of children and adolescents exposed to assaults and road traffic accidents (RTAs). In addition to completing self-report measures of PTSD and depression, participants completed a self-report questionnaire that sort to assess the quality of their memories of the experienced trauma. Components analysis of this measure revealed a two-component solution in the cross-sectional study sample. The first component related to the visual aspects of trauma memories, while the
The distinctive feature of the acute stress disorder (ASD) diagnostic criteria is the emphasis on dissociation. Dissociation and the Encoding of Traumatic Stimuli in Acute Stress Disorder

Dissociation and the Encoding of Traumatic Stimuli in Acute Stress Disorder

Cognitive avoidance and autobiographical memory in PTSD

Cognitive avoidance and autobiographical memory in PTSD

Cognitive factors predicting PTSD, phobias and depression after road traffic accidents: results from a prospective longitudinal study

Cognitive factors predicting PTSD, phobias and depression after road traffic accidents: results from a prospective longitudinal study

Dissociation and the Encoding of Traumatic Stimuli in Acute Stress Disorder

Dissociation and the Encoding of Traumatic Stimuli in Acute Stress Disorder

Posttraumatic stress disorder (PTSD) appears to be characterised by difficulties in the retrieval of autobiographical information, such as an overgeneral memory (OGM) bias. However, it is yet unclear what the exact mechanism between PTSD symptoms and OGM could be. OGM has been hypothesized to be due to an avoidant retrieval style of autobiographical information (e.g. Williams, 1999). People are thought to remain at a categorical level to avoid the intense negative reactions linked to specific negative life events. Thought suppression (TS) of trauma memories in PTSD may have a similar effect and may play a crucial role in an OGM in PTSD. This study had two aims: firstly, to assess the direct influence of TS on OGM; secondly, to investigate the associations between OGM and several PTSD symptoms and cognitions. 42 assault survivors participated in the study. OGM was assessed with a standard autobiographical memory test (AMT). Participants then did two further AMTs under different instructions. The TS condition combined the AMT instruction with a TS instruction, and the control condition mentioned the word assault equally often without asking to suppress thoughts about the trauma (within design, balanced order). People also completed several cognitive and symptom measures. Results indicated specific effects of the TS condition on retrieval of autobiographical memories. Furthermore, the correlations show that rather than deficits in executive capacities alone, PTSD typical cognitive mechanisms could be responsible for the OGM effect. The results will be discussed in terms of possible relationships between OGM, specific cognitive processes, and PTSD.

Cognitive factors predicting PTSD, phobias and depression after road traffic accidents: results from a prospective longitudinal study

Cognitive factors predicting PTSD, phobias and depression after road traffic accidents: results from a prospective longitudinal study

PTSD, traffic-related phobias and depression are common following road traffic accidents (RTA). Past research has shown that although there is considerable overlap among these disorders after RTA, they may also occur separately. Furthermore, a recent cross-sectional study by the authors has shown that the disorders can be differentially predicted by a number of cognitive variables such as cognitive processing during the accident, characteristics of the accident memory, appraisals and cognitive and behavioural maintaining strategies. The present study aimed to replicate these results in a prospective longitudinal design. Two samples of injured RTA survivors were recruited (total n = 145). In sample 1, participants were first assessed hours after their accident when they attended the A&E Department of King’s College Hospital, London (t1). In addition, a further assessment including experimental measures of memory took place about 2 weeks following the accident (t2). Finally, follow-up assessments were carried out at 1 month (t3), 3 months (t4) and 6 months (t5). The design was identical for sample 2; however, no assessment was carried out at t1. Symptoms of PTSD, traffic-related phobias and depression were assessed at all time points after t1. In addition, participants were interviewed with the SCID to diagnose ASD/PTSD, traffic-related phobias and major depression at t2 and t5. Results of the study will be presented and implications for theoretical models of the disorders will be discussed.

Dissociation and the Encoding of Traumatic Stimuli in Acute Stress Disorder

Dissociation and the Encoding of Traumatic Stimuli in Acute Stress Disorder

The distinctive feature of the acute stress disorder (ASD) diagnostic criteria is the emphasis on dissociation. Dissociative reactions are theorized to impede the encoding of traumatic stimuli. Little is known, however, of the mechanisms of this purported association. This paper presents two studies that investigated the interplay of dissociative responses and the encoding of trauma-related stimuli in ASD. In Study 1, ASD (n=15), trauma-exposed non-ASD (n=15) and non-traumatized control (n=15) participants were administered intermixed presentations of disfigured and neutral faces, and simultaneously shown words presented centrally and peripherally to the faces. Participants recalled more words presented centrally to neutral faces than those presented centrally to distressing faces, and dissociative tendencies were negatively correlated with recognition of words centrally presented with distressing stimuli. Study 2 investigated the stage of processing at which dissociative reactions are activated. ASD (n=15), trauma-exposed non-ASD (n=15) and non-traumatized control (n=15) participants were administered randomized presentations of disfigured and neutral faces each followed by a word. Trials were presented with the faces shown for brief (i.e., 50 millisecond) and long (i.e., 4 second) presentations. Participants demonstrated poorer recognition of words paired with briefly exposed faces and better recognition of neutral than distressing faces, and dissociative tendencies were negatively correlated with recognition of words paired with long exposure of distressing faces. The convergent findings provide support for the proposal that dissociative tendencies are associated with impoverished encoding of threat-related information.
Autobiographical memory and emotional disorder

Convenor: Tim Dalgleish, MRC Cognition and Brain Sciences Unit, Cambridge

Overgeneral memory and suicidal vulnerability

Mark Williams, Centre for Suicide Research, University of Oxford

Autobiographical memory is the aspect of episodic memory that is concerned with memory for personally experienced events. It is a central aspect of human functioning, contributing to the individual's sense of self, to his or her ability to remain oriented in the world and to pursue goals effectively in the light of past problem solving. This paper will present data from our ongoing research that is investigating how overgenerality in memory contributes to suicidal vulnerability: its association with (a) a history of trauma; (b) past history of depression, and (c) impairments in problem-solving. It will discuss what mechanisms are involved in exacerbating the difficulties that suicidal patients have in moving fluently through their memory 'hierarchy' in their search for event-specific knowledge, and whether memory difficulties represent trait or state factors in such patients.

Further support for the affect regulating character of autobiographical memory specificity

Dirk Hermans, Filip Raes & Annemie Defranc, Department of Psychology, University of Leuven, Belgium

Persons who suffer from depression or who report a history of trauma show difficulties in retrieving specific autobiographical memories. They rather retrieve less specific or 'overgeneral' (i.e. categoric) memories. It has been suggested that this overgeneral style might represent a way of regulating affect (Williams, 1996). A series of laboratory studies supports this view (Raes, Hermans, et al., 2003, 2004). These studies indicate that, relative to high specificity, being less specific in the retrieval of autobiographical memories is associated with less affective impact of a negative event. As a further test of this affect regulation hypothesis, a group of students (N=66) completed a written version of the autobiographical memory test. In addition, they filled out a series of questionnaires that assess avoidant coping (e.g. CBAS, Ottenbreit & Dobson, 2004; AAQ, Hayes, 1996). Results clearly demonstrate a correlation between low autobiographical memory specificity and different types of avoidant coping (i.e. the less specific, the more avoidant). These data are fitted within a functional view on the relation between trauma, depression and autobiographical memory specificity.

Emotional autobiographical memories, depression, and goal neglect

Tim Dalgleish, Nicola Perkins, Ann-Marie Golden, Cecilia Au-Yeung, Vicky Murphy, Phil Barnard, (Medical Research Council Cognition and Brain Sciences Unit), Edward Watkins, University of Exeter, Kate Tchanturia, Institute of Psychiatry, University of London

Certain psychiatric states (most notably depression and PTSD) are characterised by a relative difficulty in accessing specific autobiographical memories for emotive events. This overgenerality of autobiographical memory has important implications for psychological and emotional functioning. For example, the extent of the difficulty seems to relate to the maintenance of emotional disorder over and above the maintaining role of current symptomatology. To date, we know little about why this tendency towards 'overgeneral' autobiographical memory is such a key cognitive factor in various types of psychopathology. Is it important in and of itself, or does it represent a more pervasive problem involving all aspects of memory, or indeed other aspects of cognitive processing. A series of studies is presented that investigate this overgenerality phenomenon. The studies suggest that overgenerality may represent a more generic cognitive difficulty of 'goal neglect' whereby individuals suffering from disturbed mood states are unable to deal effectively with all of the demands placed on them at any given time and therefore selectively abstract only what seems most important. The implications of this for understanding psychopathology and its treatment are discussed.
Ruminative Thinking and Reduced Specificity of Autobiographical Memories in Major Depressive Disorder
Filip Raes, Dirk Hermans, Department of Psychology, University of Leuven, Belgium
J. Mark G. Williams, Department of Psychiatry, University of Oxford, U.K. and Paul Eelen, Department of Psychology, University of Leuven, Belgium

From distinct research traditions, two characteristics of depression have emerged as possible predictors of a poor prognosis: ruminative thinking and overgeneral autobiographical memory. Consequently, both have been proposed as vulnerability markers for (maintenance of) depression and for depressive relapse. Although both 'markers' have been studied in separate lines of research, Williams (1996) suggested that both characteristics might be associated. He proposed that ruminative thinking might be maintaining or contributing to overgeneral memory. Recent experimental work provided evidence for this idea (Watkins & Teasdale, 2001). On the other hand, Nolen-Hoeksema (1987) proposed several mechanisms via which rumination might be exerting its negative influence on negative mood (e.g., increasing the accessibility of negative memories). One other possible route via which rumination might be deepening and/or prolonging depression, may then be the overgeneral retrieval of autobiographical memories. Results will be presented of a follow-up study in a group of MDD patients. Rumination is measured by means of the Ruminative Response Scale (RRS; Nolen-Hoeksema & Morrow, 1991) and the Rumination on Sadness Scale (RSS; Conway, Csank, Holm, & Blake, 2000). Memory specificity/overgenerality is tested using a cue word procedure, known as the Autobiographical Memory Test (AMT; Williams & Broadbent, 1986). First, it is investigated whether a ruminative style of thinking is indeed associated with reduced memory specificity. And if so, it is examined which precise markers of reduced memory specificity are related to which factors of ruminative thinking. Second, predictivity of both rumination and lack of memory specificity for follow-status is tested.

Memories, Images, and Goals. Some Preliminary Thoughts on the Nature and Function of Autobiographical Memories in Psychological Illnesses
Martin A. Conway, Department of Psychology, University of Durham, England.

In this paper I develop on the suggestion that memories and images derived from memories are intrinsically related to goals. I speculatively propose that when memories and images enter consciousness this powerfully activates the goals with which they are associated. This, in turn, strongly potentiates goal-related actions and markedly raises the probability of their execution. At this point actions may be performed in reality or, alternatively, in imagery. In both cases the activation of goal-related actions by images and memories causes emotional experience and in the case of dysfunctional goals these emotions are negative, e.g. raised levels of anxiety. I also consider some of the implications of these views for manipulating and changing goals and, consequently, emotions.

Some Issues Concerning Guilt and Shame in Anxious Psychopathology
Convenor: Graham C.L. Davey, University of Sussex and Francesco Mancini, Scuola di Specializzazione in Psicoterapia Cognitiva. APC-SPC Roma, Italia

Cognitive Anatomy of Shame and Guilt: their differences, functions, and defensive moves
Cristiano Castelfranchi, University of Siena, Italia and National Research Council - Institute of Cognitive Sciences and Technologies- ISTC, Roma, Italia

Shame and Guilt are high level typically human emotions; they are based on a precise and specific structure of beliefs and goals. We will present this decomposition of the necessary mental state behind the emotion. On such a bases we will identify on a principalized basis the main differences between them; links with related emotions; their functional role; possible manoeuvres for reducing, avoiding or transforming them. We will criticise the anthropological distinction between culture of shame and culture of guilt and the very wrong idea that shame is just superficial conformity to external evaluation: on the contrary it strictly requires sincere value sharing. We will also discuss the impulses and signals activated by those emotions.
Shame and ‘self-disgust’ in anxious psychopathology

Graham C.L. Davey, University of Sussex, UK

A number of studies are beginning to find significant relationships between measures of disgust and anxious psychopathologies that would not, a priori, be considered to be disgust relevant (e.g. situational-environmental phobias and separation anxiety, and agoraphobia, height phobia and claustrophobia), but the theoretical implications of these findings have not been fully explored. The disgust-relevance invoked in most studies of disgust and psychopathology has tended to be those elements of disgust that are its primary features relating to fear of oral incorporation and stimuli of an animal origin. However, it is difficult to integrate agoraphobia, separation anxiety, claustrophobia and height phobia into this theoretical conception. It may therefore be necessary to embrace broader theoretical conceptions of disgust in order to explain these findings. In particular, disgust has been associated with more abstract triggers such as inferiority and debasement, physical or psychological deterioration, offensiveness, and negative perceptions of a socio-moral nature that can be projected onto external stimuli or events or which can be turned inwards as a form of ‘self-disgust’. In particular, the emotion of shame is often associated with self-disgust – especially when the individual views themselves as possessing negative characteristics or being responsible for negative events. Thus, possessing many forms of anxious psychopathology may be a sufficient condition for experiencing elevated disgust in the form of self-disgust or shame, and this experienced consequence of the psychopathology may be what the disgust measure is tapping when theoretically unexpected relationships between disgust and psychopathology measures are found.

Guilt, mental models and OCD


In a series of quoted studies, researchers clearly demonstrated that affective states influence cognitive processes, such us decision-making and hypothesis testing. Which cognitive mediation might account for this effect? We argue that mental model approach (Johnson-Laird, 1984) provides a powerful framework in which to understand such effect. In this paper, our aim is to investigate the influence of a mental state of guilt on assertion-testing, and specifically on imagining the possibilities in which an assertion would be true and the possibilities in which it would be false (Barres & Johnson-Laird, 2003). To test this claim, an experiment with 64 participants was conducted. In this experiment, participants were randomly assigned to one of the two experimental groups (“guilty” group vs. control group). For each experimental group, they were randomly assigned to one of the two content-conditions (content invoking guilt vs. neutral content). According to the model theory, the results showed that “guilty” individuals’ prudentially accessed to the possibilities (true and false) which were consistent with their negative self-models and in particular with their negative dangerous-belief (I’m guilty). More specifically, we found that “guilty” individuals faced with assertions with content invoking guilt imagined more true possibilities in which they were guilty, and more false possibilities in which they were not guilty, than “no-guilty” individuals faced with assertions contained neutral content. Clinical implications for OCD will be discussed.

Worry and Rumination: their relationship with emotional processing, stress and core cognitive constructs

Convenor: Sandra Sassaroli, Cognitive Psychotherapy School and Research Center, Milano, Italy

Worry, GAD, Depressive Rumination, And Emotional Processing

Tom Borkovec, Penn State University, University Park, PA

Study 1 tested whether GAD is related to reduced emotional processing of emotional information. Worry causes muted cardiovascular reactions to fear imagery, suggesting that it precludes certain types of emotional processing. GAD may also be related to avoidance of affect in general: clients score highly on alexithymia and report fear of emotions. GAD and control participants viewed positive and negative pictures while heart rate was recorded. Controls showed large and opposite HR reactions to differently valenced pictures; GAD participants displayed no response to either type. Because negative thinking likely involves a sequential mixture of worry and depressive rumination, Study 2 tested whether the order in which worry and depressive rumination is experienced effects the type or intensity of emotion in each state. In addition, we were interested to explore the amount of imagery of depressive rumination and the time orientation of the content of each state. Presumably, worry relates to future dangers, whereas depressive rumination relates to past loss or failure. Participants engaged in counterbalanced inductions of worry and depressive rumination. Both caused increases in negative affect and decreases in positive affect, and worry prior to depressive rumination potentiated the negative affect subsequently generated by depressive rumination. Neither state involved exclusively future or past oriented thoughts, though worry had a predominance of future content and depressive rumination had an initial predominance of past content. Remarkably, increases in future oriented thinking occurred as rumination progressed over time and depressive rumination involved greater amounts of imagery than worry.
Worry About Cognitive Constructs Is Associated With Eating Disorders Symptoms
Sandra Sassaroli, Cognitive Psychotherapy School and Research Center, Milano, Italy

OBJECTIVE: This study explores worry about some cognitive constructs in eating disordered subjects (i.e., catastrophic thought, intolerance of uncertainty, negative self-evaluation, fear of fear, perfectionism, and need for control). The purpose of this study was to evaluate their influence on eating disorder symptomatology. METHOD: Cognitive constructs were measured using SACC (Schedule of Assessment of Cognitive Constructs). Eating disorder symptomatology was measured using SCID (Structured Clinical Interview for DSM). The instrument was administered to 63 eating disordered subjects. Linear regression analysis was carried out to investigate the hypothesis. RESULTS: In anorexic subjects, worry about need for control and fear of fear predicted bingeing and use of laxatives, and worry about need for control predicted physical exercise. In bulimic subjects worry about negative self-evaluation predicted bingeing and worry about intolerance of uncertainty predicted physical exercise. DISCUSSION: The influence of worry about core cognitive constructs on eating disorder symptomatology is confirmed. The symptoms could be a consequence of feelings of fear regarding not only weight and fat, but also the demanding efforts and skills of personal, social and relational life.

Stress Situations Reveals Association Between Perfectionism And Worry
G M Ruggiero, Cognitive Psychotherapy School and Research Center, Milano, Italy

OBJECTIVE: Some theorists have hypothesized that stress situations may trigger abnormal worry in people predisposed to anxiety. The purpose of this study was to assess whether a stress situation would reveal an association between perfectionism, low self esteem, and worry in high school students. METHOD: A sample of 210 high school students completed the Multidimensional Perfectionism Scale, the Penn State Worry Questionnaire, and the Self Liking and Competence Scale three times: on an average school day, on the day of an exam and on the day the subjects received the evaluation of the exam. Bivariate correlation was calculated to verify whether the dimensions of perfectionism were associated with the measures of eating disorders. RESULTS: some dimensions of perfectionism were associated with worry only on the stress situation, whilst low self-esteem was associated in both stress and non-stress situations. DISCUSSION: The results suggest that both perfectionism and low self-esteem are underlying factors for worry. Stress may stimulate behaviors related to worry in a perfectionistic personality.

Rumination And Emotional Processing For Depressing Events
Edward Watkins, University of Exeter

Rumination is an important factor in the maintenance and relapse of depression, whilst emotional processing can be an adaptive response. What determines whether recurrent self-focus on upsetting events is helpful (as in emotional processing) or harmful (as in rumination)? One possibility is that there are different thinking styles with different implications for the consequences of recurrent thinking. In particular, it is hypothesized that focus on self, mood and problems that involves more abstract and more conceptual thinking produces the negative consequences typical of rumination. The study tested the hypothesis that a more abstract-conceptual style of writing about upsetting events produces less effective emotional processing than a more concrete style of writing about upsetting events in high and low ruminator patients with major depression. After a distressing failure induction, high and low rumination participants were randomly assigned to writing about it in an abstract-conceptual condition or a concrete condition. Participants wrote about the failure on 3 occasions over the next 24 hours: immediately after the test, that evening and the next day. Depressed mood and intrusions about the test were measured at each time point. The high rumination participants in the abstract condition reported significantly more negative mood and had significantly more intrusive and avoidant thoughts about the test over the next 11 hours, than the other three groups. This finding is consistent with the proposal that a more conceptual, less concrete style of processing impairs emotional processing and maintains worry and rumination.

The Role Of Worry Trait As A Dispositional Variable In Voluntary Hyperventilation Produced Symptoms And Panic Disorder
G Simos and Nikolas Nikolaides, University of Thessaloniki, Thessaloniki, Greece,

In order to examine the role of anxiety sensitivity and worry trait in bodily, affective and cognitive responses to voluntary hyperventilation, as well as its role in past and current history of panic disorder, we administered the STAI, ASI and PSWQ to a sample of 68 students. Subjects were asked to hyperventilate, and to endorse the severity of hyperventilation-produced symptoms on a scale. We calculated number of endorsed symptoms (NS), total severity of symptoms (SS), mean symptom severity (MS), and separate total scores for bodily symptoms (SB), affective symptoms (SA) and cognitive symptoms (SC). According to mean ASI and PSWQ, subjects were categorised into High ASI (HAS), Low ASI (LAS), High Worriers (HW) and Low Worriers (LW). Subjects were also asked to report any history of panic disorder. Contrary to expectations, HAS subjects did not differ from LAS subjects. HW subjects scored significantly higher in NS, SS, SB and SA than LW subjects. Both ASI and PSWQ correlated significantly to STAI-T and STAI-S, and both HAS and HW scored significantly higher in STAI-T and STAI-S than LAS and LW subjects. The relationship between HW and STAI-T was more profound than the one between HAS and STAI-T. History of panic disorder related significantly to both anxiety sensitivity and worry trait. The study confirms the relationship between AS and responses to hyperventilation and identifies an even more significant relationship between the trait of worry and responses to hyperventilation. Panic disorder may well be predisposed by AS as well as by worry trait.
Cognitive, behavioural and affective reaction to anxiety: new findings and future directions

Convenor: Michel J. Dugas, Concordia University, Montreal, Qc, Canada

Are there benefits of emotional suppression during anticipatory anxiety?
   Adam S. Radomsky, Dominique Dussault, & Philippe T. Gilchrist; Concordia University, Montreal, Qc, Canada

There has been a recent increase in research investigating emotional regulation and suppression. Previous work on thought suppression has demonstrated that this strategy is generally counterproductive, either while suppression strategies are utilized or during a subsequent rebound period. We decided to assess the impact of emotional suppression during anticipatory anxiety over three time periods in a group of undergraduate students (n=60). We took heart rate, behavioural and subjective measures of anxiety during a two minute baseline period and then randomly assigned participants to either a suppression group or a no-suppression group. Participants were then instructed to prepare a 15 minute speech on a topic of their choice to be given to a panel of reviewers “in 10 minutes”. We took the same three measures again after a two minute period (P1) and then provided no-suppression instructions to all participants. They then continued their speech preparations for two additional minutes. At this point (P2), we took the same physiological, behavioural and subjective measures, told participants that there was no need to give the speech and debriefed them. Results indicate that while suppression appeared to be related to small increases in heartbeat during P1, subjective reports of anxiety were significantly lower in the suppression group at both P1 and at P2. This evidence of anxiety reduction associated with and following emotional suppression in a hypothesized rebound period will be discussed in terms of cognitive and behavioural models of anxiety, distraction and emotion regulation.

Anxiety sensitivity and its dimensions across the anxiety disorders
   Brett J. Deacon, Jonathan S. Abramowitz, Katherine M. Moore, & Sarah A. Kalsy; Mayo Clinic, Rochester, MN, USA

Anxiety sensitivity (AS) refers to the fear of anxiety-related sensations based on beliefs about their harmful consequences. Studies suggest that panic disorder is associated with AS, while other anxiety disorders (e.g., social phobia) are associated with elevations on particular dimensions of AS (e.g., fear of social anxiety symptoms). In the present study we examined AS and its four dimensions in 161 patients with different anxiety disorders (OCD, panic disorder, social phobia, specific phobia, GAD). Factor analysis of the Anxiety Sensitivity Index-Revised revealed a replicable four-factor solution that assessed respiratory concerns, cognitive concerns, social concerns, and physical catastrophe concerns (e.g., cancer, stroke). Differences between diagnostic groups were evident in AS total and subscale scores. Social phobia was associated with lower AS-I-R total scores than panic disorder and OCD, which did not differ from each other. Panic disorder was associated with the highest levels of respiratory concerns, while social phobia was associated with the most elevated social concerns. Panic disorder and OCD patients had similar and markedly higher scores on the physical catastrophe factor relative to patients with social phobia. Our results challenge the notion that panic disorder is uniquely associated with high levels of AS. Social phobics had lower global AS but exhibited substantially higher levels of social AS than the other groups. Our findings highlight the importance of assessing AS at the dimensional level in patients with anxiety disorders. Study limitations and directions for future research are discussed.

Fear of anxiety and worry: An (unexpectedly) robust relationship
   Michel J. Dugas, Naomi Koerner, Kristin Buhr, Davina Bakerman, Catherine Otis, & Melissa Bergevin; Concordia University, Montreal, Qc, Canada

The relationship between emotion-related processes and worry has received increasing attention over the past five years. Although many theorists now include emotional processes in their theories of worry and generalized anxiety disorder (GAD), there exist little empirical data specifically examining the emotion-worry/GAD relationship. In this talk, we will present data from three related studies investigating the relationship between fear of anxiety and worry. Results from Study 1 showed that worry was more highly and specifically related to fear of anxiety than to fear of other emotions (depression, anger, and positive affect) and experiential avoidance. In Study 2, we found that fear of anxiety was more highly related to worry than to the symptoms of depression, panic disorder, social phobia, and obsessive-compulsive disorder. The findings from Study 2 are all the more notable given that the construct of fear of anxiety was originally developed as a measure of panic disorder with agoraphobia. Finally, the results from Study 3 showed that fear of anxiety continued to predict worry, even after controlling for intolerance of uncertainty, positive beliefs about worry, negative problem orientation, and thought suppression. Overall, the findings from these studies suggest that fear of anxiety may be an important construct involved in worry. Specifically, we suggest that fear of anxiety may play a vital role in cognitive avoidance, which can be conceptualized as a broad range cognitive strategies used to restrict uncomfortable thoughts and emotions.
Emotion and Intrusion based reasoning

Convenor and Chair: Arnoud Arntz, Dept of Medical, Clinical and Experimental Psychology, Maastricht University, The Netherlands

Emotional Reasoning and Anxiety Disorders
Arnoud Arntz, University of Maastricht, Maastricht, the Netherlands

When subjective emotions, and not objective evidence, determine the conclusions a subject makes about the external world, the subject engages in emotional reasoning. According to cognitive theories, emotional reasoning plays a role in the development and maintenance of emotional disorders. We developed an experimental task to assess one type of emotional reasoning, the tendency to infer danger on the basis of subjective feelings of anxiety. A series of studies will be presented, demonstrating that:
1. Emotional reasoning is related to various types of psychopathology;
2. Emotional reasoning is a generalized reasoning style, not restricted to issues related to the disorder;
3. Emotional reasoning cannot be reduced to neuroticism or anxiety sensitivity;
4. Emotional reasoning is normal in children and diminishes only late in development;
5. Emotional reasoning is a risk factor for developing anxiety disorders, as the results of conditioning and treatment studies show;
6. Cognitive therapy might be more effective in reducing emotional reasoning than non-cognitive therapies. This might help to reduce relapse.

Taken together, the findings suggest that emotional reasoning is a trait-like non-specific risk factor for developing emotional disorders. It might be reduced by (cognitive) therapy. But, if not reduced after treatment, it might be a risk factor for relapse.

Intrusion-based Reasoning & Emotional Reasoning as risk factors for the Development of PTSD
Iris Engelhard, University of Maastricht, Maastricht, the Netherlands

Intrusion-based Reasoning (IR) is the tendency to infer danger in the outside world on the basis of experiencing trauma-related intrusions, despite objective evidence that the present situation is safe. In an earlier study we demonstrated that Intrusion-based Reasoning (IR) and Emotional Reasoning (ER) independently discriminate Vietnam Veterans with PTSD from those without PTSD (but with equal combat experience). A second study in bystanders of a dramatic train crash accident in Belgium found that IR/ER was related to the development of later PTSD, and even when acute stress disorder symptoms were controlled for, the association remained substantial (though statistically speaking a trend). In this presentation first results will be presented of a study in Dutch peacekeepers, sent to countries like Afghanistan. In this study we could employ a real longitudinal design by assessing IR/ER and other variables before the soldiers engaged in their mission. After returning to the Netherlands, PTSD and other variables were assessed. The hypothesis that premorbid IR/ER contribute to the development of PTSD will be tested.

Feeling guilty as source of information about “Not Just Right Experiences”.

Individuals with obsessive–compulsive disorder (OCD) experience increased guilt feelings and frequently report uncomfortable sensations of things not being just right (“not just right experiences”; NJREs) and a need to ritualize until they quiet these sensations (Coles, Frost, Heimbreg & Rhéaume, 2003). As to the relation between these psychological phenomena, it is hypothesised that the experience of guilt, in itself, acts by increasing a sense of NJREs. By a questionnaire administered after a task, it will be tested how, in normal subjects, trait guilt influences the way state guilt is used as a source of information about NJREs. More specifically it is hypothesised that there is an overall effect of state guilt on NJREs, this effect would be stronger in participants with high trait guilt. Following the same paradigm used by Mancini, Gangemi & van den Hout (2004), guilt-affect will be manipulated by having participants describe a recent life event in which they had felt guilty; trait and state guilt will be assessed by the Guilt Inventory (Jones & Kugler, 1990). NJREs will be measured by a questionnaire. Data will be in before the Manchester EABCT (2004) conference and they will be discussed during the symposium.
The Mood-As-Input Model And Psychopathology:
Graham C.L. Davey, University of Sussex

A number of prominent psychopathologies are characterized by the dysfunctional perseveration of certain thoughts, behaviours or activities. Examples include pathological worrying, which is the current cardinal diagnostic feature of Generalized Anxiety Disorder (GAD), obsessive compulsive disorder (OCD) in which individuals indulge in perseverative bouts of activities such as checking, washing or obsessive thoughts; and rumination, which has been recognised as an important maintaining factor in depression. In almost all examples of these psychopathologies the perseveration is viewed as excessive, out of proportion to the functional purpose that it serves, and a source of emotional discomfort for the individual concerned. Cognitive explanations of these perseverative psychopathologies have tended to be focused within individual disorders rather than addressing the possible common factors that might facilitate perseveration per se. Even though there is some evidence for co-morbidity across at least some of these perseverative disorders - suggesting the possibility of some common mechanisms operating across them - there have been few attempts to identify what these common mechanisms might be. However, there has been one recent attempt to address the processes underlying pathological perseveration, and this model has already been applied to a number of perseverative psychopathologies. This model is known as the mood-as-input hypothesis, and this paper will describe how this model is applied to psychopathology generally and review recent research on this model.

Cognition in OCD: Connecting Product To Process
Convenor: Adam Radomsky, University of Concordia and Keiron O’Connor, University of Montreal

Reasoning Processes in Obsessive Compulsive Disorder
Kieron O’Connor, Department of psychiatry, University of Montreal, Marie-Claude Pélassier, and Edith St-Jean-Trudel, Department of psychology, Université du Québec à Montréal

Early writings in cognitive therapy emphasized the relationships between formal reasoning paradigms and aberrant thoughts. But recent cognitive theorizing emphasizes information processing and cognitive structures behind reasoning rather than focusing on the reasoning template itself as a model of thinking disorder. In the first part of this talk, we explore how well known dysfunctional cognitive products can be viewed as a form of cognitive illusion resulting from inductive reasoning. In the second part of the talk, we apply a mental model approach to understanding reasoning style in obsessive compulsive disorder. In particular we suggest that the generation of more possible models than normal leads to obsessional doubt. We also describe experimental evidence showing that people with OCD, unlike controls, are unduly influenced by the apparent source of such possibilities rather than the reasonableness of their content. We suggest that a narrative approach to changing mental models is more appropriate than a focus on discrete beliefs and remote cognitive structures, since narrative better captures the dynamics of thinking.

Better Safe than Sorry: Threat Confirming Reasoning in OCD.
Guus Smeets & Peter J. de Jong, University of Maastricht and University of Groningen

The frightening concerns of anxious people can be condensed to propositions of the type “If P then Q” (e.g., ‘If my thoughts are uncontrollable, I will go crazy’). Given that anxiety patients are not intellectually disabled, the question is why patients do not give up their fearful beliefs in the face of disconfirming evidence. Note that falsifying propositions of the type “If P then Q” requires that subjects collect relevant information and adequately deduce the logical implication of this information for a particular proposition. Inaccurate reasoning strategies may well impede the disconfirmation of irrational beliefs. We investigated whether obsessive-compulsive patients are prone to selectively search for threat-confirming information when asked to judge the validity of conditional rules in the context of general and OCD-specific threats (i.e. threat-confirming reasoning). Therefore OCD-patients (n= 22) and healthy controls (n=22) were presented with modified Wason Selection Tasks (WSTs) pertaining to general and OCD-specific threats. The WSTs contained safety rules (“if P then safe”) and danger rules (“if P then danger”). We predicted that OCD-patients display a relatively strong threat-confirming reasoning strategy which is particularly pronounced in the OCD-threat domain. Preliminary results will be discussed.
Neurocognitive, metamemory and other cognitive changes following treatment for Obsessive-Compulsive Disorder.

Michael Kyrios and Maja Nedeljkovic, Royal Melbourne Hospital, Australia

The paper takes an increasingly important approach that integrates neuroscientific and cognitive-behavioural approaches to understanding Obsessive-Compulsive Disorder (OCD). Neuroscientific research supports the etiological significance of neuropsychological deficits in OCD, asserting that such deficits are indicative of localised brain dysfunction. Cognitive-behavioural formulations of OCD, on the other hand, assert that specific beliefs and metamemory domains are etiologically related to OCD symptoms and neuropsychological deficits, which constitute epiphenomena of OCD. One way of disentangling the relationship between OCD, neuropsychological deficits, metamemory and related cognitions is to examine the relationships between changes in these variables with treatment. OCD subjects undergoing a cognitive-behavioural program were assessed pre- and post-treatment with a range of neuropsychological, metamemory, cognitions, and symptomatic measures. This study aimed to (a) examine the psychometric properties of a new metamemory measure; (b) examine the relationship between the various neuropsychological, cognitive and metamemory factors and symptom severity, with a particular focus on the relationship between memory and metamemory; and (c) investigate correlates of symptomatic amelioration. Preliminary findings provided evidence of change in neuropsychological, cognitive and metamemory factors following psychological treatment. There was little evidence for a direct relationship between neuropsychological changes and symptom amelioration, but stronger evidence of the relationship between changes in cognitive and metamemory factors with treatment. Finally, there was evidence for relationship between adaptive cognitive changes and both symptom amelioration and improved neuropsychological performance. Findings are discussed in light of etiological models of OCD.

Belief Bias in OCD Before and After Treatment

Peter J. de Jong & Guus Smeets, University of Groningen and University of Maastricht

A general feature of all human beings is their tendency to judge believable conclusions as valid and unbelievable conclusions as invalid, irrespective of the logical status of the conclusion. This phenomenon is referred to as belief bias. In objectively dangerous situations, when capacities are bounded and time is limited, it is adaptive to rely on prior beliefs and act on plausible conclusions, rather than to pause and consider whether those conclusions meet the standards of formal logic. However, if perceived threat is based on dysfunctional beliefs, the same strategy might become counterproductive. In that case, belief bias logically immunizes against refutation of an anxiogenic view. The present study was designed to explore the role of belief bias in the maintenance of patients’ anxiety complaints. More specifically, we tested whether anxiety patients are characterized by a relatively enhanced belief bias, and whether this bias would be restricted to the domain of concern, or would reflect a more general cognitive characteristic exerting its influence in anxiety irrelevant domains as well. Therefore, a group of OCD (n=20) and a group of PD patients (n=20) were presented with a series of linear syllogisms concerning neutral, OCD-relevant, and PD-relevant themes. For each of the 3 themes, syllogisms systematically varied in logical validity and believability. Participants were asked to judge the syllogisms’ logical validity, without taking the believability of the syllogisms into account. Reaction time and number of errors were the dependent variables. If indeed enhanced belief bias plays an important role in the persistence of complaints it should be diminished after successful treatment. Therefore, both groups of patients were tested both before and after treatment.

The effects of attention focus and repeated checking on memory accuracy and metamemory

Adam S. Radomsky & Andrea R. Ashbaugh, Concordia University, Montreal, Canada

It has been demonstrated that there are robust decreases in memory confidence in OCD, especially in association with compulsive checking. Reductions in confidence are induced even when nonclinical individuals repeatedly check. We will present two studies addressing aspects of memory and metamemory in association with repeated checking. The first will be an ecologically valid experiment conducted in our laboratory kitchen in which we found that nonclinical participants who repeatedly checked our kitchen stove showed significant reductions in memory confidence, vividness and detail, whereas participants who engaged in repeated irrelevant checking did not. In a second study, we attempted to attenuate these reductions through a manipulation of attention focus during the task. Undergraduate students were asked to repeatedly check a stove. Participants were randomly assigned to either focus only on the stove (Central Focus Condition) or to focus not only on the stove but also on the surrounding environment (Peripheral Focus Condition). Following the task, participants were asked to recall central details associated with the stove, as well as peripheral details of the environment. Participants were also asked to rate their memory confidence, detail, and vividness for each response. Contrary to our hypotheses, the groups did not significantly differ in memory confidence, vividness, or detail. Interestingly however, participants in the Peripheral Focus Condition were significantly more accurate in recalling which knobs they last checked. These results will be discussed in terms of cognitive and behavioural models of OCD and the effects of repeated checking on memory and metamemory.
Open Papers Basic Processes

Cognition and Emotion

The influence of mood on fear conditionability
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It has been proposed that the concept of conditionability can help to explain why some people develop an anxiety disorder after an aversive experience, whereas others do not. Fear conditionability describes how someone responds in an aversive learning experience. It has been established that aversive conditioning demonstrates moderate heritability (34% to 43%) [1]. To date, however, it is poorly understood what non-genetic factors influence conditionability. The current study examines whether people in an anxious mood show stronger fear conditionability than people in a happy mood. The participants (N=45) underwent a differential aversive conditioning acquisition procedure in both a happy and an anxious mood. A ‘highly annoying’ electrical stimulus served as the unconditioned stimulus (UCS) and pictures of neutral faces served as either reinforced or nonreinforced conditioned stimuli (CS+ or CS-). The moods were induced with film sequences that reliably produce happy and anxious moods with equal arousal levels. In order to capture the different domains of an anxiety response, conditioned responses were measured with various outcome variables, such as subjective ratings, affective priming, and an array of psychophysiological measures. Conditioning whilst in an anxious mood did not produce larger responses to the CS+ than conditioning in a happy mood. However, the responses to the CS- were relatively larger during the anxious mood. All outcome measures produced this pattern in results. The finding of stronger responses to unpaired cues might mean that people in an anxious mood have generalized their responses to irrelevant stimuli or that they failed to properly discriminate paired from unpaired cues. Some of the individual differences in conditionability might be related to emotion states or traits.

Spider fearfuuls attend to threat, then avoid it: Evidence from eye movements
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Cognitive theories of anxiety postulate that cognitive processes are highly relevant for the etiology and maintenance of anxiety disorders. According to these theories, the attention of individuals suffering from anxiety disorders should be biased selectively towards threatening stimuli. Indeed, many studies have provided empirical evidence for attentional biases in anxiety. Upon closer inspection, however, the empirical results regarding details of the biased attentional processes are mixed. One reason for different results may be that one has to differentiate between different stages of processing. There is some evidence that an enhanced attentional bias towards threat is more likely to occur during the very early stages of processing, which allow for automatic, reflexive allocation of attention rather than voluntary, goal-directed attention allocation. To investigate different stages of processing of threat stimuli, we conducted an eye-tracking study. In this study, 23 spider anxious participants and 20 non-anxious controls studied matrices of pictures for a later memory test. Each matrix was presented for 1 minute, and it consisted of 4 pictures, namely one spider, one cat, one dog, and one butterfly. Participants were free to look at the pictures in any way they wanted, while their eye movements were recorded. We found that spider fearfuuls showed an attentional bias towards threat during the first 500 ms of stimulus presentation: the spider fearfuuls' first fixation tended to be on the spider picture more often than the controls' first fixation. After that, however, fearfuuls showed avoidance of threat: the first fixation of a spider was shorter in fearfuuls than in controls, and during the final 59 seconds of the 1 minute presentation time, spider fearfuuls spent less time fixating the spider picture than the controls. The results of this study emphasize the importance of discriminating between different stages of processing, and they may shed light on the sometimes contradictory results of earlier studies.

Attentional bias related to social anxiety in children
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According to the social information processing framework, the selection anxious children make of threatening stimuli may explain the link between a sequence of deregulatory information processing behaviours. However, empirical observation of these processes in childhood has been minimal. In general, researches on attentional biases have used mainly Stroop tasks which suggest that anxiety related colour-naming interference may be observed in children. In the present study, information processing biases related to social anxiety stimuli were studied in 90 children, 45 boys and 45 girls, mean age of 10.1 (SD = 1.07). A modified Stroop task was used, with four word categories (social threat, physical threat, positive, and neutral). In addition, participants also completed self-report measures of temperament and social anxiety and parents completed measures of child temperament and social anxiety and, also, self-reports of the same variables. Children were divided in two groups, based on their score on the SASC-R (LaGreca, & Stone, 1993). A mixed ANOVA showed an interaction between groups (high and low social anxiety) and word category, with longer reaction time for social threat words in the high social anxiety group. No effect was found for error rates. Attentional bias to social threat correlated significantly with self-reports of social anxiety, parental self-reports of sociability and social anxiety and parental reports of children emotionality and social anxiety. These results supported the predicted attentional bias towards threat cues among high social anxiety children and may contribute for a better understanding of the role of selective attention mechanisms in the regulation and deregulation of childhood anxiety.
Rule-governed behaviours and persistence of delusions in schizophrenia

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Rule-governed behaviours (RGB) have been extensively studied with normal subjects. Insensibility to contingencies has been discovered in case of rule-governed behaviours (Catania, Shimoff, & Matthews, 1989; Hayes, Brownstein, Zettie, Rosenfarb, & Kom, 1986; Shimoff & Catania, 1998). The reinforcement of the following of an accurate rule result in the following of it even when it is no more accurate, i.e. when the contingencies changed. We study RGB in schizophrenia. We postulate that a greater insensitivity than normal subjects to contingencies changes, in case of RGB, could explain partly the persistence of delusional ideas in schizophrenia, despite a confrontation with information which contradict such delusions, i.e. despite perceived changes in the contingencies. A large part of the perturbations observed in schizophrenia could be due to a dysfunction in rule following. We present a multiple program to patients and normal subjects. They are given either an accurate rule, no rule, or are asked to generate their own rule of how behaving optimally (self-instruction). The subjects must press buttons to earn points. (FR 8 and FI 8 schedules). The contingencies are then changed in the second part of the experiment (i.e. the schedules are inverted) without the subjects being informed of it. The hypothesis is that subjects suffering from schizophrenia will be more insensible to changes in contingencies than non-patients and would be more persistent (their presses on FI would be more important than on FR in the second part, inaccurately). Moreover, we postulate that this insensitivity would be more important for the self-instruction group than for the no rule or accurate rule groups. A more important insensibility in case of self-instruction or an over utilisation of this mechanism could partly explain the persistence of delusional ideas in schizophrenia. Such a mechanism could allow exploration of new ways of helping patients in therapy.

Time Estimation Ability and Distorted Perception of Sleep in Insomnia

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Whilst it is an established finding that people with insomnia characteristically overestimate the time they have taken to get to sleep and underestimate the total amount of time they have slept, little is known about the mechanisms that underpin distorted perception of sleep. This study sought to investigate whether distorted perception of sleep is accounted for by (1) a general deficit in time estimation ability in people with insomnia and (2) the context in which the time estimates are made. Twenty individuals with insomnia and 20 good sleepers were asked to perform two time estimation tasks; one in the laboratory during the day and one in the participants’ own bedroom during the night. The two groups were compared for the accuracy of estimating unfilled temporal intervals of various lengths. The results indicated that the performance of the insomnia group was no different from that of the good sleeper group, regardless of the context in which the time estimates were made. Time overestimation correlated positively with cognitive and physiological arousal experienced during the time estimation tasks. These findings argue against the hypothesis that individuals with insomnia have distorted perception of their sleep simply because they are poor estimators of time, and are in support of the hypothesis that increased cognitive arousal and physiological arousal are candidate mechanisms that underpins distorted perception.

Cognitive Processes in Psychological Disorders

Cognitive factors influencing the start of a compulsive wash

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Recent modifications of CBT (Richards, 1995; Salkovskis, 1999) suggest that obsessional clients might rely on inappropriate stopping criteria in order to decide when to stop a compulsive action. Whereas there is some indication that obsessional washers use elevated evidence requirements in order to stop a compulsive wash (Wahl, Salkovskis & Cotter, submitted), the start of a compulsive wash has not been systematically characterised. The current study investigates when and how obsessional washers decide how to start washing. Specifically, the role of threat perception, triggering stimuli and the nature and number of goals that obsessional washers are trying to achieve are examined, and whether these factors are related to the length of the obsessional wash. Thirty-eight obsessional hand washers, 41 non-washing obsessionals and 43 non-clinical controls were interviewed about how they decided to start washing using a semi-structured interview. Results will be presented and discussed with an emphasis on differences and commonalities between “stop” and “start” criteria.
The impact of self-representations on interpersonal problem solving ability, affect and self-efficacy in a clinically depressed and a matched non-depressed group.

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This paper will present an experimental study that examined the impact of self-representations on interpersonal problem solving ability, affect and self-efficacy. Interpersonal problem solving ability of 19 current clinically depressed and 19 individually matched non-depressed individuals was first compared using vignettes from the Means End Problem Solving Schedule (MEPS), (Platt & Spivack, 1975). Following this, representations of an everyday-self (EVS) and a future most resourceful-self (FMRS) were induced via imagery and used by all participants to address personal (EVTS) and matches of personal problem situations (MEPSs). A mixed design was used to compare the effects of group (depressed versus non-depressed), imagery (FMRS-representations versus EVS-representations), and the interaction between group and imagery. Results indicated that when solving personal and MEPS vignettes both groups had significantly greater positive affect, lower negative affect and higher general self-efficacy when using FMRS-representations than when using EVS representations. Both groups also showed significant improvements in problem solving ability for hypothetical (MEPS) interpersonal problem situations when using FMRS compared with EVS-representations. Analysis of interactions revealed that the depressed group had a greater increase in positive affect, greater decrease in negative affect, and greater improvement in self-efficacy as a result of FMRS imagery than the matched non-depressed group when providing solutions to personal problems. Three interrelated models helped support the rationale for the study and its findings: the cognitive triad model of depression (Beck, 1972), the Interactive Cognitive Subsystems information processing model (Teasdale & Barnard, 1993), and the possible selves/working self-concept framework (Markus & Nurius, 1986).

The Threat of Others; Key Cognitions in Social Phobia and Paranoia

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At first sight, the clinical presentations of social phobia and paranoia appear to be quite different. Socially phobic individuals fear negative evaluation by others and are highly avoidant of social situations where they believe that they may be judged and found wanting. People with paranoia fear that others intend to cause them harm. Despite these apparent differences, the cognitive models of social phobia (Clark & Wells, 1995) and paranoia (Chadwick, Birchwood & Trower, 1996) suggest that there are distinct similarities between the groups. Both groups have a negative view of the self as inadequate, flawed, worthless and lacking in the qualities needed to succeed in life. The models also suggest that both groups believe others see these flaws and treat them accordingly. This is consistent with clinical practice. This study investigated levels of cognition in social phobia and paranoia using both implicit and self report measures. The study compared the core beliefs, underlying assumptions and automatic thoughts of the groups. Importantly, if they do share similar beliefs about the self and others, the question of what differentiates the psychological development and maintenance of these clinical problems remains. In addition, differences in perspective taking in recall of social and other events, metacognitive awareness and behavioural responses (‘safety behaviours’) were compared. The similarities and differences in cognition and behaviour between the groups will have implications for our understanding of processes involved in the experience of threat from others. These results and implications for therapeutic intervention will be discussed.

Alternative Methods for Investigating the Validity and Reliability of Questionnaires: Cognitive Interviewing versus the Questionnaire Appraisal Coding System

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Traditional methods of establishing measures’ reliability and validity by correlation coefficients have limitations. For example, a correlation may be due to the predicted relationship between two constructs, or to problematic confounding of constructs within a measure. Nor do psychometrics identify the nature of any problems or suggest solutions. Two questionnaire pretesting methods widely used in major social surveys were applied to two measures of cognitive vulnerability to anxiety (Anxiety Sensitivity Index-Revised, Taylor and Cox, 1998; Anxiety Attitudes and Beliefs Scale, Brown et al, 2000). Method 1: Cognitive Interviewing, a variant of think-aloud protocol analysis, involved people diagnosed with anxiety disorders thinking aloud whilst completing the questionnaires (Bickart and Felcher, 1996). A coding scheme was developed of the reported processes that led to their scores, and its reliability established with independent blind raters. Method 2: The Questionnaire Appraisal Coding System, a comprehensive list of questionnaire properties and potential problems based on the cognitive stage-model of questionnaire response, was used as a systematic method of expert questionnaire analysis (Lessler and Forsyth, 1996). Each method revealed significant potential threats to the validity and reliability of each scale. Many problems were uncovered by both methods, but there were also differences in the sensitivity and specificity of each method. Both methodologies represent effective and efficient methods for questionnaire development, particularly prior to large-scale quantitative investigations. Cognitive Interviewing provides empirical evidence of validity/reliability, whilst Questionnaire Appraisal Coding finds many of the same problems without involving participants.
Excessive worrying, mood regulation and attention to feelings: Results from a student sample
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An understanding of the psychological processes that play a role in the generalised anxiety disorder (GAD) has been lacking compared to other anxiety disorders. Excessive worrying, the cardinal feature of GAD, has remained the most widely researched feature of the disorder with current theoretical models viewing it to be a form of a cognitive avoidance strategy in information processing (Borkovec et al., 2003). Research results tend to support the tenets of the avoidance theory and the effectiveness of cognitive behavioural treatments that are based on it have been shown to be superior to other forms of psychotherapy for GAD (Borkovec et al., 2003). However, this psychotherapeutic success is moderate compared to other anxiety disorders, emphasising the need for further development of the current theoretical views of GAD. Menning et al. (2002) have suggested that individuals suffering from GAD are characterised by a marked difficulty understanding their emotional experiences and a compromised ability to regulate them. This makes their emotional experiences aversive for them and they therefore try to control their emotions by worrying that then becomes excessive. Menning et al. (2002) further postulate that individuals with GAD tend to avoid feared negative outcomes in interpersonal relations to regulate their own emotional experiences. The aim of the present study was to test these ideas of Menning et al. (2003). A sample of 214 university students filled out a questionnaire booklet containing, among others, questionnaires assessing excessive worrying, anxiety and depression, mood regulation ability, attention to feelings in others and one self, and the ability to label ones own feelings and feelings in others. It was expected that excessive worrying would be negatively related with mood regulation ability and the ability to label ones feelings but would be positively related with attention to feelings, in self and others. It was also tested if these variables would have an additive effect above negative mood (anxiety and depression) and demographics (age and gender) when predicting worry scores. Correlational analyses revealed low to moderate correlation coefficients in the expected direction. Results from a hierarchical regression analysis showed that only attention to feelings in others and mood regulation ability made a significant contribution above negative mood and demographics when predicting excessive worrying. These results indicate that excessive worrying is linked with a compromised ability to regulate ones mood. They also indicate that individuals who worry excessively have the tendency to attend to feelings in others. This might be to prevent negative outcomes in social interactions in an attempt to regulate ones own emotional experiences.

Neuropsychology, Physiology and Temperament: Relationships with Cognition/Behaviour

Autonomic and respiratory pathophysiology of clinical anxiety: effects of diagnosis, situation, and treatment
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In a series of NIH funded studies, we have examined psychophysiological state and trait features of patients with Panic Disorder (PD), Social Phobia, Generalized Anxiety Disorder, and Situational Phobias inside and outside the laboratory, and in anxiety-provoking and non-anxiety-provoking situations. We have employed a variety of measurement methods and paradigms to test hypotheses about the role of psychological and physiological factors in anxiety disorders and to develop noninvasive physiological markers of anxiety useful to clinicians who want a perspective on diagnosis and treatment outcome independent from self-report. Consistent with theories, hypocapnia (low pCO2) has emerged repeatedly as a prominent feature distinguishing between PD and other anxiety disorders. A tendency to hypocapnia in PD was amplified to diagnostic effect sizes greater than 1.2 during recovery from certain respiratory stressors. Tidal volume instability, a kind of respiratory dysregulation, distinguishes PD from other anxiety disorders in non-anxiety provoking situations, while autonomic measures do not. Situational phobics exposed to their phobic situation manifest both greater autonomic and respiratory changes than controls, consistent with preparation for fight-or-flight. Physiological responses tracked exposure treatment progress. On the other hand, generalized social phobics do not react autonomically more during public speaking than do controls. A first clinical application of the research findings in PD is pCO2 feedback-assisted breathing training, which has proven highly effective for treatment. Technological innovations like the LifeShirt system provide clinicians with detailed psychophysiological profiles of patients’ experience, motor behavior and physiology in real-life and during treatment and can be utilized as a therapeutic tool by quantifying the physiological basis for bodily concerns.

Neuroimaging and CBT on anxiety disorders
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Neuroimaging studies on anxiety disorders is at relatively preliminary stage. Nevertheless, findings are arguably consistent with involvement of limbic, paralimbic, and prefrontal regions. In studies with positron emission tomography (PET) patients suffering with GAD have increased relative metabolic rates in the right posterior temporal lobe, right precentral frontal gyrus, and left inferior area 17 in the occipital lobe but reduced absolute basal ganglia rates (Wu et al. 1991). Imaging studies that have pooled or compared findings across different anxiety disorders may also shed light on the underlying neuroanatomy of anxiety symptoms that are not disorder specific. An analysis of pooled PET symptom provocation data from patients with OCD, PTSD, and specific phobia, for example, reported activation of paralimbic structures (right posterior medial orbitofrontal cortex, bilateral insular cortex), right inferior
frontal cortex, bilateral lentilicate nuclei, and bilateral brain-stem foci (Rauch et al. 1997). There is growing realization of the importance of various CSTC loops in a range of behavioral disorders (cortico-striatal-thalamic-cortical circuit), particularly in relation to certain kinds of cognitive affective cues, and appear most relevant in OCD. Functional imaging studies provide some of the most persuasive evidence of the role of CSTC circuits in OCD. Patients have increased activity in the orbitofrontal cortex, anterior cingulate, and basal ganglia (Rauch and Baxter 1998). Additionally, question remain about precise nature of CSTC dysfunction in OCD and its normalization by effective treatment. Decreased orbitofrontal activity in OCD predicts positive response to pharmacotherapy, whereas higher orbitofrontal activity predicts positive response to behavioral therapy (Brody et al. 1998). Preliminary evidence from brain imaging shows the importance of amygdala and paralimbic structures in panic disorder. CT study suggested prefrontal abnormalities (Wurthmann et al. 1998), a SPECT study showing asymmetry of inferior frontal cortical perfusion (De Cristofaro et al. 1993). Although it has been hypothesized that cognitive-behavioral therapy exert effects in panic disorder by behavioral desensitization of hypopocampal-mediated contextual conditioning, or by cognitive techniques that strengthen medial prefrontal cortex inhibition of amygdala (Gorman et al. 2000), the relevant empirical studies have not yet been undertaken. We will present preliminary PET data of 12 patients with panic disorder. Patient were measured before and after therapy with antidepressant or CBT. The finding will be discussed, compared with results of other studies and showed with accordance of neurobiological theories.

Perceptual Asymmetries in Generalized Anxiety Disorder
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Previous studies have reported hemispheric asymmetries in brain activity in anxiety disorders, but the direction of the asymmetry has been inconsistent. In an attempt to account for the discrepant findings we applied the neuropsychological model proposed by Heller and her colleagues (1997, 1998) to also differentiate for type of anxiety. In this respect, perceptual asymmetries may be a very promising advance towards assessing hemispheric activation patterns and evaluating parameters of hemispheric performance. Therefore, we investigated whether and how participants with and without the diagnosis of Generalized Anxiety Disorder differ in their performance on two perceptual asymmetry tasks. Women between 18 and 35 years of age participated in the study. 21 participants fulfilled the DSM-IV criteria for Generalized Anxiety Disorder and 18 participants were healthy controls. All participants took part in two visual hemifield reaction time paradigms using verbal and nonverbal stimuli, and they completed various anxiety and depression questionnaire. First we will present results of the perceptual asymmetry tasks in 60 healthy controls to demonstrate the respective processing advantages of the specialized hemispheres. We will then move on to the comparisons in task performance between healthy controls and participants with Generalized Anxiety Disorder. Emphasis will also be on the relevance of the results for models of differential hemispheric activation patterns in anxiety disorders.

Relationships between schemas (Young’s model) and the bis/bas individual differences (Gray’s model).

Schemas have a central role in cognitive psychopathology. In fact, a cognitive model assumes that schemas are developed in response to biological predispositions and environmental influences. However, little is known in terms of empirical data with regard to how they are related to biological or temperamental variables. Furthermore, the cognitive-behavioural case conceptualization has not usually taken into account the influence of temperamental variables. Nowadays, there are several approaches both to the study of schemas (e.g. Beck et al., 1990; Amtz, 1999; Young, 1990) and to the study of biological or temperamental bases of personality (e.g. Gray, 1988; Cloninger, 1986, 1987). The theoretical frameworks of our research were the schema-focused model (Young, 1990) and Gray’s personality model. The first defines schemas (Early Maladaptive Schemas, EMS) as «broad, pervasive themes regarding oneself and one’s relationship with others, developed during childhood and elaborated throughout one’s lifetime and dysfunctional to a significant degree» (Young, 1994). Gray’s model of personality, includes two neuropsychological systems, the Behavioural Inhibition System (BIS) and the Behavioural Activation System (BAS) which underlie the personality dimensions of anxiety and impulsivity, respectively. The aim of this study was to investigate the psychometric relationships between schemas and the individual differences in the activity of BIS and BAS. A total of 115 psychiatric patients from a Catalonian Mental Health Centre were included in the study. To evaluate schemas, we used the Spanish Version of the Young Schema Questionnaire (Cid, Tejero & Torrubia, 1999; Cid & Torrubia, 2001); this is a 205-item self-report that assesses 16 early maladaptive schemas. To evaluate individual differences in BIS/BAS, we administered the Sensitivity to Punishment and Sensitivity to Reward Questionnaire (SPSRQ, Torrubia, Avila, Molto, & Caseras; 2001). Statistical analyses consisted of a Principal component analysis with Varimax rotation including schema and personality scales, and a multiple regression analysis using the Sensitivity to punishment (SP) and Sensitivity to reward (SR) scales as independent variables, and each schema as a dependent variable. Principal component analysis yielded three factors with eigen values higher than 1 which accounted for 63.19 % of variance. The first was loaded by SP and the schema scales Failure, Social Undesirability, Dependence, Defectiveness, Social Isolation, Insufficient Self-control and Subjugation, the second by the schema scales Self-sacrifice, Unrelenting standards, Emotional deprivation, Mistrust, Emotional inhibition, Abandonment and Vulnerability to harm and illness, and the third by SR and the schema scales Enmeshment and Entitlement. Results from multiple regression analyses showed that SP and SR scales accounted for a significant percentage of variance in all of the schemas. In the discussion, we develop the implications of these results for the assessment, case conceptualization, and cognitive-behavioural treatment of personality disorders.
Is there a relation between homework compliance and treatment outcome in behavioural therapy of Generalized Anxiety Disorder?

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Introduction: Recent research suggests that therapists' homework assignments as well as patients' homework compliance during psychotherapy effects therapy outcome. To our knowledge, only one older study examining compliance with homework in psychotherapy refers to patients with Generalized Anxiety Disorder (GAD) (Nelson & Borkovec, 1989). Another author (Leahy, 2002) recently discussed possible problems arising from psychotherapeutic homework in GAD, for example an initial increase in anxiety, worry, and apprehension arising from self-observations in order to identify worry episodes, which might lead to homework non-compliance. This poster aims at (1) identifying compliance with weekly homework assignments during a behavioral psychotherapy for GAD and (2) analysing the relation between homework compliance and treatment outcome. Method: Patients with GAD (N=40) were treated with either (a) worry exposure or (b) applied relaxation within a 15-session randomised comparative treatment study. Homework was assigned according to the respective treatment manual on a weekly basis. Contents of homework included the completion of a daily diary assessing worry episodes and bodily symptoms for all patients as well as home-practices of worry exposure in one condition and relaxation in the other condition. Homework compliance was rated by therapists after the last therapy session on a five-point scale (1 homework done as assigned or even extended – 5 homework never done). In addition, reasons for non-compliance were assessed. Therapists and patients separately rated the success of therapy on a 6-point scale (In comparison to the beginning of therapy the patient feels: 1 extremely better – 6 extremely worse). Further, standard instruments were used to measure the effectiveness of therapy (e.g., HAM-A, PSWQ). Results: Preliminary analyses showed that the majority of patients with GAD completed homework as assigned or only slightly moderated in frequency or form. Fewer patients were judged as having a lower compliance with homework. Reasons for non-compliance will be presented. Further analyses revealed that homework compliance was associated with a better treatment outcome. Conclusion: Our results are consistent with recent research in showing that patients' compliance with homework contributes to the effectiveness of behavioral therapy also indicating that therapists' homework assignments facilitate improvement in psychotherapy. Additionally, our results expand current knowledge by assessing homework compliance in patients with GAD – a disorder in which homework (e.g., identifying worries and bodily sensations; worry exposure) might be especially problematic because the eventuality of increased anxiety, worry, or apprehension in the initial treatment phase. Despite this, the majority of our patients completed homework as assigned or only slightly varied which in turn was associated with a better treatment outcome. The comprehension and acceptance of the treatment rationale as well as the belief in therapy success might therefore be especially important patient-variables in psychotherapy for GAD which should be more closely surveyed in future research.

Memory Biases

The Effects of Ecologically Valid Stimuli on Memory in Association with Compulsive Ordering and Arranging

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Models of emotion and cognition propose that individuals will attend to, process and remember stimuli congruent with their current emotional state. Evidence of threat-relevant memory bias has been found in ecologically valid investigations of compulsive washing and checking. The current experiment was designed to assess for the presence of a threat-relevant memory bias in association with compulsive ordering and arranging using undergraduate students. Twenty objects are placed in a room in combinations of standardized orderly and disorderly states. Participants are asked to enter the room and to “make a plan about how to order and arrange the room for a second part of the study”. Participants are then randomly assigned to one of four conditions: orderly (all objects are neatly ordered and arranged), slightly disorderly (15 objects are neatly ordered and 5 are disorderly), slightly disorderly (5 are neatly ordered and 15 are disorderly) and disorderly (all 20 objects are in a disorderly state). After leaving the room and completing a distractor task, participants are asked to recall as many objects from the room that they can remember. Preliminary analyses indicate that participants in the slightly disorderly condition remember proportionately more disorganized objects than organized objects. The three control conditions show that this result is not likely due to the fact that the disordered objects are differently displayed from the ordered objects. Results will be discussed in terms of cognition and emotion, a natural preference for order over disorder, and cognitive and behavioural approaches to understanding compulsive ordering and arranging.

Fear-Relevant Selective Associations and Social Anxiety: Absence of a Positive Bias

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Cognitive models of social anxiety propose that socially anxious individuals make a variety of anticipatory, on-line and retrospective judgements about social situations which serve to maintain and increase social anxiety (e.g. Clark
concerning mood congruent bias in implicit memory task. The theoretically driven methodology we used enables us to shed some light on the contradictory findings observed in the literature. The correlation was obtained between the amount of depressive symptoms and the bias index for automatic processes \( r = -0.11; p = 0.56 \). These results suggest that the mood congruent memory bias in dysphoria is determined by the contribution of controlled processes and not by the contribution of familiarity. The theoretically driven methodology we used enables us to estimate the contribution of controlled and automatic processes in the tasks used. So far, no study investigated the mood congruent memory bias while others do not. These contradictory findings could be due to differences in the contribution of controlled and automatic processes in the tasks used. Seperate for controlled and for automatic processes, we computed mood congruent memory bias indices by subtracting the positive process estimation from the negative process estimation (a negative value corresponds to a bias toward negative material compared to positive). Preliminary findings show a significant negative correlation between depressive symptomatology and the bias index for controlled processes \( r = -0.36; p < 0.05 \) whereas no significant correlation was obtained between the amount of depressive symptoms and the bias index for automatic processes \( r = -0.11; p = 0.56 \). These results suggest that the mood congruent memory bias in dysphoria is determined by the contribution of processes which require conscious attention and not by the contribution of familiarity. The theoretically driven methodology we used enables us to shed some light on the contradictory findings observed in the literature concerning mood congruent bias in implicit memory task.

Posters

Cognitive Processes

Influence of a regular work-out session and ideal body image on perceived body image and body satisfaction in male bodybuilders and triathletes.

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Background: It has been suggested that bodybuilding may be associated with a specific form of body dissatisfaction (muscle dysmorphia). In this context, working out can be interpreted as a coping behaviour to overcome body dissatisfaction. In this ongoing study we examine the relationship among body image perception, body image...
satisfaction, body image disturbances and ideal body image, influenced by participation in a typical work-out session in men who are regularly involved in either bodybuilding or endurance sports. Methods: Using a balanced pre-post-design 30 male bodybuilders (compared with male triathletes) were asked to estimate their body size employing a digital image distortion technique and to indicate their satisfaction with muscularity in different parts of their bodies directly before and after a typical training session. Furthermore they were asked to report their ideal size. They also completed self-report measures of body image disturbance, body esteem, exercise motivation and eating disorders. Preliminary findings: Participants of both groups picked a larger ideal of their body than their actual size while body image perception was biased towards the thinner extreme. Bodybuilders reported a significantly larger ideal body image (in proportion to their actual body size) than Triathletes. Accordingly, bodybuilders reported less overall satisfaction with their body size and muscularity than Triathletes. Discussion: Bodybuilders, regardless of their more than average muscular body, were more discontent with their physique than Triathletes. Implications of this finding will be discussed in detail.

Static and dynamic body image in anorexia and bulimia nervosa

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Introduction: Besides pathological eating behaviour, body image disturbances are a main feature of anorexia and bulimia nervosa. Up to now, only static body image was examined; dynamic aspects as perception and evaluation of one’s own motion patterns have not been studied yet in eating disorders.

Method: To assess the static body image, patients with anorexia and bulimia nervosa (n=22) and a healthy control group (n=58) estimated their ‘real’, ‘felt’ and ‘ideal’ figure with a digital distortion technique. Assessment of the dynamic body image was realized by a computer programme based on the ‘Biomotion-Technique’ (Troje, 2002). Patients were asked to adjust motion patterns shown on the screen along the body mass index axis, representing their ‘real’, ‘felt’ and ‘ideal’ motions best. Results: Concerning static body image, patients with eating disorders show a significantly stronger overestimation of their ‘real’ (p=0.04) and ‘felt’ (p<0.001) body dimensions than control subjects, while for ‘ideal’ body image, no differences were found. Additionally, for dynamic body image there was a trend towards a significant group difference with respect to the estimation of ‘real’ (p=0.077) and a highly significant difference for the estimation of ‘felt’ (p<0.001) motions. Patients estimated their motion patterns in the direction of a higher body mass index. Again, the ‘ideal’ motion pattern was not different in both groups. Discussion/Conclusion: It was demonstrated for the first time that in patients with anorexia and bulimia nervosa, the body image disturbances includes, in addition to the static aspect, a dynamic component, too. These findings may be of relevance for the treatment of anorexia and bulimia nervosa. So it can be promising to focus in body exposure techniques not only on the figure, but also on the patient’s motion patterns to correct the disordered dynamic body image.

Do what extent do obese binge eaters show body image distortions?

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Background: Though body image disturbances are not included in the research criteria for binge eating disorder, they may play a crucial role in the development and maintenance of the disorder. The assumption is based on the fact, that most binge eaters are overweight and report disgust of their body, repeated dieting and avoidance behaviours concerning their bodies. Therefore, we examined if binge eaters show body image disturbances. To study the role of overweight itself, we examined whether obese and non-obese binge eaters differ with respect to body image. We assume that obese binge eaters show stronger body image distortions than obese non-bingers. Method: We examined 15 obese binge eaters and 15 obese non-binge eaters with variant questionnaires checking attitudes toward figure, shape and weight as well as eating behaviour. Furthermore, we asked the patients to rate by means of a digital distortion technique cognitive (how patients think they look like), affective (how they feel they look like) and ideal (how they want to look like) body image showing the same digital picture of the patient in a tight suit with variant pre-adjusted sizes. To compare the groups, we calculated the mean of all presentations. Results: Comparing obese with non-obese binge eaters, the questionnaires show a significantly higher body dissatisfaction (EDI), drive for thinness (EDI) and rejection of their body (FKB-20). The digital distortion technique revealed a significant influence of pre-adjusted distortion of the photograph being rated by the patients, while the mean distortion showed no significant group difference for all ratings Furthermore, there was a significant correlation between rejection of their body (FKB-20) and the digital rating of cognitive body image. Discussion: Results indicate that body image disturbances play an important role in obese binge eaters. These results may not only be due to binge eating but may be related to the overweight itself. Influences of social desirability concerning attitude towards weight and shape and expected eating behaviour on the urge to be thin and conclusions for therapeutic interventions are discussed.
Clinical features of obsessive symptoms in Borderline Personality Disorder and Obsessive Compulsive Disorder: differences and overlapping aspects in an inpatient sample

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Aims: Obsessive symptoms are a clinical variable often found in several psychiatric syndromes. In Borderline Personality Disorders the obsessive aspects (with or without compulsions) seem to be a frequent feature associated to the psychopathological syndrome. The aim of this presentation is to compare the typical features of the obsessive symptoms in Obsessive-Compulsive patients and Borderline Personality Disorder patients with obsessive and/or compulsive problems, admitted to an inpatient Unit for Mood and Anxiety Disorders and to an Unit for Personality Disorders. In particular, we will focus on the aspects of egosintonicity, types of rituals and compliance to treatment.

Method: Several scales and assessment instruments were used in the present study: among them, Y-BOCS,SCID II for Personality Disorders, BDI, Padua Inventory, STAI -Y. Clinical Interview by two independent psychiatrists.

Discussion: Several differences were found between the two clinical samples, in particular regarding the aspects of egosintonicity, types of rituals and compliance to treatment.

Inferiority in Depression, Obsessive Compulsive Disorder and Social Phobia: a controlled psychometric study

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According to the cognitive model, subjects with depression and anxiety disorders present schemas of danger with cognitive distortions. Several clinical studies suggested that anxious and depressive subjects had a strong inferiority feeling and a low self-esteem. But, to date, no study demonstrated a relation between depression and inferiority feeling with a structured measure. This paper presents a comparative study of inferiority feeling in depressive, anxiety disorder and non-clinical subjects, with a validated measure of inferiority feeling, the Inferiority Scale (Yao et al., 1998). Thirty-six in-patients with a DSM-4 diagnosis of major depression were compared with 57 Obsessive Compulsive Disorder (OCD) out-patients, 44 social phobic out-patients and 267 non-clinical subjects. The group with depression reported a significantly higher score of inferiority than OCD and non-clinical subjects. But there was no statistically significant difference between the depression and social phobic groups. The inferiority scale was highly correlated with social phobia and depression measures. The possible implications of these findings for the cognitive model and cognitive therapy for depression, OCD and social phobia are discussed.


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In view of the fact that attentional bias toward threatening information is holding the status as a possible mediator in the development of clinical anxiety (e.g., Williams, Watts, MacLeod, & Mathews, 1997), in the sense that the manner that we process information predicts our subjective emotional response to stress (e.g., Nay, Thorpe, Roberson-Nay, Hecker, & Sigmon, in press), we do not yet know whether or not attentional bias predicts our objective emotional response to stress. To be precise, could measures of attentional bias be used to predict our subjective emotional experience as well as our physiological response to the same stressor? Addressing this issue in a study using a non-clinical sample (N = 48), it was clearly the case that attentional bias (as measured with the emotional Stroop) can predict emotional responses to stress on both self-report and physiological measures of stress. Using attentional bias scores (for masked and unmasked threat words) to predict self-reported stress following exposure to a laboratory stressor, after that the effects of age, trait anxiety and state anxiety were accounted for, Stroop interference for masked (i.e., supraliminal) threat words, or the interaction terms of trait anxiety and Stroop interference (masked, unmasked). When the self-reported stress measure was exchanged with an objective measure of stress (skin conductance response; SCR) obtained during exposure of a laboratory stressor, after that the effects of age, trait anxiety and baseline SCRs were accounted for, Stroop interference for masked threat words was significantly associated with a decrease in objective stress (p = .014), and contributed to 15 per cent of unique explained variance to the model.

Present data are in line with previous findings indicating that attention to subliminally presented threat information (as seen in an increased Stroop interference for these stimuli) is robust predictor of emotional response to a stressor. The novel aspect was, however, the inclusion of a physiological indicator of stress (skin conductance responses). Accordingly, attention to subliminally presented threat was associated with increased subjective experienced stress, whereas it was associated with decreased physiological responses to a stressor. Interestingly, in response to a stressor, anxiety patients tend to subjectively react stronger than controls, whereas the pattern is reversed with regard to physiological responses (e.g., Hoehn-Saric & McLeod, 2000, for a review). Thus, the diametrically opposed effects that processing bias exerts on these two measures of stress suggests that there seem to exist a possible parallel between processing bias and clinical anxiety.
Parasuicidal and suicidal behaviour are increasing a lot in some Western countries and are considered a public health problem. Parasuicide occurs mainly in the age group between 15 to 24 years old and therefore it is a priority to study this population group. Expressed Emotion is not a concept that has been studied in these behaviours, although it has been used in other pathologies over the last 30 years. Expressed Emotion is assessed through a semi-structured interview using five scales: hostility, over-involvement, critical comments, warmth and positive comments. This is a prospective study carried out over nine months. The results presented here refer to the first contact, the first week after the Parasuicidal behaviour, and research is still in progress. The sample consisted of relatives of 35 individuals (aged between 15 to 24, who committed parasuicidal behaviour), residents in the city of Coimbra and its surrounding areas (in the central region of Portugal). Our first contact was made in the Accident and Emergency Department (from 15th September 2003 to 31st March 2004), with people whose cause of admission was parasuicidal behaviour. After this we carried out interviews with the family, in the first week after the parasuicidal behaviour. We used the Camberwell Family Interview (Leff, J & Vaughan, C, 1985) for the interviews which were taped and analysed after. The general aim is to characterise the Expressed Emotion of the family members of those individuals who have parasuicidal behaviour. The sample of 35 parasuicidal individuals was predominantly female with an average age of 19 and who were mainly students. Almost all were single (91.4%). The vast majority of the sample (85.5%) had parasuicidal behaviour involving drug overdose and for the majority (57.2%) this was their first attempt. Out of a total of 57 interviews carried out with relatives and other important people in the lives of the parasuicidal individuals, 31 showed a high EE and 26 a low EE and we classified 26 families with high EE. The interviews lasted on average 50 minutes with a minimum of 30 minutes and a maximum of 90 minutes. We found evidence of high emotional over-involvement in 23 of the situations studied. There was a high level of criticism in 19 with hostility also present in 7 interviews. Some of them had high levels in more than one of the scales. The presence in the results of high levels of EE, particularly emotional over-involvement did not confirm the data obtained by Pollard (1996) who found a higher presence of criticism and hostility rather than emotional over-involvement. We can characterise the behaviour of over-involvement mainly through excessive self-sacrifice and statements of attitude. Critical comments were present suggesting situations involving traits and states according to the cases. The situation that we found has not permitted us, yet to draw generalised conclusions with regards to the stability or development of the critical comments and EE. With regards to hostility, the majority of the situations can be characterised by the presence of generalised criticism and rejecting remarks together. Leff (1989) says that in general the study of EE in any situation requires us: to study the relationship between EE and pathology; to draw up an adequate intervention plan and finally to analyse the appropriateness of the intervention model in a clinical context. In the case of parasuicidal behaviour the assessment of our EE research carried out shows the presence of a high EE mainly through over-involvement which we would like to highlight. We also found high levels of criticism. The research will continue to characterise better the relationship between parasuicidal behaviour and EE.

Affective Startle Modulation for Emotional Face Stimuli

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Introduction: The potentiated startle paradigm has become an important psychophysiological tool in the study of anxiety disorders. The paradigm assesses the degree to which eye-blink reflex to a probe (sudden burst of noise) is enhanced by emotional stimuli. Recent studies using stimuli selected from the International Affective Picture Set (IAPS) have demonstrated variation in startle potentiation depending on the specific content of the aversive image (e.g. blood-disgusting, contamination, violence). The present study assessed startle potentiation for a more homogenous set of emotional images (emotional faces). Of particular interest, was whether direct (angry faces) and indirect (fear faces) sources of threat elicited different startle responses. Method: 12 happy, neutral, angry and fearful faces (6 male and 6 female) were presented in a startle paradigm. The startle probe was presented via headphones and consisted of an instantaneous 50ms burst of white noise at 105dB. EMG activity was recorded by means of two 0.5 silver surface electrodes attached over the orbicularis oculi muscle of the participants left eye. n initial habituation block contained eight startle probes presented in the absence of visual stimuli. Two subsequent blocks contained 6 presentations of each face type. Faces were displayed for 6 s during which a startle probe occurred 3 s after face onset. In order to reduce predictability, 16 images were presented in the absence of a startle probe and 8 startle probes occurred during the 14 sec inter-trial intervals. Blocks were separated by a 2 minute resting period. Data Preparation: A band-pass filter 20-500 Hz was applied and the signal was digitized at 1000 Hz. The recorded EMG signal was full-wave rectified off-line and smoothed using a five-point moving average filter. Startle magnitude was defined as the highest peak reached between 21 and 120 ms after probe onset. EMG baseline was calculated as the mean EMG activity during the 30 ms prior to probe onset. Results: Preliminary results based on 11 participants are presented. An ANOVA was conducted including Valence (happy, neutral, angry, fear), Face Gender (male, female), and Block (1st, 2nd) as within subject factors. Main effects of Valence, F (3, 30)= 3.78, p< .05, partial n2=.270; and Block (1st, 2nd) F (1, 10)= 13.50, p<.005, partial n2=.574, were significant. Contrasts for angry, fear and happy faces relative to neutral faces showed a higher startle magnitude during fearful compared to neutral faces F (1, 10) = 4.81, p=.05, partial n2=.325. Startle for happy and angry faces were not significantly different relative to neutral faces. Conclusions: Results provide evidence of affective startle modulation for fearful but not angry facial expressions. Startle potentiation habituated across blocks, a phenomenon to be considered in future.
startle modulation research using face stimuli. Findings are considered in light of recent evidence identifying selective increases in amygdala activation for emotional faces.

**Evaluative learning and expectancy learning can be measured concurrently in aversive Pavlovian conditioning.**

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Aversive conditioning models have been used to explain the etiology of anxiety disorders. In Pavlovian conditioning a distinction has recently been made between two learning processes (Baeyens, 1998). In expectancy learning the conditioned stimulus (CS) becomes a valid predictor of a biological significant event (US). In evaluative learning the valence of the US is transferred to the conditioned stimulus. Hereby the CS itself becomes negative or positive. Recently, it has been shown that both processes can occur at the same time (Hermans, et al. 2002). However, no study has explicitly examined evaluative conditioning in a Pavlovian conditioning paradigm, that focuses on psychophysiological measures like skin conductance responses (SCRs). We wanted to examine whether rating procedures measuring evaluative conditioning can be employed without disturbing the expectancy learning process as indexed by SCRs. Method: We studied N=16 undergraduate psychology students using slides of neutral coloured objects as CS and an electrocutaneous stimulus as US. In addition to baseline and post conditioning rating procedures, half of the participants rated valence of the CS at six times during conditioning. Results: Both SCR data as well as ratings of CS valence indicated successful conditioning (all p’s<.05). There were no group differences due to the introduction of rating procedures on SCR data (p=.94) or on the baseline and post conditioning ratings (all p’s>.31). Interpretation: Our data replicate the finding that expectancy learning and evaluative learning can occur at the same time. Moreover, the introduction of valence rating procedures does not disturb the expectancy learning in a standard differential aversive conditioning paradigm as far as SCR data are considered. Hence, this procedure allows studying the acquisition and extinction of the process of evaluative learning in conjunction with Pavlovian conditioning.

**Intolerance of Uncertainty and Processing of Ambiguous and Emotionally-Evocative Pictures**

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Intolerance of uncertainty (IU) is a key cognitive process involved in the maintenance, and possibly the development of excessive and uncontrollable worry, the hallmark feature of generalized anxiety disorder (GAD). Individuals who are high on IU report that uncertainty is stressful, negative, and to be avoided, and that being uncertain about the future is unfair. Consequently, these individuals report considerable difficulty functioning in uncertain situations (Buhr & Dugas, 2002). One way by which IU might lead to chronic worry is via biased cognitive processing. Investigations in our laboratory have shown that individuals who are high on IU process stimuli that are ambiguous or denotative of uncertainty differently than do their low-IU counterparts. For example, in a study in which undergraduate students were asked to rate the threat value of written scenarios that were ambiguous, individuals high on IU tended to rate these scenarios as more threatening, compared to individuals low on IU. Moreover, the tendency to interpret ambiguous scenarios as threatening was more highly related to IU than to worry, anxiety, and depression, which is suggestive of a unique relationship (Dugas et al., in press). However, to better understand the relationship between IU and interpretive biases for ambiguous/uncertain stimuli, investigations across a wider spectrum of valenced stimuli are required. In addition, a common suggestion in the cognitive processing literature is that pictures, as opposed to verbal stimuli, are more ecologically valid because of their evocativeness, which might make them particularly suitable for eliciting cognitive biases. In this ongoing study, individuals classified as high or low on IU are compared on their evaluations of pictures varying in hedonic valence. Concordia University undergraduate students view colour photographs on a computer monitor and are asked to rate the pleasantness of each picture. All pictures are drawn from the International Affective Picture System (Lang, Bradley, & Cuthbert, 2001). Ten independent judges rated 130 pictures on a number of dimensions. A subset of these photos was then selected for the final stimulus set, which consists of 4 categories of photographs: unpleasant (i.e., threatening; e.g., car accidents, brutality), pleasant (e.g., smiling couples, children playing), neutral (e.g., household items), and ambiguous. The ambiguous set is composed of images that prompt an emotional experience, but are less clear in their hedonic valence mainly due to their lack of critical contextual details (details which could help “disambiguate” the depicted scenario). Participants are also asked to complete questionnaires assessing IU, state and trait anxiety, worry, depression, and social desirability. It is hypothesized that individuals high on IU will rate emotionally-evocative (i.e., pleasant and unpleasant) and ambiguous pictures as more threatening than will individuals low on IU, with the difference between the groups being most pronounced in response to ambiguous pictures. Further, a unique relationship between IU and the tendency to evaluate ambiguous pictures as threatening is expected when controlling for the effects of other psychological factors that might play a role in this relationship. Implications of this research for our current model and treatment for GAD will be discussed.
Psychometric Properties of the Vancouver Obsessional-Compulsive Inventory and the Symmetry, Ordering and Arranging Questionnaire: French Translations

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The Vancouver Obsessional-Compulsive Inventory (VOCI; Thordarson, et al., in press) is a 55-item self-report measure that assesses a broad spectrum of symptoms of Obsessive-Compulsive Disorder (OCD). Its 6 subscales are: checking, contamination, obsessions, hoarding, “just right”, and indecisiveness. The Symmetry, Ordering and Arranging Questionnaire (SOAQ; Radomsky & Rachman, in press) is a 20-item self-report measure assessing symmetry, ordering and arranging compulsions, designed to be administered in conjunction with the VOCI. Currently, neither the VOCI nor the SOAQ is available in French. For this study, the English VOCI and SOAQ were translated into French, and back-translated into English by experts in the field. Two hundred two English-speaking and two hundred twenty French questionnaire packages (total n = 422) including the VOCI, SOAQ, Padua Inventory - Washington State University Revision and Claustrophobia Questionnaire (CLQ) have been completed by undergraduate students in their respective languages. Of these, 42 English-speaking and 29 French-speaking participants completed the questionnaire packages a second time after a 5 week delay. The VOCI and SOAQ demonstrate excellent internal consistency in both English (Cronbach’s α=0.94, & 0.96, respectively) and French (Cronbach’s α=0.96 & 0.96, respectively). Convergent validity is demonstrated by significant correlations, in English and French, between the VOCI total score and the Padua total score (r=0.81, p<0.001 & r=0.86, p<0.001, respectively), SOAQ total score and Padua total score (r=0.45, p<0.001 & r=0.47, p<0.001, respectively), VOCI checking and Padua checking subscales (r=0.79, p<0.001 & r=0.84, p<0.001, respectively), VOCI contamination and Padua washing subscales (r=0.87, p<0.001 & r=0.85, p<0.001, respectively), and SOAQ total and Padua dressing and grooming subscales (r=0.60, p<0.001 & r=0.57, r<0.001, respectively). Divergent validity is demonstrated by the fact that all correlations between VOCI subscales (including SOAQ score) and the Padua total score are greater than all correlations between VOCI subscales and the CLQ. Strong and significant test-retest correlations for VOCI and SOAQ total scores in English (r=0.91, p<0.001 and r=.86, p<0.001, respectively) and French (r=0.95, p<0.001 and r=.90, p<0.001, respectively) as well as for all VOCI subscales demonstrate excellent test-retest reliability. Results will be discussed in terms of language and assessment issues in OCD.

Psychometric Properties of the Vancouver Obsessional-Compulsive Inventory and the Symmetry, Ordering and Arranging Questionnaire: French Translations

Chris L. Parrish, Allison J. Ouimet, Andrea R. Ashbaugh & Adam S. Radomsky, Concordia University, & Kieron P. O’Connor, Centre de recherche Fernand-Seguin, University of Montreal

The Vancouver Obsessional-Compulsive Inventory (VOCI; Thordarson, et al., in press) is a 55-item self-report measure that assesses a broad spectrum of symptoms of Obsessive-Compulsive Disorder (OCD). Its 6 subscales are: checking, contamination, obsessions, hoarding, “just right”, and indecisiveness. The Symmetry, Ordering and Arranging Questionnaire (SOAQ; Radomsky & Rachman, in press) is a 20-item self-report measure assessing symmetry, ordering and arranging compulsions, designed to be administered in conjunction with the VOCI. Currently, neither the VOCI nor the SOAQ is available in French. For this study, the English VOCI and SOAQ were translated into French, and back-translated into English by experts in the field. Two hundred two English-speaking and two hundred twenty French questionnaire packages (total n = 422) including the VOCI, SOAQ, Padua Inventory - Washington State University Revision and Claustrophobia Questionnaire (CLQ) have been completed by undergraduate students in their respective languages. Of these, 42 English-speaking and 29 French-speaking participants completed the questionnaire packages a second time after a 5 week delay. The VOCI and SOAQ demonstrate excellent internal consistency in both English (Cronbach’s α=0.94, & 0.96, respectively) and French (Cronbach’s α=0.96 & 0.96, respectively). Convergent validity is demonstrated by significant correlations, in English and French, between the VOCI total score and the Padua total score (r=0.81, p<0.001 & r=0.86, p<0.001, respectively), SOAQ total score and Padua total score (r=0.45, p<0.001 & r=0.47, p<0.001, respectively), VOCI checking and Padua checking subscales (r=0.79, p<0.001 & r=0.84, p<0.001, respectively), VOCI contamination and Padua washing subscales (r=0.87, p<0.001 & r=0.85, p<0.001, respectively), and SOAQ total and Padua dressing and grooming subscales (r=0.60, p<0.001 & r=0.57, r<0.001, respectively). Divergent validity is demonstrated by the fact that all correlations between VOCI subscales (including SOAQ score) and the Padua total score are greater than all correlations between VOCI subscales and the CLQ. Strong and significant test-retest correlations for VOCI and SOAQ total scores in English (r=0.91, p<0.001 and r=.86, p<0.001, respectively) and French (r=0.95, p<0.001 and r=.90, p<0.001, respectively) as well as for all VOCI subscales demonstrate excellent test-retest reliability. Results will be discussed in terms of language and assessment issues in OCD.

Cognitive Biases and Deficits in the Recognition of Facial Affect in Social Phobia

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Introduction: Cognitive models of social anxiety (e.g., Clark & Wells, 1995) stress the importance of increased self-focused attention and reduced processing of external social cues for the maintenance of social fears: Vital information which could disprove individuals’ anxieties is not processed appropriately. Cognitive theories further predict an interpretational bias to detect criticism and negative evaluation in its absence, and propose an attentional
bias towards social threat cues. Method: On the basis of such cognitive models of social anxiety, we conducted a pre-study with a sub-clinical population: Twenty-four socially anxious individuals (SAI) and 25 non-anxious controls (NAC) were investigated regarding their possible deficits or biases in accurately and rapidly classifying facial expressions of emotion under two experimental conditions (social-evaluative threat induction vs. no threat induction). Using a computerised facial affect recognition task, reaction times, accuracy and potential negative biases when rapidly judging very briefly (60 ms) presented pictures of primary facial affect were registered. Results of pre-study: Contrary to expectations, SAls in the social-evaluative threat condition required significantly less time for accurate identification of negative facial affect (sad, angry, fearful) than NACs. However, in line with expectations, SAls showed the tendency towards a negative bias when judging facial affect. Further, a general tendency for SAls to judge non-anxious faces as angry was revealed. Results of a signal-detection analysis indicate an increased sensitivity in SAls to positive (happy) and a response bias for SAls judging sad faces. Outline of new study to be presented: To verify those partly unexpected results for the clinically socially anxious population, 32 patients who met the DSM-IV criteria for social phobia, and 32 gender and age matched NACs were investigated using the identical design. At present date (May 2004), final results are not yet available, but preliminary results indicate great parallels to the previous findings. If the previous results are replicated, this would not only suggest the validity of a vigilance-avoidance hypothesis for social anxiety as put forward by some authors (e.g., Mogg, Bradley, de Bono & Painter, 1997), but also support the use of analogue research strategies for the study of social phobia (cf. Stopa & Clark, 2001).

Burnout and Psychosocial Factors at the Workplace - A Prospective Study

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Introduction: It is reasonable that people may feel strained and exhausted by the recurrent changes in working life the last decade. Psychological ill health (i.e. stress reactions, burnout, anxiety, and depression) was responsible for 27 % of sick leaves over 60 days in Sweden, 2001. This longitudinal study investigated levels of burnout at Time 1 as well as associations between burnout levels and psychosocial work factors. At Time 2, one year later, burnout incidence was examined in addition to psychosocial work factors predicting high levels of burnout. Method: At Time 1, a cross-sectional survey was mailed to a random sample of 3000 participants, aged 20-60 representing the possible work force. Response rate was 61 %. The questionnaire featuring health status, psychological distress (sleep, anxiety, and depression), burnout (Maslach Burnout Inventory-General Survey, MBI-GS) and psychosocial factors at work, was identical at both occasions. One year later, at Time 2, the questionnaire were sent out to responders from Time 1 (N=1812). Response rate was 85 %. Results: A high level group (17.9% at T1, 16.5% at T2) a low level group (18.9% at T1, 21.5% at T2) and an intermediate group for burning out were constructed from the total MBI-GS scores. Analyses at T1 showed that the high level group was strongly related to high demands, low control, lack of social support and disagreeing about values at the workplace even when controlling for age, gender, and psychological distress. During one year, transfersations gradually occurred between group levels. Logistic regression analyses were carried out regarding psychosocial factors at work that could predict positive or negative transfersations in the intermediate group from T1 to T2. Only enough or low work demands could predict a transferation from intermediate to low level of burnout in one year. An initially high level of anxiety could predict a transferation from intermediate to high level of burnout. Conclusion: It seems as the development of burnout indeed is a long process, probably over one year that calls for extended follow-ups. We also suggest that this process works reciprocally. Anxiety and depression can both emanate from a poor psychosocial work climate and have an effect on the experience of work factors regardless of whether they have changed or not.

Modulation of explicit and implicit anxiety through mental imagery

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Research on cognitive psychopathology has raised some important questions about individuals’ ability to modulate different aspects of their explicit and implicit affective responses. A new implicit measure, the Implicit Association Test (IAT; Greenwald et al., 1998), has recently been adapted to anxiety, and has been described as a stable measure of anxiety unalterable with voluntary faking strategies (Engloff & Schmuckle, 2002). However, a recent social psychology study suggests that both explicit and implicit stereotypes may be modulated by voluntary strategies, such as mental imagery (Blair et al., 2001). In line with this finding, the current study investigates the impact of mental imagery on explicit and implicit measures of self-representation of anxiety. Sixty non-clinical adults were randomly assigned to one of three experimental conditions for mental imagery and were asked to imagine themselves in a neutral, calm, or anxious situation they had previously experienced. The effect of the mental imagery was assessed against two explicit measures (STAI-S and mean self-reported anxious state selected from 12 adjectives on an anxious-calm scale) and one implicit measure of anxiety (a French version of the IAT-anxiety task). The results indicate that both explicit and implicit representations of anxiety are malleable and moved in the expected direction after the mental imagery manipulation. The anxious mental imagery led to a more severe state of explicit (group effect F(2,57)=61.85; p<.00 for anxiety self-report, and F(2,57)=64.03; p<.00 for STAI-S) and implicit anxiety (F(2,57)=11.17; p<.00) than the calm mental imagery (multiple comparison accepted with Scheffé correction if p<.05). On the other hand, mental imagery did not affect trait anxiety (n.s.). Finally, IAT-anxiety was found to be significantly correlated with the explicit anxiety state (r(60)=.51 and .47; p<.00, respectively for self-report and STAI-S). These results have important theoretical and clinical implications, and clearly indicate that the implicit self-representation of anxiety, like its explicit self-reported counterpart, might be influenced by a voluntary mental strategy.
Attention to physical threat signals: an experimental approach

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Introduction: The anticipation of physical threat has an important protective function: it allows the initiation of adaptive behaviour and consequently the avoidance of physical harm. In this study, anticipation of physical threat was conceived as attention to signals of impending physical threat. Two experiments are reported that investigate different components of attention (initial shift, engagement or focussing, disengagement or directing away) to physical threat signals. Methods: In both experiments, healthy undergraduate students performed a spatial cueing task in which they were instructed to detect the location of targets preceded by valid or invalid spatial cues. Physical threat signals served as cues (experiment 1: N = 27) or targets (experiment 2: N = 34), and were experimentally created by differential conditioning: the conditioned stimulus (CS+) was sometimes followed by an electrocutaneous stimulus at tolerance level (UCS), becoming a physical threat signal. No UCS followed the other stimulus (CS-).

Results: In the first experiment, it was found that using the CS+, compared with the CS-, as valid cues, resulted in larger response time benefits, reflecting facilitated engagement to physical threat signals. Furthermore, using the CS+, compared with the CS-, as invalid cues, resulted in larger response time costs, reflecting retarded disengagement from physical threat signals. In the second experiment, it was found that response time costs of invalid cues were smaller when the CS+, compared with the CS-, served as targets, reflecting rapid shifting to physical threat signals. Discussion: Attention to physical threat signals was enhanced in three components: rapid shifting, facilitated engagement, and retarded disengagement. The findings are discussed in terms of the decomposition of attention to threat and the evolutionary importance of the anticipation of physical threat.

Real Life Problem Solving in Anxious and Depressed Mood

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Introduction: Previous research has consistently linked poor social problem-solving with depression and anxiety. However, much of this research has failed to directly assess real-life problem-solving performance, relying instead on self-appraised problem-solving (e.g. Social Problem Solving Inventory-Revised; D’Zurilla, Nezu & Maydeu-Olivares, 2002) or hypothetical problem-solving performance (e.g. Mean Ends Problem Solving Task; Platt & Spivack, 1975). This study aimed to examine real-life problem-solving performance, as well as self-appraised problem-solving and hypothetical problem-solving performance in depressed and anxious students. Method: Three groups of participants (anxious mood, depressed mood and control) completed a diary over the course of 2-4 weeks, whereby they recorded any interpersonal problems they encountered and their attempts to solve them. Real-life social problem-solving was also assessed in retrospect by asking participants to recall past problem solutions. Participants’ solutions were independently rated for effectiveness. Participants also completed the Social Problem Solving Inventory-Revised (SPSI-R), the Mean Ends Problem Solving task (MEPS). Results: One-way ANOVAs assessed group differences in social problem-solving scores. The diary task revealed significant differences between the groups, with the depressed group exhibiting significantly less effective strategies compared to the control group. No deficits were found within the anxious group. This pattern of real-life problem-solving deficits was also found when assessing social problem-solving in retrospect. However, there were no group differences in hypothetical problem-solving ability, as examined by the MEPS task, or within the problem solving skills component of the SPSI-R. The depressed and anxious groups expressed negative attitudes towards various aspects of problem-solving as assessed by the SPSI-R. Discussion: Whilst deficits were not found in self appraised problem-solving skills or the hypothetical problem-solving performance, both real-life performance measures of social problem-solving found less effective solutions among the depressed sample. This suggests that whilst the depressed sample failed to demonstrate deficits with more traditional measures of social problem-solving, deficits were observed when examining real-life problem-solving. This has implications for current methods of social problem-solving assessment and suggests that assessment in a real-life setting may be necessary in order to detect more subtle impairments found in mildly depressed groups.

Motor memory and reality monitoring in checking-prone individuals

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According to Ecker and Engelkamp (1995), obsessive-compulsive checkers present impaired reality monitoring abilities. This deficit may be linked to an impaired motor memory, as well as a more impersonal quality of memory for actions, leading individuals to remember actions with the viewpoint of a non-participant observer. The present study further explore these deficits by using an action-based memory task. Seventy-five undergraduates were asked to either 1) perform actions (motor encoding), 2) watch the experimenter perform actions (visual encoding), 3) imagine themselves performing actions (imagined motor encoding), 4) imagine the experimenter performing actions (imagined visual encoding), or 5) verbally repeat actions (verbal encoding). Following a delay, participants had to recognize the encoded actions among new actions. If they recognized an action as previously encoded, they were asked to identify the encoding modality and to specify their state of awareness by using the Know-Remember-Guess procedure (Gardiner, 1988). Two groups were formed according to participants’ checking score: checking-prone individuals (CP) (N=16) and non-checking-prone individuals (NCP) (N=35). Results show that CP recognize fewer motor encoded actions (F(1,49)=4.93; p<.05), and give less «Remember» responses after a motor encoding than
The present study sought to investigate whether indecisiveness affects the content of decisions. Method: Seventy-seven undergraduates completed the IS, and the Ambiguous/Unambiguous Situations Diary (AUSD). The latter instrument was introduced by Davey et al. (1992), and measures the extent to which the respondent is prone to interpret ambiguous situations as threatening. Hence it could be tested whether indecisiveness is associated with “worst case scenario” reasoning (i.e., assuming that a situation is worrisome if it merely might be worrisome). Results and discussion: Scores on the IS correlated modestly with scores on the AUSD (r = .27, p = .02). This suggests that indecisiveness is indeed associated with worst case scenario reasoning. Hence, it seems that indecisiveness not only affects decision making speed, but also the content of decisions. Apparently, indecisive individuals assume that a situation is indeed worrisome if they learn that the situation might be so. Future studies should investigate whether this strategy constitutes a healthy precautionary attitude or a threat perception bias. Furthermore, given that the AUSD is traditionally used in studies on worrying, it seems worthwhile to investigate whether indecisiveness is not only associated with obsessive-compulsive complaints, but also with generalised anxiety.

**Indecisiveness and worst case scenario reasoning**

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Introduction: Although indecisiveness has received considerable attention in the field of occupational and organizational psychology, it has received little attention in recent clinical psychology literature. Frost and Shows (1993) introduced a 15-items self-report (the Indecisiveness Scale; IS), and found several correlations between this scale and measures of obsessive-compulsive complaints. In addition, the authors found that individuals high on IS needed more time to make decisions (about which clothes to wear, what to eat, and how to spend their leisure time) than did low IS participants. In sum, so far it seems that indecisiveness is associated with obsessive-compulsive symptoms, and results in increased decision latencies. The present study sought to investigate whether indecisiveness also affects the content of decisions. Method: Seventy-seven undergraduates completed the IS, and measures the extent to which the respondent is prone to interpret ambiguous situations as threatening. Hence it could be tested whether indecisiveness is associated with “worst case scenario” reasoning (i.e., assuming that a situation is worrisome if it merely might be worrisome). Results and discussion: Scores on the IS correlated modestly with scores on the AUSD (r = .27, p = .02). This suggests that indecisiveness is indeed associated with worst case scenario reasoning. Hence, it seems that indecisiveness not only affects decision making speed, but also the content of decisions. Apparently, indecisive individuals assume that a situation is indeed worrisome if they learn that the situation might be so. Future studies should investigate whether this strategy constitutes a healthy precautionary attitude or a threat perception bias. Furthermore, given that the AUSD is traditionally used in studies on worrying, it seems worthwhile to investigate whether indecisiveness is not only associated with obsessive-compulsive complaints, but also with generalised anxiety.

**Memory confidence & compulsive checking: A mood as input approach**

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Perseveration at an activity or task is a general feature of many of the psychopathologies. This persistence may often be counterproductive and frequently disrupts the execution of other, more productive activities. These studies were designed to assess a model of task persistence that has only recently been applied to perseverative psychopathology. This model is known as the mood-as-input hypothesis and it proposes that an individual uses mood as information about whether or not to continue or to terminate a task in the context of the stop-rules for that given task. (Either ‘as many as can’ (AMA) or ‘feel like continuing’ (FL) The combination of mood and stop rules most pertinent to perseverative psychopathology is the amalgamation of negative mood and ‘as many as can’ (AMA) stop rules. (NM/AMA) With this configuration, individuals persist significantly longer at the task because the ‘AMA’ stop rule motivates the individual to ask the question ‘have I fully and successfully completed the task?’ and the negative mood state provides the answer ‘no’ thus leading to further perseveration. Previous research (MacDonald & Davey 2004) has shown that mood-as-input predictions apply to analogue checking tasks. Some recent accounts of compulsive checking have alluded to memory deficits as the reason for perseveration, and the purpose of the present research is to test the relevance of these memory-based accounts in relation to mood-as-input predictions. In two studies the checking task used required participants to proof read a piece of text that made it possible to measure repeated, or perseverative checking in an analogue sample. In studies 1 & 2 mood was manipulated pre-experimentally to produce either positive or negative mood states. Visual analogue scale (VAS)(0-100) mood measures were taken both before and after mood manipulation and before and after the checking task so that changes in anxiety, happiness and sadness could be recorded. Participants were also requested to complete a VAS on how confident they felt that they had performed the task satisfactorily, and how confident they were that they had remembered checking specific lines within the text. In Study 1 this VAS was completed at the end of the task. In Study 2 participants completed this VAS every 5 minutes and on completion of the checking task. In both studies participants were tested for memory deficits with a simple memory task. Results from both Studies 1 & 2 suggest that mood-as-input rules apply to analogue judgemental checking tasks. The participants in the NM/AMA condition re- checked the text significantly more and for significantly longer than those in other conditions. Results from study 1 indicated that those participants in the NM/AMA condition showed significantly greater levels of memory confidence at the end of checking than did those in the FL conditions. However, results from study 2 indicated that after only 5 minutes of checking, individuals in the NM/AMA condition show significantly lower levels of memory confidence for lines that were in the text than the other groups. These results suggest that the memory confidence effects shown in compulsive checking studies are dependent on the configuration of mood and stop rule used, and as such, may be merely outcomes of the checking process rather than causes of it.

