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Keynotes

Dismantling and disseminating cognitive-behavioural therapy for depression and rumination

Ed Watkins, University of Exeter

Background: Tackling poor mental health in university students has been identified as a priority in higher education. However, there are few evidence-based prevention initiatives designed for students. Repetitive Negative Thought (RNT, e.g. worry, rumination) is elevated in university students and is a well-established vulnerability factor for anxiety and depression. Furthermore, there are now evidence-based cognitive-behavioural interventions to tackle RNT. A mobile self-help cognitive-behavioural app targeting RNT, adapted for students may therefore be an effective, scalable, and acceptable way to improve prevention in students.

Methods: An online single blind, two-arm parallel-group Randomised Controlled Trial (RCT) to examine the incidence of major depression and symptoms of anxiety and depression across 12 months in university students aged over 16 who screen into the study with self-reported high levels of worry and/or rumination and no current diagnosis of major depression. Eligible participants will be randomised to the active intervention arm (usual practice plus using a self-guided mobile app targeting RNT) or to the control arm (usual practice). In total, 648 participants aged over 16, with no current major depression, bipolar disorder or psychosis will be recruited from UK universities. Assessments will take place at baseline (pre-randomisation), 3 months and 12 months post-randomisation. Primary endpoint and outcome is incidence of major depression as determined by self-reported diagnostic criteria at 12-month follow-up. Depressive symptoms, anxiety, well-being, health-related quality of life, functioning and academic outcomes are secondary outcomes. Compliance, adverse events, and potentially mediating variables will be carefully monitored.

Discussion: The trial aims to provide a better understanding of the causal role of tackling RNT (worry, rumination) using a self-help mobile app with respect to preventing depression in university students. This knowledge will be used to develop and disseminate innovative evidence-based, feasible, and effective mobile-health public health strategies for preventing common mental health problems.

Understanding and treating anxiety disorders in adolescence

Polly Waite, University of Oxford

My talk will focus on how we can understand and potentially improve psychological treatments for anxiety disorders in adolescence. Rates of anxiety difficulties have increased over time, particularly among teenagers and there are long waits for treatment within services. Current treatments are typically ‘one-size fits all’ cognitive behavioural therapy applied across anxiety disorders and wide age groups, producing remission in only around half children and young people. Treatments developed and evaluated in adolescents specifically appear to have even lower remission rates. In contrast, studies in adults have demonstrated that treatments developed to specifically
target established cognitive mechanisms are highly effective, with remission rates of around 80%. My talk will focus on the work that we have been doing examining key maintenance factors for anxiety disorders in this age group that are not addressed as standard in treatment. I will also present our work developing and evaluating brief, developmentally informed, targeted cognitive therapy.

**Horses for courses? Cognitive behaviour therapy and mindfulness in the management of pain**

*Louise Sharpe, University of Sydney, Australia*

Psychological treatments are an established treatment for chronic pain, with cognitive behavioural therapy (CBT) and mindfulness-based interventions the most frequently tested interventions. A recent Delphi study concluded that amongst Australian researchers and clinicians, CBT remained the first-line treatment for chronic pain. However, there is meta-analytic evidence to support the efficacy of both CBT and mindfulness. Treatment effects for each treatment are typically small and limited to certain conditions. In this invited address, the evidence for CBT and mindfulness in managing pain across a range of indications will be reviewed. Neither CBT nor mindfulness is a panacea in managing pain, but both are efficacious with relatively little evidence for the superiority of one treatment over the other. Importantly, there is emerging evidence that CBT and mindfulness might be efficacious for different people in the context of pain. Results of our recent research suggests that mindfulness might be particularly helpful for those already high in trait mindfulness, whereas CBT may be more helpful for people with severe levels of pain. Other considerations for choosing the most suitable treatment for people to manage pain will be considered.

**Culturally adapted CBT: from theory to practice**

*Farooq Naeem, University of Toronto, Canada*

Evidence-based therapies, such as Cognitive Behaviour Therapy (CBT) are recommended for various emotional and mental health problems. However, Western cultural values underpin CBT, and for it to be effective for clients from diverse backgrounds, it should be culturally adapted. It has been suggested that cultures differ in core values, for example, Individualism-Communalism, Cognitivism-Emotionalism, Free will-Determinism and Materialism-Spiritualism. We developed the Southampton adaptation framework to culturally adapt CBT. This framework has been used to culturally adapt CBT in England, Pakistan, the Middle East, China, Kenya and Canada for common to severe mental health problems. More than 20 RCTs have been conducted to test therapy adapted through the Southampton adaption framework. Our work highlighted the need to gather information to increase awareness of cultural, spiritual and systematic factors to inform assessment and engagement, which are the significant barriers to delivering therapy to this group. In this talk, I will describe the historical background of cultural differences, how cultural differences are relevant to therapy, a brief description of the Southampton adaptation framework and the field's current state.
The experience of hearing distressing voices: Daring to talk back!

Mark Hayward, University of Sussex

Over the past ten years, relational frameworks have been drawn upon to explore some of the mechanisms that may be influential in the maintenance of voice-related distress. Relational therapies have emerged and seek to help people to develop a more balanced and less distressing relationship with the voice(s) they hear. These therapies differ from each other in many respects: some use digital technology to support learning, whilst others use traditional experiential methods; some focus exclusively on the relationship with the voice(s), whilst others explore difficult relationships more generally; some have been extensively evaluated, whilst others are in the earlier stages of evaluation. Most recently, each of the therapies has been offered across diagnostic boundaries, with a particular focus upon the voice(s) heard by people given a diagnosis of Anorexia. This presentation will offer a review of some of the therapies that are contributing to the development of this evolving literature and consider any implications for clinical practice.

Is complexity in the eye of the beholder?

Stephen Barton, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Working with complexity is a recognised part of cognitive-behavioural practice. It affects service and therapeutic decisions, yet there’s no consensus what constitutes a complex case and no model to guide working in complex cases. As a field, are we content with this level of subjectivity? Poorly defined constructs come at a cost, and our clients are paying a price if complexity is only in the eye of the beholder.

Seeking a definition and model, if the threshold for complexity is too low, all cases are complex and the construct is meaningless. If the threshold is too high, genuine complications are overlooked and not addressed appropriately. Exploring the optimal balance, this talk will argue that clients with complicated problems are not necessarily complex cases. Such clients can benefit from evidence-based CBT without protocols being adjusted very much, so to ascribe complexity to them is over-inclusive.

However, when clients with complicated problems benefit from CBT, much depends on how the therapist and service relate to them and engage them in the treatment process. This suggests a more dynamic formulation of complexity in two respects:

1. The case is more than the client: the interaction of client, therapist