**Cognitive Processes of Self-Oriented Perfectionism Among Japanese College Students**

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Although previous studies have investigated perfectionism trait, little is known regarding cognitive process of perfectionism. The present study proposes a cognitive behavioral model of perfectionism based upon the information
processing approach of clinical psychology (Ingram & Kendall, 1986), and examined how individual with self-oriented perfectionism (Hewitt & Flett, 1991) experience both positive and negative affect. A dual cognitive process of self-oriented perfectionism was hypothesized: (1) When approach goals activate self-oriented perfectionism, personal standards become conscious and lead to positive affect, and (2) when avoidant goals activate self-oriented perfectionism, concern over mistakes becomes conscious and leads to negative affect. Using structural equation modeling, Study 1 tested the relationships between perfectionism schema, positive and negative perfectionism cognitions, and positive and negative affect in a questionnaire study with Japanese college students. Study 2 investigated the causal relationship between activating goals and perfectionism cognitions using an experimental task. Overall findings supported the cognitive behavioral model.

Interpretation of Somatic Symptoms in Hypomania

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Introduction: Jones (2001) has proposed individuals with bipolar disorder (BD) tend to make internal attributions for physiological fluctuations. It is hypothesised that this internal attribution tendency is associated with sensitivity to circadian disruption in BD. The current study set out to investigate these attributions in healthy individuals at varying degrees of behavioural risk for bipolar disorder. Method: An opportunity sample of 64 undergraduates participated in this cross-sectional study. Each participant completed a measure of behaviour risk for bipolar disorder (Hypomanic Personality Scale (HPQ); Eckblad & Chapman, 1986). In addition, they completed two measures assessing interpretation of physiological states: a) the Symptom Interpretation Questionnaire (SIQ; Robbins & Kirmayer, 1991) which assesses the extent to which individuals make psychological, physical or normalising interpretations of common somatic experiences; b) the Hypomania Interpretation Questionnaire (HIQ), a new measure employing the same format as SIQ, assessing the extent to which individuals make hypomanic (internal), normalising or environmental for hypomania relevant physiological fluctuations. Items for this measure were derived from the General Behaviour Inventory (GBI; Depue, 1987) and the Internal States Scale (Bauer et al., 1991). All items were checked for plausibility by five independent clinical psychologists. All participants also completed the Social Rhythm Metric-Trait (SRM: Monk et al., 1990) and the Private Self Consciousness Scale (PSCS; Fenigstein et al., 1975) which has sub-scales assessing private self, public self and social anxiety. Results: Each of the three sub-scales of the HIQ were internally reliable (α=0.79-0.81). A sub-sample of participants (N=19) completed HIQ again six months after first assessment. Test-retest reliability in this group was adequate. Overall test-retest (r=0.59, p<0.01; sub-scales 0.50-0.67, all p<0.05). Paired t-tests indicated no significant differences between full scale and sub-scale HIQ scores at times 1 and 2. Regression analyses were conducted to establish the extent to which behavioural risk of hypomania, social rhythm disruption and private self consciousness predicted interpretative styles on the SIQ and HIQ respectively. For HIQ; hypomanic interpretations were only significantly predicted by risk of hypomania (HPQ; p<0.05) with trends for SRM and private self consciousness (p<0.1). There were no significant predictors of normalising or environmental interpretations. For SIQ; physical interpretations were predicted by the private self scale of the PSCS (p<0.01). Psychological interpretations were predicted by the social anxiety scale of the PSCS (p<0.01). Normalising interpretations were strongly negatively predicted by hypomanic risk (HPQ; p<0.01). Discussion: This initial study indicates that it is possible to assess interpretation for physiological fluctuation in a simple self-report measure. The HIQ was found to be internally consistent and reliable. Although there was no item overlap between HIQ and HPQ, there was a significant relationship between internal interpretations on HIQ and hypomania risk, consistent with Jones (2001). Interestingly, hypomania risk also predicted less use of normalising explanations for more general somatic experiences on the SIQ. This might be suggestive of more general interpretative difficulties in those with an elevated tendency towards hypomania. There is a need for future studies to explore these relationships in clinical bipolar samples. Evidence for attributional biases of the same type in bipolar patients would have implications for cognitive behaviour therapy with this group. In particular it would suggest that a therapeutic focus on reattributability of these experiences environmentally would have potentially important benefits. Conclusion: Attributional biases towards psychological explanations of physiological sensations may be a vulnerability marker in hypomania, cyclothymia and possibly mania.

Changes in preattentive bias after cognitive-behavioural treatment of panic disorder with agoraphobia

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Introduction: Patients with anxiety disorders automatically attend to threat-related stimuli. This is seen not only in an attentional bias for consciously available stimuli, but also in effects on subliminally exposed (i.e., masked) stimuli. Previous research indicates that these effects disappear as a function of treatment in generalized anxiety disorder, social phobia, obsessive-compulsive disorder, and specific phobia. There is a lack of knowledge, however, about (a) if this applies also to panic disorder, and (b) if it occurs also with subliminally exposed emotional stimuli. The purpose of the present study therefore was to see if attentional and preattentive biases for threat-related information disappear in patients who undergo cognitive-behavioural treatment for panic disorder with agoraphobia, and if patients who improve the most after such treatment differ from patients who improve the least at post-treatment and at one-year follow-up. Method: An emotional Stroop task with three types of words (panic-related words, interpersonal threat words, and neutral words) and two exposure conditions (subliminal, supraliminal) was administered to patients who participated in a treatment study that compared cognitive therapy with exposure
treatment. All patients fulfilled criteria for panic disorder with agoraphobia, according to DSM-IV criteria. Of 80 patients who were included in the treatment study, the first 30 were assessed before we started using the emotional Stroop task. Of the remaining 50 patients, 36 underwent Stroop testing before treatment, and of these there were Stroop data also after treatment and at 1-year follow-up for 23 patients. This group was used to study effects from pre-treatment to post-treatment and one-year follow-up. In addition, there were Stroop data for 20 patients post-treatment, and 17 patients at follow-up, who had not been tested pre-treatment. In all, there were post-treatment Stroop data on 43 patients, and follow-up Stroop data on 40 patients. These groups were dichotomized into most-improved and least-improved patients, and compared on Stroop data, to see if clinically significant improvement was associated with an absence of interference effects. Results: The patients showed no significant effects immediately after treatment, neither for supraliminal nor for subliminally exposed threat words. At one-year follow-up, however, they showed a complete annihilation of Stroop interference for subliminal threat words (both panic-related words and interpersonal threat words). The comparison between most-improved and least-improved patients did not show any significant effects – although the tendencies were clearly in the expected direction at post-treatment testing. Discussion: This suggests the possibility that biases in the automatic, unconscious processing of emotional information takes time to change, and that such change occurs rather than during cognitive-behavioural treatment. Interestingly, the effects were seen both on panic-related words (which clearly connect to the focus of cognitive-behavioural treatment) and on interpersonal threat words (which deal with themes that were not a focus in the treatment). Because the most-improved patients did not differ significantly from the least-improved patients post-treatment and at follow-up, however, alternative interpretations cannot be excluded.

**Psychometric properties of the Icelandic version of Obsessive-Compulsive Inventory Revised**

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In the present study the Obsessive Compulsive Inventory -Revised (OCI-R) (Foa et al., 2002) was administered to 400 Icelandic college students. The Maudsley Obsessive Compulsive Inventory (MOCI) and the Penn State Worry Questionnaire (PSWQ) were also administered to a subsample of 300 subjects. This was done in order to assess the psychometric properties of this new measure (the OCI-R). The factor structure of the instrument was replicated in an exploratory factor analysis and also largely supported in a confirmatory factor analysis. Test-retest reliability in a small subsample was satisfactory. Further the total score showed a significantly higher correlation with the MOCI than with the PSWQ. Finally, conceptually similar scales of the OCI-R and the MOCI showed higher intercorrelations than the correlations that were observed between conceptually more distinct scales. It is concluded that the Icelandic version of the OCI-R has strong psychometric properties in a student population.

**Post-event processing and social anxiety: specificity or non-specificity in a college student population**

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The post-processing inventory (Rachman, Grüber-Andrew & Shafran, 2000), was administered together with two measures of social anxiety (SIAS and SPS), the BDI-II and the Penn State Worry Questionnaire (PSWQ) to a sample of 205 Icelandic college students. The internal reliability, mean and the standard deviation of the PPI were roughly similar to what has been found in Rachman et al. original study (2000). The correlations between PPI and the social anxiety measures were similar to its correlations with depression and worry. Furthermore the partial correlations of the PPI with each of the three measures social anxiety, worry and depression (with the remaining two partialized out) were all significant. When a principal components analysis of the PPI was conducted, three factors emerged of which one was considered to be a method factor. Of the three factors one could be interpreted as general intrusion/avoidance factor while the second was more properly characterized as a processing/rumination factor. When the patterns of correlations in the PPI factors with social anxiety, worry and depression were analysed meaningful (but weak) differences were observed.

**Emotional self-referent thought Suppression**

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Emotional states and emotional disorders are characterized by the occurrence of intrusive cognitions. These cognitions may take the form of images, thoughts or memories. In emotional disorders, such intrusive cognitions are particularly persistent, repetitive, unwanted, difficult to control, and cause distress (Rachman, 1981). Consequently, people are motivated to suppress these cognitions. However, research has shown that deliberate suppression of thoughts can paradoxically lead to a subsequent increase in the frequency of these thoughts (Wegner, Schneider, Carter, & White, 1987). This paradoxical phenomenon, named rebound effect, has been considered as an important determinant in the maintenance of emotional disorders. However, the application of the suppression paradigm to anxious thoughts in psychological disorders showed inconsistent results (for a review, see Purdon, 1999). We conducted one study to test the effects of the suppression of thought related to social anxiety and panic anxiety, and after a priming procedure of a negative self-referent thought. In the priming procedure, sixty-six participants were invited to perform a “mental role-playing task” consisting of mentally experience an emotional situation and simultaneously repeating a specific negative self-referent thought. After this procedure, participants were invited to monitor their thoughts for three 3-minute periods while attending to present a speech. For period 1, participants were instructed to think about anything. For period 2, participants were instructed either to remove the thought (suppression), or to to think about anything (no suppression). For period 3, participants were again instructed to think about nothing. Our principal dependent variables were the intensity of emotional reactions and the frequency of the
target thoughts, measured by objective and subjective indicators. Results did not show any paradoxical effect of the thought suppression. However, results showed that socially anxious participants reported higher ratings of anxiety and frequency of negative self-referent thought. Discussion will focus on the implications of the results for cognitive models of emotions and for cognitive emotion regulation.

Do socially anxious individuals have a biased categorical perception of emotional facial expression?

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Introduction: A wealth of research evidences attentional biases in anxiety disorders. It is generally assumed that these attentional biases result from an evaluative bias. For example, socially threatening information would be evaluated more negatively by socially anxious individuals. However, four studies (Douilliez & Philippot, 2003; Merckelbach, Van Hout, van den Hout and Mersch, 1989; Philippot & Douilliez, 2004; Winton, Clark and Edelmann, 1995) have failed to evidence such a negative evaluative bias in the processing of emotional facial expression (EFE) in socially anxious individuals. On the other hand, research on face perception has reported that facial expressions are perceived categorically, i.e. as belonging to discrete qualitative categories. This categorical perception effect has been observed in an emotional identification task, during which subjects had to categorize faces morphed between two categories of expression (neutral vs emotional). The categorical boundary is the point of the continuum where subjects switch from a category to the other. Research on depression suggested that depressed subjects are biased in their perception of emotional facial expression. This bias consists in a shifting of the categorical boundary for neutral and sad expression. The present study aim at testing whether the location of the categorical boundary for fear faces is modified in socially anxious individuals. According to the Mogg & Bradley’s (1998) assumptions, socially anxious individuals should identify threatening faces earlier on a continuum from neutral to fearful. Method: Forty-four participants were divided into two groups (low socially anxious and high socially anxious) according to the level of social anxiety measured by the Fear of Negative Evaluation questionnaire (Watson & Friend, 1969). Stimuli were composed of three continuums of emotional facial expressions generated by a procedure of morphing between a neutral and an emotional (joy, sadness or fear) face. For each continuum, nine intermediate faces progressing in terms of emotional intensity by steps of 10% were created between the two “pure” facial expressions. Participants had to categorize (joy, fear, sadness or neutral) the faces as quick as possible emotional facial expressions. Results and clinical implications are discussed.

Metacognitive analysis assisting ‘stop-thinking’: an OCD case study.

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The “obsessional” OCD, a subtype of the disorder in which patients report to experience obsessions without observable compulsions, is considered to be a specific complex case. This poster presents an obsessional OCD case study, in which the patient showed no significant improvement regarding his heightened obsessive symptoms after the first four months of CBT. However, during this initial period, a good therapeutic alliance with the patient was achieved, the patient had learned the cognitive model of the disorder, understood the key role of responsibility schemas and of his intrusions (obsessions). He also practised self-monitoring and worked upon challenging intrusions and modifying irrational beliefs. A dramatic improvement was achieved when the patient was introduced to a metacognitive approach. The idea of “thinking about the way he thinks” came to be very effective, especially when it was presented through a series of drawings. The patient then achieved a satisfactory level of self-monitoring and coping with his obsessions, acknowledging that this metacognitive analysis, as a stop thinking technique, produced more efficient (helpful) results. Within the next six months, a full remission was achieved. This case study points out the fundamental role of metacognitive analysis in CBT, which not only have a therapeutic effectiveness, but may also play a catalytic role in the patients’ understanding and use of simpler cognitive-behavioural techniques.

Can ‘Thriving’ facilitate the cognitive integration of traumatic memories?

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Introduction: Some cognitive treatment models for PTSD aim to reduce intrusive re-experiencing through the integration of traumatic memories into existing autobiographical memory structures and cognitive schemas (e.g. Ehlers & Clark, 2000). For this to occur the trauma memories need to be elaborated and contextualized in time, place, and general meaning in relation to other autobiographical memories, beliefs and assumptions. From a similar process of meaning generation, a “thriving” response is possible. Thriving (“posttraumatic growth”), predominantly refers to perceptions of positive change, and has been reported in many different trauma contexts, and in many different life domains. While often anecdotally reported alongside psychological distress such as PTSD, thriving is often ignored in the clinical setting with treatment focused only on the negative sequelae of trauma. It is argued that thriving may assist in treatment by providing a basis for generating meaning and understanding of the past trauma, thus allowing for the cognitive integration of traumatic information. This research extends anecdotal reports of co-existence of stress and thriving outcomes by investigating their prevalence and co-occurrence in an Australian sample of childhood cancer survivors. Relationships with psychological functioning, quality of life, and appraisal of life threat were also assessed. Method: 95 childhood cancer survivors (aged 16 to 40, 34 male, 61 female) registered
with the Long-term Follow-up Clinic at the Sydney Children's Hospital, Randwick, Australia, completed self-report measures of Posttraumatic Stress Symptoms (PTSS; Impact of Event Scale-Revised), Thriving (PTG; Posttraumatic Growth Inventory), Psychological functioning (Depression Anxiety and Stress Scale), Quality of Life (The Australian WHOQoL-Bref), and appraisal variables (Assessment of life threat and treatment Intensity Questionnaire). Results: Prevalence of PTS symptoms in the moderate to high range were: Intrusion (9.9%), Avoidance (8.5%), and Arousal (3.3%). Prevalence of thriving outcomes in the moderate to high (great) range: Relating to others (28.3%), New Possibilities (22.6%), Personal Strength (29.3%), Spiritual Change (18.5%), and Appreciation of Life (46.7%). Correlational analysis showed significant positive interrelationships between scores of stress, thriving and psychological functioning (min r=.37). Assessments of Life Threat and Treatment Intensity were positively correlated with both PTSS (r=.23) and PTG (r=.46). Quality of life ratings were inversely correlated with PTSS (r=-.32) but not related to growth (r=.11). Discussion: Results to date suggest that Posttraumatic Stress Symptoms and Thriving outcomes are not dichotomous but may co-exist in adult survivors of childhood cancer. This suggests that traditional stress-deficit approaches used to investigate long-term psychosocial adjustment in the survivor population may be limited with associated implications to prediction and intervention. Research is continuing into the nature of this relationship and which factors (esp. cognitive) may best predict these outcomes. Further investigation is required to establish whether different life domains are more prone to stress or thriving, and whether thriving in one domain may be used to reduce psychological distress found in another.

Clinical and Psychological Predictors of Social Functioning in Bipolar Disorder

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Background: Severe psychiatric illness often impacts on social functioning. Unfortunately even when in remission it does not necessarily mean the person returns to previous levels of social functioning, and clinical remission itself may be characterized by inter-episode symptoms. Variables such as number of past episodes, and premorbid function are related to social functioning. Unfortunately, these factors are not amenable to intervention. Therefore, this study assessed relevant clinical and psychological variables, in order to identify important factors that may be changed given appropriate intervention, in order to improve the typically poor social prognosis of individuals bipolar disorder. Method: Eighty-one participants with bipolar disorder, completed a range of self-completion and interview based questions assessing demographic factors, illness history, current symptomatology, social functioning, and personality. Distinction is made between quality and quantity of social activity that were found to be independent. Results: As with previous research the participants demonstrated social impairment especially with regard to the quality of social functioning. A combination of clinical and psychological variables were found to be predictive of the quality of social functioning, of highest significance were neuroticism and the presence of depressive symptoms. Quantity of social functioning was not predicted by symptoms or personality, but by age and living circumstances. Conclusions: The variables identified have important implications for future treatment programs, which aim to improve functional outcome in bipolar disorder. The theoretical and clinical implications are outlined.

The Impact of Family Knowledge and Criticism on Clinical Outcome in Bipolar Disorder

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Background: The psychosocial consequences of bipolar disorder have been well documented. It is typified by repeated episodes, and a chronicity of inter-episode symptoms. Hospital admissions make up just over a third of the estimated NHS costs of managing this disorder, and the psychological, social, and economic costs to the individual can be devastating. As with schizophrenia family environment has been significantly associated with outcome. In particular, expressed emotion, specifically criticism, has been found to be associated with relapse. Family psychoeducation programs have been associated with improved outcome. It is the aim of this study to identify reliable predictors of hospitalisations at 16 month outcome. Factors related to the patient and their significant relative, and the relationship between the 2 parties will be investigated. The aim is to identify targets for intervention in order to improve outcome and reduce hospitalisations. Method: Thirty-three participants with bipolar disorder and their relatives completed an interview, where information was gathered on, demographic factors, number and timing of hospital admissions within 16 months of follow-up, medication adherence, current symptoms, perceptions of criticism and their relatives’ knowledge about bipolar disorder. Results: Family knowledge about the illness was identified as the most significant predictor of hospitalisations, criticism and adherence status were also significant factors. Conclusions: The results are discussed in terms of attribution theory, and consider specific interventions for future family psychoeducation programs.
Mindfulness and The Third Wave of Cognitive-Behavioural Therapies

John D. Teasdale, MRC Cognition and Brain Sciences Unit, Cambridge, UK

Steve Hayes has characterised the evolution of behaviour therapies in terms of three waves. The first wave was rooted in behavioural principles and focused on directly relevant clinical targets. The second wave, guided by social learning and cognitive principles, included cognitive as well as behavioural and emotional targets. The third wave includes recent treatment developments such as Acceptance and Commitment Therapy, Dialectical Behaviour Therapy, and Mindfulness-Based Cognitive Therapy. Hayes suggests that third wave treatments are characterized by openness to older clinical traditions, a focus on second order and contextual change, the construction of flexible and effective repertoires, and an emphasis on issues such as acceptance, mindfulness, values and relationship. Mindfulness is a particular mode of mind that figures centrally in a number of third wave treatments. Drawing primarily on work in mindfulness-based cognitive therapy, and mindfulness-based stress reduction, mindfulness will be characterized, and its relevance to third wave clinical interventions will be discussed in terms of theory, practice, and clinical outcomes.

What Basic Research And Therapy Outcome Research On Generalized Anxiety Disorder Has Taught Us About Being Human Beings

Tom Borkovec, Penn State University, University Park, PA

Our field has learned a great deal about the nature and treatment of generalized anxiety disorder in the last 25 years. This talk will present some of the basic and therapy outcome research findings that have emerged and will attempt to provide some general perspective on what these results may be indicating about the nature of being human, both in its non-optimal and potentially optimal forms. Grounding this perspective in early behavior therapy principles, the presentation will focus on such issues as what life might be like when living in the present moment instead of the illusory past and the future, why interpersonal relationships may be intimately connected to development of optimal ways of being in the present, and what types of relative freedom might exist within behavior therapy's determinism.

Cognitive-behavioural Therapy with Refugees and Asylum Seekers

Metin Başoğlu, Institute of Psychiatry, King’s College London

This presentation reviews the recent evidence on the mechanisms of traumatic stress in war and torture survivors and its implications for effective interventions. Recent research findings suggest that posttraumatic stress disorder (PTSD) is strongly related to fear and loss of control arising from appraisal of ongoing threat to safety in survivors of war, torture, and natural disaster. Beliefs about the trauma, self, and others appear to be unrelated to PTSD. Interventions aimed at reducing fear and enhancing sense of control might therefore reduce PTSD. This hypothesis was recently tested in earthquake-related PTSD, using a modified version of cognitive-behavioural treatment (CBT). CBT was modified by a) limiting cognitive interventions to the explanation of the treatment rationale only, b) giving instructions for systematic exposure to avoided situations, and c) shifting focus in treatment from a habituation rationale (e.g. “stay in the situation until your anxiety subsides”) to enhancement of sense of control over fear (e.g. “stay in the situation until you feel in control over your fear”). In an uncontrolled clinical trial involving 231 earthquake survivors, modified BT reduced PTSD and depression in 76% of the survivors after one session and in 88% after two sessions. These results were confirmed by a randomised controlled trial where a single session of modified BT resulted in marked improvement in 83% of the cases. Preliminary evidence from case studies suggests that a similar approach is also effective in torture-related PTSD. The implications of these findings in work with tortured refugees will be discussed.
Attentional And Heart Rate Response In Recent Trauma Victims And The Development Of Posttraumatic Stress Disorder.

Gudrun Sartory and Karin Elsesser, Department of Clinical Psychology, University of Wuppertal, Germany

There is agreement about progressive clinical deterioration during the course of the development of PTSD but little is known as yet about the symptoms present at the beginning. There are two opposing views: firstly, a trauma is thought to induce a generalized stress response, which then gives rise to a variety of symptoms, among them those of PTSD; alternatively, the trauma leads to an association of situational cues with the neuroendocrine response and thereby to a specific fear response, evident in the heart-rate response and an attentional bias, which generalises and extends to other symptoms. Survivors of a recent trauma were compared with PTSD patients and healthy controls in heart-rate (HR), startle response, viewing time and the dot-probe task. Idiosyncratically trauma-relevant and generally aversive pictures were presented in all tasks. Unlike controls, both PTSD patients and severely affected trauma survivors showed HR acceleration to trauma-related pictures. An attentional bias away from trauma-relevant material was related to severity of intrusions in recent trauma victims and a bias toward trauma-related material increased with amplitude of the HR response in PTSD patients. Recent trauma victims were re-assessed after three months; of the initial clinical and laboratory data, the extent of reexperiencing and amplitude of the HR-response to trauma-related material significantly predicted number of PTSD symptoms. The data indicate that a specific fear response is present initially, which is sensitized due to reexperiencing; the course of the development of a selective attentional response appears to be biphasic.

Naughty Thoughts

S. Rachman, Emeritus Professor, University of B.Columbia, Vancouver.

Everyone experiences intrusive thoughts. Many of these are welcome, wanted, promoted, relished. Intrusive thoughts that are unwanted and unwelcome however, can be troublesome and distressing. Under specifiable conditions, unwanted and unwelcome intrusions can turn into obsessions: recurrent, insistent, intense, uncontrollable, often repugnant thoughts that can cause serious damage. They have been described as "masterless hellhounds". The nature, form and content of unwanted intrusions are set out, and illustrated by examples of each type. A central and essential property of these intrusions is their uncontrollability and the implications of this quality for our construal of thinking processes is considered. When assailed by these intrusions people resort to a variety of methods of control, some of which inadvertently make matters worse. The control methods, grouped under the term "resistance", include suppression, neutralization, dismissal, internal debate, avoidance. The very inability to control these wayward, often horrific and repulsive thoughts can give rise to feelings of critical self-doubting and demoralization. Where do these intrusions come from and why are they so unruly? The circumstances in which the intrusions turn into obsessions are discussed, and it is proposed that the critical transformation occurs when the person makes a catastrophic misinterpretation of the personal significance of particular intrusive thoughts. Broadly, the most common misinterpretations are that the intrusions mean that I am bad, mad, or dangerous, or a mixture of these three appraisals. Predisposing factors include elevated levels of personal standards, a heightened sense of responsibility, maladaptive beliefs and a proneness to particular cognitive biases. The content of the obsession is not random, but is determined by the person's values. The implications of intrusions for our thinking about thinking are considered.
Symposia

Bipolar Disorder: From Theory to Therapy

Convenor: Steven Jones, University of Manchester and Warren Mansell, Institute of Psychiatry, London

Cognitive Therapy for Bipolar Disorder: Current Evidence and New Developments

Steven Jones, University of Manchester

Introduction: Bipolar disorder is often only partially treated by medication alone, which has led to recent developments in the adjunctive psychological treatment of bipolar disorder. A review of outcome studies of psychological interventions reported since 1990, including psycho-education, cognitive-behavioural, interpersonal and social rhythm therapy indicates that a range of psychological approaches appear to benefit people with bipolar disorder. The clearest evidence is for individual CBT which impacts on symptoms, social functioning and risk of relapse. There is scope for further developments including assessment of the usefulness of CBT applied earlier in the illness course. Method: A single case experimental design was used to evaluate the feasibility and effectiveness of CBT for first episode bipolar disorder. Results: will be presented both in terms of analysis of mood and activity data and through clinical examples. Discussion: Results to date indicate that CBT for first episode bipolar disorder is both feasible and acceptable to patients. Information from individual patients highlights the variability of change processes and the importance of an individualised approach to therapy. Future research will explore the efficacy of this approach in larger scale studies. Conclusions: CBT is a promising approach for the treatment of bipolar disorder. Treatment of first episode clients appears to possible and has the potential to impact of the nature of the illness course.

Cognitive Behavior Therapy and Supportive Therapy for bipolar disorders. First follow-up results from a randomized trial

Thomas Meyer, University of Tuebingen

Introduction: There are effective pharmacological agents for the treatment of bipolar affective disorders. Nevertheless the relevance of an adjunctive psychotherapy is more and more recognized. Looking at the empirical evidence, the efficacy of adjunctive psychotherapy has been shown in several uncontrolled and controlled studies. Looking specifically at Cognitive Behavior Therapy (CBT) randomized controlled studies explicitly tested its efficacy. Compared to standard medical treatment CBT proved to be superior concerning symptomatic and functional outcome. However, all of these studies compared CBT to either a waiting list control group or standard treatment. Therefore we still do not know if CBT goes beyond the effects of supportive therapy (ST) of equal intensity and frequency. Methods: We conducted a randomized controlled trial. Each therapy condition consists of 20 sessions (lasting about 50 minutes) within nine months. In the beginning the sessions took place weekly for three months, then changed to bi-weekly and finally monthly. Both treatments involved psychoeducation and a monitoring of symptoms. While CBT focused on the identification of warning signs for episodes and on cognitive and behavioral factors individually involved in relapse, the ST focused on coping and crises intervention with current issues the patient reports. Our goal is to have 60 patients to be considered “completers” (> 15 sessions). The primary efficacy assessment is symptomatic and functional status in the 12-month-follow-up period (e.g. SCID I, HAMD, YMRS). Results: Of 120 patients enrolled so far, 66 fulfilled the inclusion criteria (e.g. primary bipolar disorder, no other ongoing psychotherapy, no current substance problems that have to be attended first). Because it is an ongoing study, we will report the results for the post-treatment assessment for all patients and 6-month-follow-up data for the first 30 completers.

Mindfulness Based Cognitive Therapy for Bipolar Disorder

Anne Palmer, Norfolk Mental Health Care Trust, Kingfisher House, Hellesdon Hospital, Drayton, Norfolk, UK and Steve Tucker, Norfolk Mental Health Care Trust, Kingfisher House, Hellesdon Hospital, Drayton, Norfolk, UK

This study used a modified version of Mindfulness Based Cognitive Therapy (MBCT) to teach participants with bipolar disorder how to be aware of automatic thoughts, relating to them without avoidance or attachment. The specific hypothesis was that mindfulness would increase and experiential avoidance would decrease. The design consisted of a series of single case studies. Six participants were recruited who were in remission. Treatment took place over nine weekly sessions and one follow up session. There were two co-therapists; a psychiatrist and a clinical psychologist who were both experienced CBT practitioners and who had a mindfulness practice of their own. Outcomes were assessed using the Acceptance and Action Questionnaire and the Mindfulness Attention Awareness Scale. Measures of treatment absorbed, social adjustment, and learned resourcefulness were also taken. All participants completed the course, during which they contributed personal information and showed a good
knowledge base about BD. Their evident mood remained within the normal range. At assessment for therapy, participants had learned resourcefulness scores typical of the normal population, but had dysfunctional social adjustment scores. At post-test, levels of experiential avoidance had remained constant; within non-clinical ranges for four participants and in the clinical range for two participants. There was an increase in awareness of what is occurring in the present for two participants and it remained constant for four participants. Links with current theoretical work on the different modes of mind that can be used when processing propositional and schematic meanings will be discussed.

Group and Individual Psychological Intervention for People Suffering from Bipolar Disorders – an Investigation into the predictors of therapeutic change

Matthias Schwannauer Division of Clinical and Health Psychology, University of Edinburgh and Bipolar Disorder Service, Lothian Primary Care NHS Trust, Sharon Fegan Bipolar Disorder Service, Lothian Primary Care NHS Trust, Charlotte Brodie and Mick Power, Division of Clinical and Health Psychology, University of Edinburgh

In the current trial we investigated the efficacy and effectiveness of a psychosocial intervention for people with a diagnosis of bipolar disorder. This particular psychosocial intervention has been developed for the purpose of this trial and includes elements of cognitive therapy and interpersonal therapy in both a group and individual format. The development of a comprehensive intervention model seems necessary considering the high relapse rates, co-morbid physical and psychological difficulties and premature mortality observed for people suffering from bipolar disorders. There is a growing evidence base that in bipolar disorder, a number of key emotional and cognitive processes play a significant part in relapse and recovery. The evaluation follows a mixed design of a cross-sectional analysis between the three groups and a longitudinal analysis of those within the treatment groups. The results for 120 patients that have completed the treatment and one year and 18 months follow-up assessments will be presented in this paper. In our analysis of the core findings we were particularly interested in the main mediating factors for the established therapeutic effects. To establish the development of pathology, or the mediation of therapeutic change, an entire profile of developmental lines or pathways needs to be examined and compared to normal development for each line of functioning. We utilised methods of longitudinal covariance modelling to investigate a number of predictors of therapeutic change and outcomes over time.

A cognitive model for hypomania: the path between neurobiology and behavior

Francesc Colom, Stanley Foundation Research Center, Barcelona, Spain.

Hypomania is a pathologic state in which several changes in information processing co-occur with psychobiological alterations. Little is known about the cognitive processes involved in hypomania. We propose a simple construct, based on Beck’s cognitive theory of depression, that introduces the basic characteristics of hypomanic (‘anastrophic’) thinking. Positive and acritical arbitrary inferences, selection of thoughts leading to advantageous hypotheses, personalization leading to self-referential thinking, a tendency to make dichotomous judgments, and overinclusive thinking are some of the cognitive errors that can occur in hypomania. In our opinion, psychobiological changes that affect emotions occur prior to changes in cognition, but changes in cognition could worsen symptoms when changing some issues like sleep-patterns or, on the other hand, could be used as a therapeutic tool to buffer symptoms’ progression. In our opinion, the psychobiological processes that promote a manic mood state occur before the cognitive changes, and the latter have the capacity to either worsen or improve (through therapy, for example) the symptom course.

Research on Borderline Personality Disorder

Convenors: Simkje Sieswerda and Arnoud Arntz, Maastricht University, The Netherlands

Aversive Tension and Dissociation in Patients with Borderline Personality Disorder: A Computer-Based Controlled Field Study

C. Stiglmayr, M. Mohse, R. Behm, A. Auckenthalerm, M. Bohus, Free University of Berlin, Germany

Typical dysfunctional behavioral patterns of individuals meeting criteria for borderline personality disorder (BPD), are often intended to terminate intense states of tension that are subjectively described as extremely aversive. Within this context borderline-patients often describe dissociative phenomena. This study aims to operationalize the subjective appraisal of frequency, intensity and course of these states of aversive tension under conditions of daily life. In addition we studied the relationship between aversive tension and the experience of dissociative features. A sample of 63 female subjects meeting criteria for BPD, 31 subjects with major depression, 30 subjects with anxiety disorder and 40 mentally healthy controls were each given a hand-held computer. For two consecutive days, participants were prompted at hourly intervals to record their present state of aversive tension and dissociation. Results: The average
tension levels are significantly higher and the increase of tension is markedly more rapid in patients with BPD. There is no difference between patients, concerning persistence and frequency of states of aversive tension. Amongst all subjects there is a strong correlation between tension and experience of dissociative features. Conclusions: The study confirms the importance of states of aversive tension and dissociation for patients meeting criteria for BPD in comparison to patients with other disorders and healthy controls. Computer-assisted assessment is a method of high validity and economy which can be used to study the interplay of events, appraisal, behavior and triggered emotions under daily life conditions.

Social Cognition in Borderline Personality Disorder

Arntz, A., Veen, G., ten Haaf, J., Schobre, P., & Sieswerda, S., Maastricht University, the Netherlands

Patients with borderline personality disorder (BPD) generally experience profound relational difficulties, not only with intimate partners, but also with friends, family and colleagues. Various explanations have been offered for this BPD characteristic. Psychodynamic views assume splitting (viewing others either as completely good or completely bad), a shortage of empathy, and poorly developed understanding of other people to be central to BPD. Cognitive theories emphasize dichotomous thinking, a need for safe attachment, and expectations to be abandoned or abused by other people as central to the relational difficulties of BPD patients. In a series of experiments we tested these different views, comparing BPD patients with Cluster-C PD patients and nonpatient controls. We used both vicarious and direct social interaction with various contents (rejection, abuse, acceptance, neutral) and assessed participants' views of the partners in the interaction both in structured and in unstructured (i.e., open) format. In general no support was found for dichotomous thinking being specifically triggered by rejecting, abandoning and abusing interactions is not entirely clear. It seems that dichotomous thinking is specific of BPD, but a shortage of empathy, and poorly developed understanding of other people is central to BPD. Cognitive theories emphasize dichotomous thinking, a need for safe attachment, and expectations to be abandoned or abused by other people as central to the relational difficulties of BPD patients. In a series of experiments we tested these different views, comparing BPD patients with Cluster-C PD patients and nonpatient controls. We used both vicarious and direct social interaction with various contents (rejection, abuse, acceptance, neutral) and assessed participants' views of the partners in the interaction both in structured and in unstructured (i.e., open) format. In general no support of psychodynamic theories was found: BPD patients did not engage in splitting, did not show poorer understanding of other people, and were as complex in their social cognitions as the control groups. BPD patients engaged however consistently in dichotomous thinking. The degree to which this thinking style is specifically triggered by rejecting, abandoning and abusing interactions is not entirely clear. It seems that dichotomous thinking is specific of BPD, but that this is not related to unidimensional evaluations of other people, nor to poorly articulated understanding of other people’s social behaviour.

Stability of Emotional Reactions in Borderline Personality Disorder and Depression

Renneberg, B., Friemel, K., & Bachmann, S, University of Heidelberg, Germany

Facial emotional expression is highly relevant for emotion regulation, a central psychopathological mechanism in borderline personality disorder (BPD) and depression. Hospitalized patients with BPD showed reduced facial emotional expression compared to a non-clinical control group (Renneberg et al., in press). In the same investigation, subjective emotional reactions were comparable between groups. Aims of the study are to investigate the correlation between facial expression of emotion and subjective ratings of emotion and 2.to examine stability of findings 8 months later when patients were discharged and not in an acute crisis. Eighteen women with BPD, 18 depressed patients and 18 healthy controls participated in the study. At two assessment points participants rated their current emotional state before and after two short movie sequences(one positive/ one negative mood induction). Facial reactions were analyzed using the Emotional Facial Action Coding System (EMFACS; Friesen & Ekman, 1984). At the second assessment point, when clinical participants were not in a crisis, no significant group differences in frequency of emotional facial reactions (EMFACS)were found between the groups. Over time a significant increase in emotional expressions for both clinical groups in response to the negative film was found. For positive stimuli a different response pattern emerged: While facial reactivity of depressed women increased to the level of the control group, reduced facial reaction of the women with BPD remained stable. Subjective ratings of emotional state are correlated to facial expressions of emotion at both assessment points. Findings will be discussed regarding the hypothesis of emotional dysregulation in BPD.

Emotional Stroop Effects in Borderline Patients

Sieswerda, S., Arntz, A., Appels, C., Mertens, I., & Vertommen, S., Maastricht University, the Netherlands

According to the Beckian cognitive model of BPD, an important factor in the development and maintenance of borderline personality disorder (BPD) is cognitive bias resulting from early dysfunctional schemas such as 'I am powerless and vulnerable', 'I am inherently unacceptable', and 'Others are dangerous and malevolent'. This bias might cause hypervigilance in BPD patients, disrupting daily life. In a preliminary study, support was found for a general cognitive bias for negative emotional supraliminal stimuli in both BPD and cluster C personality disorder (PD) patients. In order to further investigate cognitive bias in BPD, we have performed three emotional Stroop task studies with BPD related and BPD unrelated, emotionally negative and positive, supraliminally and subliminally presented word stimuli. Study 1 compared BPD patients with cluster C PD patients, axis I disorder patients, and normal controls. Study 2 compared a large sample of BPD outpatients (n>50) with normal controls. Study 3 compared BPD patients of study 2 before and after long-term psychotherapy. The results of these studies will be presented, reviewing issues that are relevant for the cognitive model, such as stimulus specificity of the bias, bias for negative versus positive stimuli, disorder specificity of the bias, automaticity of the bias, prediction of therapy outcome.
Innovations in the Treatment of Generalised Anxiety Disorder

Convenor: Mary Welford. Manchester Mental Health & Social Care Trust, UK

Individuals who meet criteria for Generalised Anxiety Disorder (GAD) experience excessive worry and anxiety about a range of events or activities. Studies indicate the lifetime prevalence to be approximately 5% of the population and comorbidity with other Axis I disorders is high. Despite this many individuals believe that worry and anxiety is part of their ‘personality’ and as such do not seek assistance from services. It is important that when people do come to our services they receive a good and up to date service from us. As researchers and clinicians we should constantly strive to improve the therapy offered, evaluate it and share it with the wider community for discussion. It is hoped that this symposium will be part of this process.

Predictive validity of two prognostic indices for generalised anxiety disorder: complexity of problems and quality of therapeutic alliance

Peter Fisher, University of Manchester, UK and Rob Durham, University of Dundee, Scotland

The development and use of prognostic indices in psychological therapy is important both theoretically and practically. Outcome prediction may be most usefully conceptualised in terms of two sets of distinct but overlapping variables: general prognostic indicators of the overall likelihood of change irrespective of treatment offered and specific treatment response indicators. Accordingly, we have developed separate prognostic indices for the complexity and severity of presenting problems (CASP index) and the quality of the collaborative alliance and initial response to therapy (CAIR index). The predictive validity of these two indices was examined in the context of two randomised controlled trials for generalised anxiety disorder (GAD). It was hypothesised that long-term outcome is better predicted by complexity and severity of problems than by the initial response to therapy and second, that short-term outcome is better predicted by the initial response to treatment rather than the complexity and severity of problems. The results of the study were consistent with the hypotheses and the clinical implications will be discussed.

Metacognitive Therapy for GAD: an open trial

Adrian Wells, University of Manchester, UK and Paul King, Manchester Mental Health & Social Care Trust, UK

This paper reports the results of the first open trial of metacognitive therapy for GAD. The study explored the effects of treatment on multiple domains of worry and on trait-anxiety at post treatment and at 6 and 12-month follow-up. All patients were significantly improved at post treatment with large improvements in worry, anxiety and depression (effect sizes 1.18-2.86). In all but one case these were lasting changes. Recovery rates were higher than those in other studies with 87.5% of patients meeting criteria for recovery on trait-anxiety at post treatment. At follow-up this figure was 75%. A range of 3-12 weekly sessions was delivered indicating that metacognitive therapy is time-efficient. The effect of metacognitive-focused intervention on multiple content domains of worry is particularly interesting and will be discussed.

Metacognitive Therapy for GAD with Comorbid Axis I Disorders: A preliminary study

Mary Welford, Manchester Mental Health and Social Care Trust UK and Adrian Wells, University of Manchester UK

Metacognitive factors have been given prominence in recent cognitive conceptualisations of psychological disorder (Wells & Matthews, 1994, Wells 2000). They are central in the metacognitive approach to generalised anxiety disorder, which has been viewed as a disorder capturing basic and generic pathological mechanisms (Wells 1995). If this is correct then it is likely that the metacognitive treatment for GAD should have an effect on comorbid disorders without the necessity of targeting them individually. Three consecutively referred patients with GAD and at least two other co-morbid disorders (OCD, social phobia, panic disorder, major depression) were treated using metacognitive therapy. Treatment was effective in alleviating GAD and the co-morbid presentations in each case. Treatment gains were maintained over follow-up. Issues surrounding the implementation of focused metacognitive therapy in complex presentations will be discussed.
General introduction

Although cognitive behaviour therapy has proven to be effective as a treatment for depression, the high rate of relapse remains a concern to clinicians. This issue is thus of major importance to experimental psychopathology researchers, who are, in line with the increased interest in information processing approaches, in search for cognitive vulnerability markers for depression. In recent years, new experimental paradigms have been proposed to investigate different aspects of cognitive vulnerability. One way of conceptualising cognitive processes associated with depression is based on the distinction between automatic and effortful processes, which has already proven to be a valuable heuristic in understanding the basic processes in play during a depressive episode. During this symposium, findings on mood linked processes in automatic processing of emotional stimuli, based on different measures of implicit self-esteem, attentional bias and inhibition will be presented. Moreover, the possible implications for the development of interventions to target risk for relapse will be discussed.

In search for cognitive vulnerability for depression in dysphoric and non-dysphoric individuals: The role of implicit self-esteem

Erik Franck, Rudi De Raedt & Ellen Goeleven, Ghent University, Belgium
Department of Experimental-Clinical and Health Psychology

Depressed individuals are featured by an impaired cognitive functioning that is considered to be a causal factor in depression onset and relapse (Gilboa & Gotlib, 1997). This depressive cognitive style constitutes of maladaptive self-schemas containing dysfunctional attitudes about the self, which biases information processing during a depressive episode. Furthermore, vulnerable individuals continue to exhibit latent cognitive biases even after a depressive episode. Stressful events are considered to trigger these latent but reactive schemas that provide access to an elaborate system of negative content (Kelvin et al., 1999). According to the differential activation hypothesis, differences in vulnerability are most likely to be noticeable when experiencing a challenge procedure to the affective-cognitive system (Teasdale, 1988). In the present study, we used a 2-conditions (success and failure) anagram task as mood induction procedure (MIP) to examine the automatic activation of latent negative self-schemas in 20 dysphoric and 20 non-dysphoric undergraduate psychology students. After completing the Rosenberg Self-Esteem Scale, the Beck Depression Inventory-II and the State Trait Anxiety Inventory, a baseline relaxation period of 10 minutes followed. Afterwards, mood and saliva cortisol were recorded. Then, the participants performed the Implicit Association Task (IAT), an automatic reaction time task used to measure evaluative bias of self-esteem, followed by the MIP. Afterwards, saliva cortisol and mood were recorded again and subjects again performed the IAT and the Rosenberg scale. Finally, the Attributional Style Questionnaire was completed. Results indicate that dysphoric individuals show a difference in IAT scores after the MIP compared to the non-dysphoric individuals.

The role of inhibition processes in emotional reactivity to depressogenic stimuli

Ellen Goeleven, Rudi De Raedt & Erik Franck, Ghent University, Belgium

Over 50% of the depressed patients relapse within two years of recovery and over 80% experience more than one depressive episode (Gotlib, Kurtzman, & Blehar, 1997). Based on neuropsychological and clinical data dysfunctional inhibition processes could be involved. The purpose of this study is to investigate the role of inhibition processes for negative material as a vulnerability factor for depression. In line with a recent study of Joormann (2004), a modified version of the negative priming paradigm was used as an index of inhibitory functioning. In this task, a complete trial consists of two separate trials: a prime trial and a test trial. In each of those trials a distractor and a target is presented on a computer screen. Participants are required to ignore the distractor and react to the target by evaluating the valence of the target as positive or negative. In order to respond successfully to the test trial, participants need to inhibit the valence of the prime distractor. Joormann observed that dysphoric individuals had faster responses to negative test trials, which may indicate dysfunctional inhibition for negative material. However, the Differential Activation Hypothesis of Teasdale (Teasdale, 1988) predicts a combined influence of trait and state variables on cognitive processing. Therefore we examined the separate and combined influence of an induced negative mood state and existing dysphoria on inhibitory functioning. Results will be presented at the congress.
Dysphoria impairs attentional disengagement from negative information

Ernst Koster, Erik Franck, Ellen Goeleven, Rudi De Raedt & Geert Crombez, Ghent University, Belgium

A number of studies suggest that depression and dysphoria are characterized by attentional bias for negative information at later stages of information-processing (e.g., Bradley, Mogg, & Lee, 1997; Gotlib, Krasnoperova, Yue, & Joormann, 2004). Such an attentional bias could be caused by several processes: prolonged attentional engagement with negative information and/or a difficulty to disengage attention from negative information. Two studies examined the attentional components involved in mood-congruent attentional biases for negative words in dysphoria. In Experiment 1, dysphoric and non-dysphoric participants performed an attentional task (Posner, 1980) with negative, positive, and neutral word cues, preceding a target. Targets appeared either at the same or at the opposite location of the cue. Differential responding between dysphoric and non-dysphoric individuals was found on targets cued by negative and positive words: Dysphoric participants had a difficulty to disengage attention from negative words and non-dysphoric participants showed an attentional engagement effect for positive words. Experiment 2 replicated that dysphorics had a difficulty to disengage from negative words and showed that differential attentive processing of negative information between dysphoric and non-dysphoric individuals occurred at the level of elaborated, but not automatic, attention. These results suggest that dysphoria is related to a schema-driven attentional bias to negative information, which may explain several key features of dysphoria and depression.

A positive bias in implicit self-esteem in currently depressed patients?

Rudi De Raedt, Rik Schacht & Jan De Houwer, Ghent University, Belgium

The cognitive behavioural model of depression holds that stable trait-like negative cognitions related to the self, the world and the future produce low self-esteem which would have etiological importance for the development and relapse of depression (Beck, Rush, Shaw, & Emery, 1979). Although several studies using questionnaires generally yielded evidence of negative self-esteem in currently depressed subjects, mixed evidence of low self-esteem in recovered patients can be found in the literature. However, new experimental paradigms to measure implicit self-esteem have been developed. They are based on the distinction between underlying automatic schema processes that are not accessible within the realm of attention and the products of such processes, which, for their part, are accessible within the conscious mind such as opinions, inferences and interpretations (Ingram, Miranda, & Zegal, 1998). Recent research using the Implicit Association Test however, showed positive implicit self-esteem in formerly depressed subjects, even after negative mood induction (Gemar, Segal, Sagrati, & Kennedy, 2001). We tried to replicate these results in a population of currently depressed subjects using three different indirect measures of self-esteem, the self-esteem Implicit Association Task Lettername Task and the Extrinsic Affective Simon Task. The results of the three experiments are unequivocally indicative for a positively biased self-esteem in currently depressed subjects. Since three different indirect measures based on different logics yield the same conclusions, it remains an intriguing question what exactly these indirect instruments measure.

The state of art in depression research I: cognitive processes

Convenors and Chairs: Edward Watkins, Institute of Psychiatry and Costas Papageorgiou, University of Lancaster

Cognitive Vulnerability to Depression: Disentangling a Gordian Knot

David A. Clark and Gil Robinson, Department of Psychology, University of New Brunswick, Canada

One of the most difficult, yet clinically significant questions, in research on depression is why some individuals are highly susceptible to depressive episodes whereas others appear quite resilient, even in the presence of stressful life events. Based on Aaron T. Beck’s cognitive model of depression, this presentation will review a series of empirical studies we conducted on the nature of cognitive vulnerability to depression. Particular emphasis is placed on Beck’s hypothesis that sociotropy, a personality orientation in which self-worth is derived from close interpersonal relations, is an important vulnerability concept in depression. A number of key questions in cognitive vulnerability are addressed. Can a cognitive diathesis-stress model explain increased susceptibility to depression such that a match between type of life event and specific cognitive/personality constructs increases the presence and severity of depressive symptoms? Does the highly sociotropic individual exhibit an interpersonal style that elevates negative emotional experiences? Are there unique information processing biases associated with the sociotropic personality? And finally, what role does the attempt to intentionally control unwanted thoughts play in the persistence of negative thinking in vulnerable individuals? The presentation will conclude with our current experimental work on psychophysiological responses to the processing of positive and negative emotional information in vulnerable and nonvulnerable individuals.
Cognitive Reactivity in Depression

John E. Roberts, Morgen A. R. Kelly, and Kathryn A. Bottonari, University at Buffalo, State University of New York, USA

Considerable research suggests that cognitive reactivity to dysphoric mood and stress is a key facet of depression. A number of studies have demonstrated that greater reactivity characterizes previously depressed compared to never depressed individuals. Furthermore, there is evidence that reactivity prospectively predicts relapse. Despite this, little is known about the underpinnings of cognitive reactivity in depression. The present study investigates characteristics and processes that may impact cognitive reactivity during the course of depression. Following diagnostic interviews, participants complete questionnaires on the internet weekly for nine consecutive weeks, including measures of cognition, rumination, acceptance, behavioral engagement, stress and depression. Multilevel regression analyses will be conducted in which weekly measures are viewed as being nested within individuals. This approach will allow us to examine the slope between cognition and variables, such as mood and stress, on a person-by-person basis (slopes represent degree of reactivity), and test for moderators of these slopes. We will also be able to test whether cognitive reactivity during the first four weeks of the study prospectively predicts changes in depression severity across the last five weeks. We anticipate a final sample of approximately 60 individuals who meet criteria for Major Depressive Disorder.

Depressive Rumination: A Clinical Metacognitive Model

Costas Papageorgiou, Institute for Health Research, University of Lancaster, UK

A number of cognitive processes have been implicated in the development and maintenance of depression. In particular, perseverative negative thinking, in the form of rumination, has attracted increasing theoretical and empirical interest in the past 15 years. Depressive rumination has been associated with a multitude of negative outcomes including prolonged and more severe negative affect and depressive symptoms (for a review, see Lyubomirsky & Tkach, 2004). Several theories have been advanced to account for the role of rumination in depression. Wells and Matthews’ (1994) Self-Regulatory Executive Function (S-REF) theory of emotional disorders accounts for the information processing mechanisms that initiate and maintain perseverative thinking. Grounded on this theory, Papageorgiou and Wells (2003, 2004) proposed a clinical metacognitive model of rumination and depression. The central tenet of this model is that positive metacognitive beliefs about rumination lead to sustained rumination. Once rumination is activated, this process is appraised as uncontrollable and harmful, and likely to lead to detrimental interpersonal and social consequences. The activation of negative metacognitive beliefs about rumination then contributes to depression. Cross-sectional, prospective, and experimental evidence supporting this clinical model will be presented and implications for the treatment of rumination and depression will be discussed.

Understanding Depressive Rumination

Edward Watkins, School of Psychology, University of Exeter

Depressive rumination has been recognized as a major cognitive process within depression. This presentation will review key aspects of our knowledge of rumination, including the consequences, causes and mechanisms of rumination. Two recent developments in our understanding of rumination will be highlighted – (1) rumination as a form of avoidance and (2) the role of thinking style in determining rumination. Experimental studies relevant to each of these developments will be described in detail and their implications for a theoretical model of rumination discussed.

Cognitive Behaviour Therapy for Borderline Personality Disorder

Convenor: Kate Davidson, University of Glasgow, Scotland

Treatment of childhood memories in cognitive therapy for personality disorders: A controlled study contrasting methods focusing on the present and methods focusing on childhood memories

Anoek Weertman & Arnoud Arntz, University of Maastricht, The Netherlands

There is growing evidence that cognitive therapy for personality disorders (PDs) is effective. However, as far as efficacy has been studied, little is known about the efficacy of specific interventions in cognitive therapy (CT) for PDs. According to the cognitive model of Beck, each personality disorder is characterized by typical cognitive structures (schemas), which are hypothesized to be developed from the interaction between innate dispositions and early childhood experiences and which are assumed to be highly resistant to change. The assumed origin of axis-II schemas in childhood and their assumed resistance to change have important implications for treatment of personality disorders. In addition, clinicians often observe that traditional cognitive behavioural methods are not
sufficient in treating personality disorders. Therefore, there is an increased interest among clinicians working with PDs, in the treatment of childhood memories in CT for personality disorders. One hypothesis is that exploring, emotionally processing and reinterpreting memories of early childhood experiences, is the most effective way to change core maladaptive schemas. The present study was designed to test this hypothesis. We used a crossover design in which we included ten matched pairs of patients with the same main Axis-II diagnosis. After 12 sessions pre-therapy, the therapist focused either first on the present for a period of 24 sessions and than for 24 sessions on childhood memories, or followed the reverse order. The order of focus was determined by chance. Theoretical background, design and final results will be presented.

Schema-Focused Therapy vs. Transference-Focused Psychotherapy for Borderline Personality Disorder: Results of a RCT of 3 years of therapy

Josephine Giesen-Bloo, Arnoud Arntz, Richard van Dijck, Philip Spinhoven & Willem van Tilburg, Department of Medical Psychology of the Academic Hospital Maastricht and Department of Medical, Clinical and Experimental Psychology of the University

Although there is general consensus that only prolonged and intensive psychotherapy can provide a real cure of Borderline Personality Disorder (BPD), almost nothing is known about the relative effectiveness of different approaches. The present study compared the (cost-)effectiveness of two psychotherapies for BPD aiming at a fundamental change: a modern psychodynamic approach (Transference-Focused Psychotherapy, TFP) and a schema-focused cognitive approach (SFT). In a multicenter trial 88 patients were randomised to either TFP or SFT and treated for max. 3 years. Results indicate a differential drop-out, with TFP having more (early) drop-outs than SFT. Preliminary results indicate positive effects of treatment on all BPD criteria, as well as on quality of life. Differences between the two approaches as to treatment effects will be presented, focusing on symptoms, personality, social functioning, and quality of life

The BOSCOT trial: a multicentre trial of cognitive therapy for borderline personality disorder. Trial description and rationale.

Kate Davidson and Andrew Gumley on behalf of BOSCOT group, Section of Psychological Medicine, University of Glasgow

Randomised controlled trials of dialectical behaviour therapy and psychodynamically informed therapy for borderline personality disorder have been reported that suggest therapeutic optimism for this group of patients. However, all studies have suffered from methodological problems that limit the generalisability of their findings. We report on a randomised controlled trial of cognitive behaviour therapy for borderline personality disorder that is now nearing completion. Patients meeting DSM-IV criteria for Borderline Personality Disorder have been randomised to either Cognitive Therapy plus Treatment as Usual or Treatment as Usual alone in a multi-centred trial. Those patients randomised to CBT received up to 30 sessions of individual CBT over 12 months. All patients are followed up every 6 months for a period of 24 months. The trial design, measures and some baseline data will be described. Particular attention will be paid to improvements in methodology and deliberate self-harm data.

The BOSCOT trial: Pre-randomisation characteristics of study sample, characteristics and correlates of the Young Schema Questionnaire (Short Form)

Kate Davidson and Andrew Gumley on behalf of BOSCOT group, Section of Psychological Medicine, University of Glasgow

Early maladaptive schemas (EMS) represent underlying cognitive structures, which help mediate and organise one’s experience of the world. Young (1990) has argued that EMS are pervasive cognitive themes, which are hierarchically organised, that evolve from adverse childhood and developmental experiences and underpin the development of psychopathology. The Young Schema Questionnaire (YSQ; Short Form, Young, 1998; Welburn et al., 2002) provides an abbreviated 75-item measure of 15 EMS domains reflecting impaired autonomy (e.g. dependence on others), disconnection (e.g. social isolation and defectiveness), impaired limits (e.g. entitlement, insufficient self control) and over control (e.g. self sacrifice, unrelenting standards). The hierarchical organisation of the YSQ (SF) has not been confirmed. The current paper presents the psychometric properties of the YSQ-SF in a sample of 106 participants with Borderline Personality Disorder, and the predictive value of the scale in terms of interpersonal problems and psychopathology.
Psychological Processes in Suicidal Behaviour

Convenor: Andy MacLeod, Royal Holloway, University of London

Differential activation mechanisms in suicidal behaviour

Williams J.M.G., & Crane, C., University of Oxford

Prediction of suicidal behaviour is difficult because many of the variables that are associated with suicide ideation are long-term trait features such as chronic hopelessness. However, evidence suggests that these variables can rapidly increase in a crisis. The differential activation theory suggests that it is both the ease with which small changes in mood can activate dysfunctional patterns of thinking, and the content of what comes to mind during such periods of turbulent mood that determine risk of suicidal behaviour. This paper reports data from ongoing studies of people who have deliberately harmed themselves, examining how well such cognitive factors explain recovery, and explores treatment implications.

Suicidal reactivity and history of depression

Barnhofer, T., University of Oxford, van der Does, W, University of Leiden, Crane, C. and Williams, J.M.G, University of Oxford

It has always been known that suicidal thoughts are quite prevalent in the general population, and recent evidence suggests that self-harm is also more common than previously thought. The problem occurs when suicidal thoughts become the habitual response to emotional distress. This paper reports data from ongoing studies using modified version of the Leiden Index of Depression Sensitivity (LEIDS) to examine suicidal reactivity. Both student and general populations samples are being studied, to examine differences between never depressed and previously depressed individuals with and without a history of suicidal ideation. Data on other cognitive correlates of past suicidality will also be reported.

Hopelessness and Parasuicide: the role of future thinking, optimism, and perfectionism

O’Connor, R.C. University of Stirling

There is a growing body of evidence to suggest that a negative view of the future characterised by impaired positive future thinking is associated with suicidal behaviour. Within a self-regulatory framework, this paper aims to investigate one such pathway (i.e., future thinking–hopelessness) more closely, to determine whether positive future cognitions moderate the relations between relatively stable personality dimensions, stress and distress. Data from a series of studies are reported. All participants (parasuicide and non-clinical samples) completed the future thinking test and indices of psychological distress and depending on the aims of each study, measures of stress, optimism and perfectionism. Studies 1 and 2 demonstrated that positive future thinking moderates the relationship between stress and hopelessness. The findings of study 2 support the notion that perfectionism is best understood as a multidimensional construct and that its relationship with future thinking is not straightforward. Study 3 demonstrated that positive future thinking moderates the relationship between optimism and hopelessness prospectively. These findings point to the fruits of integrating personality, cognitive and social processes, to better understand hopelessness and suicidal risk. These studies support the self-regulatory framework and they suggest that positive and negative cognitions are mediated by different motivational systems. The implications for suicide prevention are considered.

Personal goal planning and lack of positive future-thinking in parasuicide.

MacLeod, A.K., Royal Holloway, University of London

Those who have recently engaged in an episode of parasuicide are characterised by reduced positive future thinking about the future. Data will be reported from a number of studies that examined one possible explanation for low positive future thinking – lack of planning for personal goals. Results show that personal goal planning is linked to positive future-thinking and that parasuicidal individuals show lower levels of goal planning than matched controls, despite having relatively intact goals. Possible explanations (for example, cognitive and motivational explanations) for lower levels of planning in parasuicide will be discussed. Clinical implications will be discussed in relation to the emerging picture of parasuicidal individuals as having intact goals but lacking plans to attain those goals.
Working with Asylum Seekers

Convenor: Jake Bowley, Pennine Care NHS Trust, UK

Introduction

Jake Bowley, Pennine Care NHS Trust / Action for Children in Conflict

Working with refugees and asylum seekers can present a challenge to therapists, unused as they may be to the context of being a refugee and to the impact exile and persecution can have on individual well-being. These populations are increasingly presenting to statutory services, and as therapists we have a role to provide them with appropriate and effective therapeutic interventions. This symposium brings together a number of very experienced practitioners to discuss some of the different methods of working with refugees and asylum seekers and to highlight some important factors associated with the area.

Interventions with survivors of war and torture

Metin Başoğlu, Institute of Psychiatry, King's College London

Expanding on his Keynote speech, Dr Başoğlu will be explaining how his behavioural treatment model for post-traumatic difficulties, recently developed in work with war and earthquake survivors, may be applicable for work with refugees and torture survivors. In particular he identifies the importance of a 'sense of control' as a mediator of traumatic stress, as well as expanding on insights gained into other critical mechanisms.

A Phased Model Of Intervention For Working With Asylum Seekers and Refugees

Jane Herlihy, Refugee Service, Traumatic Stress Clinic, Camden & Islington Mental Health & Social Care Trust, London

Refugees and asylum seekers present with complex and multiple needs, requiring a range of interventions. Clients may present with many psychosocial needs. They may also present with complex traumatic stress reactions which include Post Traumatic Stress Disorder (often with chronic intrusion and hyperarousal, marked feelings of estrangement, emotional constriction and dissociation), traumatic bereavement, depression and complex somatic reactions. Additional reactions may include feelings of shame, humiliation and rage, a sense of "existential despair", and a disruption of a sense of identity and belief systems. In order to respond to the varied needs, a phased model of intervention has been found to be most helpful. At the Traumatic Stress Clinic, we consider treatment within a three-phased model of intervention. This model draws on ideas from others working with refugees and domestic violence (Herman, 1994, Gorman, 2001). Treatment must be appropriate to each stage and must address the biological, psychological and social needs of the individual. This presentation will outline the Phased Model of Intervention used at the Traumatic Stress Clinic, with a brief outline of interventions in the three phases: Establishing Safety and Trust, Trauma Focused Therapy and Reintegration. This model also provides a structure for working collaboratively across health provision services in order to deliver effective integrated care for this client group.

Therapist Issues In Working With Asylum Seekers

Suzy Clark, Greater Glasgow Primary Care NHS Trust

The prospect of providing psychological therapy to people seeking asylum in the U.K. can feel overwhelming due to the distressing nature of people’s situations and the complex interplay of language and cultural influences. This account uses a time-line/life chart type approach to outline some of the difficulties and rewards a therapist may encounter in the process of developing experience/skill in this line of work. Therapist factors relating to burnout and coping strategies will also briefly be discussed.

Cultural Factors In Assessment And Therapy With Asylum Seekers And Refugees

Anne R Douglas, Greater Glasgow NHS Board / Dept of Psychological Medicine, University of Glasgow

The COMPASS team (asylum seeker and refugee mental health liaison) is an NHS team serving Glasgow. Its aim is to build the capacity of primary and secondary mental health services and the voluntary sector to provide the most appropriate mental health care to this client group. In addition the team provides individual therapy to people with complex mental health needs and a comprehensive group therapy programme. Professionals working with this client
group for the first time tend to fall into two broad groups: firstly, clinicians who feel potentially overwhelmed by the different challenges of working through an interpreter, with a client from another culture who has often experienced extremely traumatic circumstances. At the other end of the continuum are therapists who stress the similarity of the asylum seeking population with their usual client group and who say that there needs to be little or no modification of their usual practice. It is suggested that the truth lies somewhere in the middle. Cultural sensitivity needs to operate from the point of the first appointment letter, through the choice of interpreter, gender of therapist, assessment interview and during the course of therapy. This paper will make practical suggestions as to how a mental health service can be sensitive to men and women from different cultures.

**Cognitive Appraisal in Obsessive Compulsive Disorder: Issues of Relevance and Specificity**

**Convenor and Chair: David A. Clark, University of New Brunswick, Canada**

**Introduction**

David A. Clark, University of New Brunswick, Canada

In recent years cognitive-behavioral theories and treatment (CBT) have been proposed for obsessive compulsive disorder (OCD) that emphasizes the importance of faulty appraisals and beliefs in the persistence of obsessions. Although there is empirical evidence that appraisals of responsibility, overestimated threat, importance and control of thoughts, intolerance of uncertainty and perfectionism characterize obsessional thinking, less is known about the level of specificity and relevance of these cognitive constructs to the diverse symptom presentation found in OCD. The five papers in this symposium, drawn from Australian, American, Canadian, Italian and French research laboratories, address different aspects of the specificity and relevance of the cognitive processes implicated in OCD. Calamari and colleagues discuss whether individuals with OCD might have distinct appraisal and belief patterns, whereas Sookman et al. examine distinct dysfunctional cognitive characteristics associated with different OCD symptom subtypes. Cottraux and colleagues present evidence that cognitive therapy may have a more specific impact on cognitive change processes than behavior therapy. Kyrios, Hordern and Bhar, on the other hand, found that cognitive-behavioral treatment resulted in broad, nonspecific reductions in both cognitive and non-cognitive OC symptom measures. Finally Clark, Sica, Sanavio and Ghisi compare the faulty appraisal and belief profiles associated with ego-dystonic (i.e., obsessive) versus ego-sytonic (i.e., worry) intrusive thoughts in Canadian and Italian nonclinical samples. Together the studies discussed in this symposium shed further light on whether specific faulty appraisals and dysfunctional beliefs are uniformly applicable to the wide-ranging and heterogeneous symptoms and clinical concerns evident in OCD.

**Obsessive-Compulsive Disorder Subtypes: A Model Based on Intrusive Thought Appraisals and Beliefs**

John E. Calamari and Robyn Jones Cohen, Finch University of Health Sciences/The Chicago Medical School, Bradley C. Riemann, Rogers Memorial Hospital, Melissa Norberg, University of Wisconsin-Milwaukee

The diverse symptoms seen in obsessive-compulsive disorder (OCD) and the failure of patients with some types of symptoms (e.g., hoarding) to respond to treatment suggest the existence of important subgroups. Although symptom differences have often been used to form subgroups, the approach is limited by the failure of overt symptoms to map onto common underlying processes. We investigated whether OCD subgroups could be identified based on two OCD cognition measures; the 31-item Interpretation of Intrusions Inventory (III) and the three subscales of the 44 item Obsessive Beliefs Questionnaire (OBQ). Patients (N = 190) meeting diagnostic criteria for OCD completed the measures. The III and OBQ subscales were moderately to highly correlated (r = .50-.75). Five reliable subgroups were identified using cluster analysis. The resultant subgroups were differentiated largely by the magnitude of cognition measure scores rather than by highly distinct profile patterns. Subgroup 1 had consistently low appraisal and belief scores. Subgroup 2 had higher appraisal and belief scores compared to all other subgroups. Subgroups 3 and 4 had moderate scores on OBQ subscales, but Subgroup 4 had much higher scores on the III. Subgroup 5 displayed a pattern of low OBQ subscale scores, but reported more negative appraisals of intrusive thoughts. Validation analyses revealed significant between subgroup differences on OCD symptom severity and depression. Evaluation of overt symptom differences between cognition-based subgroups revealed differences on aggressive and sexual obsessions and cleaning and checking compulsions. The utility of cognition-based subgroups for refining cognitive-behavioral therapy is discussed.
Change in Cognitions with Behaviour Therapy or Cognitive Therapy in Obsessive-Compulsive Disorder: a randomised controlled study

J. Cottraux, Anxiety Disorders Unit, University of Lyon, I. Note Behaviour Therapy Unit, University of Marseilles, S. N. Yao, Anxiety Disorders Unit, University of Lyon, S. Lafont, Department of Epidemiology, University of Bardeaux, B. Note, Behaviour Therapy Unit, University of Marseilles, E. Mollard, Anxiety Disorders Unit, University of Lyon, M. Bouvard, Anxiety Disorders Unit, University of Lyon, A. Sauteraud, Department of Psychiatry, University of Bordeaux, M. Bourgeois, Department of Psychiatry, University of Bordeaux, and J.F. Dartigues, Department of Epidemiology, University of Bardeaux

The study was designed to compare Cognitive Therapy (CT) with intensive Behaviour Therapy (BT) in Obsessive-Compulsive Disorder (OCD) and to examine change processes in both treatment modalities. Sixty-five outpatients with DSM-IV OCD were randomized into two groups for 16 weeks of individual treatment in three centers. Group 1 received 20 sessions of CT, whereas Group 2 received a 20 hour BT. Both groups received no medication. Cognitions were assessed with Salkovskis’ Responsibility Scale, the Obsessive Thoughts Checklist (OTC; Bouvard, 1997), and the Intrusive Thoughts and their Interpretation Questionnaire (ITIQ; Yao, 1999). Sixty-two patients were evaluated at week 4, 60 at week 16 (post-test), 53 at week 26, 48 at week 52, and 31 at week 104 (follow-ups). The rate of responders was similar in the two groups. The BDI was significantly more improved by CT at week 16. The baseline BDI and OTC scores predicted a therapeutic response in CT, while the baseline BDI score predicted a response in BT. At week 16 only the changes in Yale Brown Obsessive-Compulsive Scale (Y-BOCS) and ITIQ significantly correlated in CT. The changes in Y-BOCS, BDI, and interpretation of intrusive thoughts significantly correlated in BT. Improvement was maintained at follow-up with no significant between-group differences. The intent to treat analysis found no between-group differences. CT and BT were equally effective in treating OCD, although at post-treatment, CT had specific effects on depression. CT may show a more specific change in cognition, whereas the change in BT seems more pervasive.

Implications of Symptom Subtypes for Specialized Cognitive Behavior Therapy of Obsessive Compulsive Disorder

Debbie Sookman, McGill University, Jon Abramowitz, Mayo Clinic, John Calamari, Finch University of Health Sciences/, The Chicago Medical School, and Sabine Wilhelm, Massachusetts General Hospital and Harvard Medical School

Recent research suggests that Obsessive Compulsive Disorder (OCD) is a heterogeneous disorder characterized by several subtypes which differ with respect to presenting symptoms, related dysfunctional beliefs, neuropsychological functioning, and response to specialized cognitive behavior therapy (CBT). This paper will discuss treatment implications of recent research on cognitive and other characteristics of patients with the following symptom subtypes: washing, checking, symmetry/ordering, hoarding, and pure obsessions. Identification of subtype differences in dysfunctional beliefs and cognitive processes characteristic of OCD (OCCWG, 2001, 2003) has crucial implications for tailoring treatment interventions to address the unique symptom profile of each subtype. For example, some individuals with washing compulsions report only a sensorial/emotional experience of “contamination”, whereas others overestimate the threat of illness. Checking compulsions may be associated with information processing dysfunction such as thought-action fusion and overcontrol of thoughts, increased memory distrust, beliefs about behavioral responsibility for danger, and/or perceived need for perfection and feared consequences of mistakes. Hoarding is associated with excessive emotional attachment to objects, difficulty with categorization and reduced decision-making efficiency. Specific approaches developed and empirically examined for each of the OCD subtypes will be described. Many patients report multiple symptoms and related beliefs, some of which may vary over time. Implications for further research to improve the specificity and efficacy of specialized CBT for OCD will be discussed.

The Specificity of Symptom Amelioration and Cognitive Change in Obsessive-Compulsive Disorder following Cognitive-Behaviour Therapy

Michael Kyrios, Celia Hordern, and Sunil Bhar, University of Melbourne, Australia

Numerous studies have established the efficacy of cognitive-behaviour therapy (CBT) in the treatment of Obsessive-Compulsive Disorder (OCD). However, little research has focused on the process of improvement. The present study used a range of symptomatic (YBOCS, Padua Inventory, BDI, and BAI) and cognitive (Obsessive Beliefs Questionnaire, Interpretation of Intrusions Inventory, Dysfunctional Attitudes Scale) measures to inform about treatment processes. Sixty patients with OCD attending a 16-week manualised CBT intervention were assessed at 5 time points: on presentation at the clinic, after a waitlist period, at mid-treatment, at the conclusion of treatment, and at 6-month follow-up. Results indicated no symptom reduction or cognitive changes during waitlist, and significant reductions on all measures from pre- to post- treatment with changes maintained at follow-up. We further examined the relationship between symptomatic and cognitive pre-post treatment changes. Changes in obsessions and compulsions exhibited moderate-to-large correlations with change in OCD-related beliefs (OBQ), moderate correlations with changes in situational appraisals (ITIQ), but non-significant correlations with changes in general dysfunctional attitudes (DAS). The results suggest that OCD-related cognitive change plays an important role in the reduction of obsessive and compulsive symptoms with treatment. However, non-specific
cognitive change did not appear to be related to OCD symptom changes. The results support the development of specific cognitive-behavioural treatments for OCD rather than the use of generic non-specific interventions.

Appraisals of Unwanted Intrusive Thoughts: A Comparison of Canadian and Italian Students

David A. Clark, Department of Psychology, University of New Brunswick, Canada, Claudio Sica, Ezio Sanavio, Padova, Italy, Marta Ghisi, Department of General Psychology, University of Padova, Italy

Cognitive-behavioral theorists emphasize that practically everyone experiences unwanted cognitive intrusions that are often similar in content to clinical obsessions. The critical difference between these “normal” and abnormal obsessions is that the latter are falsely interpreted as signifying an important personal threat (Clark, 2004; Rachman, 2003; Salkovskis, 1999). Despite the centrality of this proposed continuum of abnormality for CB theories of OCD, little is known about how nonclinical individuals appraise unwanted obsessive-like intrusive thoughts, especially across different cultural backgrounds. In this study appraisals and beliefs associated with ego-dystonic (i.e., obsessive) and ego-sytonic (i.e., worry) intrusive thoughts were compared in 209 Canadian and 101 Italian university students. Individuals in both samples completed the Interpretations of Intrusions Inventory (III) and the Obsessive Beliefs Questionnaire (OBQ) along with standardized symptom measures of anxiety, depression and OCD. Individuals recorded their two most distressing unwanted intrusive thoughts on the III. Preliminary analysis of the Canadian sample revealed that 59% of the most distressing intrusive thoughts were ego-dystonic in nature, whereas 22% were ego-sytonic, with the remainder falling outside either category. Further between- and within-group comparisons will be conducted to determine if Canadian and Italian students differ in their appraisals and beliefs of responsibility, importance and control of thoughts, threat, uncertainty and perfectionism for worry versus obsessive intrusive thoughts. The findings are discussed in terms of the degree of specificity associated with the appraisal of different intrusive thought content.

OCD: Something old, something new

Chair: Roz Shafran, Oxford University Department of Psychiatry

A Re-examination of the Fear of Contamination

S. Rachman, University of British Columbia, Vancouver, British Columbia, Canada.

In the light of recent developments in cognitive theory, a re-examination of the fear of contamination is undertaken. The fear is defined and its principal properties described. The relations between this fear, disgust and mental pollution are examined. The causes and consequences of the fear are analysed, and attention is drawn to the cognitive elements involved. Clinical implications are set out, and the putative author/speaker was last seen leaving the building for a nosh.

Intensive one-week cognitive therapy for OCD in an inpatient setting: an uncontrolled pilot study

Anne E.M. Speckens Inpatient CBT Unit, Bethlem Royal Hospital, South London and Maudsley NHS Trust Department of Psychology, Institute of Psychiatry, London, Samantha Flescher, Inpatient CBT Unit, Bethlem Royal Hospital, South London and Maudsley NHS Trust, Paul Salkovskis Department of Psychology, Institute of Psychiatry, London

Inpatient cognitive behavioural therapy (CBT) has been demonstrated to be effective in the treatment of severe and chronic OCD (Thornicroft, 1991). Providing briefer and more intensive forms of inpatient CBT might make treatment more acceptable and accessible to patients and might increase the efficiency and cost-effectiveness of treatment as well. We conducted a pilot study of the feasibility and effectiveness of intensive one week treatments in 12 patients with OCD. Patients were admitted to the Inpatient CBT Unit from Monday to Friday and were treatment by two therapists. The patients admitted for intensive one week treatment did not differ from patients admitted for a standard 12 week admission in terms of severity of their symptoms. At discharge, they had significantly improved in terms of obsessive compulsive symptoms, depression and impairment in social and leisure activities. Again, the severity of their obsessive compulsive, depressive and anxiety symptoms, and functional impairment at discharge did not significantly differ from the patients who had been admitted for standard 12 week treatment. On the basis of these preliminary data, the effectiveness of intensive one-week cognitive therapy of OCD in an inpatient setting doesn't seem to be much less than that of the standard 12 week admission.
Responsibility allocation, thought-action fusion and other beliefs associated with OCD:
Who’s responsible for all this thinking?

Adam S. Radomsky, Laurie A. Gelfand, Andrea R. Ashbaugh, & Nicole Hallonda Price,
Concordia University, Montreal, Canada

Previous research on responsibility in association with OCD has focused on the inflated responsibility that individuals perceive themselves to have for certain events. Investigations of individuals’ perceptions of other people’s responsibility (comparative beliefs about responsibility) or about how individuals might share responsibility with others (responsibility allocation) have been lacking. We constructed measures to assess comparative beliefs about responsibility and responsibility allocation in association with positive, negative and neutral events. These, along with measures of OCD symptomatology and a variety of OCD belief measures, were administered to over 180 undergraduate students. Analyses indicate that participants who scored high on TAF and other OCD belief measures perceived other people as being less responsible for negative events, but not for positive or neutral events. Interestingly, participants who scored high on TAF as well as those who scored low on TAF believed that other people allocate responsibility more equitably, regardless of the type of event. These and other results will be discussed in terms of cognitive approaches to and interventions for responsibility, TAF, and other beliefs in OCD.

Correlation between TAF and aggression in a student sample

Eric Rassin, Faculty of Social Sciences (Psychology Institute), Erasmus University, The Netherlands

Thought-action fusion (TAF) consists of two related biases: a morality bias and a probability bias. It seems reasonable to assume that TAF is especially problematic for people who experience harming obsessions. The goal of the present study was to explore whether TAF is associated with the occurrence of aggressive impulses. One may hope that there is a negative correlation between TAF and aggression, because individuals suffering from TAF can be expected to become intensely upset when experiencing aggressive impulses. Undergraduate students (N = 76) completed several questionnaires pertaining to TAF, aggression, aggressive thoughts, and aggressive intrusions. Correlations between the various questionnaires were computed. TAF total scores and morality scores were not correlated with any of the aggression variables. The probability subscale of TAF, however, correlated significantly but modestly with general aggression, and with aggressive intrusions (r = .23 and .22, respectively). The findings suggest that there is a positive association between the probability bias and aggression. People who believe that thoughts about a particular event may predict the actual occurrence of that event, suffer more from aggressive (intrusive) thoughts, than individuals who do not believe in the thought-action link. Alternatively, the probability bias may make individuals hypersensitive to their own (aggressive) impulses. Interestingly, probability not only correlated with aggressive thought frequency, but also with a general measure of aggression. Thus it seems that the probability bias is associated with aggressive behaviour. Ironically, if so, the probability notion may in this case be more than just a bias.

Mediators Of Change In Cognitive Therapy For Social Phobia

Chair: Hoffart, A., Modum Bad, Norway

Evidence is accumulating that cognitive therapy is an effective treatment for social phobia. However, effectiveness in itself does not prove the validity of a therapy model. An analysis of change processes in effective therapies may both validate the model and have clinical implications. Mediational analyses have two parts: (1) how treatments influence the presumed mediators, (2) how the presumed mediators influence outcome. In this symposium, Stefan Hofmann presents data pertaining to the question whether cognitive behavioral therapy for social anxiety disorder may influence social anxiety through an effect on depressive symptoms. Marisol Voncken examines how cognitive and mindfulness therapy affect cognitive biases, anxiety, and subjective physiological responses, and the interrelationships of these variables in the course of treatment. Adrian Wells analyse change patterns in brief cognitive therapy for social phobia, focusing the role of attention modification. Asle Hoffart examines how cognitive and interpersonal therapy affect cognitive, interpersonal and non-specific process variables, and the sequential relationships of these process variables and immediate outcome variables. In all these studies, the presumed mediators and the immediate outcome variables are assessed on a weekly basis.

Session-by-Session Changes in Anxiety and Depression During Treatment for Social Anxiety Disorder: A Multi-Level Mediational Analysis

Hofmann, S. G., Moscovitch, D. A., Suvak, M. K., & In-Albon, T., Boston University, USA

Individuals with social anxiety disorder (SAD) are frequently depressed. Cognitive and behavioral interventions for social anxiety often also lead to a reduction in depressive symptoms. It is uncertain, however, whether changes in
social anxiety precede or whether they follow or co-occur with changes in depression. In an effort to investigate the interactive process of symptom changes in social anxiety and depression during treatment, we assessed weekly symptoms of social anxiety and depression in 133 patients with a principle diagnosis of SAD who participated in 12 sessions of cognitive behavioral group therapy for their social anxiety. Multilevel mediational analyses (e.g., Kenny, Korchmaros, and Bolger, 2003) revealed that improvements in social anxiety mediated 52% of the improvements in depression over time. Conversely, analyses examining reverse mediation indicated that decreases in depression only accounted for 11% of the decreases in social anxiety over time. These results suggest that in interventions that target social anxiety, changes in depression primarily occur indirectly via changes in social anxiety. Results will be discussed in the context of theoretical models explaining the relationship between anxiety and depression, as well as in terms of the clinical implications for treating SAD and comorbid depression.

**Cognitive processes during treatment in social phobia**

**Voncken, M. J., Boegels, S. M., University of Maastricht, The Netherlands**

Several studies have shown that interpretation bias (the interpretation of social events as negative) and judgmental bias (the overestimation of costs and probability of negative social outcomes) are important maintenance factors in social phobia. Moreover, two studies found decrease in judgmental bias to mediate in recovery from social phobia (Foa et al., 1996; McManus et al., 2000). Therefore, we were interested in the cognitive processes of these two biases during the course of treatment. Besides these biases, we also studied the process of anxiety and subjective physiological responses (e.g., blushing, trembling). Forty social phobic patients participated in an effective but short (nine sessions) treatment. They were randomly assigned to either a mindfulness-based treatment or to a highly structured cognitive therapy that directly intervened in interpretation and judgmental biases. Before each session, interpretation and judgmental biases, anxiety and subjective physiological reactions were assessed. These measures were based on patient-specific social situations and idiosyncratic interpretations. The results of this study will be discussed.

**Brief Cognitive Therapy for Social Phobia: An analysis of change patterns**

**Wells, A., University of Manchester, UK and King, P., Manchester Mental Health Partnership, UK**

In previous work, cognitive therapy for social phobia was abbreviated to a mean of 5.5 hours (Wells & Papageorgiou, 2001) by focusing more on modifying attention and worry processing and increasing specific experiments, and focusing less on diary keeping, verbal reattribution, and safety behaviours. In a new study, patients undergoing brief treatment were frequently measured on dimensions of attention, behaviour, and beliefs to explore patterns of co-variance and change dynamics during brief treatment. Changes in distress and disability in treatment load on a factor characterised most by changes in the focus of attention. The role of attention modification in treatment will be discussed.

**Change processes in cognitive and interpersonal therapy for social phobia**

**Hoffart, A., Borge, F. M., Modum Bad, Norway, Sexton, H., University of Tromsø, Norway and Clark, D. M., Institute of Psychiatry, London, UK**

The purpose of this study was to examine the empirical change processes in cognitive (Clark & Wells, 1995) and interpersonal (Liptitz & Markowitz, 1996) therapy for social phobia, adapted for inpatient programs. The cognitive model posits that change begins with patients' new insight in how their social phobia is maintained. Following various exercises, the social phobic persons redirect focus outward from themselves and limit safety-seeking behaviour. Through behavioural experiments, they come to believe less in their fearful thoughts that they are unacceptable, and, less in their assumptions of how others would react, if he/she actually appeared in the feared way. This is followed by a lessening of social anxiety, less phobic behaviour and a reduction of beliefs in maladaptive self-schemas. The interpersonal model emphasizes the therapeutic role transition, that is, the therapy-induced change from viewing oneself as socially incompetent to viewing oneself as competent as any other person. To test out this new self-view, the social phobic is encouraged to be emotionally open and vulnerable to the fellow-patients and the therapists. This leads to a perceived acceptance (non-rejection) of the “real” person by others and a greater felt closeness by the phobic. This, in turn, leads to a positive change in the person's social self-image. Through these processes, social anxiety decreases gradually and the phobic behavior is attenuated. The generic model assumes that social anxiety and avoidance are changes through nonspecific factors such as alliance, experienced empathy and warmth, and optimism. These three models are compared to the empirical change processes in 80 inpatients receiving either cognitive or interpersonal therapy for social phobia.
Problems of Identity across Psychiatric Disorders: Similarities and Differences

Convener and Chair: Chris R. Brewin, University College London

Identity and Psychosis

Anthony P. Morrison, Psychology Services, Bolton Salford & Trafford Mental Health Trust and Department of Psychology, University of Manchester

Recent developments in the understanding of psychosis suggest that developmental factors have been neglected in the psychosocial conceptualisations of psychotic experience. In particular, it would appear that there may be several factors that are involved in the development of identity during adolescence, which may be relevant to the development of psychosis, since adolescence is the life stage at which risk of psychosis is greatest and also encompasses the development of a coherent identity. A study will be described in which adolescents with psychosis were compared with a non-patient adolescent population on measures of ideological and interpersonal identity statuses. As predicted, it was found that adolescents with psychosis had a less mature level of interpersonal identity status. In addition, a qualitative study examining themes related to adolescence and identity in patients with a psychotic diagnosis will be described. Finally, the relationship between common psychotic experiences and the concept of identity will be considered with reference to recent cognitive models of psychosis.

"Voices" in PTSD: A window on identity

Chris R. Brewin, University College London

I will present preliminary data on a potentially important clinical phenomenon in patients with posttraumatic stress disorder (PTSD): the presence of one or more consistent thought streams or "voices". These thought streams operate in parallel with deliberate thinking processes, often contain repetitive, critical content, and can be engaged in a limited form of "conversation". They are quite distinct from psychotic "voices" in that the patient is clear they represent their own thoughts rather than being, for example, inserted from outside. A semi-structured interview is being used to collect information about the history, current frequency, triggers, controllability, emotional impact, and characteristics of these "voices", as well as the extent to which the patient is able to disagree with them. These mental phenomena have not previously been described in PTSD and may provide important clues about the factors that maintain the condition. They are consistent with the idea that cognitive treatment may have less to do with belief modification and more to do with the rebalancing of warring identities. Paying attention to "voices" may offer an opportunity to develop more effective interventions, particularly for negative beliefs that frequently accompany PTSD.

Working With People Who Don't Exist

Gillian Butler, Oxford Cognitive Therapy Centre

During clinical work many people who have suffered extensive childhood trauma speak at times as if they do not exist – though clearly they do exist, and at some level know that they do. Although, as cognitive therapists, we take what our patients say seriously, and try to understand precisely what they mean by what they say, we seem in this case to have been slow to pick up on the significance of such statements, and also slow to adapt our therapeutic techniques when these people find them difficult, or impossible, to use. Creating a sense of self, or building an identity are not on the cognitive therapist’s usual agenda. If they are going to be, then we need to understand more about what such statements mean. Using material gathered from clinical work with patients whose childhoods have been traumatic, this paper will describe the clinical presentation of problems of identity, and illustrate some of the ways in which they appear to affect the functioning of the patients concerned, and their ability to take advantage treatment. First it is important to recognize the problem for what it is. Having done that, the assumption is that developing ideas about the processes involved both in its development and in its maintenance, will help us to develop better ways of helping.

Dysfunctional integration of trauma memories in Post-Traumatic Stress Disorder (PTSD): When the trauma becomes a key to identity.

Dorthe Berntsen, University of Aarhus, Denmark and David C. Rubin, Duke University, U.S.A.

In PTSD, the trauma is often assumed to be poorly integrated in the person’s life story and identity. We present evidence for the opposite claim: The more central the trauma is to the life story and identity the more severe PTSD symptoms. Severity of PTSD is related to the trauma forming a landmark for the organization of autobiographical memory and attribution of meaning to non-traumatic experiences. In one study, 117 students with traumas answered a PTSD-questionnaire and a questionnaire addressing the recollection, integration and coherence of the traumatic memory. Participants with a PTSD symptom profile agreed more with the statement that the trauma had become part of their identity, and perceived more thematic connections between the trauma and current events in their lives. In another study, 145 older participants answered a questionnaire on memories from WWII. Questions probing the
presence of PTSD-symptoms correlated positively with the extent to which WWII-memories were considered central to identity and life story. In a third study, 111 students answered a PTSD-questionnaire for stressful life events, a series of questions on whether a stressful event was central to their life story and personal identity, Beck's Depression Inventory and a trauma checklist examining whether they had encountered a trauma according to the DSM definition. The extent to which participants considered a stressful event as central to their personal identity and life story correlated positively with PTSD symptoms and depression, independently of whether they had encountered a trauma in their past. The findings have implications for therapy.

### Key processes in the maintenance of Social Phobia I

**Convenors:** Colette Hirsch & Jennifer Wild, Institute of Psychiatry, London

#### Learning history in social phobia


Previous research has associated the development of social phobia with parental rearing practices, learning influences such as conditioning, vicarious transmission and verbal acquisition, and the individuals own response to social situations. The present study aimed to further investigate these possible antecedents of social phobia. A Learning History Questionnaire (LHQ) was completed by patients with social phobia (n = 55), patients with posttraumatic stress disorder (PTSD; n = 30), and non-patient controls (n = 30). The LHQ focused on events that occurred before the age of 14 (the median age of onset for social phobia). The social phobia group were different from the non-patient controls in 12 of the areas covered. The social phobia group described their parents as more emotionally cold, as providing less encouragement to engage in exposure and as less likely to warn against social dangers. When describing a social event in which the participant felt embarrassed or nervous, the social phobia group ruminated more about the experience, were less able to put the experience behind them and rated others as responding less sympathetically. When asked to describe a social event in which the participant observed someone else looking embarrassed or nervous, the social phobia group rated that other people in that situation responded more critically and recommended avoidance. Four of the 12 significant variables remained unique to the social phobia group when the results from the PTSD group were taken into account. These findings support the role of parental rearing and negative learning experiences in the development of social phobia.

#### Encoding of threatening information: Does gender matter?

Nina Heinrichs & Stefan Hofmann, Technical University of Braunschweig, Germany and Boston University, USA

In a recent summary of the field of anxiety and phobia, Craske (2003) noted that only few is known about gender differences in processing of threat. In a first attempt to address this issue, we accumulated data from three studies that employed the same technique and stimuli to explore encoding processes in social anxiety. This technique called the "Release of Proactive Interference (RPI)" paradigm allows to assessing the psychological relevance of a semantically meaningful class. Participants were asked to recite three words, then they engaged in a second task that was supposed to suppress rehearsal and finally, they were to recall the words. Typically, recall performance declines across subsequent trials ("proactive interference") and is eliminated ("released") if words from a sufficiently different class are presented on the fourth trial. Focusing on socially and physically threatening word classes, 126 individuals participated in the experiments. The participants were classified into N = 53 (17% male) low socially anxious individuals, N = 42 (43% male) moderate to high socially anxious individuals who did not (yet) qualify for a diagnosis of social phobia and N = 31 (48% male) individuals with social phobia. Results demonstrated consistent release for low socially anxious individuals when the results from the PTSD group were taken into account. Considerable lower release was found in moderate to high and clinically socially anxious individuals. The amount of release for low socially anxious individuals when these two kinds of threatening information were involved.

#### Actual and self-perceived differences in social performance and anxious appearance between social phobic patients and normal controls

Marisol J Voncken & Susan M Bögels, Department of Medical, Clinical and Experimental Psychology, University of Maastricht, The Netherlands

Social phobic patients fear rejection because of anxious appearance (e.g., blushing, sweating), or because of presumed inadequate social performance. Cognitive models of social phobia (e.g., Clark 2001; Clark & Wells, 1995) predict that social phobic patients not so much suffer from heightened and visible anxiety or poor social skills but from perceiving themselves as noticeably anxious and poor socially skilled. Several studies supported the idea that social phobic patients underestimate their social skills and overestimate their psycho-physiological responses. Though so far, no consensus is reached whether actual differences between social phobics and controls on these measures exist. In this study we compared social phobic patients (n=20) with normal controls (n=20) on social skills
and psycho-physiological responses (that is, blushing and sweating) in an interaction and performance situation. Confederates, who did not know which person was a patient or a control person, rated the social skills and anxiety of the subjects (confederate-ratings), as did the subjects themselves (self-ratings). Besides, participants predicted how the confederates rated them (predicted-ratings). We compared actual differences on social skills and visible anxiety (confederate-ratings) and psycho-physiological responses between the two groups. Moreover, we compared differences in biases operationalised as the discrepancy between confederate and self-ratings, and between predicted- and confederate-ratings. The results will be presented.

Specificity of autobiographical memory in social phobia, major depression and healthy controls

U Stangier, K Junghanns & T Heidenreich, Department of Psychology, University of Frankfurt/Main, Germany

Current theories and empirical research on autobiographical memory largely focus on depression. Some parallels exist between depression and social phobia relating to etiological factors, course and symptomatology of both depression. The current study examines the specificity of autobiographical memories in patients with social phobia, major depression and healthy controls. If emotional cue words (with positive and negative valence) are presented, depressed patients will less likely recall memories, which can be placed in a specific time and location. subjects, than non-depressed subjects, showing an overgeneralized recall. Regarding anxiety disorders, and especially social phobia, there are no clear results: An overgeneralized memory has been found in some anxiety disorders, but because subjects also showed depressive symptoms, it is assumed that depression mediated this effect. In the current study, patients with social phobia but without a history of depression, patients with depression and healthy controls were included. Using the Autobiographical Memory Test (AMT; Williams & Broadbent, 1986) and based on modifications of the procedure from a former study by Barnhofer, de Jong-Meyer and colleagues (2002), 10 emotional cue words were presented to 15-20 out-patients with social phobia, 15-20 out-patients with major depression and 15-20 healthy controls in a think-aloud task. Patients were asked to recollect specific memories and to verbalize all thoughts while remembering the autobiographical event within 2 minutes. To familiarize the subjects with the think-aloud technique, they were initially asked to practice, first without a cue word and then with 2 neutral cue words. Finally, subjects were asked to date the autobiographical memories and to judge them regarding personal relevance, pleasantness and specificity. The study will be completed until July, and the results will be presented on the congress.

Updating social trauma memories: Reliving and rescripting in Social Phobia


Most individuals with Social Phobia have intrusive images in social situations of how they think they appear. These images are often linked in meaning and onset to early traumatic social experiences (Hackmann, Clark & McManus, 2000). Like intrusive memories in Posttraumatic Stress Disorder (PTSD), they are recurrent in nature, distressing, and fail to be updated in light of new information. They adversely affect information processing and beliefs about the social self, influencing anxiety and behaviour. This study investigates the impact of imagery rescripting of social trauma memories on beliefs, social anxiety, and image frequency and distress in 10 adults with Social Phobia. Drawing on cognitive-behavioural treatment of PTSD, imagery rescripting was conducted in the form of reliving. Recurrent images and specific memories were identified, their meaning explored and imagery rescripting conducted. Measures of social anxiety severity, mood, image frequency, distress and strength of main belief were taken pre-rescripting, post-rescripting and one week follow-up. Results found significant within session change on measures of image and memory distress and belief ratings. These will be presented along with follow-up data and issues of when and how to offer rescripting.

Key processes in the maintenance of Social Phobia II


Implicit views of the self: An experimental investigation of dysfunctional attitudes in social anxiety

Rachael Tanner & Lusia Stopa , University of Southampton, UK

The purpose of this study was to assess dysfunctional attitudes in social anxiety using an Implicit Association Task (IAT: Greenwald, McGhee & Schwartz, 1998) and self-report measures. The study used a cross-sectional design High (N= 29) and low (N=28) socially anxious participants completed a version of the IAT that measured associations between compatible (self and positive words and other and negative words) and incompatible (self and negative words and other and positive words) conditions following a social threat priming task. Participants also completed self-report measures of dysfunctional attitudes and cognitions, social anxiety and depression, and performed a think-aloud task following a period of anticipation. In the IAT both groups were faster in the compatible condition but high
socially anxious participants were slower than their low anxious counterparts. High socially anxious participants also reported more dysfunctional attitudes and negative thoughts than low socially anxious participants. High socially anxious participants had more evaluative thoughts about the self and fewer positive or neutral task-focused thoughts about the speech than low socially anxious participants in a think aloud task following a period of anticipation. The IAT is a useful tool for investigating social anxiety. The results suggest that it is important to assess positive as well as negative attitudes. Data from the self-report measures support Clark & Wells’ (1995) proposal that dysfunctional anxious participants had more evaluative thoughts about the self and fewer positive or neutral task-focused thoughts than low socially anxious participants. The results also suggest that high socially anxious individuals had more negative thoughts than low socially anxious participants.

Online and Offline Interpretation Biases in Social Anxiety

J D Huppert, EB Foa, R Pasupuleti Center for Treatment and Study of Anxiety, University of Pennsylvania & A Mathews, MRC- CBU, Cambridge, UK

The interpretation of ambiguous social information is viewed within most theories of social anxiety as a key maintenance mechanism. Some findings have suggested that the presence of negative interpretation bias is related to social anxiety, while other findings have suggested that the absence of a positive bias is more typical. The former data are mostly based on self-report data, while most of the latter are based on reaction time data, suggesting that type of bias observed is partially related to the timing of information processing. In the current study, we present data on an expanded sentence completion task, a reaction time task, and ratings of likelihood of interpretations, all of which use similar ambiguous social scenarios. The relationship among the different methods of measuring interpretation bias for both high and low socially anxious individuals will be examined. Furthermore, the relationship between interpretation bias and anxiety, stress, and depression, while controlling for social anxiety will be examined to determine whether these biases contribute to the manifestation of comorbid symptoms in social anxiety. The implications of the results of this experiment will be discussed in terms of theories of social anxiety and its treatment through cognitive-behavioral therapy.

Emotional and physiological reactions of sociophobic and depressive patients on affective pictures (social situations and human faces)

N Erfert, T Kroner, C Hehlemann, C Roeder, T Heldenreich, & U Stangier Institute of Clinical Psychology, J.W. Goethe Universität Frankfurt, Germany

This study investigates emotional and physiological reactions of social phobic (n=20) and depressive patients (n=20) to affective pictures. The aim is to analyse whether patients with social phobia show emotional reactions that can rather be classified as fear (more and fast physiological reactions, less cognition) or anxiety (more cognition, evaluation, less cognition). Therefore picture material from the International Affective Picture System (IAPS, Lang, P.J., Bradley, M.M., & Cuthbert, B.N., 1995) as well as own pictures are shown to participants. The pictures shown belong to five different thematic groups: photographs of female and male human faces with 1) neutral expression, 2) angry expression, 3) speech situations, 4) social interactions, 5) neutral pictures. Each group consists of 6 to 8 pictures, which are shown in random order for 6 seconds each on a personal computer screen using the program E-Prime (Kellogg, E.W. & David Bourland, D., 1990) After each picture participants are instructed to rate the picture on three dimensions (arousal, valence, dominance) using the Self Assessment Mannekin (SAM, Lang, P.J. et al., 1995). Electrodermal activity and heart rate are continuously assessed during the experiment using the Mini-Vitaport-System (Becker Engineering, Karl-Seckinger-Str. 48, D-7500 Karlsruhe 41, Germany). It is hypothesized that social phobics react with stronger electrodermal activity and less subjective arousal and valence to angry human faces and vice versa to social situations. Additionally it is assumed that their reactions are overall stronger than those of depressive patients.

Interpretation of social interaction videos: An ecologically valid measure of bias in Social Phobia

Nader Amir & Courtney Beard, Dept. of Psychology, University of Georgia, Athens

Studies of interpretation bias in social anxiety have mostly relied on written material. This methodology, however, has some limitations in ecological validity. For example, a written scenario lacks the richness of the verbal and non-verbal cues in social interactions. The purpose of the current study was to design and use a more ecologically valid methodology to examine interpretation bias in socially anxious individuals. To this end, we created 72 brief (4-6 sec) video clips that involved a typical social interaction in which an actor approached the camera and commented on some aspect of the individual’s belongings or actions. Ambiguous, positive, negative and neutral (i.e., clips of household items) videos were recorded and presented via computer to each subject in a different random order. Subjects rated the emotional valance of each video. Consistent with earlier work (i.e., Amir, et al. 1999), results of this study revealed that individuals with social phobia rated the valance of the ambiguous social interactions as more negative than did non-anxious individuals. No group difference emerged for the neutral items. More importantly, socially anxious individuals’ ratings of ambiguous scenarios were as negative as non-anxious individuals’ ratings of negative scenarios. These results suggest that socially anxious individuals may perceive ambiguous social interactions as equivalent to receiving clear negative feedback. The inherent ambiguity in most social situations highlights the importance of a negative interpretation bias in the maintenance of social anxiety. This study introduces a more ecologically valid methodology for measuring interpretation bias and demonstrates the role of this bias in social anxiety.
The State of the Art in Depression Research II: Innovative Interventions

Convenors and Chairs: Costas Papageorgiou, Institute for Health Research, University of Lancaster, UK, and Edward Watkins, School of Psychology, University of Exeter, UK

Rumination, Cognitive Style and Homework Compliance as Predictors of Treatment Response in Depression

John E. Roberts, Jeffrey A. Ciesla, and Morgen A. R. Kelly University at Buffalo, State University of New York

Ruminative response style, defined as a tendency to passively dwell on depressive experiences, has consistently been shown to predict the duration of depressive moods, symptoms, and episodes. However, little is known about how rumination impacts response to behavioral treatments for depression. Furthermore, there is evidence that the effects of rumination vary as a function of cognitive style. Recent research suggests that rumination has deleterious effects on treatment outcome among those with more negative cognitive styles, but may have salutary effects on those with more positive cognitive styles (Ciesla & Roberts, 2002). The present study will examine the relationship between rumination and treatment response. We hypothesize that ruminative response style contributes to poor outcomes in part by decreasing homework compliance. We further hypothesize that cognitive style will moderate this effect. Specifically, we predict that rumination will be associated with decreased compliance among those with more negative cognitive styles, but that rumination will be associated with better compliance among those with more positive cognitive styles. Daily measures of rumination, cognition and mood are completed for 14 consecutive days prior to group psychoeducational treatment, while homework compliance is measured after each treatment session. We anticipate a final sample of approximately 60 individuals.

Metacognitive Treatment for Depressive Rumination

Costas Papageorgiou, Institute for Health Research, University of Lancaster, UK

Although CBT is an effective treatment for depression, a significant proportion of patients either do not fully remit or they relapse and experience recurrences following this intervention. So, how can treatment effectiveness be maximised? Wells and Papageorgiou (2004) suggest that three lines of work advocate the development and implementation of a metacognitive therapy, which targets the process, rather than just the content, of ruminative thinking; a core cognitive feature of depression. First, a number of theories have implicated rumination in the onset and perpetuation of depression. In particular, Wells and Matthews’ (1994) Self-Regulatory Executive Function (S-REF) theory of emotional disorders accounts for the information processing mechanisms of rumination and provides the foundations for the development of a metacognitive intervention. Second, recent empirical evidence supports a clinical metacognitive model of rumination and depression (Papageorgiou & Wells, 2003, 2004), which is grounded on the S-REF theory. Third, given the considerable overlap between rumination and a related cognitive process, namely worry, similar interventions for these processes might be appropriate, and the metacognitive treatment approach to generalized anxiety disorder (Wells, 1997) is particularly relevant in this context. This presentation will outline the components of a metacognitive treatment for depressive rumination and describe evidence supporting the implementation of a number of these therapeutic components.

Rumination-Focused Cognitive Therapy

Edward Watkins, School of Psychology, University of Exeter

Rumination has been identified as a core process in the development and maintenance of depression (Nolen-Hoeksema, 2000), and is elevated in recovered depressed groups, suggesting that it may be a vulnerability factor for future episodes. Furthermore, ruminative thinking has been associated with the maintenance of PTSD, GAD and social phobia, leading to the hypothesis that it may be a transdiagnostic pathological process (see Harvey et al., 2004). Treatments targeting ruminative processes may therefore be particularly helpful for treating chronic and recurrent depression and associated co-morbidity. The development of a brief cognitive behavioural treatment that explicitly focuses on reducing rumination is presented, outlining the main components of the therapy. The results of an initial case series for patients with complex, residual depression is presented – these results provide encouragement that rumination-focused cognitive therapy may be an effective intervention.
Mindfulness-Based Cognitive Therapy in Depression: Can it be Applied to Suicidality?

J. M. G. Williams, Melanie J. Fennell, and Danielle Duggan, Department of Psychiatry, University of Oxford, UK

Two randomized controlled trials suggest that MBCT is a useful approach to the prevention of episodes of major depression in people who have experienced three or more previous episodes. This paper explores the usefulness of extending this approach to those who, when depressed, have become acutely suicidal. We will discuss the theories about what factors turn a crisis into a suicidal crisis, and how a mindfulness approach might provide means to help people during periods of remission to deal with the risk of future suicidal moods.

Self Esteem: Theoretical and Clinical Issues

Convenor: Mary Welford. Manchester Mental Health & Social Care Trust, UK

A Service Users Perspective on the Term ‘Self Esteem’

Mary Welford. Manchester Mental Health & Social Care Trust, UK

Self-esteem is a concept we hear about almost on a daily basis. Sandwiched in between house makeover programs, no win no fee and debt consolidation ads we are fed a diet of tails of woe where presenters constantly ask how an individual feels about themselves and / or how their self-esteem is. Although most individuals know what you are referring to when you mention self-esteem there is an ongoing debate in the literature as to whether this concept is in fact a useful one. The Clinical Psychology Department at North Manchester General Hospital has been running of a ‘self esteem group’ for a number of years. Aimed at helping individuals with ‘low self esteem’, as a primary problem, the group runs for 12 weekly sessions followed by a 12 month follow up period. As a form of audit, people invited to attend a group were asked about their view of the term ‘low self esteem’. This resulted in what some would describe as minor changes to the service but interestingly these had a big effect on the group. Not least because as clinicians we had posed such questions and conveyed ownership to the group. Those who completed the 14 sessions went on to reflect upon a range of issues during follow up. Individuals also decided to speak to family and friends about it for their views. Although the information to be presented was initially intended to drive the development of the group in the future, it is with the group’s consent that it will be used in this symposium to help us reflect on clinicians and researchers use of this term in the future.

The Relationship between the Concepts of both Internal & External Shame and Self Esteem

Paul Gilbert, Derbyshire Mental Health Services Trust, UK

This paper will look at the way the concepts of internal and external shame move beyond those of self-esteem. Shame involves a particular set of affects and defences to the self when threatened with rejection or devaluation. These include anger-aggression, or anxiety-withdrawal. This paper will outline how a common social threat, such as rejection, can produce quite different defences but these should not cloud the commonality of the social threats themselves.

There’s No Such Thing as the Self. So What are we Esteeming in Self Esteem?

Peter Trower, University of Birmingham, UK

We know from the literature that low self esteem is associated with a wide range of psychopathology. Melanie Fennell (1999) suggests that the ‘bottom line’ of low self esteem is a negative core belief about the self such as “I am ‘X’” (where X = no good, bad, worthless etc), and we know from clinical experience that clients commonly have such negative global self beliefs. As therapists we may then see it as our task to help the client develop a positive self belief, by challenging the evidence that they have failed or are bad, that others think negatively of them, by assignments set to disconfirm inferences about the self and so on. The goal may thus be to help the client rate their self positively and thus raise their self-esteem. However philosophers and psychologists have often rejected the idea that there is any such thing as the self, since this implies that there is some internal homunculus. But this creates a paradox - what are we trying to raise in self esteem if there is no such thing as the self? Albert Ellis goes further and argues that we should abandon (or rather help the client abandon) the concept of self-esteem altogether. He says that self-esteem is a form of disturbance, since it is a form of global self-rating, and promotes conditional self-acceptance. We should be aiming to help the client to give up global self-rating and promote unconditional self-acceptance. What does this mean? This paper attempts a conceptual critique of this thorny concept of ‘self’ – does it exist, or is it a myth - a kind of dysfunctional assumption? And what are the implications for therapy?
Efficacy of CBT

Early Intervention With Cognitive Behaviour Therapy To Prevent Panic Disorder: A Pilot Study

Alex Nuthall, Dept of Psychological therapies, Shropshire County PCT, Shrewsbury

A pilot study is presented, into the use of Cognitive-Behavioural intervention for recent onset panic attacks, with a view to preventing progression to Panic Disorder. This remains a potentially disabling problem and heavy burden on NHS health care resources, despite the availability of effective treatment with CBT, due partly to delays in recognition and initiating appropriate treatment. Panic attacks are a common presentation to Accident & Emergency Departments, thus providing the possibility of detection and intervention at an early stage of Panic Disorder.

Participants were recruited from people attending two typical UK A & E departments because of recent onset panic attacks. Brief individual CBT intervention was compared with assessment and follow-up only, over 3 months, using the self-rating version of the Panic Disorder Severity Scale (PDSS-SR, Shear et al. 2001). The results showed an improving trend in both conditions, particularly in the brief CBT group, although there was considerable variance in this small sample \( n = 12, 9 \). Nevertheless, after 3 months one third of the sample presented with continuing difficulties typical of Panic Disorder, which then showed improvement with brief additional CBT. Overall, the findings were consistent with previous literature on the prevalence and early development of Panic Disorder. The outcome supports the idea that early detection of panic attacks, coupled with prompt CBT-based advice and intervention, could be a practical and worthwhile strategy for the prevention of Panic Disorder, and that further research is warranted.

Cognitive-behavioral therapy and pharmacotherapy in the treatment of patients suffering with unipolar recurrent depression

Prasko J., Johanovska, E., Clar I., Kosova J., Klaschka J., Paskova B., Pec O., Ondrackova I., Seifertova D., Sipek J., + Praskova H. Prague Psychiatric Centre, 3rd Medical Faculty of Charles University, Prague, Centre of Neuropsychiatric Studies; + Out-patients Psychiatric Clinic, Horni Palata, 1st Medical Faculty, Charles University, Prague, Czech Republic

The efficacy of combination of cognitive behavioral therapy and pharmacotherapy has repeatedly been reported as more successful than only cognitive behavioral therapy or pharmacotherapy in the short-term treatment of outpatient suffering with major depressive disorder. To assess the short-term and long-term effectiveness of combination of cognitive behavioral therapy and pharmacotherapy in hospitalized patient suffering with recurrent major depressive disorder, the authors compared the efficacy of three treatment programmes using short (A group) and long term cognitive behavioral therapy (B group) with pharmacotherapy (imipramin or citalopram) and control group (C group) with pharmacotherapy only for in-patients with recurrent unipolar major depressive disorder. Results: The hospitalization of patients from group A and B was significantly shorter compared with group C. Also the scores in depression inventories showed significantly better efficacy of the treatment using cognitive behavioral therapy and antidepressants. In two-year follow up there was also a significant difference in efficacy between the groups A and B comparing with group C in the number of phases and hospitalizations and in the social, working and marital adjustment. There was slight, but no significant difference also between group A and B in majority of measures.

A randomised controlled trial comparing an adult education class using cognitive behavioural therapy (‘Stresspac’) vs anxiety management group treatment for anxiety disorders in adult mental health


Background: A number of studies have investigated the effectiveness of group anxiety management courses but these findings need to be interpreted with caution, as samples were small, with no control group and a lack of diagnostic information and a variety of clinical instruments used to measure reduction in anxiety symptoms. Aims: To examine the efficacy of either a six-week two hour adult education evening class (‘Stress Control’) (White, 2000) against traditional anxiety management group treatment of anxiety disorders. Method: Individuals who met DSM-IV (A.P.A., 1994) criteria for an Anxiety Disorder, were recruited from community mental health teams, and general practices. Individuals were randomised to either the (CBT) adult education evening class (‘Stress Control’), traditional anxiety management group treatment or a waiting list control condition. Results: The waiting list control group was only followed for 1 month as active treatment was then made available. For comparisons with treatment
groups at the post course time point, the total Fear Questionnaire score was significantly reduced for both interventions (Stress Control group adjusted mean difference = -9.8, 95% C.I. = -16.3, -3.2; Anxiety Management adjusted mean difference -10.7, 95% C.I. -17.7, -3.5) and the total GHQ score was significantly more reduced for the Anxiety Management group (adjusted mean difference -9.5, 95% C.I. -16.6, -2.3). Other differences at the 1 month follow up point were not statistically significant. Conclusions: The results were slightly disappointing for the active psychological interventions compared to the waitlist control group. Anxiety management group treatment and Stress Control group (CBT) may be useful treatments where large waiting lists exist, within a framework of stepped care, including access to a psychological therapist on an individual basis where required. Stress Control may be cost effective due to its ability to treat large numbers in a group educational setting.

Treatment of Burnout: A randomised controlled trial evaluating the effects of individual and group Stress Management Training and care as usual.

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Despite a growing variety of treatments for patients suffering from work related stress or burnout (i.e. work related neurasthenia), there is a lack of randomised controlled trials. In this project the effectiveness of Stress Management Training, consisting of cognitive behavioural techniques, has been investigated among 60 patients who were on sickness leave because of work related stress complaints or burnout. Stress Management Training was provided as individual treatment or as group treatment. Effectiveness of these treatments was compared to care as usual. Stress Management Training consisted of 12 sessions, addressing 1) reduction of complaints e.g. by relaxation training; 2) change of adverse cognitions; 3) planning and priorities in life; 4) communication and conflict management; and 5) relapse prevention. Patients were randomly assigned to one of the three treatment conditions. Subjective well-being, sickness leave and physiological parameters such as blood pressure and cortisol were determined on baseline, immediately after the treatment phase (i.e. 3 months after baseline) and 12 months after the treatment phase. Results comparing treatment outcomes will be presented. Consequences for clinical practise (e.g. addressing cost effectiveness) and the concept of burnout will be discussed.

Factors influencing outcome in CBT

Motivational Factors in the Cognitive Behavioral Treatment of OCD

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There is currently an interest in identifying factors that underlie evidence based treatments for psychological disorders. Exposure and Response Prevention (ERP) is considered to be “the treatment of choice” for patients with OCD, but still 50% of patients referred are not helped by this treatment (do not complete or not respond to it). One factor that has not been systematically examined in OCD treatment is patient motivation. The Stages of Change Model-based measure of motivation, URICA, has shown promise in studies of other disorders. In other studies of psychotherapy, measures of treatment expectancy and therapeutic alliance have proven reliable predictors of outcome. In a recent randomized clinical treatment trial, ERP was offered to 37 adult OCD outpatients. Measures of motivation , treatment expectancy, and alliance were entered simultaneously in logistic regression analyses to predict clinically significant change (CSC) on obsessive-compulsive symptoms (Y-BOCS). Higher levels of treatment expectancy (at pretreatment), and higher levels of Helping Alliance (at midtreatment) predicted significantly and independently which patients achieved CSC at posttreatment. This latter finding did not appear to be influenced by symptom improvements already obtained at midtreatment. At 12-month Follow-up, none of these predictors were significantly related to CSC when entered simultaneously. However, when entered individually, higher pre-treatment levels on the URICA-derived Readiness for Change Index (RCI) were significantly related to CSC at 12-month follow-up.

Distorted Perception of Sleep in the Maintenance of Insomnia: Phenomenology and Intervention

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Counterintuitive it may seem, but previous research has indicated that a large number of people with insomnia do not suffer from a clinically significant sleep deficit nor do they show a performance deficit in a variety of neuropsychological tasks. Based on the robust evidence indicating that patients with insomnia tend to overestimate
their sleep onset latency and underestimate their total sleep time, a recent model of insomnia has proposed that distorted perception of sleep may be a key cognitive process that serves to maintain insomnia and a valid target in treating people with chronic insomnia (Harvey, 2002). This paper will present findings of three latest studies that sought to investigate the phenomenology of distorted perception of sleep (Study 1) and the clinical utility of a novel intervention designed to correct distorted perception of sleep (Studies 2 & 3). The results are promising, underlining the potential therapeutic benefits of incorporating an intervention targeting distorted perception of sleep into the current multi-component CBT for insomnia. The advantage of using a behavioural experiment as a means to change the patient’s perception of sleep and reduce insomnia symptoms, over mere verbal discussion, will be discussed.

Changes of metacognitive beliefs in Generalised Anxiety Disorder after Cognitive Behavioural Therapy

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Background. The metacognitive model of GAD (Wells, 2000) asserts that negative appraisal of the dangers of worry (meta-worry) emerging from negative meta-cognitive beliefs is a central feature in the development and persistence of disorder. However, most empirical support of the model was based on cross-sectional data. The present study explored to what extent metacognitive beliefs as well as other components of the metacognitive model (including meta-worry, efforts to control worry, and avoidance) change in GAD patients undergoing CBT. Methods. Data of more than 40 DSM-IV-GAD patients treated with either worry exposure alone or applied relaxation training were examined. The Meta-Cognition Questionnaire (MCQ) and the Penn State Worry Questionnaire (PSWQ) were applied before, during, and after therapy. Furthermore, frequency of worry, meta-worry, and efforts to control or avoid worry were measured on a weekly basis during therapy. Results. Preliminary analyses showed that negative beliefs about worry (MCQ scale 2), meta-worry (weekly self-report) as well as worry itself (PSWQ) were effectively reduced. Smaller effects were seen regarding the reduction of positive beliefs about worry (MCQ scale 1) and of negative beliefs about thoughts including themes of superstition, punishment, responsibility and need for control (MCQ scale 3). There were also slight changes toward greater cognitive confidence (MCQ scale 3) and lower cognitive self-consciousness (MCQ scale 5). Further results that will be analysed include the correlations between variables, prediction of general psychopathology by metacognitive variables, and treatment specific effects (e.g., we expect that worry exposure will be more effective in establishing a functional “metacognitive mode” than applied relaxation). Discussion. The main question to be answered is whether patients do not only change the contents of their thoughts but also the way how they think. Results will be discussed with regard to the metacognitive model and treatment of GAD.

Mechanisms of change in CBT for panic disorder

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The vicious circle model of panic suggests that the misinterpretation of benign bodily sensations as a sign of immediate impending disaster is a key element in the development of panic attacks. This process study uses data collected in the course of two separate trials of CBT for panic disorder (Clark et al., 1994; Clark et al., 1999) to investigate potential predictors of symptom change and to test the hypothesis that it is changes in panic-related cognitions which mediate the achieved effects. In the first trial, CBT was compared to applied relaxation and to imipramine. For the present analyses, the CBT group was supplemented by data from the second trial, which compared full CBT to a briefer version. The investigated predictors of symptom change were duration of the current episode of the disorder and credibility of treatment. The mediation effects of panic-related cognitions were contrasted with those of agoraphobic avoidance and depressive mood. The methods of statistical analysis were correlations and the series of regression equations suggested by Baron and Kenny (1986) and Judd, Kenny and McClelland (2001) for the support of mediation effects. Results on predictors of symptom change show that credibility of treatment significantly predicts symptom change in the imipramine group, even when plasma levels of the drug are controlled for. Results on mediators of symptom change support the role of changes in panic-related cognitions for all three treatment groups. Additional analyses reveal both differences in the strength of the studied mediators within each treatment group and their relative contributions towards symptom change. Despite the encouraging results, there is still a substantial amount of the treatment effect of CBT not yet accounted for by the assessed variables and suggestions for future research are made.

CBT or paroxetine in the treatment of panic disorder

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This 12-week study compares the efficacy of the two different therapeutic programs for patients with panic disorder. 65 patients were randomly allocated into the two groups. The first group was treated with paroxetine, the second one with group CBT. Patients were regularly assessed in one week intervals, by an independent reviewer using the
Clinical Global Impression Scale (CGI) and Hamilton anxiety scale (HAMA). SPECT was done before and after the study with patients who accept these measurements. RESULTS: 65 (15 males and 50 females) completed 12 weeks period of the study. 9 patients dropped out during the study. 56 patients competed the study (26 in paroxetine group and 30 in CBT group). SPECT was done with 34 patients All therapeutic groups showed significant improvement in their CGI and HAMA scores. There is no statistical difference between groups. The changes in SPECT (in direction to normalization of the picture) after treatment didn't differ between two treatment groups. CONCLUSION: The results indicate that in 12 weeks period group CBT is as effective as paroxetine in panic disorder and may have the same change in imagine measurements with SPECT.

**Posters**

**Outcome of CBT with Adults**

**The Treatment of Non-Psychotic Morbid Jealousy using EMDR and Cognitive Interweave**

*Keenan, P.S. Wirral & West Cheshire Partnership NHS Trust*

Wirral & West Cheshire Partnership NHS Trust.Jealousy is an unwelcome emotion, which most people will have experienced at sometime in their lives. In its mildest form it may be seen as an expression of devotion, however, for some people it can become obsessive and destructive (Mullen, 1990) The possible consequences of this very serious condition can result in suspicious, violence and the complete breakdown of a relationship. This study highlights the case of a man with a long standing history of jealousy towards his partner. Cognitive Behavioural Therapy (CBT) would suggest that jealousy was maintained by a person's erroneous assumptions about sexual behaviour and attractiveness of their partner, as well as pervasive negative schemas of self-worth. Any consideration for treatment therefore, needed to address both these areas. The treatment intervention of Eye Movement Desensitisation and Reprocessing (EMDR) utilising cognitive interweave was used to reduce the intensity of the emotionof jealous reactions. Results showed a marked reduction in the intensity of the emotion of jealousy, which lead to a reduction in the client's challenging and checking behaviours towards his partner. Results also indicate a clear reduction in the client's erroneous automatic negative and jealous thoughts. What is unclear is whether it was the EMDR therapy itself, or a combination of EMDR and other cognitive behavioural therapy interventions that brought about these reductions in symptomatology. Acknowledging the limitations of generalising from single case designs, consideration will be given to the need for further investigation and research in to the application of EMDR with this client group.

**A Cognitive-Behavioural Approach to the Management of Mental Health Related Sickness-Absence.**

*Dovey, A and Wilday, S University of Birmingham*

The aim of this small retrospective study was to determine the effectiveness of CBT as an occupational stress reducing intervention (with a clinically referred sample) upon the outcome variable of absenteeism with consideration to the roles of absenteeism and mental health severity as moderator variables. Objectives: 1) To consider the impact of sickness absence for a clinical population of employees suffering from occupational stress on; a) The severity of their anxiety and depressive symptoms. b) Their ability to return to work. 2) To evaluate the role of CBT for a clinical population of employees suffering from occupational stress as an; a) Effective return to work intervention. b) Effective intervention for the reduction of their levels of anxiety and depression. Hypothesis 1 The use of CBT as an occupational stress intervention will have a significant impact upon the outcome variable of ‘absenteeism’ for a clinically referred sample. Hypothesis 2 Long periods of consecutive absence days for individuals with mental health symptoms will have an affect on the severity of the mental health symptoms. Hypothesis 3 Long periods of consecutive sickness absence days for individuals with mental health symptoms will have an affect on the outcome intervention of absenteeism. Method: Retrospective Analysis All files pertaining to clients referred in the period between March 2000 and February 2002 were considered. The study sample was then selected from these to include only active files of clients who have received individual CBT (N= 40). Results. Hypothesis 1 There is evidence from the study that CBT was an effective intervention on the outcome variable of absenteeism with the level of SADs (Sickness-absence days) prior to CBT reducing significantly after CBT. Hypothesis 2 The results give significant evidence for the hypothesis that the duration of pre-treatment SADs is significantly correlated to an increase in mental health severity(MHS). There are obviously a number of other significant variables that impact upon severity of mental health, however, the fact that the experience of sickness leave without treatment increases mental health severity is important. Hypothesis 3 The is evidence from the study that a significant relationship exists between the variables of post intervention SADs, pre-intervention SADs and pre-intervention MHS. The results suggested that the duration of sick leave and MHS without intervention is significantly related to the duration of post intervention sick leave. Thus individuals who had low levels of sick leave and MHS prior to treatment were able to return to work more quickly after treatment than those with high levels of pre-treatment sick leave and MHS. Implications of the study: 1) The findings suggest that the use of CBT as an occupational stress intervention for a clinically referred sample is effective upon the outcome measure of absenteeism and as such is an effective return to work intervention. 2) More specifically, the use of CBT as an early intervention will decrease the development and maintenance of the severity of the mental health problems and consequential post-treatment absenteeism. 3) The use of sickness leave in the absence of treatment can increase anxiety and/or depression. 4) High sickness leave significantly predicts higher post CBT sickness leave in comparison to low or no sickness leave.
Effectiveness of a psycho-educative program to reduce excessive worry in older adults

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Introduction: Sub-threshold presentations of excessive worry are very common in old age and seriously affect the emotional well-being and physical condition of older adults. However, only a few works have tried to empirically establish strategies for adequate clinical treatment of sub-threshold worry in this group. This study aimed to evaluate the effectiveness of a brief psycho-educative group program to reduce the level of worry among elders. Method: Seventeen persons, 55 years old or above, completed training in skills to control worry and its related consequences. They were trained in 5-6 person groups and in 8 sessions, each of 1 hour and 30 minutes duration. Twenty-four persons on a waiting list composed a control group. The effectiveness of the program was assessed (pre-post) with a brief version of the Penn State Worry Questionnaire (PSWQ), the Metaworry subscale from the Anxious Thoughts Inventory (MW) and the Worry and Anxiety Questionnaire (WAQ). Treatment: Consisted of 8 weekly sessions of discussion and home-work, including the following elements: awareness training, problem solving, progressive muscular relaxation, stimulus control, and discussion of irrational beliefs about worry. Results: There were not significant differences between clinical and control groups on the any of the measures at pre-treatment. At post-treatment, the clinical group had significantly lower scores on the PSWQ and the WAQ, but not in MW. Likewise, in the clinical group, the post-treatment scores were significantly lower than pre-treatment scores for the three measures, but there were not significant pre-post differences in the control group. The effect size, Cohen’s d, was acceptable, for PSWQ, d=0.77, and WAQ, d=0.74, but small for MW, d=0.25. Conclusions: The program appears to have been effective for reducing the levels of measures related to excessive worry among non-clinical elders (though the reduction in metaworry was somewhat low) and the results demonstrated the potential utility of cognitive-behavioural programs to a clinically address excessive worry in this age.

What do we know about the effects of comorbid conditions on CBT for GAD?

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Background: Generalized Anxiety Disorder (GAD) presents high rates of comorbidity with other anxiety disorders, with mood disorders, with personality disorders and with substance abuse disorders. It is also one of the most common comorbid conditions with other disorders. However, clinical trials on Cognitive-Behaviour Therapy (CBT) for GAD usually exclude people with comorbidity conditions, thus ignoring a significant group of people suffering from the problem and limiting the generalization of the results of controlled studies to clinical practice. Comorbidity among patients with GAD is associated with more impairment, greater severity, greater interference with daily activities, a different pattern of help seeking, greater consumption of medication for anxiety and an unfavourable course of the disorder. The impact of comorbid conditions on the effectiveness of CBT for GAD is not clear, but it seems that patients with non-pure GAD respond less well to treatment; however, if the therapy is successful, improvement also can be achieved in comorbid conditions, even if they were not targeted during the therapy. Objectives: The present work is aimed to test, using meta-analytic methodology, to what degree the different kinds of exclusion of comorbid conditions used in the available clinical trials on CBT for GAD affect the effect sizes on measures of worry and anxiety. Method: Searches for clinical trials on GAD were performed in PsycInfo and MedLine for the period 1988-2003. Thirteen studies were selected, which covered the following conditions: focus on CBT, structured diagnostic interview, diagnosis according to DSM-III-R or DSM-IV, control group (or waiting list), at least one of the following measures: STAI-T, HAS or PSWQ. Results: Studies were classified according to the kind of comorbid conditions excluded: a) exclusion of comorbid depression; b) exclusion of comorbid Panic Disorder; c) exclusion of comorbid Phobia; and d) exclusion of comorbid substance abuse disorders. In general, effect sizes were clearly lower for trials that did not exclude any kind of comorbid conditions. Higher effect sizes were found for studies practising exclusion procedures according to a), b) or d). Conclusions: Comorbidity in GAD seems to be associated with a worse outcome of CBT, as effect sizes are lower when comorbid conditions are not excluded. Since patients with pure GAD are untypical in clinical practice and since most clinical trials on GAD exclude the different kinds of comorbid conditions, results from this kind of studies should be taken with caution regarding their application to practice. To analyse different kinds of comorbid presentations with different kinds of treatments is strongly recommended for future studies.

The effect of cognitive preparation prior to video feedback in a clinical sample with social anxiety disorder. Generalization effects (30 minutes, 1 week and 30 days) and exploration of the change effects in terms of self-awareness and positive/negative self-statements.

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INTRODUCTION: Video feedback (VF) has been suggested to be a useful intervention in the treatment of social anxiety disorder (SAD). In recent experiments the utilization of a cognitive preparation prior to video feedback (CPVF), as suggested by Clark & Wells, has been shown to have an enhancing and generalizing effect in non-clinical samples. However, the beneficial effect of CPVF has not yet been demonstrated with a clinical sample. In addition, if CPVF in fact helps to maximize the self-observer discrepancy, do cognitive processes such as self-awareness or negative self-statements constitute the observed changes as suggested by current cognitive theories? The main
Introduction: Cognitive behaviour therapy (CBT) has been recommended as the treatment of first choice for chronic insomnia. However, CBT is at this point not effective for all patients with insomnia. The aim was therefore to examine whether dysfunctional beliefs and attitudes about sleep serve as obstacles for treatment improvement in cognitive-behavioural group therapy. Method: A randomised controlled design was used with a one-year follow-up. In total, 60 patients with insomnia who had received cognitive-behavioural group therapy were included. Dysfunctional beliefs and attitudes about sleep at baseline were categorized into two groups (median split) and related with logistic regression analyses to three measures of clinical significance at the 1-year follow-up. Results: This study indicated that dysfunctional beliefs and attitudes about sleep are obstacles for improvement in cognitive-behavioural group therapy. Stronger beliefs were related to less improvement on two measures of clinical significance at the follow-up, namely: sleep onset latency (OR = 3.17, 95% CI 1.08-9.27) and time awake at night (OR = 4.55, 95% CI 1.40-14.75). However, dysfunctional cognitions were not related to clinical improvement on sleep efficiency (OR = 2.06, 95% CI 0.73-5.83). Conclusions: Stronger beliefs on dysfunctional beliefs and attitudes about sleep can be conceived as an obstacle in CBT group treatment. These results may have implications for screening and treatment.
Cognitive Behavioural Therapy for Dissociative Seizures: A Case Series


Dissociative seizures are defined as a sudden, disruptive change in a person’s behaviour, which is usually time limited, and which resembles, or is mistaken for, epilepsy, but which does not have the characteristic electrophysiological changes in the brain detectable by electroencephalography, which accompanies a true epileptic seizure (Betts and Boden, 1992). There are no published CBT based randomised-controlled treatment trials for dissociative seizures, but the results of one single-case study (Chalder, 1996) and one pilot group study have been published (Goldstein, 2004). On the basis of these published reports, CBT was used to successfully treat three
patients with dissociative seizures. There were improvements on various measures, including social functioning, seizure frequency and problem severity over 12 treatment sessions and a six-month follow-up period. The approach was based on Miller and Mower’s fear-avoidance, two process model and incorporated behavioural and cognitive techniques. Of additional relevance, the role of trauma (including sexual abuse) and anxiety disorders, such as panic and generalised anxiety disorder in the development and/or maintenance of dissociative seizures have been increasingly highlighted in literature. This was supported by the histories of the current patients, who reported traumatic experiences, including sexual abuse and physical illness as well as anxiety and avoidance behaviours. The results reported in this case series offer further evidence of the efficacy of CBT based treatments for dissociative seizures, which may in part be related to the known efficacy of CBT in treating a number of the psychological difficulties with which patients with dissociative seizures present.

**Gender Differences In An Assertiveness Training Group**


Introduction; Assertive behaviour promotes equality in human relationships, enabling us to act in our own best interests, to stand up for ourselves without undue anxiety, to express honest feelings comfortably, to exercise personal rights without denying the rights of others (Alberti and Emmons, 1990). It is generally assumed that women are less assertive than men. Costa, Terracciano and Mc Crae (2001) showed that men are more assertive than women. A cross-temporal metaanalysis of women’s assertiveness between 1931 and 1993 by Twenge (2001) indicated that women’s assertiveness varied with their status and roles within society. In this way, culture is an important variable which influences and shapes social behaviour. Each culture considers certain behaviours as more desirable than others. Objective. The aim of this study is the evaluation of gender differences in assertiveness in an spanish sample. We also evaluate the gender differences in benefits of an assertiveness training group. Method. The sample was composed by 100 out-patients who had been diagnosed of either depressive or anxiety disorder. The mean age was 34 years old.15% of the patients were men and 85% were women. The Assertiveness Inventory (Gambrill and Richey, 1975) was used. This scale is a 40 item self-repport questionnaire that assesses the amount of discomfort in situations that demand assertive behaviour as well as the subjective probability of engaging in assertive behaviours in those situations. This Inventory was used at the pre- and post- training group. Results. There were significant gender differences between men and women. Women were less assertive than men but they showed the same benefits at post-training. Discussion. The social role model seems to be less pronounced in European and American cultures in which traditional sex roles are minimized. Gender differences are very related to this cultural aspects, which make assertive behaviours vary across cultures.

**Additional Behavioral therapy to Fluvoxamine in Obsessive-Compulsive Disorder.**

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BACKGROUND: At the last annual congress of EABCT, we presented a RCT study on effectiveness of Behavior Therapy (BT) and Fluvoxamine(FLV), the only licensed Selective serotonin reuptake inhibitors (SSRIs) for OCD in Japan. In that study, all patients with BT were “Responders” : more than 35% reduction of total Yale-Brown Obsessive Compulsive Scale(YBOCS) scores and assessed as “much improved” or “very much improved” according to the Clinical Global Impression-Improvement(CGI-I). 70% of the patients with FLV, on the other hand, were “Non-Responders”. We hypothesized that BT would significantly reduce OCD symptoms in those patients who remained symptomatic despite an adequate trial of FLV. We conducted this study to confirm the hypothesis. SUBJECTS and METHOD: The subjects were seven out-patients with OCD who entered the RCT and did not fully respond to FLV (200mg/day for 12 weeks). While taking a stable dose of FLV, patients received 12 weekly 45-min. structured and manualized sessions of BT. YBOCS, Global Assessment of Function, CGI-I, and Hamilton Rating Scale for Depression before and after the addition of BT were used as the measures. RESULTS: All patients completed this study. After 12 sessions of BT, six of the seven patients fulfilled the criteria of “Responders”. The mean percentage decrease on the Y-BOCS was 41.26±23.82% (range,4.55%-62.96%). CGI-I assessed as slightly (N= 1) or much (N = 5) or very much (N = 1) improved. CONCLUSION: Our result suggests that BT can lead to significant reduction in OCD symptoms in patients who remain symptomatic despite an adequate trial of an FLV. More studies that investigate the discontinuation of medication and the influence of the order and/or treatment procedures are needed.
Behavioral Therapy (BT) alone vs BT + Fluvoxamine for Treatment of Obsessive-Compulsive Disorder.

Nakagawa A1),2), Nakatani E2), Nakao T2), Nabeyama M2), Yoshizato C2), Kudoh A2), Isomura K2) Yoshioka K3), Mayumi T 3), Kawamoto M 1), 3) 1) ) Department of Psychiatry, Kawasaki Medical School 2) Department of Neuropsychiatry, Graduate School of Medical Sciences, Kyushu University 3) Clinical Psychology and Community Studies, Graduate School of Human Environment Studies, Kyushu University

Introduction: Both behavior therapy (BT) and serotonin reuptake inhibitors (SRIs) are the most effective treatments for obsessive compulsive disorder (OCD). It is, however, not clear whether the combination of BT and SRIs enhances treatment effect of each therapy or not. To answer this question for clinical implication, we compared the treatment effect of BT alone with BT+fluvoxamine for patients with OCD who were involved in a RCT study reported in the last EABCT congress in Prague.

Method: In the last study, OCD patients without any Axis I disorder by SCID and had total YBOCS scores higher than 16 were randomly assigned to one of the following weekly 45-minute treatments for 12 weeks. 1) BT + placebo, 2) autogenic training + fluvoxamine, 3) control group: autogenic training + placebo. Following the study design, as none of the control group showed more than 35% reduction of Yale-Brown Obsessive Compulsive Scale (YBOCS) total score (defined as ‘responder’), another 12-week combination therapy of BT + fluvoxamine (starting at 25mg and increased up to 200mg) was added to the patients in this group. We compared the treatment effect of this combined therapy with that of BT alone. The severity of OCD was assessed by YBOCS by a treatment-blind assessor at baseline, week 4 and week 12. Results: After 12 weeks of treatment, the YBOCS total score in the combined therapy of BT+fluvoxamine changed from 28.50 to 13.50 (Mean±SD = -15.00±15.10%, n=10). The both changes were statistically significant by paired t-test. There was no significant “group (BT alone, BT+fluvoxamine)” vs “time” (baseline, week 4, week 12) interaction examined by two way ANOVA, which meant that the fluvoxamine used with BT did not proceed and enhance the treatment effect of BT. Discussion: The result implies that BT alone has the same treatment effect as BT+fluvoxamine. Having this implication will make our clinical practice easier when we have patients with OCD who have to keep away from SRIs, although the rather small dosage of fluvoxamine in our study (not up to 300mg) and the small number of the subjects might have some influence on the results.

Treatment outcomes in a chronc and severe case of body itching in an adult female patient

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American University of Beirut: Over the past decade, treatment modalities for depression and anxiety (PTSD in particular) focused on the role of pharmacotherapy in optimizing treatment outcomes for patients seeking psychiatric treatment. This paper discusses the psychotherapeutic treatment of a 32 year old married female Lebanese patient who was under pharmacological treatment for 13 years without long term progress. Her major presenting symptom was body itching specially after taking a shower/bath. Other comorbid disorders included PTSD, dissociation, somatization, depressive symptoms and body dysmorphic disorder with subsequent long term hospitalizations. Treatment utilized psychiatric/psychotherapeutic models and focused on issues in her life utilizing CBT strategies: learning basic assertive skills, reduction of maladaptive thinking patterns and thought-feeling processing etc.

Outcome: Continued progress throughout therapy and two years after: tapering off the medication which was D/C after six month of initiating treatment. Two years follow-up, she improved drastically, started a new business and evaluated self positively. She reported improved self-esteem, functional communication skills with family and friends, the itching and other psychiatric comorbidities disappeared. "I am better in all levels, I get upset and I know how to handle it". Conclusion: CBT is an effective model for treating anxiety and depressive disorders. Cross-cultural issues in treatment outcomes are presented.

Treatment Schema for Bipolar Affective Disorder – A Tool for professional and Service Users

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Bipolar Affective Disorder (B.A.D) is the treatment domain of psychiatrists and therefore the main focus has been on biological treatment. There is no doubt that true bipolar affective disorder is a severe condition, which requires biological treatment approaches. It is a blessing for the patients that there are modern biological treatment approaches, which allow the patient to achieve total remission from psychopathology. However, it doesn’t stop there. B.A.D. is the number six of disabling conditions after a WHO survey. The most likely reason for it to be so destructive is that too little emphasis has been given to reconstituting the illness in the first place and once the psychopathology has been treated to create the right setting for functional improvement. Without functional improvement no illness control can ever take place. Functional improvement doesn’t take place in a vacuum but often in an artificial setting first (hospital) and should as soon as possible incorporate the patients natural surrounding. Once functional improvement has been achieved the patients tasks is to work on continuing to reduce the likelihood for a relapse and that is not simply achieved by using the right medication regimen. It is rather necessary to work on the basis of a sound medication regime to achieve first ‘ownership’ of the condition or second ‘responsible maintenance’ of ‘what is the patients’. For that purpose CBT is ideal and most certainly been used years ago already by well informed multi-disciplinary team (MDT) members all over the world. However, the overall approach to B.A.D. is still not characterised by it being a crucial part of treatment. Yet it is as important as the use of medication.
it can't substitute medication, medication can't achieve what we all want to achieve without complementation with CBT. The treatment schema for B.A.D should therefore describe treating acute psychopathology with psychotropic medication, using the time, which is needed to achieve functional improvement for creating awareness for ‘ownership’ of the condition and a comprehensive approach for the patient to exercise control over the condition. Following this treatment schema by working it through with the patient and allowing the patient to become comfortable with using it in ‘natural surroundings’ will improve outcome. It is easy to use and pre-existing resources can be used because it is very likely that the MDT members have a basic understanding of CBT anyway. Further in MDT meetings, which become very necessary anyway to plan the CPA for the patient, the schema can explained using it is simple. The following poster will demonstrate the schema and it can explained on how to use it in 10-15 minutes to somebody with knowledge in mental health.

An Intensive CBT Group For Survivors Of Human Trafficking

Idit Albert, Institute of Psychiatry, London and Inês Santos, Traumatic Stress Service, Maudsley Hospital, London, UK

Human trafficking has become a global business generating huge profits for traffickers and organised crime syndicates, with 700,000 women and children trafficked yearly across borders (IOM, 2001). Sex trafficking is a phenomenon of increasing proportions in the Balkans and neighbouring countries with estimated 100,000 women being trafficked from the former Soviet Union and around 75,000 from Eastern Europe (Nezer, 2000). Despite mounting evidence that human trafficking has detrimental effects on mental health, there is lack of literature on psychological interventions for survivors of trafficking. This paper describes a pilot one-week cognitive behaviour therapy group for women survivors of sex trafficking, in a sheltered transit centre in Macedonia. Survivors of sex trafficking in the group reported symptoms of post traumatic stress disorder, depression and anxiety as well as problems with low self-esteem and shame. The group was based on Herman’s (1992) three stage theoretical model of recovery from trauma. The goal of the group was to facilitate the first stage in Herman’s model, which was to help women regain control over their bodies and their immediate environment. This was achieved by using cognitive behaviour therapy approach including psychoeducation about common psychological difficulties following trauma and teaching skills for managing symptoms such as anxiety and depression. Summary of the evaluation forms indicated that 100% of the women found the group relevant to their needs, 97% reported that they were likely to use the skills learnt in the group. Recommendations for future interventions with survivors of trafficking are made.

Preliminary Evaluation of CBT for Clinical Perfectionism: A case-series

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Introduction: A cognitive-behavioural analysis focusing on the construct of “clinical perfectionism” has recently been proposed (Shafran, Cooper & Fairburn, 2002). The core psychopathology of this construct is the “overdependence of self-evaluation on the determined pursuit of personally demanding, self-imposed, standards in at least one highly salient domain, despite adverse consequences” (ibid., p778). The cognitive-behavioural analysis suggests that a number of cognitive and behavioural factors maintain clinical perfectionism and that reversing the putative maintaining mechanisms should result in an improvement of the core psychopathology. A treatment protocol based on this analysis has been developed (Fairburn, Cooper & Shafran). The aim of this study was to use case series methodology to systematically evaluate the efficacy of this treatment protocol for patients with a diagnosis of anxiety and/or depression. Method: Patients with a diagnosis of depression and/or anxiety, whose problems were thought by clinicians to be partially maintained by clinical perfectionism, were assessed using a semi-structured interview. Participants completed visual analogue measures of clinical perfectionism three times pre-treatment and before the start of each treatment session, and post-treatment. Visual analogue scales were chosen because they have been shown to be useful tools for obtaining an accurate measure of a participant’s subjective experience (Thomas et al., 1995). Nine clients were recruited from London Psychology Departments and 4 were recruited from the Psychiatry Department in Oxford. Participants received between 8 and 14 treatment sessions. Follow-up interviews are in the process of being completed 3 months post-treatment. Results and Discussion: Of the 9 cases completed thus far, all showed reductions in clinical perfectionism pre-and post-treatment. There was a significant difference overall in pre-treatment VAS scores and post-treatment VAS scores (mean=15.01, t=2.58, p<.05). These initial results suggest that the treatment protocol based on the cognitive-behavioural analysis can produce reductions in clinical perfectionism. Such findings indicate that the intervention is worthy of further research using more rigorous methods.
Intellectual Disabilities

Keynote Addresses

The Straw that Broke the Camel’s Back: Sleep and Wakefulness in People with Intellectual Disabilities

*Colin Espie, University of Glasgow, UK*

Sleep is not the mere absence of wakefulness, but a critical life-sustaining process that contributes to physical, intellectual and emotional well-being. Similarly sleep is not a random process but a highly ordered one, with distinct phases and stages, and sleep and wakefulness follow an ordered pattern called a circadian rhythm. The importance of sleep to the client is amply illustrated by the fact that sleep disturbance is, by far, the commonest symptom of mental disorder. Yet, it is not only a ‘symptom’ because, for example, pre-existing insomnia is the strongest potentially treatable predictor of first episode depression and recurrence of depression. The importance of sleep to carers, for example of people with dementia, is such that they can often cope with their loved one at home … until they lose their sleep. What has all this got to do with intellectual disability? Certainly all of the above … and probably a good deal more. This presentation will review what is known about sleep/sleep disturbance and its relationship to well-being in people with intellectual disabilities. Consideration will also be given to implications for care-giving and care planning. Disorders of initiating and maintaining sleep and disorders of excessive sleepiness will be included. Case examples illustrating differential diagnosis, treatment planning and processes and outcomes will be presented. In general terms the case will be made for including the assessment of sleep and wakefulness as a generic component of clinical practice with this client group.

Considering Emotion In People With Intellectual Disabilities Within A Cognitive Behavioural Framework

*Bill Lindsay - The State Hospital; NHS Tayside & University Of Abertay, Dundee*

Some of the most robust work in the field of mood and emotional disorders in people with intellectual disabilities (ID) has been done on assessments to help clients report their feelings, cognitions, attitudes and problems in a structured, systematic manner. Finlay and Lyons (2002) and Dagnan and Lindsay (2004) have outlined some of the developments in self-report measures for clients with ID and have also noted some of the difficulties in gaining self-report. Recent evidence indicates that the patterning of responses from people with ID on self-reports of emotion show the same lawful statistical pattern as with other client groups. The fact that we have such developing technologies has enabled us to gain insights into the way in which personal problems develop in this client group. It also allows us to chart the process and outcome of interventions with much greater clarity and specificity. Illustrations will be provided in relation to depression, anxiety, anger and sexual offending.

Symposium

Assessment and Treatment of Mental Health Problems in People with Intellectual Disabilities

*Convenor: Chris Hatton, Institute for Health Research, Lancaster University, Lancaster*

The Reliability and Validity of General Psychotic Rating Scales with People with Mild Intellectual Disabilities

*Chris Hatton, Institute for Health Research, Lancaster University, UK, Gillian Haddock, University of Manchester, UK, John L Taylor, Northumbria University and Northgate & Prudhoe NHS Trust, UK*

Aim: To investigate the reliability and validity of two measures of psychotic experiences developed for the general population, the Positive and Negative Syndrome Scale (PANSS) and the Psychotic Rating Scales (PSYRATS), with a population of adults with mild intellectual disabilities (ID). Method: Sixty-two adults with mild ID were assessed using
the PANSS and PSYRATS, and independently interviewed using the Psychiatric Assessment Schedule-Adults with Developmental Disability (PAS-ADD) to obtain ICD-10 psychiatric diagnoses. Results: On the basis of ICD-10 diagnosis, participants were divided into three groups: Psychosis (n = 11); Other Mental Health Problem (n = 14); and No Mental Health Problem (n = 37). PANSS and PSYRATS subscale scores were compared across these three groups. All PANSS and PSYRATS subscales showed adequate internal reliability, largely good test-retest reliability, and logical inter-correlations between subscales. The PANSS positive symptoms and the PSYRATS auditory hallucinations subscales differentiated between the Psychosis group and the other groups; the PANSS general symptoms subscale differentiated between the Psychosis and No Mental Health Problem groups; and the PANSS negative symptoms and the PSYRATS delusions subscales did not differentiate between the three groups. Conclusions: The PANSS and PSYRATS are promising measures for use with people with mild ID and psychotic experiences, although further investigation of items relating to negative symptoms and delusions is warranted.

Cognitive Behavioural Treatment for People with Intellectual Disabilities and Psychosis: A Case Series

Gillian Haddock, University of Manchester, UK

A number of recent studies have shown that both individual and family oriented cognitive-behaviour therapy and can be effective in reducing the severity of psychotic symptoms and relapses in people who have chronic treatment resistant schizophrenia. However, these approaches have not been evaluated in people who have a psychotic illness and an intellectual disability. A recent, small case series has been carried out and has shown that, with some modifications, CBT for psychosis approaches can be applied with good effect with people with intellectual disabilities. This paper will describe the treatment programme illustrating it using case material. Outcome data will also be presented.

The Assessment of Interpersonal Problems in People with Intellectual Disabilities

Stephen Kellett, Nigel Beail, & David W Newman, Psychological Healthcare, Barnsley, UK

Aims: Despite interpersonal problems being commonplace in the clinical presentations of people with intellectual disabilities, previous efforts to index such symptoms have proved piecemeal. The aim of the current paper was to test whether an existing measure of interpersonal problems was applicable and retained its psychometric properties in a sample of people with mild intellectual disabilities. The utility of such a measure lies in broadening the scope of assessment offered to clients. Method: The Inventory of Interpersonal Problems-32 (IIP-32) is a psychometrically robust self-report measure of interpersonal problems in adult populations. The current study employed a sample of 255 respondents with mild mental retardation which comprised two study groups. The first group (n=98) was a clinical sample of people with mild intellectual disabilities referred due to poor mental health. The second group (n=157) was attained by referrals for intellectual assessment also completing assessments of mental health. The Brief Symptom Inventory (BSI) was also completed in both groups. A sample of 23 of the community controls completed the IIP-32 at two time points. Results: Results indicate compatible construct validity with the original factor analysis, with the previous eight-scale factor structure being largely replicated. The eight sub-scales produced generally satisfactory internal and test-retest reliabilities. The IIP-32 was seen to discriminate between study groups providing evidence of external-criterion validity. The sub-scales also illustrated good concurrent validity results with the interpersonal sensitivity scale of the BSI. Conclusions: The results are discussed in reference to the further development of the IIP-32 and potential uses in outcome research.

Evaluating the Ability of People with Intellectual Disabilities and Psychosis to Distinguish between Activating Events, Beliefs and Affect

Steve Oathamshaw & Gillian Haddock University of Manchester, UK

Introduction: There is a growing research literature demonstrating the efficacy of cognitive behaviour therapy for psychosis (Rector & Beck, 2002). The case for extending this treatment to people with intellectual disabilities and psychosis is undermined by a lack of research evidence that they can recognise event/thought/feeling links. Aims: To investigate the ability of people with intellectual disabilities and psychosis to differentiate emotion, to make emotion-event links and recognise the role of cognition in mediating emotion. Methods: 50 participants are being recruited. Assessment measures include a facial recognition task (Walker, 1985), event/emotion task (Reed & Clements, 1989) and an assessment evaluating ability to recognise cognitive mediation (Dagnan et al, 2000). 1st and 2nd order theory of mind will also be assessed (Dooday et al, 1998). Associations between scores on an assessment of receptive language (British Picture Vocabulary Scale, Dunn et al, 1997), event/thought/feeling and theory of mind tasks will be assessed using correlational and multiple logistic regression analyses. Results: Results will be used to test
predictions that there is a positive association between receptive language ability and the ability to differentiate emotions and make event/emotion links and that theory of mind will predict performance on the cognitive mediation task when receptive language ability and symptom status are controlled for. Conclusions: Results will provide evidence regarding the ability of people with intellectual disabilities and psychosis to participate in cognitive behaviour therapy and indicate whether theory of mind has a role in recognising cognitive mediation.

Social Cognition and Psychological Distress in People with Intellectual Disabilities

Convenor: Andrew Jahoda, Section of Psychological Medicine, University of Glasgow, The Academic Centre, Gartnaval Royal Hospital

Background: A number of studies in the social learning literature have explored whether Aggressive individuals have different expected outcomes of aggression compared with their Non Aggressive peers. It has been suggested that some individuals may be motivated by the expectation of positive outcomes of aggression. Surprisingly there has been a lack of studies exploring whether individual with a LD and problems of aggressiveness have more positive beliefs about the likely outcomes of aggression compared with their peers. Also, the possibility that Aggressive individuals expect aggression to be beneficial to themselves is undermined. As well as understanding which social outcomes Aggressive individuals with a LD value, these findings suggest that it is important to explore which outcomes they wish to avoid, and how this in turn may influence their actions.

Aims: This study was carried out with 20 Aggressive and 20 Non Aggressive men and women with a mild to moderate learning disability. A main aim of this study was to identify whether there are differences across these groups in their expected outcomes of (i) submissiveness and (ii)aggressiveness. The value placed on these outcomes was also explored.

Methods: A structured assessment was devised incorporating hypothetical vignettes of hostile social situations. Participants were asked to imagine themselves responding submissively to some situations and responding in an aggressive manner to other situations. They were asked to predict the outcomes of each of these strategies according to pre-defined categories of peer approval, authority approval, self condemnation, instrumental gain, reducing future hostility and effect on victim (aggression only).

Results: No differences were shown in expected outcomes of aggression. However there was some tentative evidence that Aggressive participants held more negative views of submissiveness in relation to outcomes of peer approval, self condemnation and reducing future hostility for some hypothetical situations. Conclusions: The notion that Aggressive individuals expect aggression to be beneficial to themselves is undermined. As well as understanding which social outcomes Aggressive individuals with a LD value, these findings suggest that it is important to explore which outcomes they wish to avoid, and how this in turn may influence their actions.

What's Happening? The Experience of Anxiety and Depression in Young People with Learning Disabilities.

Andrew Jahoda, University of Glasgow and Glasgow Learning Disability Partnership, UK, Alastair Wilson, University of Strathclyde, UK, Kirsten Stalker, University of Stirling, UK

Background: A number of psycho-social factors are thought to contribute to the vulnerability of young people with mild to moderate learning disabilities to emotional problems. These include social exclusion and a lack of social and cognitive resources to cope with the transition to adulthood. However, there remains a lack of insight into the
experience of these young people and their families. The entrenched professional models in medical and social care settings can leave little room for the voice of users. Methods and Aims: This paper will present findings from a phenomenological study, using a participant observational approach with 14 young people presenting with anxiety or depression. The aim will be to consider how phenomenology, or the study of people’s subjective experience, can help to illuminate the role of social cognitive factors in increasing vulnerability to mental health difficulties. Results: In addition to identifying the nature of these young people’s distressing thoughts and feelings, one of the key points to emerge from the preliminary analyses is the lack of emotional support received by these young people. Adopting this methodology also highlights that these individuals’ emotional difficulties were often inextricably linked with their negative social circumstances, including social isolation, dependency and a lack of purposeful activity. Conclusions: While these findings may be relatively unsurprising, they have considerable implications for the use of cognitive behavioural work with people with learning disabilities. It suggests the need to aim cognitive behavioural interventions at clients’ concerns, and that this has to be balanced with a practical engagement to improve clients’ everyday lives. The directions for future research are also discussed.


Dave Dagnan, North Cumbria Mental Health and Learning Disabilities NHS Trust and Northumbria University, UK, Kathryn McDowell & Martina Waring, North Cumbria Mental Health and Learning Disabilities NHS Trust, UK

Background and Aims: Historically and clinically we have identified the causes of distress for people with learning disabilities as predominantly within their external physical and social environments. Cognitive therapy identifies distress as due to unhelpful cognition and thus presents challenges to social and ecological models. In order to provide a coherent model for research and clinical practice we have developed an example of how the environmental and social experience of people with learning disabilities might shape the core self-evaluations and situation specific social cognitions of people with a learning disability and their subsequent relationship to psychological distress. Methods: We will present and overview of 3 separate cross-sectional studies, each of includes between 40 and 50 people with learning disabilities, which examine the link between the recognition of stigma, negative self-evaluation, social comparison and depression. The studies used psychometrically established scales and take a regression approach to testing the paths inherent within the proposed model. Results: The 3 studies provide data that suggests a predictive path from the recognition of stigma, to global negative self-evaluative beliefs to negative social comparison and increased depression. Discussion: These studies suggest the importance of considering the social context of the lives of people with learning disabilities and its potential impact on core cognitive processes associated with psychological distress. The implications of these studies for future clinical and research developments are considered

Cognitive Perspectives on the Behaviour of Carers Working with People with Intellectual Disabilities

Convener: Dave J Dagnan, Department of Clinical Psychology, West Cumberland Hospital, Hensingham, Cumbria.

Mothers of Children who have a Learning Disability: Their Attributions, Emotions and Behavioural Responses to Their Children’s Challenging Behaviour.

Heather Armstrong, North Cumbria Mental Health and Learning Disabilities NHS Trust, UK
Dave Dagnan, North Cumbria Mental Health and Learning Disabilities NHS Trust and Northumbria University, UK Bruce Gillmer, University of Newcastle upon Tyne and Northgate & Prudhoe NHS Trust, UK John Rose, Department of Clinical Psychology, School of Psychology, University of Birmingham, UK

Background and Aims: This study explored the applicability of attribution and attributional theories to mothers of children who have a learning disability. Specifically the study considered whether mothers’ attributions, assignment of responsibility and emotional and behavioural response varied as a function of child behaviour type and level of learning disabilities, as predicted by attribution theory. In addition the study examined whether mothers who assigned greater responsibility to their child, felt angrier, and were more likely to punish their child, based on Weiner’s (1995) attributional model. Method: Participants were 56 mothers of children who had a learning disability. All participants completed a questionnaire regarding their attributions, assignment of responsibility and emotional and behavioural response to three vignettes describing behaviours associated with children who have a learning disability. Results: Mothers rated their children as significantly more responsible for, and felt significantly angrier about, aggressive behaviour than stereotypic behaviour, and were significantly more likely to punish aggressive behaviour than self-injurious or stereotypic behaviour. In addition, mothers who assigned more responsibility to their child were more likely to report higher levels of anger and a greater likelihood of punishing their child. Discussion: This study offers
support for the influence of attributional biases on mothers’ assignment of responsibility and on their emotional and behavioural response to their child. The study also offers support for the applicability of Weiner’s attributional model with this group of parents. These findings are discussed in relation to attribution theories and to clinical work with parents of children who have a learning disability.

Cognitive Models of Carer Behaviour: An Overview of Models and Data Relating to Staff Responses to Three Topographies of Challenging Behaviour.

Dave Dagnan, North Cumbria Mental health and Learning Disabilities NHS Trust and Northumbria University, UK

Background and Aims: The emotional responses and beliefs of carers in relation to challenging behaviour may be studied using attribution models such as that of Weiner (1980), however, the results of research supporting this model have been somewhat inconsistent. This would be expected from cognitive perspective where different emotions and behaviours would be seen as functionally related to specific cognitive contents and interpretations and we have previously suggested that different behaviour topographies may result in a different pattern of attribution and emotion. In this study we explore carer’s attribution and emotional response to different behavioural topographies. Method: This presentation describes data from 200 paid carers who have completed attribution, emotion and intended behaviour questionnaires in response to behavioural vignettes describing aggressive, stereotypic and self-injurious behaviour. Results: The data show that the core attribution-emotion-behaviour structure of Weiner’s model has been broadly supported in this analysis. However the attributions and emotions that are most significant vary across topographies. Discussion: Weiner’s model has proved useful in directing research and clinical practice towards issues of controllability and emotions such as anger. However, it is also important to explore generic cognitive models of carer response to challenging behaviour. I will discuss some of the research and clinical implications that would be associated with developing such models.

Inter-Personal Appraisals and Challenging Behaviour: Roles and Relationships.

A Jahoda, L. Wanless & B. Dayu, University of Glasgow and Glasgow Learning Disability Partnership, UK

Background and Aims: Staff attributions regarding challenging behaviour have been found to play a role in determining their responses. The emphasis in the literature has been on staff beliefs about the challenging behaviour itself. However, staff are also likely to be responding to the person engaging in the behaviour, particularly in situations of conflict. Therefore, this paper draws on data from several studies to examine staff members’ inter-personal perceptions of frequently aggressive individuals. Method: One study used a semi-structured interview, based on a Rational Emotive Therapy format, to tap into the inter-personal appraisals that staff made at the time of an incident of inter-personal aggression. Repertory grids were used in a second study to explore residential staff views concerning their roles and relationships with clients. Results: From the semi-structured interviews, the strength of the staff members’ emotional reactions were noteworthy. Furthermore, approximately half the staff members believed that the aggression was directed at them personally. The findings from the repertory grids indicated the range and conflicting nature of the roles that the staff members thought that they had to fulfil in residential services. Discussion: These studies suggest that staff inter-personal perceptions, and their beliefs about their role in supporting individuals, may influence their responses to individuals who behave aggressively. The implications of these findings for cognitive models of staff attributions of challenging behaviour are briefly discussed.

Staff Perceptions of the Efficacy of Group Interventions for Anger in People with Intellectual Disabilities

John Rose, Department of Clinical psychology, School of Psychology, University of Birmingham, UK

Background and Aims: There is evidence to suggest cognitive interventions, aimed at reducing aggression by people with intellectual disabilities are effective. Carers have an important role to play in the success of these procedures. This paper examines changes in staff perceptions of expressed anger and their attributions as to the cause of that anger over the course of treatment. Methods: A group intervention is compared to a waiting list control. A two by two split plot analysis of variance design was used to explore the relationship between change over time in a provocation inventory and the challenging behaviour attribution scale as completed by carers of group participants, compared to a control group. A regression analysis was used to investigate factors that predict change in scores on the provocation inventory over the course of the group. Results: A significant reduction in provocation inventory scores was noted for the treatment group. No differences were found in ratings of attributions after treatment. Regression analysis indicated that the extent to which staff attributed challenging behaviour to emotional factors before treatment was significantly related to change in provocation inventory scores. Discussion: The reported reduction in expressed aggression by carers of people with learning disabilities who attend anger management groups is consistent with previous work using direct client ratings. However, the lack of change observed for any scales on the attribution measure was unexpected. The implications of these findings will be discussed.
Working with Staff and Clients Using Cognitive Approaches

Convenor: Peter E Langdon, Health Policy and Practice, University of East Anglia, Norwich, UK

Can People with Learning Disabilities Engage in Cognitive Components of CBT?

Kathryn Sams, Suzanne Collins, & Shirley Reynolds, University of East Anglia, UK

Aim: The aim of this study was to determine if people with a learning disability can complete 3 tasks that were akin to tasks that occur during cognitive-behavioural therapy. Methods: Fifty-nine adults with learning disabilities (IQ of 50-72) completed 3 tasks that reflected CBT tasks. These were, i) identifying emotions, ii) distinguishing thoughts from feelings and from behaviours, and the impact of visual cues on performance, and iii) the ability to link thoughts to feelings and thoughts to behaviours. Results: The results indicated that adults with learning disabilities were able to demonstrate these skills, though not always at the more complex level. Visual cues did not improve performance on the distinguishing thoughts, feelings and behaviour task. Receptive vocabulary was a good predictor of performance on all 3 tasks. IQ was only related to distinguishing thoughts, feelings and behaviours. Conclusions: CBT may be an appropriate form of treatment for some adults with learning disabilities especially if they have good language abilities. The findings will be discussed in relation to theoretical, clinical and research implications.

Challenging Behaviour and Learning Disabilities: The Relationship Between Expressed Emotion and Staff Attributions

Luise Weigel, Peter E Langdon, Suzanne Collins*, & Yvonne O'Brien, University of East Anglia, UK

Aims: Expressed emotion (EE) and attributions toward challenging behaviour (CB) were explored amongst a group of staff working within a residential and day service placement for people with learning disabilities. Methods: Fifteen staff members completed the attributional questionnaire and the five-minute speech sample (FMSS) to allow for EE ratings concerning staff relationships with two clients. One client exhibited CB, while the other did not, giving two groups. Attributional and EE ratings for each group were compared. Results: Staff working with a client with learning disabilities and CB attributed the CB as internal to the client and controllable by the client. Staff reported high levels of EE and made more critical comments toward the client with CB as compared to the client without CB. Furthermore, staff who reported high EE attributed CB as internal to the client, external to the staff, personal to the client, controllable by the client and uncontrollable by the staff. Conclusions: Staff working with a client with challenging behaviour appeared to be making the “fundamental attribution error”. The relationship between expressed emotion and attribution theory is discussed. Attribution theory is hypothesised as providing some explanation for the development of high EE.

Evaluating Psychological Interventions for Young Men with Asperger’s Syndrome: Cognitive Behavioural Therapy to Address Anxiety and Teaching Theory of Mind to Address Social Functioning Deficits

Ian Newey, Suzanne Collins, & David Fowler, University of East Anglia, UK

Aims: People with Asperger’s syndrome experience a range of psychological problems including anxiety. The current study evaluated the efficacy of two interventions. (1) to target anxiety contingent on social situations using cognitive behavioural techniques; and (2) to teach theory of mind skills. The hypothesis was that anxiety and social functioning are interrelated, so that an intervention targeting one would affect the other. Methods: A multiple baseline across participants methodology was used. Five participants were included. Measures of theory of mind and number of social contacts were taken pre- and post- interventions. Other measures included anxiety, interpersonal sensitivity, phobic anxiety and personal questionnaires. Results: There was no evidence to suggest that cognitive behavioural therapy or teaching theory of mind facilitated meaningful change in the number of social contacts per week, or in measures of anxiety, interpersonal sensitivity, phobic anxiety, theory of mind or personal questionnaires regarding individual symptomatology. Conclusions: Overall, short-term cognitive therapy was not helpful in ameliorating anxiety contingent on social situations, though this may be related to difficulties with measures used, which were self-report measures and not standardised on an autistic population. It is possible that longer-term interventions may be effective, which is an area for future research.
Nursing Attitudes to the Psychiatric Treatment of People with Learning Disabilities: Relationship to Expressed Emotion, Burnout and Coping within a Medium-Secure Unit.

Peter E Langdon, University of East Anglia, UK and Lidia Yaguez & Elizabeth Kuipers, Institute of Psychiatry, King’s College, London, UK

Aims: This study explored how the treatment attitudes of nursing and care staff relates to job satisfaction, burnout and coping skills and subsequently, how these impact the relationship that nursing and care staff have with their patients. Methods: Within the current study, the treatment attitudes, levels of occupational burnout and coping skills were measured amongst 40 nursing and care staff working within a medium secure hospital for people with learning disabilities. Nursing and care staff also completed the five-minute-speech-sample regarding 50 patients which was used to provide a measure of expressed emotion. Additional patient data, which includes intellectual functioning, language ability, and severity of challenging behaviour, was also collected. Results: Staff reporting ‘high EE’ also had a tendency to score higher on the Attitudes toward Treatment Questionnaire, suggesting the endorsement of more “organic” treatment attitudes. Those with “high EE” also scored higher on Depersonalisation, while scoring lower on Emotional Exhaustion, suggesting that there may be some sort of a relationship between EE and burnout. Conclusions: This will be further explored as these results are preliminary and based on a small sample size.

New Research Ethics for People with Intellectual Disabilities: A Force for Good or Ill?

Convenor: John L Taylor, Psychological Therapies & Research, Northgate Hospital, Morpeth, Northumberland, UK

Issues in Obtaining Valid Consent from People with Intellectual Disabilities to Take Part in Treatment Outcome Research

John L Taylor, Northumbria University and Northgate & Prudhoe NHS Trust, UK

Background: Treatment outcome research involving people with intellectual disabilities is an area of considerable professional and public concern. Psychological therapies are subject to many fashions and fads, some of which may not be harmless. Without good outcome data we need to be cautious about making claims about the effectiveness and benefits for clients of well-intended therapies. However, the research governance framework recently implemented in the NHS has resulted in a considerable increase in the barriers to involving people with intellectual disabilities in clinical research. Methods: In this paper a number of issues pertinent to the ethics of involving people with intellectual disabilities in treatment outcome research are explored, including defining the elements of valid consent, the legislative and policy framework within which research with such people now needs to be set, and the particular difficulties concerning this type of research with restricted patients. Results: The research literature suggests that people of average intellectual functioning have considerable difficulties in understanding clinical research that they have consented to take part in. While there is some suggestion that people with intellectual disabilities can be helped to make valid consent decisions concerning their own treatment, the situation concerning consent to take part in research is not clear. Conclusions: There is a risk that discriminatory decisions to exclude people with intellectual disabilities from potentially beneficial and/or benign research are made on the basis of erroneous assumptions about their capacity to give consent compared with general population. A balance is required in order to protect potentially vulnerable people and to promote self-determination

Obtaining Informed Consent from Adults with Learning Disabilities.

Biza Stenfert Kroese & A. Dunn, Shropshire County PCT and the School of Psychology University of Birmingham, UK

Aim: To evaluate the effectiveness of presenting a brief (7 minutes) video containing 10 points relevant to the therapeutic process, in improving the knowledge of adults with mild and moderate learning disabilities. Method: Nineteen adults attending a Social Education Centre were presented with the video and a comprehension test was administered at three separate times before the video presentation, during the video presentation, and after viewing the video. Results: Related t-tests indicated that participants’ knowledge scores were significantly higher for the 2nd and 3rd comprehension test. Topics for which scores improved most related to the therapist’s and client’s roles in therapy (what a therapist does, what a client does, and what they talk about), and the client’s right to end treatment. Issues which were least well understood included confidentiality and its limits, whether a therapist prescribes drugs or not, and client’s ability to be involved in decision-making regarding the therapy sessions. Conclusions: The results will be discussed in the context of methodologies which aim to obtain truly informed consent to treatment or to research participation.
Re-Conceptualising the Capacity of People with Learning Disabilities to Consent to take part in Research

Dougal Julian Hare, University of Manchester and North Staffordshire Combined Healthcare NHS Trust, UK, Steve Hendy, North Staffordshire Combined Healthcare NHS Trust, UK, Linda Dye, University of Manchester, UK

Aims: Capacity to consent is an important concept when working with people with learning disabilities. The current concept of consent is dichotomous - people with learning disabilities either have, or do not have, capacity to consent. This paper examines the validity and utility of the dichotomous approach when undertaking research with people with learning disabilities. Methods: A review of previous studies of consent to participate in research by people with learning disabilities, together with examination of other relevant research findings and theoretical perspectives, was undertaken to inform an experimental study of capacity to consent to participate in research. Results: Findings from several studies reported a range from 0 – 65% of people with learning disabilities identified as having capacity to consent. In addition, research into human decision-making indicates a number of factors which are relevant to understanding capacity to consent to research. These findings suggest limitations with the current dichotomous concept of capacity to consent. Conclusions: A reconceptualisation is needed in order to address these limitations and to address three main issues: 1) Incorporation of information from studies of decision-making 2) Incorporation of risk and benefit assessment 3) Engagement with participatory research paradigms in the field of learning disabilities. It is proposed, therefore, that it is more helpful to present the concept of capacity to consent to take part in research within a broader contextual framework. This paper examines both empirical evidence and theoretical models which are relevant to developing such a framework.

Gaining Ethical Approval for Research into Sensitive Topics: ‘Two Strikes and You’re Out?

Sarah-Jane Hays, Tizard Centre, University of Kent at Canterbury, UK, Glynis Murphy, Tizard Centre, University of Kent at Canterbury, UK, *Neil Sinclair, Care Principles, Canterbury, UK

Researching sensitive topics, such as the treatment of men with intellectual disabilities and sexually abusive behaviour, presents a number of ethical issues for researchers. This paper describes our experiences in working with Multi-site Research Ethics Committees (MRECs) regarding a research proposal designed to assess the efficacy of cognitive behaviour therapy for men with intellectual disabilities who are at risk of sexual offending. After submitting to three MRECs and spending a year trying to get ethical approval, we questioned whether: 1) The issue of study design should be part of the MREC’s remit. 2) MRECs were sufficiently responsive to concerns raised by researchers. 3) MRECs always understood the research. 4) The Central Office for Research Ethics Committees (COREC) should disallow re-submission after rejection by two MREC committees (‘two strikes and you’re out’). The implications of these experiences and current research governance procedures for research with people with intellectual disabilities are discussed.

Treatment Outcome Research with Offenders with Intellectual Disabilities

Convenor: John L Taylor, Psychological Therapies & Research, Northgate Hospital, Morpeth, Northumberland, UK

Anger Treatment for People with Intellectual Disabilities

Raymond W. Novaco, University of California, Irvine, USA and John L Taylor, Northumbria University and Northgate & Prudhoe NHS Trust, UK

Background: Anger dyscontrol is a significant clinical problem for people with intellectual disabilities because it is a multi-layered emotional distress issue, it is empirically linked with aggressive behaviour, and it can result in serious constraints on their liberty. There is mounting evidence with intellectual disabilities (ID) clients that anger can be reliably and validly assessed and that CBT anger interventions are efficacious. Innovations in anger assessment and outcomes from controlled treatment studies will be presented. Epidemiological research on three continents concerning persons with ID has shown that aggressive behaviour features prominently in their clinical needs, and UK-based research has identified anger as a clinically significant subject in both hospital and community settings. Results from a hospital-based study with 129 male forensic patients demonstrate convergent and predictive validity of anger assessment on psychometric scales modified for this mild borderline ID population and point firmly to anger as a treatment need. Method and Results: A review of existing CBT anger interventions for ID clients in hospital and community settings reveals diverse approaches and promising outcomes but few controlled trials. Results from concatenated studies by our research team with hospitalised forensic patients have demonstrated in a controlled design that an 18-session protocol-based CBT anger treatment, including a preparatory phase to shape treatment readiness, produced significant reductions in anger on multiples measures at post-treatment and follow-up, compared to a routine care condition. Conclusions: Important issues remain regarding treatment mechanisms and diffusion and with regard to post-treatment continuity of care, particularly as anger is understood as a dynamic variable affected by contextual conditions.
Sexual and Non-Sexual Offenders with Intellectual and Learning Disabilities: A 10-Year Follow-Up of Treatment

William R Lindsay, The State Hospital, Tayside Primary Care Trust, and the University of Abertay, Dundee, UK

Background and Aims: Previous studies have reported characteristics and short term treatment outcome in several groups of offenders with ID. However little work has been done to date comparing larger groups of offenders over longer timescales. The present study reports the characteristics of larger groups of offenders who were followed-up for up to 10 years. Method: Two cohorts were compared - 120 men who committed sex offences or sexually abusive incidents (Group 1) and 88 men who committed other types of offences and serious incidents (Group 2). The cohorts were compared on a range of demographic, service history and recidivism characteristics for up to 10 years after referral. Treatments compared were based on established cognitive methods. Results: There was a higher rate of re-offending in the non-sexual cohort and this trend persisted up to seven years but not up to 10 years where there was a higher rate of re-offending in Group 1 participants. Thirty-three percent of Group 1 and 59% of Group 2 re-offended over the whole follow-up period. When one considers re-offenders only, there was a significant amount of harm reduction: sex offenders committed only 33.2% of the number of offences in an equivalent pre-treatment period and other offenders committed 60% of the number of offences in an equivalent pre-treatment period. Conclusions: There was a significant reduction in the number of offences committed in both groups and this trend continued throughout the 10-year follow-up period. Aggressive offenders committed more post-treatment offences than sex offenders. Although the results are encouraging, they will be discussed in terms of the current limitations on treatment effectiveness.

Outcome of Group Cognitive-Behavioural Treatment for Men with Intellectual Disabilities at Risk of Sexual Offending

Neil Sinclair, Cedar House, Care Principles, Canterbury, UK, Glynis Murphy, Tizard, Centre, University of Kent, UK, Sarah-Jane Hays, Tizard Centre, University of Kent, UK, On behalf of the Sex Offender Treatment Services Collaborative – Intellectual Disability (SOTSEC-ID)

Aim: Sex offending in the general population has been a focus of clinical and forensic interest for some time due to the damaging and dangerous nature of the behaviour, an understandable desire to reduce recidivism among released offenders, and theoretical and clinical advances in treatment (Marshall, Anderson & Fernandez, 1999). Some men with intellectual disabilities are also at risk of committing sexual offences, yet they are rarely prosecuted and rarely offered treatment (Rose et al., 2002). The aim of the current research is to empirically evaluate group cognitive-behavioural treatment (CBT) for men with intellectual disabilities, at risk of sexual offending. Method: Treatment provision is coordinated through SOTSEC-ID, a group of multidisciplinary therapists in England and Wales who have come together over the last 4 years. SOTSEC-ID uses a core set of process and outcome assessments and a collaborative treatment manual. The group cognitive behavioural treatment itself is provided in small groups of 5-8 men over a year at the rate of one 2-hour session per week. The 40 participants were all male, had a mild or borderline learning disability, were aged between 20 and 60 years of age, and had a forensic or service history of sexual offences or incidents. Results: This paper describes the outcome data for the first 40 or so men to complete treatment, including data on changes in sexual knowledge, cognitive distortions, re-offending and service user views.

Fire-Setting Amongst People with Intellectual Disabilities: Developments in Cognitive Behavioural Treatment Approaches

John L. Taylor, Northumbria University and Northgate & Prudhoe NHS Trust, UK, Ian Thorne, Northgate & Prudhoe NHS Trust, UK, Alison Robertson, University of Newcastle upon Tyne and Northgate & Prudhoe NHS Trust, UK

Background: The extent to which people with intellectual disabilities (ID) set fires is difficult to ascertain. However, services working with people with ID and offending or quasi-offending histories are increasing the amount of attention that they give to this difficult and perplexing issue. This is due to the real and perceived threat that it presents to society and the seriousness with which it viewed by the criminal justice system. Against this background there is very little available in the research literature concerning treatment interventions for fire-setting behaviour in this client group, and even less regarding their effectiveness. Methods: This paper describes a service-based clinical research programme in which a 40-session cognitive behavioural treatment protocol was developed and then implemented with men and women with ID and convictions for fire-setting. Case series studies are described that outline the treatment content and approach, and the responses of individual patients to this group-based intervention. A further study is outlined that involved 14 inpatients being assessed before and after receiving the treatment on a number of fire-specific, anger, self-esteem, and depression measures. Results: The case series demonstrate significant improvements in all areas assessed following treatment – that is, fire-interest, fire attitudes, anger and self-esteem. No significant pre-post treatment difference was found for depression. Conclusions: The limitations and implications of this clinical research programme are discussed in relation to practitioners who are required to develop interventions for this challenging, yet much neglected client group.
Posters

Comparison of stereotyped behavior level in several activities in individuals with autism - A pilot study realized in Rehabilitation Center- Vaalijala – Finland

D'Oliveira, S University of Joensuu and Universidade Lusófona das Humanidades e Tecnologias, Portugal

The levels of stereotyped behaviors of 7 individuals with autism disorder were compared. During 4 weeks, observations were made in different situations (structured and non-structured) in the rehabilitation center of Vaalijala, in Finland. These situations also included some physical activities. The central issue was to identify the influence of these activities in the stereotyped behavior and the possible effect in the subsequent behavior. The results showed that the lowest levels of stereotyped behavior are not only presented in non-structured situations but also in some of the structured ones. And even though during physical activity a low level of stereotyped behaviors were presented, the mild exercise does not have a decreasing effect on the stereotyped behavior as expected. In some cases the stereotyped behavior increased after the activity. An exercise program is suggested to be based on vigorous exercise and attending to individual preferences and daily program.

Role of Daily Life Stress in Mediating Anxiety and Delusional Beliefs in People with Asperger Syndrome

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Introduction: Case studies and research evidence suggests that some people with Asperger syndrome hold delusional beliefs and, in particular, delusions of grandeur (Abell & Hare, 2004, in prep.). Research has shown that individuals with Asperger syndrome have impaired theory of mind (ToM) ability. ToM is also implicated in a cognitive theory of delusional belief (e.g. Firth & Corcoran, 1996). However, no studies to date have found support for a direct link between impaired ToM and delusional beliefs in this group. In the study conducted by Abell & Hare (ibid.), anxiety emerged as the only predictive factor for delusional beliefs. Abell & Hare (ibid.) have proposed a preliminary cognitive model of delusions in Asperger syndrome. Aims: In line with the proposed model, the aim of this study was to investigate whether ToM is associated with everyday life stresses; if daily hassles are associated with anxiety; and whether anxiety is associated with delusions of grandeur in people with Asperger syndrome. The roles of daily uplifts as a possible moderator and self-esteem as a possible mediator were also explored. Method: Twenty-three individuals with a formal diagnosis of Asperger syndrome were recruited. The study involved a single contact with the researcher and the completion of six formal assessments. This consisted of four self-report measures which provided information regarding current level of mood, self-esteem, daily hassles and uplifts, and types of delusional beliefs held and the level of distress, conviction and preoccupation associated with those delusional beliefs. On face-to-face contact, participants were asked to complete two tests which assessed theory of mind ability and global intellectual ability. Results: Delusions of grandeur were the most frequently endorsed delusions within this group. Correlational analyses indicated that impaired ToM ability was not associated with increased perceived daily hassles. However, increased daily hassles were significantly associated with increased levels of anxiety. Also, increased anxiety was significantly associated with grandiose beliefs and the distress, pre-occupation and conviction with which these beliefs were held. Self-esteem was positively correlated only with the distress score for grandiose beliefs. Multiple regression analyses were carried out to explore whether daily uplifts had a moderating effect on daily hassles and whether self-esteem mediates the relationship between anxiety and delusions of grandeur. There was no evidence to support the moderating and mediating roles. Discussion: The results are discussed in light of previous results, the proposed cognitive model for delusions in Asperger syndrome, and methodological limitations of the study. The importance of aiding development of evidence-based cognitive-behavioural and psychosocial interventions for people with Asperger syndrome is also considered, with recommendations for future research.
Appetitive Disorders

Keynote Address

The Relationship between Motivational Enhancement and CBT in Eating Disorders: Are They an Odd Couple?

Ulrike Schmidt, Institute of Psychiatry, London

Techniques to enhance motivation, such as motivational interviewing, have recently attracted a lot of attention in the field of eating disorders. The reasons for this interest are straightforward and relate to the fact that eating disorder patients have a reputation for being difficult to engage and treat. Cognitive behaviour therapy is the treatment of choice for bulimia nervosa, but its role in the treatment of anorexia nervosa is much less well-established. The aims of the present paper are: (1) to review what we know about the use of motivational techniques in the treatment of eating disorders and how this fits in with CBT models of eating disorders and (2) to present data from recent trials conducted at the Maudsley Hospital using motivational techniques in conjunction with CBT.

Symposium

Cognitive Processes in Eating Disorders

Convenor: Michelle Lee, Department of Psychiatry, University of Oxford, UK

Assessment of attentional bias in eating disorders using an enhanced method.

Michelle Lee, Roz Shafran and Christopher G. Fairburn Department of Psychiatry, University of Oxford, UK

It has been suggested that biased patterns of information processing may contribute to the development and persistence of eating disorders. Existing methods for assessing attentional bias, such as the Stroop and dot probe tasks have been criticised as inappropriate and lacking in clinical relevance. The aim of the current research was to examine attentional bias in women with eating disorders before and after 20 weeks of enhanced CBT using a newly developed pictorial dot probe task. In the newly developed task, participants were presented with two pictures at a time, for 1000ms (to the left and right of a computer screen), consisting of a picture relating to eating-disorder concerns (target stimuli) and an animal picture (non-target stimuli). Picture pairs were matched for emotional valence (positive, negative or neutral). These stimuli were then replaced by a probe, in the location of one of the original pictures. Participants were instructed to indicate the position of the probe by pressing an appropriate response key. Data analysis was based on reaction times (RTs) for correct responses. A measure of attentional bias (the tendency to look towards eating disorder-relevant target stimuli) was calculated across the different target categories (positive eating, negative eating, neutral eating etc). Bias scores were examined in patients prior to and after treatment. Inspection of means indicated that an attentional bias towards various types of eating disorder-related stimuli was present prior to treatment. However, after treatment, this bias was markedly reduced. The clinical implications of this finding are discussed.

Attentional bias for food-related words in obese children.

Caroline Braet, Geert Crombez, University of Ghent

Cognitive models of depression and anxiety have been adapted in order to explain the maintenance of maladaptive behaviours characteristic for Anorexia Nervosa, Bulimia Nervosa, and Binge Eating. One of the assumptions in this view is that overeating is associated with elaborated cognitive representations (schemata) of both food- and threat related information. Therefore it is hypothesised that patients with eating disorders display a specific sensitivity to cues related to both food and threat related concerns. In line with this view several experiments in patients with eating disorders have revealed an attentional bias effect towards food and threat related cues. As yet, there is no study that have investigated these biases in obese persons. It is however reasonable to hypothesize that also obese persons show concerns about food. Therefore, this study aims to study selective processing of food- and emotion-related cues in obese patients. Participants are severe obese children following a residential cognitive-behavioral programme for their obesity. Thirty-four obese children (age: 13 years, SD= 2; overweight: 77%, SD= 24) and forty non-obese controls (age: 13 years, SD= 2; overweight: 3%, SD=12) performed a computerised emotional version of the Stroop task. Both food-related (N=20) and emotion-related (N=20) words were used.Words of each category were presented in block or completely randomized. Order of presentation was counterbalanced. The results reveal an attentional bias for food-related stimuli in obese subjects. No other effects were observed. These effects were only present in the block condition. There was no attentional bias in obese children towards the emotion-related words.
The real problem is a lack of body image bias in eating disorders

Anita Jansen, Maastricht University, The Netherlands

Body image disturbance is supposed to be characteristic of eating disorders. Eating disordered subjects feel unattractive, and the current idea is that this feeling reflects a disturbed body image. In two studies we found however evidence for the idea that it is not the body image of eating symptomatic subjects that is distorted, it is the body image of normal subjects that is biased. In the first study, the body images of eating symptomatic subjects and control models were compared with intersubjective evaluations of these bodies given by a naïve forum. The forum ratings were identical to the ratings of the eating symptomatic subjects. The control models showed however a strong positively biased perception of their own attractiveness: they rated their own bodies more positive than others rated them. In the second study we used eye movement registration as a direct index of selective visual attention while the eating symptomatic and normal control participants were exposed to digitalized pictures of their own body and control bodies. The data showed a strong self-serving cognitive bias in the normal group: they focused more on their own ‘beautiful’ body parts and less on their own ‘ugly’ body parts, whereas in the eating symptomatic subjects the pattern was reversed. These findings will be discussed.

Metacognition in Anorexia Nervosa

Myra Cooper, Rachel Blaikley & Hannah Turner Isis Education Centre, University of Oxford, UK and University of Southampton, UK

Three types of metacognition have been defined: metacognitive knowledge (explicit and implicit), metacognitive experiences and metacognitive control strategies (Wells, 1997). Clinically we have identified examples of all these processes in patients with anorexia nervosa. The current study aimed to investigate two aspects – explicit metacognitive knowledge and metacognitive control. It was hypothesised that patients with anorexia nervosa would use metacognitive control strategies designed to challenge their negative thoughts less frequently and less successfully than normal dieters and non dieters. However, they would use strategies that reinforced their negative thoughts more frequently. Patients were also hypothesised to report fewer explicit metacognitions. Investigation of the function of metacognitive control strategies was exploratory in nature. Patients with a DSM-IV (American Psychiatric Association, 1994) diagnosis of anorexia nervosa and normal dieters and non dieters without an eating disorder diagnosis took part in the study. Metacognitive profiling questions (Wells, 2000) provided the basis for a semi-structured interview. Participants identified a recent situation in which they had felt anxious, bad or worried about their eating, shape or weight. They were asked about thoughts about their own thinking at the time (explicit metacognitions). They were also asked about any metacognitive control strategies designed to cope with their negative thoughts. A prompt list was provided, and each was rated for likelihood of use and success, and for function. Number of explicit metacognitions reported was similar in all three groups. However, the participants with anorexia nervosa used worry/rumination, distraction by doing something, and attending to other people more frequently than the two control groups. There were also differences between patients and non-dieters in punishing self mentally, while dieters used imagining future events more than non dieters. Patients were less successful at using reappraising thoughts than the two control groups, and at attending to others. They were less successful than dieters at distracting self mentally, and less successful than controls in use of attending to body. Content analysis was used to identify the themes in what participants were trying to achieve through their control strategies. Patients most commonly reported that their aim was to confirm negative thoughts or to feel worse, whilst the most common aim for both control groups was to rationalise their thoughts and put them into perspective. In order to explore the role of depression, analyses controlling for this were conducted, where possible, on significant between group differences. These revealed that the anorexia nervosa patients were still more likely to use suppression of thoughts, were less successful in use of punishing self mentally than non dieters and less successful in use of worry/rumination than dieters. The implications of the findings for the development of cognitive therapy and any associated treatment strategies in patients with anorexia nervosa are discussed.

Imagery in bulimia nervosa

Kate Somerville, Myra Cooper, Ann Hackmann, Isis Education Centre, University of Oxford, UK and Department of Psychiatry, University of Oxford, UK.

It has been argued that emotional images contain both stimulus and response properties, and that a broad range of modalities is involved in both (Lang, 1977). Non verbal memories of emotional events may be very long lasting (Terr, 1988), and early memories are often experienced retrospectively non-verbally (Pillemer, 1998), thus it is perhaps not surprising that clinically there appears to be some similarity between sensory and behavioural content of current images and early memories. Images may provide a quick route to the “implicational” level of meaning (Barnard & Teasdale, 1991), thus may be useful in the assessment and also treatment of beliefs in cognitive therapy. There is some preliminary evidence for the existence of images (focused on how the patient would look if she were to gain weight or become fat) in eating disorders (Cooper et al., 1998). The current study had three main aims: (1) Do women with bulimia nervosa report spontaneous images related to their concerns; (2) Can negative core beliefs be accessed through these images; (3) Are there links between the images and early memories. Women with bulimia nervosa were compared with normal dieters and non dieters. All participants completed a semi-structured interview adapted from Hackmann et al., (1998) and Osman et al. (in press). Open and closed questions were used, and
participants also made ratings on Likert scales. Part one asked about spontaneous images and associated sensory modalities. Part two asked about core beliefs (accessed from images by using the downward arrow technique, Burns, 1980), and part three asked about early memories that seemed linked to the image, and any associated sensory modalities. All patients, but none of the controls, met DSM-IV (American Psychiatric Association, 1994) criteria for bulimia nervosa. Patients reported more negative images/impressions than the control groups, although they were no more likely to be recurrent. The visual modality, followed by the organic and cutaneous were the most frequent modalities reported, and patients tended to report a greater number of modalities than the controls. There was also a trend for the controls to view their images from an external viewpoint, compared to a fluctuating tendency in the patients. Patients reported more negative core beliefs related to their images than the controls, and greater “rational” but not “emotional” belief in them than the controls. The patients were also more likely to report a link between their images and an early memory (before age 15) than the controls. Perspective taken on early memories tended to fluctuate, compared to controls, and visual, auditory and cutaneous were the most commonly reported modalities in early memories. There was considerable sensory and emotional similarity between images and early memories in the patient group. The findings are discussed in relation to imagery theory (e.g. Hackmann et al., 2000; Lang, 1977, and Piliemer, 1998), and cognitive theory of eating disorders (Cooper et al., 2004, Waller et al., 2004). Implications for the use of innovative cognitive therapy strategies with patients with bulimia nervosa are also briefly discussed.

**Body image in Eating Disorders: Assessment and Treatment**

*Convenor: Tuschen-Caffier, B University of Bielefeld, Germany*

Dissatisfaction with body weight and shape is typical for patients with eating disorders. However, it is still unknown, how patients with eating disorders experience their body in their everyday life and what kind of treatment may enhance body dissatisfaction. Especially, it is unknown, what kind of beliefs may maintain body checking behavior or the avoidance of self-exposure to mirrors. Furthermore, it is an open question whether body dissatisfaction requires a specific intervention and which techniques may be most effective in the treatment of body dissatisfaction. Therefore, the symposium will focus on the following themes: The first presentation (Mountford) will be about the relationship between body checking behaviors and related beliefs in eating-disordered as well as healthy women. Data on psychometric characteristics based on a new measure of cognitions regarding body checking behaviours (using an established measure) will be analysed. The second presenter (Probst) will talk about the mirror behaviour of patients with eating disorders. Furthermore, the presentation will give an insight into the body experience of patients who do and those who do not avoid mirrors. Concerning the treatment of dissatisfaction with body shape and weight exposure techniques have recently been included in treatment programs. However, previous research cannot answer the question if body exposure is more efficient than other interventions. Thus, the following two presentations are addressed to this research theme: One presentation (Wilson) will be about guided mirror exposure with a mindfulness-based rationale compared to a credible, nondirective treatment intervention. The other presentation (Tuschen-Caffier) will be about mirror exposure compared to cognitive interventions and a waiting-list condition. The primary aim of the last talk (Shafran) is to determine the influence of body size estimation on the immediate and longer-term outcome of patients with eating disorders treated with cognitive-behavioural therapy.

**Body Checking in the Eating Disorders: Relationship between Cognitions and Behaviours.**

*Mountford, V & Haase, A. St George’s Eating Disorder Service, University of Bristol, UK*

Body checking is the practice of repeatedly checking aspects of one’s body in highly idiosyncratic ways. It has recently assumed greater importance in understanding the eating disorders, given its proposed role as a behavioural expression of the over-evaluation of eating, shape and weight that is central to the eating disorders. While many patients believe that body checking acts to reduce their distress regarding body shape, early evidence suggests that these behaviours actually increase distress and body dissatisfaction. Therefore, recent formulations have suggested that reducing body checking is an important behavioural experiment in CBT for the eating disorders. However, although the behaviours are well known, there is little evidence regarding the underlying cognitions that drive them. It is important to identify those cognitions in order to understand the cognitive targets of such experiments. The aim of this study was to provide preliminary data on the relationship between body checking behaviours and related beliefs in eating-disordered and non-clinical women. The study reports on the preliminary psychometric characteristics of a new measure of cognitions regarding body checking, and the association between those cognitions and levels of body checking behaviours (using an established measure). The participants were a case series of female eating-disordered patients and age-matched control women. The findings indicate that the new measure has satisfactory psychometric properties, and that there are specific cognitive constructs that link beliefs and the value of body checking to specific patterns of behaviour. Suggestions are made for how behavioural experiments regarding body checking might be modified in order to target the beliefs that most powerfully maintain the behaviours.
Mirror, Mirror on the Wall…An investigation into the Mirror Behaviour of Patients with Eating Disorders

Probst, M. K.U. Leuven, Department Rehabilitation Sciences and Universitair Centrum Kortenberg, & Arteveldehogeschool Opleidingseenheid Kinesitherapie Gent, Belgium.

Patients with eating disorders experience an intense fear of gaining weight and present a negative body experience. They are concerned about certain body parts and distrust objective standards such as mirrors. Mirrors can play an important role in this body experience. They tend to make the person self-conscious, critical and suggestible. But they can also be turned into a therapeutic ally. For instance they can bring about a stable integrated mental perception of the own body, disrupt the denial and bring about an intense reality testing. Objective & Method: Besides the investigation into the mirror behaviour of patients with eating disorder, (n= 820; 595 AN, 295 BN) and control subjects (n=550) the body experience (measured with the Body Attitude Questionnaire and the EDI) of subjects who do and subjects who don’t avoid mirrors is being assessed. Patients with eating disorders present a clearly deviating mirror behaviour. 24% of the patients (CG = 19%) never or seldom look in the mirror and 32% of the patients (CG =24%) look very frequently. Further analysis shows that subjects who frequently face the mirror present a more negative body experience. Patients who avoid mirrors prove to be either frightened or satisfied with themselves. They don’t feel the need to look at themselves in the mirror constantly. Subjects who look in the mirror frequently seem satisfied with their body experience and seek approval. But they can also be dissatisfied, be obsessively busy with their appearance or seek confirmation of negative thoughts. To help patients experience themselves in an adequate way is a prime goal of the treatment. From this point of view mirror exercises seem to be appropriate to obtain a stable mental position.

Guided Mirror Exposure in the Treatment of Dysfunctional Body Shape and Weight Concerns.

Wilson, T, Rutgers University, USA

Guided mirror exposure has been included in treatment programs aimed at decreasing body shape and weight concerns in patients with eating disorders. Yet controlled evaluation of its specific efficacy is lacking. This presentation summarises a study of young women with dysfunctional shape and concerns in which guided mirror exposure is compared with a credible, nondirective treatment intervention. A mindfulness-based rationale for guided mirror exposure is proposed that (a) might explain why unguided exposure has been linked to increases in body image dissatisfaction, and (b) provides guidelines for the optimal therapeutic use of this strategy with eating disorder patients.

How to improve Body Dissatisfaction; Mirror Exposure compared to Cognitive Intervention.

Tuschen-Caffier, B, Schüssel, C. Department of Psychology, University of Bielefeld, Germany, & Weinbrenner, B. Christop-Dornier-Stifung Für Klinische Psychologie, Institut Siegen, Germany

Methods of exposure are efficient techniques of behavioural therapy. Recently, they have been included in treatment programs aimed at body image dissatisfaction of patients with eating disorders. Yet controlled evaluation of its specific efficacy is lacking. This study aims to determine the efficacy of body exposure in comparison to cognitive intervention and attending group therapy. The allocation of participants to the two treatments will be randomly assigned. All participants will have to attend for one month before the treatment will start. Both treatments will consist of five one on one sessions during a 3 week time period. Participants will be women who are dissatisfied with their body. Since this study is only based on specific body image interventions we will exclude participants with eating or other mental disorders by using the Eating Disorder Examination and a structured clinical interview. The study will contain of a minimum of 25 participants per group. To avoid distractions during the intervention process midpoint evaluation will not be used.

Changes in Body Size Estimation with Cognitive Behavioural Therapy.

Shafran, R, Lee, M, & Fairburn, Ch, G. Oxford University Department of Psychiatry, UK

It has long been suggested that correcting the overestimation of body size in patients with an eating disorder is a prerequisite for recovery. In contrast, it could be argued that the overestimation of body size is simply an expression of the core eating disorder psychopathology and does not require a specific intervention. The aim of the present study was to determine the influence of body size estimation on the immediate and longer-term outcome of patients with eating disorders treated with cognitive-behavioural therapy. The study aimed to improve upon previous research in three ways. First, by using a newly developed ecologically valid measure of body size estimation; second by using a manual-based, state-of-the-art cognitive behavioural intervention; third by taking a “transdiagnostic” perspective and including patients with the full range of eating disorders. Twenty-three women participated in this study (mean age=20.72 years; SD=2.39). Body size estimation decreased significantly more in patients who responded well to
the CBT and maintained these gains at follow up even though the intervention did not address body size estimation. These preliminary findings indicate that for the majority of patients, body size estimation does not require a specific intervention.

**CBT in the Treatment of Opiate Misusers in Methadone Maintenance programmes: An Overview and Results from the UKCBTMM Trial**

*Convenors: Paul Davis, University College London and Colin Drummond, St George’s Hospital Medical School, University of London*

**Overview and design of the UKCBTMM trial**

Colin Drummond, St George’s Hospital Medical School, University of London.

The UKCBTMM trial aimed principally to assess the effectiveness and cost-effectiveness of CBT in opiate misusers in outpatient methadone maintenance treatment. The study is a multicentre randomised controlled trial conducted in 10 methadone treatment clinics in 3 regions in England. The trial included males and females aged 18-70, stabilised on oral methadone maintenance treatment. Patients with severe mental or physical illness were excluded. The trial compared CBT plus standard methadone maintenance treatment (MMT) compared with MMT alone. CBT therapists were recruited from existing staff within addiction teams and were mainly nurses and clinical psychologists. They underwent a standard training programme and were given supervised practice before entering the trial. CBT was delivered in weekly 50 min sessions up to 24 sessions over 6 months. CBT sessions included core and elective elements. Core sessions addressed motivation, coping skills, maladaptive thoughts attitudes and beliefs. Elective sessions included topics such as psychiatric comorbidity. All sessions were tape recorded and a sample was rated by independent raters. MMT consisted of standard keyworking according to a manual. The primary outcome measure was heroin use derived from the time line follow back interview. Secondary outcomes included addiction severity, quality of life, psychological symptoms, and health economic outcomes. Treatment process measures included coping behaviours, stages of change, self efficacy and outcome expectancies.

**CBT in the treatment of Opiate Misusers in Methadone Maintenance Programmes: Treatment Outcomes and Health Economic Analysis.**

*Simon Coulton on behalf of the UKCBTMM Trial Team, York Trials Unit, Department of Health Sciences, University of York.*

Cognitive Behavioural Therapy has become the leading treatment approach for a variety of psychological disorders, but there is little evidence of its effectiveness or cost effectiveness for substance use disorders. The United Kingdom Cognitive Behavioural Therapy and Methadone Maintenance Trial is a pragmatic, multi-centre, randomised controlled trial that aims to assess the effectiveness and cost-effectiveness of CBT as an adjunct to methadone maintenance (MMT) for opiate users in the United Kingdom. A total of 842 clients, across 10 treatment centres, were screened for eligibility and 60 clients who were both eligible and consenting were randomised to one of two treatment groups, either traditional keyworker led MMT alone or in conjunction with up to 24 sessions of CBT over 6 months. The primary analysis was conducted by intention to treat and aimed to establish whether CBT was an effective adjunct to MMT in reducing illicit drug use. An economic analysis addressed the cost-effectiveness of CBT and MMT versus MMT alone. The overall results indicated a trend in favour of CBT with effect sizes in the region of 0.3 in favour of CBT in reducing both addiction severity and illicit heroin use. Economic analysis indicated that the cost of treatment is outweighed by the resource savings with a mean cost saving of £7000 for CBT and MMT compared with MMT alone. Simulated Incremental Cost Effective Ratios indicated that the probability that CBT and MMT would be preferred over MMT alone is 74%. The talk will focus on the main treatment and economic outcomes of the UKCBTMM study.

**Training implications and applicability of CBT to the NHS drug treatment setting**

*Christos Kouimtsidis, St George’s Hospital Medical School, University of London.*

The UKCBTMM trial was a pragmatic, randomised, multicentre, parallel group design trial comparing Cognitive Behaviour Therapy (CBT) plus Methadone Maintenance Treatment (MMT) with MMT alone. It is important to underline that in comparison to previous studies, this was a pragmatic clinical trial conducted in typical clinical settings, with a limited number of existing CBT trained staff. Therapists were recruited from existing staff. They attended a standardised training programme, received regular therapy supervision and were assessed for accreditation. Therapy was delivered according to a purpose designed CBT manual, specifically written for staff with experience in working with clients with substance misuse problems but no experience in CBT interventions. Results and conclusions: Recruitment into the trial was considerably lower than in previous published research using a similar trial design in the US. This might be accounted for by several factors including differences in the US and UK treatment systems such as lower baseline level of psychosocial services in UK methadone treatment which may have affected staff and client expectations of CBT treatment. However, in spite of this we managed to train the target number of staff to the accreditation standard, which shows that it is possible to implement a CBT programme in the NHS setting.
Abuse images of children and the Internet

Convenor: Max Taylor, COPINE Project, Department of Applied Psychology, University College Cork, Ireland

The extent and availability of abuse images of children on the Internet has added new factors to take into account in our understanding of the expression of adult sexual interest in children. As possession and downloading of such images are illegal, on conviction increasing numbers of people are becoming involved in the criminal justice system, placing demands on therapeutic services to develop effective responses. This symposium, consisting of 3 presentations, will explore some of the issues this presents for both our understanding of the processes involved, and therapeutic intervention.

The behavioural context of abuse images on the Internet

Max Taylor, COPINE Project, Department of Applied Psychology, University College Cork, Ireland

This paper will explore how Internet activity involving abuse images of children can be described in behavioural terms. It will discuss some of the ways in which individuals may interact with the Internet, making particular distinctions between solitary and social dimensions to Internet behaviours, and the relationship between Internet architecture and offending behaviour.

A model of Internet behaviour involving abuse images of children.

Ethel Quayle, COPINE Project, Department of Applied Psychology, University College Cork, Ireland

This presentation will present and explore a model of Internet behaviour involving abuse images of children, drawing on radical behaviourist perspectives within a broadly CBT approach.

Treatment Approaches to Internet Offenders

David Middleton, Head of Sex Offender Strategy & Programmes, Home Office, National Probation Directorate, UK

This paper will examine the applicability of existing models of sex offender treatment to this offender group. Drawing on analysis of psychometric profiles from convicted offenders it will be seen that it is not possible to categorise these offenders as a homogeneous group. However it is possible to determine a continuum which provides a context to analyse individual offenders. This ranges from those who exhibit a number of pre-disposing factors associated with contact sexual offending, to those for whom the search for sexual gratification through accessing indecent images serves as a means for addressing deficits in psycho-social functioning. The identification of treatment targets and methods will be explored, together with the results of a pilot programmes which has been implemented in the National Probation Service.

Diagnostic and Treatment Issues in Compulsive Hoarding

Convenor and Chair: Randy O. Frost, Smith College, USA

Patterns of comorbidity in compulsive hoarding

Todd Farchione, Boston University; David Tolin, Institute of Living, Hartford, CT; Sanjaya Saxena, UCLA; Karron Maidment, UCLA; Gail Stekteee, Boston University; Randy O. Frost, Smith College; Fugen Neziroglu, Bio-behavioral Institute, Great Neck, NY

Hoarding has been defined as the acquisition of, and failure to discard, possessions that appear to be useless or have limited value. Diagnostically, compulsive hoarding has been closely associated with both obsessive compulsive disorder (OCD); and obsessive compulsive personality disorder (OCPD) and symptoms of this condition can be found among a number of Axis I disorders, as well as in various forms of dementia. While recent research on the features of hoarding and its relationship with other psychiatric disorders has greatly improved our understanding of this condition, the diagnostic picture is far from complete and additional research is clearly needed. Clarifying the diagnostic features of compulsive hoarding is essential to our understanding of this disorder and has important treatment implications. Studies examining comorbidity, or the simultaneous occurrence of two or more disorders in the same individual, indicate that over 50% of patients with a principal anxiety disorder have at least one additional
anxiety or mood disorder of clinical severity (Brown & Barlow, 1992). Even higher rates have been reported in investigations that include subclinical comorbid conditions. Results from these studies suggest that comorbidity has important implications for both classification and treatment outcome. Given these findings, examining patterns of comorbidity in compulsive hoarding is expected to shed some light on the diagnostic features of this disorder. In the current investigation, comorbid diagnoses will be examined in a group of patients receiving a principal diagnosis of OCD with primary symptoms of compulsive hoarding. Primary and comorbid diagnoses were assigned on the basis of information obtained through semi-structured or structured clinical interview. Consistent with previous findings from a study by Steketee and colleagues (2000), preliminary results from the current investigation suggest a high rate of comorbidity in this sample, with major depressive disorder and social phobia being most common. In an effort to examine the relationship between compulsive hoarding and OCD, the pattern of comorbidity in this sample will be compared to data obtained from a group of age and gender matched patients with non-hoarding primary OCD. The diagnostic and treatment implication of these results will be discussed.

Compulsive Hoarding – factors in its etiology, phenomenology and treatment; findings from an Australian study

Christopher Mogan and Michael Kyrios, University of Melbourne

Increasing research interest has identified compulsive hoarding as a distinct clinical phenomenon, with increasing agreement that it can be defined as the acquisition and failure to discard possessions that appear to be useless or of limited value, resulting in the clutter of rooms and the overall impairment of personal functioning (Frost & Hartl, 1996). An etiological model that specifies deficits in information processing (memory, decision-making, categorization), emotional attachments, behavioural avoidance, and beliefs about possessions has been posited (Frost & Hartl, 1996). Whilst this model has been supported by findings of differences between hoarders and clinical or non-clinical groups in specific beliefs about possessions, decision-making fears, and performance on tasks of organizational strategy and non-verbal memory in (Hartl et al., 2001; Kynos et al., 2002; Steketee et al., 2003), there are still many unanswered questions about the etiology, nature and treatment of compulsive hoarding. This paper reports on: (a) a phenomenological study of compulsive hoarders in comparison with groups with non-hoarding Obsessive Compulsive Disorder, Social Anxiety or Panic Disorder, and controls using measures of hoarding behaviours and cognitions, emotional attachment and developmental factors, symptoms of OCD, affect, and personality disorder, and specific meta-memory measures; and (b) a pilot treatment program that tracks cognitive and symptomatic changes. This is the first study of hoarding in the Australian context, and one of the few attempts to replicate the efficacy of clinical interventions.

Group Treatment for Compulsive Hoarding

Jessica R. Grisham, Hyo-Jin Kim, Susan D. Raffa, , and Gail Steketee, Boston University; and Randy O. Frost, Smith College

Individuals with compulsive hoarding problems have been found to respond poorly to both behavioral and pharmacological interventions. The purpose of the current study was to evaluate a cognitive-behavioral group treatment for compulsive hoarding. In particular, we wished to identify which aspects of hoarding were resistant to treatment to further refine therapy for this population. To accomplish this, we compared hoarding-related symptoms before and after a cognitive-behavioral group treatment. The current sample consisted of 14 patients who participated in group therapy for compulsive hoarding at the Center for Anxiety and Related Disorders. Self-report measures of hoarding symptoms at pre-, mid-, and post- treatment were included. Measures included the Saving Inventory Revised (SI-R), the Saving Cognitions Inventory Revised (SCI-R), and the Beck Depression Inventory (BDI). The SI-R is a 23-item scale with a possible score ranging from 0 to 92, comprised of three subscales: clutter, difficulty discarding, and acquisition. The SCI-R was designed to measure hoarding-related thoughts and beliefs about possessions in several domains, including thoughts about control, memory, responsibility, and emotional attachment. Cognitive-behavioral group therapy for compulsive hoarding consists of 20 sessions, weekly for 3 months and then spaced out to twice monthly. In the current sample, treatment began with motivational interviewing and psychoeducation about the primary components of compulsive hoarding, including excessive acquisition, difficulty discarding, and problems with organization. Members also learned cognitive techniques to identify and challenge their hoarding-related thoughts. As the group progressed, members engaged in exposures to discarding their possessions both in session, and outside of session, as weekly homework assignments. In addition, members examined current acquisition behaviors and completed homework assignments related to reducing acquisition. Finally, therapists assisted patients in developing concrete problem-solving and organizational skills related to their possessions. Overall, the data suggest modest improvement in some domains, and limited change in others. Acquisition problems improved more than other areas of hoarding. One possible interpretation is that measures of clutter are less sensitive to change due to the longstanding nature of the problem and large accumulation of belongings, whereas measures of current behavior, such as acquisition, show more immediate improvement. Interestingly, beliefs about responsibility for possessions appear to improve rapidly. This may reflect the emphasis in group therapy on decreasing members’ feelings that they are responsible for their possessions or for excessive preparation in case of any shortages. While the current results suggest some optimism, they also point to slow and limited progress associated with this disorder.
Cognitive Behavioral Group Therapy for Hoarding: A Treatment-Outcome Study

Fugen Neziroglu, Jerry Bubrick & Merry E. McVey-Noble, Bio-Behavioral Institute, Great Neck, New York

Hoarding is a behavior characterized by the compulsive acquisition and/or saving of items without objective value. Currently, hoarding is categorized as a symptom of both Obsessive Compulsive Disorder and Obsessive Compulsive Personality Disorder. It has also been identified as a symptom within anorectic and schizophrenic populations. Though it has been clearly linked with disorders within the Obsessive Compulsive Spectrum, hoarding has more recently been conceptualized as a possible disorder in and of itself. Hoarding, whether as a symptom or syndrome, has been noted to lead to significant functional impairment and subjective distress, posing tremendous difficulties for both the hoarders themselves, and for their families and loved ones. Severe hoarding can lead to limited functional space in the home, isolation and family and marital discord. In addition, the emotional sequelae of pathological hoarding include feelings of extreme anxiety, embarrassment and depression on the part of the hoarder. In the past, two decades, there has been a paucity of clinical and empirical literature on the treatment of hoarding. Recently, a protocol for the group treatment of severe hoarding was developed and piloted at the Bio-Behavioral Institute in Great Neck, New York. The protocol was weekly sessions of 90 minutes for a duration of 12-weeks. Psychoeducation and cognitive behavioral techniques targeting specific reasons for hoarding were implemented. Some reasons for hoarding can be indecisiveness, lack of prioritizing, disorganization, and poor attention span. Finally, group members participated in specific behavioral exercises designed to assist in the discarding of hoarded materials. The group was 12 weeks in duration, and participants included five females and 4 males, age 41 to 63 years. All of the participants had acquired at least some college education and four of the nine had obtained graduate degrees. Despite this, only one of the group members was employed, indicating their severe functional impairment. Regarding the extent of their hoarding, eight out of nine participants reported that they felt they needed additional storage space for their possessions, and five out of the nine reported actually having taken steps to obtain more space. Overall, participants demonstrated improvement on indices of anxiety (Beck Anxiety Inventory), depression (Beck Depression Inventory-2) and savings behavior (Savings Behavior Inventory) at weeks four and eight. However, these measures returned almost to baseline at week 12. Reasons for this phenomenon are explored as well as suggestions are made on how to improve group treatment.

Sex Offenders

Convenor: Richard Beckett C A Hartley-Morris Forensic Services, The Oxford Clinic

Adolescent Sexual Abusers

Richard Beckett C A HARTLEY-MORRIS Forensic Services, The Oxford Clinic

One third of all sexual assaults in the UK are committed by young people under the age of 19 years. Adolescents who sexually abuse present as a heterogeneous group with current research evidence suggesting that the large majority, once apprehended, will not go on to commit further sexual assaults. It is known, however, that a small minority of adolescents will, if untreated, go on to become adult paedophiles. This paper will describe the results of a multisite UK research project designed to identify that minority of adolescents who appear to be at high risk of becoming adult paedophiles. In particular this study has identified a range of attitudes, thinking errors and interpersonal deficits which this minority of adolescents share with recidivist paedophiles and which mark them out as being different from the large majority of adolescents who commit sexual assaults.

Schema Focused Therapy with sex offenders and recent evaluation


The HMPS family of treatment programmes for sexual offenders will be briefly described. The presentation will focus on the development of the Extended SOTP, a programme for high risk sexual offenders which incorporates the application of Beck and Young’s schema focussed therapy. The structure of the schema therapy sessions will be described and application to clinical case studies discussed. The next section of the presentation will describe an evaluation of the treatment durability of the Core Programme. This study also considered whether the Extended Programme was differentially effective depending on when it was commenced after the completion of the Core Programme. Temporal stability and treatment effect was evaluated against psychometric measures and interview data thought to represent domains of treatment needs and risk targeted by the programme. The results and conclusions will be discussed. This will include discussion about time effects and durability of treatment gain, and whether the size of the interval between completion of the Core Programme and commencement of the Extended Programme has an effect on treatment impact. Early evaluation of treatment outcome data from the Extended programme will also be discussed.
Evaluating The Effectiveness Of Therapy For Sexual Offenders In The U.K.

Anthony Beech & Richard Beckett, C A HARTLEY-MORRIS Forensic Services, The Oxford Clinic,

The most widely practiced treatment for sexual offenders in the U.K. and North America is group-based cognitive behavioural treatment. Although some studies have suggested that this treatment is effective, a number of have argued that a clear treatment effect cannot be demonstrated in such research unless randomised-control trials are carried out. Here the argument that the only way to show that treatment is effective is to compare those sex offenders allocated to treatment to a volunteer control group and compare the relative reconviction rates. However, such an approach can be seen to be fraught with difficulties. With relatively small numbers undertaking, variables clearly related to reconviction may be unfairly represented in the treatment or control conditions, therefore making more or less likely that a treatment effect will be shown. Also there is the ethical dilemma of withholding treatment from individuals who clearly need treatment (high-risk offenders) in order to carry out a pure ‘scientific’ study. Another approach to evaluating treatment efficacy is ‘risk band’ analysis where sex offenders at different level of risk (high, medium, low) are compared. Here there is some evidence that treatment works for medium-risk sex offenders (Friendship et al, 2003). But there are difficulties in demonstrating that treatment works for low-risk individuals because this groups recidivate at such a low level that it is difficult to improve upon the base-rate of reconviction in untreated samples. For high-risk men, these typically have such an array of problems that it means they are either very difficult to treat or are in fact untreated. However, even while this approach is an improvement upon the standard RCT model, such an approach does not investigate whether individuals have actually changed through treatment. Because even though sex offenders have been through therapy, in fact like any kind of therapy, this does not mean that an individual has actually changed. Hence, the work that will be described in the presentation. Has attempted over the last 10-years to measure whether individuals have changed through treatment and has attempted to see whether such change is related to reconviction (i.e. Beech, Erikson, Friendship & Ditchfield, 2001). Here we will describe the methods by which we have investigated clinical change and the data relating to clinical change to reductions in reconviction level.

New Research In Body Dysmorphic Disorder Part 1

Convenor: David Veale, Royal Free Hospital & University College Medical School, University College London

Social-Evaluative and Self-Evaluative Concerns in Body Dysmorphic Disorder

Martin Anson, Department of Psychology, Institute of Psychiatry David Veale, Royal Free Hospital & University College Medical School, University College London & Padmal de Silva, Department of Psychology, Institute of Psychiatry

Appearance-related preoccupation in BDD relates both to fear of negative evaluation of appearance by others (external/social-evaluation), as well as negative internal self-evaluation (e.g. Veale, 2002; Buhlmann et al. 2002; Hollander and Aronowitz, 1999; Rosen and Reiter, 1996). However, there has been little systematic investigation into the degree of importance and anxiety associated with social-evaluation relative to self-evaluation in BDD, (and variation amongst BDD sufferers in terms of these factors), or the extent to which social-evaluative anxiety relates to particular types of other person (i.e. in terms of sex, age, attractiveness etc). Increased clarification of the role of social-evaluative anxiety in BDD was felt to be of relevance in developing the cognitive model of the disorder and consequent cognitive-behavioural treatment approaches. In addition, since by definition BDD entails an excessive preoccupation with specific feature(s) of appearance, it was felt to be of benefit to compare BDD sufferers and healthy controls in terms of the degree of concern relating to specific features relative to overall appearance. Data will be presented from a study that included examination of the above factors amongst patients with BDD and healthy controls. The research included newly-devised questionnaires investigating levels of importance and anxiety associated with appearance (in terms of self-perceptions, as well as concerns about others’ opinions), as well as self-ratings and perceived other ratings of the subject’s actual and ideal appearance. The questionnaires examined beliefs and perceptions relating to both overall and specific features of appearance, and concerns relating to evaluation by specific categories of people.
Mirror confrontation and mirror gazing and their relation to BDD

Theo K. Bouman, Department of Clinical Psychology, University of Groningen, The Netherlands

The majority of patients suffering from body dysmorphic disorder exhibit a morbid relation with mirrors and other reflecting surfaces. Many of them spend up to a number of hours gazing at their mirror images and performing overt or covert rituals. Quite remarkable is the scarcity of empirical studies into mirror gazing and (to a lesser extent) mirror confrontation. This paper addresses some of the things that happen when people look in the mirror for longer of shorter periods of time. To get more insight into these matters we conducted a number of experiments in which mirror confrontation (i.e. looking at oneself in the mirror) is the prominent independent variable. The backgrounds and the results of these experiments will be presented. Experiment One pertains to the effects of mirror confrontation and mood induction on body image and body satisfaction. In a second experiment, mirror confrontation was contrasted with a computer task and a visual deprivation situation. The differential effects on self descriptors and body-awareness were studied here. A third experiment sought to answer the question as to the duration of mirror confrontation influences mood and body-awareness. The results of these experiments will be discussed in the broader perspective of our knowledge of the components of body dysmorphic disorder.

Cosmetic surgery in BDD

David Veale, Royal Free Hospital & University College Medical School, University College London

One of the biggest safety seeking behaviours in Body Dysmorphic Disorder (BDD) is trying to alter or camouflage one's appearance by cosmetic surgery or a dermatological treatment. BDD occurs in about 5% of patients seeking cosmetic surgery. Such patients are often dissatisfied with surgery or their symptoms of BDD are the same or worse after surgery. We compared (a) patients without BDD who had a good outcome after cosmetic rhinoplasty with (b) BDD patients seen in a psychiatric clinic (who crave cosmetic rhinoplasty but for a variety of reasons do not obtain it). We found that BDD patients seen in a psychiatric clinic who desire cosmetic rhinoplasty are a quite distinct population from those obtaining routine rhinoplasty without symptoms of BDD. BDD patients are significantly younger, more depressed and anxious than this group, are more preoccupied by their nose and check their nose more frequently. They are more likely to conduct “D.I.Y.” surgery and have multiple concerns about their body. They are more likely to be significantly handicapped in their occupation, social life, and in intimate relationships and to avoid social situations because of their nose. They are therefore more likely to believe that dramatic changes would occur in their life after a rhinoplasty. We are proceeding with a second large prospective study that will identify patients with BDD or eating disorder before cosmetic procedure and measure various psychosocial factors to determine if we can predict dissatisfaction at 1 year after the cosmetic procedure.

BDD and plastic surgery

Sandra Mulkens, Christine Kerzel, Anita Jansen and Harald Merckelbach; Maastricht University, Faculty of Psychology, Dept. of Experimental Psychology, The Netherlands

Cosmetic plastic surgery has expanded enormously in recent years. A growing number of individuals have access to the possibilities of changing and improving their appearance by means of cosmetic plastic surgery. People have their bodies altered for different reasons and with varying satisfaction. The mental state might give rise to the wish of changing the body: that is, body dysmorphic disorder, eating disorders, mood disorders, personality disorders, psychotic disorders may all incorporate aspects of a disturbed body image, for which plastic surgery seems the answer. In the literature, it can be found that insufficient attention is given to the psychological condition of candidate plastic surgery patients. In this talk, two studies are presented. The first study concerns the presence of psychopathology among people who underwent plastic surgery but were unsatisfied about the result. It was hypothesized that, especially in an unsatisfied sample, the chances of finding psychopathology would be higher, as plastic surgery is not the most effective treatment for these problems. These individuals were interviewed and photographed and filled out questionnaires about all kinds of psychopathology. Scores were compared to population norms. The second study is concerned with the aesthetic perception of the sample, as compared to a matched (sex and age) control group. To this end, individuals rated the attractiveness of pictures of body parts taken before and after plastic surgery, which were randomly displayed on a computer screen. The results of both studies will be presented at the conference.
New Research In Body Dysmorphic Disorder Part 2

Convenor: David Veale, Royal Free Hospital & University College Medical School, University College London

How Effective is a Relapse Prevention Program in Body Dysmorphic Disorder?

Fugen Neziroglu & Anna Breytman, Bio-Behavioral Institute, Great Neck, New York

Relapse prevention or maintenance programs have traditionally been used in substance abuse. There are only a handful of studies in anxiety disorders and only one study to date in body dysmorphic disorder (BDD). Because BDD is an incapacitating disorder that is difficult to treat many patients require numerous treatment sessions and continued monitoring. It is easy for patients to relapse into old patterns of thinking and behaving with devastating consequences. Almost 80 percent of patients attempt suicide and 65 percent are hospitalized. Over the course of the disorder most patients become unable to work, go to school and ultimately are homebound. In this study, patients who had an initial course of cognitive behavioral treatment, received three weeks of baseline assessment and 20 sessions of maintenance intervention. The maintenance program focused on continuation of behavioral exercises, emphasis on cognitive techniques and discussion of issues related to relapse. All patients were assessed on obsessions, compulsions, depression, anxiety, overvalued ideation and social avoidance. At the end of the intervention, two weeks of follow up assessment was collected. All patients demonstrated retention of original treatment gains during the maintenance phase. Symptoms of depression and anxiety decreased to non clinical levels. Overvalued ideation remained at post treatment levels while social avoidance continued to improve. Based upon these results it is suggested that BDD patients can benefit from a relapse prevention program.

Exposure with response prevention for Body Dysmorphic Disorder; what should be the target?

Yanda R. van Rood, Department of Psychiatry, Leiden University Medical Centre

Exposure with Response Prevention (ERP) is the most important intervention in CBT for Body Dysmorphic Disorder (BDD). ERP is the treatment of choice when the response one wants to change is reinforced by its consequences, for example when a BDD patient doesn’t go out unless what he sees in the mirror looks “good”. Although good results are obtained with ERP (patients show less avoidance behavior) the way they evaluate their appearance often does not change. This can be explained by looking at the development of BDD from a classical or Pavlovian perspective: A neutral aspect of the body becomes a conditional stimulus for a strong and unpleasant emotional response. Evaluative as well as expectancy learning principles can play a role in the development and maintenance of BDD. In evaluative conditioning a neutral aspect of the body acquires a negative value through association with a negative valued situation, for example when a patient is unhappy with his appearance because it reminds him of an uncle he does not like. Expectancy learning plays a role in the development of BDD when a specific body part predicts the occurrence of a negative event, for example a panic attack. Repeated exposure to the body part without the predicted event happening, will lead to extinction, i.e. a reduction in the strength of the association. However, associations resulting from evaluative conditioning will not diminish in strength with repeated exposure. This could explain why many patients with BDD still value their appearance as negative despite ERP. An outline of Pavlovian and instrumental learning principles in the etiology and maintenance of BDD will be presented.

The Role of Aesthetic Sensitivity in Body Dysmorphic Disorder

Christina Lambrou, Department of Psychology, Institute of Psychiatry, Kings College London David Veale, Royal Free Hospital & University College Medical School & Dr Glenn Wilson, Department of Psychology, Institute of Psychiatry, Kings College London

Excessive preoccupations with appearance result in the development of the distressing and impairing body image disorder, Body Dysmorphic Disorder (BDD). BDD is a new name for an old syndrome that can be traced back to Greek mythology. Aetiological understanding of BDD, however, is still in its infancy. The role of aesthetic sensitivity in the development and maintenance of BDD was explored. Aesthetic sensitivity can be defined as an awareness and appreciation of beauty and harmony. It was hypothesised that higher aesthetic sensitivity in facial proportions may explain why BDD patients are severely disturbed by a small defect in their appearance. Aesthetic sensitivity may have three components: – i) perceptual sensitivity (the ability to differentiate variations in aesthetic proportions); ii) emotional sensitivity (the degree of emotion experienced when presented with beauty or ugliness); iii) evaluative (aesthetic values, standards and identity). Using a comparative group design, three groups were recruited: - BDD patients (test group) and two non-clinical control groups (1. individuals with no diagnosed psychiatric disorders; 2. art & design students). To investigate the three possible components of aesthetic sensitivity, a digital photograph of the participant was manipulated using computer graphic techniques, to create a symmetry continuum. Participants were presented with the continuum on a computer and were required to rank order and rate the images representing their actual self, ideal self, idea of a perfect, most physically attractive, most pleasure and most disgust. Preliminary results from a pilot study were promising. The study was extended and will be presented and discussed.
Transforming imagery in individuals with Body Dysmorphic Disorder

Rob Willson, The Priory Hospital North London

Spontaneous imagery from an observer perspective is. Many individuals with BDD report early experiences of bullying, teasing, or humiliation related to their appearance. It seems reasonable to consider that the meanings that sufferers attach to these experiences may have a role to play in the development of their preoccupation with appearance. Case examples will be presented to illustrate utilising imagery transformation and re-scripting with patients who have BDD.

A Cognitive-Emotional Model For Sexual-Dysfunction And Assessment And Treatment Of Sexual Problems In Homosexual And Heterosexual Couples

Convenor: Mehmet Sungur, Department of Psychiatry, Medical School of Marmara University, Istanbul, Turkey

Difficulties encountered during assessment of heterosexual couples

Mehmet Sungur, Department of Psychiatry, Medical School of Marmara University, Istanbul, Turkey

Sex therapy is far more than simple application of specific techniques in the management of specific sexual dysfunctions. It requires a skilled therapist who can interpret behavioural, cognitive, supportive and educational elements in the same treatment package in an elegant way. An individually tailored approach, rather than a standart one that considers the individual or couple as ‘unique’ should be preferred for successful intervention. Difficulties in sex therapy may arise due to: a) the therapist b) the client or the couple c) the nature of the problem. The presentation will discuss some of the difficulties at various stages of therapy, including assessment stage, and suggests strategies that the therapist may use to facilitate progress in treatment when such difficulties arise.

Difficulties encountered during treatment of sexual problems in heterosexual couples - Cognitive-Emotional Approach to the Treatment of Sexual Dysfunction

Pedro Nobre, Universidade de Trás-os-Montes e Alto Douro, Portugal

Recent research has been supporting the role of cognitive and emotional variables on sexual dysfunction. Nobre and Pinto-Gouveia (2003) have studied the influence of cognitive schemas, dysfunctional sexual beliefs, negative automatic thoughts and depressed affect on sexual functioning. Results have emphasized the strong influence of the cognitive and emotional phenomena on sexual functioning in both men and women. Regarding the role of the activation of cognitive schemas on sexual dysfunction, studies (Nobre, 2003; Nobre & Pinto-Gouveia, 2003) showed that both men and women with sexual dysfunction activate with significantly higher frequency negative cognitive schemas when exposed to unsuccessful sexual events. More specifically, both men and women with sexual dysfunction tend to interpret unsuccessful events as a sign of failure and personal incompetence: “I’m incompetent”, “I’m weak”, “I’m a failure”. Moreover, studies on beliefs (Nobre, 2003; Nobre, Pinto-Gouveia, & Gomes, 2003) have shown a tendency for sexually dysfunctional subjects to present more sexually dysfunctional beliefs. Specifically, men with sexual dysfunction presented stronger beliefs in the “macho” myth, and beliefs related to women’s sexual satisfaction and their reaction to male’s failure. Regarding females, results indicated that clinical groups present significantly more beliefs related to the role of age on sexual functioning, beliefs associated with the importance of body image and physical appearance, and sexual conservative beliefs. We hypothesize that these sexual beliefs work as vulnerability factors to the development of sexual problems, predisposing subjects to activate personal incompetence schemas when exposed to occasional failures. Finally, results on studies about automatic thoughts and emotions during sexual activity (Nobre, 2003; Nobre & Pinto-Gouveia, in press) have shown that both men and women with sexual difficulties present significantly more negative cognitions (females: failure and disengagement thoughts, sexual abuse thoughts, and lack of erotic thoughts; males: erection concern thoughts, failure anticipation thoughts, and lack of erotic thoughts) and depressed mood (sadness, disillusion, lack of pleasure and satisfaction). These data seem to support the role of cognitions and emotions as maintaining factors of sexual dysfunction. In general, results support the central role played by cognitive and emotional variables in sexual dysfunctional processes, promoting the development of integrative conceptualizations of male and female sexual dysfunctions and suggesting treatment approaches oriented to work with sexual beliefs, cognitive schemas activated in sexual context and automatic thoughts and emotions presented during sexual activity. Several specific implications for treatment and their applications will be discussed.
Difficulties encountered during assessment and treatment of homosexual couples

Montano A., Istituto A.T. Beck, Rome

An ever-growing number of gay and lesbian couples search for psychotherapeutic help. Some of the problems for which homosexual couples seek therapeutic help are not very different from those experienced by heterosexual couples, while other issues are unique and peculiar to gay and lesbian partners. The goal of this work is to furnish therapists, who work with homosexual clients, some suggestions about the assessment and the tools to help their clients to resolve the difficulties encountered during the treatment. We’ll discuss how therapist should assess the level of internalized homophobia with instruments like SIOIL (Italian Internalized Homophobia Scale for Lesbian) and SIOIG (Italian Internalized Homophobia Scale for Gay) since homophobia can strongly interfere with a serene love life. Regarding the treatment, we’ll show how to overcome difficulties to make them understand that construction of their relationship on the basis of the heterosexual couple’s model does not work for them. The therapist should know how to motivate gay and lesbian couples to promote a new model, different from the heterosexual one, that fits both the individuals in the couple, outside culture stereotypes.

Open Papers

Eating Disorders: Prevention and Intervention

How effective is the prevention of eating disorders in the long run? – Results of the evaluation of a school-based training program

Dannigkeit N., Köster G: Christoph-Dornier Foundation for Clinical Psychology, Institute Siegen; & Tuschen-Caffier B, Christoph-Dornier Foundation for Clinical Psychology, Institute Siegen; and Department of Psychology, Bielefeld University

Eating disorders are major clinical problems in Western countries. The high prevalence of sub-threshold syndromes such as weight concerns and dieting behaviors among adolescent girls is well documented. Early intervention is vitally important. However, evidence of effectiveness of programs is still limited due to a lack of rigorous scientific long-term evaluation. The aim of our two studies was the long-term evaluation of a school-based prevention program. In the first study a 10 hour training program has been developed and evaluated for 2 years. The program is divided into a 5 hour basic training for the sixth grade and a booster training 2 years later (eighth grade). Focus of the intervention is not only to increase awareness and knowledge, but also to build social skills and a positive self-esteem. The effects of the program on self-esteem, eating behavior and knowledge were examined with pre-, post- and follow-up measurements using a control group design. The sample consisted of 204 boys and girls. The results of the first study showed significant improvements in knowledge, eating style as well as self-esteem only for children who participated in the program, but not for the measurement-only control group. In our second study the sample size has been increased (N=303). Concerning the knowledge and eating style the results of study two confirmed those of the first study. However, no significant group differences have been found for self-esteem. The results of the two studies will be contrasted with each other and be discussed in regard to their contribution to an effective prevention of eating disorders.

Cognitive-Behavioral Treatment of obese children and their parents

D. Munsch, S., Roth, B.; Speck, V. University of Bale, Department of Psychology

Introduction: This study analyses the comparable effectiveness and longterm efficacy of two cognitive behavioural approaches to the treatment of paediatric obesity. The manual-based standardized treatment for obese children and their parents includes aspects of eating behaviour and nourishment, movement and exercise, as well as aspects of self and body concept. The comparable evaluation should give further information to the aim parameters of longterm reduction of the body mass index, change to a fat-normalised nutrition and modification of eating behaviour, a longterm increment in physical activity and exercise and a modification of inadequate attitudes about the body and the self concept in both conditions. Method: In the first condition (group A) obese children and their parents are treated parallel, but in separate groups, where the interventions are implemented in form of the developed obesity treatment manual. In the second condition (group B) only the parents are trained in the manual-based treatment. The effects of the program on self-esteem, eating behavior and knowledge were examined with pre-, post- and follow-up measurements using a control group design. The sample consisted of 204 boys and girls. The results of the first study showed significant improvements in knowledge, eating style as well as self-esteem only for children who participated in the program, but not for the measurement-only control group. In our second study the sample size has been increased (N=303). Concerning the knowledge and eating style the results of study two confirmed those of the first study. However, no significant group differences have been found for self-esteem. The results of the two studies will be contrasted with each other and be discussed in regard to their contribution to an effective prevention of eating disorders.
Behavioural Experiments in Eating Disorders


This paper will discuss the application of behavioural experiments to eating disorders. A framework for conceptualising cognition in eating disorders will be described based on the transdiagnostic model outlined by Fairburn and colleagues. This includes: over evaluation of eating, weight and shape and their control, mood intolerance, core low self esteem, perfectionism and interpersonal problems. Four sub-categories are identified within the eating, weight and shape category. These are concerned with cognitions about control of eating, weight and shape; eating, weight and shape as a means to acceptance by others; weight and shape as a means to self acceptance; and positive and negative thoughts about body image. Cognitions in the other four main categories are concerned with loss of control of feelings, core beliefs indicative of negative self worth, over evaluation of achievement and thoughts about interpersonal difficulties. Examples of cognitions typical of each category and sub-category, based on clinical work, theory and empirical research will be provided. The process of setting up an effective behavioural experiment will be outlined. The learning cycle and PETS framework which provide a useful model for this sequence will be briefly discussed. Tips for good practice will also be noted, as will problems specific to the use of behavioural experiments in eating disorder patients. Suggestions for prototypical experiments to test cognitions in each category and sub-category will be made.

Child and Adolescent Psychology

Keynote Addresses

Anxiety disorders and the family

Susan M. Bögels, University of Maastricht, The Netherlands

Anxiety disorders run into families; an overlap of 60-80% has been found between parental and child anxiety disorders. Next to genetic factors, certain “anxiety-enhancing” parenting behaviours and styles (e.g. overprotection, restriction of open expression of opinions and emotions, marital conflict) are thought to contribute to the transmission of anxiety disorders from parents to children. Such anxiety-enhancing parenting may result from parents’ own present or past anxiety disorders. Anxiety-enhancing parenting may furthermore be related to less favourable treatment outcome for children with anxiety disorders, whereas reduction of anxiety-enhancing parenting may promote better outcome. This presentation concerns a Dutch multi-site study on the effects of family versus individual CBT for 130 children with anxiety disorders aged 8-18, and their families. First, results of a family study on the lifetime psychopathology of parents and siblings of children with clinical anxiety disorders are described. Secondly, the rearing styles and behaviours of parents with and without lifetime anxiety disorders are compared. Thirdly, the effects of a family treatment, directed at changing anxiety-enhancing parenting, on the anxiety disorders of the referred child, the siblings, and the parents, are compared to that of individual CBT for the referred child. Finally, it is tested whether lack of reduction in anxiety-enhancing parenting predicts poor treatment outcome for the anxious child.

Is there a role for Cognitive Behaviour Therapy in Helping Young Refugee and Asylum Seekers?

William Yule, Institute of Psychiatry, Kings College London

While current statistics reveal that Western Europe accommodates less than 10% of the world’s refugees and asylum seekers, politically many barriers have been erected against making it easy for such families to settle and provide a stable, predictable upbringing for their children. Worldwide, the numbers of children who are internally displaced by civil wars and natural disasters are astronomical. All studies agree that many of these children have serious mental health needs. Those needs are not solely related to the stress that the children experience in their original homes, but also to the stresses encountered during migration and while settling in a new country. The uncertainty as to their immigration status adds considerably to their distress. Understandably, some attention has been paid to finding ways of helping asylum seeking children and young refugees settle. Many display symptoms of anxiety, bereavement reactions, depression and even PTSD. There are well worked out CBT approaches to alleviating the stress associated with these conditions. This paper will consider the role of CBT in helping young refugees against the broader background of advice from discussions between ISTSS and the United Nations. CBT has an important place, but attention needs to be given to other social and psychosocial interventions as well.
Symposium

Modifying standard CBT for use with specific child and adolescent populations: Issues, findings and implications.

Convenor and Chair: Jeanie Sheffield, School of Psychology, University of Queensland, Australia

Introduction

Jeanie Sheffield, School of Psychology, University of Queensland, Australia

Whilst CBT approaches have been shown to be effective in treating a wide variety of child, adolescent, and adult disorders, standard CBT approaches are not suitable for all populations and in some cases it may not be possible to have a traditional client-therapist interaction. However, recent studies have demonstrated effectiveness with certain disorders or in specific situations using modified forms of CBT. The current symposium examines different ways that CBT can be modified for use with child and adolescent populations within a prevention and early intervention framework. Process issues related to modification of interventions for specific target groups in these populations and the challenges of implementation and evaluation will be discussed. The first paper describes how CBT was modified for use in a parent-implemented intervention package for anxious children identified on the basis of multiple risk factors, the second paper describes how a standard CBT approach was modified for delivery in a group setting to young people with Asperger Syndrome experiencing anxiety problems, and the final paper discusses the use of a CBT framework for the delivery of universal and indicated prevention of depression programs in a high school setting.

Modifying Cognitive Behavioural Therapy to train parents as therapists of young children at risk of anxiety

Brechman-Toussaint, M.L., Anderson, J., School of Psychology, University of New England, Armidale, New South Wales Australia & Milligan, Child, Adolescent and Family Team, Mid North Coast Area Health Service, Department of Health, New South Wales, Australia.

There is evidence that parental behaviour acts as either a risk or protective factor, to exacerbate or buffer the impact of stressful life events on the development of child anxiety. This paper will discuss a randomised control trial which adopted a parent-skills training approach to develop and evaluate a preventative intervention for children at risk of developing anxiety. Targeted risk factors included elevated scores on the internalising scales of the CBCL, limited social competence according to teacher report and parental anxiety. The timing of the intervention was such that it assisted parents to better manage the commencement of the school year, a time that many anxious children find difficult. A group intervention designed to skill parents of anxious and withdrawn 4-7 year olds to act as therapists for their children will be described. This intervention taught parents cognitive behavioural strategies to manage their own and their child's anxiety. Specifically, it taught them how to model and reinforce non-anxious behaviour; to decrease the use of overprotective and threat communicative responses when interacting with their children, and to coach children in a range of active problem solving and social skills. Issues associated with the engagement of parents in the therapeutic process, managing anxiety in a non-attending parent and the generalisation of skill implementation across different settings and situations will be discussed. In addition, the costs/benefits of using parents as therapists when working with young children will be examined. Where appropriate, data highlighting the issues under discussion will be presented.

Adapting CBT for treatment of anxiety in children with Asperger syndrome: An evaluation study

Sofronoff, K., School of Psychology, University of Queensland, Australia and Attwood, T., Asperger Syndrome Clinic, Brisbane, Australia

Many children with Asperger syndrome experience anxiety in their day to day lives. Whilst cognitive and behavioural techniques have been well validated in the treatment of anxiety in normally developing children, these techniques have not been empirically validated with children diagnosed with Asperger syndrome. The intervention outlined used established principles of CBT as its basis and adapted techniques and strategies to accommodate the cognitive profile common to Asperger syndrome. This included increasing education about emotions, developing a continuum of emotions and generating specific examples for the child along that continuum, increased use of visual stimuli, using the child's special interest as a metaphor, the creation of an ‘emotional toolbox’ to repair emotional distress, social stories to facilitate change, and parent training to enhance generalisation of strategies. A randomized controlled trial was used with 65 children diagnosed with Asperger syndrome, aged 10 to 12 years. Children were allocated to wait-list, intervention with child only, or intervention with child plus parent. The intervention was
conducted across six two-hour sessions with a follow-up session six weeks later. Measures of anxiety were taken from both parent and child at pre-intervention, post-intervention and six week follow-up. Results from the parent measures indicated a significant decrease in anxiety from pre-intervention to six-week follow-up and significant differences between the two intervention groups with the child plus parent group showing greater gains. Results will be presented as well as discussion of the modifications made to the cognitive behavioural approach and difficulties encountered in working with the population.

Modifying Cognitive Behavioural Therapy for use in school-based prevention programs

Sheffield, J.K School of Psychology, University of Queensland, Australia Rapee, R. School of Psychology, Macquarie University, Australia, Kowalenko, N. University of Sydney Ms Wignall, A. . Northern Sydney Health, Spence, Susan H. School of Psychology, University of Queensland, Australia

Depression is one of the most common mental health problems facing young people, although the majority of young people affected do not receive any professional help. Schools provide close to universal access to young people as well playing a key role in the social development and emotional well-being of young people. This suggests a major potential role for school-based initiatives that promote emotional well-being and prevent depression in young people. Given the evidence base that shows that CBT is an effective treatment for adolescent depression, this approach has been incorporated into a variety of health promotion and early intervention programs. Two Australian prevention programs developed using a cognitive-behavioural framework, have been delivered and evaluated in school-based settings. The Problem Solving for Life (PSFL) program is a universal resilience-building intervention delivered by teachers in the classroom and the Adolescents Coping with Emotions (ACE) program is an indicated intervention delivered in a small group setting by school counsellors to students at risk of depression. A total of 2,479 students from 36 high schools across two Australian states (Queensland and New South Wales) participated in the implementation and evaluation of these two programs. Issues related to modifying the CBT approach for universal delivery or for indicated intervention will be discussed. Student and teacher responses to the two programs and summary outcome data will be presented. The implications for large scale school-based programs will be discussed.

Use of New Technologies in the Treatment of Children and Adolescents

Convenor and Chair: Dr. Ulrike Schmidt, Eating Disorders Research Unit, Institute of Psychiatry, London, UK

Computer assisted brief treatment for spider phobia.

William Yule, Andrew Harrison & Paul Abeles, Institute of Psychiatry, Department of Child Psychiatry

A computer generated exposure programme was used in two separate large studies of children with spider phobia. The treatment consisted of one or two separate sessions. Excellent results were obtained. The use of the programme will be illustrated by a video made by an independent company, and the details of the results will be briefly presented.

Stressbusters: Developing an interactive multimedia CD-Rom for the treatment of depression in adolescents

A. Robinson, P. Smith, P. Abeles, J. Proudfoot, C.Verduyn and W. Yule: Institute of Psychiatry, Department of Child Psychiatry

Depression in young people is an increasing problem with up to 2% of school age children and 8% of adolescents suffering from the disorder. Many young people recover from a depressive episode within a year, but most will relapse within two to five years. Depression in young people is under-recognised and under-treated and there is a shortage of specialist services for this population. The recent UK Department of Health ban on most SSRIs for children and adolescents with depression is likely to produce an even greater need for accessible, effective psychological treatments. Computerised therapy offers an increasingly viable alternative to face-to-face therapy and there are now a number of promising computerised treatments for adults suffering from a range of disorders, including depression. Building on this success, an interactive CD-ROM has been written and designed by psychologists in collaboration with a team of computer programmers, graphic designers and computer-based animators. The programme consists of 8 sessions of 'computerised CBT' and is based on a manualised Cognitive Behavioural Therapy package that was developed in Manchester and has been shown to be highly effective in face-
to-face therapy. In this talk there will be a brief demonstration of the programme and a discussion of some of the issues/challenges that have been raised during the first phase of its development. The programme will be evaluated during the second phase of the study.

www.depressionsinteenagers.com: The development and evaluation of a depression CD-ROM and website for adolescents

Cathy Richards & Eileen Scott, Young Peoples Unit, Royal Edinburgh Hospital, Edinburgh.

In this paper we will discuss the development and distribution of 'www.depressionsinteenagers.com', a website and CD-ROM for young people. Community studies have estimated incidence of depression in young people to be around 3% in the UK, (Goodyer et al, 1993) representing one of the most prevalent forms of psychopathology among this age group. Early recognition and intervention are important factors in improving clinical outcome. Reliable internet based information provides a means for mental health services to engage and inform young people and to encourage self help and professional help seeking. Significantly, use of the internet for help seeking has been found to be the only area where boys seek help as frequently as girls( Gould et al 2002), with other sources of help accessed more readily by girls, yet boys are most at risk of completed suicide. The aim of the www.depressionsinteenagers.com is to raise awareness of the problem of depression in young people; to encourage young people themselves to identify the symptoms of depression, suggest effective methods of coping and offer information about sources of help and support. The resource has been launched across Scotland with copies of the CD-ROM sent to all high schools in the country. In the paper we will demonstrate the CD-ROM, discuss data from the pilot evaluation in Edinburgh schools and the feedback from professionals. We will also discuss future web-based resources for this population.

Computer-aided self-help for adolescents with phobia/panic or obsessive-compulsive disorder (OCD)

Isaac Marks, Kings College London, UK

NHS computer-aided self-help clinics were run for phobia/panic and OCD sufferers under the aegis of the Bethlem-Maudsley Hospital in SE London and Charing Cross Hospital in W London. Users had chronic disability. A few were aged 13 upward though most were over age 16. Phobia/panic sufferers used the FearFighter self-help system at standalone computers, or later when it became available, at home on the internet. OCD patients used the BTSteps (BT = behaviour therapy) self-help system at home via phone-interactive-voice-response after receiving a manual to guide them through their calls. All patients had first been screened by a clinician for 30 mins. either face to face or by phone, and if suitable (most were) received a password to obtain self-help-system access for 10 weeks. Home users lived in many parts of the UK. Users who got stuck also had brief face-to-face support from a therapist up to a total of an hour over 10 weeks. Some adolescent users were also assisted by a relative. Users including adolescents improved significantly in phobia/panic and OCD symptoms and disability. For children appropriate therapeutic games need to be developed. NHS funding for computer-aided self-help is scarce despite evidence of efficacy in randomised controlled trials and effectiveness in open studies.

A pilot study of telephone cognitive-behaviour therapy (CBT) for young people with obsessive-compulsive disorder

Cynthia Turner, Isobel Heyman, Dr Karina Lovell, Institute of Psychiatry

Obsessive-compulsive disorder (OCD) is a significant but hidden mental illness, estimated to affect 0.5 – 2% of children and young people. There is accumulating evidence that CBT should be available to young people with OCD, and should be the first-line treatment in most cases, yet access to high-quality CBT is limited. There is however an emerging adult literature which shows that delivering CBT in other ways can be effective. For example, both computer-assisted CBT and telephone CBT have been shown to significantly reduce OC symptoms and distress in adult populations. Telephone CBT represents a novel means of service delivery that could potentially improve the availability of CBT to young people and eliminate inequalities in access to specialist treatment. In order to evaluate the feasibility, acceptability, and likely success of this mode of service delivery, a standard therapist-administered CBT program for childhood OCD was developed into a telephone-based program, with supporting workbooks for young people to use at home. Preliminary data from this pilot study will be presented.
Treating bulimia nervosa in adolescent outpatients: development and audit of a new city-wide service.

Jane Morris, Greater Glasgow Primary Care Trust, Chris Williams University of Glasgow, Lisa Ronald, Lisa Harrow Greater Glasgow Primary Care Trust, Zara Lipsey, and Ulrike Schmidt Institute of Psychiatry.

Bulimia nervosa (BN) is a common and disabling condition. In young women point prevalence rates of full and partial syndromes of BN are 3-7% - and diagnosis is particularly difficult in the adolescent age group. The efficacy of treatments for BN has been summarised recently by the NICE Eating Disorders Review (http://www.nice.org.uk). Cognitive-behavioural therapy (CBT; usually 16-20 hour-long sessions) has consistently come out as superior to other treatments. One serious drawback of CBT is that it is labour-intensive, costly and of limited availability. Given the increasing need for BN treatment, a major challenge is to adapt CBT to make it more widely available. Computer-administered therapy may be able to bridge this gap – and seems especially appropriate for younger age groups. We have developed (Williams et al., 1998, www.calipso.co.uk) a novel CD-ROM based CBT multi-media self-care intervention in a cohort study in adult (over 18) patients with BN with excellent symptomatic improvements. The package uses a structure and language that can be used by those with a reading age of approximately 12 and above. So far no studies have investigated the efficacy, acceptability, and subsequent service use of this or any other CD-ROM based intervention in BN in a randomised controlled trial of younger patients with BN. We describe the design, structure and learning points from a pilot of the use of the package in this clinical population using gold-standard investigator-based assessments of bulimic symptomatology. This has entailed the development of a new clinical service for adolescent BN in Glasgow where the package is offered to patients referred from Child and Adolescent Mental Health Teams.

Family Factors In The Development And Treatment Of Anxiety In Children And Adolescents

Convenor & Chair: Cathy Creswell, School of Psychology, University of Reading, UK

Measured family environmental influences on the association between anxiety and sleep problems in a large sample of pre-school aged twins

A. M. Gregory; T. C. Eley; T. G. O'Connor; F. Rijsdijk; R. Plomin Social, Genetic, Developmental Psychiatry Centre, Institute of Psychiatry, King’s College London, UK

Research suggests that the moderate association between anxiety and sleep problems in pre-school age children is mainly due to environmental influences (Gregory et al., JAAACP, in press). This study examined measured family influences on the association between anxiety and sleep problems using a behavioural genetic framework. Parents of 9014 twin pairs provided information on their twins at 3/4 years. Anxiety was assessed by parental reports on the Strengths and Difficulties Questionnaire. Information on sleep problems was obtained by asking parents 4 questions concerning different aspects of their children’s sleep: “Hard to get to sleep”; “Frequent wakeings”; “nightmares”; and “early waking”. Aspects of the family environment (maternal depression, life events, socio-economic status, family illness, and chaos) were examined using parent-report questionnaires. Chaos was examined using a short version of the Confusion, Hubbub and Order Scale (CHAOS), which consists of 6 items including “We are usually able to stay on top of things” (1 = definitely untrue; 5 = definitely true). As chaos and maternal depression showed the strongest correlations with anxiety and sleep problems (anxiety: r(18028)=.21, .25; sleep problems: r(15638)=.20, .19, both for chaos and maternal depression respectively) these influences were examined individually in genetic models. Chaos and maternal depression each accounted for approximately 30% of the association between anxiety and sleep problems (r(15638)=.16, p<.01). The remaining association was mainly explained by latent shared environment (approximately 80%) and genetic influences (approximately 10%). These results shed light on the development and co-occurrence of anxiety and sleep problems.

Parental Cognitions and Expectations of their Preschool Children: The Contribution of Parental Anxiety and Child Anxiety

Rebecca Wheatcroft, Greenwich Child and Adolescent Mental Health Service, London, U.K. & Cathy Creswell, School of Psychology, University of Reading, U.K.

This study examined the contribution of parental and child anxiety to parents’ beliefs and expectations about their child. Five types of parent cognition were assessed: parent expectations of their child's affectual and behavioural responses to potentially anxiety provoking scenarios, parental locus of control, and parent expectations about their ability to control anxious mood and behaviour. 104 parents of a community sample of preschool children (3-5 years) completed questionnaires about their own and their child’s anxiety level, and parental cognitions. Nursery teachers also completed a questionnaire about the child’s level of anxiety. Analyses revealed that child anxiety was related to all five types of parents’ cognitions when parent ratings were used. However, when nursery teacher ratings of child anxiety were used these were not associated with any of the five types of parents’ cognitions. Parental anxiety was
related to three of the five types of parents’ cognitions. Parent control of child anxious mood was uniquely related to child anxiety (as rated by parents), whereas parental locus of control and parent control of child anxious behaviour were uniquely related to parental anxiety. The results are discussed in relation to findings from previous studies of parent cognitions of older anxious children as well as the adult anxiety literature. In particular, implications are discussed regarding the design of early interventions for anxious children. In particular it is proposed that where parents have a high level of anxiety themselves, it is important to include them in treatment with a focus on their expectations regarding their ability to manage anxious child behaviour.

The moderating effect of maternal anxiety on the clinical outcome of child anxiety disorders

Catherine Gallop, Peter J Cooper, Lucy Willetts and Sofia Simidalis School of Psychology, University of Reading.

There has been little attention paid to the influence of maternal anxiety on the outcome of child anxiety disorders. This is surprising given that a significant proportion of mothers of children presenting with anxiety disorders also have current anxiety disorders themselves and because parents are now commonly included as active participants in the treatment of childhood anxiety disorders. We therefore conducted a study to investigate whether the presence of maternal anxiety was related to the outcome of treatment of child anxiety disorders in a sample of children referred to a specialist anxiety clinic. Method: 55 children and their mothers were assessed at referral to the specialist anxiety clinic and were reassessed following treatment. Diagnostic interviews and self-report questionnaires were administered for both the children and their mothers. Results: Improvement in child anxiety (as measured by questionnaire measures and multiple diagnoses) was found to be predicted by higher levels of maternal anxiety at referral. There was also evidence of a specific relationship between levels of social anxiety in the mothers and persistence in social anxiety in the child.

The Influence of Parental Anxiety Treatment on Children’s Psychopathology

Tina In-Albon & Silvia Schneider, University of Basel, Switzerland

Introduction: Children of parents with anxiety disorders are more likely to develop anxiety disorders than children of normal controls (Beidel & Turner, 1997). Few studies have investigated this risk group empirically. The aim of the present study was to investigate whether panic treatment in parents had an effect on children’s psychopathology. Method: Within a prospective design, 51 parents with panic disorder received cognitive-behavior therapy. Parents and their children were assessed for symptoms of psychopathology pre- and post treatment with structured interviews and self-report measures. Results were compared with a control group of healthy parents and children. Results: The increased risk for psychopathology in children of parents with anxiety disorders was consistent with previous studies. Children of parents with anxiety disorders were 2.5 times more likely to have an anxiety disorder than children in the control group. Preliminary results indicated that improving parental psychopathology positively influences children’s mental health. Children whose parents received treatment reported a significant decrease on the Spielberger Trait Anxiety Inventory for Children (STAIC-T) from pre- to post-treatment (p = .04). Further results will be described regarding the influence of parental panic treatment on the incidence of anxiety disorders and other psychopathology in children, and on self-report measures. Conclusions: Treating parental anxiety disorders appears to have a positive influence on children’s symptomatology and may serve as a preventive strategy for reducing psychopathology in children.

Interventions with children and adolescents who have experienced trauma

Convenor: Paul Stallard, Royal United Hospital, Bath

The case for using cognitive models of PTSD in children and adolescents: Review of the literature and two new studies


Models of child and adolescent PTSD have often been descriptive and overly general. Recent cognitive models of PTSD in adults, in particular the dual representation model of Brewin, Joseph, and Dalgleish (1996) and the cognitive model of Ehlers and Clark (2000), have sought to explain the course of post-traumatic stress and why some individuals experience severe post-traumatic stress and others do not. These models now have considerable empirical support and have led to the development of highly efficacious treatments for PTSD in adults. It is argued that these models of PTSD may be successfully applied to children and adolescents. Existing evidence in support of this will be reviewed. The results of two studies aimed at further evaluating the applicability of these adult models to children and adolescents will be presented. The first is a cross-sectional study that examined post-traumatic stress in

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Does early intervention prevent psychological distress in children involved in road traffic accidents? The results of a randomised controlled trial.

Paul Stallard, Richard Velleman, Emma Salter, Imogen Howse, Avon and Wiltshire Mental Health Partnership NHS Trust/University of Bath William Yule, Department of Psychology, Institute of Psychiatry London, Gordon Taylor, Research and Development Support Unit, University of Bath/Royal United Hospital Bath and Wilm Mistral Avon and Wiltshire Mental Health Partnership NHS Trust/University of Bath

Road traffic accidents (RTAs) are a significant public health issue that each year affect a large number of children. The psychological consequences arising from such accidents have been documented and suggest that six weeks after an accident approximately 30% of children will present with significant adverse reactions (Mirza, Bhadrinath, Goodyer & Gilmour 1998; Stallard, Velleman & Baldwin 1998). There is therefore a need to determine whether early interventions with child trauma victims are effective in reducing subsequent adverse psychological reactions. A total of 158 children aged 7-18 were randomly allocated, four weeks after their accident, to an intervention (facilitated trauma discussion) or a control (discussion about neutral events) condition. The facilitated trauma discussion was designed to help the child achieve a coherent narrative of their accident, to understand their cognitions and emotional reactions and to normalise any subsequent psychological changes. A diagnostic PTSD interview and a battery of self and parent completed assessments were completed before the children were assigned to their study group. The assessments were repeated approximately 8.5 months post-accident with 131 (82.9%) of the cohort being successfully reassessed. These results will be presented and comparisons made with children who had no contact or assessment until 8 months after their accident.

A randomised controlled trial of cognitive behaviour therapy for childhood posttraumatic stress disorder


Despite the recent upsurge of research into childhood Post Traumatic Stress Disorder, there are few published treatment outcome studies, and there are no published randomised controlled trials of individual therapy for children who have developed PTSD as a result of single incident stressors. This is in contrast to the adult literature, where several RCTs have established that CBT is effective. In the context of accumulating evidence that cognitive models of PTSD are applicable to children (eg see Meiser-Stedman et al, this symposium), we have developed a manualised CBT treatment package for children and teenagers. Treatment is based on Ehlers & Clark’s (2000) cognitive model, and specifically targets factors that are hypothesised to maintain the disorder, such as disjointed trauma memories, problematic appraisals, and cognitive and behavioural avoidance. Treatment components include imaginal reliving, restructuring of hotspots, working with triggers for intrusions, behavioural experiments, and general cognitive restructuring. This paper will provide an overview of the 10-session treatment package, and we will present promising preliminary findings from an ongoing randomised controlled trial of CBT for children and teenagers who have developed PTSD as a result of discrete events such as road traffic accidents and violent crime.

Challenges in reaching children and adolescents following war and disasters.

Atle Dyregrov, Center for Crisis Psychology, Bergen, Norway.

War and disaster continue to affect millions of children around the world. While academic journals are publishing an increasing number of studies supporting the use of both individual and group administered CBT in western nations, the majority of children exposed to war and disaster never benefit from such interventions. Obviously there are major obstacles involved in helping children following war or disaster, including difficult logistics and dangerous working conditions. However, there are other major human obstacles involved. During and following war there can be strong reluctance on the part of the victors to acknowledge the impact of such adverse events on children. There is also a widespread belief in children’s resiliency and a belief that children seldom are traumatized. Both within governmental and non-governmental agencies such conceptions can postpone proper help for children. The belief that western concepts of trauma and therapy cannot be used in other cultures can also preclude help. It is true that individual trauma therapy may be of little use in many countries. However most effective helping efforts involve community based programs where local professionals receive training through a cascade design that reaches large groups of children. Even if a small percentage of children exposed to extreme stressors go on to develop PTSD they will constitute a large number of children. These children deserve to benefit from the progress made within the CBT field over the last decades.
Using Creative Techniques in Child CBT

Chair: Tammie Ronen, Tel-Aviv University, Israel

Mobilizing creativity to the process of change in psychotherapy

Michael Rosenbaum, Ph.D. Department of Psychology, Tel Aviv University, Tel Aviv, Israel

One of the major characteristics of adults and children who are consumers of psychotherapy is that they are trapped in their thoughts, emotions and behaviors in what seems to be an endless cycle of self-inflicted pain. This has often been termed as rigidity, “black and white” thinking processes, and emotional closure. The role of therapy is to help clients to break away from their well-established habits and ways of thinking and introduce novelty and change to their life. The process of therapy shares many features of the creative process in other areas of life such as the sciences and the arts. Creativity entails finding novelty and change in well-established domains. For any therapy to be effective it must engage the client in innovative ways of thinking and behaving. The client is encouraged to experiment with new ways of thinking and behaviors, in order to break away from the vicious cycle that he or she are entrapped in. In this paper I will develop the idea that the role of the therapists is to help the client to become a creative person who is able to apply creativity as a way of coping with personal difficulties. Furthermore, I will argue that therapists themselves must adopt a creative stand while conducting therapy. Rigid adherence to specific therapeutic doctrines or to specific techniques contradicts the goal of creating an adaptive and creative person, although it may seem beneficial in the short run.

The Use of Guided Imagery and Tales in Treating Children

Yossi Adir, The Shiba Hospital, Israel

Fairy tales and thrill stories thrill attract young children. Stories and children’s plays are rich in details, thoughts, emotions and metaphors. Regardless, parents as well as clinicians sometimes do not give meaning to or use stories and tales as a therapeutic tool. It is known that it is a unique and meaningful tool where the clinician may help the child to identify, confront, deal, and control stress, anxiety, sadness, loss or any other issue the child is facing. In addition, through guided imagery, stories and metaphors, the child has an opportunity to understand not only his inner world but also his outside world that is sometimes threatening or complicating. Moreover, through metaphors the child can better express himself to the clinician and in turn help clinician to provide a better treatment. The presentation will include theory as well as practical application for the use of these effective tools in the therapeutic setting.

Laying the foundations of well being: a creative psycho-educational programme for young children’s immunization against depression

Maria Zafiropoulo Laboratory of Developmental Psychology and Psychopathology, Department of Pre-school Education, University of Thessaly, Greece and Institute of Behaviour Research and Therapy Athens, Greece and Aggeliki Thanou, Effie Argyrakouli Laboratory of Developmental Psychology and Psychopathology Department of Pre-school Education University of Thessaly, Greece

Feelings of despair and meaninglessness, suicide, drug abuse, underachievement, resignation are common features of depressed mood which appear to seriously affect not only adults and adolescents but also young children. Family and school are the two most crucial social environments of children that could play an active role in imbuing children with a sense of optimism and personal mastery. This presentation is a pilot study which investigates the applicability and consequent efficacy of an interactive, creative psycho-educational programme for young pupils aiming at preventing depression by enhancing mastery, supporting positive regard and shaping functional explanatory styles. The programme takes place in the school during school hours and lasts for an academic year. The techniques implemented are taken from the main tactics that cognitive therapists use to treat depression, adapted for the developmental stage of non-depressed young children. Intervention is focused on the link between feelings and thoughts, on the implementation of accurate impersonal beliefs as well as on generating temporary and specific causal attributions. The programme contains lots of playful tasks, picture drawing and reading, story telling, role playing, dramatic enactment and many other novel, creative activities.
Cognitive Creative Therapy with children

Tammie Ronen, The Bob Shapell School of Social Work, Tel-Aviv University

The application of cognitive therapy to children’s problems is characterized by empowering the children with the skills needed for positive change in their lives. This is achieved not only through verbal therapy but also through drawings, metaphors, imagination, role play, and a range of other creative means. The therapist and the client share the use of creative tools as a means for change. Whereas the former suggests to the client new experiences, the latter is asked to try them out. Creative therapy, is the optimal way for adapting cognitive therapy to the children’s needs. A creative psychotherapist is one who can adapt the treatment process and assessment to the client's unique and individual needs, using the modes, strategies, and techniques which best suit the client's way of thinking and thus or design a new intervention from which the client can learn and benefit the most. The lecture presents case examples demonstrating the use of drawings, metaphors and imagery as part of the assessment process as well as part of therapy.

How do cognitive biases develop in children?

Convenors: Andy Field, Dept. of Psychology, University of Sussex, Brighton and Cathy Creswell, University of Reading.

Examining the origins of cognitive factors associated with childhood anxiety and sleep problems in school-aged twins

A.M. Gregory, T.C. Eley, Social, Genetic, Developmental Psychiatry Centre, Institute of Psychiatry, King’s College London, UK

Genetic research investigating the association between anxiety and sleep problems in pre-school-aged twins indicates that this association is largely due to shared environmental influences. Cognitive psychology suggests that similar processes are involved in both anxiety and sleep problems, however the etiology of such cognitions is unknown. This study examines the origins of cognitions associated with both anxiety and sleep problems. Parents of 232 pairs of 8-year-old twins completed the Child Sleep Habits Questionnaire. Children completed the Sleep Self Report and Self-report Childhood Anxiety Related Emotional Disorders questionnaires. A range of cognitive factors were examined, including attributional style, anxiety sensitivity, interpretation of ambiguous stimuli, and perception of self and peers. Expectations of others were examined using the Children’s Expectations of Social Behaviours Questionnaire. There were moderate correlations between self-reported anxiety and both self and parent reported sleep problems (r(461) = .34, p <.01; r(439) = .14, p<.01 respectively). The correlations between different cognitive processes and anxiety and sleep problems were examined. Only expectations of peers correlated significantly with anxiety and both self- and parent reported sleep problems (r(462) = .19, p<0.002, r(460) = .24, p<.001, r(438) = .10, p<.05 respectively). The etiology of thoughts concerning expectations of peers was largely mediated by environmental influences. This is the first study to combine behavioural genetic and cognitive research examining the origin of the association between childhood sleep problems and anxiety. These results are consistent with the importance of shared environmental influence on the association between sleep problems and anxiety.

The link between parenting practices, cognitive schemas, and psychopathology in adolescents

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Beck's cognitive model postulated that maladaptive cognitive schemas were the cognitive bases for psychopathology. It was further hypothesized that these schemas were likely to be shaped by growing-up experiences, which in turn were determined to a considerable extent by the parenting practices of a person's parents. The present study attempted to examine the relationship between parenting practices, cognitive schemas, and psychopathology (in terms of depression, anxiety, and aggression) among adolescents. A mediational model was proposed. It was hypothesized that dysfunctional parenting practices influenced the formation of maladaptive cognitive schemas, which in turn led to psychopathology. Cognitive schemas were thus considered as the mediators between parenting practices and psychopathology. A total of 790 high school students between the ages of 12 to 19 participated in this study and completed respective questionnaires on parenting practices, cognitive schemas, and psychopathology. Results: statistical analysis by structural equation modeling indicated a complete, instead of partial, mediational model between parenting practices, cognitive schemas, and psychopathology. It was also found that depression, anxiety, and aggression were characterized by partially different types of maladaptive schemas and parenting practices. This study confirmed the importance of parenting in shaping the cognitive schemas. A complete, instead of partial, mediational model suggested that the effects of parenting on psychopathology were wholly
mediated by cognitive schemas. There was no direct effect of parenting on psychopathology. Dysfunctional parenting practices did not directly produce psychopathology; they first shaped maladaptive cognitive schemas, which in turn led to psychopathology. This finding strengthened the central role of cognitive schemas in the origin of psychopathology. Although there were shared parenting practices and cognitive schemas among the disorders, i.e., depression, anxiety, and depression, this study also identified some different types of parenting practices and cognitive schemas between them. These differences might help to explain the development of different disorders. Furthermore, the planning of preventive or intervention programmes on these disorders should take note of these differences.

A developmental perspective on processing bias and childhood anxiety

Merel Kindt, Department of Clinical Psychology, University of Amsterdam, The Netherlands

The finding that anxious adults show a processing bias towards threat is one of the most robust findings in experimental anxiety research. This bias is held to contribute to the maintenance and even the development of anxiety disorders. If a bias for threat is fundamental to anxiety, it should be present in anxious children. Several experiments are briefly discussed in which it was investigated whether anxiety in children is associated with a processing bias, as assessed by the emotional Stroop paradigm. The results are in sharp contrast with findings in adults. That is, we observed several times that processing bias for threat stimuli is a normal characteristic of children aged 8–9. When children grow older (8–12), this bias decreases in non-anxious children and maintains or increases in the anxious children. We suggested that it is not the bias per se that is fundamental to anxiety disorders, but the failure to inhibit this bias. However, in a recent study clinically referred children with separation anxiety disorder, social phobia, and/or generalised anxiety disorder did neither show a differential bias for threat, nor a general bias irrespective of the fear status. It is suggested that research on anxiety-related information processing in children should be tuned to ‘sensitive periods’ for developing those anxiety disorders.

Inhibiting attention to threat: An exploration of age and anxiety

Julie A. Hadwin, Developmental Brian-Behaviour Unit, School of Psychology, University of Southampton, UK.

Attentional mechanisms for the processing of threatening information are suggested to be influenced by factors of age and anxiety – young children have a tendency to attend to threat that is brought under control through childhood, but not for individuals with heightened anxiety. Research reported here investigated the relationship between age and self-report anxiety and children’s selective attention (SA) to threatening stimuli (angry faces) versus non-threatening (neutral and happy faces) using a modified version of the Stroop task. It measured colour matching latencies to coloured outlines of angry, happy and neutral faces and non-faces with their respective coloured buttons in children aged six to twelve years. The results demonstrated that both age and anxiety were associated with SA to angry faces. The results support previous work highlighting a link between anxiety and SA to threat as measured by the modified Stroop task. In addition, they also highlight that children’s ability to inhibit attention to threat develops from early to late childhood, and remains relatively constant across childhood. Implications of this work for understanding the emergence SA to threat in childhood are discussed.

Watch out for the beast: Fear information creates attentional biases in children

Andy P. Field, Department of Psychology, University of Sussex, UK.

Valenced verbal information about novel animals can change the implicit and explicit fear beliefs of children (Field & Lawson, 2003). However, it isn’t clear how fear beliefs might lead to anxiety. One possibility is that it creates the cognitive biases believed to maintain adult anxiety disorders. Two experiments are reported that test whether fear information creates an attentional bias towards animals about which negative fear beliefs are held. In both experiments, children aged between 7 and 9 were given positive information about one novel animal, negative information about another and no information about the third. Having induced fear beliefs, a pictorial dot-probe task was used to test for attentional biases to the different animals. Results replicated the finding that fear information changes children’s fear beliefs. In addition, data from the dot probe task showed that children did have an attentional bias towards the animal about which they held negative beliefs compared to the animal about which they were given no information. Although a delay in administering the dot-probe task did not influence the results, the bias was only present in the left visual field (experiment 1) and was present only in children high on behavioural inhibition (experiment 2). This study indicates that fear information is sufficient to induce an attentional bias, even a day after the information is given. Interestingly, this bias was found in the left visual field, which is processed by the right hemisphere (which has been implicated in processing negative emotional information) and may be moderated by temperamental characteristics of the child. Nevertheless, these results imply a possible way in which fear information might lead to anxiety.
A Developmental Psychopathology of Adolescent Onset Psychosis

Convenor and Chair: Matthias Schwannauer, University of Edinburgh

In this symposium we aim to re-examine psychosis from a developmental perspective. The recent discourse around the role of affect dysregulation in the course and development of psychosis and the specific factors of the adolescent onset of psychosis highlighted the importance to consider clear developmental trajectories of psychosis and the need for an up-to-date developmental psychopathology of psychosis. In the contributions we will discuss the impact of life-span developmental models on our understanding of the onset and course of psychosis and consider specific developmental treatment models of adolescent onset psychosis.

Towards a developmental psychopathology of psychosis

Matthias Schwannauer, University of Edinburgh

A number of investigations have demonstrated a considerable overlap of normal adolescent experiences that might be deemed psychotic if viewed from a purely clinical perspective and we also gained a better understanding of normal adolescent life experiences and transitions that might heighten individual's vulnerability to the development of a psychotic disorder. At the heart of these developmental trajectories are concepts of belief formation and cognitive development, secondary individuation processes and interpersonal development, and early psychological and psychosocial factors such as early attachment experiences or early experience of loss and trauma.

A systematic comparison of these psychological and developmental factors between adolescent onset and adult onset psychosis will be presented and implications for conceptualisation and formulation of these two disorder groups will be discussed.

A developmental psychology approach to psychosis

Richard Bentall, University of Manchester

Research in the past decade has raised the possibility that psychosis is the outcome of abnormal neurodevelopment. Consistent with this assumption, investigators have used cohort and high-risk studies to convincingly demonstrate the presence of neurocognitive abnormalities in people who are likely to become psychotic but who are not yet ill. However, the insights gained from this kind of research have been limited for two reasons: (1) neurocognitive abnormalities seem to very non-specific, conferring vulnerability to a wide range of symptoms; (2) cognitive biases known to influence positive symptoms such as delusions and hallucinations (e.g. attributional style, metacognitive beliefs, source-monitoring) have not been measured; and (3) social-environmental influences (e.g. parent-child relationships, trauma) have been almost completely ignored. There is need for a model of the emergence of psychotic symptoms that traces the development of symptom-relevant cognitive processes over the lifetime of the individual, and explains how these processes are influenced by environmental forces. Potentially promising avenues of research will be outlined.

A cognitive-developmental account of psychosis in adolescence.

Chris Harrop, University of Birmingham

It is surprising that classic issues of the adolescence literature have not been more widely incorporated into what is known about psychosis, given that a large majority of psychosis-cases develop at late adolescence/early adulthood. A number of studies have shown that large proportions of normal people at this age undergo substantial experiences which might be deemed psychotic were they seen in a clinical setting. Data are reported from a number of studies showing that such psychotic-like signs in normal adolescents are related to typical issues of adolescence such as egocentricity, idealism, invulnerability, dating experiences, and attachment. These studies are interpreted in light of a cognitive-developmental account of psychosis in early adulthood.

Using CBT with Adolescents with Psychosis

Ruth Whitehead, University of Birmingham

Background: Although it is widely accepted that psychosis typically develops in adolescence and early adulthood there has been very little research focusing on the use of psychological interventions with adolescents with psychosis. There is a growing evidence base for the effectiveness of CBT in treating both medication resistant and acute psychotic symptoms, and more recently in preventing the transition to psychosis in high risk individuals. There is also considerable evidence for the efficacy of using a CBT approach with children and adolescents with other psychiatric difficulties. Objective: This paper aimed to investigate whether the CBT can be effectively adapted for use with adolescents with psychosis. Method: Single case methodology was used with four adolescents experiencing psychosis. The participants were assessed on a number of measures (including the PANSS) at pre, mid, and post intervention, and at a three month follow-up. Additionally, cognitions, feelings and behaviour were measured on a weekly basis throughout the baseline and intervention phases. Results: Data analysis is ongoing at the time of writing. However, initial results appear to be promising. The results will be discussed in relation to the variety of social, biological and psychological factors influencing each participant’s progress. The clinical implications of using a CBT approach with adolescents with psychosis will also be considered.
Recent Diagnostic, treatment-outcome, and basic-research in children with ADHD: Implications for Clinical Practice

Convenor and Chair: P.J.M. Prins, University of Amsterdam, The Netherlands

Efficacy of Medication versus Medication combined with Multimodal Behavior Therapy in Children with ADHD

S. van der Oord, P.J.M. Prins, Department of Psychology, University of Amsterdam, The Netherlands J. Oosterlaan, Department of Clinical Neuropsychology, Free University Amsterdam, The Netherlands P.M.G. Emmelkamp Department of Psychology, University of Amsterdam, The Netherlands

In the multimodal treatment study of ADHD (MTA-Group, 1999), medication (methylfenidate) and medication combined with multimodal behavior therapy turned out to be the most effective treatments for children with ADHD. However, after the publication of the MTA-results, there has been a continuing debate on the relative impact of the intensive behavior therapy condition compared to the effects of medication. The present study was designed to further explore the differences between medication and medication combined with a multimodal behavior therapy. The main components of the intensive MTA-behavioral therapy condition were adjusted for use in clinical practice. The behavioral treatment was short term (10 weeks), and multimodal (focused at child, parent and teacher). The parent, child, and teacher treatments were integrated, using for example the daily report card. In both conditions, medication management strategies were similar to the medication strategies used in the MTA-study. A daily cross over double blind placebo controlled design was used. During 5 weeks parents and teachers evaluated the behavior of the child daily, and after 5 weeks each child received an individually designed doses of medication. Treatment-outcome effects on ADHD-symptoms and associated features will be presented (N = 40). Implications of findings for clinical practice will be discussed.

Pharmacological and Non-pharmacological Approaches in the Management of ADHD

P. Santosh, Department of Child & Adolescent Psychiatry, Institute of Psychiatry, King’s College, London

Greater hyperactivity, inattention and clumsiness in the absence of emotional disorder predict greater positive response to methylphenidate. However, it has also been shown that symptoms in those with less severe attention deficit hyperactivity disorder (ADHD) improve more completely. Clinical experience suggests that the difficulty with both psychosocial and pharmacological treatments of ADHD is the lack of maintenance of effects once treatment has been discontinued and the failure of generalisation to settings in which treatment has not been active. Situations in which symptoms cause the most impairment should be targeted for treatment. The multimodal treatment of ADHD (MTA) study demonstrated that pharmacotherapy, as the cornerstone of a multimodal treatment approach, is the most effective way of treating ADHD in children. The study concluded that methylphenidate should be given t.i.d. and titrated to the dose that delivers maximum therapeutic efficacy and should be offered in the long term for effective treatment of this chronic condition. However, it was unclear whether the MTA findings could be generalised to all forms of the disorder, especially ‘hyperkinetic disorder’, the diagnosis commonly used in Europe. Re-analysis of the MTA results provides practical treatment guidance for European physicians. It demonstrated that current European guidelines regarding the use of stimulants in hyperkinetic disorder remain useful. This subgroup appears to show greater stimulant response. However, the guidelines will need to state more clearly that non-hyperkinetic disordered ADHD also respond to stimulants. Treatment paradigms are now being implemented around Europe based on the MTA findings and the re-analysis that has been carried out.

The Contribution of Neuropsychology to the Diagnosis of ADHD in Children

H. M. Geurts, Department of Psychology, University of Amsterdam, The Netherlands

Deficits in inhibitory control are seen as one of the core problems in children with externalising disorders such as Conduct Disorder or Attention Deficit/Hyperactivity Disorder (ADHD). The concept of inhibition has often been related to the concept of impulsivity and this is one of the core features of ADHD. Attention deficits are another important characteristic of ADHD. In clinical and research practice, a broad range of neuropsychological measures is used to pinpoint these core features of children with ADHD. The purpose of this presentation is to provide a short overview of commonly used neuropsychological measures and their use for the diagnosis of ADHD. Furthermore, this presentation will try to narrow the gap between neuropsychological assessment and the implications of this assessment for daily care. The implementation of the results of neuropsychological assessments in managing children with ADHD at home and school is often ignored.
Early Screening and Risk Taxation in Young Children with High Levels of Hyperactive and Impulsive Behaviour

M.J. Groenteman & P.J.M. Prins Department of Psychology, University of Amsterdam, The Netherlands

Previous research has shown that for 5-6 years old children, it is possible to determine their risk-status for developing the diagnosis Attention Deficit-Hyperactivity Disorder. Several studies have shown that in addition to predicting ADHD on the basis of child behaviour symptoms, it may be useful to determine the role of family and parenting factors in predicting the emergence and persistence of ADHD-related symptomatology. The present community study was designed to determine which specific family and parenting factors contribute significantly to the prediction of ADHD in young children beyond the contribution of ADHD child-symptoms at baseline. In the first phase of the study, a total of 800 parents of five and six year olds, were assessed on child behaviour symptoms, demographics, life events, parental stress, coping and psychopathology, and specific parenting behaviours. In the second phase of the study, children at high risk were selected for further assessment, including structured interviews and observation measures related to specific parenting behaviours and family interaction patterns. Data-analysis focuses on the relative predictive power of child factors, parental and family factors and their interactions for ADHD symptomatology. Results of the first phase of this study will be presented.

Prevention and Treatment of Disruptive Disorders in Childhood

Convenor: Manfred Doepfner, University of Cologne, Clinic for Psychiatry and Psychotherapy of Children and Adolescents

Do parent training effects wane over time? Short and Long-term Outcome of a Universally Introduced Parent Training

Nina Heinrichs, Annett Kuschel, Heike Bertram, Sebastian Naumann, Sylvia Harstick & Kurt Hahlweg, Braunschweig University, Germany

In the US, behavioral parent training is known to be most efficacious in treating and preventing child behavior problems. In Germany, a lack of prevention programs for child behavior problems is evident. In a randomized, controlled, and prospective two-site study, we are currently investigating the efficacy of the Triple P parent group training as a universal prevention program. Parents of children between 3 and 6 years were randomly assigned to either the Triple P group program or a no-intervention control group. Pre- and follow-up data consist of multiple data sources. We assessed the child's level of problem behavior (e.g., with the CBCL), observed the mother-child interaction using a 20-min videotaped home observation and measured parent-related variables, such as parental stress. The multimethod and multimodal assessment was conducted pre- and 1 year after the initial assessment. The immediate post and 2-year follow up consisted mainly of self-report data. In sum, 280 families participated. 143 received the Triple P program and 137 were assigned to the control group. This presentation will report on the post and 1-year follow-out outcome. The results demonstrated immediate post-intervention effects, particularly on parent's disciplinary style and to a lesser degree on child behaviour problems. We are currently analysing if these effects are maintained one year after the parent training or if they waned/waxed over time. Implications of these results will be discussed, particularly with their meaning for the dissemination process of effective prevention programs into the field.

Recruitment in an indicated Prevention Programme – parental participation decisions

Julia Plueck, Garbriele Brix, Inez Freund-Braier, Christopher Hautmann & Manfred Doepfner, Clinic for Child and Adolescent Psychiatry and Psychotherapy, University of Cologne, Germany

Objectives: Externalizing behavior problems are the most frequent ones in childhood. As known from epidemiological surveys only a small part of those parents that describe problems in their child even in a high degree, look for such help in an active way. Methods: The efficacy of the indicated „Prevention Programme for Externalizing Problem Behavior“ (PEP) has been investigated in a randomized controlled trial funded by the German Research Foundation. Parents and nurses/teachers in kindergarten of children aged 3 to 6 got the opportunity to take part in training courses based on well-established therapeutic methods in treatment of hyperactive and oppositional problem behavior. The process of recruitment of the sample includes several steps of parental decision concerning their participation. Results: Parents and kindergarten teachers of 2123 Children in public kindergartens in the City of...
Cologne completed a screening questionnaire selected from CBCL. The 85th percentile of a general externalizing-score was defined to indicate children at risk. Parents and kindergarten teachers of 160 children took part in a multidimensional assessment battery. The presentation focuses on the recruitment of the sample, analyses percentage of and reasons for dropout at different steps of the study including rates of participation during the training. Conclusions: Getting personal contact with the project is an important point of decision. Strategies for keeping the families in the study will be discussed.

Efficacy of the Prevention Program for Externalizing Problem Behaviour (PEP) in preschoolers

Manfred Doepfner, Inez Freund-Braier, Gabriele Brix, Christopher Hautmann & Julia Plück, Clinic for Psychiatry an Psychotherapy of Childhood and Adolescence, University of Cologne, Germany

Objectives: Disruptive disorders (conduct disorders and hyperkinetic disorders) have a high stability from preschool age to adolescence. Therefore, an early prevention and intervention program which is effective in reducing problem behavior and applicable in routine care is needed. Prevention and intervention programs which aim to modify parent-child and teacher-child interactions have been proven to be effective in reducing externalising problem behavior. Based on a clinical treatment program for hyperkinetic and oppositional problem behaviour we developed such a prevention program for parents and pre-school teachers of children aged 3-6. Focussing on specific situations, participants detect ineffective reinforcement processes and learn about favourable strategies to modify the child’s behaviour. Method: n= 128 Children aged 3 to 6 with disruptive behaviour problems were identified via screening with parent and teacher ratings and randomly assignend either to parent and teacher prevention program or to a no prevention control group. Behaviour problems of the children in the family, the kindergarten and in a play situation as well as parenting behaviour were assessed by rating scales and behavioural observation before and after the prevention. The prevention program consisted of 10 two-hour sessions with parent groups ( mean 5 parents per group) and 10 two-hour session with pre-school teacher groups. Results: The prevention program was effective on parent ratings of ADHD ond oppositional defiant behaviour problems. On teacher ratings of the child behaviour problems reductions in the prevention group and the control group were found.

Treating children, their families and their immediate social environment.

Convenor: Tammie Ronen, The Bob Shapell School of Social Work, Tel-Aviv University, Israel

Interpersonal Problem Solving with Children.

Joop Meijers, Clinical Child Psychology, School of Education, The Hebrew University, Jerusalem, Israel

Interpersonal problem-solving (IPS) models, as developed by D’ Zurilla and Goldfried, Nezu, Spivack, Shure, and Elias, offer a promising venue to Cognitive-Behaviour Modification with children, suffering from different kind of disorders and disabilities. This presentation is about the group application of Interpersonal Problem Solving with children, and in particular with those who so far have received less attention in the CBM-litterature: children with Non-Verbal and other learning disabilities. After a short introduction of the theoretical model and the characteristics of the learning disabled children, we will describe the IPS- therapy as administered to children with a Non-Verbal Learning Disorder and associated emotional and behavioral problems Our focus will be on the particular characteristics of this form of Interpersonal Problem Solving Training with these kinds of children, as compared to other existing models with other subgroups of children. We will present clinical findings from our work that may be relevant to interpersonal problem-solving training with other child populations and that feed-back in and change existing theoretical models.

Treating children with Asperger Syndrome

Kirsten Callesen, Asperger Resource Center, Copenhagen, Denmark

The persons with Asperger syndrome are viewed differently because of their unusual quality of social interaction, conversation skills and cognitive abilities. One of the unusual aspects of their social abilities is a conspicuous difficulty with the understanding and expression of emotions. The diagnostic criteria for Aspergers syndrome, as outlined in DSM IV TR (American Psychiatric Association 2000) includes in criterion A, a description of some of the qualitative impairments in social interaction. The list of characteristics includes impairments in the nonverbal communication of facial expression, body posture and gestures and a lack of social or emotional reciprocity. Clinical
experience and autobiographies confirms that such individuals have considerable difficulty with the understanding and expression of emotions. However, while we have increasing knowledge of the distinct profile of social abilities, we are only just beginning to develop effective remedial programs for children and adults with Aspergers syndrome to improve their understanding of emotional states and to modify psychological treatments to accommodate their unusual profile of cognitive abilities. The CAT-kit (Kristen Callesen, Amnette Moller Nielsen and Tony Altwood, 2002) is a newly developed tool-box for working with emotions and social skills with children and youth with Asperger syndrome. It consists of a variety of concrete and visual elements for identifying and measuring emotions and developing and applying relevant social strategies. Studies have been carried out in Australia and Denmark using the CAT-kit (Cognitive Affective Training) with children and youth with Asperger syndrome. The training emphasizes affective education with discussion and exercises on the connection between cognition, affect and behavior and the way in which individuals conceptualize emotions and construe various situations. The aim is to help children and youth with Asperger syndrome understanding their own emotions and those of others and enhancing their social reciprocity.

A cognitive-behavioural stress management training for children with nephrotic syndrome

Ira-Thalia Kollias University of Athens, Greece and Anastasia Kalantzi-Azizi, University of Athens and Institute of Behaviour Research and Therapy

The lack of stress coping strategies may affect the development of the chronic relapsing illness of nephrotic syndrome (NS) in children. Objectives: The evaluation of a group cognitive-behavioural stress management programme, that was based on the intervention by Hampel & Petermann (1998) and adjusted to the specific target group for best hospital use. Setting: The Nephrological Department of the Pediatric Hospital «Paidon Aglaia-Kyriakou» in Athens. Method: The data were collected via psychometric measurement (STAIC, CBCL, PSI, SDQ) of all subjects and their parents. N=22 children (6-9 years old) with NS were randomized to the programme or to a waiting list control group. The intervention included a total of 10 sessions, whereas parents participated at three sessions. The general goal of the programme consisted in the decrease of the psychological aggravation of the children, as well as their training in stress coping strategies, so that a better long term adjustment to stressful situations was achieved. The main therapeutic strategies that were used derive from the discipline of cognitive-behavioural psychotherapy. Results: The analysis of the findings demonstrated a significant decrease of the circumstantial and diachronic stress, the emotional and behavioural problems of the treatment subjects as well as a decrease of the parent’s overall anxiety levels, compared with controls. Also important information as to the characteristics of nephrotic children’s families were gathered, that can be applied in the future development of special intervention programmes for children with chronic diseases.

On the art of implementation of cognitive strategies in the child’s environment

Lennart Holm, Center for Cognitive therapy and supervision, Naestved, Denmark.

We experience daily an immense request for treatment with CBT from a public which become still more aware, that CBT should be the first choice of treatment in many cases. In this situation where the demand and supply is out of balance, it seems urgently needed, that we concentrate some of our efforts to teach skills and deliver supervision to groups who are a natural part of the child’s environment. At the same time cognitive methods such as Socratic questioning, guided discovery and creative work can be seen as ways of inoculation against racism, ethnocentrism and other kinds of negative thinking – in other words contribute to a healthier environment. A practical model for working with teachers, social workers and family members will be presented, and examples from the clinical and pedagogical area will be discussed.

To be strong: A skills directed program for reducing aggressions among children in schools

Tammie Ronen, The Bob Shapell School of Social Work, Tel-Aviv University, Israel

Child therapist have always been involved in treating children, supervising their environment and developing preventive programs. Most of the existing programs focused on supervising the environment in behavioral basic methods for controlling children (reinforcement, punishment, contracts, avoidance), and developing group therapy for children as primary and secondary prevention . Skill Directed Therapy (SDT) aimed at developing prevention programs both for children and teachers. The program focuses on imparting teachers and children self-control skills for reducing aggressions. Teachers were supervised over the year in applying self-control methods both for changing their own behavior and for applying the program to children. Children had learned a program titled: “To be strong” as part of their regular curricula at school and were graded on it like any other course in school. Significant reductions in aggressive behavior were noted after the completion of the program. In addition significant increases of self-control skills among the pupils, change in the school atmosphere and teachers’ subjective well-being were noted as an consequence of the program.
Roundtable

Treatment Of Obesity: Mission Impossible?

Convener: Caroline Braet, University of Ghent, Belgium.

Interventions for facilitating short-term weight-loss have improved substantially over the past 20 years. However, the maintenance of treatment effects represents the greatest challenge in the long-term management of obesity. And many questions concerning treatment efficacy, maintenance, and mechanisms remain unanswered. In this round table, the following issues will be discussed: 1. Treatment of obesity in adults: mission impossible? Anita Jansen, University of Maastricht, The Netherlands 2. Do we need separate treatment programs for binge eaters? Riccardo Dalle Grave, Villa Garda, Verona, Italy 3. Are interventions for children more helpful? Caroline Braet, University of Ghent, Belgium 4. Future directions in the treatment of obesity Terry Wilson, Rutgers University, USA

Child Open Papers

Open Paper Session 1

Prevention of social anxiety: Development and evaluation of a group program for children and adolescents

Kuehl, Sigrid & Tuschen-Caffier, Brunna Christoph-Dornier-Foundation for Clinical Psychology, Institute Siegen, Germany

According to recent results subclinical conditions of social anxiety often aggravate to clinically relevant manifestations of social phobia in children and adolescents. To reduce their suffering and to prevent further complications (e.g. academic difficulties, development of comorbid disorders) early intervention is necessary. Therefore the aim of the present study is to develop of a cognitive-behavioral program for those children. With respect to already existing therapy programs for anxiety in children (e.g. Flannery-Schroeder & Kendall, 1993; Albano & Barlow, 1997) a group program with concurrent parent sessions was designed for children and adolescents between 8 and 14 years with discrete symptoms of social anxiety. It consists of 20 sessions with the following main topics: (a) restructuring dysfunctional thoughts, (b) social skill training, (c) exposure in vivo, (d) relapse prevention. A pilot study provided promising evidence for the efficacy of the program. After revising of the program’s structure the present study was designed to confirm the first findings. 24 participants underwent a diagnostic procedure including self and parent reports as well as behavioral observations before and after treatment. The expected decrease of social anxiety and associated problems like social withdrawal was accomplished and maintained during a period of six months whereas a wait-list control condition did not display substantial improvement. Results will be discussed in terms of the need and advantage of early interventions.

Trialling Cognitive Behaviour Therapy for children with OCD: a randomised controlled trial

Williams, T.I., Salkovskis, P., White, H., Turner, S. Forrester, E. & Allsopp, M. Berkshire Healthcare NHS Trust, School of Psychology, University of Reading, Department of Psychology Institute of Psychiatry, London

Introduction: The evidence-base for CBT for OCD in childhood and adolescence is limited, consisting mainly of case series and open trials (Bolton et al., 1983; March et al., 1994; Piacentini et al. 1994; Weaver & Rey, 1997; Franklin et al. 1998). These studies have reported clinically significant improvements in high proportions of cases. So far there has been only one published report of a randomized controlled evaluation of CBT for paediatric OCD. De Haan and colleagues (1998) randomly assigned 22 children and adolescents with OCD to either CBT or clomipramine, finding that patients in both conditions showed significant improvement, with greater improvement in the CBT condition on one of the two outcome measures employed. All of these trials use a form of CBT which concentrates on the management of the uncomfortable feelings associated with the exposure and response prevention component of the treatment. Recent treatment reports, authoritative reviews, and practice guidelines show consensus on several key points. First, CBT is considered an effective treatment for OCD; second, CBT for paediatric OCD has not been sufficiently evaluated and more controlled trials for this age-group are needed (March 1995, de Haan et al. 1998; AACAP, 1998; Thomsen, 1998; Rapoport & Inoff-Germain, 2000). In the adult literature, CBT for people with OCD has developed beyond simply managing the anxiety associated with the exposure to feared stimuli, to consider the role of responsibility appraisals as the key to enabling effective treatment [Salkovskis, 1989]. This study was designed to test the applicability of treatment based on Salkovskis model to children as young as ten years of age. Method: Randomised controlled trial comparing cognitive behaviour therapy with waiting list over three months. Assessors were blind to condition. Ten treatment sessions were conducted in clinics by three therapists in conditions similar to those pertaining to typical NHS practice. Results: A total of 21 children were recruited to the trial. Children assigned to active treatment showed a significantly greater improvement than those assigned to the waiting list. The analysis of the clinical global impression data show that all of the wait list participants remained at the moderate or
higher level of symptom severity, while the 5 of the treated group were at the borderline or lower level of symptom severity. Discussion: The success of CBT in this trial suggests that it is effective and usable in routine clinical practice. The treatment protocol used here differs from that used in the De Haan and March trials, and so no direct comparisons can be made. Nevertheless the extent of improvement in all three trials is comparable, even though this trial used substantially fewer treatment sessions.

Behavioral Group Treatment for Obsessive-Compulsive Disorder (OCD) in Adolescence: A Preliminary Study

Söchting, I., & Third, B., O.T. Department of Psychiatry, The Richmond Hospital, Richmond, British Columbia, Canada

This study is a preliminary evaluation of the effectiveness of a cognitive-behavioural group treatment (CBT) protocol for OCD in adolescence. The treatment and the evaluation took place in an outpatient psychiatry setting in a community hospital. Seven adolescents (age 14-17) were treated in a 10-session group CBT program with weekly sessions of a 2-hour duration. The treatment protocol was an adaptation of approaches with established effectiveness. Three main components were emphasized: externalizing the OCD by cultivating mindful detachment, exposure and response prevention, and refocusing on alternative, constructive behaviours following exposure. An occupational therapy component (with the co-facilitator of the group being a senior occupational therapist) played a significant role in the refocusing part of the treatment. Self-report measures (the Yale-Brown Obsessive-Compulsive Disorder Scale, the Beck Depression Inventory, the Beck Anxiety inventory) at pre, post, and 12-month follow-up indicated significant improvements for 5 of the 7 patients. The 2 most severely affected did not improve on these measures. There were no dropouts. Cognitive measures were also administered pre and post and provided some support for the possibility of cognitive changes occurring despite a primarily behavioural intervention. The study is also relevant to the challenge of integrating a high standard of patient care - in a primarily clinical setting - with treatment outcome evaluation and research.

Self-Devaluative Dysphoric Experience and the Prediction of Persistent First Episode Major Depressive Disorder in Adolescents

RJ Park, Department of Psychiatry, University of Oxford IM Goodyer, Developmental Psychiatry Section, Department of Psychiatry, University of Cambridge JD Teasdale MRC Cognition and Brain Sciences Unit; Cambridge UK

Background. The Interacting Cognitive Subsystems analysis of cognitive vulnerability to persistent depression proposes that the quality of subjective experience of dysphoria will predict persistence of an episode of depression, independently of depression severity. This prediction is tested in a clinical sample of adolescents in their first episode of Major Depression (MDD) using a modified form of the Depressed States Checklist adapted for adolescents. Methods. Ninety adolescents aged 12 to 16 years with DSMIV Major Depressive Disorder were followed up at 12 months. Self-reported affective and self-devaluative components of dysphoric experience, ruminative style, overgeneral autobiographical memory and both self reported and observer rated measures of depression severity were assessed at presentation and evaluated as predictors of persistent MDD. Results. Persistent MDD in adolescents was predicted by the independent additive effects of higher self-devaluative component of dysphoria, lower general intelligence and greater observer-rated severity of depression at presentation. Neither self-reported depression score, overgeneral memory retrieval nor ruminative style contributed to persistence. Conclusions. Consistent with the prediction, these findings provide support for the role of self-devaluative dysphoric experience in persistence of first episode Major Depressive Disorder. Other affective-cognitive components also contribute. The adolescent version of the Depressed States Checklist may be useful as a brief measure of cognitive vulnerability to persistent depression in young people.

Metacognitive therapy - a promising treatment for paediatric obsessive compulsive disorder

Michael Simons, Technical University of Aachen, Germany

Introduction: Exposure with response prevention (ERP) is the psychotherapeutic treatment of choice for adult as for paediatric obsessive-compulsive disorder (OCD). ERP is proposed to work by habituation. New cognitive (Salkovskis, 1999) and metacognitive (Wells, 1997, 2000) models of aetiology led to new (meta-)cognitive interventions in adults. Metacognitive therapy (MCT) aims at changing dysfunctional metacognitive strategies (e.g. thought suppression) and appraisals (e.g. thought-action fusion). ERP plays a minor role in this treatment rational. In the present study, metacognitive therapy (MCT) was administered to youths with OCD. Method: Six children and adolescents (aged 9 to 17 years) with a primary diagnosis of OCD received MCT. Primary outcome was change in symptom severity as measured with the Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS). Results: MCT proved to be highly efficacious (corrected effect size = 2.9) in relatively short time (about 10 weekly sessions) with lasting effects after 3 months and after 2 years. Discussion: MCT is a promising psychotherapeutic extension or alternative to ERP. Further studies with larger samples are needed to confirm these preliminary results and to find out, under which conditions (e.g. symptom severity, age, type of obsessions and compulsions) children and adolescents may benefit from MCT. The efficacy of MCT may lead to new questions about the underlying working mechanisms of successful OCD therapy; habituation may not to be the condition sine qua non.
Child Open Paper Session 2

A comparison of parental attributions about child hyperactivity and conduct problems: Implications for treatment.

Katerina Maniadaki, Efthymios Kakouros & Rania Karaba, Psychological Center of Developmental and Learning Disabilities “ARSI”

Attention Deficit / Hyperactivity Disorder (AD/HD) and Conduct Disorder (CD) constitute different diagnostic categories in the DSM-IV. However, several authors propose that CD develops as secondary to AD/HD, due to coercive interaction patterns between children with ADHD and their parents that often originate from false parental beliefs regarding child behaviour. The purpose of this study was to compare parental beliefs regarding hyperactivity and conduct problems in the domains of severity, controllability, causality and appropriate parental responses. 317 mothers and 317 fathers of boys and girls aged 4-6, enrolled in kindergartens in Athens, completed the “SDQ” and one version of “The Parental Account of the Causes of Childhood Problems Questionnaire”. Two versions were based on vignettes presenting either a boy or a girl with AD/HD and two others included vignettes presenting either a boy or a girl with CD. Conduct problems were perceived as significantly more severe, controllable and impairing than hyperactivity problems \( [F(2, 604)=23.03, p<.001]. \) Hyperactivity problems were more likely to be attributed to biological reasons than conduct problems \( [F(2, 525)=5.24, p<.00] \). Finally, strictness was the most likely reaction for conduct problems but not hyperactivity. To conclude, parents usually fail to capture the interrelationship between hyperactivity and conduct problems. Their negative views of the child’s conduct problems may lead to strict and punishing strategies that can cause frequent conflictual encounters. Cognitive-behaviourally-based intervention programs should help parents understand the interrelationship between AD/HD symptoms and conduct problems in order for them to adopt more effective responses.

Evaluation of a parent management training for young children with behavioural problems

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Introduction. Antisocial behaviour is the most frequent mental health problem with children and adolescents. Longitudinal research shows a high level of stability of antisocial behaviour. The cost for the community of children and adolescents with antisocial behaviour is very high. The presentation will examine the effectiveness of a parent management training to reduce behavioural problems in young children. Method. 53 families with children (4-7yrs) having conduct problems were randomly assigned to one of two conditions: (1) a parent management training group, (2) a waiting list condition. Parents and children were assessed before and after the treatment and at 1-year follow-up. Instruments included questionnaires on parenting and child behaviour and an observation of mother-child interaction. Mother-child interactions were conducted in a laboratory room and were videotaped. Each interaction consisted of four situations: child-directed play, parent-directed play, puzzle task and cleaning task. The interactions were coded based on the coding manual of Johnston et al. (2002) by two independent psychology students. Results. A significant reduction in child problem behaviour as reported by the parents was noted in the PMT condition immediately after the training and at one year follow-up, however no group by time interaction effects were found. A group x time interaction effect was found for the mother-child interaction, i.e. for the dimension ‘Parental Involvement’. Discussion. The PMT was succesful in reducing problem behaviour of children, although results showed that the content of the evaluated training had to be adjusted to enlarge effects of the training on parental behaviour.

The Parental Involvement Programme (PIP): an effective intervention for children with behaviour problems

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Introduction: In 1996 the use of corporal punishment was banned in all South African schools. In addition to this, in 1998, Outcomes-based Education (OBE) was introduced in South African classrooms. Many educators claim that the introduction of extensive group work (an integral part of OBE) where the educator’s focus and attention is spread across the classroom to as many as ten groups of six learners, has exacerbated the discipline problem. These discipline problems refer to disruptive behaviour that affects the fundamental rights of the learner to feel safe, and to be treated with respect in the learning environment. The combination of these factors has led to a situation where it is felt that discipline has collapsed in many South African schools and the measures proposed by the Department of Education are wholly inadequate. Method: This paper includes an examination of the diverse methods of classroom and whole-school discipline which educationalists have employed over the years. A thorough study of the latest research and literature revealed that parental involvement is becoming one of the most important measures of discipline both within the school and out of the school. This refers to involvement in the home environment, and involvement in school activities in general. An empirical study was undertaken, where the Parental Involvement Programme (PIP) was developed and conducted with a number of children and families. Results: There was an
Evidence exists that aggressive behaviour is more common in boys than girls. Moreover, children with Attention Deficit / Hyperactivity Disorder (AD/HD) are usually more aggressive than their peers. This study aimed to investigate jointly the effect of AD/HD and the child’s gender on the development of aggression in preschool boys and girls. The nursery teachers of 925 boys and girls (mean age=56.01 months, s.d.=8.9 months), enrolled in kindergartens in Athens, completed two questionnaires for each child: a) the “SDQ” for the investigation of AD/HD symptoms, and b) a questionnaire constructed by the authors for the investigation of several forms of aggressive behaviour. The results revealed that 14% of the children scored highly on the hyperactivity subscale of the SDQ. Male to female ratio was 2.5:1. Boys were found to be aggressive more often than girls [$\chi^2(2.915)=58.7, \ p<.001$]. Moreover, AD/HD was positively correlated with aggression for the whole sample ($r= .51$, $p<.01$). However aggressive girls were significantly more likely to present AD/HD (77.8%) than aggressive boys (58.7%). It appears that AD/HD and aggressive behaviour are more closely related in girls than boys. In girls, aggressive behaviour is more likely the result of AD/HD whereas in boys, aggressive behaviour might also be attributed to other reasons. Girls may exert more self-control and, therefore, aggression may appear only when self-control capacities are deficient, as in the case of AD/HD. This finding could be utilized in differentiating the norms used in rating scales and screening tests for AD/HD.

**Psychological adjustment and childhood asthma: the UK Nationwide Mental Health Survey**

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Introduction: Children with asthma have elevated scores for emotional and behavioural difficulties. This study took advantage of a large data set, the nationwide child mental health survey (Meltzer et al, 2000). These data were examined for relationships between asthma and psychological adjustment. Method, Participants: The study was a survey with random selection based on national computer records of 10,438 children aged 5 to 15 from 12,529 eligible families ( 83%). Measures: The Strengths and Difficulties Questionnaire (SDQ) completed by parents, teachers and 11-17-year-olds, provided scores for total difficulties, emotional symptoms, conduct problems, hyperactivity, peer problems, social behavior, and total impact. Development and Well-Being Assessment (DAWBA), was used to generate ICD-10 diagnoses. Parents reported physical disorders and disabilities, other child mental health risk factors and child’s general level of health. Results: Children with other organic conditions were excluded, leaving 9,834 children, 49.9% male. Initial regressions showed asthma did not predict SDQ or psychiatric diagnosis. With general health variable removed, asthma predicted a range of parent and teacher ratings and diagnoses. New variables combined asthma and general health to produce four groups. Logistic regressions were conducted with children without asthma and in good health as reference group. Children with asthma in good health showed few elevated odds ratios. Children without asthma in poor health were at significantly greater risk of disorder. Children with asthma and in poor health similarly had higher odds ratios and were more likely on teacher rating to show hyperactivity. Discussion. It would appear that poor health, rather than asthma per se, is likely to be associated with psychological disturbance. These findings suggest a need for psychological intervention in children with asthma. The results are particularly interesting in relation to recent work on a birth cohort of children tracking the development of asthma (Calam et al 2003) which indicates that behavioural problems may antecedent the development of wheeze. These findings suggest the potential for primary care based parenting interventions that may have the potential to impact on public health. Conclusions Findings that children with asthma have elevated psychological difficulties may result from poor health rather than asthma per se. Hyperactivity may be an exception.
Posters

The childhood anxiety sensitivity index (CASI): psychometric properties and factor structure of the German version

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Anxiety sensitivity is the belief, that anxiety or fear leads to illness, embarrassment or additional anxiety. According to Reiss and McNally (1985) anxiety sensitivity is causally related to the development of agoraphobia and panic attacks. To investigate anxiety sensitivity with children, Silverman et al. (1991) developed the CASI (Children Anxiety Sensitivity Index). Different studies show evidence for satisfactory psychometric properties of the CASI. Furthermore, it has been found that the CASI differentiates among children with and without panic disorder, predicts panic in adolescents and explains variance of fear beyond that explained by trait anxiety. Because of this evidence and the increased usage of the CASI in the field of childhood anxiety research a better understanding of this measure is important. Concerning the factor structure of the CASI it is still unclear which model is to be assumed. In this presentation the psychometric properties and especially the factor structure of the KASI (German version of the CASI) will be investigated and discussed based on five German speaking samples: sample 1 consists of 1268 children (12 to 18 years), in sample 2 are 225 children (10 to 16 years), sample 3 consists of 230 8-year olds, a clinical sample 4 consists of 71 children (10 to 19 years) and in a fifth sample are 143 children (9 to 14 years). Results revealed satisfactory reliability and validity of the KASI. To compare different models of the factor structure both exploratory and confirmatory factor analyses were undertaken. Results of the factor analyses will be discussed.

Prevention of Depression in Young People.

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Introduction: Throughout the world, disorders of depression are among the most prevalent psychiatric/psychological diagnoses affecting between 15-22% of the current 15-21 year-old-populations in Europe, the U.S., and Japan. The age of onset of first episode of major depression takes a dramatic upward turn around ages 14-15 and in two recent large epidemiological studies have reached slightly over 20% by late adolescence, with approximately twice as many girls as boys experiencing MDD. A program has been designed to prevent MDE among late adolescents. The program is based on a cognitive-behaviour therapy model of the treatment of MDE and is developed to be used in a preventive sense for an individual who has not yet experienced an episode of depression. Method: The preventive CBT program with a group of adolescents who are "at risk" for the development of MDE will be described. "At risk" is defined as individuals who have never met criteria for a MDE but who exhibit substantial symptoms of MDE and the presence of a depressive cognitive style. Students aged 14-15, in Iceland, were identified by the CDI and CASQ as having significant depressive symptoms and a depressogenic cognitive style, and interviewed on the K-SADS and found not to have had a previous MDE. They participated in a 14-session CBT program led by a Psychologist. Students met in a group setting at school, twice per week, for 3 weeks and once per week for the remaining 8 weeks. Results: The students’ changes on the CDI and the CASQ during the course, at six and twelve months follow up will be reported as well as interview data (K-SADS) regarding their psychopathology and ratings of depression and explanatory style. Discussion: Results have demonstrated the feasibility of the program. Conclusion: The programme has been well received by participants as reflected in a change in the predicted direction on dependent variables in the experimental group and there is increasing interest among school and health authorities in Iceland preventing the development of depression in adolescents.

Comparison of the theory of mind between children with attention deficit hyperactive disorder and children with high functioning autism

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Background. Recently, there has been an increase interest in the studies that associate autism with disorders in Theory Of Mind (TOM). The disorder in mental states’ attribution (or TOM) has been reported as one of the main cognitive features in autism. Our goal was to compare the attribution’s skills of mental states between children with attention deficit hyperactive disorder (ADHD) and children with high functioning autism (HFA) or Asperger syndrome (AS) between 8 and 12 years of age. Patients and methods. The study population was 10 children with ADHD and 10 children with HFA or AS. Assessment of the TOM was performed through Strange Stories developed by Happé (1999). Results. The results of our analysis are discussed based on the current studies on this field.
**The development of a paradigm to investigate implicit information processing in children with anxiety disorders**

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1. Introduction: Children with anxiety disorders show a tendency to interpret ambiguous stimuli concerning anxiety rather threatening. Several studies document this interpretation bias using questionnaires. The use of questionnaires is however limited as children are required to read and only explicit information processing is assessed. Therefore the goal of this study is to develop a set of disorder specific, standardized photographs in order to investigate the interpretation bias in children aged 6-12 with separation anxiety disorder implicitly and without using language in further studies. 2. Development of material: In a first step movies were screened for either ambiguous or non-ambiguous pictures showing an arrival or departure. In addition photographs were taken to complete the set of pictures. After the consultation of experts the set contained 36 pictures showing ambiguous and non-ambiguous separation scenes. 3 pictures of the International Affective Picture System (IAPS; Lang, 1997) were added in order to use the sample of Peter Lang as normative sample. An answer booklet consisting of dichotomous nine-point-rating scales for the three dimensions pleasure, arousal and ambiguity illustrated in a childlike manner was developed. The two dimensions of pleasure and arousal were taken from the Self-Assessment Manikin (SAM), an affective rating system devised by Lang (1980). Prior knowledge of each picture was assessed with yes and no categories. 3. Pilot study 3.1 Participants: Students (age 6 to 12, N = 208) of both genders attending primary and secondary school in Germany and Switzerland participated in this study. 3.2 Procedure: The pictures were presented with a PowerPoint presentation to each class, which was divided into two groups regarding their sex. Three different picture orders were used, which balanced the position of a particular picture within the entire series of pictures. Each picture was presented for three seconds. In addition a battery of questionnaires was administered to the groups to assess anxiety sensitivity, manifest anxiety and depression. Standardized instructions for each task included several examples. 3.3 Results: Statistical analyses are currently carried out and will be presented at the congress. Expected results should differentiate between ambiguous pictures and non-ambiguous pictures. The pictures, which show a greater standard deviation of the interpretation, will be classified as ambiguous material. Possible differences between sex, nationality or age will also be investigated. A comparison between the Peter Lang sample and our sample will be conducted. 4. Interpretation and future prospects: As a result of this study the set of photographs validated by experts as well as a representative sample of students can be divided into two categories of ambiguous and non-ambiguous. Future studies will investigate the interpretation bias in clinical samples using this empirically validated photographic material.

**Effectiveness of an individually tailored multimodal intervention in ADHD children – a longitudinal view**


Objective: To evaluate the effectiveness and stability of treatment effects of an individualised multimodal treatment of children with ADHD. In the sequential multimodal treatment behavioral interventions and stimulants were combined according to individual needs of the children and the course of the treatment. Thus contrary to the MTA-Study a flexible treatment strategy was used comparable to clinical practice. Method: The sample consists of 75 children referred to an outpatient unit of the Clinic of Child and Adolescent Psychiatry and Psychotherapy for treatment of ADHD. The children met all of the following inclusion criteria: (1) age 6 to 10 years; (2) attendance at school between the first and the fourth grade; (3) nonverbal IQ of 80 or higher; (4) a diagnosis of ADHD according to DSM-III-R criteria for ADHD or ICD-10 Research Diagnostic Criteria of Hyperkinetic Disorder (HD). After an initial psychoeducational intervention (6 sessions) the children were assigned to either cognitive-behavioural therapy (CBT) (12 sessions with parent training, interventions at school and self instructional training) or 6 week medical management with methylphenidate (MED). Depending on the effectiveness of these interventions the treatment was terminated (if very effective) with long term aftercare and continuation of medication in case of MED or (if partially effective) the other treatment component was added (CBT+MED or MED+CBT) or (if ineffective) the treatment components were replaced (from CBT to MED or from MED to CBT). Follow-Ups were conducted 6, 18 months and 7 years after termination of the intensive treatment period. Good stability of intensive treatment outcomes in externalizing and internalizing behavior problems, ADHD / ODD symptoms and positive social functioning could be roughly maintained and will be discussed.

**Training teachers in the management of Asperger syndrome: A controlled trial.**

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Education within an inclusive classroom setting is considered best practice for children with developmental disorders such as Asperger syndrome. Unfortunately, teacher training specific to working with a child with Asperger syndrome in the classroom setting is lacking. Consequently, teachers are faced with challenging behaviours, a poor understanding of the disorder, and a low level of confidence in their ability to manage the child in the classroom. The current study aimed to develop a teacher training intervention for teachers working with a student diagnosed with Asperger syndrome in a mainstream classroom. Following development of the workshop intervention, a randomised
controlled trial was conducted to evaluate the effectiveness of the intervention. Approximately 60 teachers were recruited and randomly assigned to either intervention or wait-list control group. The intervention was conducted as a full-day workshop. Measures were taken from teachers pre-workshop and six-weeks following the workshop. Measures included number of problem behaviours; number of strategies used; success of strategies; confidence in ability to manage the child. Ratings of satisfaction with the workshop content and format were also taken. Results showed a significant effect for the workshop in increasing the success of strategies used and increasing teacher’s confidence in their ability to manage students in the classroom. Satisfaction ratings for the acceptability and usefulness of the workshop were very high. Results will be discussed and implications for future research highlighted.

Implicit food preference in childhood obesity

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Objective: The aim of this study was to examine the implicit and explicit attitudes towards high fat versus low fat food in children with (n=40) and without (n=40) severe obesity. Method: Implicit attitudes were assessed using an Implicit Association Task (IAT; Greenwald, McGhee, & Schwartz, 1999). Targets were pictures of high fat versus low fat food articles; attributes were words referring to oneself versus to another one. For the explicit attitudes participants were asked to rate the pictures of the food articles on a (dis)liking thermometer from 0 (dislike) till 20 (like). Results: In a repeated measure analysis, it was tested whether children with obesity preferred high-fat food to low-fat food, more than a control group. On the explicit level, no differences were found: both groups were rather neutral towards both high-fat and low-fat food (high fat food: M = 11.41, SD = 0.44; low fat food: M = 10.78, SD = 0.44). However, on the implicit level, results revealed a significant difference between groups, both in reaction times (F(1, 77) = 5.22, p < .05) and in percentage of errors (F(1, 77) = 5.847, p < .05). These indicated that control children were respectively slower and made more errors on the combination of self and high-fat food than on the combination of self and low-fat food, while in the obesity group no effects were found. Discussion: The results indicated that children without obesity associated themselves less with high-fat food than with low-fat food, while children with obesity identified with both high-fat and low-fat food. This could mean that children with obesity not just ‘like fat’, but rather ‘like eating’. However, the ‘self versus other’ attributes we used do not really assess attitudes in a strict sense, but self-identification with food. Results can be explained in terms of the incentive-sensitization theory of the etiology of addictive behaviors (Berridge, 1996), that distinguishes between liking and wanting food.

Social Fears in adolescence: The Anxiety and Avoidance Scale Situations for Adolescents

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This study describes the development and psychometric characteristics of a new self-report instrument of adolescents’ social fears, the Anxiety and Avoidance of Social Situations Scale for Adolescents (AASSSA). The AASSSA consists of two sub-scales each with 34 item, which assess the distress and the avoidance caused by typical social situations in the youngsters lives. In the first study, in a sample of 525 adolescent both sub-scales revealed good levels of internal consistency and temporal stability. Validity studies have been conducted among social anxiety (SAS_A), general anxiety (RSCMAS) and depressive symptomatology (CDI) scales. The results of the factorial study show that both AASSSA sub-scales are formed by 6 factors revealing 6 different dimensions of social situations. The second study replicates and extends the previous study on the AASSSA by providing psychometric data based in a large sample of 2190 adolescents (1080 boys and 1110 girls) aged 12-18 years. Finally, in the third study the predictive validity of the scale was examined in a group of individuals with social phobia (N = 76), other anxiety disorders (N=28), and no psychiatric disorder (N=76) when receiver operator characteristics curves (ROC) were examined, diagnostic accuracy of the scale for detecting social phobia was moderate. The scale results revealed significant differences between social phobic adolescents without psychopathology. The results showed that the AASSSA is sensitive to the clinical severity of social phobia, clearly distinguishing social phobic adolescents with or without comorbidity. These data suggest that AASSSA is a valid and useful instrument for clinical evaluation and for research on social phobia amongst adolescents.

Body culture in adolescents: data from a portuguese sample

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The goal of this study was to understand the way body idealization suffers transformations during the different phases of adolescence and the way these changes can influence dissatisfaction with body weights in adolescents, leading them to diet behaviours. The study also had the aim of assessing the way the body dissatisfaction is related with vulnerability to the development of anorexia nervosa. Participants were 816 students (336 males and 480 females) aged between 12 and 23. The subjects were assessed in terms of their real weight, height and ideal weight which allowed us to perform the calculation of Body Mass Index (BMI) and Body Weight Dissatisfaction (BWD). Two self-report instruments were used: The eating Disorders Inventory (EDI; Garner et al 1983) and the Behaviours and Attitudes related to Weight and Body Image (BAWBI: Ferreira & Pinto Gouveia, 1996). Our data confirmed the existence of significant differences between males and females in what concerns to body idealization during adolescence and more specifically in what concerns to body ideal values or BMI ideal, Body Weight Dissatisfaction and desire to lose weight. These differences led us to investigate if Body Dissatisfaction was related to major
vulnerability in developing an eating disorder. For females the risk of an eating disorder was more correlated with dissatisfaction with weight than real BMI. For females the desire to lose weight was a more important risk factor for the development of Anorexia Nervosa that it was for males.

Relation between family behavior and adolescence aggression

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Introduction: Most psychologists believe that adolescence period is change in physical, mental and knowledge of an individual and also social requirements need to be changed in this period. Overall, adolescents will become very sensitive and are very excited. Incompromization and aggression will follow sense of inconfidence and stress. Just at the same time society requires them independent and relations have to be changed according to that. Rage is a common type of behavior for adolescent. When they feel the way to an aim is closed. Family provides for physical, mental and social inquires. Because critical period of half-life in parents synchronizes adolescent life of children, it has been found in a study that, parent’s relationship and behavior affects adolescent development and behavioral growth. So that family can prevent abnormal growth of behavior in their offspring. Recognizing factors related to family function and adolescent’s behavior helps to promote mental health in society. Objective: The Purpose of this study is Determination of family behavior and degree of adolescent’s aggression and Relation between family Behavior and adolescents Aggression. Methods: A cross sectional study was designed and 800 male & female Students were chosen randomly. (They were in grade 1 to 3 high school).They filled out BLOOM Questionnaire for family behavior and also Questionnaire for aggression based on ISNIC-WILLSON character test. Data were analyzed by SPSS software using Spearman correlation Coefficient and t test. Family behavior was classified in three levels: good, intermediate, and poor. Aggression in adolescents also was classified in three levels: little, intermediate, and plenty based on normal condition in society. Results: family behavior was good in 36%, intermediate in 37.7%, and poor in 26.3% for majority of adolescents. Most of boys described level of Family Behavior to be good (40%), and most of girls (37.4%) reported the same item to be intermediate. T test with P<0.0001 showed a significant difference between family behavior for boys and girls. Majority of adolescents were aggression in intermediate level (boys 39.3% and girls 40.3%) Results of Spearman correlation Coefficient showed (P<0.0001, r = - 0.275) reverse significant difference between family behavior and tendency of adolescent to aggression, also T test showed that aggression between girls and boys were the same (P >0.05). Discussion and Conclusion: We found that family behavior in relation to their boys was different against the girls and in this regard tendency to aggression was the same in girls and boys. Overall we found that suitable relation of family can decrease aggression and increase mental health.

Asperger Syndrome and CBT: New Individual and Group Applications for Psychologists

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Introduction: There are increasing numbers of mainstream school children being identified as having Asperger Syndrome (AS). These pupils tend to be academically able but their neurological difficulties are subtle and their AS related features can be misconstrued by school staff who can make unrealistic demands upon them. These pupils tend to have greater reflective skills relative to autistic pupils and are aware that they are different and lacking in the necessary social skills to fit in. This means that this group of youngsters are especially vulnerable to underachievement and mental health problems such as depression, anxiety and anger. Given that CBT is the treatment choice for these types of problem, and that there is a logical connection between the rigid, negative thinking of AS and that characteristic of these mental states, there has been little research into the application of CBT with children and adolescents who have AS (Atwood & Sofronoff, in press), perhaps because the assumption has been that it would be impossible to change due to cognitive impairments. Nevertheless, good results are beginning to emerge in studies on adults with AS (Hare, 1997) and with children and young people (Atwood & Sofronoff, in press). This poster presents further evidence from an innovative CBT intervention that was first presented as a case study at an international conference in January 2004. (Greig & MacKay, submitted). Here further reports on using the approach with a group of AS secondary school pupils and additional case studies at primary level add to the body of evidence. Method: A small group of Asperger boys aged 13 – 15 participated in weekly, one hour group sessions over the course of a 10 week period of the school term. In addition, a small number of primary school pupils participated as individuals in the intervention. The intervention is called The Homunculi and is used in a therapeutic starter kit format with visual charts, tools, CDROM and video technology. There are explicit rules of engagement and array of predetermined tools that can be used to engage participants. Clinical pre and post intervention measures are reported together with qualitative feedback from the participants and other informants. The kit and CDROM demonstrations will be demonstrated at the Poster. Results: Results indicate significant improvements in mental health indices in participants. Qualitative information from the pupils themselves and other informants indicate notable decreases in the amount of concerns regarding adjustment at school. Discussion: The Homunculi therapeutic starter kit intervention is highly visual, structured, economical, interactive, enjoyable and therapeutic game that has a special appeal to children and young people with AS. It has successful outcomes when used at both group and individual level. In particular these pupils are able to truly enjoy therapeutic interactions with plenty of opportunity to view and rehearse coping strategies, tailored to their own needs. The starter kit is being considered for commercial production and will be of interest to psychologists and related professionals who deal therapeutically with the group.
Cognitive Flexibility and Vulnerability to Depression in Early Adolescence

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Introduction: A number of cognitive theories of depression have focused heavily on the role of negative content as a marker of vulnerability to first onset of depression. However, the empirical evidence has failed so far to offer much support for cognitive content as a marker of vulnerability in adults, since negative thinking seems to coexist with depressive symptoms, and remit with the depressive episode, although evidence of negative cognitive styles has been found in at-risk adults following negative mood induction. In children and adolescents, support for these theories is mixed. More recently, the emphasis has shifted away from the focus on cognitive content towards the role of processes, organisation and styles of thought, in contributing to vulnerability to depression. Several promising avenues of research suggest that the following styles of thought may provide cognitive markers for depression: rumination; evaluative compartmentalisation of the self-concept, and extreme, ‘black and white’ styles of responding.

Purpose: The current study attempts to explore how a lack of flexibility in thought processes might contribute to vulnerability to depression. Specifically, three cognitive skills requiring cognitive flexibility are studied: the ability to shift perspective; the ability to integrate diverse (positive and negative) evaluations of a single situation, person or relationship, and the ability to navigate through the autobiographical memory database to retrieve specific personal memories. Method: Sixty-eight children were each interviewed at three time points, spanning the transition from Middle to High School at the age of twelve years: a key developmental window when depressive symptoms can emerge. The measures of ability to shift perspective, ability to integrate diverse evaluations, and ability to recall specific autobiographical memories are all derived from transcripts of the “Friends and Family Interview”, which has been developed in the context of attachment research. An additional measure of the ability to integrate diverse evaluations of aspects of the self is derived from a card-sort task. The dependent measures include the Children’s Depression Inventory (CDI) and the Strength and Difficulties Questionnaire (SDQ). Predicted Results: It is predicted that the ability to shift perspective, the ability to integrate diverse evaluations of the self, relationships and experiences, and the ability to recall specific autobiographical memories will all relate to lower levels of both depressive symptoms (CDI) and total difficulties (SDQ), reported over a stressful school transition and within a key developmental window. Preliminary Findings: The time one data supports the prediction of a positive correlational relationship between the tendency to compartmentalise positive and negative evaluations of the self into separate self-aspects and reported level of depressive symptoms. Conclusions: If the predictions are supported by the data, then this study will provide empirical support for the role of cognitive flexibility in protecting against vulnerability to depressive symptoms in early adolescence.

Cognitive-behavioral treatment in patients with acquired brain lesions in childhood: a comparison between post cranio-encephalic-traumatic patients and brain tumors survivors

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Introduction: The literature reports frequent psychological and behavioural problems in post-brain injury patients and patients who underwent surgery to remove a brain tumour. Objective: To define and differentiate psychological and behavioural problems due to brain injury or brain tumor in children and adolescents and to verify the efficacy of cognitive-behavioral treatments on these problems. Methods: Two groups of patients with acquired brain lesions (24 post-traumatic patients and 22 post-tumor survivors), ranging in age between 8 and 15 year, received a psychological evalutation, including the Child Behavior Check-list for agest 4-18 years (CBCL) and the Vineland Adaptive Behavior Scales (VABS). They underwent to a intensive psychological cognitive-behavioral treatment for 2 months (1 individual daily session e 1 group daily session). Treatment was different in aims and methods in the two groups. Results: Both groups showed Internalizing and adjustment problems. Post-traumatic patients were more impaired than brain tumor survivors, especially on the CBCL Externalizing Scale and the VABS Communication and Socialization Scales. Our results demonstrate the strong efficacy of a specific, early and intensive cognitive-behavioral treatment. Conclusions: These differences in psychological and behavioural disorders between the two groups must necessarily be considered when planning psychological cognitive-behavioral treatment, rehabilitation and social re-entry.

Depression among adolescents with Cerebral Palsy

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Introduction: Adjustment to chronic disease and to deficiency is a complex process that implies that the person and his family develop resources to face it and live with it. Accordingly to Pless and Stein (1996) self-concept and coping are important variables that integrate the process of adjustment to chronic disease; in case of maladjustment, we see frequently that person show low levels of self-concept and self-esteem and it can rise emotional, behavioural and psychosocial problems. In this study, we expect to establish that self-concept and coping are related to a vulnerability to develop depressive symptoms in adolescents with Cerebral Palsy. We want to establish differences between a group of adolescents with Cerebral Palsy and a control group of normal adolescents, in self-concept; coping and depressive symptomatology. Method: The studied subjects were 78 adolescents diagnosed with Cerebral Palsy, 45 boys and 33 girls, between 12 and 19, with a normal level of cognitive functioning (measured by Wechsler Intelligence Scale). The subjects were patients of Rehabilitation Centres for Cerebral Palsy of Coimbra and Porto. We used several self-report questionnaires to measure variables under study: Children’s Depression Inventory.
(Kovacs, 1983), Piers-Harris Children's Self-Concept Scale (1969, 1988) and Coping across Situations Questionnaire (Seiffge-Krenke & Shulman, 1990). Results: Adolescents with Cerebral Palsy present lower levels of self-concept and coping and higher levels of depressive symptomatology than control group. - lower levels of self-concept and coping found in adolescents with Cerebral Palsy are associated with higher level of depression.

Social Skills Training Groups For Adolescents In A Mental Health Center

Querol M, Alvarez M, Calderón E, Figueras I., Mútua de Terrassa Hospital. Barcelona.Spain

OBJECTIVE: The aim of study is to assess if the amount of assertive behaviors in a group of adolescents increase after a 12-week social skills training program. METHOD: The sample is composed of 62 adolescents (aged 13-18 years) that has been receiving treatment at our center. 33 of them are boys and 29 are girls. Patients are separated in groups according to their ages. Patients who take part of the groups are adolescents that has shown difficulties in social skills. The assessment instrument used is the Godoy et al. (1993) self-report assertiveness scale for children and adolescents. This questionnaire has three types of scales: assertiveness, aggressivity and sumission. The three scores are not independent, we get occurrence probabilities from each type of behaviors. The training Group consist of 12 weekly sessions (each 1 hour) are based in Spence S(1982) program. Each group is composed of 6 to 10 adolescents. RESULTS: The likelihood of showing an assertive behavior increases significatively after being part of the social skills training group. Passive behaviors decrease at the post-treatment assessment.

Restrained Eating In Obese Children And Their Parents

Roth, S. and Speck, V. ; Dr. Munsch, S. University of Basel, Switzerland

Introduction: This study analyses the restraint eating within obese children and their parents. The study should give information, if restrained eating occurs in obese children and their parents and if restrained eating is associated to anxiety and depressive symptoms when the self-control-processes are undermined. Method: Children with a Body Mass Index > 85. percentile are included in the study. Children and their parents are classified as restrained and non-restrained eaters according to the DEBQ and DEBQ-K and are randomised into a preload and non-preload condition. The amount of the eaten is measured after the investigation. The eating test is presented as a taste test, where subjects have to consider the taste of the presented crème. The eating test is presented as a taste test, where subjects have to consider the taste of the presented crème. The amount of the eaten is measured after the investigation. Results: To date, 22 children and their mothers have been investigated; fathers have been excluded because of the small number (2). 12 children and 12 mothers have been classified as restrained eaters, 10 children and 10 mothers as non-restrained eaters. We presumed that, according to the restrained eating theory, children and mothers in the restrained/preload group would eat the largest amount of crème and would have the largest increase of anxiety and depression during the eating test. The results show that there are no differences in the amount of eaten within the 4 groups (restrained/preload; restrained/non-preload; non-restrained/preload; non-restrained/non-preload) in children and in mothers. Further there were no significant differences in depression scales within children and mothers. We found one significant difference in the anxiety scale within mothers in the preload and the non-preload group: Anxiety was lower if mothers who received the preload. Discussion: The results do not accord to our hypothesis. We expected that the anxiety of restrained-eating mothers and children is higher if they receive a preload that breaks their rigid eating rules. Not only the mothers, but also children in the preload group have the tendency to less anxiety, especially the non-restrained eating children. One possible reason could be a short-termed reduction of suspense by eating the preload. Possibly the period of observation is too short to survey later changes in anxiety and depression. We find indicators of dysfunctional eating style in obese children and their mothers, but obese restrained eating children do not eat the largest amount of crème when their self-control-processes are undermined by a preload, as restrained eating adults do in the experiment of Herman and Mack (1975). Further investigations are necessary to confirm these results in a larger sample and to compare the eating behavior of obese children and their parents with a control group.

A clinical comparison of Adolescent Onset and Adult Onset Psychosis

Schwannauer M & Weinberg L University of Edinburgh

In a recent study we compared two clinical groups of individuals with an adolescent onset psychosis and individuals who experiences the onset of their psychotic disorder in adulthood. In this cross sectional study we employed a mixed design of quantitative measures and qualitative analysis of in depth interviews. We used a number of psychological and psychosocial measures that proved to be indicative of course and outcome of psychotic disorders, such as beliefs about illness, metacognitions, self esteem, individual attributional and recovery styles, as well as a range of relevant clinical measures, such as quality of life, positive and negative symptom rating and depression. We also carried out careful developmental assessments, an assessment of attachment styles and relevant life experiences. We hypothesise that adolescent onset psychosis can be demonstrated to be phenomenologically different from adult onset psychosis and therefore provide a different clinical profile of vulnerability to relapse and outcome. The results of the study demonstrate important clinical differences in symptom profile and psychosocial needs profile of the two groups. The implication of these findings for a psychological understanding of psychosis and possible models of treatment are discussed.

Sunesson J., Goodenough B., Cohn R., and Johnston K., Sydney Children’s Hospital, Australia and The University of New South Wales, Australia

The inclusion of ‘Life-threatening illness’ to the DSM-IV’s diagnostic criteria of Posttraumatic stress disorder (PTSD) has acknowledged for the first time that such a diagnosis can generate feelings of overwhelming fear, horror or helplessness which may lead to a stress response consistent with other types of traumatic experiences. This acknowledgement has helped to guide research in the illness context through the exploration of long-term psychological outcomes against an already existing trauma literature. Researchers investigating long-term psychosocial outcomes in childhood cancer survivors suggest that a significant proportion exhibit persistent and pervasive posttraumatic stress symptoms as a result of their cancer experience. However, whilst prevalence data is informative, this research is currently lacking a solid theoretical orientation where symptom onset, maintenance, and treatment can be adequately evaluated. Recently, Ehlers and Clark (2000) have proposed a Cognitive Model of Posttraumatic Stress Disorder, which explores in depth many of the cognitive processes that may lead to the development of persistent PTSD. While this model has been developed and applied outside of the ‘life-threatening illness’ context, it is argued that the concepts are generalisable to the childhood cancer survivor population. Consequently, this model may provide a valuable framework in which to investigate the intricate role that cognitive processes may play in precipitating and maintaining posttraumatic stress symptoms and adjustment difficulty in some survivors of childhood cancer. Further advantages in the use of this model may exist through the use of an existing theoretical knowledge base gained from other trauma contexts. These advantages are not restricted to the survivors of childhood cancer. Further advantages in the use of this model may exist through the use of an existing theoretical knowledge base gained from other trauma contexts. These advantages are not restricted to the theoretical or research capacity, but also in the design and implementation of specific assessment and treatment interventions for the childhood cancer survivor population – something which to date is noticeably lacking.

Catastrophic thinking about pain is independently associated with pain severity, disability, and general somatic complaints in children with and without chronic pain

Vervoort Tine, Liesbet Goubert, Christopher Eccleston, Patricia Bijttebier & Geert Crombez, Ghent University, Belgium

Objective: The aim of this study was to examine the unique value of pain catastrophizing in predicting pain, disability and general somatic complaints in children with and without pain, beyond the effect accounted for by negative affectivity. Method: Two studies, one in a non-clinical sample of children (n=193) and a second in a clinical sample of children with recurrent or chronic pain (n=43), were conducted. In both studies, measures of pain catastrophizing and negative affectivity were examined for their ability to predict pain, disability and general somatic complaints. Results: In both studies, catastrophic thinking about pain significantly predicted pain, disability, and general somatic complaints, beyond the effect accounted for by negative affectivity. In study 1, catastrophic thinking about pain explained 30%, 13% and 23% of somatic complaints, respectively pain severity and functional disability, beyond the variance accounted for by gender, age and negative affectivity. In study 2, catastrophic thinking about pain explained 7%, 30% and 11% of somatic complaints, respectively pain severity and functional disability, beyond the variance accounted for by gender, age and negative affectivity. Discussion: Results suggest the importance of assessing for catastrophic thinking about pain in children. The findings add to the small, but growing literature on the role of pain relevant thinking in both normal and chronic childhood pain. Catastrophic thinking about pain in children is further discussed in terms of the communication of distress to significant others.

Negative Automatic Thoughts, Study Habits And Test Anxiety In Elementary School Students

Ivanka Živčić-Bečirević, University of Rijeka, Croatia

The scale for the assessment of the automatic thoughts during learning and during test situation in school has been developed and resulted with four-factor structure: fear of failure, fear of disappointing parents, lack of motivation and interest, and positive (encouraging) thoughts. The aim of this study was to check sex and age differences in automatic thoughts, test anxiety, attributions of success and study habits in elementary school children. The data are collected among 720 children age 12 – 14 years. Besides Automatic Thoughts during Learning Questionnaire, we also assessed their test anxiety (Test Anxiety Inventory, Spielberger et al. 1978), attributions about school success and their study habits. Some sex and age differences were found. The frequency of negative automatic thoughts of all kind increase with age, while the frequency of positive thoughts is stable. Also, girls have more negative thoughts related to fear of failure than boys do, which is related to there higher test anxiety. External attributions (circumstances and luck) increase with age, while internal attributions of personal effort decrease with age in boys, as well as their actual daily work. Girls tend to attribute their success to circumstances more than boys do. They put much more effort in their schoolwork and succeed better, but tend to underestimate their achievements. According to developmental changes, and the fact that motivation of children toward studying decrease with age, it seems important to start preventive strategies at an early age.
Psychosis

Keynote Addresses

Delusions: a matter of judgement?

Philippa Garety, Institute of Psychiatry, King’s College, London

Why do delusions persist? In the past decade cognitive theories have extended our understanding of the processes involved in the formation and maintenance of delusions. Delusions have been seen as on a continuum with everyday beliefs, and, consequently, research has identified emotional and social processes, such as the role of anxiety, self-esteem and traumas as important factors. Cognitive therapy for psychosis has built on these findings, incorporating a fuller understanding of the person with psychosis, and an impressive evidence base has been developed into its effectiveness for reducing delusional conviction and distress. However, while about one half of participants in trials show important clinical improvements, a similar number show fewer, if any, benefits. Therapists report getting ‘stuck’ with some people with very strongly held, persisting delusions. A key question presents itself: what causes delusions to persist or to change? The talk will address this question, describing the current evidence for the role of both emotional and reasoning processes in delusional belief maintenance. A construct of ‘belief flexibility’, which predicts delusional change to better improvement in the overall symptomatology, undertaken by the Wellcome-funded PRP Psychosis Research Group, will then be presented. Reasoning processes investigated in these studies included data gathering, dichotomous thinking style and belief flexibility. The importance of the multi-dimensional nature of delusions was confirmed. It was found that while emotional processes, such as depression, contributed more to delusional distress, reasoning processes contributed more to persisting delusional conviction. The implications of these findings for refining our therapeutic approaches, and for testing the mechanisms of therapeutic change, will be considered.

Cognitive Behaviour Therapy for Schizophrenia: Historical Evolution, current approaches and the Italian experience

Antonio Pinto, University of L’Aquila, Naples, Italy

The pervasive impairments in social, cognitive, affective, and daily functioning that are disabling for persons with schizophrenia require the integration of pharmacological, psychosocial, and psychotherapeutic interventions tailored to the needs of each patient. In the last years there has been a growing interest in developing cognitive-behavioural therapy for those people with psychosis who continue to experience psychotic symptoms, despite efforts to treat these symptoms with antipsychotic medication. It can be estimated that between one-quarter and one-half of people with a diagnosis of schizophrenia experience medication-resistant persistent symptoms such as delusions and hallucinations, which cause distress and interference with functioning. The need for an effective psychological intervention for psychotic symptoms also arises from reluctance of many patients to take long-term medication, with its unpleasant and even disabling side-effects, and the fact that relapse occurs commonly even in patients who show an high level of compliance to the medication treatment. In the 1940s and 1950s psychological treatments for schizophrenia were based on psychodynamic theories, and family theories (“behavioural and communicative patterns were alerted in "sick families"”- Fromm Reichmann). None of these intervention models were shown to be effective. During the 1970s was shown that the “nature” of family environment was strongly predictive of “relapse” after a discharge from hospital (Brown, Vaughn). The first clinical trials were addressed to demonstrate the link between improving the “family atmosphere”, acquiring social skills and reducing the chances of a relapse (Bellack, Hogarty, Liberman). Results were positive and encouraging. The use of CBT in schizophrenia has been drawn from Beck’s theory of emotional disorders. The general therapeutic model has been founded on a wide range of techniques problem oriented and aimed at changing errors or biases in cognitions involving the appraisal of situations and modifying assumptions about the self, the word and the future (Beck, 1976). An important contribute was given by the “vulnerability stress model” revised by Carlo Perris. Within his “metacognitive” frame of reference the core feature of CBT with schizophrenia is the promotion of insight. Improved insight, which in turn parallels the recognition of the adverse effects of illness, opens up the possibility of understanding better the benefits of the therapy. These latter goals are notable pre-requisites both for mobilizing clients to form stronger collaboration with their treatment team and for helping them achieve successful adaptation in their community. Randomised controlled trials have shown that CBT leads to a better improvement in the overall symptomatology and in the long-term management of schizophrenia. This is not surprising, because most techniques of CBT specifically addressed delusions, hallucinations and their behavioural consequences. The challenge for the future research is to generalize evidence based treatments for preventive strategies in early psychosis, as pointed out by Mc Gorry’s group, and to find out specific interventions to treat resistant symptoms. There is considerable evidence in fact, suggesting an association between psychosis and a range of neuropsychological deficits. These deficits are apparent even in first-episode psychosis patients. The recovery of neurocognitive functioning will probably become a key goal in treatment.
Making sense of how relatives make sense of psychosis: implications for the development of family interventions

Christine Barrowclough, University of Manchester

Abstract: It is arguable that Family Interventions (FI) have been the most researched psychosocial interventions for psychosis with a peak of research activity in the 90’s and a decline in recent years. In Europe and particularly in the UK, this area of research has been somewhat overshadowed by interest in CBT interventions delivered at a patient rather than family level. A number of meta-analytic reviews have confirmed a strong evidence base for FI but the message has not been entirely positive. Attention has been drawn to the fact that as regards patient relapse outcomes there has been a sharp decline in effect sizes over time and the interventions have had little impact on measures of relatives’ well being. A key problem with FIs was that they were developed in the absence of an understanding as to why and how family problems developed in the context of psychosis. Determining the content of the FI therefore involved making certain assumptions about the kind of problems that might contribute to poor patient outcomes. The legacy from this lack of theoretical direction has been the absence of a gold standard of quality FI and the dilution of interventions over time to the degree that some appear to consist of just a few lessons in “what is schizophrenia”. With the aim of understanding more about the development and maintenance of family difficulties, in the last few years a considerable body of research has been developed focussing on relatives beliefs about psychosis asking questions such as: What do relatives think about psychosis? Are these beliefs associated with different feelings, behaviours and outcomes for patients and for relatives? It is clear from this research that beliefs about mental illness play a key role in how families respond to psychosis. It is argued that the findings from these studies have considerable implications for models of psychosis psychopathology as well as for the development of FI which has a strong cognitive component.

New developments in cognitive behavioural therapy for psychosis

Mark van der Gaag, Parnassia Psychiatric Institute & Groningen University, The Netherlands

Cognitive behavioural therapy (CBT) for psychosis has developed rapidly in the last decade. Nineteen randomised trials were published and most of them were performed in the UK. These published studies show that the effect-sizes are small to medium but consistent and this gave CBT an evidence base that resulted in the recommendation of CBT in the treatment guidelines in Britain, the Netherlands and recently also the USA (PORT and APA guidelines). Although CBT reduces delusions and hallucinations, the focus in research is moving to its real target: the distress and the emotional disorders as a result of psychotic symptoms. The cognitive models of hallucinations and delusions stress the resemblance with other anxiety disorders and the sustaining mechanisms such as selective attention and avoidance behaviour. Although the aetiology of hallucinations and delusions is still not fully understood, therapy is directed at the sustaining mechanisms and is successful in reducing symptoms. The latest developments show refinement of techniques and specialised protocols for command hallucinations, voices that re-activate schema’s, depression and negative symptoms, paranoia with extreme avoidance behaviour, co-morbid substance abuse and other specific problems. Guided discovery and challenging by behaviour experiments, which are from the logical-rational tradition, are nowadays supplemented with techniques that more directly focus on emotions such as mindfulness and counter-conditioning. We expect a more complex model and more elaborated techniques in the years to come. The complexities in psychosis, the many co-morbid disorders such as panic, PTSD, depression, substance abuse, OCD, etc. make high demands to the therapeutic qualities of the therapists. A threat is formed by the lack of well-trained therapist in the field and the acknowledgement of CBT as a helpful intervention that should be offered in refractory psychosis. When the demand will grow fast, less qualified therapists will enter the arena with probably disappointing results. So, training and supervision is an issue of growing importance.
Symposia

Psychosis and Trauma

Convenors: Craig Steel, University College London and Anthony Morrison, University of Manchester.

How do people with psychosis experience and represent emotion and traumatic information? Toward a cognitive model


Intrusive memories, thoughts and images occur in many disorders including depression, anxiety, social phobia and PTSD. They may also occur in psychosis. In this paper we first report data on the experience of PTSD symptoms and their relationship with psychotic symptoms and beliefs about self and others which derives from baseline assessments on 300 participants who were recruited from the PRP randomised controlled treatment trial of cognitive behaviour therapy in psychosis. We then discuss these findings with respect to a new theoretical approach to understanding how trauma information is represented and processed in psychosis. This theoretical perspective draws from current multirepresentational models of depression (Teasdale and Barnard, 1993) and PTSD (Dalgleish, 2004). It is suggested that psychosis has commonalities with neurotic disorders in that information relating to emotion in psychosis can be assumed to be stored at associative, propositional and schematic levels and that cognitive processes of memory attention thinking act on these to produce conscious experiences of emotions, intrusive images and experiences. However, it is also suggested that psychosis is characteristically associated with a fluctuating problem in placing stored information in correct context. The consequence of such problems in contextual processing may be that the products of cognitive processes relating to emotion (thoughts, memories images) may sometimes be experienced in psychosis as current external events (voices, persecutory ideas). Implications for both research and clinical practice are discussed. Assisting people with psychosis to become aware of their emotional experience and to place it in the appropriate context may be a key aspect of cognitive therapy for psychosis.

Working with a high risk case involving command and visual hallucinations.

Pauline Callcott, Newcastle Cognitive and Behavioural Therapies Centre, Newcastle upon Tyne & Douglas Turkington, Department of Psychiatry, Royal Victoria Infirmary, Newcastle-upon-Tyne.

A typical case of traumatic psychosis is presented in which mood swings are accompanied by persistent denigratory auditory hallucinations and occasional visual hallucinations. Both the visual and auditory psychotic symptoms are abuse congruent. The case presented has particularly strong and disturbing visual and auditory hallucinations that have led to the development of nihilistic delusions. None of these symptoms have been helped by medication. The process of therapy involved engaging, making links between abuse and symptoms and generating a case formulation. The choice as to what to focus on next was driven by potential risk as the command hallucinations were telling this person to harm herself or others. Initially focusing on coping strategies in behavioural experiments gave a sense of control over the symptoms and helped an alternative hypothesis develop alongside the delusional symptoms. Once this sense of control was achieved and the person had a better sense of what helped alleviate her voices, imagery transformation techniques helped to reduce distress associated with visual hallucinations. Once alternative hypothesis that linked the symptoms to the abuse was accepted as possible the painful issue of reliving was tackled with a variety of pertinent techniques. The outcome is of symptomatic improvement, reduced friction within the family and CMHT and improved self-esteem.

Childhood trauma in schizophrenic patients

Ingo Schäefer & Volkmar Aderhold, University of Hamburg.

The role of traumatic life events in psychotic patients has received considerable attention over the past years. Crucial findings point to an increased prevalence of traumatic experiences over the life-span and differences with regard to symptoms and course of the illness in patients concerned. In the talk, the results of a pilot study of consecutively admitted female inpatients with schizophrenia spectrum disorders will be presented. In this study, the presence of different forms of childhood trauma and their impact on patterns of psychopathology was examined. Childhood traumatic experiences were assessed by means of the Childhood Trauma Questionnaire (CTQ) and the Early Sexual Experiences Checklist (ESEC). Diagnoses were based on the Structured Clinical Interview for DSM-IV (SCID). Psychopathology ratings included the Positive and Negativ Symptom Scale (PANSS), the Dissociative Experiences...
A cognitive approach to understanding trauma-induced psychosis

Anthony Morrison, University of Manchester

Several recent approaches to the understanding of psychosis suggest that, for at least some people, psychotic experiences appear to be trauma-induced. A cognitive approach will be outlined that suggests traumatic experience may confer vulnerability to psychosis in a number of ways, including the development of positive beliefs about the utility of psychotic experiences and negative beliefs about self, world and others. In addition, factors such as dissociation and metacognitive beliefs may be implicated in specific trauma-related psychotic experiences. A number of empirical studies testing hypotheses derived from this approach are described, involving both clinical and non-clinical populations. The theoretical and clinical implications of these studies will be discussed.

Substance misuse and psychosis

Chair & Convenor: Christine Barrowclough, University of Manchester

A randomised controlled trial of cognitive-behaviour therapy among people with a psychotic illness and coexisting alcohol and other drug problems

Amanda Baker, Sandra Bucci, Frances Kay-Lambkin, Terry Lewin, Vaughan Carr & Paul Constable, Centre for Mental Health Studies, University of Newcastle, Callaghan, NSW, Australia

The aim of this research project is to evaluate the effectiveness of Cognitive-Behaviour Therapy (CBT) on the course of Alcohol and Other Drug (AOD) problems among people with a psychotic illness. Previous research indicates that people with co-occurring conditions typically have poor treatment outcomes, poor prognosis and more chronic and disabling conditions. One hundred and thirty people living in the community were recruited into this project, each of whom was randomly assigned to either 10 individual CBT sessions or treatment as usual. The treatment condition consisted of motivational interviewing, CBT, coping strategy enhancement and relapse prevention. Blind follow-up assessments were conducted at posttreatment, and 6- and 12-months following initial assessment. This presentation will describe the trial, outline the intervention and report posttreatment, 6- and 12-month outcome data for AOD use and psychiatric symptomatology.

Can the Treatment of Substance Misuse & Mental Health be Integrated? A Methodology & Its Application in Assertive Outreach Teams


Background: The need for the evaluation of integrated interventions for service users with severe mental health problems who use alcohol/drugs problematically has been highlighted. Aim: This initial study sought to develop a methodology to measure integration within existing assertive outreach teams. We hypothesised that if integration were achieved we would find changes in the way teams work, that is the way they approach and discuss drug and alcohol problems amongst clients with severe mental health problems. We hypothesised that this would be manifested at the following levels: team meetings, clinical sessions and clinical/case notes. Method: Each AO team was treated as a whole unit for integration. The AO teams were provided with training and support to deliver a cognitive behavioural integrated treatment approach that aimed to increase awareness of the relationship between psychosis and problem substance use and to provide a range of skills to manage these difficulties. In a time-lag design three teams were trained immediately and two others, in the second phase, after an 18-month delay. Results: There was evidence that teams increased in confidence and skills relevant to working with combined problems and that these gains were maintained over time. These results were replicated in the two teams trained in the second phase. The findings suggest that integration was achieved to some extent and that changes were made in the way teams work, that is the way they approach and discuss drug and alcohol problems amongst clients with severe mental health problems. Conclusions: This study suggests that training mental health staff to use an integrated treatment approach is well received and produces lasting changes in their confidence and skills. It provides further positive support for the value of an integrated treatment approach. Assessing and demonstrating that team members changed in their therapeutic practice with clients proved more difficult, although there were strong suggestions of such changes. The latter are discussed.
Cannabis use: challenging vulnerabilities in schizophrenia. The Amsterdam experience

Don Linszen, University of Amsterdam, Holland

Cannabis in the Netherlands is with minor restrictions as available as alcohol. In a prospective cohort study in Amsterdam (n=93) reported cannabis abusing and non-abusing patients with recent onset psychoses significant more and earlier psychotic relapses occurred in the cannabis abusing group (p=0.3). This association became stronger when mild and heavy cannabis abuse were distinguished (p=0.02). Cannabis and particularly heavy abuse was considered to be a stressor eliciting relapse and possibly a premorbid precipitant, since in all but one patient cannabis abuse preceded the first psychotic episode for at least one year. Also, an effect on cannabis abuse for the course of disorganisation symptoms was found, not on negative or on affective symptoms. Because personality traits are supposed to play a role in the association between cannabis and schizophrenia, a recent study of Wolthaus et al was conducted in 87 patients with recent-onset schizophrenia to analyse personality trait differences between cannabis abusers and non-abusers. Cannabis abusers had significant higher scores on the positive component (p = 0.036) and agitation-excitement component (p = 0.03), and significant lower scores on neuroticism (p = 0.013) and negative schizotypy (p = 0.047) than non-abusers. Logistic regression analysis showed positive symptoms (p=0.02), agitation-excitement component (p= 0.02), neuroticism (p = 0.03), and negative schizotypy (p < 0.05) to be predictors contributing to cannabis abuse in recent-onset schizophrenia. These data support the suggested relationship between personality traits and cannabis abuse. And it may also be concluded that lower neuroticism and negative schizotypy may be a risk factor for cannabis abuse in patients with recent-onset schizophrenia. Cannabis abuse may negatively affect symptoms in the course of schizophrenia. In a 5 year intervention study (1998-2005) all referred young patients with schizophrenia and related disorders were randomized after admission to our outpatient intervention program or to standard outpatient facilities elsewhere. Predictors of outcome were assessed at admission and during the first 6 months of follow-up. Outcome was assessed at 12, 18, 24, 30 and 36 months after first presentation with the Life Chart Schedule (WHO, 1992). 20 of the 200 patients who were referred and found eligible dropped out before admission. Of the 180 patients randomized to the integrated in- and outpatient treatment program 169 patients (9,4 %; male 83%, female 17%) were in treatment 18 and 36 months after the first presentation. During 18 months intervention 97 (57 %) of the patients remitted after their first psychotic episode. Seventy-two (43%) experienced at least one psychotic relapse or developed continuous psychotic symptoms. Survival analysis revealed that lack of insight (OR 3.08, CI 1.46-6.5), non-compliance (OR 2.23, CI 1.36-3.66) and cannabis abuse (OR 2.28,CI 1.4-3.7) during the first 6 month period of the treatment program predicted unfavorable disease outcome after 18 month intervention. Between these predictors significant relations were found. After 3 years the 18 month outcome pattern were found to stabilize with a group of 60% young non-relapsing patients and with a 40 % relapsing group. Early and sustained intervention appears to be beneficial for two/thirds of the young patients with a first psychotic episode of schizophrenia. 40% Of the young patients a treatment reluctant group failed to benefit from the intervention program. Lack of insight, non-compliance and cannabis abuse during the first six months outpatient treatment turned out to be predictors of a relapsing or chronic outcome. These patterns stabilized after three years intervention.

Psychosis and substance misuse: development of a treatment model

Christine Barrowclough, Professor of Clinical Psychology, Division of Clinical Psychology, School of Psychological Sciences, University of Manchester

Many people with psychosis use drugs and alcohol, and prevalence rates for abuse or dependence in this client group may be high as 60%. This comorbidity is problematic since it is a correlate of many worse outcomes including symptom exacerbations, relapse, violence and suicides. Traditionally, people with substance misuse problems have been either excluded from trials of CBT for psychosis or their substance misuse problems have not been a focus of treatment. In recent years in Manchester we have been developing a treatment approach that takes account of the dual and interactive nature of problems. In this presentation, results of the studies will be reviewed, and an outline of the treatment model currently being evaluated will be presented.

Caring for Psychoisis

Convener: Elizabeth Kuipers, Department of Psychology: Institute of Psychiatry, London, UK.

Workforce and management issues in the implementation of family-sensitive services

Gráinne Fadden, Birmingham and Solihull Mental Health NHS Trust and The University of Birmingham.

The development of family-sensitive services is influenced by three key factors and the interplay between them – the family (including the service user), the clinicians delivering the service and the organisational context in which they work. The service setting is a crucial factor affecting the interface between family and clinical staff. While in Older Adult and Child and Adolescent services it is the norm for families to be included in care, Adult Mental Health services and therapeutic models have developed primarily around individual care. This is reflected in the culture and
An exploratory randomised controlled trial of an NHS-feasible carers’ intervention in psychosis.

George Szumukler, Elizabeth Kuipers, John Joyce, Tirril Harris, Morven Leese, Wendy Maphosa, and Emma Staples. Health Services Research and Psychology Departments, Institute of Psychiatry, Kings College London, and South London and Maudsley NHS Trust.

Despite an appreciation of the impact of serious mental disorders on informal caregivers, we still know little about how to best help them. Aim: of the study to be described was to evaluate the effectiveness of a two-phase carers’ support programme comprising family sessions followed by relatives’ groups. This intervention was designed to be of ‘intermediate’ intensity, that is, one lying between brief educational programmes and long-term family psychoeducational treatments. Methods: An exploratory randomised controlled trial comparing the experimental support programme with ‘standard’ care. All carers of patients with a psychotic disorder from a defined population were approached. Outcome measures were based on a ‘stress-appraisal-coping’ model of caregiving. Results: Despite concerted attempts to engage carers, only 42% participated in the study. The carers’ programme did not offer any significant advantage on any of the outcome measures: psychological morbidity, negative appraisal, coping or social support. The severity of caregiving difficulties decreased over the study period for the group as a whole. Conclusions: There is still uncertainty about the most effective interventions for carers. Meeting ‘needs’ may not improve caregiver distress.

Illness representation and the experience of caregiving amongst carers of individuals with psychosis.

Juliana Onwumere, Elizabeth Kuipers & Philippa Garety, Department of Psychology: Institute of Psychiatry, King’s College London, UK.

The role played by carers is widely recognised as being central to the overall care and management of individuals with psychosis. In the last decade, research has moved beyond examining the experience of caring for an individual with psychosis, simply in terms of levels of burden. Instead, researchers are keen to understand the appraisals carers’ make about their caregiving experience and the factors that influence these appraisals (Szumukler et al., 1996). However, our knowledge of the carer factors associated with caregiving appraisals has mainly been restricted to demographic details or carers’ perception of the patients’ symptoms and functioning. Thus, we know very little about how caregiving appraisals may be influenced by the way in which carers think about psychosis. The aim of this study was to examine the relationship between carers’ beliefs about psychosis and their appraisals of caregiving. Data will be presented on carers of individuals with psychosis recruited from the Psychological Prevention of Relapse clinical trial. Carers were assessed using the Experience of Caregiving Inventory and a modified form of the Illness Perception Questionnaire.

New insights in psychosis and its relevance for carers.

Delespaul, Philippe A.E.G. Department of Psychiatry and Neuropsychology, Maastricht University, The Netherlands and Van Os, Jim, Institute of Psychiatry, De Crespigny Park, London, Great Britain.

Over the past years research into the etiology of psychosis has offered new insights in the variability of illness expression between patients and in changes in symptom intensity over time. Results — Data from epidemiological research in the Netherlands and abroad has demonstrated that psychotic symptoms are prominent in the general population. However, only a small proportion of subjects who experience psychotic phenomena also need professional care. Recognition of this spectrum means that subjects with psychotic features are not a distinct highly invalidated group, and that factors unrelated to the core symptoms are important. For individual patients, symptom variability can yield relevant information to tailor and optimize treatment strategies. Our Experience Sampling studies in Maastricht on hallucinations and delusions have illustrated the context of symptom exacerbation and relief and its relation to life history data, stress-reaction profiles and coping. Discussion —In contrast to a concept of illness that is present in some and absent in others, a dimensional approach of severe mental illness focuses on differences in adaptation for patient with comparable in illness severity. This offers a new rationale which is closer conceptually to
routine use of psychological treatments. Also, by becoming more aware of fluctuating levels of symptomatology from moment to moment, informal carers can team up with their ill family member to avoid panic and negotiate appropriate responses. This information is clinically relevant because fluctuating levels of symptomatology might be unavoidable, but inappropriate responses can make a difference between a relapse episode and a difficult moment.

**Dissimilarity in patients’ and carers’ representations of psychosis: An exploration of implications for patient and carer adaptation.**

*P.W.B. Watson P.A. Garety, & E. Kuipers. Dept of Psychology, Institute of Psychiatry, King’s College London, U.K.*

The concept of illness perceptions and Leventhal’s (1984) self-regulatory model of illness behaviour has recently attracted much attention. This model postulates that emotional and practical coping responses to illness can be predicted from five core illness constructs i.e. i) cause – the perceived aetiology of the illness; ii) timeline – how long the illness is likely to last; iii) consequences – the personal, social and financial implications of the illness; iv) cure/control – the extent to which the illness is controllable and v) identity – the perceived level of symptomatology associated with the illness. Since the development of the Illness Perceptions Questionnaire (IPQ) (Weinman et al, 1996), only a limited amount of research has focused on illness beliefs held both by individuals presenting with a psychotic illness and their carers. Moreover, little is known about the degree to which beliefs about illness correspond between carers and patients and how this may influence emotional dysfunction and practical coping strategies. Therefore, one aim of our research programme was to investigate whether disparities between illness perception profiles of carers and patients presenting with a second or subsequent episode of psychosis predicted emotional outcome and practical coping in both carers and patients. Preliminary work from the Psychological Prevention of Relapse in Psychosis (PRP) trial will be presented.

**Recent developments in the cognitive theory and therapy of voices**

*Convenor and Chairs: Til Wykes, Til Wykes, Institute of Psychiatry, London, UK and Max Birchwood, University of Birmingham, UK*

**The interpersonal model of voice hearing**

*Max Birchwood, University of Birmingham, UK*

Auditory hallucinations in psychosis often contain critical evaluations of the voice hearer (e.g. attacks on self-worth) but the role and impact of such evaluations remains unclear. Previous research has shown that a voice hearer’s experience with their dominant voice is a mirror of their social relationships in general. The more an individual feels subordinate to others in general, the more subordinate they feel to their dominant voice and the more powerful the voice seems. Moreover, experiences of feeling low in rank to both voices and others are associated with depression. However, while illuminating possible power issues in the experience of voices, the direction of the relationship between psychosis, depression and feeling subordinate is unclear. Covariance structural equation modeling was used to compare three ‘causal’ models, each of which could explain the relationships between the variables. Previous findings were replicated. Beliefs about being subordinate to voices and of the capacity of voices to shame the person, were significantly associated with feelings of subordination and marginalisation in wider social relationships. The appraisal of social power and rank seem to be the primary, organising schema underlying the appraisal of power voice, and the distress voices give rise to. These findings suggest important new targets for intervention with cognitive and social therapy.

**Hearing voices in children**

*Sandra Escher, Alex Buiks, Marius Romme, The Netherlands*

In a three year follow-up study 80 children and adolescence between 8 and 19 years of age with auditory hallucinations were seen. Half of them were in psychiatric care because of the voices. The subjects were interviewed four times at their family homes. The main research instrument was the Maastricht Interview adapted for children. This interview contains questions about the experience itself, influence of the voices, relating life-events, trigger, influence, coping, social network and mental health care history. Other research instruments: the BPRS (Brief Psychiatric Rating Scale) to measure psychopathology; CBCL (Child Behaviour Check List; social problems; the DES (Dissociative Experience Scale) to measure dissociation. Research aim: the course of voice hearing and predictors for the persistence of the voices. Results: 60% of the children reported that their voices disappeared. Predictors that were found: a high score on anxiety (BPRS), on depression (BPRS), a high score on the DES and a high frequency of the voices. No influence on the continuation or discontinuation were mental health care and the developing of delusion.
CBT for command hallucinations

Peter Trower, University of Birmingham, UK

Command hallucinations (CH) are a distressing and high-risk group of symptoms that have long been recognised but little understood, with few effective treatments. Research shows that cognitive therapy (CT) is a promising treatment for psychosis and therefore has a potential role in the treatment of CH. In line with our recent research, we propose that the development of an effective CT for CH would be enhanced by applying insights from social rank theory. We test the efficacy of CT aiming to reduce beliefs about voices’ power, and thereby compliance, in a single blind RCT. 38 patients with command hallucinations, to which they had recently complied with serious consequences, were randomly allocated to CT or treatment as usual and followed up at 6 then 12 months. Large and significant reductions in compliance behaviour were obtained favouring the CT group (effect size= 1.1). Improvements were also observed in the CT but not the control group in: degree of conviction in the power and superiority of the voices and the need to comply, and in levels of distress and depression. No change in voice topography (frequency, loudness, content) was observed. The differences were maintained at 12 months follow up. The results support the efficacy of cognitive therapy for CH, and are consistent with social rank theory.

Psychological treatment for voices in groups: how effective will it be?

Til Wykes, Institute of Psychiatry, London, UK

Recent cognitive behavioural developments in the treatment of psychosis in the UK have concentrated on individual therapy lasting up to nine months. These therapies have been shown to be successful in reducing overall symptoms of psychosis and there have been some achievements in preventing relapse but it is not clear why they have such achievements. The elements that are emphasised are: individual case formulation, guided discovery and behavioural experiment. It is possible to provide all these elements in a group approach to CBT and in addition a group approach might also provide other elements which are missing in individual therapy but are also known to be helpful. The main one being the social support offered from a meeting of people who have a similar history. This study tested whether a short treatment provided in a group format could produce a beneficial effect. 85 people were randomised to either group CBT or Treatment as Usual (TAU) and were assessed on social and symptomatic behaviour at baseline, post-treatment and 6 months post-treatment. Large effects on social functioning were found but little effect on ratings of voices although more people in the groups achieved clinical change in their voices. Post hoc analysis of the groups showed a large inter-group effect that can be explained by the expertise of the therapists involved. Group treatment therefore can affect voices but only if therapists have considerable experience of individual CBT.

Group CBT for Psychosis: what does an RCT tell us?

Christine Barrowclough, Division of Clinical Psychology, School of Psychological Sciences, University of Manchester

This presentation reports on a recent randomised controlled trial of group cognitive behaviour therapy for psychosis. One hundred and thirteen patients with a schizophrenia diagnosis and persistent positive symptoms were assigned to receive either group CBT in addition to standard care or standard care alone. Group CBT consisted of 18 two hour sessions delivered in a process oriented approach over 6 months. At end of treatment and 12 months follow up there were superior outcomes for the CBT group of borderline significance for PANSS negative symptoms; Beck Hopelessness Scale; and the Rosenberg Self Esteem Inventory. The results of a clustering effects analysis demonstrated that there was non independence of outcome due to patients being treated in groups, at least for the symptom outcomes as measured by the PANSS. In other words, how well one did depended more on the group assignment than to individual factors. The large intra-cluster correlation in this study may be due to one of a number of patient, therapist or site factors. Some indication that the patient mix within groups may have influenced outcomes for better or worse is suggested from the qualitative feedback of patients. Given that the group CBT delivery adhered to quality and quantity standards associated with good outcomes in one-to-one treatments, it is concluded that our failure to replicate the positive findings of previous individually delivered CBT trials in psychosis is accounted for by a lack of power to test the group format that we employed.
Psychosis and Depression

Convenor: Anja Wittkowski, University of Manchester

Voices to believe or not to believe

M. van der Gaag Parnassia/ University of Groningen, The Netherlands.

The handbook by Chadwick et al (1996) pointed out that CBT in auditory hallucinations should not be directed at the content of the voices, but at the meta-cognitions or beliefs about the voices. The origin, power, malevolence and ultimate purpose of the voices were to be challenged. When voices no longer were interpreted as caused by external agents and seen as annoying but powerless psychic phenomena, then the patient can neglect the voices and no longer engage or resist them. They no longer have to be obeyed. In this approach the content is of no personal relevance. Yet, in some auditory hallucinations, the content does seem to matter. In some patients successful challenging does not lead to relieve of anxiety or depression. The patient states that he no longer believes that voices originate external, and that he no longer obeys, but that the voices are still right what they say about the patient, e.g. that he is a worthless failure. In these cases to voices (re)activate schemes or core cognitions about the self. Very often the voices are comparable to self-critical thought in social phobia or self-depreciating thoughts in depression. Here schema-work seems to be indicated or procedures that strengthen the self-esteem that can buffer against overwhelming self-criticism or self-depreciation. Recently we have been trying to delineate the voices hearers that are open to classical cognitive therapy and those that need a therapy targeted at emotional control and increased self-esteem. Examples of innovative treatment strategies such as counter-conditioning, mindfulness-based and compassionate approaches will be demonstrated.

Pathways to Emotional Dysfunction in ‘Non-affective’ First Episode Psychosis

Zaffer Iqbal and Max Birchwood, University of Birmingham

Emotional dysfunction and schizophrenia have long been uncomfortable bedfellows. It was and that the symptoms we all focus on, the delusions and hallucinations, are merely Bleuler who first argued that problems of affect lie at the heart of schizophrenia ‘accessory’ and common to many forms of disorder. This view gave way to the now familiar distinction between affective and non-affective psychosis. Yet, emotional dysfunction is pervasive in non-affective psychosis! Sometimes (and unhelpfully) referred to as ‘comorbidity’ these include: depression and suicidal thinking, social anxiety, problems in forming relationships and traumatic symptoms. There is also the distress attached to the experience of psychotic symptoms. In this paper I will argue that, in order to understand the development of emotional disorder in non-affective psychosis, we need to distinguish between three overlapping pathways including those which are: intrinsic to psychosis, those which are a psychological reaction to psychosis and patienthood, and those arising from the anomalies of childhood and adolescent development, triggered by an episode of psychosis, childhood trauma or both. Evidence for these pathways will be presented and implications for CBT in psychosis – in particular the problems of viewing CBT as a quasi-neuroleptic – will be explored.

Cognitive-behavioural group treatment against depression among patients with psychotic disorders

Roger Hagen, Department of Psychology, Norwegian University of Science and Technology, Trondheim, Norway. Rolf W Gråwe, Sintef – Health Research, Trondheim, Norway, Lena Kristiansen, St. Olav's Hospital trust, Sør-Trøndelag Psychiatric Centre, Østmarka

Co morbid depression in psychosis is common and often ignored despite being associated with reduced effect of treatment and increased risk of relapse and suicide. The effects of individual Cognitive-Behavioural Therapy on depressive disorders and, to some degree, on co morbid depression, has been robustly demonstrated in previous research. There is, however, little research on the effects of Cognitive-Behavioural Group Therapy (CBGT) on co morbid depression. The main goals in this study were to evaluate the effect of 16 weekly sessions of manualized CBGT on depressive symptoms, hopelessness and self-esteem in a sample of patients with psychotic disorders and depression. Change scores and effect sizes on the Calgary Depression Scale, the Beck Depression Scale, Beck Hopelessness Scale, Young Schema Questionnaire and the Rosenberg Self-Esteem scale will be presented.
Cognitive Behaviour Therapy for depression with patients with treatment refractory positive symptoms.

Valmaggia L.R., PhD Department of Psychological Medicine, Institute of Psychiatry, KCL, London, UK

Numerous studies have found that delusions and hallucinations are associated with anxiety and depression (e.g. Siris, 1991). Birchwood, et al (1993) suggested that depression may be in part a response to the widespread effects of having a chronic disease while others authors put forward the hypothesis that depression may be an intrinsic symptom of schizophrenia (e.g. van Os et al, 1999). This paper will focus on the treatment of depression in patients with treatment refractory positive symptoms of schizophrenia. Birchwood, M., Mason, R., MacMillan, P., & Healy, J. (1993). Depression, demoralisation and control over psychotic illness: a comparison of depressed and non-depressed patients with a chronic psychosis.

Jumping to conclusions in delusions: empirical and conceptual advances

Convenors: Philippa Garety and Daniel Freeman, Institute of Psychiatry, King’s College London.

The data-gathering bias in the at-risk mental state (ARMS) for psychosis.

Broome, Matthew R; Johns, L C; Woolley, J ; Brett, C ; Tabraham, P; Valmaggia, L; Bramon, E; Peters, E ; Garety, P ; McGuire, P K. Section of Neuroimaging. Division of Psychological Medicine and Department of Psychology, Institute of Psychiatry, London

OASIS (Outreach and Support in South London) is a clinical service to meet the need of clients in Lambeth, Southwark, Lewisham, and Croydon who experience ‘prodromal’ symptoms of psychosis and are at risk of making the transition to the first-episode of psychosis. We hoped to study whether a data-gathering bias existed in such a group prior to the onset of psychosis and formation of delusions. Subjects were recruited from this service with a group of controls, matched for IQ, education and socio-demographic variables. Subjects underwent detailed assessment of psychopathology as well as measure of working memory, delusional ideation (PDI), need for closure and intolerance of uncertainty. In addition, subjects performed the modified beads task. Subjects with the ARMS did not demonstrate a data gathering bias on the 85:15 version of the beads task but did so on harder versions of the task. Their performance differed significantly from that of controls and correlated with problems in working memory. Thus, there is evidence that in a pre-psychotic but symptomatic at-risk group an attenuated version of the data-gathering bias exists prior to the onset of full-blown delusions.

Attributional style, information gathering and reasoning in psychosis

Suzanne Jolley, Philippa Garety, Dave Hemsley, Institute of Psychiatry, London

The notion that people with delusional beliefs demonstrate limited data gathering is now well established, as is the finding of an externalising, personalising attributional style in those with paranoid beliefs (Garety & Freeman, 1998). Most recently, moves are being made to examine the interrelationships between different reasoning biases in the formation and maintenance of delusions (Garety et al., in prep). In this study, a validation of a new measure examining information gathering in the context of arriving at causal explanations of different types of events is presented. Participants suggest one possible reason for one positive and one negative exemplar of 4 different types of events (interpersonal self, interpersonal other, achievement self, and non-interpersonal). The type of explanation given, how certain the person is of the explanation, the amount and the type of information requested, and the importance to the person is rated. 62 subjects drawn from a larger scale outcome study of psychological therapy in psychosis (the Psychological Prevention of Relapse in Psychosis Study) completed the new measure and a battery of symptom, mood and reasoning measures. A subgroup also completed the ASQ. Exploratory analysis of the relationship between attributional style, information gathering, psychotic symptomatology, affect measures and other measures of reasoning will be presented. Preliminary results indicate low levels of consistent externalising attributional bias, irrespective of symptomatology; a tendency to externalise positive events in those with high levels of depression on the ASQ, and relationships between information gathering and both cognitive flexibility and ‘jumping to conclusions’.

Why do people with delusions fail to choose more realistic explanations for their experiences? Alternative explanations and jumping to conclusions

Daniel Freeman, Institute of Psychiatry, King’s College London

Delusions can be viewed as explanations of experiences. By definition the experiences are insufficient to merit the delusional explanations. So why have delusions been accepted rather than more realistic explanations? Three reasons why individuals might not have adopted other explanations are considered. The first reason is that individuals with delusions may simply not have alternative explanations readily available for their experiences. The second reason is that reasoning processes such as jumping to conclusions inhibit consideration of alternatives. The
third reason is that the content of the alternatives may not be acceptable or compelling. A study will be reported of alternative explanations in 100 individuals with delusions (Freeman, Garety, Fowler, Kuipers, Bebbington & Dunn, in press). The patients, recruited for a treatment trial of psychological therapy (the PRP trial), were assessed on: symptom measures; the evidence for the delusions; the availability of alternative explanations; reasoning; and self-esteem. Evidence was found for each of the hypotheses. Three-quarters of the patients did not report any alternative explanation for the experts' delusional explanations. The patients reported significantly more internal anomalous experiences and had a more hasty reasoning style than patients who did have alternatives explanations available. Having doubt in a delusion without an alternative explanation was associated with lower self-esteem. The study provides support for the idea that clinicians will need to develop plausible and compelling alternative accounts of experience in interventions rather than simply challenge patients’ delusional beliefs.

Overcoming Jumping to conclusions and providing alternative explanations for delusions: a single case example.

Robert Dudley and Mark Freeston, Newcastle Cognitive and Behavioural Therapies Centre, UK and Clinical Psychology, University of Newcastle Upon Tyne, Peter Armstrong Newcastle Cognitive and Behavioural Therapies Centre, UK

In this presentation a framework for considering what may maintain delusional beliefs will be outlined. Key elements will be highlighted including the role of jumping to conclusions, the importance of safety seeking behaviours and the lack of a meaningful alternative explanation to the delusional belief. Using this framework methods and approaches that have been devised to help overcome jumping to conclusions will be described and demonstrated. A case study will be presented illustrating work with a man with paranoid beliefs in which these methods have been used. Using hybrid single case methodology the effect on the belief of the original delusional explanation is recorded over time, along with key factors such as emotional reactions. In conjunction with attempts to overcome this reasoning style we also recorded the belief in alternative, less distressing, but non delusional explanation, over the course of treatment. As conviction in the delusional explanation reduces there is a steady increase in the belief in the alternative explanation. The theoretical and clinical implications of this case example will be considered.

Paranoia: new research on persecutory ideation

Convenors: Daniel Freeman and Philippa Garety, Institute of Psychiatry, King’s College London

The dynamics of persecutory delusions

Richard Bentall, University of Manchester

Current controversies about the nature of paranoia - for example, whether there is more than one type of persecutory delusion, whether delusions are influenced by self-esteem - can be at least partially resolved by examining dynamic interactions between core cognitive processes that are thought to influence delusional thinking. According to this approach, it is wrong to regard the relevant cognitive processes as static vulnerability factors but rather as mutually interacting processes that evolve over time in deterministic though (probably) unpredictable ways. These issues are addressed in a series of studies examining: (i) changes over time in patients’ perceptions of the deservedness of their persecution; (ii) the relationship between fluctuations in self-esteem and paranoid thinking; and (iii) the responsiveness of patients’ self-esteem, paranoia and deservedness judgements to different kinds of life events. In addition, a mathematical simulation of paranoid thinking will be presented. The findings suggest that different kinds of paranoid presentation may reflect different stages in a single paranoid process that is affected by attributional processes, self-schemas and life experiences.

Short-cuts to decision-making in paranoia.

R. Corcoran, S. Cummins, G. Rowe, Psychology Department, University of Manchester. R. Moore, Institute of Psychiatry, Kings College London. R. Bentall, Psychology Department, University of Manchester. P. Kinderman, Dept. of Clinical Psychology, University of Liverpool R. Howard and N. Blackwood Institute of Psychiatry, Kings College London.

Heuristic reasoning invokes the use of shortcuts to aid decision-making in everyday situations characterized by uncertainty. We explored the use of the 4 heuristics originally proposed by Kahneman and Tversky (1973) as well as the operation of the confirmation bias. Novel tests were devised to look at the use of these heuristics in people with active and remitted persecutory delusions, people with depression and a healthy control sample. Findings indicated that while there was some evidence of abnormal use of these techniques in people with a diagnosis of depression, there was no evidence of abnormal application of the heuristics in paranoia. There was, however, clear evidence in the data showing that the inductive reasoning processes of people with persecutory delusions were contaminated by threatening or negative material. From this we conclude that heuristic reasoning in paranoia is intact but the information upon which it is based effects the outcome of the reasoning process. This is considered in relation to attentional bias and the likelihood of threatening past experiences in paranoia.
Catastrophic worry and persecutory beliefs

Helen Startup, Daniel Freeman, Philippa Garety, Institute of Psychiatry, London.

In a recent multi-factorial model of the formation and maintenance of persecutory delusions it is suggested that persecutory beliefs arise from an interaction between internal experiences, external events, reasoning, and emotion (Freeman et al, 2002). A novel feature of the model is that anxiety is given a central role in delusion development. The aim of the current research is to elucidate further this association between anxiety and persecutory delusions. Specifically, the role of worry in relation to delusional conviction, preoccupation and distress is investigated. We applied the methodology of catastrophic worry research to persecutory delusions. Previous research with individuals with chronic worries has shown that they generate significantly more catastrophising steps than those without chronic worry and that this is achieved by them posing automatic question of the “what if…?” kind (Startup and Davey, 2001). Thirty individuals with current persecutory delusions completed assessments of delusion conviction, preoccupation and distress. They also completed a measure of trait worry and took part in the catastrophising interview. Furthermore, they were followed up after three-months in order to assess whether the presence of a worry style was predictive of persistence of the delusions. Results of the current research will be discussed in terms of the association between catastrophic worry and the components of delusional conviction, preoccupation, and distress. Potential therapeutic implications of the findings will also be reviewed.

Paranoia in the Normal Population

Lyn Ellett, Institute of Psychiatry and Paul Chadwick, Royal South Hants Hospital & University of Southampton

Three studies are reported which explore the possible dimensionality of paranoia. All participants completed the Fenigstein and Vanable Paranoia Scale (PS) and the Personal Experience of Paranoia Scale (PEPS) a measure of subjective experience of seven dimensions of paranoia. In study 1, samples of clinical patients (N = 12) and non-clinical undergraduate students (N = 12) matched on the PS were found not to differ on any of the PEPS dimensions. In study 2, samples of undergraduates who scored high (N = 30) and low (N = 30) on the PS were found not to differ on any of the PEPS dimensions. In study 3, we randomly selected five undergraduate and five clinical case descriptions from completed PEPS forms, and asked clinicians with at least two years experience in CBT for psychosis to determine which were which. The results were mixed. The implications of the results are discussed in relation to continuity models of psychosis.

The anatomy of paranoia: a psychological investigation in a non-clinical population

Daniel Freeman, Institute of Psychiatry, King’s College London.

Thoughts of a paranoid content may be an everyday phenomenon. This may parallel earlier studies showing that a level of obsessive thinking is normal in the general population and has notable similarities in content to clinical phenomena (Rachman & de Silva, 1978). We conducted a survey of paranoid thoughts in 1200 non-clinical individuals (Freeman, Garety, Bebbington, Smith, Rollinson, Fowler, Kuipers, Ray, & Dunn, submitted). The first aim was to provide estimates of the frequency, conviction, and distress of paranoid thoughts in a non-clinical group and to analyse the relationship between different types of paranoid thoughts from the mild (eg. people are talking about me) to the severe (eg. there is a conspiracy). The second aim was to identify the coping strategies associated with such thoughts. The third aim was to examine social-cognitive processes and paranoia. We found that 30-40% of the respondents had ideas that negative comments were being circulated about them. Ten to thirty percent had persecutory thoughts, with thoughts of mild threat being more common than severe threat. Importantly, increasing endorsement of paranoid thoughts was characterised by the recruitment of rarer and odder ideas. Further, higher levels of paranoia were associated with emotional and avoidant coping, less use of rational and detached coping, negative attitudes to emotional expression, submissive behaviours, and lower social rank. We conclude that suspiciousness is common and there may be a hierarchical arrangement of such thoughts. The implications for both the theoretical understanding and clinical treatment of paranoia will be discussed.
Application of Cognitive Behaviour Therapy for Psychosis to Service Settings

Convenor: Katy Grazebrook, Bolton Salford and Trafford Mental Health Trust, UK.

From research trial to NHS service: the PICuP Clinic

Emmanuelle Peters, Institute of Psychiatry

PICuP (Psychological Interventions Clinic for outpatients with Psychosis) is a specialist service based at the Maudsley Hospital, South London. It was initially funded in 1999 by research grants for a randomised controlled trial (RCT) to investigate further the efficacy of cognitive-behaviour therapy (CBT) in patients with psychosis, but now operates as a full NHS service. It is one of the few specialised psychosis services in the UK which is entirely psychology led. It fulfils the dual purpose of providing CBT for outpatients with psychosis, and disseminating CBT for psychosis skills to therapists through supervision groups. The process of setting up the service will be described, and information on PICuP activity will be provided. Both qualitative and quantitative data on user satisfaction with therapy will be presented, as well as referrer satisfaction with the service. The implications for further application of CBT for psychosis to service settings will be discussed.

Training and implementation of CBT for psychosis in the Netherlands

Petra Bervoets, Parnassia, The Netherlands

CBT for psychosis has been taught to (community) psychiatric nurses, social workers, psychiatrists and psychologists for the last five years in the Netherlands. A six day training used the format of skills training with video modelling, role-play, home-work assignments and additional literature. The skills trained were: 1. How to introduce CBT to the patient 2. How to make an agenda for each session 3. How to fill in an ABC-form with the patient 4. How to assess the problem 5. How to use the downward-arrow technique 6. How to make a formulation 7. How to challenge dysfunctional thoughts 8. How to use the pie chart technique 9. How to make behavioural experiments 10. How to use a cognitive continuum. All skills were adjusted to the practice of working with psychotic patients. After the skills training, supervision was given once a month for three hours. We found out that supervision was necessary on a weekly basis, especially for the (community) psychiatric nurses. The most important reason was co-morbidity that complicates therapy. At this moment we are developing a stratified multidisciplinary format of CBT. We train nurses to assess the problems of the patient and to teach patients the ABC model in a group. A cognitive therapist is involved in challenging delusions. Conclusion: Nurses can be trained in a relatively short time to assist in a cognitive behaviour therapy in psychosis. Formulation and challenging needs more training and an experienced cognitive behaviour therapist is needed to tailor treatment to the individual needs of the patient with multiple problems.

Group therapy in a routine acute hospital setting: a cognitive-behavioural approach

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Background. Group cognitive behavioural therapy may be useful in routine services and has been little investigated. The present study evaluates a group CBT approach which has been fully integrated into the routine care of an overburdened psychiatric general hospital unit for acute psychotic inpatients. Method. The group was offered to all admissions to an acute ward over a one year period (a total of 550 patients). Group therapy consisted in five session cycles that were held in the morning from 8.30 to 10.00 o’clock. Data on admission to hospital, occurrence of violent episodes and use of physical restraints was extracted from hospital records and compared with rates of patients admitted in the year previous to the introduction of the group. Patients’ satisfaction was also measured. Results. Overall 443 patients attended the group therapy. 79.8% of all inpatients in the period, with an average number of 4 sessions per patient. 53% of those attending had a diagnosis of schizophrenic or paranoid disorder. Compulsory admissions over one year declined by 38% (p<0.05), readmission by 30% (p<0.05), compulsory readmission by 75%, violent episodes by almost half (p<0.001), use of physical restraints almost disappeared. Patients opinion about the participation to the group was excellent. Conclusions. The results on the effectiveness of the group are promising. The group was clearly found to be useful by the majority of the participants. Many asked for further help of this type on discharge. The group was also found to be useful by ward staff, especially by nurses who are often very little trained and confident only when dealing with somatic aspects. The use of group cognitive therapy for people with psychotic disorders in acute inpatient settings has the potential to be easily disseminated into mainstream services.
Implementing a psychosocial intervention and recovery protocol in the Birmingham Early Intervention Service; training, supervision and audit cycles

*Max Birchwood, University of Birmingham and Birmingham Early Intervention Service and Terry McCleod, Birmingham Early Intervention Service*

The Birmingham EI service has developed and implemented a radical and comprehensive recovery orientated protocol of care embracing CBT, social inclusion and consumer choice (www.iris-initiative.org.uk). In this paper I will describe this protocol and the various training, supervision and audit programmes that assure fidelity to the protocol and associated outcomes.

Involving Service users in Research

*Convenor and Chair: Til Wykes, Institute of Psychiatry London*

**Involving Service Users in Research: A Question of Definitions**

*Judi Chamberlin, USA*

In the current mental health climate, "user involvement" is generally proposed to be a positive value. Programs have been developed which involve users in service delivery, administration, planning, and--the focus here--research. But it is necessary to carefully examine what is meant by each of the terms in question. So for instance: include: "User"--Who is a user? Who decides which user(s) will be involved? How are the user(s) responsible to those they are supposed to represent? "Research"--What is research? How are research questions formulated? Who funds research? Does funding influence what questions get researched (and which don't)? "Researcher"--Who is a researcher? What credentials and affiliations make someone a researcher? Can research be done by non-researchers? There are also essential questions that need to be asked about power relationships and power differentials. Adding one or more users to an established research team is fraught with questions of power that usually go unaddressed, but need to be examined if user involvement is to be meaningful.

The User/Survivor Movement in Europe and an Example of Research

*Diana Rose, London UK*

The emergence of the user/survivor movement in Europe is one of the most exciting developments in mental health for two decades. This paper will look at the development of the user movement on a European-wide level and chart its most important achievements. We will then compare user involvement across European countries, including the accession countries. The paper will end with an example of user involvement in a project being funded by the European 6th Framework Programme

**A User Led Qualitative Research Study Exploring the Subjective Experience of Recovery from Psychosis**

*Sarah Nothard, Manchester, UK*

There are now government guidelines for mental health services to involve service users in the planning and delivery of their care (National Service Framework, 1999, p 4). It is now recognised that professionals should work in partnership with service users, offering care in an atmosphere of hope and optimism (NICE guidelines for Schizophrenia 2002). The initiative of user led research, where users are involved in setting the research agenda and carrying out their own research, has been developing in recent years. This project aimed to be ‘user led’; the research question was designed by the user researchers in collaboration with a Steering Committee, set up with the purpose of involving other service users in the process. The agreed aims of the project were to explore the subjective experience of people’s recovery from psychosis, to identify themes to the recovery process from individual accounts and define recovery from a user perspective. The research identified 10 people who had both an experience of psychosis and of using mental health services. These individuals were then assessed using semi-structured interviews. Interpretative Phenomenological Analysis (IPA) was used to analyse and interpret the data. The Steering Committee were involved in the final stages of data analysis. Themes to the recovery process were identified. Consultation was arranged with the project participants on the emergent themes from the data analysis and the Committee were involved in the process of disseminating the findings.
Service users in research: the effect on design and analysis

Til Wykes, London UK

Involving service users in research means that researchers need to give up some power not only in the conduct of the study but also in the overall design of the project. Some of these approaches have been very successful and a collaborative approach has been fruitful. This paper will describe the work on participatory research that has been carried out by SURE at the Institute of Psychiatry. This work varies across different methodologies, diagnoses and services. The essential elements are a confidence between the people involved, an acceptance of responsibility as well as power and a genuine interest in the focus of the research by all concerned. However, there are also some costs to carrying out research with rather than on service users from the point of view of the researchers themselves. These costs are not just financial and will be candidly discussed in this paper from an academic user of participatory models.

Metacognition and Psychotic experiences

Convenor: Anthony P. Morrison, University of Manchester, Department of Psychology

Metacognition and psychosis: Examining the relationship between interpretation of voices and distress

Sarah Nothard, Bolton, Salford & Trafford Mental Health Trust

Background: This study tested the hypotheses that interpretations of voices will be associated with distress linked to auditory hallucinations, and that patients experiencing hallucinations will exhibit higher levels of negative interpretations in comparison with non-patients. Also, that the association between distress and beliefs would be in the directions predicted by a metacognitive model of emotional disturbance, the S-REF model (Wells and Matthews, 1994). Method: The Interpretations of Voices Inventory (Morrison, Wells, & Nothard, 2002) was administered to patients who met DSM-IV criteria for schizophrenia spectrum disorders with auditory hallucinations and non-patients. Patients were also assessed using a semi-structured interview to assess clinical dimensions of their voices and a self report measure of state anxiety. Results: The results showed that people with psychosis who experience auditory hallucinations exhibited higher levels of positive and negative interpretations of voices, in comparison to non-patients. Correlational analyses revealed that interpretations of voices were significantly associated with emotional, physical and cognitive characteristics of voices. Regression analyses demonstrated that physical characteristics of voices and metaphysical beliefs were significant predictors of emotional characteristics of voices. Significant correlations were found between state anxiety and positive and negative interpretations about voices, with some relationships remaining significant when the physical characteristics of voice hearing were controlled for. Conclusions: The theoretical and clinical implications of these findings are discussed.

Metacognition and Relapse Scale (MARS): a new measure for modelling vulnerability and transition to relapse.

A Gumley, Division of Community Based Sciences, University of Glasgow, J Reilly, Greater Glasgow Primary Care Trust, K Power Department of Psychology, University of Stirling, A Macbeth, Greater Glasgow Primary Care Trust, M Schwannauer, Department of Psychiatry, University of Edinburgh

There is growing evidence for the importance of metacognitive beliefs in vulnerability to and maintenance of psychotic experiences such as hearing voices. Metacognitive theory also gives an important contemporary context for early phenomenological work carried out by McGhie, Chapman and others into the subjective experience of developing psychosis. These studies suggest that during early relapse, psychotic symptoms are the outcome individuals' responses to subtle internal cognitive, perceptual and attentional changes, and that psychotherapy should aim to discover individuals' subjective experiences and cognitive difficulties, and reduce unhelpful or ineffective reactions to these experiences. Relapse can therefore be framed as the outcome of a psychological process involving individuals' beliefs, appraisals and interpretations. The Metacognition and Relapse Scale (MARS) was developed on the basis of such a theoretical model of relapse which hypothesises that during the very early stages of relapse cognitive perceptual experiences are interpreted as intrusive, uncontrollable and as signifying the emergence of a forthcoming relapse or hospital admission. The paper will therefore describe the development of the MARS amongst a sample of 169 individuals with a diagnosis of schizophrenia or related disorder and evidence for the reliability and validity for the scale. In particular, evidence for the relationship between metacognitive appraisals, psychotic experiences, distress and relapse will be presented. We propose that current psychological approaches currently incorporated in CBT approaches, which are aimed at supporting recovery and staying well would benefit from psychological models which can specify more clearly the nature and content of cognitions linked to relapse vulnerability.
The role of metacognitions in individuals suffering from bipolar disorder

Matthias Schwannauer, University of Edinburgh

There is considerable evidence for a wide range of psychosocial, cognitive and emotional factors influencing the course and outcome of bipolar disorders. Various theoretical and empirical models have been proposed to account for affect dysregulation and mood changes in individuals suffering from bipolar disorder. The importance of metacognitive beliefs as a general vulnerability factor for psychological disorders has been highlighted in a range of disorder groups. Metacognitive appraisals appear especially influential in relation to psychotic disorders and related clinical phenomena. In this paper the role of metacognitive beliefs will be explored in relation to two groups of individuals suffering from bipolar disorder who have experience of multiple episodes of (hypo)mania and depression, one group of patients who further regularly have experience of psychotic symptoms as part of their episodes and a second group who do not experience psychosis as part of their bipolar episodes. We further examine the specific differential aspects of metacognitive beliefs and strategies in states of (hypo)manic and depressed mood. The role and function of metacognitive appraisals and strategies will also be related to other factors of self-reflection, maladaptive coping strategies and interpersonal vulnerability for relapse. The significant of these findings will be discussed in relation to models of cognitive processing in psychosis and recurrent mood disorders.

Visual Hallucinations In Parkinson’s Disease: Contributions Of Cognitive Impairment & Metacognitive Style

Rory Allott, University of Manchester, Academic Division of Clinical Psychology, Anthony P. Morrison, University of Manchester, Department of Psychology, Adrian Wells, University of Manchester, Academic Division of Clinical Psychology Richard Walker Department of Elderly Medicine, Northumbria Healthcare NHS Trust

This study set out to test the hypothesis that disposition to visual hallucinations in Parkinson’s disease (PD) would be associated with dimensions of metacognition, independent of relevant disease factors. Forty-six people with a diagnosis of PD were included in the study, and of these, half reported visual hallucinations. Participants completed questionnaires measuring their disposition to visual hallucinations, levels of distress and metacognitive style. Details of disease-related factors, known to be associated with both visual hallucinations and distress, were also collected. Cognitive impairment, considered an important concomitant of visual hallucinations in PD, was measured using two neuropsychological tests. Two dimensions of metacognition were significantly associated with a heightened disposition to visual hallucinations: cognitive self-consciousness and positive beliefs about unusual perceptual experiences. The results are discussed with reference to recently developed models of hallucinations. Possible implications for future clinical practice and research are discussed.

Controversies and growing points in early intervention in psychosis

Convener and Chair : Max Birchwood, University of Birmingham

Ethical Dilemmas in the Prevention of Psychosis in People at Ultra-High Risk

Anthony P. Morrison, Psychology Services, Bolton Salford & Trafford Mental Health Trust, Department of Psychology, University of Manchester

There have been recent advances in the ability to identify people at high risk of developing psychosis. This has led to interest in the possibility of preventing the development of psychosis. There are several randomised controlled trials that have been conducted with this population using psychological interventions, pharmacological interventions or a combination of both. Given that a high-risk population are not yet experiencing a psychotic disorder, this raises several ethical dilemmas. These include the risk of offering treatments to false positive cases (those who will not go on to develop a psychotic disorder). It is argued that psychological interventions as less likely to involve serious side effects and may be of more benefit to false positive cases than pharmacological intervention, and that cognitive therapy is especially suited to working with such a population.

Duration Of Untreated Psychosis And Outcome In Cohorts Of First Episode Patients – A Systematic Review.

Max Marshall, Dept Psychiatry , University of Manchester.

The aim of this systematic review was to establish if there was an association between DUP and outcome in psychosis. We extracted and synthesised data from follow up studies that examined the relationship between DUP and outcome, for first-episode psychotic patients. Studies were detected by a systematic search of CINAHL, the Cochrane Schizophrenia Group Register, EMBASE, MEDLINE, and PsycLIT. We synthesised both correlational data and comparisons of long versus short DUP groups.
We identified nineteen eligible studies (3416 participants) from 9280 abstracts. The correlational data showed a significant association between DUP and symptoms at 6 and 12 months (including total symptoms, depression/anxiety, negative and positive symptoms). There was also an association with overall functioning and quality of life. The long versus short duration data showed similar findings at 6 months. Patients with long duration were less likely to achieve remission. The association between DUP and outcome indicates a need for clinical trials to establish whether reducing DUP can improve prognosis.

Redirect: Evaluating The Effectiveness Of An Educational Intervention On First Episode Psychosis In Primary Care

H.E. Lester, M. Birchwood, L. Tait, A. Shanks. Department of Primary Care, University of Birmingham, Birmingham, England.

Objective: REDIRECT is a randomised controlled trial evaluating the impact of education in primary care on referrals to Early Intervention Services and on DUP in Birmingham. This paper will describe the study methodology and trial educational materials. Materials and methods: 76 practices in 3 PCTs in Birmingham have been recruited into the study- 38 intervention and 38 control. The primary outcome is number of people referred to the two local Early Intervention Services. The initial educational intervention consisted of a video, accompanying booklet and one-hour play followed by an interactive workshop, with booster sessions at regular intervals. Results: Practice recruitment was helped by developing the protocol to fit with the culture and working practices of primary care. The educational programme was well attended and highly rated. Data collection began on 1.3.04 and will continue for 24 months. Conclusion: The results of this study have already provided interesting information on developing educational materials for primary care and engaging practices in mental health research. The referral and DUP data may help to tease out the relative importance of primary care education in reducing DUP.

Social anxiety and the shame of Psychosis: A study in first episode psychosis

Max Birchwood, University of Birmingham

Emotional dysfunction and schizophrenia have long been uncomfortable bedfellows. Schizophrenia is commonly defined as a and non-affective psychosis. Yet, emotional dysfunction is pervasive in non-affective psychosis. Sometimes (and unhelpfully) referred to as 'comorbidity' these include: depression and suicidal thinking, social anxiety, problems in forming relationships and traumatic symptoms. In this paper I will argue that, in order to understand the development of emotional disorder in non-affective psychosis, we need to distinguish between three overlapping pathways including those which are: intrinsic to psychosis, those which are a psychological reaction to psychosis and patienthood, and those arising from the anomalies of childhood and adolescent development, triggered by an episode of psychosis, childhood trauma or both. Social withdrawal and interpersonal difficulty and problems in forming long-term relationships are among the cardinal disabilities of schizophrenia. They are commonly attributed to the negative symptoms or seen as a coping strategy for dealing with persecutory beliefs. Social anxiety disorder has been identified in schizophrenia as a 'comorbid' diagnosis in up to 1 in 5 patients; however, the mechanisms underlying this form of comorbidity are not understood. In non-psychotic social phobia, Clarke and Wells,(1995) cognitive model has been well developed and proposes that when social phobics enter the social arena, they feel they will create a poor impression and their attention shifts to their physiological fear and the cues they believe are observable by others, e.g. sweating and shaky voice, and use this to form an image of how they appear to others. In psychosis, we have argued that when people with psychosis enter the social arena, the social stigma attached to psychosis leads to a primary appraisal of social threat ('shame') and fear of discovery by others; this raises the fear of social rejection. In this study of 80 patients with a first episode of psychosis we: a) Identify the incidence of social anxiety following recovery from the first episode b) Test out the hypotheses that social anxiety is linked to a primary appraisal of social shame and fear of discovery. Results indicate that 1 in 3 patients conform to criteria for social anxiety, which was strongly linked to shame of psychosis and fear of social rejection, independent of positive or negative symptoms. here are clear implications for intervention, which will be outlined in this paper.

Case Formulation in CBT treatment of Psychosis

Convenor: Nick Tarrier, University of Manchester

Case Formulation of violence and aggression in psychotic patients

Haddock, G. Academic Division Of Clinical Psychology, University Of Manchester, Uk

Violence is thought to be a multi-dimensional phenomena determined by environmental/contextual factors, clinical factors (e.g. psychotic symptoms), dispositional factors (e.g. anger, impulsivity) and historical factors. The link between the occurrence of violence and aggression and severe mental health problems e.g. schizophrenia has been closely examined and several studies have shown that there are links although there have not been consistent findings. As a result of these inconsistencies some researchers have examined whether there are links between specific symptoms of psychosis and violence. Again, this has also resulted in some inconsistent findings leading to a
conclusion that there is no clear link between psychosis and violence. However, findings do suggest that substance use and anger play an important role in the occurrence of violence and it has been suggested that these may interact with specific psychotic symptoms to result in a greater likelihood that an individual may be violent (given other setting conditions). This paper will present data from a recent project (the PICASSO study) which explored the relationship between psychotic symptoms, anger, substance use and violence in a selected sample of people who had a diagnosis of schizophrenia, hallucinations and/or delusions and a history of violence. A clinical formulation which hypothesises how these interact will be presented and the implications for treatment discussed.

How important is formulation in relation to a good outcome with CBT for schizophrenia?

Turkington, D., Hammond, C., & Dudley, R. University of Newcastle, UK

All techniques used by therapists in a trial of CBT versus befriending for chronic schizophrenia were recorded on a session by session basis. This paper will include the results of an analysis of which CBT techniques are most likely to be related to a good clinical outcome. This was defined as a 50% improvement in overall symptoms as rated on the CPRS. How important then was formulation in comparison to other techniques such as normalising, use of behavioural experiments and schema change? The results will be presented for the first time during this symposium.

Case formulation and suicide risk in schizophrenia.

Tarrier N Academic Division Of Clinical Psychology, University Of Manchester, Uk

Risk of suicide is a significant problem in those suffering from schizophrenia. Estimates of between 2% to 9% of successful suicides with up to 50% making a suicide attempt. The majority of research has been on investigating population characteristics of those who have successfully completed suicide or those who have made attempts with little research on psychological mechanisms that might underlie self-harm. The absence of a psychological understanding of suicide in schizophrenia makes it very difficult for the clinician to formulate effective or even plausible intervention and preventative strategies. This paper will outline some recent research which attempts to take a more psychological approach to understanding suicide in this patient group. Research from other areas such as ‘the cry of pain’ work in depression might usefully be applied to suicide in schizophrenia. A recent study investigating paths to risk, suicide-related cognition and behaviour indicated different routes by which social and psychological factors impacted upon hopelessness which was a common antecedent to suicide risk. Case formulation provides the method by which these results may begin to suggest clinical interventions to prevent suicide and self-harm.

Paranoid Psychosis and Panic Disorder

M. van der Gaag, Parnassia/ University of Groningen, The Netherlands.

Panic disorder is found in 20% of the schizophrenia patients. These patients can be so anxious that their heart starts bouncing; they perspire, tremble, feel dizzy, and fear dying. Some patients can act very dangerously while in panic, e.g. jumping out of a window from the third store, while thinking that the mobs called on the door to eliminate him. So, management of panic is very important in the beginning of the therapy. In the first stage of the treatment it is necessary to give some control over panic. We start teaching the patient relaxation techniques and recent panic attacks are discussed to de-catastrophise the accompanying thoughts. The focus is on attentional bias and emotional reasoning. When panic comes under control the conspiracy is challenged by reducing the number of people involved, starting with the most remote and mild suspects. At the same time counter-conditioning is done with all incidents to come. The patient is asked to think about a success moment in life five times each day, take the accompanying posture and thoughts about mastery and self-esteem. When over-learning has taken place this is counter-conditioned with the moment that fear and suspiciousness arise in everyday life. During this second stage the behavioural reduction of safety and avoidance behaviours by exposure exercises is as important as the verbally challenging of the conspiracy. In the third stage patients are taught that being suspicious is their vulnerability. They will always have to monitor suspiciousness and cope with these thoughts immediately.
Early Intervention In Prodromal Psychosis: Can Psychosis Be Prevented?

Convenor: L. Valmaggia, Department of Psychological Medicine, Institute of Psychiatry, London, UK

OASIS: A service for young people at risk of developing psychosis in South London. Interventions and outcomes over the first two years.


Recent research suggests that it is feasible to identify individuals at risk for psychosis and that pharmacological and psychological intervention in this group may reduce transition to psychosis. We have developed a new clinical service for young people at high risk of developing a psychotic disorder in a socio-economically deprived inner city area with a high incidence of psychosis. OASIS accepts referrals from primary and secondary health care agencies, university counselling services, and clients themselves. Clients meeting criteria for the At Risk Mental State (ARMS) are taken on by the service. Following assessment, we offer advice and support, plus the opportunity to participate in a randomised controlled trial (RCT) of active treatment (low dose quetiapine and CBT) versus control treatment (placebo medication and supportive therapy). This presentation will detail the cognitive conceptualisation and intervention employed by OASIS, and provide a case study example. During the first 24 months, OASIS was referred 111 clients for assessment. Of these referrals, 41 (45.5%) met criteria for the ARMS. Most (26.1%) individuals with ARMSs had attenuated psychotic symptoms. It has been possible to apply cognitive formulations of psychotic symptoms to people with ARMSs, and to use these to plan successful interventions in terms of reducing distress and improving functioning. It is logistically feasible to provide a clinical service for people with ARMSs in a deprived inner city area, where the engagement with mental health services is relatively poor. Intervening with CBT is efficacious in reducing current problems, in conjunction with low dose antipsychotic medication. We are evaluating the potential of the treatment package to abort or delay transition to full-blown psychosis.

A Randomised Controlled Trial Of Cognitive-Behavioural Therapy In The Pre-Psychotic Phase: Preliminary Results

Bechdolf, A. and Bühler, B. Cologne Early Recognition and Intervention Center (CERIC), Department of Psychiatry and Psychotherapy University of Cologne, Stamm, E., Streit, M. 2 Department of Psychiatry and Psychotherapy Heinrich-Heine University Duesseldorf, Berning, J. and Wagner, M., Department of Psychiatry and Psychotherapy University of Bonn, Decker, P. and Bottlender, R., Department of Psychiatry and Psychotherapy University of Munich, Germany

We developed a comprehensive 12 months CBT programme for clients in a putatively early initial prodromal state, including individual and group therapy, cognitive remediation and family counselling. This approach is currently evaluated in a multi-centre, randomised, controlled trial. By the time of writing more than 100 persons were randomised. Preliminary results suggest that clients, who received CBT showed better symptom improvement and lower transition rates to a late initial prodromal state or psychosis than clients who were randomised in an un-specific control intervention.

When 'Normal' Becomes 'Abnormal'

Valmaggia, L.R. & van Os, J. Department of Psychological Medicine, Institute of Psychiatry, London, UK; Department of Psychiatry and Neuropsychology, Maastricht University, The Netherlands

The cognitive model of psychosis places psychotic symptoms on a continuum with normal psychological experiences. Data from different patient groups and from participants in the general population will be reviewed to explore the evidence for this assumption. The question of whether we should offer preventative treatment to people at risk of developing a psychotic episode will be addressed in view of this evidence.

A Randomised Controlled Trial Of Cognitive-Behavioural Therapy In Patients At Risk Of Developing A First Episode Of Psychosis

French, P. EDIT Service, Bolton Salford & Trafford Mental Health NHS Trust

There have been recent advances in the ability to identify people at high risk of developing psychosis. This has led to interest in the possibility of preventing the development of psychosis. A randomised controlled trial compared cognitive therapy (CT) with treatment as usual in 58 patients at ultra-high risk of developing a first episode of psychosis.
psychosis. CT was provided within the first six months, and all patients were monitored on a monthly basis for 12 months. Logistic regression demonstrated that CT significantly reduced the likelihood of making progression to psychosis as defined on the PANSS over 12 months. In addition, it significantly reduced the likelihood of being prescribed antipsychotic medication and of meeting criteria for a DSM-IV diagnosis of a psychotic disorder. Analysis of covariance showed that CT also significantly improved positive symptoms of psychosis in this population over the 12-month period. CT appears to be an acceptable and efficacious intervention for people at high risk of developing psychosis. This paper will present data from this trial.

Cognitive Remediation Therapy

Convener: Claire Reeder, Institute of Psychiatry, London

Cognitive Remediation Therapy for people with schizophrenia – new results from a randomised controlled trial

Til Wykes, Clare Reeder, Martin Knapp, Anita Patel and Brian Everitt, Institute of Psychiatry, Kings College, London.

A (single blind randomised) controlled trial was carried out with two groups, Cognitive Remediation Therapy (CRT) versus Treatment as Usual (TAU). The participants had cognitive impairments and depended on psychiatric services for support. Overall the therapy was effective in changing memory but the effects on other thinking skills were variable. Medication had little effect on outcome and people improved if they were receiving either typical or atypical medications. Even when there were no group effects the changes that were brought about within the CRT group seemed to have an effect on other functioning characteristics. Improvements in cognitive flexibility had an effect on symptoms (auditory hallucinations) and memory improvements had a knock on effect on social functioning. However, if thinking skills improved in the TAU group these did not have an effect on other areas of functioning. Overall there was satisfaction with the therapy with few people dropping out of treatment.

Negative Symptoms matter in the Leap from Cognition to Community Function in Schizophrenia: Implications for Intervention

Kathryn E. Greenwood, Sabine Landau, Til Wykes. Department of Psychology, Institute of Psychiatry, London

Negative symptoms and poor cognition are associated with poor community function in schizophrenia. These links have been attributed to poor cognition. Negative symptoms have been confused with poor general cognition and their independent effect has not been tested. This study investigated the independent effect of negative symptoms on the relationship between cognition (executive & memory processes) and community function (shopping skills test). People with schizophrenia and general cognitive impairment with and without negative symptoms were compared to healthy volunteer controls balanced for pre-morbid IQ. Community function differed between the three groups and was worse in people with negative symptoms of schizophrenia with few differences between the non-negative group and healthy controls. Cognitive measures were related to aspects of community function e.g. working memory associated with shopping accuracy; strategy use associated with shopping efficiency. Group membership interacted with these associations. In particular, working memory was independently associated with community function only in people with negative symptoms of schizophrenia. This was not due to either working memory impairment or negative symptoms alone. There were no specific associations between cognition and community function in the non-negative group. The relationship between working memory and community function is moderated by negative symptoms and may reflect a synergistic association. Negative symptoms may arise from cognitive impairment but may also impact detrimentally on cognition. The relationship between negative symptoms and change in cognition and community function is discussed. Intervention programmes which combine cognitive remediation and CBT for negative symptoms may prove the most effective in generalising to improved real-life function.

Cognitive And Psychosocial Mechanisms In The Framework Of Cognitive Remediation Therapy : Brenner’s Model

Rafael Penadés, Clinical Institute of Psychiatry and Psychology, Hospital Clinic, Barcelona

Brenner’s model of vicious circles was conceived to explain the mechanisms and mediators of the cognitive impairment and also the disruptive effect of impaired information processing on the other levels of functioning as the psychosocial functioning. This model is based on the assumption of pervasiveness, which contends that basic disorders in information processing have a reciprocal relationship with higher order thinking skills and that impairments would cause detrimental effects on behavioural planning and on social competence. Up to date, little empirical work has been done in order to prove this model and even there is some data showing negative evidence. The data from our CRT trial (n=37) which investigated cognitive change following only the cognitive modules of Brenner’s Integrated Psychological Therapy (IPT) programme will be presented in support of Brenner’s model showing a significant cognitive improvement which followed the direction expected from the model. A relationship
between cognitive improvements and higher levels of autonomy and social functioning was also found. Thus, both of cognitive and functional patterns found after CRT followed the pervasiveness principle suggesting that Brenner’s model is a useful tool in cognitive remediation. Thus, there is some evidence that basic cognitive functions (such as attention and early perception) have a reciprocal relationship with higher order thinking skills (such as recall and concept formation), so that vicious circles of cognitive impairment are formed, which eventually lead to a deterioration in social functioning. These findings are important in developing a theoretical understanding of the links between cognition, social function and symptoms, and may inform future developments in CRT programmes. Furthermore, more research based on theoretical models is needed.

Who responds to Cognitive Remediation Therapy (CRT) for schizophrenia?

Clare Reeder and Til Wykes, Institute of Psychiatry, Kings College, London.

Studies of CRT have rarely investigated within-group differences in response to treatment. This is important to improve our understanding of the mechanisms of cognitive change and to identify prognostic factors. 85 schizophrenia participants were randomised to receive CRT or treatment-as-usual (TAU). Cognitive change was assessed using five factors: verbal working memory, response inhibition, cognitive flexibility and verbal and visuo-spatial long-term memory. The prognostic significance of age, premorbid IQ, education, and cognitive function and symptoms at baseline on response to CRT was investigated. The impact of baseline cognitive function was assessed using two robust, externally valid cognitive clusters. The first cluster was significantly worse on all but cognitive flexibility. Only younger age, and to a lesser extent, high levels of education, were significant predictors of a favourable response to CRT. For people under forty years (but not those over 40), CRT led to significant improvements in verbal working memory, cognitive flexibility, verbal long-term memory, negative symptoms and total symptoms. Improved cognitive flexibility led to improved social functioning only for younger participants who received CRT. Participants over and under the age of forty did not differ significantly on any other variable except education, but this did not account for group differences in CRT response. Age is a good prognostic factor for response to CRT and for those under the age of 40, it is an effective treatment. Further research is required to elucidate the impact of younger age and modifications for CRT are needed to target older patients.

Current perspectives in cognitive behavioural approaches to the detection and prevention of relapse amongst individuals with psychosis

Convenor: A Gumley, Division of Community Based Sciences, University of Glasgow

Relapse has major implications for the long-term outcome and psychological well being of individuals diagnosed with schizophrenia. Relapse is associated with the development of persisting positive symptoms, loss of functioning and social networks leaving individuals prone to experiencing a sense of loss and entrapment. These appraisals are linked to the development of depression and suicidal thinking (Birchwood et al., 2000). Psychosis and rehospitalisation can also be experienced as highly traumatic (Frame & Morrison, 2001), and therefore fear of relapse can be a common problem. In this context cognitive behavioural approaches to relapse detection and prevention have been developing rapidly in recent years. This symposium will therefore provide participants with the opportunity to update on current evidence concerning the role of cognitive behavioural factors in mediating the risk of having a relapse, their role in the development of relapse itself, psychological strategies to detect and prevent relapse, and the effectiveness of CBT in relapse prevention. The symposium will also consider future directions for cognitive behavioural approaches to relapse prevention.


M Birchwood, Birmingham Early Intervention Service, University of Birmingham

In 1989 we developed the concept of the ‘relapse signature’: a client specific set of mainly dysphoric ‘early signs’ of psychotic relapse, whose presence placed the individual ‘at risk’ of future relapse. In 1995 this was extended into a ‘two process’ model influenced by the ideas of Brendan Maher in which internal and controllable (mainly catastrophic) attributions and external (mainly person) attributions were hypothesised to be the twin psychological drivers of relapse. Interpersonal sensitivity was observed to be a frequent early sign and this chimes with what is now known about a) the schema of automatic subordination to others seen in voice hearers and b) the role of social anxiety as a ‘prodromal’ feature in psychosis. In this paper we bring this framework up-to-date arguing for the centrality of interpersonal vulnerability and resilience and present new data to support it. We argue that relapse prevention needs to focus on interpersonal cognition and resilience.

Staying well after psychosis: a cognitive account of vulnerability and transition to relapse.

A Gumley, Division of Community Based Sciences, University of Glasgow, J Reilly Greater Glasgow Primary Care Trust, University of Sterling. K Power, A Macbeth,
Psychotherapy should aim to discover individuals’ subjective experiences and cognitive difficulties, and reduce the outcome of individuals’ responses to subtle internal cognitive, perceptual and attentional changes, and that greater understanding of the nature of beliefs and appraisals linked to relapse vulnerability and transition. Early effectiveness cognitive therapy in supporting recovery and staying well can be improved through an intervention that is effective in preventing relapse and further shows promise in reducing readmission. The present paper will present the results of the Lambeth Early Onset (LEO) service randomised controlled trial. One hundred and forty four people were randomly allocated, following a first or second episode of psychosis, to receive the LEO service or the care of local sector teams. They were followed up over 18 months. The LEO service was established with the goals of reducing relapse and improving social outcomes by providing an assertive outreach community service. There was an emphasis on service engagement by providing an acceptable and accessible service; and on providing psychological and social as well as medical interventions. The service showed improved engagement and satisfaction, and significantly reduced relapses, while not showing significant reductions in symptoms. Social functioning was, however, significantly improved in the LEO group. The possible reasons for this pattern of results will be discussed, with particular reference to the role of psychological interventions, medication and service engagement.

Relapse prevention in early psychosis: the LEO trial


In recent years, there has been increasing recognition of the high risk of relapse of persisting symptoms and of unmet social and psychological needs in people with a first episode of psychosis. Early Intervention services have become NHS policy in response to this; but there has, to date, been little evidence showing whether clinical and social outcomes are improved by such services. The present paper will present the results of the Lambeth Early Onset (LEO) service randomised controlled trial. One hundred and forty four people were randomly allocated, following a first or second episode of psychosis, to receive the LEO service or the care of local sector teams. They were followed up over 18 months. The LEO service was established with the goals of reducing relapse and improving social outcomes by providing an assertive outreach community service. There was an emphasis on service engagement by providing an acceptable and accessible service; and on providing psychological and social as well as medical interventions. The service showed improved engagement and satisfaction, and significantly reduced relapses, while not showing significant reductions in symptoms. Social functioning was, however, significantly improved in the LEO group. The possible reasons for this pattern of results will be discussed, with particular reference to the role of psychological interventions, medication and service engagement.

CBT for relapse prevention in first episode schizophrenia

S Klingberg and G Buchkremer, Department of Psychiatry and Psychotherapy, University of Tuebingen, Germany, W Gaebel, Department of Psychiatry and Psychotherapy, University of Dusseldorf, Germany

In the framework of German Research Network on Schizophrenia we are conducting a multicentre randomised trial addressing the efficacy of a comprehensive CBT-program to reduce the relapse rate in first episode schizophrenia. Treatment strategies of CBT are to establish a functional illness concept, to help patients detect early signs of relapse, to engage in stress detection and management and to improve strategies to cope with persistent negative and positive symptoms. In addition, the relatives are included in the treatment and patients participate in a short computer based cognitive training. The treatment follows a published treatment manual. We will give an overview of the treatment principles and the study design. The CBT group will be compared to a short information centred psychoeducation representing a good standard treatment. Patients of both groups receive medication in the framework of a double-blind randomised trial. The recruitment phase is finished. The sample consists of n=111 first episode patients with schizophrenic disorders. We will give a detailed sample description. A first important finding is that the frequency and level of negative symptoms is higher compared to the positive syndrome. The medication compliance in this study is quite high, presumably due to the fact that patients are participating in a medication study, too. Regarding the treatment conduction we found that patients are attending more than 80% of the scheduled sessions. Session ratings of patients indicate that they are emphasising the quality of the patient-therapist-relationship to a greater extent than therapists. In contrast, the rating of therapeutic success is less pronounced. Analyses of the audio tapes of a sub sample show that therapists adhere satisfactorily to the treatment manual. The primary endpoint of this study is the relapse rate two years after inclusion in the study. As the follow-up is ongoing, only preliminary results can be presented. First results regarding cognitive functioning indicate that no immediate treatment effect of cognitive remediation could be observed. Further preliminary results will be presented.

Overview and future directions for relapse prevention in psychosis

S Lewis, School of Psychiatry and Behavioural Sciences, University of Manchester

In the first episode of schizophrenia, remission is achieved with antipsychotic drug treatment in 85% of individuals at a median of 11 weeks and can be accelerated with psychological treatment. Course and management in the 2 years after the first episode appears to be a critical period in determining long term outcome. Relapse occurs in 20-35% at 1 year, 50-65% at 2 years and 80% at 5 years. Treatment of the second and subsequent episodes is less satisfactory.
than the first, with failure to achieve remission in a further 15% at each episode. People in and after their first episode respond to low doses of antipsychotic medication, but are very sensitive to adverse effects, which leads to high rates of non-adherence, such that in routine practice many will be receiving no or intermittent treatment. The decision what to offer people after their first episode is currently under international debate and is a controversy among British clinicians. Some argue for a prolonged period of prophylactic drug treatment of at least two years, whilst others would prefer a briefer period of drug treatment after remission, with close monitoring and psychosocial treatments thereafter. The case exists for a randomised controlled trial withdrawing medication early after first episode, with cognitive therapy substituted.

**Roundtable**

**CBT for psychosis: Do we have a unified therapy?**

*Convenor: Emmanuelle Peters, Institute of Psychiatry, London, UK*

In the last ten years an impressive body of research has demonstrated the efficacy of cognitive-behaviour therapy (CBT) for psychosis, culminating in the National Institute of Clinical Excellence (2002) recommending that it should be offered routinely to all individuals with psychosis who request it. CBT for psychosis is an adaptation of the classic CBT for depression and other emotional disorders, pioneered by Aaron T. Beck. This recent movement has been led by individual researchers and clinicians mostly in the UK and Australia, and is now being adopted widely throughout Europe, and to a lesser degree, the US. A number of manuals have been written, which share some basic elements, but also have some differences. Ten years on, how has CBT for Psychosis evolved? Do we have a unified therapy, or has it proliferated into different genres? The authors of the CBT for Psychosis manuals will be discussing their own “brands” of therapy, reflecting specifically on their differences and similarities. Aaron T. Beck himself will be chairing the event.

**Open Papers**

**New Approaches to Positive Symptoms of Psychosis**

Do cognitive models really offer a coherent account of the positive psychotic symptoms? A critical appraisal of theory.

*Simon Jakes and John Rhodes, Macarthur Mental Health Service NSW and Haringey Mental Health Trust, London UK.*

A number of cognitive models of psychotic symptoms have been proposed. Of these two influential models will be discussed. These are the cognitive model proposed by Morrison et al. (1995) and Frith’s (1992) information processing/ theory of mind model. Morrison et al suggest that metacognitions produce external attributions of thoughts. They suggest that hallucinations are not in themselves unusual phenomena. Freeman et al (2001) have suggested as part of their related cognitive model of positive symptoms that delusions persist partly because of safety-behaviour. These theories will be critically evaluated. We will question whether it is plausible to suggest that attributional factors and metacognitive factors can play a primary role in determining the experience of auditory hallucinations and other similar positive symptoms. We will raise similar issues regarding the hypothesis that safety behaviours can play a primary role in maintaining delusions. We will argue that these theories do not fit with the clinical phenomena without further amendment. Normalisation as a clinical strategy and normalisation as a theory are distinct activities. We will then consider Frith’s theory of mind/ information processing model. We will suggest that this model is an impressive attempt to address the breakdown of the boundaries of the self which is a core feature of psychosis. We will argue that the theory runs into difficulties in trying to explain the attribution of states of mind as due to inferential reasoning. We will suggest that arguments from philosophical psychology can illuminate this issue (Strawson 1959). These issues are related to the difficulties discussed in relation to the theories of Morrison et al. and Freeman et al.

**Attributional Style, Defensive Functioning And Persecutory Delusions: Symptom Specific Or General Coping Strategy?**

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Introduction: Previous research has suggested that individuals with persecutory delusions use an exaggerated self-serving bias to protect themselves from real or delusional threats to their underlying self-concept. However, the research to date has been marred by the use of measures with questionable validity and reliability limiting the conclusions that can be inferred. The present study aims to re-examine this theory using an improved methodology to determine whether the defensive functioning is a defining feature of persecutory delusions. Method: Thirty-five
Participants suffering from recent onset psychosis were assessed in a cross-sectional design. Three tests of attributional style were used, two overt measures (the Attributional Style Questionnaire, ASQ; and the Internal Personal and Situational Attributions Questionnaire, IPSAQ) and one covert measure (the Pragmatic Inference Test, PIT). Self-esteem was measured using the Rosenberg Self-Esteem Inventory (SEI) and a semi-structured interview; the Self-Evaluation and Social Support interview-schizophrenia version (SESS-sv). Symptomatology of the participants was determined by the Positive and Negative Syndrome Scale (PANSS) and the Beck Depression Inventory (BDI). Results: A self-serving bias (SSB) was found in the total sample but not specifically in participants with persecutory delusions, nor was the SSB related to levels of paranoia. An underlying depressive attributional style was found in both subjects with and without persecutory delusions but was not associated with levels of paranoia. Lower positive and higher negative self-esteem was associated with increased paranoia and was associated with a self-serving bias. Conclusion: The results indicate that the attributional biases observed in individuals with persecutory delusions are not symptom specific as previously suggested, but a response to severity of psychotic experiences. The presence of an attributional, self-serving bias is linked to lower psychotic experiences and may represent a functional coping strategy in response to threats to self-esteem that is consistent with that found in the general population.

Exploring Persecutory Delusions: Phenomenology And Emotional Distress

Catherine E.L. Green, Philippa A. Garety, Elizabeth Kuipers, Daniel Freeman, Department of Psychology, Institute of Psychiatry, King’s College London, University of London, UK, David Fowler, School of Medicine, Health Policy and Practice, University of East Anglia, UK, Paul E. Bebbington, Department of Psychiatry and Behavioural Sciences, Royal Free and University College Medical School, University College London, London, Graham Dunn, Biostatistics Group, School of Epidemiology & Health Sciences, University of Manchester, UK

Emotional dysfunction is considered central to psychosis and cognitive models of persecutory delusions have placed an emphasis on emotional processes as key factors in their development and maintenance. Some researchers argue that the content of persecutory beliefs can provide evidence as to whether emotion has a contributory role in their development (e.g. Freeman & Garety, 2003). If emotion does have a direct role, i.e. if delusions express emotional concerns, then it is expected that the content of delusions will be consistent with the theme of the emotional state. However, detailed examination of the phenomenology of persecutory beliefs is rare despite clients frequently volunteering such information when they come into contact with services and despite phenomenological descriptions providing an essential starting point for theoretical understanding and development. A new study will be presented which explores the different aspects of persecutory belief content in a large clinical sample of people with acute persecutory delusions (N=70). Data were obtained on the phenomenology of persecutory delusions and specific aspects of content were found to be associated with depression, self-esteem and delusional distress. The findings will be discussed in relation to current models of persecutory delusions.

Open Paper: Attributional Style And Psychosis Current Perspectives

Chair: Lloyd Humphreys, Bolton, Salford and Trafford Mental Health NHS Trust, Manchester

Attributional theory has been one of the most influential frameworks in clinical psychology. The cognitive and informational biases associated with an individual’s attributional style have highlighted unique characteristics of people suffering from mental health problems. Further still, it has contributed to the understanding of carers’ responses to living with an individual with these difficulties. There has been considerable research over the past decade within psychosis that has focussed upon attributions. The symposium, divided into five open papers, aims to discuss the current perspectives and future directions of this important construct. Specifically, the following presenters will discuss:

Attributional style in psychosis: Pathological or preventative?

Lloyd Humphreys, Bolton, Salford and Trafford Mental Health NHS Trust, Manchester

It has been hypothesised that individuals with persecutory delusions demonstrate a particular attributional style suggested to protect them from real or delusional threats to their self-esteem. It has further been proposed that this attributional bias could maintain persecutory delusions and is an area of therapeutic intervention. However, this theory has undergone a number of revisions since its introduction and the robustness of the model has been challenged. The current presentation intends to examine attributional theory applied to persecutory delusions in light of new evidence from spontaneous attribution research and self-esteem studies to reflect upon whether the theory remains a valid construction of processes within persecutory delusions.
Jumping to conclusions and attributional style in persecutory delusions

Jayne Merrin, University of Liverpool

Background: This study explored whether individuals with persecutory delusions would display a 'jumping to conclusions' bias (Garety & Freeman, 1999) when making attributional decisions. Method: 24 individuals with persecutory delusions were compared with a matched depressed psychiatric control group and a non-psychiatric control group on an inductive reasoning task used in previous delusions research, the '20 questions game' (John and Dodgson, 1994). Participants were supplied with 5 individual vignettes each describing a negative interpersonal event and were required to come to an attributional decision regarding causality of the events (internal, external or situational). Each participant was allowed to ask up to 20 questions about each event. The number of question asked was recorded, as was the attributional direction the question implied (internal, external, situational). Results: Both clinical groups displayed a tendency to 'jump to conclusions' and made attributional decisions regarding causality on the basis of little evidence. However, there were no significant differences between the three groups with regards to the attributional decisions reached, although differences were found between the three groups with regards to the proportion of internal, external and situational questions asked. Individuals who believed that they deserved to be persecuted, 'bad me' paranoid, arrived at significantly more internal decisions than the so-called 'poor me' paranoid group (Trower and Chadwick, 1995). Conclusions: The findings are discussed in relation to the aetiology and maintenance of persecutory delusions, and implications for clinical practice and future research are considered.

Clinical implications of the attributional model of paranoia

Peter Kinderman, University of Liverpool

Studies have shown a consistent relationship between persecutory delusions and attributional style. People with persecutory delusions, as compared to depressed people and controls, show a clear bias towards making excessive external attributions for negative events. In addition, people with persecutory delusions have been shown to make attributions for negative events, which excessively implicate other individuals. This paper presents a series of case examples describing how a therapeutic focus on attributional processes can assist in the cognitive behavioural treatment of delusional beliefs. In the first case study, a simple therapeutic focus on causal attributions - asking the patient to consider situational and circumstantial explanations for potentially troubling events - is described and the clinical outcomes detailed. The second case study illustrates an elaboration of the causal attributional model of paranoia; research in social psychology has suggested that causal attribution can usefully be thought of in terms of two relatively independent processes. People make effortful searches for possible explanations for social events. In addition, people employ heuristic and idiosyncratic rules for terminating this search. Paranoid attributions may then be thought of as the product of a limited search for explanations followed by biased termination rules for this search. The second case study illustrates the clinical implications of this model. This model of paranoia further suggests that the observed pattern of causal attribution serves the function of protecting the individual's self-concept. The third case study illustrates this principle, and also how a cognitive behavioural formulation can add to the complete clinical picture in this respect - in this case in a forensic scenario. Finally, recent research has linked 'jumping to conclusions' to the abnormalities in causal attribution seen in persecutory delusions. The clinical implications of this research will be described, although it is too early to provide case examples.

A comparison of expressed emotion and attributions in the relatives of schizophrenia and dual diagnosis patients

Jonathan Ward, Bolton, Salford and Trafford Mental Health NHS Trust, Manchester

This study aimed to compare the relatives of schizophrenia patients with and without co-occurring substance misuse in terms of their levels of expressed emotion (EE) and the attributions they made spontaneously for patients' problems. The study used convenience samples of patients with a diagnosis of schizophrenia (n = 42) and those who additionally met DSM-IV criteria for substance misuse or dependence (n = 42). The relatives were interviewed using the semi-structured Camberwell Family Interview, which yielded EE ratings. Attributions made spontaneously by the relatives to describe adverse situations or behaviours relating to the patients were then extracted and coded on four dimensions of patient causality - internal-external; controllable-uncontrollable; personal-universal; stable-unstable - using a version of the Leeds Attributional Coding System. A content analysis of negative events for which relatives made attributions was also conducted. In terms of EE, relatives of the dual diagnosis group were significantly more hostile than were those of the single diagnosis group. In relation to attributional style, relatives of the dual diagnosis patients made significantly more internal, controllable and personal attributions for patients' problem behaviours than did those of the single diagnosis patients. The content analysis revealed that the relatives of the dual diagnosis group attributed the negative symptoms of schizophrenia to causes that were more controllable, personal and stable than did those of the single diagnosis group. They also rated antisocial behaviours as being more internal to the patients. The results will be discussed in relation to their implications for family interventions.
The Impact of Beliefs about Mental Health Problems and Coping on Outcome in Schizophrenia

Fiona Lobban, University of Liverpool, UK

Using the theoretical framework of the Self Regulation Model (SRM) (Leventhal et. al., 1984), many studies have demonstrated that beliefs individuals hold about their physical health problems are important in predicting health outcomes. This study tested the SRM in the context of a mental health problem, schizophrenia. One hundred and twenty-four people with a diagnosis of schizophrenia were assessed on measures of symptom severity, beliefs about their mental health problems, coping and appraisal of outcome at two time points, six months apart. Using multivariate analyses and controlling for severity of symptoms, beliefs about mental health were found to be significant predictors of outcome. Beliefs about greater negative consequences were the strongest and most consistent predictors of a poorer outcome in both cross-sectional and longitudinal analyses. These results suggest that the SRM is a promising model for mental health problems and may highlight important areas for development in clinical, and especially psychosocial interventions.

Posters

The relationship between delusional ideations and stress coping in Japanese college students.

Syudo Yamasaki, Hiromi Arakawa, Yoshihiko Tanno, Graduate school of Arts and Sciences, University of Tokyo

Introduction: Delusional ideation is one of the symptoms in schizophrenia. In many recent studies, delusional ideation in general population has been investigated. These studies found that there were more people with delusional ideation in general population than that had been expected. However, there were a few studies about the relationship between delusional ideation and stress coping style in healthy samples. Schulberg et al. (1996) found that psychois-prone individuals used more coping by Escape-avoidance and Accepting responsibility. In the present study, we tried to examine the relationship between delusional ideation and stress coping style in Japanese college students. Method: The Japanese version of Peters et al. Delusions Inventory (PDI; Yamasaki et al. 2004) and Lazarus Type Stress Coping Inventory (SCI; Lazarus and Folkman, 1984; Motoaki et al. 1991) were administered to 154 college students (106 men and 48 women with mean age±SD of 19.2 ± 0.9). The Japanese version of PDI was consisted of 40 items, which was including assessing measures of presence of ideation, distress, preoccupation and conviction for each item. PDI has four dimensions of delusional ideation. SCI has eight subscales of stress coping (Planful problem solving, Confrontive Coping, Seeking Social Support, Accepting Responsibility, Self-controlling, Escape-avoidance, Distancing, Positive Reappraisal). Results: Correlation coefficients between four dimensions of PDI and eight subscales of SCI were examined. Distress of delusional ideation has positive correlations with escape-avoidance coping (r = 0.23, p < 0.01), Accepting responsibility (r = 0.19, p < 0.05) and Seeking Social Support (r = 0.20, p < 0.05). Distress of delusional ideations has negative correlations with Self-controlling (r = -0.18, p < 0.05), Positive Reappraisal (r = -0.20, p < 0.05) and Planful problem solving (r = -0.20, p < 0.05). The number of presence of delusional ideations was positively correlated with Accepting responsibility (r = 0.22, p < 0.01).

Conclusions: In the present study, the result of Schulberg et al. could be replicated in college students. Escape-avoidance and Accepting responsibility coping has positive correlations to distress of delusional ideations. On the other hand, Self-controlling, Positive Reappraisal and Planful problem solving has negative correlations to distress of delusional ideations. Patients with schizophrenia tend to use passive and avoiding coping strategies in stressful situations rather than problem solving coping (Gispen-de Wied, 2000). The result of present study also suggested that delusion-prone college students had the same pattern of coping strategy as the previous studies.

Group CBT for Residual Delusions in Schizophrenia

Yulia Landa, Adam Savitz, and Steven M. Silverstein, Weill Medical College of Cornell University and University of Illinois at Chicago, USA

Group CBT format has been found to be very effective in addressing cognitive distortions. It allows a combination of CBT techniques and psycho-education. It has been successfully used for such conditions as Borderline Personality Disorders (Linehan, 1993), Social Anxiety (Heimberg, 1998), Depression (Beck, 1976), and Auditory Hallucinations (Chadwick et al., 2000). We conducted a study of the effectiveness of group CBT for residual delusions in patients with schizophrenia and schizoaffective disorder. Outcome measures included Characteristics of Delusions Rating Scale (Garety & Hemsley, 1987), and Psychotic Symptom Rating Scales (PSYRATS) (Haddock et al., 1999). At baseline all patients admitted to the group (N=6) reported delusions of various types, such as persecution, external control (passivity), grandiosity, mind reading, and religious themes. After 13 sessions there was a statistically significant reduction in delusional conviction, unhappiness associated with thinking about a delusion, intensity of distress associated with delusion, and an increase in ability to dismiss a delusional thought. We found that the group format was beneficial since it allowed patients to share their experiences and beliefs, thereby eliminating shame and providing support and coping strategies; as well as it allowed for peer-peer discussion of irrationalities and inconsistencies in each other beliefs, which weakened delusional conviction. The group format was particularly beneficial for patients with persecutory delusions, who were more isolated, and had a distorted perception of how
they were judged by others. The group setting allowed more possibilities for correction of these percepts. These data suggest that additional studies of group CBT for residual delusions are warranted.

Premorbid adjustment in schizophrenia: relationship with neurocognition, Theory of Mind (TOM) and psychosocial functioning.

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The study of Premorbid Adjustment (PA) in schizophrenia has gained considerable interest in recent years because of the proposed neurodevelopmental nature of the disorder. Research on the nature of PA has shown that it is a multidimensional concept, including two differentiated domains: academic and psychosocial (1,2). In turn, these domains have been found to be selectively related to clinical and epidemiological factors. However, with few exceptions (3), the relationship between PA dimensions and impairments after the illness onset in these same spheres (social and cognitive) has not been systematically approached. The aim of this study is to explore the relationship between PA dimensions and the following domains of current functioning: Neuropsychological performance, ToM –the ability to understand mental states of self and others-, and psychosocial functioning. Method: The sample consisted of 68 patients (79% males) with DSM-IV diagnoses of schizophrenia, who were recruited 3 months after discharge of our Day Hospital Unit. They had no other psychiatric diagnoses, no coexisting neurological disorders and no current substance abuse problems. Average age was of 33.4 years (SD= 7.9), most of them had an elementary educational level (72%), were single (83.8%) and unemployed (79.4%) and living with their parents (75%). Average age of disease onset was 21.5 years (SD=5.8). Average score of the WAIS-III was 82.8 (SD=22.9). Patients were stabilized on maintenance doses of antipsychotic medication (16% conventional, 54% novel, 20% mixed). Premorbid functioning was assessed using the Premorbid Adjustment Scale (PAS, Cannon-Spoor et al., 1982) and current psychiatric symptoms with the PANSS and BPRS. A battery of neuropsychological tests to assess attention, executive functioning and verbal memory was used. ToM was assessed using 1st and 2nd order stories and a picture sequencing task (Langdon et al., 1997). Measures of psychosocial functioning included the Strauss & Carpenter Evolution Scale, GAF, and Drug Attitude Inventory (DAI, Awad & Hogan, 1994). Data analysis was carried out using the SPSS (version 11.5). Pearson, Spearman and partial correlation analysis controlling for disease chronicity or IQ when appropriate were used to explore associations between variables. Results: Means and SDs for the PAS academic (PAS-A), PAS Social (PAS-S) and PAS Overall (PAS-O) were 0.37 (SD=0.20), 0.30 (SD=0.15) 0.40 (SD=0.48) respectively. A significant correlation was found between PAS-A and PAS-S (r=0.30). PAS-A was significantly correlated with similarities (r=-0.27), information (r=0.39) and level of formal education (r= -0.45). Significant correlations were found between PAS-S and the following variables: PANSS-N (r=0.47), PANSS-PG (r=0.41), PANSS-T (r=0.45), BPRS (r=0.29), age at disease onset (r=-0.22) and with Strauss-Carpenter social item (r=0.32). PAS-O was correlated with clinical, neuropsychological and psychosocial measures and with ToM 2nd order (r=0.20). Discussion: The small magnitude of the correlation between PAS-A and PAS-S and the different patterns of relationships found between PAS dimensions and clinical and cognitive variables are in line with previous evidence supporting the dimensionality of PA. Results indicate that academic PA is associated to variables reflecting intellectual ability, whereas psychosocial PA relates to variables reflecting illness severity and current social functioning. Current neurocognitive difficulties and social cognition deficits seem to be related to overall PA rather than to a particular PA dimension. Conclusion: This study provides further support for the theoretical model of two PA domains in schizophrenia. Research on the selective association of PA domains to clinical, cognitive and psychosocial variables may help clarify potential developmental behavioural markers for schizophrenia risk.

Episode II: Prevention of relapse following early psychosis


Prospective follow-up studies of young people who are effectively treated for their first episode of a psychotic disorder have shown that up to 90% will reach remission on positive symptoms (i.e., hallucinations, delusions, and disorganized thinking) within the first year of treatment. However, between 70-90% will experience a relapse of active symptoms at 5 years follow-up. Psychotic relapses significantly increase the risk of developing treatment resistant forms of psychosis, and of developing secondary depression, anxiety, substance abuse, in addition to significant interruptions to occupational and social functioning at a critical point in late adolescent development. Although a range of risk factors for relapse have been identified, to date treatment studies have failed to show a reduction over the long-term in relapse rates for first-episode patients. Of course, if effective, relapse prevention early in the course of the disorder could reshape its trajectory and prevent permanent disability. This presentation will describe a randomized controlled trial, currently in progress (n = 35), of cognitive behaviour therapy and family therapy, compared to treatment as usual, with the aim of preventing relapses in first-episode patients who have established a symptomatic remission within the first year of their treatment.
CBT in Schizophrenia: the potential utility of Burns’ Autonomy Scale

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Despite evidence for the effectiveness of CBT among patients with schizophrenia, most studies identify a group who derive little benefit. These subjects are ill-defined and consequently there is little evidence-based guidance for clinicians in identifying patients who might be most helpfully offered these interventions. We gave Burns’ Autonomy scale at medium term (mean, 52 months) follow up after a schema-focused CBT intervention and related it to improvements assessed at this time. Autonomy was significantly associated with improvement in CPRS total score and its Schizophrenia Change sub-Scale, but not the MADRS sub-scale, among the CBT intervention group. Higher Burns’ Autonomy scale scores may be a predictor, mediator or consequence of successful CBT for Schizophrenia. Further study is required.

Awareness of cognitive deficit in schizophrenia: comparison between patient’s subjective difficulties and performance in neuropsychological testing

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Introduction: Patients’ knowledge or comprehension of their own illness and its consequences (insight) has been traditionally evaluated through several instruments that gather patients’ verbal reports and behaviours (1). Although numerous studies have attributed an explanatory value of the lack of insight to neuropsychological deficit, only a few have focused on the awareness that patients have about their own cognitive impairment. As a consequence, most instruments evaluating insight do not include specific items to assess awareness of cognitive deficits. The social cognition scale GEOPTE contains the assessment of patients’ perception of their basic cognitive capabilities, including attention, memory, comprehension, abstraction, and verbal fluency (2). Objective: To describe the awareness of cognitive functioning in a group of stable schizophrenic patients. Method: The sample was composed of 21 patients (81% males) who met DSM-IV diagnosis criteria for schizophrenia, and were recruited 3 months after discharge from our Day Hospital Unit. They had neither other psychiatric diagnoses or coexisting neurological disorders, nor current substance abuse problems. Average age was 29.3 years (SD=7.2); most of them had completed elementary school (61.9%) and where unemployed (81.0%). Average years of evolution was 10.2 (SD=8.1). Mean score of the WAIS-III was 84.0 (SD=28.0). Patients were clinically stabilized on maintenance doses of antipsychotic drugs. We assessed attention, verbal memory, verbal fluency, abstraction, and mental information manipulation through neuropsychological testing. We also used seven items from the Geopte scale to evaluate subjective perception of patients’ performance on the aforementioned cognitive domains in daily situations. Data analysis was carried out using SPSS (v.11.5). Spearman and partial correlations were calculated controlling for gender, age, years of evolution, psychopathological status, and premorbid intellectual level when convenient. Comparison between high and low perceived deficit groups was analysed using Mann-Whitney U test. Results: No significant correlations were found between patients’ perception of their own cognitive abilities and their execution on objective neuropsychological measures. When comparing patients’ performance on the different neuropsychological tests, no significant differences were found between those reporting poor cognitive capabilities and those reporting intact cognition. Discussion: Patients subjective reports of cognitive status did not coincide with the results obtained on formal neuropsychological assessment, indicating low awareness into cognitive capabilities. Furthermore, patients reporting being either a good or a poor cognitive status independently from their performance at tests. Our results may also be interpreted as an effect of low ecological validity of traditional neuropsychological instruments in schizophrenic patients. Conclusion: Differences found between cognitive status reported by schizophrenic patients and the one evidenced by neuropsychological evaluation should be taken into account when designing cognitive rehabilitation programs. These differences may be a factor predisposing to a higher or lower adherence to the program.

Delusional Ideations and Reasoning with Emotion

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Introduction: Non-psychotic person sometimes has beliefs like delusions. These beliefs are named delusional ideations. Delusional ideations resemble to delusions in patients with schizophrenia. Those features are similar in terms of content and conviction. Many factors influences delusion; vulnerability, anomaly experience, and reasoning bias. Since it is considered that reasoning bias is one of main character that delusion-prone patients have, many experiments have carried out among patients of schizophrenia (Huq et al., 1988; Garety, 1991). But almost of these experiments are about abstract reasoning. Moreover, there are few studies in non-psychotic undergraduates. It is important to study mechanism of delusional ideation of undergraduates, since they correspond to high-risk ages of schizophrenia. Aims: The purpose of the present study are to examine whether 1) the “jumping-to-conclusions” (UTC; Garety, 1988) tendency would be found in college undergraduates, and 2) some difference would be seen between abstract reasoning and reasoning with emotion (for example, in personal relationships). Method: Fifty undergraduates participated. Participants rated Peters et al. Delusions Inventory (PDI). PDI measures not only the amount of delusional ideations but also its distress, conviction, and frequency of those delusional ideations multidimensional. Participants also required trying to the probabilistic judgment task 1 (Colbert and Peters, 2002) or
2. We used beads for the probabilistic judgment task 1, and human facial photographs for the probabilistic judgment task 2. Thus, we regarded the probabilistic judgment task 1 as abstract reasoning, and the probabilistic judgment task 2 as reasoning with emotion. Results and Discussion: In the probability judgment task 1, undergraduates with high score on PDI showed higher conviction about their judgment than undergraduates with low score on PDI. JTC tendency would affect the development of delusional ideation in non-psychotic undergraduates. This result supported the spectrum hypothesis that delusion is not discrete belief but continuous thought to non-deluded people. If in the probabilistic judgment task 2, undergraduates with high score on PDI showed more higher conviction about their judgment than the probability judgment task 1, it could be said that people with delusional ideations have a tendency to judge other persons’ emotion too quickly.

Do cognitive models really offer a coherent account of the positive psychotic symptoms? A critical appraisal of theory.

Simon Jakes and John Rhodes, Macarthur Mental Health Service NSW and Haringey Mental Health Trust, London UK.

A number of cognitive models of psychotic symptoms have been proposed. Of these two influential models will be discussed. These are the cognitive model proposed by Morrison et al. (1995) and Frith's (1992) information processing/ theory of mind model. Morrison et al suggest that metacognitions produce external attributions of thoughts. They suggest that hallucinations are not in themselves unusual phenomena.. Freeman et al (2001) have suggested as part of their related cognitive model of positive symptoms that delusions persist partly because of safety-behaviour. These theories will be critically evaluated. We will question whether it is plausible to suggest that attributional factors and metacognitive factors can play a primary role in determining the experience of auditory hallucinations and other similar positive symptoms. We will raise similar issues regarding the hypothesis that safety behaviours can play a primary role in maintaining delusions. We will argue that these theories do not fit with the clinical phenomena without further amendment. Normalisation as a clinical strategy and normalisation as a theory are distinct activities. We will then consider Frith’s theory of mind/ information processing model. We will suggest that this model is an impressive attempt to address the breakdown of the boundaries of the self which is a core feature of psychosis. We will argue that the theory runs into difficulties in trying to explain the attribution of states of mind as due to inferential reasoning. We will suggest that arguments from philosophical psychology can illuminate this issue (Strawson 1959). These issues are related to the difficulties discussed in relation to the theories of Morrison et al. and Freeman et al.

‘Poor me’ versus ‘bad me, paranoia and the instability of persecutory ideation

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Introduction. In a recent modification of the initial attributional model of paranoia, Bentall, Corcoran, Howard, Blackwood and Kinderman (2001) have argued that paranoid causal attributions and self-representations interact in a dynamic process which they describe as an ‘attribution-self-representation cycle’. Kinderman and Bentall (2000) tested this model by examining the effect of the priming of attributions on the self-concepts of healthy people. Results were consistent with Bentall at al.’s (2001) predictions, as they showed that attributions and self-representations influenced each other in the manner predicted. A to some extent alternative account of persecutory delusions has been recently proposed by Trower and Chadwick (1995), who have argued that there are two types of paranoia: ‘poor-me’ (PM) paranoia who “tend to blame others, to see others as bad, and to see themselves as victims” and ‘bad me/ punishment’ (BM) paranoia who “tend to blame themselves and see themselves as bad, and view others as justifiably punishing them” (Trower & Chadwick, 1995, p. 265). Trower and Chadwick propose two sorts of self underlie the two types of paranoia: an ‘insecure’ self in the case of PM paranoia, and an ‘alienated/engulfed’ self in the case of BM paranoia (Trower & Chadwick, 1995). They suggest that PM paranoia occurs in people who have a great need for reassurance and approval from others and tend to exhibit an ‘anxious-insecure’ attachment style. BM paranoia is believed to be a way of managing an inner need for appreciation from others. The authors describe these people as constantly struggling to avoid criticism by others and therefore relating to others through an ‘avoidant attachment’ style. Objectives. To investigate whether there are two stable types of paranoia, ‘poor me’ and ‘bad me’, as described by Trower & Chadwick (1995), and whether beliefs about the deservedness of persecution are associated with psychological measures. Methods and design. Inpatients experiencing persecutory delusions were assigned either to ‘poor me’ (PM) or ‘bad me’ (BM) groups, according to their rating of a perceived deservedness scale, which was repeated on subsequent assessments. Participants were assessed for depression (BDI); construction of the self (Self to Others Scale); autonomy and sociotropy (PSI); perceived parental behaviour (PBI); attributional style (ASQ) and, meaningful daily events (DEI, devised for the study). A healthy control group was also assessed. Results. Many patients’ perceived deservedness of persecution varied across time, so that some patients were PM at one point in time but BM at another. BM paranoia was associated with high levels of depression. PM and BM patients groups both scored higher than the controls on the sub-scales of Self to Others Scale and on the PSI. PM patients exhibited lower parental disengagement on the ASQ, and reported less parental punishment than BM patients. Conclusions. PM and BM paranoia may represent separate phases of an unstable phenomenon. The findings are consistent with an attributional account of paranoid thinking.
Michael’s game, a group cognitive therapy for psychotic symptoms, preliminary data.

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Introduction: Cognitive therapy is one of the best studied non-pharmacological treatment of psychotic symptoms. In the world the access for patients to this kind of therapy is limited by a relative small number of trained therapists. Objective: In order to improve the ability of psychiatric professional in cognitive therapy, Khazaal and Favrod have created the “Michael’s game”, a structured card game. Method: Psychiatric professionals with various degree of Behavioural cognitive Therapy education have received a two hours standardized training in order to be ready for the “Michael’s game”. Among those therapists some of them have already animated some groups of psychotic patients. Pre and post test have been made and preliminary results have showed that “Michael's game” might have an impact on Therapists. We will present and discuss those preliminary positive data.

Therapeutic and Clinical Applied Issues

Keynote Addresses

Throwing Therapy Away: Stepping Up or Dumbing Down? An Examination of Solutions that Improve access to Therapy

David Richards, University of York, UK

For many people, self-help is a philosophical approach where individual strength is valued and the ability to manage one's own mental health explicitly promotes individual self-efficacy. For others, self-help is a health technology solution to volume and demand, a way to address the professional skill shortages in psychological treatment. For another group of people, the main argument is the strong economic case that by engaging patients in their own self-treatment we transfer the burden of care from state to self. Whilst we know that access to therapy in many European state health systems is poor, have attempts to utilise self-help as a means of improving this situation been fair to either patients or therapists? Is self-help offered by lesser-qualified workers a dilution that ‘dumbs down’ therapy and leads to poorer outcomes for patients? Or is it a ‘step up’, a people’s democratic solution to the concentration of health knowledge in the hands of a privileged professional elite? Is it neither of these, but a strategy by that very elite to capture activities that would not normally be the preserve of therapy? This keynote will examine the evidence for and against these positions, drawing on professional and lay conceptualisations of self-help together with outlining the challenges to therapy from adopting public as opposed to personal health approaches to mental health.

Classification, Assessment, Prediction, and Intervention for Suicidal Behaviors

Aaron T. Beck, University of Pennsylvania, USA

Our group has been involved in basic research of the psychological aspects of suicidal ideation and suicidal behavior for the past 35 years. In addition to tracing the ways in which we solve problems of classification, assessment, and prediction, I will be presenting data indicating short routes for identifying quickly those at highest risk for ultimate suicide. Specifically, we will notice that suicide attempters who are sad that they have not completed their suicide are almost twice as likely to commit suicide in the future as those who were glad. Suicide intent and knowledge about the lethality of suicide methods can also be used as predictors. For individuals with accurate expectations about the likelihood of dying from their attempt, higher levels of suicide intent were associated with more lethal suicide attempts ($r = .45, p < .001$). Our intervention study with suicide attempters indicates that over an 18 month period after ten weeks of therapy, the rate for suicide attempters has been reduced approximately 50%. Details of the procedure will be presented.

Origin, Evolution, and Current State of Cognitive Therapy

Aaron T Beck, University of Pennsylvania, USA

Since its early origins in the early 1960s, Cognitive Therapy has experienced an exponential growth in the number of publications, therapists, and number of disorders that have been treated. The opening address will trace the developments of Cognitive Therapy from its early emphasis on technical procedures to the past development in terms of the kinds of disorders that have been amenable to this treatment. Finally, a summary of the meta-analyses of the numerous disorders treated with Cognitive Therapy or Cognitive Behavior Therapy will be reported.
Does CBT Work in Clinical Settings or Only in the Ivory Towers of the Researchers?

Lars-Göran Öst, Department of Psychology, Stockholm University, Sweden

CBT research has sometimes been accused of using so many inclusion and exclusion criteria in the studies that the resulting sample of patients is very homogenous, lacks co-morbidity, is very easy to treat, and does not look anything like “normal” outpatients. Furthermore, the therapists are very well trained and only treat a certain type of disorder, making them experts on the particular CBT-method evaluated. However, the last 5 years has lead to an increased interest in effectiveness research, studies done in the clinical settings, with ordinary patients and therapists. A literature review yielded 40 studies across the following adult disorders (social phobia, panic disorder ±agoraphobia, OCD, PTSD, depression, schizophrenia, insomnia, bulimia, alcoholism, borderline personality disorder) and child disorders (various anxiety disorders, conduct disorder, ADHD). For each study the within-group effect size was calculated for the main outcome measure. These were then compared with the mean (95% CI) within-group ES for efficacy studies for the respective disorders, obtained from the most recent meta-analyses published. The results of this comparison showed that the effectiveness studies yielded ESs within (or in some cases above) the 95% CI for the efficacy studies for all adult and child disorders, except schizophrenia, where the picture was mixed. Furthermore, treatment time was equal to or somewhat longer, and attrition was equal to or higher than in the efficacy studies. The general conclusion that can be drawn is that CBT works in clinical settings!

“All for one and one for all”: realising our potential by remembering our roots

Anne Garland, Nottinghamshire NHS Trust, UK

The spirit on which the BABCP is founded is one of a shared interest in the practice of cognitive-behavioural psychotherapy (CBP). The United Kingdom is the only European nation where CBP is a multi-professional practice. Nurses, psychiatrists, psychologists, General Practitioners, social workers and occupational therapists routinely access CBP training courses. There is no empirical evidence to support the oft-cited contention that any one discipline practices CBT more effectively than another. In the United Kingdom CBP training courses are multidisciplinary and increasingly health professionals who occupy training and clinical supervision roles work across traditional professional boundaries. The historical perspective on how the UK arrived at this position is of relevance in assessing the current position of CBP practice in both the public and private healthcare system. As an organisation the BABCP has been accrediting the practice of CBP for the last ten years. Currently the organisation is in the process of developing an accreditation system for CBP training courses and clinical supervisors. This process exists in the wider political context, which sees the UK government making steps toward the recognition of the title "psychotherapist" as a professional grouping. The BABCP are involved in these discussions. With the move toward evidence-based practice and the Department of Health Review of Psychotherapy government policy has raised the profile of CBP as a treatment preference across a range of emotional disorders. The increased involvement of service users in making treatment choices has further increased the demand for CBP. This has led to a call for initiatives that increase access not just to treatment but to CBP training COURSE and clinical supervision. This is occurring in a health economy where demand for CBP has always outstripped supply in a market place where psychotherapists are viewed as costly assets. One recent solution to this long-standing conundrum is the Graduate Worker Programme.

In recent times a challenge has arisen as to how the integrity of the evidence base on which CBT is founded is preserved and organisational infrastructures within the NHS are developed that guard against the dilution of CBP skills to a level that renders interventions ineffective. A proposed solution is the development of an organisational model for CBP clinical practice, CBP training and the clinical supervision of CBP interventions. This forms the basis of an infrastructure that guides the government directive to integrate CBP skills into generic mental health roles. An emerging model from Nottinghamshire NHS Trust will be presented which will give consideration to the development of competencies for CBP practice, clinical supervision and training. Examples of training initiatives embedded in this model will be presented and there will be discussion of the opportunities and challenges that have arisen during the course of this journey. This will be considered in the wider frame of the opportunities and challenges that the BABCP will face in the coming years as it sets its course in navigating these unknown waters.

Symposium

Case Formulation: Science and Art
The reliability of cognitive case formulation: Implications for practice

Willem Kuyken, Mood Disorders Centre, University of Exeter, UK.

The first part of this paper summarises the research on the reliability of cognitive case formulation and presents a recent study that asked professionals with differing degrees of clinical experience and with/without BABCP accreditation to formulate the same case using a systematized case formulation method. The second part of the paper examines the process of formulating drawing on the decision making literature to make sense of extant research in this area and to draw out implications for practice.

Reliability of cognitive case formulation and the effect of training in CBT.

Robert Dudley, Jaime Dixon, Kevin Meares, Pauline Summerfield, and Mark Freeston, Newcastle Cognitive and Behavioural Therapies Centre, and University of Newcastle upon Tyne, UK

We report a study that examined the reliability of formulations in people with different levels of experience in CBT. We devised a formulation template and a case vignette of a man suffering from depression. Three experts in CBT completed the vignette and template and the answers were compared to provide scoring guidelines. The vignette was then distributed to people with varying levels of experience in formulating from a cognitive perspective. We asked lay people, mental health professionals with limited CBT experience, Clinical Psychology trainees, people training for the diploma in cognitive therapy and post diploma participants to complete the vignette and template. We also examined the effects of training in CBT by comparing performance pre and post a nine month diploma in CBT. The test retest, and inter-rater reliabilities, construct validity, predictors of formulation ability and the effects of training between and within participants are reported.

A protocol for conceptualising depression

Ian James, Alyson Flitcroft and Ivy Blackburn, University of Newcastle Upon Tyne, and Castleside Unit, Newcastle General Hospital.

Considering conceptualisations are at the heart of our work as therapist, there is a relative dearth of empirical work on what constitutes a 'good' conceptualisation. The aim of this study was to produce a protocol outlining the elements making up a quality formulation. The design consisted of two stages. The first used CBT experts, employing a delphi methodology, to generate a comprehensive list of CBT features underpinning the conceptualisation of depression. Secondly, this list was analysed within a Q-sort framework to identify the relative importance of the different items in the list. This presentation will report the results of this two stage process.

Case formulations based on a psychological model of mental ill health

Peter Kinderman, University of Liverpool, UK

A coherent conceptualisation of the role of psychological factors is of great importance in understanding mental ill health. Academic papers and professional reports alluding to psychological models of the aetiology of mental ill health are becoming increasingly common, and there is evidence of a marked policy shift towards the provision of psychological therapies and interventions. This presentation discusses the relationship between biological, social and psychological factors in the causation and treatment of mental ill health. It argues that simple biological reductionism is scientifically inappropriate, and also that the specific role of psychological processes within the biopsychosocial model requires further elaboration. The biopsychosocial model is usually interpreted as implying that biological, social and psychological factors are co-equal partners in the aetiology of mental ill health. The psychological model of mental ill health presented here suggests that disruption or dysfunction in psychological processes is a final common pathway in the development of mental ill health. These processes include, but are not limited to cognitive processes. The model proposes that biological and environmental factors, together with a person's personal experiences, lead to
mental ill health through their conjoint effects on these psychological processes. The implications for case formulation are discussed, and clinical examples given of how case formulations based on these principles may be developed. The benefits for research, clinical interventions, inter-professional working and policy are discussed.

Where is the B in CBT?

Convenor: Caroline Dobson, Area Clinical Psychology Service, New Craigs, Inverness, Scotland

Trends in Methodology and Measurement in Behavioural Therapies

Dave Peck, University of Stirling (Highland Campus) and Area Clinical Psychologist, NHS Highland, Scotland

Certain methodological and design features used to be characteristic of research in behavioural therapies. Although these features were not necessary or integral aspects of behaviour therapies, they were widely and apparently successfully employed. However there appears to have been a marked decline in their use, for reasons which are not clear; certainly there does not seem to be a body of evidence to support their relative demise. This paper will take a close look at two such features: single case designs, and the use of psychophysiological techniques as monitoring and outcome Measures. Trends over the last two decades in key behaviour journals will be examined, and results from a survey of clinical psychology training courses will be presented.

Women with Learning Disabilities Detained in Hospital – Treatment of Anger and Aggression

Alison Robertson, Northgate and Prudhoe NHS Trust

A number of studies have illustrated the significance of problems relating to anger and aggression in populations with learning disabilities, often resulting in hospitalisation and use of medications to control behaviour. Recent developments in interventions with people with a learning disability suggest that CBT can be utilised to good effect. A recent intervention study has indicated that male offenders with learning disabilities can benefit from protocol-guided cognitive behavioural treatment, based on Novaco’s stress inoculation paradigm, and the extension of this work to the women in the same service has been a natural next step. A small ongoing study of a series of single cases will be briefly described. Whilst early research on Novaco’s anger treatment approach indicated the additional benefit of incorporating cognitive elements to the treatment, case material from this project will be used to illustrate the need to emphasise the behavioural elements of CBT with some clients.

Behaviour Therapy: Past and Future

Paul Fleming, Greater Glasgow Primary Care NHS Trust and Department of Psychological Medicine, University of Glasgow

Behaviour therapy has a long history and a well-established effective range of applications in the practice of clinical psychology and psychiatry. The practice of behaviour therapy has emerged from a variety of sources of evidence: experimental laboratory work with animals and humans, observational data from application in clinical settings, theoretical advances, etc. Distinct phases in the history and development of behaviour therapy are described. The relationship between laboratory based experimental investigation of behaviour and the development of clinical interventions in each of the phases is explored. Sources of evidence for other forms of psychotherapy are briefly contrasted with the experimental nature of the evidence for behaviour therapy. The movement of the behaviour framework out of its central place as a paradigm for experimental psychology is briefly reviewed. It is often thought
that behaviour analysis has failed to address cognitive aspects of human functioning comprehensively, but other reasons for the shift from behaviour analysis as the dominant paradigm are considered. Organised systems of behaviour therapy have been developed; functional analytic therapy, acceptance and commitment therapy, and dialectical behaviour therapy and these are currently undergoing an increasingly widespread application and critical evaluation. The current and increasing range of experimental and theoretical work on aspects of cognition is briefly reviewed and the vital role that such work may play in future clinical practice is considered.

A Decade On: Long-term Outcome of 8 Clinical Trials of CBT for Anxiety Disorders

Convenor: Rob Durham, University of Dundee

Introduction

Kevin Power, University of Stirling & Clinical Psychology, NHS Tayside

A 5 year project to conduct long-term follow-up of 10 clinical trials of CBT conducted in central Scotland over the last fifteen years (3 for GAD, 4 for panic disorder, 1 for PTSD and 2 for psychosis) was funded by the NHS Executive Health and Technology Assessment Programme between January 1999 and December 2003. The project was a collaborative venture between the Universities of Dundee and Stirling and several NHS Trusts in Tayside, Fife, Forth Valley and Ayrshire and Arran. Extended follow-up is needed to investigate the scope and limitations of psychological treatment in changing the overall trajectory of mental disorders and to clarify the relative costs and benefits of CBT in comparison with medication and other forms of therapy. A comprehensive picture of overall functioning at follow-up was collected using a combination of standardised questionnaires (including SF36 II, BSI), structured interview (Diagnostic status, social adjustment and attitude to original treatment) and case note review. This symposium addresses four questions: What is the long-term outcome of people who participated in the 8 clinical trials of CBT for anxiety disorders? What determines long-term outcome? What can be learnt from a health economic analysis? What are the clinical and theoretical implications of the research findings?

Long-term outcome of anxiety disorders?

Julie Chambers, University of Stirling & University of Dundee

Overall, just over half (52%) of patients returning at long-term follow-up (2-14 years after the original trial) still had at least one clinical diagnosis of an anxiety or depressive disorder, as assessed via a structured clinical diagnostic tool. Levels of co-morbidity were high, with patients with a diagnosis having a mean of 1.7 additional disorders. In addition, over two-thirds of patients who did not meet diagnostic criteria still had some symptoms (43% with mild symptoms and 28% just failing to meet diagnostic levels). Only 7% of all patients had no symptoms of anxiety or depression at long-term follow-up. The proportion of patients achieving clinically significant change on the main outcome measures varied from around 20% to just over 60%, depending on the measure used. Comparison with normative data on measures of overall symptomatology and health status showed that even those with no clinical diagnosis at long-term follow-up had scores which were poorer than population means, and the whole sample had means which fell into the worst 12% of the population for symptomatology, and the worst 24% for measures of physical health status. The results indicated that, whilst the majority of patients did well in the period immediately following treatment for anxiety disorders, only a relatively small number seemed to maintain good levels of recovery over the longer term, and a significant minority experienced chronic, disabling symptoms throughout the follow-up period.

What determines long-term outcome?

Ranald MacDonald, University of Stirling

This paper reports on factors related to the long-term outcome variables commenting in particular on the CBT versus non-CBT comparison in both the anxiety disorders and psychosis groups. It was found that CBT had no significant effect on the clinical status of the patients at long-term follow-up although there was a trend relating CBT to better clinical status. This trend was supported by statistically significant differences in symptom severity between CBT and non-CBT groups on a number of measures. There were only two clinical trials of anxiety disorders where it was possible to obtain measures of the severity of the patient’s problems on entry to the study together with measures of
how well the patients responded during the initial phase of therapy. Both these sets of measures were found to predict the immediate post treatment outcome variables reasonably well but the variables measuring the severity and complexity of the patients' problems were the best at predicting the long-term outcome variables. The picture is consistent with the finding that overall the treatments administered had a short term effect but little remained at long term follow up. Some missing data analyses were undertaken but they do not alter the general picture.

Health economic analysis of long-term follow-up

Kirsten Major, Health Economist, Ayrshire and Arran Health Board

Economic evaluation is the comparative analysis of the costs and consequences of particular actions. As part of the long-term follow up of CBT clinical trials in central Scotland a cost effectiveness analysis was conducted with a view to examining if CBT is an efficient treatment option across a range of diagnoses when compared to alternative regimes. The measure of effectiveness utilised for this element of the study was the generic health status measure, the SF36. This paper explores the resource implications associated with the eight anxiety disorder trials and draws tentative conclusions on the cost effectiveness of CBT. The method employed has been to collect data on levels of resource use across all health care sectors from general practitioner case notes. A deliberate decision was made to include non mental-health services given the likelihood of chronic use of wider health services associated with mental health morbidity. Data were collected for 2 years prior to initial treatment and 2 years prior to the date of long-term follow-up. Several methodological issues were raised by the analysis including the highly positively skewed nature of the data and the handling of missing values, and these are briefly discussed. The main focus of the paper is on the comparison of costs for those receiving and not receiving CBT using the SF36 as a generic measure of outcome.

Clinical and theoretical implications of long-term follow-up results

Rob Durham, University of Dundee & Dr. Donald Sharp, University of Hull

This paper begins on a cautionary note with a consideration of some limitations of the aggregate analysis of long-term follow-up data from a diverse group of clinical trials. These include: the absence of measures of the quality of CBT delivered, the diversity of outcome measures employed and the impossibility of controlling subsequent treatments. The findings reported in the symposium draw attention to the relatively poor mental and physical health over the long-term of many of the participants in the original clinical trials. They suggest that although CBT is clearly an effective therapy over the short to medium term sustained improvement over the longer term should not be assumed even if treatment gains are maintained at 6 month follow-up. From a clinical and theoretical perspective the significant association of poor long-term outcome with comorbidity, poor social adjustment and low socioeconomic status needs to be better understood within cognitive behavioural models of chronic anxiety disorder. The development of prognostic indices comprising these and other variables may enable early identification of poor prognosis patients so that they can receive more intensive therapy. The best way of providing more effective help for this vulnerable group is uncertain but it is likely to involve repeated episodes of therapy delivered by therapists of established competence using specialist treatment protocols. Routine audit of the quality and integrity of CBT through clinical supervision and independent reviews of progress may need to become essential ingredients of future clinical services for people with an identified anxiety disorder.

Low intensity interventions in CBT: Evidence for effectiveness

Convenor and Chair: Gerhard Andersson, Linköping University, Sweden

The right guidance can be effective given in many different ways

Isaac Marks, Institute of Psychiatry, King's College London, United Kingdom

In randomised controlled trials in different countries, phobia/panic and obsessive-compulsive disorders improved significantly when appropriate self-exposure instructions were given by a therapist in a single 20-minute face-to-face session, or when the therapist asked the patient to read and follow such instructions in a manual or on a computer screen accessed standalone or on the internet, or in a phone-interactive voice response system in a computer and in a manual. Self-exposure groups run face to face by lay people (Triumph Over Phobia UK) also improved sufferers.

A randomised controlled study investigating the efficacy of CBT with OCD delivered by phone or face to face

Lovell K, Cox D, Raines D, Garvey R, Haddock, G & Haycox, A. University of Manchester, Manchester, UK

Substantial evidence exists for the efficacy of cognitive behaviour therapy (CBT) particularly graded exposure and response prevention with obsessive –compulsive disorder (OCD) (Kobak, 1998, Abramowitz, 1997; Roth & Fonagy,
Therapist time for treating OCD is considerable ranging from 15 to 50 hours over 10-20 sessions. Consensus guidelines suggest between 13-20 weekly sessions (March, 1997). However many mental health services in the UK which offer CBT have long waiting lists, precluding easy access to effective interventions (Lovell & Richards, 2000). This paper will discuss a large randomised controlled study, which aimed to compare the relative efficacy and cost effectiveness of exposure and response prevention delivered by either telephone or face to face therapist contact in people experiencing OCD. Sixty-eight people with OCD were randomised to CBT delivered either by phone or face-to-face sessions. Reliable and clinical outcome measures were administered pre and post treatment and at 1,3 and 6 month follow up. Results of the data will be presented.

Treatment of specific phobia delivered via the Internet vs. one-session exposure treatment

Andersson G, Jonsson U, Malmaeus F, Carlbring P, Waara J, Öst L-G, Department of Behavioural Sciences, Linköping University, Department of Psychology, Uppsala University, Department of Psychology, Stockholm University, Sweden.

Treatment of specific phobia is well established, but there is a need to develop cost-effective alternatives. In the present study we randomly assigned 30 spider phobics and 30 snake phobics, who had been diagnosed with SCID interviews, to receive either a structured self-exposure treatment delivered via the Internet or a 3-hour one-session in-vivo exposure treatment with a live therapist. In line with previous studies the one-session treatment was highly effective. Internet-based self-help was also effective with significant gains on behavioural tests and self-report. Results will be discussed in detail, including practical implications of providing treatment via the Internet.

Treatment of Panic Disorder: Live Therapy vs. Self-Help via the Internet

Carlbring, P, Nilsson-Ihrfelt, E, Waara, J, Kollenstam, C, Burman, M, Kaldo, V, Söderberg, M, Ekselius, L, & Andersson, G, Department of Psychology, Uppsala University, Department of Behavioural Sciences, Linköping University, Sweden.

As evidenced by several trials there are highly effective treatments for Panic disorder with or without agoraphobia (PD). However, therapists are short in supply, and patients with agoraphobia may not seek therapy due to fear of leaving their homes or travelling certain distances. A major challenge therefore is to increase the accessibility and affordability of evidence-based psychological treatments. In an attempt to provide a cost-effective treatment for PD, two research groups have independently developed separate Internet-delivered self-help programs and provided minimal therapist contact via e-mail or telephone. The results from these experiments generally provide evidence to support the continued use and development of self-help programs. However, there has never been a direct comparison between an Internet-delivered self-help program and traditional CBT. In the present study (n=49) we compared 10 individual weekly sessions of cognitive behaviour therapy for PD, with a 10-module self-help program on the Internet. Overall, the results suggest that Internet-administered self-help plus minimal therapist contact via e-mail is equally effective as traditional individual cognitive behaviour therapy. Results at post-treatment and one-year follow-up will be discussed in detail, and a small virtual tour of the web site will be given.

Using self-help in busy clinical practice: Planned stepped care delivery

Convenor: Chris Williams, University of Glasgow

Who does best with self-help and brief interventions in Generalised Anxiety Disorder?

Rob Durham, Department of Psychiatry, University of Dundee, UK

Purpose of the study: Cognitive behaviour therapy for generalised anxiety disorder (GAD) produces variable results. It would be valuable to identify individuals who are likely to do well with brief, self-help and those who are likely to have a poor prognosis and may require more intensive therapy. A clinical effectiveness study was designed to address these issues using a prognostic index (CASP) developed from earlier research. This index assesses complexity and severity of presenting problems in terms of a simple, additive scale based on a Yes/No rating of the
following eight factors: axis 1 comorbidity, previous psychiatric treatment, living alone, significant relationship difficulties, low socioeconomic status, low self-esteem, high self-reported symptomatology and high clinician rated global severity. Methods: Suitable referrals to primary care psychological therapy services meeting diagnostic criteria for GAD were assessed with the CASP index and given brief intervention based on self-help if they scored less than four. Individuals with a score of four or higher were deemed to have a poor prognosis and randomly assigned to either standard or intensive therapy. Results: 88% of individuals with low complexity and severity were recovered from GAD at 6 month follow-up whereas only 40% of individuals with high complexity and severity were recovered despite receiving more intensive therapy. Conclusion: Patient characteristics are a more powerful influence on outcome in GAD than intensity of therapy. Individuals with low complexity and severity of problems do well with brief intervention based around self-help. Prognostic indices may have an important place in stepped care.

Computerised CBT for anxiety and depression in primary care.

David A Shapiro1, Judy Proudfoot2, Jeffrey Gray2, Clash Ryden2, Paul McCrone2, Martin Knapp2, David Goldberg2, Kate Cavanagh4, Susan van den Berg3, Jeremy Dawson4, 1University of Leeds and University of Sheffield, 2Institute of Psychiatry, 3Ultrasys plc, 4Aston University

We present an overview of completed and ongoing research on Beating the Blues (BtB), an 8-session computerised CBT programme for anxiety and depression. This work fulfils many of the research requirements specified by the October 2002 Guidance on computerised CBT from the National Institute for Clinical Excellence (NICE). Two randomised, controlled trials (RCTs) in primary care have demonstrated the clinical efficacy of BtB. Economic analysis of data pooled across these two trials have shown BtB to be cost neutral in terms of healthcare costs, whilst delivering significant gains in terms of lost employment. Alongside its clinical superiority, these results indicate that BtB is cost-effective. Predictor analysis indicates that BtB is effective for a wide variety of patients. In addition, a multi-site open trial has shown substantial clinical effectiveness in routine primary and secondary care, and charted the course of changes in anxiety and depression over the 8 sessions of the package. We close with a discussion of practical issues in the implementation of BtB in NHS settings, based on a survey of the experiences of services that have used the programme for substantial periods of time. Taken together, our findings support the use of computerised CBT as a significant contribution to meeting the challenge of making evidence-based psychological treatment available to the vast numbers of patients needing it

CBT self help at home is:

Professor Isaac Marks, London

In randomised controlled trials in several countries anxiety disorders improved when self-exposure or wider CBT self-help was done at home whether that self-help was guided by book, by phone or by computer. When self-help at home was guided by computer access to the computer was either via the internet or by phone-interactive-voice-response. Self-help at home was less effective if the guidance simply concerned relaxation instructions omitting exposure, and more effective if patients could also get brief live helpline advice.

Self-help books for depression: how can practitioners and patients make the right choice?

Liz Anderson1, Glyn Lewis1, Ricardo Araya1, Rodney Elgie, Glynn Harrison1, Judy Proudfoot2, Ulrike Schmidt1, Deborah Sharp1, Alison Weightman1, Chris Williams3, 1University of Bristol, 2Institute of Psychiatry, 3University of Glasgow

Objectives: To update the evidence for the clinical effectiveness of bibliotherapy in the treatment of depression. To examine the evidence for the publications that patients can buy and those recommended by voluntary organisations and professionals in the UK. Data sources: Medline; CINAHL; Embase: PsychINFO, CCTR, PsiTri and the National Research Register were searched for randomised trials that evaluated self-help books for depression. The Mental Health Foundation, MIND and Depression Alliance websites were searched to identify further self-help books. Amazon.co.uk and local bookstores bestsellers lists were also examined to see what the public were buying. A recent survey of therapists identified publications used in practice. Review Methods: We looked for randomised trials, with participants aged over 16 years, with a diagnosis or symptoms of depression. Clinical symptoms, quality of life, costs or acceptability to users were the required outcome measures. Papers were obtained and data extracted independently by two researchers. A meta-analysis using a random effects model, was carried out using the mean score and standard deviation of the Hamilton Rating Scale for Depression at the endpoint of the trial. Results: Eleven RCTs were identified. None fulfilled CONSORT guidelines and all were small with the largest trial having 40 patients per group. Nine of these evaluated two current publications, Managing Anxiety & Depression (UK) and Feeling Good
A meta-analysis on 6 trials evaluating *Feeling Good* found a large treatment effect compared to delayed treatment (standardised mean difference –1.36; 95% CI -1.76 to – 0.96). Five self-help books were identified as being available and commonly bought by members of the public in addition to the two books that had been evaluated in trials. Conclusions: There are a number of self-help books for the treatment of depression readily available. For the majority, there is little direct evidence for their effectiveness. There is weak evidence that suggests that bibliotherapy, based on a CBT approach is useful for some people when they are given some additional guidance. More work is required in primary care to investigate the cost-effectiveness of self-help and the most suitable format and presentation of materials.

A randomised controlled trial evaluating the Overcoming Depression CD Rom.

*Robert Dudley*¹,², *Mark Freeston*¹,², *Katy Froom*², *Caroline Johnson*¹, Newcastle Cognitive and Behavioural Therapies Centre, UK¹; Doctorate of Clinical Psychology, University of Newcastle Upon Tyne, UK ² Department of Psychiatry, Royal Victoria Infirmary, Newcastle, UK³

**Purpose of the study:** The Newcastle Cognitive and Behavioural Therapies Centre like many settings, experiences considerable demand for our clinical services, resulting in long waiting times. As one of a number of waiting list initiatives we have undertaken an evaluation of Computerised Cognitive Behavioural Therapy (CCBT) for depression.

**Methods:** Referrals are screened for depression and suitability for CCBT. Participants are randomly assigned to CCBT or to a wait list condition followed by entry into CCBT. The experimental intervention consists of six session of CCBT based on the Overcoming Depression CD Rom. Participants are interviewed by a clinician prior to commencing and at the end of treatment. The treatment is self administered with an assistant psychologist available during the sessions to provide appropriate advice. Participants complete BDI, BAI, CORE, GAF, 5EQD as well as a measure of satisfaction. Results: The study is ongoing and interim results will be reported. So far, 46 people have been offered a screening interview. From this 19 were considered not suitable or did not wish this treatment option. Of those entering the study, the mean BDI score at intake was 22, BAI 17. Post treatment the mean BDI score is 10, BAI is 19. Intention to treat analyses, drop out rates, satisfaction, and other outcome variables will be reported.

**Conclusion:** In comparison to our standard therapist delivered care, CCBT offers participants rapid access to an apparently helpful treatment option, for helping with depression.

Delivering structured CBT self-help workbooks in primary care: the first 100 patients offered self-help by a primary mental health care team.

*Chris Williams*¹, *Robert Hinshelwood*², *Yvonne McNeill*¹, *Mari Brannigan*², University of Glasgow, UK¹, Greater Glasgow Primary Care Trust²

**Background:** We report the results of a pilot project where a part-time self-help support nurse has delivered written CBT self-help materials to patients referred to the Drumchapel Primary Mental Health Care Team, Glasgow, Scotland. Methods: Patients were referred in the usual way by General Practitioners. The initial clinical assessment and the wishes of the patient determined whether self-help was offered. Baseline demographic factors, mood, social functioning, risk and knowledge of depression and its treatment were recorded at baseline, end of treatment and at three month follow-up. Results: In the year from 2nd February 2003 there have been 100 patients taken on for the self-help approach from 310 referred to the whole primary mental health care team (32%). From these referrals, 70 attended for assessment and 60 took up the self-help course. 30 failed to attend. Those offered self-help scored lower on the CORE total and risk scores and had shorter histories. CORE scores improved significantly in the self-help treatment and also in the wider service. In an audit of the most recent 60 patients to complete the self-help treatment, all had received 30-40 minute sessions, 60 required at least 3 sessions and 51 required 4 sessions of self-help. CORE scores from baseline to the end of the course at 3-4 sessions fell from a mean of 2.04 (sd 0.49) to 1.05 (sd 0.49) (t=11.81, 2 tailed p<0.000). CORE scores from last self-help session to 3 month follow up did not increase significantly. Patient knowledge of depression and their ability to use the new skills increased significantly. Total mean scores for the Client Satisfaction Questionnaire (CSQ) was 20.24 representing good levels of satisfaction.

**Conclusion:** CBT self-help appears to be an acceptable and effective treatment for about 1 in 3 patients referred to a primary mental health care team.

The effectiveness of minimal contact bibliotherapy for primary care patients with minor depression: a randomised trial
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Purpose of the study: Several studies indicate that minimal psychological interventions for major depression are as effective as individual and group therapy. In this study we examined the effectiveness of cognitive-behavioural minimal contact bibliotherapy (MCB) for primary care patients with minor depression. We examined the effects on the onset of major depression, on depressive symptoms, and on health-related quality of life. Methods: We conducted a randomised clinical trial in primary care where patients were screened for minor depression. Subjects were randomly assigned to MCB (n=107) or to usual care (n=109). The experimental intervention consisted of a self-help manual with instructions on cognitive behavioural self-training in mood management skills, accompanied by one face-to-face interview and six short telephone calls with a prevention worker or clinician. Results: One year after baseline, the incidence of major depression was found to be significantly lower in the MCB condition (12\%) than in the usual care condition (18\%). Small but significant effects were also found on depressive symptoms and on health-related quality of life. Two years after baseline, there were hardly any differences between both groups. Conclusion: Primary care patients with minor depression can benefit from MCB in the short run, while they may benefit from a booster session to sustain the effect of MCB in the long run. Other implications of the findings will be discussed at the conference.

An Evaluation of Structured Self-help Within Community Based Depression Management Classes.

Mark Bradley, Veronica Oliver, Angela Prout., Langbaurgh Primary Care Psychology and Counselling Service. Tees and North East Yorkshire NHS Trust.

Purpose of the study: There is increasing recognition of the need to provide effective and accessible treatments for common mental health problems, such as depression. Psychotherapeutic approaches are effective and popular with patients but resources within the NHS are often limited. Methods of delivery (i.e. group) and approaches (i.e. structured self help), which maximise access to the resources available therefore need to be explored and evaluated. This study aimed to evaluate the effectiveness of a group intervention, delivered to patients suffering from mild to moderate depression, using structured self-help materials with a cognitive behavioural framework. Method: Patients were referred to the group following assessment by a mental health professional. Eight group sessions were held on a weekly basis with the intervention delivered by a Graduate Mental Health Worker using materials from the Overcoming Depression Workbook: A Five Areas Approach. Outcome measures included scores on the Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), and Clinical Outcomes in Routine Evaluation (CORE), as well as a satisfaction questionnaire. Results: Group participants showed a statistically significant improvement on all outcome measures (BDI, t=4.653, df=12, p=.001; BAI t=3.426, df=12, p=.005; CORE f=5.314, df=11, p<.001), with positive feedback received from the satisfaction questionnaire. Conclusion: The results suggest that the group intervention delivered was effective and that patients were highly satisfied with this approach. Questions regarding the high initial drop out rate; need for assisted delivery of structured self-help materials; long-term benefits and possible future developments are explored.

Common Factors in Psychological Change

Convenor and Chair: Michael Barkham, Psychological Therapies Research Centre, University of Leeds, UK

Common factors: A conceptual and empirical overview

David A Shapiro, Universities of Leeds & Sheffield

A large body of research evidence points to common factors such as the quality of the therapist-client relationship as outweighing specific therapeutic techniques in their impact on the outcome of psychological therapy. However, CBT has traditionally downplayed these common factors, assuming – often implicitly – that the apparent predominance of such factors merely reflects the ineffectiveness of specific techniques used by non-CBT therapists. In reviewing the evidence, this presentation questions that assumption, and considers the benefits that could arise from harnessing common factors research as a resource for the development of CBT research, training and practice.

Responsiveness as a common factor

William B Stiles, Department of Psychology, Miami University, USA

This presentation considers the role of responsiveness in therapy and ways in which it may account for the change processes across therapy models, including CBT. The concept of responsiveness has been used in psychotherapy research to help make sense of the discrepancy whereby research has failed to show consistent statistical relationships to variables that might have been expected to influence outcomes. Responsiveness describes behaviour that is affected by emerging context, for example, therapists' interventions being affected by changing
perceptions of clients' characteristics and behaviour. Within therapy, responsiveness means that the content and process emerge as treatment proceeds rather than being planned completely in advance. Hence, no two clients receive identical treatments. Whereas the concept of responsiveness is neutral, appropriate responsiveness must be judged in relation to some goal or principle (e.g., the process of the therapist responding to the client while staying within a theoretical framework). Appropriate responsiveness also depends on client requirements, context, timing, etc. We can distinguish responsiveness with, which concerns actions (e.g., therapists' interventions), from responsiveness to, which concerns context and participant factors. It is also important to distinguish between actions and achievements. Actions can be classified and counted. Therapists can do them more or less volitionally, and hence they may or may not be used appropriately. Achievements are products or goals of appropriate action. They cannot be done arbitrarily, and attempts sometimes fail. Achievements also involve a positive evaluation from some perspective. Applying these conceptual tools to the familiar lists of technique factors, participant factors, and relationship factors suggests a potentially unifying perspective.

Common factors in the delivery of CBT for depression

_Gillian E Hardy, Psychological Therapies Research Centre, University of Leeds, UK and Clinical Psychology Unit, University of Sheffield_

This paper brings together a series of studies investigating factors associated with therapy outcome, including treatment non-completion. These studies were conducted in a clinic where clients are offered protocol driven CBT for depression delivered by NHS therapists. Factors associated with good outcomes, as measured by the BDI-II and CORE-SF, include alliance, therapist competence, client interpersonal style, and evidence of between-session large improvement (i.e., sudden gain). Clients who did not complete their agreed number of therapy sessions had poorer outcomes than clients who completed therapy. These findings are explored in greater depth using qualitative analyses of important therapy sessions, such as the penultimate session of clients who dropped out of therapy, and of the sessions before and after a sudden gain. These studies offer an understanding of therapy and client change processes which highlight the importance of common, and in particularly, interpersonal factors.

Core activities for a practice-based approach to common factors

_Michael Barkham, Chris Leach, Jane Cahill, Anne Rees, Mike Lucock, Gillian E Hardy, David A Shapiro & William B Stiles, Psychological Therapies Research Centre, University of Leeds, UK_

A range of possible research activities are suggested which may carry forward issues relating to common factors. These include activities operating at differing levels of the therapy process. At the level of the individual client there are issues focusing on core vs. specific measures in the assessment of the process of outcome. For example, a comparison of the BDI (theory specific) and the CORE-OM (pantheoretical/common) reveals a very high level of correlation and transformation tables between these measures have been developed. At the treatment modality level, these lawful relationships between BDI and CORE-OM provide the ability to benchmark the delivery of CBT in routine settings against data from established and archived efficacy trials. And at the level of the research paradigm, there is a need to ensure that common factors are sought in efficacy trials and specific factors in routine practice as well as vice versa.

The Therapist Relationship In Cognitive Therapy

_Convener and Chair: Paul Gilbert, Mental Health Research Unit, University of Derby_

Some key issues in the therapeutic relationship in cognitive therapy

_Paul Gilbert, Mental Health Research Unit, University of Derby_

This brief introduction will introduce the symposium raise the issue that CBT are often thought to be neglectful of the therapeutic relationship. However, although it has a specific view of the therapeutic relationship based on guided discovery, collaboration this should not be seen to invalidate the need for other key therapy building skills.

Micro-CBT: The integration of specific interpersonal skills
Chris Gillespie, Department of Clinical Psychology, Derbyshire Mental Health Services Trust

It is suggested that although current cognitive models are supported by impressive techniques and evidence of effectiveness, there has been a perceived neglect of basic interpersonal skills common to the therapeutic process. The skilled and experienced cognitive therapist will be able to develop a strong alliance, and work through barriers of resistance, by the systematic use of a range of interpersonal 'micro-skills'. In this paper each micro-skill will be described and classified with clinical examples. It will be suggested that CBT training may be compromised if it assumes that people have these skills before they begin training. Micro-CBT facilitates the experience of guided discovery, collaboration and guards against being overly prescriptive.

Emotional and interpersonal schemas in the therapeutic relationship

Robert Leahy, Department of Psychiatry, Cornell University Medical College, New York Hospital.

The therapeutic relationship is viewed by all modalities as essential in assuring improved outcome. However, cognitive therapy has generally ignored the important role of the therapeutic relationship because of its emphasis on information processing. In this presentation we will examine how patients’ emotional schemas and interpersonal schemas (of abandonment, helplessness and autonomy) affect the therapeutic relationship and how these schemas can assist the therapist in modifying underlying assumptions, emotional processing and interpersonal functioning.

Lifespan aspects of the therapeutic relationship in Cognitive therapy

Lucio Bizzini, Department of Psychiatry, Hôpitaux Universitaires de Genève

Lifespan developmental psychology provides useful models and ideas to the therapist working with different ages and cohorts. In the literature, very little attention has been paid to these aspects. We will present clinical examples showing how CT therapists may improve the collaborative therapeutic relationship (and also the efficacy of their intervention) by adopting interpersonal, psycho-educational or neuropsychological strategies based on lifespan studies.

The Professional Development of British Behavioural and Cognitive Psychotherapists.

T. Schröder, P. Gilbert, D. Orlinsky, and the Collaborative Research Network, Department of Psychotherapy, Derbyshire Mental Health Services Trust

Much of current psychotherapy research is focussed on the evaluation of therapeutic techniques, treating these as ‘specific factors’ and relegating therapist factors to the status of ‘error variance’. This is beginning to change (see for instance the recent special section in ‘Psychotherapy Research’ on the role of the therapist in CBT), however, therapist factors are often investigated as variables mediating outcome, rather than in their own right. The wider issues of the levels and pathways of professional development remain largely unexamined. Up to now, we have been lacking basic descriptive data about the attributes and experiences of psychological therapists and how these may change over the course of an individual’s career. This situation has been addressed over the past decade by a group of clinician-researchers forming themselves into a collaborative research network to undertake an international study on the professional development of psychotherapists in which so far more than 7000 therapists have been surveyed worldwide. As part of the UK component of this study, all BABCP registered therapists and a random sample of non-registered BABCP members have been invited to take part in the study. This presentation reports on the characteristics of BABCP therapists from both samples and compares the results with findings from the international database.

CBT in Community and Primary Care I: Models of Delivery

Convenor and Chair: David Richards, University of York, UK

Michael Barkham, University of Leeds, Ann Richards, Leeds North West PCT, David Richards, University of Manchester, Jane Cahill, University of Leeds, Chris Williams, University of Glasgow, Phil Heywood, University of Leeds

The most prevalent neurotic disorder within the week prior to interview in the ONS 2001 Psychiatric Morbidity Study was mixed anxiety and depressive disorder (88/1000 cases). Although many patients prefer psychological treatment (e.g. cognitive-behavioural therapy), there is limited access to these therapies in primary care. Providing practice nurses with skills to support a self-help approach to such patients is one possible response. The PHASE programme focused on the psychological health (PH) of patients by assessing self-help education (ASE) delivered by practice nurses in primary care and adopting a very brief format comprising 2 sessions one week apart and a follow-up session 3 months later. Practice nurses received three days training to deliver the PHASE intervention which was conceptualised as a health technology. Using the CORE-OM as the primary outcome measure, this trial showed that patients with common mental health problems treated by practice nurse-supported CBT self-help attained similar clinical outcomes for similar costs but were more satisfied than patients treated by GPs with usual care and were referred on to other services less. Practice nurses can deliver a brief CBT intervention which is effective, no more costly than usual care and which patients like. But there were barriers to the implementation of this trial including the level of commitment of different GPs, consultation patterns, patient expectations within the consultation, time and familiarity and current utilisation with self help materials. There were also discrepancies between the statistical and clinical significance of findings and we comment on the implications of these factors.

Guided self-help for anxiety and depression: Results of a randomised trial of clinical effectiveness and effects on demand management

Peter Bower, Wendy Macdonald, Nicki Mead, Dave Richards, Karina Lovell, University of Manchester, Aidan Bucknall, Salford and Trafford PCT Chris Roberts Uni Manch, Gerry Richardson Uni York

Meeting the standards set by the National Service Framework in mental health for access to effective mental health care is problematic. One innovation to improve access is to increase the efficiency of treatment provision through the use of self-help materials. The NHS Plan proposed the deployment of a new professional, the primary care mental health worker, somewhat similar to an assistant psychologist, and these workers could potentially help to deliver such treatments. The SHADE study is a randomised controlled trial designed to test whether facilitated self-help by assistant psychologists is clinically and cost-effective. Patients on a waiting list for a primary care psychological therapy service were randomised to facilitated self-help or waiting list control. All patients were assessed at baseline and at 3 months (before they enter traditional psychological therapy) in order to determine whether facilitated self-help produces superior clinical outcomes to waiting list management for patients with anxiety and depression. Longer term follow up will examine resource use, in order to determine whether the facilitated self-help intervention impacts on later uptake of traditional psychological therapy and other services, and thus functions as a demand management strategy. This presentation concerns the initial clinical outcomes at 3 months, and related qualitative research examining patient views of facilitated self-help and their decision-making about use of traditional psychological therapy after facilitated self-help.

The development and evaluation of guided self–help clinics for anxiety and depression in primary care.

Karina Lovell, David Richards, Samantha Loftus, Manc Sarah Kendal, Steve Cromey, & Mandy Drake, North Manchester PCT

The UK National Service Framework for Mental Health (Department of Health, 1999) proposes that increasingly accessible and effective services should be established in primary care for common mental health problems. Lovell & Richards (2000) argue that, to meet the demands of the NSF, alternative service delivery models need to be investigated which are not only effective but also improve access. One option stems from the growing evidence base for self-help materials (facilitated or not) and brief interventions (Bower et al, 2001). One promising way of increasing access to people with anxiety and depression in a primary health care setting is the use of self-help clinics (Lovell et al 2003). North Manchester Primary Care Trust developed and implemented self-help clinics across the Trust. A service evaluation focussed on the following areas: The clinics were evaluated in a number of ways: 1) Acceptability: number of referrals, attendance, views of service users, clinicians delivering the clinics and GP’s 2) Efficiency: therapist input per patient 3) Effectiveness: problem severity at follow-up. The results of the evaluation will be presented.

Psychological Treatment in Primary Care: The Cambridge Experience
L. Brosan, B. Hogan, National Primary Care Research and Development Centre, University of Manchester, UK

As a consequence of the increasing need for accessible and efficient mental health services, in 2002 two Cambridgeshire Primary Care Trusts funded the development and implementation of a Primary Care Psychological Treatment Service to extend the work of the existing secondary care psychological treatment service. In line with the National Service Framework for Mental Health guidelines, this service was designed to make Cognitive Behavioural Treatment (CBT) more accessible to service users. Accessibility was defined in terms of locality (i.e. assessment and treatment provided in the primary care setting), reduced waiting times, and overall increased availability of psychological assessment and treatment to clients. This paper will discuss the model of service delivery that has been adopted in the Cambridge area, including the structure of services, referral process, and the provision of assessment and treatment in the primary care setting.

The results of a 12 month service evaluation will then be discussed. This evaluation includes information on client outcomes, satisfaction ratings from clients and their General Practitioners, the effect of the new service on waiting times for secondary care, and the role of a newly created G.P. Liaison Officer.

CBT in Community and Primary Care II: Integrating Psychological and Pharmacological Interventions.

Convenor and Chair: David Richards, University of York, UK

Improving the quality of primary care for depression: what works and what doesn’t

S. Gilbody, University of Leeds, UK

Most depression is managed in a primary care, with little or no specialist input. In terms of knowing what works and for whom, we know that both pharmacological and psychological approaches are both effective. However, successive surveys of patient care show that there is inadequate recognition of depression and there is inadequate prescribing, poor provision and uptake of psychological interventions, reflecting poor quality of care. Strategies to improve the quality of care should therefore focus on the organisation and delivery of primary care if any impact is to be made on the burden of suffering within the population. We report the results of a systematic review of the literature to assess what works and what doesn’t in improving the quality of primary care for depression. Extensive literature searches identified over 3500 citations and thirty six robust evaluations of quality improvement strategies met our strict inclusion criteria. In short, guidelines and educational interventions targeted at GPs don’t seem to improve the quality of care. However, organisational strategies designed to enhance the care of people with depression are effective in improving the recognition, management and outcomes of depression. Organisational models included ‘case management’ and ‘collaborative care’. These strategies are often of low intensity and require integration of pharmacological management with brief problem-focused psychotherapies. They are both clinically and cost effective. Much of the research literature emanates from the US, and many of the models of care will be unfamiliar. The ‘nuts and bolts’ of conducting a systematic review in this complex area, and the difficulties in extrapolating research evidence from one health care setting to another will be discussed.

Integrating psychological and physical treatments: collaborative models of care

Linda Gask, National Primary Care Research and Development Centre, University of Manchester, UK

Drug treatments are commonly used for the treatment of depression in primary care, but there is considerable evidence that patients a) do not like taking medication and b) concordance with drug therapy is very poor. Psychological therapies are preferred by patients, but difficult to provide cost-effectively. Various approaches have been tried in the US and the UK to improve the quality of care in primary care utilizing, for example, specialist consultation, brief therapy from specialists based in primary care and educational interventions with primary care physicians to enable them to both prescribe more effectively and utilize simple psychological therapies. The most promising model, developed in Seattle, is multifaceted in that it incorporates a range of complementary interventions from self-management, case management by nurse therapist incorporating medication management and brief structured therapy, GP consultation, telephone follow-up and specialist intervention. These have been built around the basic concepts of ‘stepped care’ and a ‘population-based approach’ to the delivery of care for people with common mental health problems. This presentation will describe the historical development of this approach to care over the last two decades and consider some of the problems inherent in dissemination of a new model of working.

Graduate Primary Care Mental Health Workers: Case Managers or Psychology Assistants?
In the year 2000 in the UK, health policy makers set out a bold vision called the NHS Plan. In it, they stated that, “Most mental health problems are managed in primary care. One in four GP consultations are with people with mental health problems. So improving these services will have a major impact on the health and wellbeing of the population” (The NHS Plan, 2000, para 14.29). Currently, patients with depression, the third most common reason for consultation in primary care, often have poor access to psychological treatments and may not adhere optimally to pharmacological or psychological treatment programmes. One of the strategies within the NHS Plan to remedy this situation is the recruitment, training and deployment within UK primary care of 1000 new ‘graduate mental health workers, a wholly new type of non-professionally affiliated mental health worker. The delivery of low intensity psychological interventions such as problem solving and self-help is clearly an option for these workers. However, recent reviews have shown that case management, not psychological therapy, is the common factor in improving mental health care for depression in primary care. With prevalence volume being the driver in primary care mental health, this presentation will argue that the training of new workers should combine case management, low intensity psychological interventions and medication management and for optimum, high volume public health impact.

Current approaches to CBT supervision

**Convenor: Derek Milne, University of Newcastle upon Tyne, U.K.**

**Evidence-based supervision: the current model**

*Derek Milne and Ian James, Doctorate in Clinical Psychology, University of Newcastle Upon Tyne.*

It has been claimed that supervision, like love, cannot be learned. We challenge this view by likening supervision to other forms of evidence-based practice, particularly CBT. In our model, effective supervision is treated in terms of evidence-based competencies and professional capabilities that facilitate experiential learning in both the supervisee and the supervisor. These competencies include needs assessment, goal-setting, various methods to facilitate learning in the supervisee (e.g. Questioning and modelling competent practice) and feedback. The supervisor’s capabilities include critical reflection and empirical problem-solving activities, especially the careful monitoring of the impacts of supervision. Key learning impacts are reflection, conceptualization, competent action and experiencing in the supervisee. These are assumed to lead to experiential learning and hence to the improved practice of CBT. By its nature, this model also promotes CPD in the supervisor and furnishes evidence of competent supervision, in terms of both structural (i.e. adherence data) and functional criteria (i.e. effectiveness data). An observational instrument, ‘Teacher’s PETS’ enables these two types of data to be recorded objectively.

**A NICE(R) systematic review of evidence-based clinical supervision**

*Dunkerley, C.J., & Milne, D. University of Newcastle upon Tyne, U.K.*

A systematic review was undertaken of studies that have assessed the effectiveness of evidence-based supervision and its component parts, in terms of supervisee learning and improved patient care. In addition to examining effectiveness, we assessed the methodological rigour of the studies. One aim of the review was to provide an evidence base for the development of a manual for initial training in clinical supervision. The National Institute for Clinical Excellence (NICE) provides a format for systematic reviews that feed into guideline development, and this was followed. Specific review questions were agreed with experts and then answered by reference to the relevant literature. The inclusion criteria specified that studies must be quantitative, have validity for clinical supervisors in the NHS and provide some evaluation of whether the intervention improves supervision. NICE’s recommended evaluative checklists were found to be inappropriate for a primarily psychological literature. Therefore these checklists were adapted with reference to Ellis, Ladany, Krengel, and Schult (1996), the manual used by Milne and James (2000), and guidance produced by the Centre for Reviews and Dissemination (CRD). The resultant instrument - NICE(R) - combined the high internal validity of the NICE checklists with the high external validity of these other sources. The results of this review are reported, with implications drawn for CBT supervision.

**Delivering effective supervision within a CBT training programme**

*Mark Freeston, Peter Armstrong, Vivien Twaddle, Newcastle Cognitive and Behavioural Therapies Centre*
The rapid expansion of cognitive therapy within the United Kingdom is for many of us a source of great satisfaction. Training has expanded rapidly to meet part of this need but many clinicians would argue that training without supervision will be less effective, less sustainable and raise important issues about clinical governance. Indeed some would argue that the expansion of CBT will collapse without an equally rapid development in supervisory resource. Many of us became supervisors through the ‘anointment’ model, where having been supervised by the leading clinicians available at that time, we graduated to a supervisor role. However this system is failing to deliver the numbers required. Likewise, structures are emerging both locally and nationally that will require a clearer pathway to becoming a supervisor. This presentation describes how staff at NCBTC and local collaborators are addressing these issues through a range of linked activities. These include the development of a conceptual framework, a 3-day training package, annual updates, varying experiences of supervision, collaboration in the early stages of measurement of supervisory competence, and some related research. We will report on the process so far and the challenges that we currently face.

Manipulations of the mini-impacts and mechanisms in supervision.

Ian James, Centre for the Health of the Elderly Newcastle General Hospital & University of Newcastle upon Tyne

Supervision of therapy has received a lot of attention, but it has only recently begun to be examined in a systematic and empirical manner. This presentation reports on an exploratory project which employed a new type of methodology for examining the process of change occurring over four sessions of supervision. Video recordings of four clinical psychology supervision sessions were made, and after each session, the supervisor and trainee independently provided commentaries of their experiences of supervision. Based on these commentaries, and further post-hoc reflections, the trainee was asked to choose an aspect of supervision to explore further. She chose to investigate her emotional reactions within the sessions. Hence, she was asked to provide further details about her emotions in each of the four sessions. The focus of supervision was a patient with neuropsychological problems following a stroke. The process analysis revealed that the trainee experienced a wide range of emotions in all of the sessions, with anxiety being the most frequent. These emotions appeared to be responsive to the supervisor’s conscious attempts to ensure appropriate affective arousal. Post-hoc reflections were congruent with Vygotsky’s theory of the ‘Zone of Proximal Development’.

PRAXIS: A CD-Rom based approach to introducing CBT

Pamela Myles, Roger Paxton, Mark Freeston, Derek Milne, Douglas Turkington, Alison Brabban, Stephen Williams, Bernie Morison, Lisa Purvis, Christine Green, Michael Lavelle

A computer-based training format has been used to develop a pioneering CD-ROM based distance-learning package, offering basic training in cognitive behavioural therapy (CBT). The system is designed to be widely applicable and has been particularly designed for primary care staff and community mental health practitioners. The training system centres on an interactive CD-ROM, and includes support for local clinical supervision and organisational development to ensure that the training leads to changes in clinical practice. The training package has a number of high-quality features. Firstly, the CD-Rom is highly interactive and well designed. Secondly, the CD-Rom is closely based on an existing, evaluated training course. Thirdly, the package offers support for appropriate clinical supervision to accompany the training including a training package for supervisors. Fourthly, the CD-Rom training can be purchased with university credit equivalence. Fifthly, the package includes organisational commitments to an appropriate learning environment. The system allows access to regular top-up sessions ensuring staff are providing consistently high-quality care and minimising skill dilution. Benefits of the system include reducing the training costs often accrued by sending staff on training courses away from the workplace and allows the whole team to be trained at once. A needs assessment is used to offer appropriate help and advice to ensure no dilution of the quality of the training. Identified supervisors are provided with a one-day training workshop and written guidelines. The system is educationally sound, centred on problem-based learning using case studies with video and audio clips to emphasise important points.

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**Concepts from the analysis of language and experience in treating adult problems.**

*Convenor: Richard Hallam, Haringey Mental Health Trust, London UK and University of Greenwich, London, UK.*

**Narrative Approaches and Cognitive Therapy**

*K. O’Connor, Fernand-Seguin Research Centre, Department of Psychiatry, University of Montreal, Canada, F. Aardema, Fernand-Seguin Research Centre, University of Montreal and Department of Psychology, University of Amsterdam, M-C. Pelissier, Fernand-Seguin Research Centre, Department of Psychology, Université du Québec à Montréal*

This presentation explores the application of narrative techniques to understanding and treating thinking disorders. The narrative approach views cognitive activity as embedded in a narrative unit extending before and after episodic thoughts. Thoughts and beliefs then represent the end point of one or several overlapping stories which also give sense to otherwise seemingly distorted or biased thinking. The narrative influence on thinking comes from two sources. Firstly, the plot line of the narrative itself, its temporal connectivity, and interrelatedness of events can be very persuasive. Secondly, language itself through use of metaphor, metonym, semantic association and linguistic blending also guides reasoning. Language also provides ‘intentionality’ to our thinking, so that it is always ‘about something’. Talking ‘about’ the world positions as in relation to the world around us, and this positioning in linguistic-experiential space frequently provides the context for our self-referent thoughts and themes. Narrative evaluation and therapy are illustrated with reference to the treatment of obsessive compulsive disorder and delusional disorder.

**Hearing Voices: A Phenomenological-Hermeneutic Approach**

*P. Thomas and P. Bracken, Centre for Citizenship & Community Mental Health, School of Health Studies, University of Bradford and Bradford District Care Trust*

The word ‘phenomenology’ has a number of meanings. In this paper we briefly contrast the different meanings of the word in psychiatry, and also briefly describe the common heritage of phenomenology as ‘descriptive psychopathology’ and cognitivism. We then consider the work of the philosophers Heidegger and Maurice Merleau-Ponty, which, in the words of Hubert Dreyfus, have an ontological approach to mind, in contrast with a Cartesian, or epistemological approach. We present a brief outline of Merleau-Ponty’s theory of embodiment, and through the example of a woman who experiences bereavement hallucinations, try to show how this approach can open up a hermeneutic approach to the experience of hearing voices. This approach tries to counter reductionisms, whether biological or social. It is only when we consider the totality of human experience that we can understand its meaning. This has two main benefits. First, it legitimates the claims made by those who hear voices that their experiences are
intrinsically meaningful. Second, it can provide a framework for those who work with voice hearers and who are interested in understanding these experiences. In this sense, phenomenology is an essential component of narrative and meaning in psychosis.

The role of metaphor in delusional thinking: a pilot study

John Rhodes, Haringey Mental Health Trust, London UK and Simon Jakes, Macarthur Mental Health Service, South Western Sydney Health Service, Australia

Recent cognitive models of delusions have explained delusions as the product of information processing. This has led to a cognitive therapy based on challenging faulty inferences as a key strategy. However not all thinking is inferential, and earlier psychological accounts of delusions emphasised other mental processes. In the present paper, based on Rhodes and Jakes (in press), we examine the possible role of metaphorical thinking in the formation and maintenance of delusions. We carried out a semi-structured interview with 25 deluded patients and analysed their accounts using qualitative methods. We examine the use of metaphor in the accounts of the various stages in the development of the delusions. We discuss the implications that these accounts may have for theories of the formation and maintenance of delusions using a case study as an example. Finally we discuss the possible implications for carrying out cognitive therapy with deluded clients.

The contribution of metaphor and metonymy to delusions.

John Rhodes, Haringey Mental Health Trust, London UK and Simon Jakes, Macarthur Mental Health Service, South Western Sydney Health Service, Australia Rhodes, J and Jakes, S.

The suggestion that mental activity can be conceptualised as ‘dialogical’, in other words that thought always implies an addressee or addresssee, has diverse intellectual roots (Hermans, 1996). It can be viewed as consistent with theories of learning such as Vygotsky’s that treat language and thought as developing together in a determinate practical/social context. Theorists who have focused on the social uses of language (e.g. see Chaika, 2000) offer a wealth of ideas to the clinician who is concerned with problematic mental activity such as intense negative self-appraisals, intrusive thoughts, or voice-hearing. For example, mental activity, exteriorised as a dialogue between different ‘voices’, lends itself to modification by deliberate retraining in a way that emphasizes the ‘naturalness’ of this process, drawing as it does on the client’s normal language resources and strategies of persuasion. These possibilities will be illustrated with reference to the author’s attempts to modify intrusive thoughts through role-play, through listening to audiobased internal debate, and through assertion of point-of-view with significant others.

Working with Dissociation and DID: Theoretical and clinical issues within CBT approaches

Convenor: Fiona Kennedy, Isle of Wight Healthcare NHS Trust, UK

Towards a cognitive model of dissociation

Fiona Kennedy, Isle of Wight Healthcare NHS Trust, UK

This paper sets out a new model of dissociative processes and relates them to personality structure as modelled by Aaron T Beck. It refers to PTSD, borderline personality disorder and DID, cross referencing with other models of PTSD such as Brewin’s and Ehlers and Clark’s.

The development of a new theory-driven scale to measure dissociation.

Fiona Kennedy, Isle of Wight Healthcare NHS Trust, UK

A new scale (the Wessex Dissociation Scale, WDS) was developed based on the cognitive model of dissociation. This paper describes the validation process and psychometric characteristics of the WDS. The WDS is compared with the DES, the most popular scale at present, and found to have comparable validity and reliability, but greater sensitivity along with comparable specificity.

A case of DID: cognitive behavioural treatment based on the model and CBT principles.

Vivia Cowdrill, Wessex Healthcare Trust, UK
Many therapists struggle with unusual client behaviours and presentation in DID. This case study aims to normalise formulation and treatment and lay out some guiding principles consistent with the CBT approach.

**Triggering state dissociation in eating-disordered patients: An experimental study and implications for treatment**

Charlie Hallings-Pott and Glenn Waller, St George’s Hospital Medical School, UK

Background: While dissociation has been firmly established as a trait in the eating disorders (particularly those with a bulimic component), many of the problems that clinicians experience in working with such patients are more attributable to state dissociation (e.g., ‘zoning out’ in the session). State dissociation has received little attention in the eating disorders literature. This experimental study examined the vulnerability of bulimic individuals to having dissociative states triggered by threat cues. Methods: The sample consisted of bulimic and control women. Each participant was exposed to neutral and threat cues (abandonment threat), presented subliminally to reduce the risk of demand characteristics influencing the findings. The dependent measures were a well-validated self-report index of state dissociation, and measures of anxiety and depression. Results: The bulimic group responded to the subliminal threat cue by reporting raised levels of state dissociation, but no increase in their measures of depression and anxiety. The non-clinical group reported no changes on any measure. Discussion: The findings indicate that bulimic women respond to threat by using state dissociation. Clinical implications are discussed.

**Roundtables**

**Case Formulation: Art and Science**

Convenors: Willem Kuyken, Mood Disorders Centre, University of Exeter, UK and Robert Dudley, Newcastle Cognitive and Behavioural Therapies Centre, Newcastle

The cognitive therapy case formulation literature suggests a broad range of claimed benefits for cognitive case formulation. These include: the provision of a systematic cognitive theory framework for hypothesizing about a person’s presenting problems, individualized cognitive therapy treatment protocols, improved description and understanding of presenting problems (for therapist and client), improved therapeutic alliance, more focused therapeutic interventions and enhanced treatment outcomes. Cognitive therapy trainers and supervisors regard case formulation skills as central to the trainees’ development as competent cognitive therapists. This panel discussion brings together cognitive therapy commentators, researchers and trainers to consider the place of individualized case formulations in cognitive therapy. It will include discussion of the role of case formulation in psychological therapies, consider whether case formulation is “evidence-based,” consider issues around training / supervision, consider the idiographic - nomothetic dimension, describe innovative alternative ways of using case formulations (e.g., in computerised interventions or with carers of clients) and provide examples of its use with particular client groups (people diagnosed with schizophrenia and dementia). The aim of the discussion is to overview contemporary issues in case formulation and act as a catalyst for discussion, therapeutic innovation and research. The panel will each briefly present a perspective on case formulation followed by an opportunity for a discussion involving the audience. The panel discussion complements the symposium on case formulation, using the data presented as a stimulus for discussion.

Can professional requirements and individual development needs be reconciled in cognitive therapy supervision?

Convenors: Mark Freeston and Peter Armstrong, Newcastle Cognitive and Behavioural Therapies Centre

Supervision is both a professional requirement to ensure safe and competent practice and an opportunity for personal development. At its heart is clinically applicable learning. How do we balance forces that might potentially pull in different directions? How do we ensure that clinicians operating under the pressures endemic in modern clinical practice obtain sufficient quality and quantity of supervision to meet both of these needs? This round table brings together four people with differing perspectives on these questions. Each will speak for approximately 10 minutes from their own perspective, then the discussion will be opened between the panelists and the audience.


Within the cognitive-behavioural framework a number of exciting new models of PTSD have been developed. The treatment of PTSD is multi-stranded, and involves a wide variety of treatment techniques. In this roundtable we consider the treatment of intrusive memories using various procedures involving imagery. The three clinicians present cases which illustrate the links between theoretical models and selected techniques. The case presentations will be followed by discussion between the presenters and the audience.

**BABCP Accreditation and Registration Surgery**

_Amanda Cole, Chair Accreditation and Registration Sub-committee_

A panel of Accreditation and Registration Sub-committee members will be available to address your individual queries. Such matters as UKCP, Accreditation of Cognitive and Behavioural Psychotherapists, the Heath Professions Council, and Statutory Registration of Psychotherapists may be raised with respect to yourselves, your profession, or employment position. Please feel free to drop in to the surgery, and we will try to help.

**Open Papers**

**Change and Outcomes in Psychotherapy**

**Risk adjustment for comparing psychotherapeutic outcomes across hospitals: Necessary or dispensable?**

_Schulz, H., Harfst, T., Andreas, S., Dirmaier, J., Koch, U. & Kawski, S., Institute and Policlinic of Medical Psychology, Centre of Psychosocial Medicine, University-Clinic of Hamburg-Eppendorf_

Introduction: Mental health services research is becoming increasingly important, as results of effectiveness studies in the last few years demonstrate that interventions analysed in classic clinical trials often do not work as expected when applied under clinical representative conditions. One focus of service research is the comparison of outcomes across various settings (e.g., inpatient, outpatient) or hospitals. A potential cause of observed differences in outcomes is intrinsic patient characteristics, which are related to outcomes and thus increase or decrease "risk". Thus, risk adjustment may be a tool to enhance meaningful and fair comparisons of outcomes across groups of patients. In our study we have compared the results of no risk adjustment with those of a model with risk adjustment. Methods: We analyzed data from a representative sample of 2000 patients of 11 inpatient hospitals for the treatment of patients with mental disorders. The participating hospitals provide a bio-psychosocial treatment program with a strong emphasis on cognitive behavioural and psychodynamic psychotherapy. We used short forms of standardized self-report (SF-8, SCL, IIP, CES-D) and expert-rated instruments (SF-8, HONOS-D) at admission, discharge and 6 month follow-up. Results: The following preliminary analyses refer to a sub-sample of 1761 patients (mean age: 42.5 years, SD 14.0 years; 78.1% female; ICD-10 diagnosis: F32-34 35.9%, F50 15.2%, F43 14.6%, F45 4.8%, F60 3.9%) and focus on the mental summary scale of the SF-8 as one main generic outcome measure. Effect-sizes (mean at admission – mean at discharge / SD total at admission) without risk adjustment vary across hospitals from 0.36 to 1.10. A multivariate linear regression model with a set of seven variables (age, sex, diagnosis, comorbidity, duration of disorder, diagnostic group, SF-8 mental summary scale at admission) to predict SF-8-scores at discharge was used to compare observed and expected outcome. The risk adjustment model shows a significantly different ranking for the 11 hospitals compared to the model without adjustment. Discussion: The results underpin the necessity for risk adjustment, but at the same time open up for a mandatory discussion of a variety of methodological decisions to be made and constraints to consider: e.g. trimming of outliers, effects of random variation on the reliability of estimates from the data, choice of variables in the model, multiple outcome variables, hierarchical modelling, presentation of the results of risk adjustment. Several of these topics will be illustrated by results of further analyses of our data.

**The role of the German version of “The Health of the Nation Outcome Scales, HoNOS-D” in measuring symptom severity II: Analysis of validity**

_Harfst, T., Andreas, S., Dirmaier, J., Kawski, S., Koch, U. & Schulz, H., Department and Policlinic of Medical Psychology, Centre of Psychosocial Medicine, University-Clinic of Hamburg-Eppendorf_

Introduction: Reliable and valid measurement of symptom and problem severity of patients with mental disorders is an important issue in the evaluation of psychotherapy measures. For such an assessment it is often more appropriate to combine the patient self-ratings with the ratings of the therapists or other experts. Regarding the patients’ perspective several self report instruments like the Symptom Checklist have been established internationally. In contrast, for the expert ratings of symptom severity of patients with mental disorders there is still a
substantial lack of valid and internationally used instruments. In the UK, the Health of the Nation Outcome Scales
were developed to provide a score of the severity of health and social problems commonly experienced by
individuals with mental disorders (Wing et al., 1995). The purpose of our study is to investigate the psychometric
properties of the HoNOS, its relationship to the patient self-ratings and the diagnostic specificity of its items.
Methods: A consecutive sample of 2386 patients treated in various inpatient psychotherapy clinics was analysed. We
used short forms of standardized self-report (SF-8, SCL, IIP, CES-D) and expert-rated instruments (SF-8, HONOS-D)
at admission, discharge and 6 month follow-up. The following preliminary analyses refer to a sub-sample of 1761
patients (for which data is currently available at admission and discharge; mean age 42.5, SD 14.1 years, 78.1%
female) with predominantly depressive disorders (51.4%), eating disorders (19.5%) and anxiety disorders (16.9%).
Results: We found significant correlations of small to medium size between the various scales of the HoNOS and
CES-D, SCL and the SF-8 with the expected specificity of certain scales of the HoNOS (e.g. "depressive mood" and
CES-D (r=0.41) and "anxiety" with "phobic anxiety" of the SCL (r=0.31)). The relationship between these Scales was
slightly closer for the rating at discharge, but again the closest relationship was found between the two expert-rated
instruments (e.g. item 7 "depressive mood" of the HoNOS and mental summary scale of the SF-8: r=0.62). Effect-
sizes (mean at admission – mean at discharge / SD total at admission) tended to be higher for the HoNOS Scales
and the expert rated SF-8 compared to the patient’s self-ratings. Discussion: The correlation pattern with a
Depression scale (CES-D), the SCL and the SF-8 supports the construct validity of the certain HoNOS scales. The
sensitivity for change is high compared to the other implemented instruments, though the effectiveness of
psychotherapy measures might be overestimated if the evaluation purely relies on the HoNOS scales. Due to the
diagnostic characteristics of the sample some of the HoNOS Scales could not be tested adequately.

The role of the German version of the “Health of the Nation Outcome Scales, HoNOS-D” in measuring symptom severity: I. Analysis of practicability and reliability

Sylke Andreas, Timo Harfst, Jörg Dirmaier, Stephan Kawski, Uwe Koch & Holger Schulz, Department and Policlinic of Medical Psychology, Centre of Psychosocial Medicine, University-Clinic of Hamburg-Eppendorf

Measuring symptom severity of patients with mental disorders is considered to be important in many research studies. In the UK, the “Health of the Nation Outcome Scales, HoNOS” were developed to provide a summary score of the severity of health and social problems commonly experienced by individuals with mental disorders. The purpose of our study is to investigate the practicability and reliability of the German version of the HoNOS-D. The HoNOS were translated into German by a stepwise expert-based consensus procedure with back-translation. A representative sample of 2386 patients treated in various inpatient psychosomatic clinics was analysed. The proportion of missing data ranged from 1.3 to 4.5% (except for item 8). Item analysis shows that the distribution of 3 of the 12 items is extremely skewed. The 12 x 12 item correlation matrix was satisfactory in that it showed only one correlation with value higher than 0.3. Retest-reliability showed satisfactory results: the Intraclass correlation coefficients were between .72 and .91. Results indicated good feasibility and sufficient independence of the items. The item distribution shows unsatisfactory results in this sample of patients with neurotic and personality disorders. The Retest-Reliability was satisfactory. The results should also be discussed in view of the development of a German case-group concept for patients in inpatient psychotherapy.

Profile of Psychotherapeutic Goals: feasibility and validity in inpatient psychotherapy

J. Dirmaier, H. Schulz, T. Harfst, U. Koch & S. Kawski, Department and Policlinic of Medical Psychology, Center of Psychosocial Medicine, University-Clinic of Hamburg-Eppendorf

Introduction: The importance of a systematic measurement of therapy goals in outpatient psychotherapy has been claimed for a number of years. Similarly, in inpatient psychotherapeutic care demands have increased for a more goal-oriented approach to adapt therapy to the individual needs of the patients and to provide a mutual treatment focus for the various professions involved in the treatment process. Based on our previously developed taxonomy of treatment goals for the field of inpatient psychotherapy, we developed a therapist assessment Profile of Psychotherapeutic Goals (PPG) for the measurement of treatment goals and goal attainment. The goal list provides 147 goals within 21 goal areas, on the goal attainment form the ratings can be recorded using a 5-point Likert-scale.

The aim of the study was to examine feasibility as well as aspects of validity in a large sample of inpatients under clinic-nationally relevant conditions. Methods: We selected a consecutive sample of inpatients treated in 2003 in eleven clinics for mental disorders. The participating clinics provide a bio-psychosocial treatment program with a strong emphasis on either a cognitive-behavioural or a psychodynamic psychotherapy. So far, therapy goals of 1747 patients (mean age 39.5 years, 75.3% female, 35.5% depressive disorders, 14.9% eating disorders, 14.5% stress and adjustment disorders, 9.1% anxiety disorders, 4.9% somatoform disorders) were collected and rated concerning the achievement of the respective goals by the therapists. Outcome was determined by pre-post differences of a short-form of the Symptom Checklist (SCL-14), the Inventory of Interpersonal Problems (IIP), and the Centre for Epidemiological Studies Depression Scale (CES-D, German Version). The patients and the therapists also completed a self-rating and an expert-rating version, respectively, of the Short Form 8 (SF-8) at admission and discharge. Results: On average, therapists chose 13 goals per treatment case. Merely 1 of the 21 goal areas was selected in less than 5% of all treatment cases, and residual categories were used very rarely (2.0% of goals). A relatively high percentage of 11.4% of all goals were not rated regarding their achievement. Discriminant and convergent validity of the PPG were assessed by comparing therapy goals of the five most frequent diagnostic groups by logistic regression analysis based on theoretical expert-rated expectations: The results show that the PPG differentiates between the diagnostic groups, respectively on specific goal areas. Treatment outcome measured by
the PPG at discharge differed between the 21 goal areas. Goal attainment scores on the level of the 21 goal areas also showed substantial correlations with corresponding scales of the various outcome measures (SCL-14, IIP-D, CES-D). Discussion: The PPG seems to be a practicable instrument to define therapy goals at the beginning of inpatient psychotherapeutic care. Results concerning the distribution of the chosen goals, the use of residual categories and the missing value analysis did not reveal major limitations. Additionally, the results of the comparison with different outcome measures also suggest the further use of the goal attainment form for an individualized measurement of treatment outcome.

Measurement of crucial change processes in psychotherapy: The improvement of self-regulation capacities

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Introduction: Therapy goals can be conceived as personal goals which are situated on the middle level of the hierarchically organized goals system containing long-term life goals, medium-range goals and goal-directed actions. The Goal Systems Assessment Battery (Karoly & Ruehlman, 1995; Pöhlmann, 1999) measures self-regulation functions referring to the therapy goals the patients are pursuing. The improvement of self-regulation capacities is considered to be a general aim of psychotherapy. Method: The GSAB was applied in a sample of 115 patients of the University Hospital for Psychotherapy and Psychosomatic Medicine in Dresden to assess changes in self-regulation capacities during psychotherapy. In the GSAB idiographic descriptions of what patients want to achieve during psychotherapy are rated according to nine scales with four items each assessing the goal functions of direction, regulation, control, and arousal. The directive function measures the intensity of goal striving; it includes the two subscales of value and self-efficacy. The regulation function evaluates the fit between the desired outcome and the current status of goal pursuit. The match between desired outcome and current state can be assessed either relying on internal information gained by self-monitoring or by social comparison. The control function includes the planning of goal-directed activities and problem-solving during goal pursuit. Subscales of the control function are planning/ stimulus control, self-criticism and self-reward. The arousal function differentiates between positive arousal and negative arousal providing the energy for goal pursuit. The clinical sample consists of 115 patients (66 women; age 17-69, M = 34.7, SD = 12.1) suffering from psychosomatic disorders (eating disorders, anxiety disorders, somatization disorders). They were undergoing in-patient treatment at the university hospital for psychotherapy and psychosomatic medicine in Dresden. The treatment combined psychodynamic individual therapy with cognitive therapy group sessions and various other treatment elements like art therapy, body therapy, etc. The mean duration of stay was 53 days (SD = 9.8). Assessments were made at the beginning and at the end of the treatment. The clinical data was compared to GSAB data from 600 mentally healthy adults. Results: In terms of goal content personal growth and health goals were the dominant themes. But although the patients were very committed to their goals they displayed deficits in self-regulation and strategic capacities relevant to the implementation of goals at the beginning of the treatment. Their self-efficacy conviction was low and their therapy goals caused intense negative as well as positive emotions which illustrates extreme ambivalence to pursue a goal the patients rate as extremely important but are not at all confident to achieve. At the end of the treatment crucial self-regulation dimensions such as self-efficacy, self-reward and negative arousal had improved significantly (all ps < .01). Discussion & Conclusion: The results demonstrate that the GSAB is a useful instrument to measure crucial change processes in psychotherapy, i.e. the improvement of self-regulation capacities. It can provide useful information for goal development and intervention planning.

Predictors of Therapy Outcomes

Effectiveness of differential indication for psychodynamic or cognitive-behavioral psychotherapy

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Cognitive-behavioral (CBT) and psychodynamic therapy (PDT) represent the two central psychotherapeutic approaches in the treatment of mental disorders. Due to the clear dissimilarity of these approaches (e.g. Watzke, Schulz, Koch, Rudolph & Rüddel, submitted), the question can be posed whether different patient groups can benefit from the two methods to different degrees; i.e. the question of a differential indication (DI) of assignment to either CBT or PDT (cp. Beutler & Clarkin, 1990). However, empirical knowledge concerning this question is still missing. In our study, the criteria (i.e. patient characteristics which build the basis for the assignment decision) and the effectiveness of a DI were examined in an experimental design, in which the treatment outcome of two inpatient groups was compared: In the experimental group (EG), patients were systematically assigned to either CBT or PDT according to a DI that consisted of a multi-stepped, interdisciplinary diagnostic process. In the control group (CG), the assignment occurred on a randomized basis. The study was performed at a psychotherapeutic clinic, in which a DI has been routinely undertaken for many years. Patients with willingness to participate (N=331; 68% female; broad spectrum of F-diagnoses of ICD-10, especially F3 / F4; comorbidity: 90% with at least two diagnoses) were assigned to either the experimental or the control group in a double-blind manner. The criteria of the DI were documented using a self-constructed questionnaire. For the assessment of the outcome, the patients were given standardized
questionnaires (e.g.: SCL, CES-D, IIP-C) prior to treatment, at discharge, and at the 6-month follow-up. The results concerning the criteria and effectiveness of the DI, as well as non-responder analyses, will be presented and discussed. Emphasis will be placed on the presentation of the effect sizes for treatment outcome. In this context, outcome analyses that differentiate according to the given treatment method (effectiveness of the DI specific to PDT and to CBT) will be addressed in particular detail.

The first cut is the deepest: Does the initial realization of resource activation depend on specific characteristics of patient and therapist?

Bruns, T., Berking, M., & Kroener-Herwig, B. University of Goettingen (Germany), Institute for Psychology, Department for Abnormal Psychology and Psychotherapy

Introduction: Recent findings in psychotherapy research have uncovered the importance of resource activation for the initialization of therapeutic change (e.g. Grawe, 1999; Grawe, 2003). However, only few studies investigate for which patients and for which therapist-patient-constellations the activation of resources is more difficult to achieve. Method: In a sample of 60 outpatients undergoing CBT we analyzed the relationship between the occurrence of resource activation (as rated by patients) at the beginning of therapy and various patient characteristics, as well as characteristics of the therapist and the therapist-patient-constellation. Results: Preliminary results indicate that patients’ characteristics, as well as attributes of the therapist-patient-constellation are substantially associated with the extent of resource activation during the first therapy sessions. Discussion: The occurrence of resource activation during the first therapy sessions seems to depend on specific characteristics of the patient, as well as the therapist-patient-constellation. Given the replicability of these findings particular strategies should be developed in order to avoid unfavourable therapy courses.

No (perceived) fame no (treatment) gain?: Evaluation of a resource-activation treatment module.

Berkling, M. (1) Hecker, A. (2) Bruns, T. (2) Jacobi, C. (3) Kröner-Herwig, B. (2) 1) Institute for Psychology, University of Bern / Switzerland 2) Institute for Psychology, University of Göttingen / Germany 3) Paracelsus Roswitha Hospital Bad Gandersheim / Germany

Introduction: According to latest findings in psychotherapy research the activation of resources is an important agent of change in psychotherapy (e.g. Grawe, 2004). But so far there is little data available that helps to clarify, a) whether intervention modules that focus primarily on the activation of resources do enhance treatment outcome and b) what particular resources should be focused upon. Method: 120 patients of various mental disorders undergoing inpatient CBT were randomly assigned to either a resource activation group that focusses on personal success in the past and deduces personal strengths and abilities, or to a resource activation group that focuses on personal goals, or to a waiting control group. In order to assess differences in treatment outcome various self-report questionaires and therapist-ratings were administered, including measures of goal attainment, a short-version of the SCL-90-R (Franke, 1995), the BSS (Schepank, 1995), the VEV (Zielke & Kopf-Mehnert, 1978), etc. Results: Preliminary analyses shows that both resource-activation conditions were superior to the waiting control group. The activation of motivational resources seems to be somewhat more effective than the success-and-skill-oriented intervention group. Discussion: Treatment-modules that focus primarily on the activation of resources do enhance the outcome of a multi-component inpatient CBT treatment. Future research has to clarify how these modules can be further improved. It should also be investigated for which patients resource focused intervention modules are indicated and how these interventions can be tailored to the specific needs or strengths of particular groups of patients.

Predictors of response to interpersonal psychotherapy and cognitive therapy

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Background: Interpersonal Psychotherapy (IPT) and Cognitive Therapy (CT) are short-term psychotherapies for depression. In brief, IPT focuses on the relationship between interpersonal problems and depressive symptoms, whereas CT focuses on the relationship between distorted thinking and mood symptoms. While the research indicates both are effective treatments for depression we know very little about the factors which predict response to IPT versus CT. The only other comparative study of IPT and CT (NIMH depression study) reported a differential response to CT and IPT in those with severe depression. Personality can also influence therapy outcome, however, whether or not personality differentially effects response to different psychotherapies is not known. The Christchurch Psychotherapy of Depression Study is a large randomised clinical trial designed to examine the predictors of response to IPT and CT for depression. Methods: 177 individuals experiencing a major depressive episode were randomised to weekly sessions of either IPT or CT for 13-16 weeks, followed by monthly maintenance sessions for six months. The outcome of the weekly sessions will be presented in this paper. Results: 91 participants were randomised to IPT and 86 to CT. While the overall outcome was comparable in both groups, participants with severe pretreatment depression who received CT had a significantly better outcome than those receiving IPT. Personality variables also impacted on response to therapy. Discussion: IPT and CT appear to be effective brief treatments for
depression. The discussion will focus on the implications of the differential response of individuals with severe depression and the impact of personality.

CBT Training and Supervision: From Practice to Theory – and Back Again

Convenor: James Bennett-Levy, Oxford Cognitive Therapy Centre

Until recently, despite the empirical emphasis of cognitive therapy, there has been a lack of theoretical frameworks for thinking about cognitive therapy training and supervision, and a paucity of empirical studies. Training and supervision are not easily amenable to the kind of experimental studies that have been the hallmark of much cognitive therapy research, and, without a theoretical base, there is little basis for making predictions. Thus, it has been necessary to devise alternative ways to gather data and develop theory. Single case studies and qualitative approaches have played an important part. We are witnessing a bottom-up process, where theory is starting to be generated from the ground up. This may then be tested in quantitative studies on larger groups. There are four papers in this symposium. Two papers present newly developed theories of training and supervision, which have been developed from a practice base. The other two papers are small-scale studies, illustrative of the kind which may usefully contribute to further theory development.

From anointment to training: Becoming a supervisor

Mark Freeston, Peter Armstrong, Vivien Twaddle, Newcastle Cognitive and Behavioural Therapies Centre

There is a creative tension in contemporary cognitive therapy between what may described as scientist-practitioner and psychotherapeutic traditions. If cognitive therapy for the anxiety disorders represents the former with explicit knowledge (e.g. strong, empirically supported models, manualized procedures, outcome trials, etc.), supervision remains largely in the realm of tacit or implicit knowledge. Few of us have benefited from CT-specific supervision training. Some of us become supervisors through self-appointment or necessity, others through the ‘anointment’ model, where having been supervised by the leading clinicians available at that time, we graduate to a supervisor role. However, such a system is no longer practical, as it cannot deliver the volume of supervisors required, and may not be acceptable, as it is difficult to meet increasing governance and accreditation demands. This presentation describes how NCBTC has addressed this issue through attempting to draw together the two traditions. Over a two year period we have developed a conceptual framework derived from the collective experience of experienced supervisors and developed a structured 3-day training package. We will report on the process so far, the evaluation of the training to date from over 150 participants, and the way in which this framework is being applied to a range of supervision formats.

Towards an Information Processing Model of Therapist Skill Development

James Bennett-Levy, Oxford Cognitive Therapy Centre

Up to this point in time, the design and implementation of cognitive therapy training programs has been largely based on hand-me-down methods, or has reflected individual trainers’ own implicit theories and biases. In the literature, there has been little theorising about how therapist skills are acquired either by cognitive therapists, or by therapists from other schools of psychotherapy. Furthermore there is a lack of analysis of exactly what therapist competence is, and how it can conceptualised. This paper presents: 1) A framework for thinking about the skills involved in cognitive therapy competence, in which the roles of perceptual skills (e.g. empathy, mindful practice, reflection-in-action) and ‘when-then’ rules (apply this strategy with this patient at this stage in therapy, when they are feeling this) are highlighted; and 2) An integrated information processing theory of therapist skill development, in which a place is found for a ‘reflective system’ at the heart of therapist learning. Other features of the model include identification of the role of ‘self’ in therapist development. Though still at an early stage in its development, the model suggests various directions for cognitive therapy training and research.

Measuring Idiographic Perceptions of CBT Competence: A Case Study Observing the Impacts of Supervision and Post-Graduate CBT Training

Richard Thwaites, North Cumbria MH & LD Trust

It has been recognised that whilst ‘hard’ measures of the effects of supervision and training are required (e.g. patient outcome, direct observation), multiple measures of learning outcomes are also desirable (Milne & James, 2000). The latter authors have explicitly encouraged the monitoring of ‘linkages in the educational pyramid’ (p.123) including intermediate outcomes such as supervisee attitudes. Currently within CBT training, we are largely reliant on the rating of therapy tapes (e.g. using the CTS-R) to evaluate the level of competence of trainees developing CBT skills. This paper describes a brief self-report measure of trainee competence and follows on from a previous presentation (Thwaites & Twaddle, 2002) by presenting data collected over 3½ years (including completion of post-graduate training in CBT and one year of follow-up data). The data are integrated within developing CBT theories of skill
acquisition, supervision and training. Future possibilities for research and ongoing modifications of the methodology are briefly discussed including the further development of a measure that can be used to supplement established methodologies and track changes over time and across varying training strategies including supervision, workshops, etc.

“I’m not as unskilled as I thought” – Influences on self-perception of competence during therapy training

Alexis Beedie¹ & James Bennett-Levy², Oxfordshire Mental Health Trust¹ & Oxford Cognitive Therapy Centre²

Very little is known about the acquisition and integration of new skills during therapy training. This information is of obvious benefit for the design of cognitive therapy training courses, and may help to maximise client outcomes. The present study is a preliminary investigation into what happens to trainees’ self-perception of competence (SPC) whilst undertaking a year-long diploma course in cognitive therapy. Twenty-four participants completed the Cognitive Therapist Self-Rating Scale (CTSS; Bennett-Levy, 1998) on six different occasions during their training. The CTSS is a 13 item scale, derived from the Cognitive Therapy Scale (Young & Beck, 1988), which was designed as a measure of self-perception of competence. Participants were also asked to suggest reasons (e.g. events, life circumstances, changes in mood) for changes in CTSS scores – positive or negative - which occurred between successive time points. A significant increase in trainees’ SPC was found between the CTSS ratings taken at the beginning and end of the diploma. However when each skill was viewed in isolation, different patterns for the development of SPC emerged, and group data masked individual variation. A grounded theory analysis of the qualitative responses provided by participants yielded six main themes which seemed to account for increases and decreases in SPC. Examples of these include: the opportunity to reflect on previous sessions, peer/supervisor evaluation, and current life stresses.

Posters

An audit of CBT in patients with schizophrenia on the list of a CMHT

Siddle, R Manchester Mental Health & Social Care Trust

Introduction: The National Institute of Clinical Excellence offer guidance regarding schizophrenia (NICE, 2003) that suggests all patients should be considered for suitability for CBT where psychotic symptoms persist. NICE that CBT is delivered over more than 10 sessions which should last longer than 6 months. This audit aimed to assess the degree to which this CMHT were complying with these guidelines. Method: A complete list of patients on the books of a CMHT was drawn up, on a date in May 2003. All medical notes were examined for documentary evidence of the patient having been considered for CBT or having had a course of CBT in accordance with the NICE guidelines, over the past three years. Results: 356 names were on the list of the CMHT. Of these 294 sets of medical notes were examined. 107 patients had a diagnosis of schizophrenia or a related psychosis. Only 10% of patients had evidence that they had been given CBT according to NICE guidelines.7% of patients were assessed or given CBT, but not in accordance to NICE guidelines. For 83% of patients there was no evidence of any CBT or of any assessment of suitability for CBT. Discussion: The percentage of patients with evidence of CBT is far less than the 100% implied by the NICE guidelines. Serious changes need to be made if this percentage is to increase. More CBT resources in the form of dedicated therapy time from trained practitioners must be allocated to this task. Existing CBT practitioners are often re-deployed to other situations that could be performed by others not trained in CBT. Conclusion: To comply with the NICE guideline, dedicated CBT resources will have to be allocated to this task.

The Effect of Interpersonal Cognitive Distortions on Marital Conflict of Turkish Non-Clinical Married Couples

Zeynep Hamamcı and Baki Duy, University of Gaziantep and University of Ankara, TURKEY

Introduction: Since the 1980s, there has been an increase in literature on the role of cognitive components in marital distress (Baucom, Epstein, Sayers, & Sher,1989; Edelston & Epstein, 1982; Ellis, Sichel, Yeager, DiMattia, & DiGuiseppe,1989). From theoretical position, Rational Emotive Behavior Therapy propose that disturbed marriage result when one or both spouses hold irrational beliefs defined as highly exaggerated, inappropriately rigid, illogical, absolutist (DiGuiseppe & Zee, 1988; Dryden, 1985). The cognitive therapy with couple emphasize to address the belief structure of each partner and to modify of unrealistic expectation and faulty attributions in relationships. In literature several studies showed the relationship between dysfunctional beliefs and marital adjustment (Addis & Bernard, 2002; Deobrd, Romans, & Krieshok,1996; Emmelkamp, Krol,Sanderman, & Ruphan, 1987; Möller & Van der Merwe,1997; Möller & Van Zyl,1991) and marital satisfaction (Edelston & Epstein,1982; Metts & Cupach,1990; Stackert & Bursich, 2003).Limited studies have been investigated the relationship between dysfunctional beliefs and marital conflict. The purpose of this study was to investigate effect of interpersonal cognitive distortions on marital conflict of Turkish married couples. Method: Sample: The sample of study composed of 158 non-clinical Turkish married couples (79 female,72 male,7 unknown). They had been married from one to ten years and have one or
two children. %55 of the sample was age ranged from 25 to 35. Scale: Interpersonal Cognitive Distortions Scale (ICDS). This scale was developed to assess cognitive distortions in individuals’ interpersonal relationships. The scale with 5 Likert type (from I strongly disagree (1) to I strongly agree (5)) has 19 items involving three subscales; interpersonal rejection, unrealistic relationship expectation, interpersonal misperception. The correlation between the ICDS and the Irrational Belief Scale was .54, while the correlation between the ICDS and the Conflict Tendency Scale was .53. The test-retest correlation was .74. Cronbach alpha was .67. Marriage Life Questionnaire. This scale was developed to measure frequency and intensity of conflict between married individuals. The conflict frequency point was calculated by summing up the conflicting issue by each spouse. It ranged from 0 to 30 and conflict intensity are measured with 4 Likert type scale (1= twice in a day, 2=twice in a week, 3=twice in a month, 4= twice in a year). It ranged from 1 to 120. The scale discriminated married and divorced people in terms of frequency and intensity of conflict. The test-retest correlation was .75 for conflict frequency and .39 for conflict intensity. Results: It was found that interpersonal cognitive distortions were positively correlated with the conflict frequency for total scale (r=.18, p<.020) for the first subscale (r=.20, p<.010), for the second subscale (r=.15, p>.061) and but not for the third subscale (r=.01, p>.903). It exhibited positive correlation with the conflict intensity for total scale (r=.28, p>.000), for the first subscale (r=.30, p<.000), for the second subscale (r=.22, p>.005) but not for the third subscale (r=.06, p>.423). MANOVA examining differences between low and high conflict frequency groups on cognitive distortions were not significant (Wilks’Lambda=.960, df=3, 154, F=2.12, p>.099). The difference between low and high conflict intensity groups on cognitive distortions was significant (Wilks’Lambda=.922, df=3,151, F=4.28, p<.006).The group of couples with high intensity of conflict scored significantly lower on the ICDS than the group of couples with low intensity of conflict. Multiple regression analysis indicated that cognitive distortions explained 05 % of the total variance in depression, employment and romantic relationships. Its explained variance in depression was (F(3,157)=2.82, p>.040) and for conflict intensity (F(3,157)= 6.11, p<.001). Discussion: The positive relationship between cognitive distortions and marital conflict shows ‘couples’ marital conflict increase when they have cognitive distortions or vice versa. These findings were consistent with other studies supporting the conclusion that dysfunctional beliefs associated with marital conflict (Haferkamp & Claudia,1994; Möller & Beer, 1998; Möller, Rabe, & Nortje, 2001). It was found cognitive distortion was not significant predictor of marital conflict. It can be considered other variables which were not measured in this study could have an effect on marital conflict. Conclusion: The results indicated that cognitive distortions had positive correlation with marital conflict and couples with high intensity of conflict have cognitive distortion than couples with high intensity of conflict. But these cognitive cognitions did not predicted frequency and intensity of marital conflict.

**Exploration of shame and disclosure in long-term drug dependence**

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Introduction: This study explored levels of shame in 31 long-term poly-drug users, in an out-patient methadone prescription program, compared to 31 non-drug users closely matched on gender, ethnicity, and socio-economic and employment status. In addition, this study looked at the relationship between shame and disclosure. Methods: All participants completed the Experience of Shame Scale (ESS; Andrews et al., 2002) as well as standard measures of depression, aggression and dissociation. Open-ended questions were used to explore disclosure issues. Results: Drug users scored significantly higher on levels of characterological and behavioural shame, but not on bodily shame. However, when controlling for levels of depression, only the group difference on characterological shame remained. Within the drug user group, the level of shame about drug use was significantly higher than characterological, behavioural and bodily shame. 32% of the drug users were identified as non-disclosers (N = 10). Non-disclosure was associated with increased levels of depression and shame. Many of the drug users in this study appeared to have low scores on the ESS but not with shame about drug use. Two overriding themes were identified from the qualitative data about issues not disclosed: 90% of the non-disclosers reported not having been able to disclose about 'current issues' and 20% had not been able to talk about 'historical issues', such as upbringing. In terms of current issues, half of the non-disclosers had not been able to talk to staff about their relationships with their partners and children, and some had not been able to talk about their current mental state and/or their current drug use, health and legal issues. Conclusion: This study replicates previous findings that long-term drug dependence is associated with increased shame, using a more robust assessment of shame. This suggests that fostering a non-shaming treatment approach and general environment is especially important when working with clients with long-term drug use. The study extends the existing literature in terms of suggesting possible sources of shame particular to drug dependence and their relationship to non-disclosure. A small proportion of the drug users in this study appeared to have difficulties in talking to staff about drug-related issues. However, in order to address the concerns of these client better, thus providing a more comprehensive and client-relevant service, some clients may need specific help to talk about other aspects of their current life, particularly when it comes to their relationships with their partners and children, and their mental state. Without an encouraging, non-shaming approach, drug user may fail to disclose important information which may not only lead to their needs not being fully met but also an underestimation of risk of harm to clients and the people around them. Implications for Cognitive-Behavioural Therapy and future research are discussed.

Psycho educational, cognitive behaviourial group therapy, for mixed emotional disorders.

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Introduction: Confronted with limited resources, long waiting-lists and restricted budget, psychiatric services have emphasized time-limited and cost effective treatment interventions. In these settings cognitive behavioural therapy (CBT) has been the psychological treatment of choice, often delivered in groups (CBGT). The efficacy of cognitive behaviour therapies appears to be relatively uniform across diagnostic categories. In research settings, diagnostically specific CBT protocols have been developed for homogeneous samples of patients with specific disorders for both individuals and groups. However, there is little research which has assessed a group CBT format for unselected patients with different disorders. The reality of everyday routine clinical practice is that patients attending psychiatric services are presenting heterogeneous problems. Therefore the single-diagnosis group format of CBT is not always convenient. A great overlap of content is apparent across single-diagnosis CBT treatment protocols, i.e. education about the cognitive model, the use of thought records, cognitive restructuring, re-evaluation of core beliefs and relapse prevention strategies. In light of this overlap of content, it is worth considering if it is possible to apply respective CBT techniques in a group format for patients with mixed diagnoses. An approach perhaps more efficient and better tailored to the requirements of every day clinical practice. Purpose: The purpose of the study is to evaluate the effectiveness of CBGT program for a heterogeneous group of patients, using psycho educational approach. Method: The participants in the study were forty-eight patients who attended the acute psychiatric service at the University Hospital in Reykjavik, Iceland. The patients were referred by case managers (physicians, psychiatrists, psychologists, nurses). Exclusion criteria were minimal, only patients with current psychotic symptoms and current alcohol and drug use were excluded. The participants attended five weekly two-hour sessions cognitive behavioural group therapy and were assigned homework between the sessions. The majority of patients were taking medication at the time of treatment and one-quarter of the participants had a history of previous admissions to a psychiatric ward. The participants completed five psychological tests, the Beck’s Depression Inventory (BDI-II), the Beck’s Anxiety Inventory (BAI), the Beck’s Hopelessness Scale (BHS), the Penn State Worry Questionnaire (PSWQ) and the Automatic Thoughts Questionnaire (ATQ), at the beginning (baseline) of therapy, at the end of therapy and when they attended a follow-up session two months later. Results: Significant differences appeared between pre- and post testing on four of the six psychological measures (BDI-II, BAI, ATQ, and PSWQ) and between post- and follow-up testing on all of the measures. This indicates a significant reduction in symptom severity among the patients and a good level of effectiveness of this form of CBT with effect sizes ranging from 0.27 to 0.61. At follow-up testing the mean scores on the psychological tests were in the normal range. Conclusions: This program evaluation indicates that heterogeneous group format may be effective in routine clinical setting, despite the presence of co morbidity and concurrent medication. Furthermore, it may be a treatment format that is more attuned to the reality of typical clinical practice providing acute psychiatric care.

Does patients’ understanding of the principles of graded exposure impact upon adherence and outcome?

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Introduction: It is standard clinical practice to coach patients in the principles of graded exposure before setting or carrying out exposure tasks. We assume better understanding leads to better adherence and better outcomes but the evidence for this is lacking. Method: Forty nine patients with ICD-10 phobia or panic who had undergone ten weeks of therapist or therapist/computer guided graded exposure as part of a randomised controlled trial completed a post treatment questionnaire and fifty multiple choice questions (MCQs) on the clinical principles of graded exposure for agoraphobia. Results: There was no significant correlation between MCQ score and any of the symptom based outcome measures or with treatment adherence (measured by number of homework sessions and therapist rated home work “quality”). MCQ score did correlate significantly with an improvement in work and social adjustment and with level of education. Conclusion: A clear understanding of the principles underpinning graded exposure is not a prerequisite for effective therapy at least when guided by a therapist or computer system. It may be that each patient learns as much as will satisfy them to carry out the necessary treatment tasks.

Food’s dose evaluation in bulimic subjects and people affected by Binge eating disorder


For many years bulimia nervosa and binge eating disorder had not considered as distinct disorders. as well, currently the relationship between bulimia and binge eating is not fully understood. Moreover, empirical findings show that the onset of those two disorders follows a different pathway. as for the bulimia, binging occurs as a consequence of dieting. In contrast, B.E.D binging is often the first signal of the disorder. The hypothesis of this study is that a biased perception of the amount of food plays a key role in the onset and maintenance of bed. for this reason, the study analyzed the evaluation of the amount of food investigating eventual differences between bulimic and bed patients. Methods: participants were subdivided in three different groups: 40 were affected by BN, 40 were affected by bed and 40 were the control group. all participants were showed 9 biscuits, each of those broken into in quarters. Participants, then, were asked to evaluate the number of biscuits presented. Results: people affected by bed underrated the number of biscuits presented whereas bulimic patients and control group rated the number of biscuits correctly. Discussion: the study pointed out that there are significant differences between BN and BED when
evaluating the amount of food. This evidence may contribute to better understand the featured of both disorders. Food underrating may represent a protective factor against shortage; however, when a lot of food is available the same factor may turn into a risk factor. Further studies with more subjects are needed to evaluate the influence of this factor in onset and maintenance of binge eating disorder.

**Predicting Drop-Out From CBT: Pre-Treatment Psychometric Variables**


1. Private practice; 2. Association for Mental Health and Social Rehabilitation; 3. CMHC/ Central District of Thessaloniki; 4. CMHC Byron/Caesariani of Athens

**Introduction:** Although CBT is a short-term highly effective form of psychotherapy, not all patients remain in therapy. Drop-out from treatment depends on a lot of demographic as well as clinical variables. Realistic (or unrealistic) expectations from therapy and quality of therapeutic relationship are also significant factors. Although treatment outcome relates directly to adherence to therapy, we do not know much on what kind of patients will remain in or drop-out from treatment. Aim of the present study was to investigate personality and clinical factors that could predict drop-out from a CB treatment. Method: One hundred and fifteen patients with a variety of DSM-IV diagnoses were administered three scales just after their intake evaluation interview: the Minnesota Multiphasic Personality Inventory (MMPI), the Symptom Checklist-Revised (SCL-90-R), and the General Health Questionnaire (GHQ). Eighty one (70%) patients completed CB treatment, while 34 dropped out of treatment. Treatment completers (TC) and treatment drop outs (TDO) were compared along the three pre-treatment assessment scales. Results: Not even one of the MMPI subscales could predict treatment discontinuation. From the SCL-90-R subscales three subscales could discriminate between TC and TDO: Obsessive-Compulsiveness, Depression, and Paranoia (TDO had significantly higher mean values at pretreatment: P=0.018, P=0.023, and P=0.034 respectively). Only one out of the four GHQ subscales, namely Anxiety, could also predict treatment discontinuation (higher pre-treatment values for TDO, P=0.049). Discussion: Present results, although inconclusive, are interesting, since they give us a rough idea on what kind of variables could predict drop-out from CBT. A slightly paranoid patient (SCL-90-R/Paranoia) may not trust a therapist, and consequently prematurely terminate treatment, but why doesn't an anxious and/or depressed patient remain in treatment? Further research is needed to answer this question.

**A new assessment technique for testing naïve theories about the suffering due to psychological causes and treatment.**

**Stratta F., Scarinci A., Capo R., Pradella F., Romano G. and Lorenzini R. Rome, Italy**

The agreement between therapist and patient as well as with patients'family members, whenever they need to be involved, on the causal models and treatment of the psychological suffering, represents a prerequisite for effective treatment (Cartwright D.S., Cartwright R.D. 1958; Goldstein A.P. 1962; Strupp H.H. 1995). A thorough agreement about causal and treatment models of psychiatric diseases between the patient and its family on one hand and the therapist on the other, may heavily improve adherence and therapeutic alliance, and improve consequently the cost/effectiveness ratio. Similarly, an agreement about the possible causes of the suffering models due to psychological causes between trainer and trainee, can actually improve educational process, inside psychotherapy training. The purpose of this study is to develop a quantitative measure suitable for assessing naïve theories about the causes and the treatment of the psychological suffering on a population with different cultural, social and psychological traits. A questionnaire was designed specifically for this purpose and piloted. Data were collected from a sample of psychiatric patients, psychiatric patients' family members and first year students of a cognitive-behavioural psychotherapy school. The results are discussed with respect to previous data concerning naïve theories about psychological suffering causal and treatment models, collected from Italian newspapers and magazine (Caroso M. et al 2000). Naïve theories are beliefs that must be treated as long as they can prevent the subject from changing in a suitable way towards the predetermined goals, whatever therapeutic or formative. The study suggests different cognitive therapeutic pathways for changing in the three samples of population examined.

**An Investigation of Trauma Symptomatology and Hospital Experience in a Psychiatric Inpatient Population**

**Carthcy, E.J. Nicholson, J. and Turpin, G. University of Sheffield & Psychological Health Sheffield, Sheffield Care Trust.**

Introduction: the diagnosis of Posttraumatic Stress Disorder (PTSD) within people with severe mental illness is an area which is increasingly becoming a focus for investigation (see recent review by Morrison, Frame and Larkin, 2003). Acute psychiatric inpatient care is a key element of mental health service provision but relatively little is known about the psychological impact it may have on patients. Previous research has identified the traumatic nature of psychiatric hospitalisation for a large majority of patients with psychosis. This study aimed to explore whether the experience of psychiatric hospital admission can be distressing for those hospitalised as a result of a non-psychotic illness as well. Method: 52 psychiatric inpatients were recruited to two groups, psychotic (n=30) and non-psychotic (n=22). The psychotic group had predominantly schizophrenic diagnoses and the non-psychotic group depression. Participants completed the HADS, a questionnaire regarding the distress associated with their experiences of hospitalisation as well as an amended PTSD diagnostic questionnaire (Posttraumatic Diagnostic Scale). Nurses were asked to complete the Brief Psychiatric Rating Scale, a collateral measure of symptom severity, for each
patient. Results: Of the entire sample, all but one participant had experienced at least one symptom of PTSD, and 58% met diagnostic criteria using the PDS. However the results did not support the hypotheses that people diagnosed with psychosis would find hospitalisation more traumatising than those with other diagnoses or that trauma symptomatology would be related to the severity of psychiatric symptoms in both groups. Indeed, the non-psychotic group had significantly greater symptoms on the PDS (p<0.05) and the HADS-A (p<.01) than the psychotic group, although the pattern was significantly reversed for the BPRS (p<.01). Moreover, a significant relationship was found for both groups between trauma symptomatology and distressing hospital experiences. Although this study was hampered by small sizes in each group it provides preliminary evidence of high levels of trauma, potentially as a consequence of hospital admission in the non-psychotic group. Prevalence in the psychotic group is in line with previous studies. Conclusion: This study has shown that symptoms of anxiety, depression, psychosis and PTSD coexist and may prove difficult to separate out. Previous studies have found distress related to hospital experience in patients with psychosis. This study determined that hospital experience is distressing for all inpatients whether psychotic and non-psychotic. In contrast to what was hypothesised, higher levels of caseness for PTSD were found in the non-psychotic group, as were higher overall levels of distress reported in relation to hospital experiences. Although it seems unlikely that this distress was due to symptoms of psychiatric illness or prior trauma, these factors cannot be categorically ruled out on the basis of this study. Due to the small sample sizes in both groups, particularly the non-psychotic group, conclusions should not be drawn on the basis of these results and further research in this area is much needed.

My friend is my therapist - Is the need for and utilisation of psychotherapy predicted by the perceived social support and satisfaction with the social support?

Vriends, N., Margraf, J., Becker, E.S. University of Basel and University of Nijmegen

It has been proposed that several contextual factors, especially social factors, can explain why some people with psychological disorders utilise psychotherapy, whereas others do not. The role of social support regarding the utilisation of psychotherapy has gained little attention in research over the last 20 years. Most studies have found support for the “deficit model”, which explains that the use of psychotherapy is an expression of insufficient support resources. Social support is mainly understood as an overall concept of several dimensions, such as social integration and emotional and instrumental support. To date, it is not clear which role these different types of social support play in the subjective need and wish for psychotherapy and the utilisation of psychotherapy. Moreover, the role of satisfaction with the perceived social support is not explored yet. In this prospective longitudinal study we examined which role different types of perceived social support play on the wish for and utilisation of psychotherapy. A representative sample of 1396 young women (ages 18-24 years) from Germany was surveyed. The influence of perceived social support and the satisfaction with social support were measured by a social support questionnaire (SOZU-K-22, Fydrich et al.) with the subscales emotional support, instrumental support, social integration, having a trustful person and satisfaction with family life. These results support the “deficit model” of social support: Less perceived social support and satisfaction with social support predict more need, wish for and utilisation of psychotherapy. Moreover, they provide detailed information about which role the different components of social support play in the process of decision making to visit psychotherapy.

Randomized behaviour therapy study in alcoholism: Efficacy in three years follow-up

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In spite of the increasing interest in out-patient treatment programmes for alcoholics, there still exist only few experimental studies on this issue. In our study the efficacy of two different behaviour therapy strategies were examined. 120 patients were assigned randomly to non specific supportive therapy (therapy as usual, TAU) or to two forms of behaviour therapy (coping skills training, CST, or cognitive behaviour therapy, CBT). Behavioural treatment comprised 26 weekly 2 hour sessions; follow-up examinations took place every 6 months over 2 years. Patients undergoing behavioural therapy showed less drop-outs and significant higher rates of abstinence compared with supportive therapy both after treatment and in the 36 months follow-up even growing over the time of follow-up, although statistically significant differences between the two behavioural therapy strategies could not be established. Results demonstrate the feasibility and efficacy of behaviour therapy programmes in the outpatient treatment of alcoholism. Furthermore they stress the importance of professional and psychotherapeutic engagement in the field of addiction.

A randomised controlled trial to assess the effectiveness of providing self-help information to people with symptoms of Acute Stress Disorder following acute traumatic injury
The efficacy of providing self-help information to patients with Acute Stress Disorder following traumatic injury was investigated. It was hypothesised that patients with symptoms of Acute Stress Disorder who received such information would show reductions in depression, anxiety and PTSD post-intervention compared to patients with symptoms of Acute Stress disorder who were not formally provided with self-help. The information included both information about common psychological sequelae of traumatic injury and structured proactive advice on cognitive behavioural strategies, and was provided between two weeks and one month following attendance at A & E. Patients were screened into the study on the basis of their scores on an Acute Stress Disorder screening measure (ASDS). 'High' scorers on this measure were randomly allocated to Intervention (group 1; n = 116) or Wait List Control (group 2; n = 111) conditions; these groups received the self help booklet within one month of the traumatic injury and at the end of the study period respectively. An equivalent size sample of 'low' scorers on this measure were also included in the study (group 3; n=120), and received the self-help booklet at the end of the study period. Patients were assessed for PTSD, anxiety, and depression, at 'baseline' (within one month of their accident, and prior to the Intervention) and again at 3 months and 6 months after their accident. Patients’ perceptions of their quality of life were also assessed at 3 months and 6 months post-injury. Analysis of the baseline questionnaires revealed that the ‘high’ scorers on the ASDS (groups 1 & 2) had significantly higher scores on measures of PTSD, anxiety and depression than the ‘low’ scorers (group 3), and that groups 1 & 2 were well-matched on these measures. The post-intervention data is currently being analysed. The findings from these will be presented, and results discussed with respect to their implications for the effectiveness of early self-help interventions and prevention strategies for PTSD.

Evaluation of Friends program in a spanish clinical group of adolescents; preliminary results.

Ordeig, M.T.; Ramirez, M; Figueras, I. CSMIJ Mútuare Terrassa/ Rambla d'Egara Spain

Introduction: The Friends Program (Barrett,Lowry & Turner, 200) "Friends for Youth" is a preventive cognitive & behavioural program addressed to treat in a group format anxious adolescents (12 to 16 years of age) and their families. It has been widely validated in its country of origin and has been translated to different languages and put into practice in different sociocultural contexts. The core feature of the treatment program (selfesteem, exposure, relaxation, cognitive strategies and contingency management) are taught and practiced in the session and at home in assigned tasks both by parents and the adolescents. The purpose of this preliminary study was (a) to examine the applicability of the Spanish translation of the Friends for Youth version in a clinical group of overanxious adolescents and (b) to examine its efficacy in symptom reduction with pre and post treatment comparisons and (c) results with those of a comparison group (untreated waiting list). The subjects have been recruited from our Child & Adolescent Primary Mental Health Center where they had been referred for treatment and randomly assigned to one of the two conditions. Youths and parents completed the following questionnaires: RCMS (Rynolds & Richmond, 1978), STAIC spanish version and a satisfaction questionnaire in the case of the children and CBCL (Achenbach, 1991) in the case of parents. Results and conclusions on symptom reduction and treatment efficacy as well as cultural differences shall be discussed in the poster presentation.

Evaluation of the spanish version of the Basic Parent Training program in a clinical population, preliminary results.

Figueras,I; Garrido,I; Ordeig, M.T. CSMIJ Mútuare Terrassa/ Rambla d'Egara Spain

Introduction: The Incredible Years Parents training series developed by Dr Carolyn Webster Stratton is a structured program based on videotape modelling, group discussion and rehearsal techniques designed to prevent and/or treat conduct problems and increase children's social competence by teaching the children's parents different skills (play/reinforcement/time-out/ignoring/establishing logical and natural consequences/managing bad behaviour). It is considered an exemplary "best practice" and evidence based treatment approach widely used and translated into several languages. Method: The Spanish version of the 12-week Basic Parent Training program has been used with the parents of children referred to our Child & Adolescent Primary Mental Health Center for assessment and treatment of aggressive/defiant and/or oppositional behavior. Pre-test and post-test measures are used to test its efficacy in comparison with two other conditions: (i)waiting list and (ii)conventional parent training discussion group (not video modelling).

Parents in the three different groups; waiting list (WL), video-group (VG) and conventional training (CT) answered the same following questionnaires: CBCL (Achenbach 1991), SDQ (Goodman, 1997); Conners Parent Revised Scale (Conners 1992 ), Goldberg's GHQ-28 (Goldberg, 1981) and EMBU (Arrindell 1983). Results will be presented comparing outcome in the three groups as well as conclusions on cultural differences in rearing practices that may influence some of the training effects (i.e,use of praise and of rewards).

Adaptation of the Spanish Version of Dina Dinosaur Social Skills & Problem Solving Training; preliminary results in a clinical group of children.
Evaluation of Friends Program in a spanish clinical group of anxious children: preliminary results

Ordeig, M.T.; Villamarín, S. Figueras; I. CSMIJ Mútua de Terrassa/ Rambla d'Egara Spain

Introduction: The incredible Years child training program (Webster Stratton c., 1999, 1997) was designed to teach young children friendship skills, appropriate conflict management strategies, classroom behaviors and empathy skills. Videotape vignettes are used to demonstrate problem solving and prompt role-playing and practice activities. It is used in combination with a parent training program and has been translated into Spanish. The purpose of this paper is to examine the applicability of the Spanish version in a group of 8 children aged 5 to 7 years of age presenting externalising behavior problems (aggressive, oppositional, and non-compliant behaviors at school and home environments) and (b) compare the outcome of these children with that of a non-treated similar age and sex group (waiting list). Method: Participants: 8 children within the 5 to 8 age group referred to our Child and Adolescent Primary Mental Health Center because of aggressive and oppositional behavior problems were included in the child training group and their parents were also included in the Parent training group along the 10 sessions (10 weeks). The comparison group included children referred to our center for the same reasons and waiting to start the following group. Parents responded before (pretest) and after (post test) the group treatment the following questionnaires: CBCL (Achenbach, 1991), SDQ, Goodman, 1997), Connors (Connors, 1992) and Goldberg's GHQ-28 (1961) as well as a family rearing styles questionnaire (EMBU)(Antinelli, 1983). Results and conclusions will be presented in September and will include pre and post test comparisons in both groups of children (treatment and waiting list) as well as comments on the Spanish version and its applicability to our community.

Computerised cognitive behaviour therapy for co-occurring depression and alcohol/other drug use problems

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INTRODUCTION: Depression is a major public health problem, and its incidence is increasing. The National Survey of Mental Health and Well Being (NSMHWB) in Australia indicated that in the 12 months prior to the survey, approximately 6% of Australian men and women had experienced diagnostic level depression(1). Many people who experience depression will also meet criteria for another mental illness. For example, at least 25% of people with depression also meet criteria for an alcohol/other drug (AOD) use disorder(1). People with comorbid problems have poorer treatment outcomes, which are improved when treatment integrates both mental health and AOD approaches. Although comorbidity seems to be the rule, rather than the exception, researchers and policy makers have largely ignored the area(2). Treatment for depression is effective in over 80% of cases, with cognitive behaviour therapy (CBT) reporting the best-documented efficacy of the non-pharmacological approaches for the treatment of depression(3). CBT has also been used effectively among people with AOD-use disorders. However, the question of how effective CBT is among comorbid populations is one that is currently unclear given that the majority of treatment outcome research excludes people with comorbid problems. In Australia, the NSMHWB revealed that 62% of people with mental illness do not seek any professional help for their condition(1). This is also the case for people with AOD-use disorders. Indeed the sheer number of people affected by depressive and AOD problems, along with their ability to access treatment due to geographical isolation or financial difficulties could pose barriers to accessing...
Combining CBT and Solution-Focused approaches to smoking cessation

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In this poster we present a smoking cessation programme that attempts to integrate CBT and Solution-Focused approaches. Typically CBT cessation programmes see smoking as a learned problematic behaviour and secondarily as an addiction, which they aim to eliminate by managing smoking triggers. The style is frequently psycho-educational and encourages smokers to self-monitor their smoking behaviour and to disrupt smoking routine by replacing cigarettes with alternative behaviours and by adopting a healthier life-style. In terms of the counselling process, in traditional CBT programmes there is often an emphasis on “problem talk” with the clinician focusing both on smoking as health-risk behaviour and on specific triggers as high-risk situations. In our approach we adopt a constructivist epistemology, which sees smoking as a meaningful ritualised behaviour that bears health risks but may also have certain benefits for smokers’ identity. In working towards smoking cessation we pay due attention to cigarette smoking as part of every-day, ritualised, meaning-making activities, and while making use of traditional CBT techniques to help break the habit, we also apply a pragmatic, solution focus to our approach, with the aim to mobilise the client’s own constructs, skills, resources and strengths in order to bring about desirable changes in their smoking behaviour. In this poster the approach’s theoretical base and assumptions are described and the counselling procedure is detailed. Also some preliminary statistical evidence is presented in terms of the model's effectiveness.

Virtual Reality Exposure Therapy of Anxiety Disorders: A Review

Krijn, M., Emmelkamp, P. M. G., Olafsson, R. P. and Biemond, R. University of Amsterdam, Department of Clinical Psychology

Virtual Reality Exposure Therapy (VRET) is an altered form of Behavioral Therapy and may be a possible alternative to standard in vivo exposure. Virtual reality integrates real-time computer graphics, body tracking devices, visual displays and other sensory input devices to immerse patients in a computer-generated virtual environment. Research on this type of treatment for anxiety disorders will be discussed on this poster and the mediating and moderating variables that influence VR treatment effectiveness as well. Some pictures of virtual worlds and the equipment generally used will be provided. Evidence is found that VRET is effective for subjects with fear of heights and fear of flying. For other phobias, research to date is not conclusive. More randomized clinical trials in which VRET is compared to standard exposure are required. Furthermore, studies are needed in which VRET is not just a component of the treatment package evaluated, but in which VRET should be assessed as a stand-alone treatment.

Effectiveness of cognitive-behavioural therapy in treatment of patients with hypertension.

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INTRODUCTION: Cardiovascular problems are one of the most prevalent somatic problems of modern society. In Estonia the cardiovascular problems are the primary cause of death. Several behavioural and cognitive techniques have been effective for treating chronic medical problems (White, 2001). Therefore, the aim of the present study is to assess the effectiveness of combined cognitive and behavioural techniques in treating hypertension. METHOD: The treatment is combined of CBT principles that are used for treating health anxiety (Salkovskis, 2003) and treatment strategies for hypertension (Gournay, 2003). Subjects are randomly signed into two groups. Control group is receiving pharmacological treatment for hypertension. The study group is receiving pharmacological treatment and therapy. The levels of blood pressure, anxiety and depression are assessed. RESULTS: The results of the study are expected for August 2004.

Does individualization matter? A randomized trial of standardized versus individualized cognitive behavior therapy for bulimia nervosa

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Objective: to compare the efficacy of standardized manual-based cognitive behavior therapy (CBT) with a more individualized CBT for bulimia nervosa. It was hypothesized that individualization would result in 1) decreased attrition, 2) better treatment response, and 3) lower relapse. Methods: fifty patients were randomized into either manual-based or individualized CBT guided by logical functional analysis. Eating disorders Examination
questionnaire and a series of self-report questionnaires were used for assessment at pre-, and post-treatment as well as at follow-up, six months after the end of the therapy. Results: Both conditions improved significantly at post-treatment, and the results were maintained at the six months follow-up. There were no statistically and clinically significant differences between the two conditions at post-treatment with the exception of abstinence from objective bulimic episodes (as measured by the number of weeks), excessive compensatory exercising, and abstinence from compulsatory behaviors, favoring the individualized condition. Both groups improved concerning self-esteem, perceived social support from friends, and dissatisfaction with body shape. These improvements were maintained at follow-up. Ten patients (20%) did not respond to the treatment. Notably, a majority of non-responders (i.e. 80%) were in the manual-based condition. Non-responders, showed extreme dominance of rule-governed behavior, and lack of contact with actual contingencies compared to responders, but no other systematic and common characteristics could be identified among non-responders using statistical analysis. Conclusions: The study provided preliminary support for the second hypothesis, as there were fewer non-responders in the individualized condition. There were also some indications in support of the last hypothesis. However, the magnitude of effects was small and independent replications with larger sample sizes are needed before more clear cut conclusions can be drawn.

**Deliberate self-harm as an addictive behaviour: An interview study**

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Introduction. Although several theories of self-harming behaviour exist, few are empirically testable. Given the compulsive nature of the behaviour, the aim of this study was to examine from the standpoint of psychological criteria of dependence and behavioural addiction, factors maintaining deliberate self-harm and to test a theoretical explanation of the development of deliberate self-harm using predictions made by the Opponent Process Theory of Addiction. Method. Features and functions of deliberate self-harm as measured by semi-structured interview, visual-analogue and likert scales were investigated with seven males and 22 females who were currently repetitively self-harming. Results. Coded analysis of the interview responses endorsed criteria for clinical dependence and behavioural addiction. Reported pain in relation to severity of injury was significantly higher for initial episodes compared to later episodes and accidental episodes compared to intentional episodes. Additionally, positively directed changes in emotional state were reported supporting predictions made by the Opponent Process Theory of Addiction. Self-harm regulated the intensity of specific basic emotions, resulting in a significant drop in sadness and anger and a significant increase in the intensity of happiness in both initial and recent episodes. Also, urges to harm oneself were reduced by self-harm in both initial and later episodes. Conclusion Deliberate self-harm may be seen as a form of addictive behaviour. Theories of addiction (specifically the Opponent Process Theory) may go some way towards enhancing our understanding of the mechanisms that maintain deliberate self-harm. Further empirical research into the addictive nature of deliberate self-harm may successfully inform prevention and treatment strategies.

**Maladaptive Sexual Attitudes And Behaviours In A Sample Of Male Students: Significance Of Predictors**

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Introduction: Sexual attitudes and behaviours, as well as true sexual disorders are quite common in community and clinical samples. A variety of predisposing factors are considered to be significant contributors to the development of these disordered sexual behaviours. Family and cultural influences, faulty cognitions, aversive sexual experiences and interpersonal factors are only some of them. The aim of the present study was to investigate sexual attitudes and behaviours in relation to specific factors that were postulated to be significant predictors for those maladaptive attitudes and behaviours. Methods: The Golombok-Rust Inventory of Sexual Satisfaction (GRISS) was administered to a sample of 100 male undergraduate students of the Aristotelian University of Thessaloniki (Mean age=21). Presence or absence of a series of possible predisposing factors (adequate sexual education, performance anxiety, spectatoring, traumatic sexual experiences, negatively perceived first sexual intercourse, conservative sexual attitudes, restricted upbringing, fear of loosing control, antagonistic behaviour) were also recorded in an additional questionnaire. Collected data were subsequently analysed via parametric and non-parametric tests. According to sample mean values at the GRISS subscales, subjects were classified as “probable cases” (individual values greater than mean value plus one standard deviation) and “normal” controls. Results: Both a correlational analysis and multiple stepwise regression analyses showed that a variety of individual experiences and attitudes toward sex could predict subsequent development of maladaptive sexual behaviours. Inadequate knowledge of sexual anatomy and sexual hygiene, an aversive first sexual experience, a sense of embarrassment, and a negative attitude toward sex, as well as the fear of loosing control were significant predictors of “caseness” in various psychopathological dimensions. Discussion: Present results suggest that sexual dysfunctions seem to be related to a variety of predisposing-maintaining factors and that a multiple cause process to disordered sexual attitudes and behaviours can better explain them. Present findings support the need for a more comprehensive and multi-dimensional conceptualisation and treatment plan for the cognitive-behavioural management of sexual dysfunctions.

**Implentation of CBT skills in general psychiatric practice by junior doctors**
Background: The Royal College of Psychiatrists demand CBT training and supervision for psychiatrists in training. One is several aims for this work, one of which is skillful non-specialist practice. However, there was training people as if they were going to implement specialist therapy. There is no clarity about which skills are most helpful to have in non-specialist practice and which aspects of practice are most helped thereby. We wished to discern whether Senior House Officers (SHOs) perceived that therapy skills were transferred to non-specialist practice and investigate which skills were experienced as most helpful. Methods: A questionnaire was devised to enquire over a two-week period of non-specialist practice about the use of thirteen skills identified on Cognitive Therapy Scale - Revised version (CTS-R). This questionnaire enquires about the frequency of use of each skill. It also measures perceived skillfulness of use and utility in helping the therapeutic relationship and the patients’ problems in one instance. SHOs completed questionnaires before and after an introductory course in CBT that included case discussion and supervised practice. Results: The perceived frequency of use of nine out of the thirteen skills tested showed significant increase, including agenda setting (p = 0.044), collaboration (p = 0.001) and use of open and inquisitive therapeutic style (p=0.029). The frequency of use of skills such as showing understanding and warmth (p=0.211) and formulation (p=0.402) remained unchanged. Overall, the SHOs rated the skills to have been ‘slightly helpful or helpful’ in improving their relationship with the patients and ability to help patients’ problems. Discussion: Discussion will focus on the implications of identifying the skills perceived to be used more frequently and helpful in non-specialist psychiatric practice.

Contribution to Assessment of Effects of Rational Emotive Behaviour Therapy

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Evaluation of psychotherapy is of great importance to all participants in the process. CBT shows consistently good results in psychotherapy outcomes studies, no matter whether they were performed in naturalistic or in strictly controlled conditions. According to some authors, meta-analytic studies report that CB Therapies achieve better results in comparison to other psychotherapy approaches (with the exception of BT), placebo effect or control group (David & Avellino, 2002). Although REBT belongs to the group of CB therapies, it is not perfectly clear to what extent it contributes to those results. The main problems dealt with in this study are the following: 1. what effects attain REBT in 6 sessions in treating clients with various psychopathology?; 2. Does the level of training and experience of therapists play any role in REBT intervention outcomes?; 3. Does the sex of clients play any role in REBT intervention outcome? ANOVA showed that REBT was effective with most number of clients demonstrating statistically significant improvements on a third measurement comparing with the first one; also, very small number of clients responded negatively to the treatment, showing stagnation or intensifying of symptoms. Thus, we conclude that REBT can be effective in treating clients with various psychopathologies. T-test also showed that more experienced therapists were statistically significantly more effective than less experienced in one out of four measures; in the other three measures, difference between the groups of more experienced and educated therapists compared with the group of less experienced and trained colleagues was not statistically significant. The treatment was equally effective to clients of both sexes. This study was conducted in naturalistic conditions with certain flaws and limitations; future controlled evaluations are more than welcome.

Cognitive Characteristics of Alcohol Dependent Male Patients

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Objectives: According to the cognitive model of alcoholism, dysfunctional beliefs play a role in the generation of urges, including alcohol use. The aim of our study is to compare core beliefs, schemas and dysfunctional beliefs of the DSM-IV Alcohol dependent patients with normal controls. Methods: Seventy alcohol-dependent male subjects according to DSM-IV who are admitted to SSK Ankara Residency Training Hospital, Department of Psychiatry inpatient unit for alcohol detoxification were included in the study. Conrol group consisted of 38 normal healthy subjects. All diagnosis were made by administering the Structured Clinical Interview for DSM-IV (SCID). Before the research interview each subjects completed a personal family and medical history form. After diagnostic interview, patients participated in a detailed assessment of cognitive profile and socio-demographic questionnaires were given to the patients. Cognitive assessments were made by administering Young Schema Questionnaire (YSQ) short form, Dysfunctional Attitudes Scale (DAS), Social Comparison Scale (SCS). DAS was used to assess dysfunctional thoughts. YSQ and SCS was used to identify schemas or core beliefs. Results: Alcoholic patients had significantly lower mean total DAS scores than the normal controls. According to SCS alcoholics saw themselves as incompetent, failure, deficient and unlovable. Alcoholic patients had higher score in abandonment/instability, mistrust/abuse schema domains. On the other hand they had lower scores than the controls in domain of self-control/self-discipline domain. Conclusions: Our findings suggest that the belief system of the alcoholic patients differ from the normal controls. With regards to core beliefs and schemas alcoholic patients saw themselves as incompetent and unlovable; they saw other people as untrustful and ready to abandon them. These cognitive factors could have a direct clinical application in conceptualization and treatment of alcohol-dependent patients.
Early Maladaptive Schemas and Axis I Psychopathology.

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Schema Focused Therapy has been developed by Young and colleagues (Young, 1990; Young and Lindemann, 1992; Young, Beck & Weinberger, 1993; Young & Klosky, 1994; Young, Klosky & Weishaar, 2003) for the conceptualisation and teratment of Axis I and Axis II disorders that have a significant base in lifelong characterological themes (Young, Klosko & Weishaar, 2003). According to this model, this model, underlying psychopathology are what Young has defined as Early Maladaptive Schemas (EMSs). EMSs are pervasive themes or patterns comprised of memories, emotions, cognitions and bodily sensations, regarding oneself and one’s relationships with others, developed during childhood or adolescence, elaborated throughout one’s lifetime and dysfunctional to a significant degree (Young, Klosko & Weishaar, 2003). This poster presents research on the relationship between EMS and Axis I psychopathology on a group of individuals with psychopathology. EMS’s were assessed by the YSQ – RE2R (Young, 2002), while psychopathology was measured by the Brief Symptoms Inventory – BSI (Deropatis, 1982). This research has been conducted in a wide sample of the Portuguese population and is included in a wider research project concerning the clinical utility of the EMS theoretical construct.

Misdirected problem-solving and disability: development of new questionnaire

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Objective: In order to investigate the relationship between perseveration in ineffective and misdirected problem-solving and aspects of quality of life such as disability, distress, depression in pain patients, we needed to develop a new questionnaire to measure how people deal with their pain. Method: We have translated an existing questionnaire about tenacious goal pursuit (also understood as misdirected problem-solving) and flexible goal adjustment and adjusted the items to more specific problem-solving skills that result from pain. In a second step, we have included items from other questionnaires that also encounter tenacious goal pursuit and flexible goal adjustment. Next we have presented our items to several experts in the field of pain research. After all, we have administered our questionnaire together with 8 other questionnaires to 920 pain patients. Results: 501 subjects returned the questionnaires (nvalid = 476). Mean age was 53 years, 73 % were female, mean pain duration was 185 months. Exploratory factor analysis revealed four factors which accounted for 48 % of the variance. The first factor measures a tendency to persevere in active problem-solving, disengagement from active problem-solving, faith in finding a solution for the pain. To further validate the factor structure obtained by exploratory factor analysis, a confirmatory factor analysis was conducted on two samples using the 14 remaining items. Goodness-of-fit indices were acceptable for both samples. Conclusion: The purpose of this study was to develop a questionnaire that could measure how people try to deal with their pain. In exploratory and confirmatory factor analysis, four homogeneous groups of items emerged that closely responded to our theoretical intention, being perseveration in active problem-solving, disengagement from active problem-solving, faith in finding a solution for the pain and a tendency to accept the pain.

A comparison of gay and heterosexual men on body image and eating disorders

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Body image, a person’s perceptions, thoughts and feelings about his or her body, has become a subject of great interest in recent literature not only because of its importance in the human experience and quality of life but also because of its great clinical relevance in eating disorders. Many American studies (Cash, Winstead, Janda and Garner, 1997) showed that body images have progressively worsened. Clinical observations in United States and Europe found out that gay men were over represented among patients with eating disorders. According to some research (Lahti, 1998) gay men are likely to be more dissatisfied with their bodies than heterosexual men. There have been few studies of gay men (Herzog, 1991; Silberstein, 1992) with a small non-clinical sample (43 and 71 gay men). Therefore we decided to carry out for the first time a research to measure and value the differences in body images, body satisfaction and eating disorders symptoms on a large sample of gay and heterosexual men (about 500 subjects for each group). We used for our research a multidimensional questionnaire (Cash, 2000) that investigates body image under the following headings: evaluation of appearance, orientation of appearance, satisfaction of body areas, preoccupation with being overweight and beliefs or assumptions about the importance, meaning and influence of appearance in one’s life. In addition we added many items taken from the EDI-2 questionnaire to assess bulimic or anorexic behaviours. The goals of our research were to explore and find out the differences between body images of gay men and heterosexual men, to see if gay men were more dissatisfied with their bodies and consequently more vulnerable to eating disorders and to find out which body parts are more important to each group. Data analysis was conducted and results will be discussed.
Context-dependency of cue-elicited urge to smoke: implications for cue exposure treatment

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Research has shown that urge to smoke can be elicited by environmental stimuli such as cigarettes, lighter, and ashtrays. During cue exposure treatment an addict will be repeatedly exposed to these smoking cues but is not allowed to smoke. At the end of treatment urge to smoke should be extinguished. However, contemporary learning theory suggests that extinguished conditioned responses are renewed after a context change. Earlier studies (Dols et al, 2000; 2002) suggested that cue-induced urge to smoke depends on the expectation of availability of smoking. The results of these studies reliably demonstrated that a context cue predicting the availability of smoking increased urge to smoke in comparison to a context cue predicting the unavailability of smoking, irrespective of the presentation of the smoking cues. In this study subjects learned to discriminate between a context cue predicting smoking availability and a context cue predicting in one room. This differential learning was extinguished in another room and tested for renewal in the acquisition and extinction room. Rooms were distinct on their physical characteristics but equivalent on their smoke related characteristics. It was found that a context cue predicting smoking elicited higher urges to smoke than a context cue predicting no smoking. Moreover, this study demonstrated that this differential effect on urge to smoke could be extinguished and subsequently renewed when tested in the acquisition context. These findings are discussed in relation to the significance of a context change regarding the predictive value of smoking availability. Theoretical and clinical implications are drawn.

Perception of behavior therapy by patients and their relatives

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Background: There is some research on patient motivation, patient satisfaction and patient expectations in respect to psychotherapy. But here is no research so far on how patients perceive or experience what actually is going on in psychotherapy. This is surprising as patient cooperation is seen as crucial for treatment outcome. Other studies look at subjective theories about treatment and their influence on experience and coping strategies of patients. Even more nobody has asked how relatives of patients perceive the treatment although they may play an important role either in supporting or hindering the ongoing treatment. In a larger study on the social network of patients with mental disorders we developed a new scale which allows measuring the perception of psychotherapy by patients and their relatives (PP-Scale). Methods: The PP-Scale contains 98 items which can be answered by patients and their relatives. 120 behavior therapy inpatients and 62 relatives has filled the scale. Results: Analyses of data from patients resulted in four factors: (I) positive personal contribution to treatment, (II) passiveness and negativism, (III) judgement about the therapist and (IV) relationships with relative. Analyses of data from relatives also showed a four-factor-structure: (I) mistrust and negativism towards psychotherapy, (II) personal positive contribution to treatment, (III) relationships with relative and (IV) personal involvement of relatives. Conclusions: Patients and therapists show mixed feelings towards psychotherapy. The PP-Scale seems to be an interesting instrument to measure perception of therapy, which can be considered to an important dimension in the treatment process.

Self-help for Expatriates in Isolated locations

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Based on a research study on over 1000 expatriates carried out between 2003 and 2004, this paper presents an analysis of the factors involved in the adjustment of expatriates, to discuss alternatives of psychological treatment based on Cognitive Behavioural Therapy. The results reflect an ongoing study on the suitability and effectiveness of self-help psychological interventions based on cognitive and behavioural therapy, delivered over the Internet and especially tailored to the problems of expatriates living in isolated locations. Background: Expatriates are people who move away from their home cultures to live and work in an alien culture, aiming to return to their countries at the end of their assignments. In 2001 35.000 UK citizens relocated abroad and the UK alone received approximately 50.000 expatriates. Since the early XVII century it has been observed that expatriates experience a pattern of physical disorders, initially named “Maladie du Pays”. Although research on them is limited, these problems are associated with the difficulties of adjusting to foreign environments and wide-ranging factors, such as cultural distance, level of isolation, family adjustment and previous migrations. Psychophysically, this particular form of stress is correlated with an increase in somatised physical disorders and in diverse manifestations of anxiety and depression, which often leads to substance misuse. The alternative of making on-site, well-trained mental health professionals available to expatriates in isolated locations is costly and difficult to source. The impact of these problems should then be matched with the wide range of evidence-based interventions that are accessible and appropriate. Methods: The research study comprises two parts and will be carried out on a sample of 1000 expatriates, working for international companies residing in isolated locations. A website has been created were people are invited to complete a questionnaire. The questionnaire comprises 80 questions gathering information on demographics, sojourning characteristics, cultural adjustment, psychological well-being and health related problems. On this basis a self-help package will be created and made available online. The expatriates will be then invited to read and comment on the package. Results: The results of the first stage of the research study will be available in March 2004, and the second stage in June 2004. The final results will be available by July 2004. Preliminary Discussions: Cognitive and
Behavioural Therapy (CBT) has long been recognised as a cost-effective method of delivering evidence-based interventions to specific populations. Self-help and brief interventions are suitable for aid on a wide range of medical and psychological conditions, with increased evidence that for some problems outcomes are equal to that of longer more costly traditional therapist contact. Furthermore, research trials carried out on a variety of psychological conditions, suggest that the Internet can be used for the administration of self-help treatments. Consequently, the use of CBT appears as the ideal alternative for psychological treatment for expatriates. However, there is a need for the empiric evaluation of this form of treatment. It is expected that this results will be a good base for a further study analysing the effectiveness of this interventions.

Political elements of PTSD within former Royal Ulster Constabulary (RUC) Police Officers and its implications for effective psychological treatment

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This paper will explore some of the limitations of the Post Traumatic Stress Disorder Framework in accounting for the myriad of psychological symptoms encountered by former Royal Ulster Constabulary (RUC) within the Northern Ireland Province. Several case studies of ex RUC police will be used to highlight not only the legacy of multiple trauma experiences, but also multiple re-traumatisation by both the RUC as an organisation and its individual membership. Within the context of the war in Northern Ireland, Catholic RUC officers in particular experienced discrimination that often maximised their exposure to additional traumas. This indicates a potential political dimension to our conventional understanding of PTSD, which therefore has subsequent psychological treatment implications. The Police Rehabilitation and Retraining Trust (PRRT) in Belfast offers a psychological therapy services for retired, retiring and/ or medically discharged police officers. Predominant treatment involves a combination of Cognitive Behavioural Therapy (CBT) and that of Eye Movement Desensitisation & Reprocessing (EMDR). However, because of the ongoing security issues in Northern Ireland, particularly for this client group, there are several limitations within treatment approaches particularly regarding the utilisation of exposure in vivo. In addition this client group is often ostracised by both communities further reinforcing isolationism and social exclusion.

The Relationship between Eating Disorder Symptoms and Attribution Styles

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Attributional style refers to stable differences in individuals’ perceptions of the causes of behaviour that vary according to three dimensions: locus of control (internal or external), globality (global or specific), and stability (stable or unstable). Researchers have examined the extent to which eating disorders are linked to two different models of learned helplessness attribution styles: a negative attribution style, and an external attribution style. Some researchers found that eating disorder symptoms are associated with a negative attribution style for general life events. Other researchers found that eating disorder symptoms are associated with an external attribution style for food consumption. The present study was designed to examine whether the conflicting findings may be due to the domain of attributions: general life events versus food consumption. In addition, the study was designed to examine the psychological maladjustment accompanying the different models of learned helplessness attribution styles. In the study, 85 female university students were administered the Stirling Eating Disorder Scales as a measure of eating disorder symptoms, the Beck Depression Inventory as a measure of depression, the Eating Attribution Style Questionnaire as a measure of attribution styles for food consumption, and the Attributional Style Questionnaire as a measure of attribution styles for general life events. It was found that bulimic symptoms were correlated with the negative attribution style for negative achievement events and with the external attribution style for food consumption. Also, it was found that anorexic symptoms were correlated with the external attribution style for food consumption. Moreover, both depressive symptoms and low self-esteem were correlated with each type of eating disorder symptom (bulimic and anorexic) and with each type of learned helplessness attribution style (negative and external). The results demonstrated that the association between eating disorder symptoms, notably bulimic symptoms, and attribution styles were domain specific. The implications of the findings regarding clinical interventions are briefly discussed. Until September data from another 100 participants will be integrated in the already reported data from 85 participants.

A pilot study of assisted bibliotherapy for stress/mild anxiety and mild depression within a GP practice.

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Overview: It has been recognised for some time that the majority of patients presenting with common mental health problems are dealt with in primary care (Goldberg and Huxley 1980). The demand on counselling and therapy services in Sunderland is coming under increasing pressure as they are in other parts of the country (Lovell and Richards 2000). Treatments, which are effective and efficient, are therefore of a premium. CBT is proven to be effective for many Anxiety related disorders and for mild to moderate mood disorder. Although self help materials are widely used by therapists studies into their effectiveness is still somewhat limited (Keeley, Williams and Shapiro 2002). As a result of discussions with local GP practices a pilot study was set up to establish the effectiveness and viability of Assisted Bibliotherapy with mild to moderate problems. The packages take tried and tested therapeutic
techniques/interventions and puts them into an easy to read/follow format. A trained therapist then provides a number of sessions to help the patient relate the material to their individual problems. The treatment is carried out within a GP practice to improve accessibility of specialist help. The treatment has been measured for effectiveness using a range of well-established psychometric measures pre and post therapy and at three month follow up. Measures used include Sessions Evaluation Questionnaire, Zung anxiety and depression scale and CORE. Previous research has indicated quite promising results (Kuspshik and Fisher 1999). This current study is aimed at a very different socio-economic group and is the precursor to a controlled study. Treatment: Patients are referred by their GP and are assessed within 2 to 3 weeks. Assessment is carried out aver a 30 minute session using a standardised assessment format. If found to be suitable the patient is assigned either to the Stress/Anxiety pack or the Mood Pack. They will then attend 7 weekly 20-minute sessions at which they are given a handout with appropriate homework tasks. Therapy will usually be completed within 8 to 12 weeks from initial assessment. The pilot study is almost complete, 26 patients have been referred into the treatment and data is in the process of being collated and examined. Future directions: The stress/anxiety pack will undergo a small-scale controlled trial comparing individual sessions with small group sessions. This will be carried out over a small number of GP practices in the Sunderland area. If successful this may then be used either within practices by practice staff and/or be used by Community Psychiatric Nurses in primary care.

Stress, coping and burnout in health care professionals working with profound Mental Deficiency

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Introduction: The present research studies process of burnout in health care professionals that work with profound mentally retarded patients. This specific population is rarely studied and we think that it’s a vulnerable one to stress and burnout due mainly to difficult relational and therapeutic situations that health care professional must deal with, in professional context. The syndrome of burnout, as described and studied by Maslach & Jackson (1986) and other authors, is an inadequate response to a permanent emotional stress, characteristic of professions that demand a high level of interpersonal relationship, and has three dimensions: emotional exhaustion, depersonalisation and accomplishment. About process of burnout we were specially interested in some variables typically included in this type of studies, namely variables of sources of stress, of coping and of stress responses; and, to better understand this process, we added variables of satisfaction and of attitudes towards patient with profound mental deficiency. We intend to establish if these variables are related to and are predictive of burnout (our dependent variable). Method: The variables under study were measured by the following self-report instruments: a) stress (measured by Sources of Stress Questionnaire, McIntyre et al., 1999), b) coping and stress responses (Personal responses and resources Inventory, McIntyre, McIntyre & Silvério, 1995), c) burnout (Maslach Burnout Inventory, Maslach, 1996), d) Attitudes (Attitudes Scale of the professional towards patient with profound mental retardation, Matos & Batista, 2000) and e) satisfaction (measured by a question with five possibilities of answer - nothing at all to very satisfied - in four domains - professional, familiar, social and intimate relationships) The sample is constituted by 100 health care professionals (Physicians, nurses, psychologists, speech therapists, occupational therapists, physiotherapists) that treat patients with profound mental retardation in several Rehabilitation Centres in Portugal. Statistical Analysis of results included study of correlations and regression analysis (to study predictor, moderator and/or mediator variables of Burnout) Results: We found that are predictors of burnout: some stress sources and responses and lower levels of satisfaction and coping. And interaction between professional stress sources and professional satisfaction contributed significantly to explain variance of burnout dimension "emotional exhaustion".

INTREPID Project: the use of virtual reality in the treatment of phobic anxiety

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The poster will describe the INTREPID Project which is an EC funded project under framework 6 to develop a virtual reality treatment for phobic anxiety. The VR system will develop treatment based on graded exposure for animal, height and driving phobias. Psychophysiological measures of heart and respiration rate and electrodermal activity will also be monitored to provide the therapist with information regarding the patient's emotional state to aid progression through therapy.

The Experience Of Using The Core Outcome Measure For Clients And Clinicians

Marzillier, S.L. University College London

Introduction: The Clinical Outcomes in Routine Evaluation (CORE) System was developed to be a coordinated way of providing effectiveness evidence from routine clinical settings. It includes the CORE Outcome Measure (CORE-OM). For the CORE-OM to be a comprehensive measure of service evaluation it needs to be acceptable to clients
and practitioners. This study explored the experience of using the CORE-OM for both clients and clinicians in a psychology department. Method: (1) Clients were asked to complete the CORE-OM and then fill in a questionnaire about their experience of doing so. The client questionnaire involved rating the CORE-OM on four 5-point likert scales (ease of use, usefulness, time it consumed, and distress). Clients were also invited to add their own comments. Clinical psychologists agreed to give an optional questionnaire to 5 clients seen for first assessment. 11 clients returned the completed questionnaire. (2) 5 clinical psychologists took part in the focus group, which was an open forum to discuss issues around the CORE-OM. Results: (1) Descriptive statistics suggested that clients found the CORE-OM somewhat useful, between somewhat and extremely easy, not very time-consuming, and somewhat distressing. (2) The focus group was analysed qualitatively, and four major themes emerged: (i) Impact on clients (potential distress and that it was user-friendly). (ii) Impact on clinicians (extra workload, use of data for evaluation of individuals and the service). (iii) Issues of administration (practical issues about delivery and return rate). (iv) Validity as an evaluation measure (that a broader approach was needed). Discussion: (1) The client feedback form supported the Core System’s claims that the CORE-OM is user-friendly. A very small minority found it difficult and time-consuming, but most did not. An important finding is that the CORE-OM can be somewhat distressing for clients. (2) The clinicians’ discussion of the potential distress for clients echoed the clients’ feedback. The clinicians highlighted practical issues to do with administration of the CORE. They were concerned over the impact on clients, but also on themselves in terms of work and symptom-based evaluation which may not be broad enough a concept for evaluation of a service/individual. Conclusion: Considering the potential distress for some clients, as well as the themes that the clinicians outlined, might be useful for services that are planning to introduce the CORE-OM.

The Effect Of Disgust Mood Induction On Self-Reported Anxiety To Disgust-Relevant And Disgust-Irrelevant Psychopathology Scenarios

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Introduction: Disgust has been implicated in a range of anxiety disorders. However the majority of the research has been correlational, i.e. showing a relationship between a measure of disgust sensitivity and a measure of the psychopathology. This approach can tell us little about the mechanism by which disgust might be involved in these disorders. One potential mechanism is that disgust exerts a causal effect on anxiety to stimuli that are the focus of these psychopathologies. To investigate this, a series of three experiments was conducted. Each study investigated the effect of experimentally induced disgust on self-reported anxiety ratings to scenarios representing anxious psychopathology in an analogue population. Method: In all three studies, anxiety was rated to imagined scenarios related to disgust-relevant (DR) anxious psychopathology (spiders and obsessive washing), scenarios related to DI anxious psychopathology (obsessive checking and claustrophobia), and control stimuli. These ratings were made before and after a disgust, anxious (in study 1 only), or neutral mood induction. Results: All three experiments demonstrated that induction of disgust significantly increased self-reported ratings of anxiety to DR imagined psychopathology scenarios, but not to DI psychopathology scenarios. This disgust induced increase in anxiety to DR scenarios could not be explained by the disgust induction procedure concurrently increasing general, non-specific levels of anxiety. Discussion: Three studies have shown that induced disgust can increase self-reported anxiety to imagined scenarios related to two DR anxious psychopathologies (spider fear and obsessive washing). This robust effect suggests that the disgust emotion does in some way exert a causal effect on perceived anxious psychopathology. In addition, this anxiety-enhancing effect of disgust is limited to disgust-relevant psychopathologies and not a product of any increase in generalised anxiety that might have been concurrently caused by the experimental disgust induction. Some of the putative mechanisms by which elevated disgust levels may facilitate anxious psychopathology are discussed. Conclusion: These findings lend support to the view that high levels of disgust sensitivity may represent a vulnerability factor for DR anxious psychopathologies such as small animal phobias, contamination fears, and blood-injury-inoculation fears.

The relation between depression and smoking

Matos, A.P. Coimbra’s University & Silva T.F. Estabelecimento Prisional de Leiria

Introduction: Depression is one of the most common problems presented do mental health care professionals. According to DSM-IV (1994), in community samples 6.1% to 9% of people develop an affective disorder. The risk during life cycle to major depression, in community samples is between 10% and 25% for women and 5% to 12% for men. In Europe, about 7% of the population is severely depressed (Lepin et al, 1997). Cognitive-behavioural theory assumes a dimensional perspective of depression and present theoretical models of depression and substance consumption that are very relevant for comprehension and treatment of smoking (Alford & Beck., 1997, Beck, 1976, 1985, 1987, 1991, 1996). This theory supports present research. Method: The aim of this research is to study the relation between depressive symptoms and smoking in adults smokers of general population. Depression was evaluated by Inventory of Depression's Clinical Evaluation - Inventário de Avaliação Clínica da Depressão - IACLIDE (Vaz Serra, 1994). We also studied the following variables related to smoking: initiation of smoking, baseline smoking rate, number of years of continuous smoking, health issues related to smoking in the past or present, a self-report measure of nicotine dependence (Revised Tolerance Questionnaire, Tate & Schmitz, 1993), severity of withdrawal symptoms and number of attempts of smoking cessation). Results -levels of depressive symptomatology are higher...
in smokers than in general population. - women smokers tend to present higher levels of depression than men smokers. - smokers that show higher levels of depression tend to present higher levels of physical dependency, more severe withdrawal symptoms and to report lower capacity to quit smoking.

**Behavioural Medicine**

**Keynotes**

**The New View of Chronic Pain: From Risk Factors to Early Interventions**

*Professor Steven Linton, Örebro University Hospital & Department of Behavioral, Social, and Legal Sciences—Psychology, Örebro University, Sweden*

Chronic pain results in untold suffering, health care visits, and it is the number one cause of early disability pensions in many countries. Yet, our understanding of why seemingly “normal” acute pain, such as back or neck pain, develops into chronic disability has been surprisingly limited. Indeed, many practitioners still basically hold a medical model perspective and within CBT many treatments contain the same elements today as they did 10 or 20 years ago. However, exciting developments have provided new breakthroughs in how we view the development of chronic pain as well as how we may most effectively treat it. This talk then will focus on new advances in our understanding of chronic pain. Indeed, the development of chronic pain involves a process where biological, cognitive, emotional, and behavioral factors are highly integrated. Above all, recent studies suggest that psychological processes are instrumental in catalysing the transition from acute to chronic pain. We will examine some current models. CBT treatment has demonstrated effectiveness, but new approaches are needed to produce better outcomes and to understand better the process of recovery. Recently, some specific methods have been developed to deal with certain aspects of the problem such as fear. In addition, other techniques have appeared that aim to engage the patient in treatment. Moreover, early interventions appear to provide tremendous potential for dealing with this overwhelming problem. There is a true need to further develop a cognitive-behavioral approach if we are to understand chronic pain and discover appropriate methods for prevention or treatment.

**The Patient’s Perception Of Illness : Can It Provide A Basis For Predicting And Improving Outcome?**

*John Weinman, Health Psychology Section, Psychology Dept. (at Guy’s), Institute of Psychiatry, King’s College, University of London.*

There is an enormous variation in the ways patients adjust to illness, and this has significant effects on both psychological and physical health outcomes. This variation is not primarily due to medical factors such as illness severity but, until recently, little progress has been made in elucidating the possible psychological determinants. One approach, which does provide considerable potential for understanding the underlying psychological processes, is based on the study of patients’ perceptions of their illness, using Leventhal’s self-regulation model (SRM) as a framework. This paper will provide an overview of recent work in this area. The main part of the talk will focus on a number of empirical studies, which have investigated the predictive value of illness perceptions in explaining adjustment to chronic illness, and the potential, which these findings have for developing new interventions to facilitate patient self-management. There will also be consideration of other studies, which have sought to extend the SRM by examining patients’ beliefs about treatment, as a basis for explaining variation in levels of adherence to treatment and for developing new interventions.

**Symposium**

**Risk factors and the treatment of chronic pain**

*Convenor: Steven Linton, Örebro University, Örebro, Sweden and Amanda Williams*

**Putting risk into context: Accounting for social and relational factors in chronic pain**

*Chris Eccleston, University of Bath, & The Royal National Hospital for Rheumatic Diseases NHS Trust, Bath, UK.*
The psychology of chronic pain has moved away from a focus on individual psychopathology to a focus on the normal psychology of pain. Recent studies have attempted to explore the variables that account for disability in chronic pain, within their interpersonal and social context. Using data from studies of both adult and adolescent chronic pain, we explore first the wider social context of pain and its attempted treatment in Western medicalised cultures, and second the interpersonal context of chronic pain. We argue that suffering arises in large part from a mismatch of values and expectations of pain and its treatment, and that CBT can only be successful by accepting its counter-cultural status. We also argue that, for some clinical situations, a familial or relational psychology of chronic pain is appropriate and should be developed.

The role of psychosocial factors: Targets for treatment or obstacles to recovery?

Chris J. Main, University of Manchester

Psychosocial risks factors predictive of chronicity have been termed Yellow flags (Kendall et al., 1997). The original yellow flags were then further differentiated into clinical yellow flags (with a primary focus on health) and occupationally focused blue flags (concerned specifically with perceptions of work), and objective work characteristics (Black flags. (Main & Spanswick, 2000) The Blue flags have their origin in the work stress literature. They comprise perceived features of work, such as high demand/low control, unhelpful management style, poor social support from colleagues, perceived time pressure and lack of job satisfaction. These are generally associated with higher rates of symptoms, ill-health and work loss which in the context of injury may delay recovery, or constitute a major obstacle to it. Black flags are not a matter of perception, and affect all workers equally. They include conditions of employment sickness policy and working conditions specific to a particular organisation, and "system factors" such as the ways in which sickness absence or sub-optimal performance are identified, notified and managed. The importance of understanding the context of early intervention has not been sufficiently understood.

(Hyper)vigilance to pain: Evidence and clinical implications

Geert Crombez, Ghent University, Belgium

Hypervigilance, or overalertness, refers to a heightened vigilance to attend to certain classes of events, or the readiness to select and respond to a certain kind of stimulus from the external or internal environment. In this presentation we will review methods to assess (hyper)vigilance to pain and we will comment on the empirical and experimental evidence regarding the (mis)use of the construct of hypervigilance to pain in normal and clinical pain. We will argue that (1) hypervigilance to pain can be usefully understood within a context of "normal" attentional processes to pain, that (2) attention to pain is a particular instantiation of attention to threat, and that (3) several components of attention (shift, engagement and disengagement) may be dynamically interrelated to the construct of hypervigilance to pain. The clinical implications for the use of distraction and techniques to diminish the threat value of pain will be presented.

How should we understand depression in people with pain?

Amanda C de C Williams, Institute of Psychiatry, University of London UK

It is a common clinical observation that depressed patients make less progress than expected in pain management, but evaluation does not show a consistent relationship of poorer outcome with pretreatment depressed mood or depression. This makes it hard to estimate risk of depressed mood undermining the process or outcome of pain management. Two particular sources of this apparent contradiction are addressed. One is the problematic use and interpretation of depression measures designed for pain-free patients with primary mood complaints, in which somatic complaints are attributed to mood whereas the clinician tends to attribute them to pain. The other is the lack of integration of depressed mood into the increasingly heuristic model in people with persistent pain of fear and catastrophising in understanding emotion and behaviour. Suggestions will be made about the use of standard depression measures, and some possible models explored using data from an intensive pain management programme.

Cognitive-behavioural approaches applied to Health Anxiety and "Hypochondriasis": the results are reassuring.

Convenor and Discussant: Paul Salkovskis, Department of Psychology, Institute of Psychiatry.

Health anxiety and hypochondriasis: why we should be optimistic

Paul Salkovskis, Department of Psychology, Institute of Psychiatry.

An overview of the present status of our understanding of and ability to modify health anxiety is offered. New research on the nature phenomenology and natural history of health anxiety is presented. Future directions are
considered, and research possibilities suggested. It is possible to be highly optimistic about future developments in this field.

**A Randomized Controlled Trial of CBT for Hypochondriasis.**

*U. Wattar*, *P. Sørensen*, *I. Buemann*, *M. Birket – Smith* and *P. Salkovskis*.  
* Centre for Cognitive Therapy, Copenhagen, Denmark.  
* Liaison Psychiatric Clinic, Bispebjerg University Hospital, Copenhagen, Denmark.  
* Department of Psychology, Institute of Psychiatry.

The present study was designed to address the issue of effectiveness and generalization of CBT for treatment of patients diagnosed with persistent health anxiety (hypochondriasis) delivered in a non– academic clinic in Copenhagen, Denmark. The therapists were initially trained by expert and received expert and regular supervision during the following trial period. The treatment was adapted to fit the existing practice of the clinic whereby the later parts of the therapy was delivered in a group setting. Patients received the same amount of treatment used in previous clinical trials, and the results support the use and dissemination of this new treatment.

**A randomised controlled study of cognitive behavioural therapy for hypochondriasis**

*P. Sorensen*, *M. Birket-Smith*, *U. Wattar*, *I. Buemann* and *P. Salkovskis*.  
* Liaison Psychiatric Clinic, Bispebjerg University Hospital, Copenhagen, Denmark.  
* Centre for Cognitive Therapy, Copenhagen, Denmark.  
* Department of Psychology, Institute of Psychiatry.

Hypochondriasis is characterized by the fear or belief that one has a severe illness based on misinterpretation of bodily symptoms. It was regarded as a condition difficult to treat until the development of a well-defined cognitive-behavioural treatment (CBT). Research also indicates that stress management based treatments can also be effective. Currently, psychiatric counselling with a psychodynamic emphasis is probably the most commonly employed approach in clinical practice. The present study therefore sought to compare CBT with psychodynamic counselling, both conducted in routine clinical settings. Patients with hypochondriasis were assessed using SCAN for ICD-10. Patients were randomly allocated to cognitive behavioural therapy (CBT), psychodynamic counselling (PC) or waiting list. The patients received 16 sessions over a period of six month. Follow-up assessments were made four and twelve month after the end of treatment. 236 patients (mainly referred from GPs) were assessed for the trial. 80 consecutive patients was included and randomised according to the protocol. Only 7 patients dropped out of treatment. One-way analyses of covariance (ANCOVA) were carried out and a significant reduction was shown on all primary and secondary outcome measures for the group receiving CBT compared with waiting list. For PC, change was only evident on a few measures. CBT showed significantly greater change in symptom specific measures compared with PC, but equivalent change in anxiety ratings. Results suggest that people suffering from hypochondriasis may be helped by several treatments, but that specific change is more likely for the focussed treatment.

**A randomised controlled trial of CBT and Paroxetine in Hypochondriasis**

*A Greeven, T Van Balkom P.Spinhoven.*,  
*Department of Psychology, Leiden University, The Netherlands*

Background: This is the first randomized controlled trial comparing the efficacy of cognitive behavioral therapy (CBT), paroxetine and placebo (double-blind) in the treatment of Hypochondriasis Methods: We randomly assigned 112 adults with hypochondriasis according to DSM-IV criteria to 16 weeks of outpatient treatment with CBT, paroxetine, or placebo. The main outcome measure was the Whitley Index (WI). Assessments were at pretest and posttest. All outcome measures were analyzed by means of a General Linear Model 3 x 2 repeated measures analysis of variance, with Helmert contrasts. We considered subjects who scored at least one standard deviation below the mean pretest score on the WI as responders. All analyses were conducted on per protocol as well as on intent to treat basis. Results: Helmert contrasts on the intent to treat sample and on the per protocol sample revealed that on the primary measure CBT and paroxetine were significantly superior to placebo and did not significantly differ from each other. The responders analysis on the intent to treat and on the per protocol sample revealed that on the primary measure CBT and paroxetine were significantly superior to placebo and did not significantly differ from each other. The responders analysis on the intent to treat and on the per protocol sample respectively revealed that, in the CBT group 49% and 56% respectively; in the paroxetine group 30% and 38% respectively; and in the placebo group 14% and 12% respectively, could be considered responder. In the intent to treat analysis only CBT differed significantly from placebo. In the per protocol analysis, both paroxetine and CBT differed significantly from placebo. Conclusion: CBT and paroxetine are effective short-term treatment possibilities in patients with hypochondriasis.

**Catastrophizing in health anxiety and chronic pain**
Negative appraisals of health-relevant information (catastrophizing) and the reactions to these appraisals are central to the model of health anxiety and its application to chronic pain. Reactions which maintain catastrophic beliefs include cognitive and attentional factors, safety-seeking behaviours, affective factors and physiological factors. A theoretical framework is proposed outlining both automatic and strategic aspects of catastrophizing and its contribution to the perception of persistent pain. The clinical relevance of a health anxiety model applied to the understanding and treatment of chronic pain would depend on the occurrence of health anxiety and catastrophizing beliefs in chronic pain patients. This was explored in three questionnaire studies. The first study (N=265) investigated the frequency and level of health anxiety in consecutive chronic pain patients attending a pain clinic as compared to non-clinical controls and found that high levels of health anxiety and hypochondriasis were indeed common in the pain clinic sample. The second study (N=381) and third study (N=158) examined the occurrence of catastrophizing in pain clinic attendees as compared to a range of clinical and non-clinical controls using two different approaches to measurement. Catastrophizing was also found to be very common in the pain clinic samples. These results further underline the role a catastrophizing thinking style may have for the maintenance of chronic pain.

**Cognitive Behaviour Therapy in Physical Illness**

**Convenor and Chair: Stirling Moorey, South London and Maudsley NHS Trust.**

**Cognitive Behaviour Therapy in Patients with Kidney Failure**

**Linda Fisher, Academic Department of Psychological Medicine, Institute of Psychiatry, King’s College London.**

The kidneys play a pivotal role in the effective regulation of a number of bodily systems. Therefore, the secondary effects of kidney failure are profound and pervasive and patients with kidney failure are amongst the sickest and most disabled of all patient groups with a long term chronic illness. However a cognitive behavioural approach may still be used to good effect for some of the problems that these patients face. This presentation will illustrate the complexities involved in treating this patient group with three clinical examples. The first outlines the intervention strategy used with a depressed patient with multiple medical problems including cognitive impairment and impaired mobility. The second case study describes the management of a patient with co-morbid panic, agoraphobia and episodic loss of consciousness due to low blood pressure. The third case study outlines a brief intervention to enhance coping in an acute hospital setting.

**When Severe Health Related Anxiety Occurs in the Context of Genuine Physical Illness**

**Sonya Collier, Psychological Medicine Service, St James’s Hospital, Dublin, Ireland.**

CBT strategies and interventions have proven very useful in the area of severe Health Related Anxiety (Hypochondriasis) and also in the separate area of coping with Physical Illness. Cognitive Behavioural Therapists working in health settings are often confronted by patients in whom these conditions co-exist. It would appear that being physically ill is a significant risk factor in the development of Health Related Anxiety and that people with current (or previous) serious physical problems are more vulnerable to the condition. While CBT treatment of severe health related anxiety in patients with genuine physical illness poses significant challenges to the therapist, little empirical research or theoretical writing is available on the subject. Drawing from previous work in the area of Health Related Anxiety (Salkovskis, 1989) and Chronic Illness (Moorey & Greer, 2002), the Psychological Medicine Service, St James’s Hospital, Dublin, has developed a structured approach to working with such patients. Through the use of clinical case examples, from a wide variety of general hospital specialties (e.g. HIV, Oncology, Haematology, Respiratory Medicine, and Cardiology), this presentation will outline the content and methods of the approach. A novel cognitive strategy, which focuses on living with uncertainty, will be demonstrated. Suggestions of how to deal with common clinical and practical difficulties will be advanced.

**So much to do, so little time: training palliative care nurses to use CBT techniques in their home consultations**

**Stirling Moorey¹, Elizabeth Cort², Barbara Munro³, Matthew Hotopf⁴, Max Henderson⁴, ¹South London and Maudsley Trust, Maudsley Hospital, London.**
Palliative care nurses play an important role in supporting terminally ill patients in their homes. This support takes the form of providing information, practical advice and care, monitoring symptoms and medication and emotional support. Nurses vary in the degree to which they feel comfortable and confident in dealing with the emotional distress of patients approaching death. We are using the cognitive behavioural model as a framework to help nurses understand and work with patients’ psychological reactions to cancer during their everyday clinical work. Studies of CBT in cancer and other serious illnesses have tended to use therapy as a stand-alone treatment. Relatively little has been done to investigate how CBT techniques can be integrated into the usual consultations of health professionals. This presentation will describe the first phase of a randomised controlled trial of CBT in palliative care delivered by home care nurses. Nurses at St Christophers Hospice taking part in the trial have been randomised to a group receiving CBT training or a control group. Comparisons between the groups in the effect of training on knowledge, skills and use of CBT in daily work will be presented. Teaching skills in this naturalistic setting has been a fascinating experience for all concerned. Time has constrained us in many ways: nurses’ availability for supervision, patients’ rapid deterioration before therapy is complete, and the challenge of integrating CBT into an already full home consultation. Implications for future training and research will be discussed.

The highs and lows of training diabetes nurses in CBT

Trudie Chalder¹, Suzanne Roche². ¹ Academic Department of Psychological Medicine, Weston Education Centre, London ² Chronic Fatigue Syndrome Research and Treatment Unit, South London and Maudsley NHS Trust, London.

Diabetes type 1 and 2 is on the increase due to the increase of obesity due to sedentary lifestyles and unhealthy diets. The health care needs of this group are vast. There is some preliminary evidence that a variety of psychological interventions, including cognitive behaviour therapy (CBT), impact positively on health outcomes. Most of the interventions have focused on co-morbid anxiety and depression while diabetes specific beliefs and behaviours have not necessarily been the focus. We are currently conducting a randomised controlled trial comparing CBT, motivational interviewing and treatment as usual for patients with type 1 diabetes whose blood glucose levels are putting them at risk of developing complications. The CBT is being delivered by diabetes specialist nurses (DSN’s), who have been trained specifically for the trial. The training focuses on diabetes specific beliefs and behaviours and interactions with their doctors. The nurses underwent an introductory six day training course which covered the following 1) an overview of CBT and our model of understanding diabetes adherence 2) anxiety management 3) cognitive therapy 4) assertiveness training 5) problem solving 6) maintaining gains. Group and individual supervision takes place weekly. All sessions are taped, about 80% are listened to by the supervisor and a portion are rated using the cognitive therapy rating scale to assess competency. In this lecture we will discuss the "highs and lows" of the process and tentatively suggest some solutions to some of the obstacles we encountered.

Psychological interventions in cardiac care

Convenor and Chair: Jane Hutton, South London & Maudsley Trust and Institute of Psychiatry, London

Cognitive behavioural interventions following a cardiac event


We carried out a series of exploratory studies of nature and prevalence of psychological problems following a major cardiac event (myocardial infarction or cardiac surgery), and of patients’ views on the kind of support they would like. Anxiety and depression are common consequences of such events and have implications for subsequent morbidity as well as mortality. Attempts to alleviate them have had mixed outcomes. Cardiac rehabilitation (CR) programmes generally include stress management, as well as health promotion and exercise. Cognitive behavioural interventions have been included within CR focusing upon behavioural changes and brief cognitive interventions have been used to increase uptake to CR. In our study, anxiety was more prevalent than depression and while both anxiety and depressed mood improved following CR, six months later the improvement was not maintained. In a group of approximately 70 patients offered individual or group CBT, the main presenting problems were adjustment (to the cardiac event) and anxiety; the common ‘cardiac cognitions’ and the main themes arising during group therapy are described. In a sample of patients and carers, preferences were expressed for both group and individual psychological support. The findings are consistent with the National Service Framework for Coronary Heart disease suggesting that psychological therapies be available to meet the needs of patients throughout the CR process and be tailored to meet each patient’s needs.
How do women experience myocardial infarction? A Qualitative exploration of illness perceptions, adjustment and coping.

White JR*, Hunter MS** and Holltum S***

Heart disease is one of the main causes of death among women in the U.K. However, while recent UK Department of Health policy clearly recognises this, there is still a dearth of research addressing women’s individual needs. We aimed to explore adjustment in terms of women’s perception of their cardiac event and the coping strategies they employed. Five women suffering their first MI were interviewed, using a semi-structured format, and were re-contacted by telephone two months later. Positive and negative perceptions of their MI experience, and positive and negative aspects of a Cardiac Rehabilitation Programme were also discussed. Data were analysed using Interpretative Phenomenological Analysis. A number of themes emerged relating to appraisal: Making Sense of the Event, Cognitive and Emotional Responses, Self-Beliefs, Others’ Reactions and Change in Relationships and Roles. Coping included Cognitive and Behavioural Strategies and Support from Others. For most, the event was unexpected, evoking a sense of uncertainty, and, later, a range of emotions extending beyond the more widely described depression and anxiety. Women tended to minimise the severity of symptoms and impact of the event, (perhaps as a way of coping and protecting others), displaying a strong sense of optimism and hope that their lives would soon return to “normal”. However, it appeared this was difficult to maintain two months later. The experience also seemed to challenge relationships and roles. The findings will be discussed in the context of Leventhal’s Theory of Self-Regulation as well as implications for clinical practice.

Modelling adjustment and engagement in physical activity following a diagnosis of heart disease

Christine R Baker, Royal Victoria Infirmary, Newcastle upon Tyne, Louise Robinson, University of Newcastle upon Tyne Jane S Skinner, Royal Victoria Infirmary, Newcastle upon Tyne Janet King, Royal Victoria Infirmary, Newcastle upon Tyne

Aims: To identify factors that influence uptake and continued participation in physical activity in the early months following a diagnosis of heart disease. Methods: Qualitative study of the factors influencing engagement in regular physical activity. Semi-structured individual interviews were conducted with 16 participants residing in the inner west and east of Newcastle upon Tyne, England. Interview analysis was guided by grounded theory using the method of constant comparisons. Results: A model emerged that describes approaches to exertion and regular exercise and the links with perceived vulnerability and precautionary strategies. All participants believed that regular exercise was important to recovery and personal wellbeing, but a sense of personal vulnerability and uncertainty about the safety of exertion influenced their approach to physical exertion. Those who sustained a sense of vulnerability and uncertainty used a variety of precautionary measures when it came to exercise, and perpetuated their uncertainty. Where heart disease was minimised in the face of more pressing concerns, physical exercise was equally of low import. A number of factors were identified that contributed to sustained exercise following a diagnosis of heart disease. Comments: A variety of factors operate to influence both intention and adherence with regular physical activity. Identification of individuals’ beliefs about personal vulnerability and safety, and those of their family, and specific targeted reassurance about the safety of exertion should be considered by those providing follow-up and cardiac rehabilitation as the secure foundation from which people can be encouraged to develop sustainable exercise habits.

A Minimal Intervention Programme for Heart Failure Patients: An Evaluation Study.

Katherine Joekes & Thérèse van Elderen, Clinical and Health Psychology, Leiden University, The Netherlands.

Prevalence of congestive heart failure (CHF) is on the increase. CHF patients suffer serious symptoms, including breathlessness, diminished exercise capacity, fatigue, and fluid retention. Prognosis is often poor and patients are frequently readmitted to hospital, partly because of difficulties adhering to the strict medical and behavioural regimen. Furthermore, patients often suffer from psychological distress and reduced quality of life. Recognition of these factors have led to an increase in development of non-pharmacological treatments. A minimal intervention was developed based on cognitive behavioural strategies (e.g. self-assessment and dairies). In a staged approach patients were instructed on goal setting, creating facilitating circumstances, removing obstacles or irrational thinking, evaluating and, where necessary, adapting behaviours relevant to self-management. Patients were randomly assigned to a control condition or the nurse-led intervention group. All participating patients completed several questionnaires (i.e. quality of life outcomes, psychological well-being, adherence to self-management regimen) before the intervention, one month after the intervention was completed, and six months later. Short term results
showed that both patients and nurses rated the programme high on subjective satisfaction scores. However, patients in the experimental condition showed no improvement on psychological well-being or quality of life measures, nor on self-reported adherence, compared to the control group patients. Results from the longer term follow-up will be presented. Findings and practical implications will be discussed, including the results from the follow-up data. Findings from the short term data do not support the efficacy of the programme, however, factors such as inclusion of appropriate patients, training of the nurses and complexity and duration of the programme need further examination.

**CBT for chronic fatigue syndrome and cancer-related fatigue**

*Convenors: Trudie Chalder & Kate Rimes, Guy's, King's and St Thomas’ School of Medicine, London*

**Cognitive behaviour therapy for adults with chronic fatigue syndrome: Outpatient v telephone sessions; a randomised controlled trial**

*Mary Burgess & Trudie Chalder Guy’s, King’s and St Thomas’ School of Medicine, London.*

Chronic fatigue syndrome (CFS) is characterised by severe persistent fatigue of at least 6 months duration which cannot be accounted for by organic pathology. Other physical symptoms are usually present, e.g., muscle soreness and tender glands. Impairment of cognitive processes e.g., memory and concentration problems are often reported. Disability amongst patients is variable; some patients are impaired in one or two areas of their lives such as work and social activities. Other patients are severely restricted by their symptoms which results in them giving up most of their previous activities and sometimes requiring a lot of practical help at home. Cognitive behaviour therapy (CBT) has been shown to be helpful in the management of CFS in a number of studies, e.g., (Sharpe et al, 1996; Deale et al, 1997). However, not all patients are able to attend a hospital for CBT, due to the severity of their symptoms, distance from the hospital or inability to take time off work. A pilot study indicated that one patient assessment appointment and telephone CBT sessions guided by a self-help manual, resulted in improvement in some patients with CFS (Burgess and Chalder, 2001). I will be discussing the results of a randomised controlled trial that has compared outpatient CBT with telephone CBT sessions at Kings College Hospital, London, and its implications for clinical practice.

**Family focused cognitive behaviour therapy versus psycho-education for chronic fatigue syndrome in 11-18 year olds: a randomised controlled trial**

*Trudie Chalder, Vincent Deary, Kaneez Husain Academic Department of Psychological Medicine, Guy’s, King’s & St Thomas’ School of Medicine, Weston Education Centre, London*

Chronic fatigue syndrome (CFS) is characterised by severe disabling fatigue resulting in long periods of time away from school accompanied by impairment in social and leisure activities. We conducted a randomised controlled trial to examine whether 13 sessions of family focused cognitive behaviour therapy was more effective than 4 sessions of psycho-education in improving school attendance and reducing fatigue in adolescents with CFS. All participants were investigated by a Paediatrician prior to referral and met criteria for CFS. Outcomes included school attendance, fatigue, social adjustment, depression, strengths and difficulties and anxiety. Parents completed outcome measures at discharge and 3 and 6 months after treatment finished. An independent assessment was carried out at baseline and 6 months follow up. 76 patients were assessed; 62 families were randomised. 1 dropped out of CBT and 3 dropped out of psycho-education. There were no statistically significant differences at baseline. Both groups improved but the CBT group more so, consistently across most measures at 3 months follow up. In conclusion, it appears that CBT is an effective intervention for adolescents with CFS and more sessions are more effective in reducing fatigue and social adjustment in this study.

**The effectiveness of cognitive behaviour therapy for adolescents with Chronic Fatigue Syndrome: a randomised controlled trial**

*Maja Stulmeijer, Lieke de Jong, Theo Fiselier, Gis Breijenberg, University Medical Centre Nijmegen, Expert Centre Chronic Fatigue, Nijmegen, The Netherlands*

Background: CFS in adolescents has considerable impact on daily functioning. School attendance and social activities are often restricted, which are serious causes of concern for the development of the adolescent. Although the importance of proper diagnosis and treatment is beyond dispute, little is known about specific treatment possibilities for this age group. Objective: The aim of this randomized controlled study is to determine the effectiveness of Cognitive Behaviour Therapy (CBT) in adolescents with CFS. Methods and patients: All participants (aged 10-17) fulfilled the Fukuda ’94 criteria for CFS. They were randomly allocated to either the CBT condition (n = 35) or a 5 months waiting list condition (n = 34). Multidimensional assessments were performed at baseline, 5 and 8 months (CBT condition only). The primary outcome variables were fatigue severity, physical impairment and percentage school absence. The treatment consisted of 10 individual CBT sessions over a 5 months period tailored at adolescents with CFS. Data were analysed by intention to treat. Results: CBT was more effective than a waiting list control condition in reducing fatigue severity, improving physical functioning and returning to full time education.
Supporting evidence for the effectiveness of CBT was found in the significant self-rated improvement and in the decrease of additional symptoms. CBT directed at the perpetuating factors of CFS is an effective treatment for adolescent patients presenting with CFS.

A randomised controlled trial to evaluate the effectiveness of a brief psycho-educational intervention in reducing the level of, and distress associated with, cancer-related fatigue.

Jo Armes1, Julia Addington-Hall2, Matthew Hotopf3, Alison Richardson4 & Trudie Chalder3. 1 Department of Palliative Care & Policy, GKT School of Medicine, London. 2 School of Nursing & Midwifery, University of Southampton. 3 Academic Department of Psychological Medicine, GKT School of Medicine, London. 4 School of Nursing & Midwifery, Kings College London.

Background: Cancer-related fatigue (CRF) is a complex but common problem with prevalence rates of 48-99%. At present few proven management strategies exist to alleviate it. Aim: The purpose of this RCT was to evaluate the effectiveness of a brief psycho-educational intervention in reducing the level of, and distress associated with, CRF in people who were receiving cytotoxic treatment. Methods & Patients: A parallel groups randomised controlled trial was adopted. Cancer patients were randomly allocated to receive usual care or the psycho-educational intervention on an individual basis delivered on 3 occasions over a 9-12 week period. The interventions aimed to alter fatigue-related thoughts and behaviour. Fatigue was assessed using the Multidimensional Fatigue Inventory (MFI), EORTC-Quality of Life core 30 Questionnaire (EORTC-QLQc30) and Fatigue Outcome Measure (FOM). Distress was measured on the FOM and the Hospital Anxiety and Depression Scale (HADS). Both were assessed on 4 occasions. Data were analysed using multiple regression. Results: 55 patients were randomised. One month following completion of chemotherapy treatment (main outcome) 2 had dropped out, 5 were too ill to participate and 4 had died. Thus results are presented for the remaining 44 patients. There was a statistically significant improvement for the experimental but not the control group in MFI global fatigue (p = 0.03), MFI physical fatigue (p = 0.043) and EORTC-QLQc30 physical functioning (p = 0.003). In conclusion, it appears that the psycho-educational intervention is an effective intervention for cancer-related fatigue in adults receiving chemotherapy.

Cognitive Behaviour Therapy to reduce fatigue and impairment in daily life in cancer survivors. Preliminary results of a randomised controlled trial.

Marieke Gielissen, Stans Verhagen, Gijs Bleijenberg, University Medical Centre Nijmegen, Expert Centre Chronic Fatigue, Nijmegen, The Netherlands

Background: Recent studies in our institute have shown that 20-40% of disease-free cancer patients mention invalidating fatigue as a frequent complaint 1-6 years after curative treatment for cancer has ended. No relations were found between fatigue long after treatment for cancer and initial disease- and treatment variables. Somatic treatment for these complaints of fatigue is lacking. Objective: The purpose of this RCT is to evaluate whether Cognitive Behaviour Therapy (CBT) is effective in reducing chronic fatigue complaints and impairments in daily life in severely fatigued disease-free cancer patients, who finished treatment for cancer at least one year ago. Methods and Patients: Patients are randomly allocated to one of two parallel groups, the intervention condition (CBT; N=21) or a waiting list condition of 6 months (WL; N=25). The intervention consists of 15 individual sessions in six months. The CBT is directed at change of cognitions and behaviour related to fatigue and impairment. Fatigue severity is rated by the subscale fatigue severity of the Checklist Individual Strength (CIS) and impairments in daily life are rated by the Sickness Impact Profile (SIP). Results: Preliminary data, analysed with GLM-repeated measures, show a favourable effect of CBT in severely fatigued disease-free cancer patients on fatigue (p < 0.001) and impairments (p < 0.001) compared to patients waiting for this treatment. CBT for fatigue in cancer survivors seems a promising treatment.

Anxiety and Depression and Medical Illness: Impact on Diabetes, Cardiovascular Disease, HIV and Healthcare Utilization

Convenor and Chair: Cheryl Carmin, University of Illinois at Chicago, Chicago, USA

Depression and Insulin Dependent Diabetes Mellitus

Michael Kyrios, P. Reddy, A. Nankervis, & L. Sorbello, L., University of Melbourne, Australisa

While a complex relationship, the association of depression and diabetes mellitus (DM) is supported by numerous studies. Depression may arise from complications associated with DM and may have an impact on DM through its influence on health beliefs, treatment adherence and quality of life. This study sought to examine the interrelations between depression, health outcomes, quality of life, treatment compliance, and psychological factors such as locus of control and self-efficacy in Type 1 DM outpatients (30 women; 20 men; median age 34 years). No significant
gender differences were found in health outcomes, depression or psychological variables. Significant differences in expected directions between “depressed” and “non-depressed” cohorts were found on treatment adherence and reasons for non-compliance, as well as physical self-concept, quality of life, self-efficacy, and anxiety. A series of regression analyses were performed to determine the role of depression in diabetes. Diabetic complications, overall adherence and physical self-concept were significant predictors of depression. Depression exhibited a predictive trend regarding diabetic complications, which were significantly associated with length of diabetes, glycemic control and physical self-concept. Depression severity was also significantly associated with adherence to diabetic treatment. Further, depression was a significant predictor of physical self-concept along with overall complications and hopelessness. Physical self-concept, however, was the only significant predictor of quality of life. While future research will need to take a longitudinal approach in examining the temporal relationships among these variables, the present study supported the importance of assessing depression in Type 1 diabetes. Advancing our understanding of relevant factors that mediate the relationships between depression and health outcomes will be important in developing early interventions for health and mental health problems in Type 1 diabetes.

Anxiety and Cardiovascular Disease

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There is a relatively well-established connection between psychological variables and coronary heart disease (CHD). Negative affective states including anxiety, depression, and stress have been linked to increase risk for CHD. Despite the comorbidity and interrelationship between anxiety and depression, it is surprising that the lines of research investigating these disorders and CHD have remained independent. The bifurcation of what appear to be convergent lines of research is perplexing given the strong correlation among measures of anxiety and depression, the similarity of their biological markers, and the increased mortality associated with their presence in individuals with CHD. Also surprising is that, despite their being more prevalent than depression, anxiety disorders have not been as thoroughly investigated as depression in individuals with CHD. What further complicates the CHD literature is that a clinical diagnosis of anxiety in this population is rarely made. This paper will discuss the limitations of existing research and proposes a more systematic method of inquiry based on the literature and preliminary data investigating the relationship between anxiety-related chest pain symptoms and a measure of cardiac anxiety (CAQ). 658 subjects were assessed for CHD; 22% endorsed non-cardiac chest pain, even when risk factors were CHD were controlled. Women were significantly more likely to endorse cardioprotective behaviors and were 3 times more likely to be prescribed anxiolytic/antidepressant medication. In those at low risk for CHD (n=169), males were more likely to report non-cardiac chest pain whereas women endorsed more cardioprotective avoidance and were again more likely to be taking antianxiety/antidepressant medication.

Cognitive Behavioral Treatment for HIV Medication Adherence and Depression

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Depression, commonly comorbid with HIV, is associated with poor adherence to HIV medications. Almost perfect adherence to complicated HIV medication regimens, however, is necessary in order to maximize the chances of attaining a suppressed (undetectable) viral load. This presentation will describe a cognitive-behavioral treatment designed to integrate cognitive-behavioral therapy for depression with our previously-tested approach to improving adherence to antiretroviral therapy for HIV (Life-Steps, Safren et al., 1999; 2001). Each session addresses HIV medication adherence in the context of modules for activity scheduling, cognitive-restructuring, problem-solving training, and relaxation training / diaphragmatic breathing. We will present intervention development activities to date, including results of an open-phase pilot study of 5 patient who underwent the treatment, and progress on a randomized controlled trial. For the open phase pilot, all participants had significant increases in HIV medication adherence and clinically significant decreases in their symptoms of depression. The randomized controlled trial (funded by the U.S. NIMH) is a cross-over design study comparing the intervention outlined above to our single-session adherence intervention (Life-Steps) alone. Psychosocial treatment development and efficacy studies typically homogeneous individuals with circumscribed inclusion criteria in order to maximize internal validity and the ability to find an effect. Participants with both HIV and depression, however, have both medical and psychiatric complications. The presentation will therefore include a discussion of methodological issues involved with developing and testing interventions for psychiatric disorders comorbid with medical illness.

A Comparison of Healthcare Utilization Patterns Among Patients with Different Anxiety Disorders

B.J. Deacon & J. S. Abramowitz, Mayo Clinic

Anxiety disorders are the most common mental disorders and are associated with substantial costs to their sufferers and the healthcare system. Patients with anxiety disorders tend to be disproportionately high utilizers of medical services. A number of studies have examined utilization of specific medical services by patients with specific anxiety disorders; however, few have examined more broad patterns of utilization across the anxiety disorders. The present study was conducted to investigate the extent to which patients with different anxiety disorders utilize different medical services. In the present study 170 patients diagnosed with an anxiety disorder were compared with respect to the number of visits to various medical specialists. Prescriptions for psychotropic medications were also examined.
Data were gathered from patients’ electronic medical records at Mayo Clinic; this approach has the advantage of circumventing the biases associated with retrospective recall methods used in most similar studies. Results indicated that patients with panic disorder were the highest utilizers of non-psychiatric medical services, averaging nearly 11 physician visits in the year prior to their psychological evaluation. This finding was largely due to the tendency of panic disorder patients to utilize urgent care and emergency services. OCD was associated with the fewest number of non-psychiatric physician visits. Panic disorder was also associated with the highest use of psychotropic medications. Results are discussed in terms of the impact of anxiety disorders in medical settings.

New Developments In The Understanding And Treatment Of Insomnia

Convenor: Lars-Gunnar Lundh, Department of Psychology, University of Lund, Sweden

The moment my head hits the pillow …: Insomnia as the inhibition of normal sleep processes

Colin A. Espie, Department of Psychological Medicine, University of Glasgow, Scotland

The Psychobiological Inhibition Model provides a unique way to re-conceptualize insomnia. Traditionally, insomnia is conceived of as the inability to initiate and maintain sleep; the accent being something is interfering with the “sleep on” system. The PI model suggests the converse: something is interfering, with the “wake off” system. The argument is that automaticity of sleep homeostasis and circadian timing is a central controlling feature of sleep continuity. The good sleeper is essentially passive because internal and external cues act as automated setting conditions for sleep. That is how sleep works. In contrast, an attention → intention → effort → inhibition process is the hallmark characteristic of insomnia, precisely because this process actively inhibits automaticity, sustains wakeful arousal, and so delays transition to sleep-onset and/or return to sleep during the night. The specificity of this process has been suggested by some recent research. The PI model allows for a range of ‘cognitive’ differences between normal sleepers and people with insomnia (beliefs, attitudes, worries, attributions). These may be reliably found in insomnia (sensitivity) but are not absent in good sleepers. If they do develop in insomnia they do so later on. They are, nevertheless, important because they are likely to perpetuate inhibitory sufficiency and prevent default to normal sleep. The PI model then helps to explain the transition from acute to sub-chronic insomnia. It is suggested that attempts to reinstate good sleep can then lead to homeostatic dysregulation, circadian timing problems and conditioned arousal – all typically observed in chronic insomnia.

A cognitive perspective on chronic insomnia

Allison G. Harvey, University of Oxford

Experimental psychopathologists have made significant advances over the last decade in understanding and treating many psychological disorders. These advances have largely been achieved by applying theories and methods from cognitive psychology to the identification of cognitive processes that contribute to the maintenance of the disorder. One common and debilitating disorder minimally scrutinised from a cognitive theoretical perspective is insomnia. Insomnia is a complex disorder of heterogeneous aetiology. It is the second most common psychological health problem and has serious consequences for the sufferer including functional impairment, work absenteeism, increased use of medical services and doubling the risk of an accident. In this talk I will argue that the maintenance of insomnia is best understood from a cognitive perspective. It will be suggested that, regardless of the original trigger, chronic insomnia is maintained by a cascade of cognitive processes operating both at night and during the day. The cognitive processes implicated include selective attention and monitoring, distorted perception, worry, erroneous beliefs about sleep and counterproductive safety behaviours (including imagery control). The specificity of this process has been suggested by some recent research. The PI model allows for a range of ‘cognitive’ differences between normal sleepers and people with insomnia (beliefs, attitudes, worries, attributions). These may be reliably found in insomnia (sensitivity) but are not absent in good sleepers. If they do develop in insomnia they do so later on. They are, nevertheless, important because they are likely to perpetuate inhibitory sufficiency and prevent default to normal sleep. The PI model then helps to explain the transition from acute to sub-chronic insomnia. It is suggested that attempts to reinstate good sleep can then lead to homeostatic dysregulation, circadian timing problems and conditioned arousal – all typically observed in chronic insomnia.

Mindfulness-based cognitive therapy for insomnia: a pilot study

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Mindfulness-based cognitive therapy (MBCT) was developed by Segal, Williams and Teasdale (2002) as a treatment for patients suffering from recurrent depression. Based on treatment principles founded in mindfulness meditation (Kabat-Zinn, 1990) and cognitive therapy (Teasdale, Segal, & Williams, 1995) this treatment was shown to reduce depressive relapse (Teasdale et al., 2000). The current paper presents a modification of Segal et al’s MBCT for patients suffering from insomnia. Patients were treated with eight weekly 2hr sessions of MBCT for insomnia. Treatment principles were adapted from Segal et al. and modified to meet demands of patients suffering from insomnia. Patients were assessed at pre-test, post-test and 3months follow-up. Measures include a sleep diary, FEPS-II, BAI, BDI, Frankfurt mindfulness inventory, TCO-I and SCL-90-R. Analyses from pre-treatment to post-treatment of N = 14 patients treated with MBCT for insomnia indicate significant increases in mindfulness (assessed by the Freiburg Mindfulness Inventory), significant decreases in problematic cognitive activity (TCQ-I subscales reappraisal and worry as well as focusing on sleep problems), as well as a significant increase of total sleep time.
The role of acceptance and mindfulness in the treatment of insomnia

Lars-Gunnar Lundh, Department of Psychology, University of Lund, Sweden

According to Lundh and Broman's (2000) model, there are two broad categories of processes that are involved in the development and maintenance of insomnia: (1) sleep-interfering processes (i.e., various kinds of arousal-producing processes which interfere with sleep); and (2) dysfunctional sleep-interpreting processes (i.e., misperceptions of sleep and dysfunctional beliefs concerning sleep and the causes and consequences of poor sleep). Starting from this model, the present paper explores possible reasons why acceptance and mindfulness approaches may be beneficial in the treatment of insomnia. Primarily, it is argued that insomnia patients' sleep-interfering processes involve an excessive reliance on controlled information processing and verbal thinking in the pre-sleep situation, in a way which interferes with the cognitive and physiological deactivation that characterizes normal pre-sleep processes. The rationale for the use of acceptance- and mindfulness-based interventions is that they may foster an increased acceptance of these spontaneously occurring physical and psychological processes, and a correspondingly decreased use of controlled information processing. For example, mindfulness practice, in the form of non-judgmental observation of spontaneously occurring physical and psychological processes, without any efforts to control these, may be an effective means of achieving a more healthy balance between effortful controlled information processing (which is required in many daytime contexts) and the acceptance of spontaneously occurring cognitive and physiological processes (which is functional at night-time). Secondly, it is argued that acceptance and mindfulness methods may also help counteract dysfunctional sleep-interpretive processes, for example by disconfirming catastrophic beliefs about the consequences of accepting even nights of poor sleep.

Open Papers

Issues in Behavioural Medicine

Maternal posttraumatic stress symptoms in response to their child's diagnosis of diabetes

Antje Horsch¹, Freda McManus and Paul Kennedy, Oxford Doctoral Course in Clinical Psychology, Isis Education Centre, Warneford Hospital, Oxford

According to DSM-IV (APA, 1994), 'learning that one's child has a life-threatening illness' is capable of precipitating posttraumatic stress disorder (PTSD). Subsequent studies have investigated the parental response to life-threatening diseases of their children, such as parents of paediatric cancer survivors. So far, no study has systematically investigated whether a chronic condition, such as type I diabetes in children, can act as a traumatic stressor and trigger parental PTSD symptoms. The current study investigated the prevalence of maternal PTSD symptoms triggered by their child's diabetes, and examined which aspects of the diagnostic and treatment process of diabetes were perceived as traumatic by mothers. Since the parental emotional reaction to the traumatic event and parental support of the child are powerful mediators of the child’s symptoms, it is important to identify parents who suffer from PTSD symptoms and to offer them treatment. Furthermore, we identified predictors of PTSD symptoms in mothers of children with type I diabetes. Given the current dominance of the cognitive model (Ehlers & Clark, 2000) in terms of understanding and treating PTSD, it seems pertinent to determine how well cognitive factors, such as negative cognitive appraisals, dysfunctional cognitive strategies and parental guilt predict PTSD symptoms in this population. This is an important contribution to the understanding of mechanisms involved in the development of maternal PTSD symptoms in response to their child’s chronic illness and may provide a basis for interventions aimed at preventing and/or elevating their symptoms.

Effectiveness of cognitive-behavioural therapy in treatment of patients with hypertension.

Kaidi Kiis, Centre for Coronary Health, Central Hospital of East-Tallinn, Estonia

Introduction: Cardiovascular problems are one of the most prevalent somatic problems of modern society. In Estonia the cardiovascular problems are the primary cause of death. Several behavioural and cognitive techniques have been effective for treating chronic medical problems (White, 2001). Therefore, the aim of the present study is to assess the effectiveness of combined cognitive and behavioural techniques in treating hypertension. Method: The treatment is combined of CBT principles that are used for treating health anxiety (Salkovskis, 2003) and treatment strategies for hypertension (Gournay, 2003). Subjects are randomly signed into two groups. Control group is receiving pharmacological treatment for hypertension. The study group is receiving pharmacological treatment and
therapy. The levels of blood pressure, anxiety and depression are assessed. Results: The results of the study are expected for August 2004.

Prevention of implantable-defibrillator shocks by cognitive behavioral therapy : A randomized controlled trial

Cottraux J, Chevalier P, Mollard E, Yao SN, Burri H, Restier R, Adeleine P, Touboul P, Anxiety Disorder Unit, Hôpital Neurologique, Lyon, Cardiology and Intensive Care Department, Hôpital Cardiologique, Lyon

Background: Although psychological stress is known to favor ventricular arrhythmic events, there is no evidence that stress management decreases ventricular electrical instability patients with implantable cardioverter-defibrillators (ICD). Objective: To investigate whether cognitive behavioral therapy (CBT) results in a decrease of arrhythmic events requiring ICD intervention. Methods: Seventy of 214 consecutive ICD patients were randomly assigned to CBT or conventional medical care. Patients who received CBT were offered 2 monthly sessions for 3 months. Psychological variables and quality of life were assessed at baseline, 3 months and one year. Heart rate variability (HRV) was analyzed with Holter recordings. Results: Analysis was limited to patients without antiarrhythmic drugs. At 3 months, there were 15 patients in each group. None of the patients in the CBT group had experienced arrhythmic events as compared to 4 in the control arm (p<0.05). At 3 months, anxiety (HAM-A) was significantly less in the CBT group. At 12 months, although anxiety was still significantly lower in the CBT group there was no difference in the number of arrhythmic events requiring therapy between groups. Quality of life variables did not change throughout follow-up in both groups. Among HRV indexes, PNN 50 and SDNN increased significantly in the active treatment group as compared to the control group. Conclusion: By decreasing anxiety and possibly improving sympatho-vagal balance, CBT may decrease the propensity to ventricular arrhythmias in ICD patients. These effects appear however to be limited in time.

Solution-focused multi-modal CBT for chronic pain

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Introduction. The community hospital Dachau offers a multimodal CBT-based therapy program of 5 weeks for chronic pain patients. The program includes physical therapy, information on chronic pain, relaxation methods and group therapy to promote coping abilities. The solution-focused approach specifically aims at initiating goal development and identifying resources necessary for successful goal pursuit as a means to promote activity and adaptation in patients. Method. To analyse treatment effectiveness a variety of measures such as indicators of pain intensity, everyday functioning, quality of life, coping strategies, and life goals were assessed. Data was assessed at the beginning of treatment, after 5 weeks of therapy, six months after therapy, and two years later. The sample consists of 115 patients suffering from chronic pain. The largest groups within the sample were back pain and headaches. Results. Effect sizes for all outcome variables proved to be medium or large and were stable over the follow up period of two years. Additionally, the patients developed new long-term life goals, particularly agency goals such as achievement, power, and diversion and were more successful in their goal attainment. Discussion. The results indicate that the multimodal and solution-focused CBT program is an effective approach to the treatment of chronic pain. The development of new meaningful long-term life goals is a personalized way to enhance physical and social activity which in turn seems to be a necessary prerequisite for the maintenance of therapy outcomes.

Posters

Behavioural Medicine and Neuropsychology

Heart Rate Variability: A Psychophysiological Assessment and Monitoring Tool for Cognitive Behavioural Therapies

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Autonomic/physiological disregulation is a prominent feature of many disorders, including anxiety, depression, post-traumatic stress disorder, irritable bowel syndrome and hypertension. Cognitive-behavioural approaches have been shown to be of enormous benefit to people in these client groups, but sometimes autonomic regulation is not achieved and despite improvement in areas such as the reduction of negative conditions and avoidance behaviour the individuals are still left with marked physiological discomfort such as having a racing heart, dry mouth and sweaty palms. Thoughts/cognitions and the emotional state of the individual influence the activity and balance of the Autonomic Nervous System (ANS). This ANS imbalance then impacts adversely on the digestive, cardiovascular, immune and hormonal systems. Heart Rate Variability Assessment provides a measure of ANS function and balance. Heart Rate Variability affects not only the heart but also the body’s ability to process information, including decision-making, problem solving and creativity. This paper will present clinical research findings on the impact of Heart Rate Variability training and describe a method for teaching clients to achieve autonomic regulation and the
The influence of neuroticism and symptom representations on somatic complaints in the general population

Persijn, E. & Crombez, G. Ghent University, Department of Experimental-Clinical and Health Psychology

Introduction: The commonsense model of Leventhal and colleagues supposes that people are active problem solvers who assess the meaning of somatic sensations by forming hypotheses about the identity (ie label), the cause (ie stress or virus), the timeline, the controllability and the consequences of somatic sensations (Leventhal, Meyer & Nerenz, 1980). In a further development of the model, emotional representation and coherence were added. The model is often used in predicting adaptation in patients with a wide range of conditions. It is also adapted for use with people undergoing investigations. In a healthy population, however, the model is seldom studied. Method: In a sample of 128 persons between 18 and 65 years of the general population, we examined these symptom representations for 15 common somatic symptoms. The participants were asked about the frequency, the nuisance, the duration, the cyclic nature and the controllability of each complaint and the concern about it. Descriptive statistics of these representations will be presented. As the personality trait neuroticism and sociodemographic factors like age, gender and to a lesser degree socioeconomic status are consistently associated with a somatic complaint score, these variables are also considered. We examined the independent influence of the sociodemographic factors, the personality trait neuroticism and the symptom representations on the frequency, the number and the nuisance of the somatic complaints and on doctor visits and medication use for these complaints. Hypotheses: Neuroticism is expected to have the greatest impact on number of somatic complaints and frequency of the complaints. Symptom representations are expected to have the greatest impact on nuisance, doctor visits and medication use.

Expectations, fear and pain in the prediction of chronic pain and disability.

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Prospective studies with (sub) acute back pain patients show that expectations of persistent pain predict actual pain and disability at a one-year follow up. Consequently, anticipating negative outcome appears to have predictive value for negative outcome and should be taken as an important signal by clinicians who work with these patients. Yet, it is not clear how negative expectations relate to other important factors in the development of a persistent pain problem such as pain and pain related fear. Therefore, the objective of the current study was to investigate the relationship between expectations, pain-related fear and pain intensity in a prospective analysis of how these variables are related to chronic pain disability. The specific goals of this analysis were to explore characteristics of patients with positive and negative expectations about pain and to investigate the relationships between expectations, fear of pain, pain intensity and future pain and function. Subjects (N=175) suffering from back and/or neck pain with a duration of less than 1 year were included in the analysis. Participants filled out questionnaires on pain (current intensity, average intensity and frequency), pain-related fear (catastrophic thinking about pain, as measured with the Pain Catastrophizing Scale and fear avoidance beliefs as measured with a short version of the Tampa Scale of Kinesiophobia) and function (as measured with short version of the Activities of Daily Living scale). One year after initial assessment subjects were followed up with regard to their pain and function. At baseline, patients perceiving themselves to have a high risk of persistent pain reported more frequent and more intense pain and were more fearful compared to people perceiving themselves to have a low risk for persistent pain. In the independent analyses, expectations about persistent pain, pain catastrophizing and fear avoidance beliefs were all related to future pain and function. In regression analyses fear avoidance beliefs explained unique variance in future pain and function after controlling for pain. Because of their high interrelationships with pain, expectations and catastrophizing were not retained in the final analysis. Expectations about persistent pain, pain catastrophizing and fear avoidance beliefs are overlapping constructs that have predictive value for future pain and disability. In clinical work, inquiring about pain beliefs, expectations about the future and pain catastrophizing can be helpful tools for intervention. However, from a scientific point of view, the strong interrelations between pain catastrophizing, expectations and beliefs call for precaution in treating these constructs as if they were separate entities existing in reality. Instead of conceiving them as different, expectations, beliefs and negative automatic thoughts might all be reflections of negative emotion elicited by the pain experience, that is, “cognitive correlates of pain-related anxiety” that tap into how individuals experience their pain.

Psychosocial functioning and quality of life of adults with cystic fibrosis

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There is a high prevalence of psychiatric disorders and distress in individuals with chronic physical illness and cystic fibrosis (CF) is an example of a chronic illness with an improving survival rate. Before 1940, 85% of CF patients died before the age of 2 years.3 With improved medical management, the number of patients with CF reaching adulthood is steadily increasing. The present median age of survival is 32.3 years (Cystic Fibrosis Foundation registry data; 1998). While the physical impact of CF on young adults has been well studied, less is known about the psychological distress experienced by CF adults. Psychological functioning has been assessed in both children and adults with CF, but the results have been variable. The purpose of this study is to assess the psychological profiles and quality of life of adult patients with cystic fibrosis (CF). Sixty-three adults with CF completed in a multicentre study a battery of psychological testing including the Brief Symptom Inventory von Derogatis (BSI), the Hospital Anxiety and
Depression Scale, the Cystic Fibrosis Questionnaire (CFQ-14+) and the Medical Outcomes Short Form 36 (SF-36). These were compared to health status data, including pulmonary function testing. Only patients older than 17 years old were included in the study. 67 patients were recruited for the study, 63 (29 men and 35 women) agreed to participate and provided complete data. The age of participants ranged from 18 to 51 years with a mean age of 27.5 years. Correlates of the questionnaires will be discussed. Moreover, statically comparison with other populations will be presented.

Repetitive transcranial magnetic stimulation in healthy volunteers: mood effects and changes in inhibitory processes when confronted with negative stimuli.

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When treating depressive patients, therapists are increasingly confronted with a growing problem of therapy resistance. Moreover, it seems that when patients recover, they frequently relapse into a pattern of negative, rumintive thoughts when confronted with stressors in their environment. A recent review of literature reveals that Repetitive Transcranial Magnetic Stimulation (rTMS) of the left dorsolateral prefrontal cortex is a new promising treatment for depression. Evidence suggests that rTMS is effective in reducing negative thoughts and feelings (Gershon, Pinhas & Grunhaus, 2003). However, the effects of this technique on underlying cognitive processes are still unclear. The first aim of this study was to investigate the temporary effects of rTMS on the mood of healthy volunteers. Opposite to the positive effects rTMS has on depressives, some researchers have reported negative mood effects on normal subjects (e.g. Pascual-Leone, Catala & Pascual-Leone, 1996). Subsequently, we wanted to explore the assumption that a negative mood induction also tends to cause a decrease in inhibitory control. Depressed participants might have more difficulties disengaging their attention from stimuli with negative emotional valence (Joormann, 2004). To test these hypotheses, subjects (n = 14) rated their mood before and after rTMS using visual analogue scales (VAS) and a reduced version of the Profile of Mood States (POMS). Inhibitory control towards emotional stimuli (facial expressions) was also measured before and after rTMS, using a modified version of the negative priming paradigm. Participants received both real and SHAM (control) stimulation. We used repeated measures designs to analyse our data. Results will be presented at the congress.

Black womens' phenomenological experience of providing home-care for a family member with AIDS in a third world context

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World statistics show that HIV infection is on the increase. Much attention is thus currently paid to the prevention of AIDS. A growing problem, however, is the increasing number of people in the terminal phase of HIV – especially in developing countries like South Africa. During this phase of the illness serious infections manifest themselves and there is a general decline in the patient’s functioning, leading to increased dependence on others for activities of daily living. Often these people in the final phase of HIV are accommodated in hospitals and hospices. Due to rising health care costs, inadequate and understaffed facilities and overwhelmed health care workers, more and more people in the final phase of HIV are cared for at home. In most developing and third world countries home-based care becomes the responsibility of illiterate, uneducated family members of infected individuals, with little or no resources to provide terminal care. For this reason a phenomenological study was conducted in order to expose the experience of providing care for a family member in the final phase of HIV. Five black female care givers were included in this study. Common themes that emerged from the transcribed interviews included the establishment of an existential baseline as well as diminished independence and freedom of participants. They also expressed the need for support (emotional, financial and medical). Lastly religion and certain coping mechanisms were found to either facilitate or hinder the provision of care, depending on their rigidity and effectiveness respectively.

Is CBT an effective treatment for pain symptoms in Chronic Fatigue Syndrome?

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Introduction: Chronic Fatigue Syndrome (CFS) is characterised by severe fatigue, lasting longer than six months that leads to a substantial functional impairment. Goals of Cognitive Behaviour Therapy (CBT) for CFS are recovery of fatigue and resolution of daily activities. This is reached through reformulation of fatigue related cognitions, normalisation of the sleep-wake cycle and an increase of physical activity. Several studies have shown that CBT results in a reduction of fatigue and disabilities. Following the CDC criteria for CFS, aside from fatigue there are eight additional symptom criteria. Among these, disabling muscle-pain and/or multi-joint pain are reported by more than ninety percent of the patients. A lot of patients also complain of muscle pain and multi-joint pain during the gradual exposure to activity, a crucial feature of CBT. The pain symptoms can seriously hamper the therapy and cause dropout. It is not known if CBT for CFS is also an effective treatment for pain symptoms. There are no interventions in the treatment protocol that are focused on the pain symptoms. This implies that the muscle pain and multi-joint pain symptoms will not change as a result of treatment and should require additional interventions. However, clinical experience suggests that after a substantial reduction of fatigue, patients also report a reduction of pain. In this study the hypothesis is tested that an effective treatment of CFS by CBT also leads to a reduction of muscle pain and multi-joint pain. Method: We used data from an earlier study (Prins et al., 2001). In this randomised controlled trial it was demonstrated that a third of the CFS patients recovered after CBT. Recovery is defined as reaching a level of fatigue that is within the range of healthy individuals. Pain symptoms were assessed by a questionnaire. Patients were
Gender differences in outcome from a multidisciplinary pain management intervention

Results: A comparison of the differences in pain scores after treatment (8 months) and at follow-up (14 months) from baseline for the two groups showed that only the recovered patients reported a significant reduction of muscle pain and multi-joint pain. Discussion: The results show that patients who show a recovery from fatigue following CBT also report a reduction of muscle pain and multi-joint pain. This suggests that no specific intervention is needed for pain in CFS. However, this seems only the case for patients with a 'normal' level of fatigue after treatment. A possible implication of this finding is that maximising the positive effect of CBT on fatigue, for example by lengthening the treatment, is instrumental in reducing pain symptoms.

Developing a Pain Medication Attitude Questionnaire: Preliminary analyses of the relationships between pain medication concerns, medication behaviours, psychological distress, and disability.

Hoskins, J., McCracken L., Eccleston, C. University of Bath and Royal National Hospital for Rheumatic Diseases NHS Trust, Bath UK

There has been little study of chronic pain patient's psychological experiences of taking analgesic medications. The Pain Medication Attitude Questionnaire (PMAQ) has been developed to assess chronic pain patients concerns about their analgesic medications, it consists of 49 self report items divided in to the following 7 scales: perceived need for medication, concern about adverse scrutiny, addiction, side effects, tolerance, withdrawal, and relationship with the prescribing doctor. Participants for this study were attending one of two pain management services in Southwest England (N=160). This study investigates the relationships between chronic pain patients concerns about analgesic medication, their self reported medication behaviours, and measures of disability and psychological distress. All of the PMAQ scales were found to have significant positive relationships with pain related anxiety, depression, disability, reported frequency of adverse side effect, and heath care use (frequency of GP visits in last 6 months). An analysis of the relationships between medication concerns and self reported medication behaviours found a significant negative relationship between perceived need and taking less medication (r = -.24, p < .01) and a positive relationship with taking more medication than prescribed (r = .49, p < .001). Taking more medication was also positively related to concern about adverse scrutiny (r = .34, p < .001) and concern about tolerance (r = .31, p < .001). These results suggest that concerns about analgesic medications contribute to the psychological distress experienced by chronic pain patients. A high perceived need for analgesic medications is associated with taking more medication. This behaviour is also associated with increased concerns about medication, greater reported incidence of adverse side effects and higher levels of psychological distress, which in turn is associated with increased scores of reported pain. Regression analyses of the unique contributions of patients concerns to distress and disability, separate from pain and reported pain relief, are discussed.

Gender differences in outcome from a multidisciplinary pain management intervention

Keogh, E., McCracken, L., & Eccleston, C Pain Management Unit, Royal National Hospital for Rheumatic Diseases and University of Bath, UK

Women report more pain than men. It also seems as if gender may moderate responses to pharmacological agents used to combat pain, suggesting that men and women differ in treatment efficacy. What is unknown, however, is whether gender differences exist in response to multidisciplinary pain management interventions. We, therefore, report data from a treatment-outcome programme at the Pain Management Unit, Royal National Hospital for Rheumatic Diseases, UK. The sample consisted of 99 chronic pain patients (34 males; 65 females) who completed a series of measures relating to pain and distress at three different time points: just before and just after completing a multidisciplinary pain management intervention, and then again three months later. The pain management intervention consisted of a three/four-week residential program that aimed to enhance daily functioning, and which involved physiotherapists, occupational therapists, a nurse, physicians, and clinical psychologists. Analysis revealed that gender moderated change in current pain (F (2, 186) = 3.78, p<.05, = .04) and distress (F (2, 180) = 5.16, p<.01, = .05) across the intervention. Specifically, both men and women were found to exhibit a significant reduction in current pain and distress just following the intervention (men = F (1, 30) = 12.11, p<.005, = .28; women = F (1, 63) = 21.05, p<.005, = .25). However, this reduction was only maintained at 3 months in men (F (1, 30) = 6.89, p<.05, = .19). Women reported similar levels of pain and distress to those recorded prior to the intervention (F (1, 63) = .48, p>.05, = .01). The implications of these results are that if men and women do differ in the efficacy that some pain management interventions have in the longer term, it may be important to tailor such interventions in a gender-specific manner.

Fathers of Adolescents with chronic Pain: A Preliminary Investigation

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Chronic pain can be a significant problem for children and adolescents. Epidemiological studies report the incidence of severely debilitating child and adolescent chronic pain at 2%. The widespread debilitating effects of chronic pain on adolescents are now well documented, and it is now also accepted that these effects can also be found with parents and siblings of chronic pain patients. However, in
the majority of the studies that report on the effects of adolescent chronic pain on parents, closer examination reveals these to be predominantly studies of mothers. There is, at present, no guidance on how to understand the experience of fathers of adolescents with chronic pain. As part of a programme of research on the assessment of the impact of pain on parents with chronic pain, two related studies are reported. First, using the Bath adolescent treatment database 16 fathers were selected at random and compared with 16 mothers, matched on characteristics of child pain and disability. From the existing battery of clinical data, the main findings relate to the measure of parenting stress (Parental Stress Index). Mothers showed elevated scores in comparison to fathers on the subscales of Parental Distress (t=4.36, P< 0.01), Parent-Child Dysfunction (t=3.07, P<0.005) and Difficult Child (t=2.804, P<0.01). In a further study indepth qualitative interviews were undertaken individually with six fathers. All interviews were recorded and transcribed, and subjected to Interpretative Phenomenological Analysis. The IPA revealed four dominant themes which are discussed under the rubric of: losing control, emotional containment, seeking balance & life re-evaluation. The findings are discussed within the context of unmeasured experience in standard tools of parenting and chronic pain, and for the need to account for gendered parenting experience in psychotherapeutic and rehabilitation approaches to the management of adolescent chronic pain and disability.

**Gender moderates the association between disability and depression (but not anxiety) in chronic pain patients**

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Pain-related anxiety and depression are important determinants of disability amongst chronic pain patients. There is also evidence to suggest women may be particularly susceptible to anxiety, depression and pain. However, since anxiety and depression tend to be highly correlated, it is difficult to determine the specificity of effects. The aim of the current study was to determine the relative roles of anxiety and depression on disability in male and female chronic pain patients. The sample consisted of 260 patients who referred to the Pain Management Unit at the Royal National Hospital for Rheumatic Diseases in Bath, UK. There were 101 males and 159 females, with minimum pain duration of 12 months (mean = 124 months). As part of an initial assessment, all patients completed the Beck Depression Inventory (Beck et al., 1961), the Pain Anxiety Symptom Scale (McCracken et al., 1992) and the Sickness Impact Profile (Bergner et al., 1981). Hierarchical multiple regression analysis was conducted entering depression, anxiety and gender at the first step, and the product of gender and depression, and gender and anxiety at the second step. As predicted, both anxiety (beta = .40) and depression (beta = .31) were found to be significant positive predictors of disability at step 1 (R2 = .41; F (3,239) = 55.12, p<.001). Although gender did not significantly predict disability (beta = -.004), it did moderate the relationship between depression and disability, in that when depression is high, women report greater disability than men (beta = .643, t = 3.070, p<.005). Gender did not, however, significantly moderate the relationship between anxiety and disability (beta =-.395, t = 1.767, p>.05). Together these results not only suggest that gender is an important moderator of the relationship between negative thinking and disability, but that such associations may be related more to depression than anxiety.

**Living with Chronic Pain: The Relative Utility of Coping Versus Acceptance**

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When one is struggling with adversity like chronic pain how one psychologically frames that struggle can make all the difference in the world. Previous results suggest that to define the problem of chronic pain as a problem of coping may not be as useful as framing it as a problem of acceptance. The purpose of this study was to continue the examination of the relative predictive utility of the concepts of coping and acceptance of chronic pain. Two hundred and thirty consecutive patients (67% women, 58% low back pain, Md= 33 months of pain) seeking assessment from a pain management service were the participants in this study. Patients completed the Coping Strategies Questionnaire (CSQ) and the Chronic Pain Acceptance Questionnaire (CPAQ). The primary purpose of this study was to address technical limitations in the CSQ by employing a revised scoring method developed by M. Robinson and colleagues and to examine recently developing subscales of the CPAQ. Correlation results showed that the acceptance variables were reliably stronger predictors of disability, distress, and health care use compared to the coping variables. In regression analyses, even when the coping variables were entered first, acceptance accounted for more variance in seven different measures of distress and functioning (average R2 = .18 vs. .14). Coping variables showed a positive relationship with healthy functioning in just 1 of 35 tests while the acceptance variables showed a positive relation to healthy functioning in 11 of 14 tests. Despite the long and useful history of the coping construct within pain management the field may be evolving toward a less control-oriented and more accommodating view of aversive private experiences.
Background: Chronic pain can endure from weeks to many months or years and is a common and costly health problem with multiple causes and consequences. Common psychological consequences are depression, anxiety, anger, catastrophizing and fear and avoidance behaviour. Chronic pain commonly results in significant psychosocial problems for patients and can begin to dominate almost every aspect of their life. Pain management programmes must therefore have a team of a range of professionals, together addressing the various disabling effects of the chronic pain. CBT has been extensively evaluated and shown to be effective in terms of its impact on a number of biopsychosocial variables in chronic pain. The pain clinic at Reykjalundur Rehabilitation Center offers an interdisciplinary pain management programme for 32 inpatients with chronic pain. This programme is a 6-8 weeks inpatient programme, sometimes combined with a 2-3 weeks outpatient programme. The programme consists of education such as a stress management and relaxation programme, a back-school that addresses the nature of chronic pain and coping methods, nutrition, sleep, exercise and a healthy lifestyle. Purpose: In the present pilot study we studied the effect of the interdisciplinary pain management programme, including cognitive behaviour therapy, on some of the comorbid factors of chronic pain, i.e. depression, anxiety, automatic negative thoughts, general quality of life and the experience of pain. Methods: Participants in this study were 23 inpatients, 19 females and 4 males who all participated in cognitive behaviour therapy (CBT) in addition to the interdisciplinary pain management programme. The CBT sessions were once or twice a week, for six to eight weeks, 50-60 minutes each time, for a total of 12 sessions. The CBT sessions were delivered by CBT trained health professionals; a psychologist, a social worker, nurses and occupational therapists using a standardized treatment manual. All the therapists were supervised by a CBT qualified psychologist. The main focus in the CBT sessions was on addressing activity levels, maladaptive thinking patterns concerning pain problems, as well as depressive symptoms and anxiety. Finally relapse prevention was addressed. Depressive symptoms, anxiety, automatic negative thoughts, health related quality of life and experience of pain were measured at the beginning and at the end of the programme with a follow up measure at 2-14 months after completion of therapy. Results and discussion: The results show statistically and clinically significant differences in measures of depression (BDI), anxiety (BAI), automatic negative thoughts (ATQ) and health related quality of life (HL) as measured in the beginning and at the end of the treatment. The differences remained comparable in all of the follow-up measures and there was no correlation between the results and the number of months (2-14) that had passed from completion of therapy. However, the results did not show significant changes in the patients’ experience of pain (WHYMPI) from the beginning to the end of the treatment or in the follow-up measure. Due to the lack of a control group in this study, the question of the effectiveness of CBT alone needs further research.

Vigilance for pain in patients with chronic back pain: the role of neuroticism, pain catastrophizing and pain-related fear.

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Objective: The aim of this study was to examine the role of neuroticism, pain related fear and pain catastrophizing in explaining vigilance to pain. Method: One hundred twenty-two patients with chronic, non-specific low back pain were asked to complete a questionnaire survey, assessing vigilance to pain, pain intensity, pain related fear, catastrophic thinking about pain and personality. Results: In a mediation analysis it was tested whether the relationship between neuroticism and vigilance to pain was mediated by pain catastrophizing and pain-related fear. Significant effects were found for both mediators. More than half of the relationship between neuroticism and vigilance to pain was accounted for by pain catastrophizing (z = 3.52, p < .001). Furthermore, pain-related fear accounted for almost half (47%) of the relationship between neuroticism and vigilance to pain (z = 3.12, p < .01). To examine the role of neuroticism in the relationship between pain intensity and pain catastrophizing, a moderation analysis was conducted. The interaction variable (pain intensity x neuroticism) was found to be a significant predictor of pain catastrophizing (β = .30, p < .0005), indicating that the association between pain intensity and pain catastrophizing is conditional on the values of neuroticism. A post-hoc probing procedure revealed that pain intensity is a significant predictor of pain catastrophizing in high-neurotic individuals, but not in low-neurotic individuals. Discussion: The results indicated that pain catastrophizing and pain related fear mediated the relationship between neuroticism and vigilance to pain. Furthermore, neuroticism moderated the relationship between pain intensity and catastrophic thinking about pain. Neuroticism may be seen as a vulnerability factor: it lowers the threshold at which pain is perceived as threatening, and at which catastrophic thoughts about pain emerge.
A Qualitative Investigation Of Parents’ Experiences of Caring For An Adolescent With Chronic Pain

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Introduction/Aims: Previous quantitative research has shown that parents/carers of adolescents with chronic pain report high levels of emotional distress, severe limitations in social and family functioning, increased financial hardship, and increased use of health care resources. This study aimed to further explore this parental impact by employing qualitative methodology to investigate parents’ experiences of caring for an adolescent with chronic pain.

Method: A sample of 18 parents/carers of adolescents with chronic pain was selected from 2 clinic sites. Four focus groups were conducted to discuss the impact of caring for an adolescent with chronic pain on the parent. Group discussions were tape-recorded, anonymised and transcribed verbatim. Transcripts were analysed using interpretative phenomenological analysis (IPA).

Results: Four themes emerged from the IPA, powerless, need for explanation, struggle and life on hold. Discussion: Parents were highly distressed by their inability to alleviate their child’s pain and felt that this contradicted their view of a parent as someone who can ‘make things better’. Participants talked extensively about the importance and meaning of obtaining a diagnosis for their child.

Dysfunctional thoughts about dementia caregiving, social support, coping, and depression among female family caregivers

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Introduction: The relationship between dysfunctional attitudes or thoughts and depression has been frequently identified in the psychological literature. However, we have not found any study analyzing the influence of specific dysfunctional thoughts about caregiving on depression in dementia family caregivers.

Objective: The aim of this study is to analyze the relationship between specific dysfunctional thoughts about caregiving and different variables traditionally included in the stress process models.

Method: In addition to other variables related with the caregiver distress (e.g., behavioural problems and behavioural problems appraisal), dysfunctional thoughts about caregiving, social support, total amount of help received, coping styles (seeking social support for emotional and instrumental reasons), and depression were assessed in 137 female dementia family caregivers. The relationships among variables have been analyzed through structural equation modeling (SEM).

Results: The proposed model provides an acceptable fit to the data (CMIN/DF = 1.49, GFI = .87; RMSA = .06), and accounts for a significant amount of variance in depression (58%). The dysfunctional thoughts about caregiving have an effect on caregivers’ depression (indirect relationship = .25), although mediated by social support and coping (seeking social support).

Discussion: The results show the relevance of including the variable specific dysfunctional thoughts about caregiving in the analysis of caregiving distress. Female caregivers with higher scores in dysfunctional thoughts about caregiving seek less social support and have less social support than those with lower scores, and lower scores on social support are significantly associated with higher scores on depression.

The Change Of Regional Brain Metabolism In Panic Disorder After The Treatment With Cognitive Behavioral Therapy Or Ssri (18 Fdg Pet Study).

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Background: Our goal was to identify brain structures involved in panic disorder (PD) patients and changes in 18FDG PET during the treatment with cognitive behavioral therapy (CBT) or SSRIs. Method: Twelve patients suffering from PD were studied with [18F]-2-fluoro-deoxyglucose positron emission tomography (18FDG PET) scan during rest (REST condition). Afterwards they were randomly assigned to different treatment groups: six patients (3 males and 3 females) were treated with cognitive behavioral therapy and six patients (3 males and 3 females) with SSRIs. After 3 months 18FDG PET was repeated in both groups. Psychopathology was measured by HAMA, CGI and Panic Disorder Severity Scale (PDSS). Data was analysed by software for statistical parametric mapping (SPM99).

Results: There was a decrease in psychopathology found in both treatment groups according to the rating scales. After the treatment, both treatment groups showed decreased 18FDG PET uptake compared with the first scan mainly in the inferior frontal gyrus, supramarginal gyrus and superior frontal gyrus of right hemisphere and increased 18FDG.
uptake in middle temporal gyrus of left hemisphere. There are other areas of decreased or increased regional brain metabolism in both groups of patients, which are similar and different. Conclusions: The changes in 18FDG uptake in PET after the treatment with CBT or SSRI were in several brain areas the same, with significant right-left difference which is in concordance with asymmetry of cerebral activity noted in PD patients in SPECT and PET studies. Similarities between both groups of patients treated with CBT (psychotherapy) or SSRI (pharmacotherapy) are pointing to the possible interface of underlying mechanism of action of these therapeutic modalities.

**Neurobiological aspects of CBT with anxiety disorders**

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The fear bractract: conditioning is probably the mechanism that explains anxiety disorders. Contextual conditioning may explain, why locations, smells, and other cues can evoke fear, even when they are not obviously dangerous. At an unconscious level the memory associations in our hippocampus /amygdala recognize that something unpleasant or dangerous previously occurred in a particular setting, even though we are not consciously aware of the connection between the context and our response. A variety of neuroanatomical, neurochemical, neuroendocrine, and neurophysiological systems have been implicated in the pathogenesis of anxiety states. Noradrenergic pathway (the locus coeruleus-noradrenaline-sympathetic nervous system) have long been associated with fear and arousal and play an important role in the body’s response to threat. There is considerable evidence implicating the brain noradrenaline brain systems and panic disorder (Nutt et al. 1999). There is strong evidence that function of the brain noradrenergic system is involved in mediating fear conditioning (Charney and Deutch 1996). In the laboratory model of sensitization, single or repeated exposure to physical stimuli sensitized an animal to subsequent stressors. In animals with a history of prior stress there is a potentiated release of noradrenaline in the hippocampus with subsequent exposure to stressors (Nisenbaum et al. 1991). Similar findings were observed in medial prefrontal cortex. The hypothesis that sensitization is underlying neural mechanism contributing to the course of anxiety disorders is supported by clinical studies demonstrating that repeated exposure to traumatic stress is an important factor for the development of anxiety disorders. Findings with serotonin brain systems in anxiety disorders are quite contradictory, probably because of the different 5-hydroxytryptamine circuits in different areas of the brain. However, the most investigators believe, that an increase in serotonin transmission decreased anxiety disorders. The evidence for this is that the SSRIs are effective in anxiety disorders. Animals exposed to a variety of stressor have shown to produce an increase in serotonin turnover in the medial prefrontal cortex, nucleus accumbens, amygdala, and lateral hypothalamus, with preferential release during conditioned fear in medial prefrontal cortex. The serotonergic innervation of the amygdala and the hippocampus by the dorsal raphe is believed to mediate anxiogenic effects via 5-HT2A receptors. In contrast, the median raphe innervation of hippocampal 5-HT1A receptors has been hypothesised to facilitate the disconnection of previously learned associations with aversive events or to suppress formation of new associations, thus providing a resilience to aversive events (Graeff 1993). LeDoux (1998) have demonstrated the central role played by the amygdala in the mediation of fear reactions. The amygdala is thought to be responsible for the detection of potential threats to the organism and the mobilization of a range of defensive responses. Thought connections with the hypothalamus, it can activate the sympathetic nervous system and hypothalamic-pituitary-adrenal axis. Thought efferent fibres to the central gray area of the midbrain, it can mediate behavioural defence responses such as fight-to-flight response and behavioural “freezing”. Through connections to the nucleus reticularis pontis caudalis, it can enhance the defensive startle reflex. Structure closely related to the amygdala, the bed nucleus of the stria terminalis, may be involved in this emotion. This nucleus, like the amygdala, is exerting a modulating effect on the startle reflex (Davis 1998). Davis has suggested that the stria terminalis may play a role in anxiety analogous to that of the amygdala in fear reactions and, further, that prolonged or repeated stimulation on the stria terminalis by corticotrophin-releasing factor during periods of stress might lead to sustained activation and thus to persistent anxiety. Amygdala has a central role in the neural mechanisms of fear conditioning, extinction, and sensitization. Thalamo-amygda pathways that bypass the cerebral cortex may trigger conditioned responses before the stimulus reaches full awareness, providing an explanation for unconscious conditioned phobic responses to fear-relevant stimuli. Fear conditioning has been used as a model for the occurrence of pathological anxiety responses to seemingly “neutral” stimuli. According to the neutral stimulus was originally paired with truly fearful stimulus, which now may be forgotten. Patients then begin to avoid these stimuli in their everyday life. The inability to distinguish true treat from perceived treat in innocuous situations in highly characteristic of the anxiety disorders. Preclinical data suggest that the hippocampus, the bed nucleus of the stria terminalis, and the periacqueductal gray play an important role in the mediation of contextual fear. Acute stress increase dopamine release and metabolism in a number of specific brain areas. However, the dopamine innervation of the medial prefrontal cortex appears to be particularly vulnerable to stress. Low – intensity stress (such as that associated with conditioned fear) or brief exposure to stress increases dopamine release and metabolism in the prefrontal cortex. The production of anxiety has both subcortical and cortical components. The various psychotherapies target the cortical components and the memory systems of the hippocampus. Behavioural therapies such as systematic desensitization or exposure produce “deconditioning”. This process occurs by retraining hippocampal neurons to reorganize the contextual cues that they store, so that they are no longer associated with danger signal and no longer produce the fear conditioning response. Cognitive therapy or other “speaking psychotherapies”, in which the contextual memories are explored, may attack the same problem from the cortical level. Multiple regions in the prefrontal cortex have projections to the amygdala, and to the hippocampus. Thus cognitive-behavioral therapies have been designed to reverse the impact of fear conditioning. Treatment, which focused on reversing the effects of fear conditioning on psychological, somatic and behavioral symptoms associated with the efferent arm of the anxiety circuit, has been shown to be effective.

The measurement of individual differences in Behavioral Inhibition and Behavioral Activation Systems: A comparison of personality scales.
Acceptance of the unpleasant reality of chronic pain: effects upon attention to pain and engagement in daily activities

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Objective: The aim of this study was to examine whether acceptance of chronic illness was related to a focus away from pain, less attention to pain, and an engagement with daily activities. Method: Two studies were conducted. In a cross-sectional study (study 1), 501 chronic pain patients completed self-report instruments on pain severity, attention to pain and acceptance. For the diary study (study 2), 62 patients with chronic pain were recruited. Pain intensity, attention to pain and characteristics of daily activities like valence of the activity, engagement in activity and motivation to complete the activity were measured 8 times a day using an experience sampling method. Acceptance was measured using a self-report instrument Results: Study 1: hierarchical regression analyses were performed to examine the relation of acceptance with attention to pain, and of acceptance with goal directed characteristics of activities, after controlling for the effects of pain intensity and relevant demographic variables. Attention to pain was predicted by pain intensity and acceptance, resulting in an explained variance of 16%. Acceptance had a contribution of 6% in explaining attention to pain. Study 2: Diary data of each participant were averaged over the two week period. Hierarchical regression analyses were performed to examine the relation of acceptance with attention to pain, and of acceptance with goal directed characteristics of activities, after controlling for the effects of pain intensity and relevant demographic variables. Acceptance was predicted by pain intensity and acceptance, resulting in an explained variance of 24%. Acceptance had a contribution of 7% in explaining attention to pain. Acceptance had a significant contribution in explaining activity efficacy, engagement with activity and motivation to complete the activity, 11%, 9% and 9% respectively, beyond pain severity. Discussion: Both studies revealed that patients who reported greater acceptance, were also paying less attention to pain. Furthermore acceptance was related to an engagement with daily activities. The engagement in daily activities for patients who accept their pain may be a naturally occurring distracter that reduces attention to pain in many situations (Eccleston & Crombez, 1999). However reengagement with daily activities can not be equated with a return to a "normal" life. Intense pain will probably continue to interfere with daily activities. Therefore, a positive life despite pain is probably best achieved by a flexible adjustment of personal goals to current limitations and adversities (Brandstadter & Rothermund, 2002).

Distraction from chronic pain during a pain-inducing activity is associated with greater post-activity pain

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Background and aims: Distraction is a common and intuitive way of attempting to control pain. It is a common part of packages of cognitive behavioural therapy. Despite its intuitive appeal, there is equivocation as to the merits of distraction. In particular, the results from clinical and experimental research about its effectiveness are inconclusive. The aim of the present study was to investigate the effects of distraction from pain during and after a pain-inducing lifting task in a sample of chronic low back pain patients. Methods: Fifty-two chronic low back pain patients performed a pain-inducing lifting task twice, once alone and once with a simultaneous cognitive distraction task. Results: The results revealed (1) that distraction only had an effect upon self-reported pain immediately after the lifting task, but not upon experienced pain during the lifting task, (2) that both pain-related fear and pain catastrophizing did not moderate the effects of distraction on pain, and (3) that patients who catastrophized during the lifting task were more vigilant to pain during the lifting task, and were less engaged in the distracting task, compared with patients who did not catastrophize. Further investigation of the catastrophizing data showed that the effect of catastrophizing during the lifting task on the cognitive distraction task was mediated by the amount of attention paid to pain. Clinical implications of these findings will be discussed.

Study of effects of dysfunctional cognitions on adaptation to Asthma
Cognitive behavioural models emphasise relations between cognitions, emotions and behaviours. Those models have been applied, successfully, to the field of health psychology and to the treatment of chronic diseases (White, 2001). The present study investigates the association between dysfunctional cognitions associated with Asthma and other psychological variables relevant for comprehension and treatment of Asthma, accordingly to cognitive behavioural theory: problem-behaviours; negative emotions, in general; panic/fear symptomatology, in particular; and attitudes towards Asthma. Method: The sample is constituted by 50 asthmatic patients, men and women with ages between 16 and 75 years. They were diagnosed asthmatic for longer than one year, didn't have other associated diseases and were patients at a pneumatology Service of an University Hospital. The instruments used were several self-report scales: a) Respiratory Illness Survey (RIOS, Kinsman, Jones, Matus & Schum, 1976): it evaluates attitudes of asthmatic patients towards Asthma and its treatment and it is composed by 6 factors ("optimism", "negative view of clinical staff", "internal response specificity", "external control", "psychological stigma", "authoritarianism towards disease and hospitalisation") b) Asthma Symptom Checklist (Kisman et al, 1973): we used only the dimension of "panic/fear", since other emotional dimensions were primarily evaluated by Revised Asthma Problem Behaviour Checklist and we weren't interested in an overlap of data. c) Revised Asthma Problem Behaviour Checklist (Creer et al., 1989): it evaluates behavioural and emotional problems that occur before, during and after asthmatic crises and it is composed by 4 dimensions ("behaviours related to crises prevention", "behaviours/emotions that precipitate crises", "behaviours/emotions present during crises", "consequent behaviours of crises") d) Inventory of Dysfunctional Cognitions associated with Asthma - Inventário de cognições disfuncionais associadas à Asma (Matos e Machado, 1999): it has a global note, since an factorial analysis didn't reveal any consistent dimensions. Results: Data suggest that dysfunctional cognitions associated with Asthma are predictive of problem-behaviours and negative emotions (that occur before, during and after asthmatic crises) of higher panic/fear symptomatolgy and of more negative attitudes towards asthmatic disease and treatment. Our results emphasise the importance of these psychological variables and relations they maintain among them in adaptation to asthmatic disease.

Factors associated with disability in adolescents with chronic pain.

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Chronic pain in adolescents is often hugely disabling. Traditionally paediatric chronic pain research has focused on pain characteristics to the neglect of functioning (Palermo 2000). The primary objective of this study was to investigate patterns and associates of reported functional disability in 121 adolescents (83 female, mean age 14.67) with chronic pain. Both adolescents and their parents completed questionnaire measures assessing adolescent functional disability, anxiety, depression and family coping. Adolescents alone filled in self-reports on pain intensity and coping strategies, and the adults completed a parental stress inventory. The adolescents and the parents reported high levels of disability, though hierarchical regression analyses revealed different predictors for the two forms of disability report. Adolescents' reported pain intensity emerged as the only unique predictor of adolescent disability report in all steps of a hierarchical regression involving the above variables (final step, beta = .35, t(55) = 2.83, P < 0.01). Family reframing (beta = .23, t(72) = 2.15, P < 0.05) and behavioural distraction (beta = -.23, t(71) = -2.23, P < 0.05) were found to independently predict adult reports of adolescent disability, in a regression including demographics, family coping, parental distress and adolescent coping variables. Adolescent pain intensity reports accounted for some of the variance of adult disability reports in the last step, though this finding was only of borderline significance. This preliminary study highlights the salience of the pain intensity concept and expression in adolescents with chronic pain, and the value of assessing parental influence and needs, in relation to the adolescents’ functional disability. Further research ideas highlight the need to investigate underlying psychological processes, examine alternative measures of disability and conduct analyses at various time-points.

Behavioral Inhibition and Social Anxiety

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Significant progress has been made in understanding the origins, maintenance, and treatment of Social Phobia. Although its etiological and developmental origins are still not clear, biological and family factors, temperament variables and traumatic conditioning have been pointed as important by some researchers. The temperamental construct most widely researched – behavioral inhibition – is also one of major relevance to the study of social anxiety. Behavioral inhibition is defined by Kagan (Kagan & Reznick, 1986; Kagan, Snidman & Arcus, 1993) as a temperamentally based disposition responsible for inhibiting behavior in response to unfamiliar events, both social and non-social. Research on this topic revealed high prevalence and stability of behavioral inhibition temperament, and suggests a link between inhibition and anxiety disorders, in particular, social anxiety. The Retrospective Self-Report of Inhibition (RSRI) is an instrument developed by Reznick et al. (Reznick, Hegeman, Kaufman, Woods, & Jacobs, 1992) that measures retrospective behavioral inhibition. Its initial studies revealed acceptable measures of validity and reliability. The aims of the present study are 1) to test the RSRI psychometric properties on the Portuguese population and to study the postdictive validity of the RSRI, 2) to investigate a possible relation between behavioral inhibition and psychopathology, in particular, social anxiety, (3) to investigate an interaction effect between...
behavioral inhibition and parental rearing practices in the determination of psychopathology, specifically social anxiety. In order to explore the outlined goals, data is being obtained from two different samples. The first study involves a normal sample of undergraduate students (N=80). The subjects completed The Retrospective Self-Report of Inhibition (RSRI), The Brief Symptom Inventory (BSI), and a modified measure of the RSRI. Considering the well-known limitations of the self-report in the behavioral inhibition study, the goal is to explore the postdictive validity of the RSRI. Specifically, the RSRI questions were used with the subject parents concerning their children’s behavior during childhood. In the second study, a group of about 300 individuals from the general population completed the RSRI, the BSI and The Social Interaction Scale (SIAS) and Social Phobia Scale (SPS) that assess anxiety in interpersonal interactions and in situations involving observation by others. The Inventory for Assessing Memories of Parental Rearing Behavior (EMBU), a widely investigated questionnaire, and the Parent Threat Inventory (PTI), that measures a rejection dimension in rearing practices, were also applied. Preliminary results will be presented.

European and Professional Issues

Symposium

Recent developments in Social Phobia

Convenors: Heidenreich, T., Clinic of Psychiatry and Psychotherapy II; University Clinic Johann Wolfgang Goethe & Stangier, U, Department of Psychology; University of Frankfurt, Germany

Social Phobia, also known as social anxiety disorder, is characterized by severe impairments in both social and occupational functioning. During the last years, much progress has been made in the understanding of factors contributing to aetiology and maintenance of social phobia as well as to its treatment. Important influences have been cognitive models of the nature of excessive social anxiety. In this symposium, new approaches to both the aetiology and treatment of social phobia are included. In the first paper, Luisa Stopa investigates the role of memory perspective and self-concept in social anxiety. It is pointed out that both concepts are important and necessary to clearly understand the nature of social anxiety. The second presentation by Rachel Mycroft and Colette Hirsch presents new data on the role of valence and self-reference of images in social phobia. Among other findings, they show that negative images of the self have the most powerful effect in increasing anxiety and impairing performance. The third presentation, by Ulrich Stangier and Thomas Heidenreich deals with a topic that has been neglected for some time: The role of secondary social anxiety in mental and physical disorders. Drawing on studies in populations as diverse as alcohol dependence, eating disorders, schizophrenia and body dysmorphic disorder, the authors point out the problems in identifying clinically relevant secondary social anxiety. The following two papers are dealing with treatment studies of social phobia: Sandra Mulkens, Susan Bögels, Peter de Jong and Judith Louwers present task concentration training, a newly developed treatment for social anxiety. They report on a randomized controlled trial comparing this treatment format with exposure in vivo in patients with fear of blushing. The final paper of this symposium is presented by Finn-Magnus Borge, Asle Hoffart and Harold Sexton who report results of a randomized controlled trial comparing cognitive-behavioral therapy with interpersonal therapy. The authors concentrate on the 6- and 12 month follow-up assessment points. The symposium concludes with a general discussion of future research directions in social phobia.

Memory perspective and self-concept in social anxiety

Luisa Stopa, University of Southampton, UK

The construction of a mental representation of self is an important maintaining factor in recent cognitive models of social phobia (Clark & Wells, 1995; Rapee & Heimberg, 1997), which may take the form of a visual image seen from an observer perspective. This study investigates Libby & Elbach’s (2002) hypothesis that individuals use the observer perspective when recalling memories that are incongruent with current self-concept. 60 participants (divided into high and low social anxiety groups) generated self-concept descriptions, recalled four memories of social occasions (two congruent, two incongruent), and rated perspective, age, vividness, emotional tone, and self-awareness of each memory. High socially anxious participants used the observer perspective more often with the second incongruent memory and referred to the concept of a “true self” more often in their self-concept descriptions. Public self-consciousness was related to imagery vividness and to self-awareness. The implications of the results for cognitive models of social phobia are discussed.

The Causal Role of Valence and Self-Reference of Images in Social Anxiety

Patients with social phobia often experience negative images of themselves performing poorly in social situations (Hackmann, Sunway & Clark, 1988). The Clark and Wells’ (1995) model of social anxiety also indicates an important role for negative self-imagery in the maintenance of social phobia. Previous research has demonstrated that the negative valence of the image has a detrimental effect on performance and increases anxiety. Thus far it is not clear whether any negative imagery could have a detrimental effect, or whether the self-referential nature of the imagery is important. This study is the first to investigate whether the self-referential nature of the image has a role in maintaining social anxiety. High speech anxious volunteers gave two speeches that were videotaped, once whilst holding a negative image in mind and once whilst holding a more positive image, with order counterbalanced across participants. Half the participants were trained to hold valenced images of themselves during the speeches, while the remaining participants were trained to hold images of someone else. After each speech, participants completed measures to assess their anxiety and performance. Performance was also rated from videotape by an independent assessor. Results indicate that negative images of the self have the most powerful effect in increasing anxiety and impairing performance. Hence, the self-referential nature of negative images reported by individuals with social phobia has a role in maintaining social anxiety. Further findings and the clinical implications will be discussed.

Secondary social anxiety disorders in mental and physical disorders.

Ulrich Stangier & Thomas Heidenreich, Frankfurt, Germany

Results from epidemiological studies indicate that social anxiety disorders are very frequently comorbid with other mental disorders. In about half of the cases, social anxiety disorders appear later and may be functionally related to the preceding disorder. For example, in eating disorders, substance related disorders, schizophrenia and depression, social anxiety may result from the expectation to be rejected due to the mental abnormality. In addition, physical disorders such as Parkinson's Disease, Tourette Syndrome or disfiguring diseases may also cause fear of social rejection. Although explicitly excluded in the criteria of DSM-IV for social phobia, these fears are often clinically relevant and should be considered in treatment planning. In the paper, the results from a series of studies including patients with alcohol dependence (N=205), eating disorders (N=42), schizophrenia (N=33), and body dysmorphic disorder (N=21) are reported. Social Anxiety was assessed using the Social Interaction Anxiety Scale and the Social Phobia Scale. Mean values of several diagnostic groups were compared to patients with social phobia (N=71) and normal controls (N=24). In addition, the frequency of cases with significantly elevated social anxiety was determined on the basis of cut-off values. The discussion will focus on diagnostic problems in identifying clinically relevant, secondary social anxiety disorders and implications for treatment planning.

Fear of blushing: Effects of task concentration training

Sandra Mulkens, Susan Bögels, Peter de Jong & Judith Louwers, Maastricht, The Netherlands

Patients with fear of blushing as the predominant complaint (N=31) were randomly assigned to (1) Exposure in vivo (EXP), or (2) Task Concentration Training (TCT), in order to test the effect of redirecting attention above exposure only. In addition, it was investigated whether treatment reduced actual blush behavior; therefore, physiological parameters of blushing were measured during two behavioral tests. Half of the patients served as waiting-list controls first. Assessments were held before and after treatment, at 6-weeks, and at 1-year follow-up. Both treatments appeared to be effective in reducing fear of blushing and realizing cognitive change. Yet, at post-test, TCT tended to produce better results with respect to fear of blushing. At 6-weeks follow-up, TCT produced significantly more cognitive change. At 1-year follow-up, patients further improved, while differential effects had disappeared. The reduction in fear of blushing was not paralleled by a reduction in actual blush behavior during the behavioral assessments. Thus it seems that fear of blushing reflects a fearful preoccupation, irrespective of actual facial coloration.

Social Phobia treatment: Cognitive versus interpersonal therapy. A randomized controlled trial

Finn-Magnus Borge, Asle Hoffart & Harold Sexton, Modum Bad, Norway

Eighty patients meeting DSM-IV criteria for social phobia were randomly assigned to either cognitive-behavioral therapy (CT) or interpersonal therapy (IPT). Patients received 10 weeks of inpatient treatment, and one booster week session at one-year follow up. Assessments were accomplished at pretreatment, midtreatment, posttreatment, 6 months follow-up and 12 months follow-up. Results indicate that both CT and IPT patients showed significant improvements on main outcome measures at posttreatment. No significant differences between CT and IPT were observed. We will present data from the 6-month and 12-month follow-up to see whether improvements are restricted or continued.

Crosscultural and interpersonal aspects of Social Anxiety

Convenor: Ulrike Willutzki, Faculty for Psychology, Ruhr-University Bochum
Cross-cultural aspects of social anxiety: An international initiative

1Nina Heinrichs, 2Ron Rapee, 1Lynn Alden, 4Susan Bögels, 4Stefan Hofmann, 1Kyung Oh, & 4Yuji Sakano 1Technical University Braunschweig, Germany, 1Macquarie University, Australia, 1University of British Columbia, Canada, 1University of Maastricht, The Netherlands, 1Department of Psychology, Boston University, USA, 1Yonsei University, Seoul, Korea, 2School of Psychological Science, Hokkaido, Japan

This presentation will introduce the work from an international research group that has gathered to clarify some findings of fairly high differences in prevalence rates for social phobia across countries. Although it is hard to know what to make of these data (prevalence studies are very open to interpretation, e.g., instrument type, criteria, sampling, etc.), one suggestion is that the prevalence of diagnosable social phobia is lower in countries where assertiveness, individuality, and “standing out from the crowd” are not as highly valued. In order to test this hypothesis, we first attempted to determine whether countries and societies do indeed differ in the degree of “standing out from the crowd” that is socially accepted. Eight countries are involved in this pilot project (Australia, Canada, Germany, Korea, Japan, Spain, The Netherlands, USA). We developed a questionnaire to tap in to the extent to which social reticence, social aggression, or social individuality are first, found in the society, and second accepted/valued in that society. We are interested in how these constructs relate to levels of social fears, the phenomenon of blushing, and specific cultural dimensions, such as collectivism/individualism. The presentation will provide an overview of the study design and the data collection, which has recently been completed. Implementation issues and initial results will also be presented.

Independent vs interdependent self-construals and social anxiety in Iranian vs. German students.

Yeganeh, G. & Stangier, U. Department of Psychology, University of Frankfurt

It is generally assumed that cultural norms and value systems are closely related to social behavior and the expression of negative emotions such as social anxiety. An important factor mediating cultural differences of social anxiety might be the relationship of the self to others. A fundamental dimension is the construction of the self as either independent (being autonomous and separated from others) or dependent (the self as part of a group or the society). In general, people in more individualistic cultures such as Western countries develop an independent self-construction, people from collectivistic cultures such as in Asian countries an interdependent self-construal. In addition, previous studies have repeatedly shown that people defining themselves independent provide higher self-esteem ratings than people who predominantly define themselves interdependent. Based on these arguments, it might be expected that interdependent self-construction and lower self-esteem are mediators of cultural differences in social anxiety. In the present study, the relationship between self-construction and social anxiety was investigated comparing Iranian vs. German high school students. The sample comprised 65 Iranian students from the universities of Isfahan, Mobareke und Shahrekord, and 58 students from the universities of Frankfurt am Main and Siegen. Both groups were comparable with regard to gender, age and sociodemographic variables. The following questionnaires were presented to the participants: 1. Social-Autonomous Self-Esteem Scale (Pöhlmann et al., 2002), 2. Self-Construal-Scale (Singelis, 1994), 3. Social Interaction Anxiety Scale (Mattick & Clarke, 1989), 4. Social Phobia Scale (Mattick & Clarke, 1989). The collection of data is completed. The results of the study will be presented at the congress. Discussion will focus on implications of the study for intercultural factors in the etiology of social anxiety.

Interpersonal Problems in Depression vs. Social Phobia

Stangier, U., Esser, F., Leber, S. Department of Psychology, University of Frankfurt

Introduction: Close relationships exist between social phobia and depression with respect to symptomatic similarities as well as high comorbidity rates. In addition, there is empirical evidence that in both disorders, interpersonal relationships are impaired as a consequence of negative self-esteem, social skills deficits, and dysfunctional social behaviour. Depression has often been linked to interpersonal dimensions of dependency, nonassertiveness and exploitability. In social phobia, only few studies have focused on interpersonal patterns. An analogue study comparing depressed and socially anxious individuals showed no significant differences except that socially anxious individuals reported higher avoidance. However, no systematic comparison of interpersonal problems between both conditions has been drawn until now based on the DSM-IV diagnostic criteria and controlling for the potentially confounding effects of comorbidity. Methods: In the present study, 43 patients with social phobia and 41 patients with depression seeking for psychological treatment in an outpatient clinic were included meeting the following inclusion criteria; primary diagnosis of social phobia but no comorbid depression; or diagnosis of depression (dysthymia or Major depression) but no comorbid social phobia. All participants completed the following questionnaires: the Inventory of Interpersonal Problems (IIP–C; Horowitz et al., 2000); the Beck Depression Inventory (Beck et al., 1981); the Social Interaction and Anxiety Scale (SIAS) and the Social Phobia Scale (SPS; Mattick & Clarke, 1989). Results: Multivariate Analyses of Variance revealed significant group differences congruent with both disorders on the social phobia and depression measures. In the IIP, social phobics significantly differed from depressed patients on the dominance vs submission axis, with social phobics reporting significantly greater submission than depressed patients. In addition, relating to the circumplex model, social phobics had significantly higher values in the “Social avoidance”-subscale. There were no other significant differences on the IIP-subscals or the love vs. hate-axis. In addition, cluster analyses revealed two subgroups within the social phobic as well as the depressed sample, indicating subgroups with a stronger autonomous vs. sociotropic interpersonal behaviour.
Discussion: Our data replicate results from former studies, showing only few interpersonal differences between depressed and social phobic patients, indicating greater interpersonal problems in the latter. Based on the assumption that interpersonal styles are stable behavioral patterns that induce complementary reactions in significant relationships, submission and social avoidance might trigger dominant and controlling behaviour in other people and contribute to the development of a vicious circle. Interpersonal Psychotherapy that proved to be effective in the treatment of depression, might also be helpful in treating social phobics by changing their maladaptive interpersonal behaviours.

Changes in Interpersonal Problems during Psychotherapy of Social Phobia

Willutzki, U. Ruhr-University Bochum, Germany

Interpersonal problems are a defining feature of social phobia – still research on social phobia has hardly ever included a broader perspective on interpersonal aspects or tried to relate the problems of patients with social anxiety to interpersonal patterns. Moreover, hardly anything is known about whether changes in social anxiety during psychotherapy generalize to or imply changes in interpersonal problems. In this study the nature of interpersonal problems experienced by patients with social phobia are explored and changes in symptomatology during psychotherapy are related to change and stability in interpersonal problems. 83 patients with social phobia according to DSM-IV criteria underwent psychotherapy in a controlled randomized trial comparing CBT (incorporating the ideas of Clark & Wells, 1995) and a combined CBT/resourceorientated approach in an outpatient setting. All patients completed the following questionnaires at the beginning of psychotherapy, after the 4th and 8th session and at the end of therapy: the Inventory of Interpersonal Problems (IIP–C; Horowitz et al., 2000) as well as a number of disorder specific questionnaires (for example the Social Interaction and Anxiety Scale (SIAS), the Social Phobia Scale (SPS; Mattick & Clarke, 1989), the Fear of Negative Evaluation Questionnaire (FNE) etc.) as well as instruments assessing broader impairment (for example the SCL-90-R as well as scales assessing optimism (LOT, Carver & Scheier) or general well-being). Results show that patients with social phobia suffer from a wide range of interpersonal problems (as delineated in the circumplex model) and that therapeutic success is accompanied by changes in almost every area.

Effectiveness Research with Psychoses

Convenors: Jo Smith , Joint NIMHE/Rethink National Director for Early Intervention, Worcester Mental Health Partnership NHS Trust & John Mc Govern, University of Manchester/ Cheshire & Wirral Partnership NHS Trust

The Effectiveness of a Multi Disciplinary Recovery Based Approach with individuals with Treatment Resistant Psychoses and history of Challenging Behaviour or Forensic Incidents

John Mc Govern, Michel Black, Joe Bowie, Pete Neilson, John Bromfield, Sue Duffy, Di Monk, Meryle Forse, Dane Low Secure Service, Cheshire & Wirral Partnership NHS Trust.

This presentation on Recovery will appeal to all mental health professionals who struggle to engage some individuals with severe mental health problems in PSI/CBT approaches. The increasing importance of the user led recovery movement and the challenges of adopting this approach in a low secure setting will be highlighted. In line with the symposium theme i.e. the importance of effectiveness research for psychoses” the presentation will provide practical guidelines for clinicians/therapists to get engaged in research even though they do not have the time, resources or “suitable” clients to conduct randomised controlled trials. Recovery is an optimistic philosophy on mental health which has “evolved from both the physical disability movement and deinstitutionalisation within psychiatry to emerge as a guiding vision for mental health services in the USA during the 1990’s – Roberts & Wolfson,( 2004) citing ( Anthony 1993). It has been the basis for Mental Health Services in New Zealand since 1998. Growing interest in the
UK was indicated by the publication of “Journey to Recovery” (Department of Health 2001b). The implementation of a repeated measures design aimed at determining the effectiveness of this approach will be detailed. Specific differences in a recovery based approach vs a traditional service will be highlighted i.e. people navigators vs key worker Self Management vs Managed Care. The research is also designed to examine the impact of change on the overall service.

**Early Signs Monitoring and Intervention for Individuals with Psychosis: Implementation in a Service Setting**


Recent research has demonstrated the value of enabling individuals with psychosis to identify early signs of relapse and develop strategies for preventing their escalation (Birchwood, Spencer & McGovern, 2000). This presentation describes how early signs monitoring and intervention has been implemented and evaluated across Worcestershire Mental Health Partnership NHS Trust. An ‘Early Signs Self Management Training Pack’ was developed, which takes individuals through the stages of monitoring their early signs of relapse, identifying stress triggers and vulnerable times and developing an individualized action plan, including self management and medication strategies. To date, over 300 staff from community and in-patient settings and the voluntary sector have been trained to use this pack. An audit of this training demonstrated that 51% of staff had implemented the approach with at least one service user (range 1-14) and a further 26% while not using the pack themselves had referred individuals for early signs work. The development of ‘Early Signs Clinics’ in each CMHT locality has offered a focus for implementation of early signs monitoring across the County. Preliminary evaluation data will be presented demonstrating positive benefits in terms of improved community survival times, significant reductions in hospital admissions, days-spent in hospital and use of compulsory admission at one and two years post follow-up. These results will be discussed in terms of the value of early signs monitoring for individuals with psychosis and the potential to train staff and embed this work within routine clinical practice.

**Integrated comprehensive outcome measurement in a low secure setting: findings for patients and staff.**

Steve Jones, University of Manchester

Patients with both psychosis and challenging behaviour represent a particular treatment challenge. Often extended inpatient treatment is required, which then creates challenges with respect to rehabilitation and integration within the community. This paper reports on a new low secure hostel developed to run on psychosocial intervention principles. Method: A repeated measures design was used. Each patient (N=12) was assessed approximately six months after entering the unit and then again at two further six monthly intervals. Measures of psychotic symptoms, behaviour, mood, quality of life, global functioning and relationship with staff were obtained. Staff expressed emotion, relationship with patient and burnout were also assessed over the same intervals (N=36). Results for both staff and patients will be presented. Discussion: Assessments were coordinated with the timing of CPA assessments and became an integral part of clinical decision making within the unit. The results broadly show positive outcomes for patients and staff. Specific areas for improvement were also highlighted. This included the need for individual CBT for specific symptoms, in addition to the overall psychosocial approach. Conclusions: It proved possible with minimal additional resources (0.5 WTE psychology assistant) to undertake a comprehensive longitudinal assessment of patients and staff in a low secure unit. Integration of assessments within the running of the unit and involving senior staff as active researchers were crucial to this success.

**The effectiveness of a rural Early Intervention in Psychosis Service.**


From 1998 a detailed audit of first episode psychosis cases was collected in Northumberland. Data was collected from consultant psychiatrists about outcome on a yearly basis. An Early Intervention in Psychosis Service was launched in September 2002 and manages the care of 34 service users. This service has been able to compare the outcomes that it has achieved in the year since it became operational, with the outcomes achieved by traditional services, over several years. Early indications suggest improved effectiveness, eg 95% reduction in relapse bed days, increase in employment at one year from 5% to 36%. It also suggests that the service is self-funding, ie costs are offset by the reduction in bed days. The evidence of effectiveness has been helpful in negotiations with managers and also with the Strategic Health Authority and the Primary Care Trust. This evidence has also had beneficial effect in promotion PSI and the recovery model in the organisation, as the effectiveness of this approach has been demonstrated within the locality. Strengths and weaknesses of this research will be discussed.

**Roundtable**
Common Language In Psychotherapy (CLiP) Project

Chair: Mehmet Sungur, Medical School of Marmara University, Dept of Psychiatry, Istanbul, Turkey

One of the main requirements for the evolution of psychotherapy from art into a science is to establish a common psychotherapy language. At present, similar procedures are given different names by different schools or the same label (name) may denote different procedures in different hands. The EABCT and AABT have recognized the need to reduce this confusion by appointing a joint task force to work on a project towards a common psychotherapy language. Panel members will outline the project. It aims to evolve a dictionary of psychotherapy procedures of therapists from different schools, with the hope of encouraging shared use of the same terms for given procedures. A common language might reduce confusion and facilitate scientific advance in the field. The project will use plain language. It will not lead to an encyclopaedia or textbook or theoretical exposition of psychotherapies. The dictionary will concisely describe terms for a comprehensive set of psychotherapy procedures in simple language as free from theoretical assumptions as possible, each with a brief case example (up to 450 words), note of its first known use, and 1-2 references. The terms will try to describe what therapists do, not why they do it (the latter too is important and could be the subject of a separate project). Regular updates of the Dictionary will be aimed at via the CLiP website that should operate shortly. Submissions will be invited of 1st-draft entries of terms to the CLiP task force. The Panel will describe the project’s significance and hoped-for outcome, give examples of completed entries and their authors, and how to make 1st-draft submissions and the iterative process toward their completion. Most of the Panel’s 1.5 hours is expected to be taken up by audience feedback to help shape the project even further.

The Accrediting Training Courses in EABCT Member Associations

Convenor: Rod Holland, Communications Officer EABCT

A discussion on the way EABCT member associations accredit their CBT training courses and programmes.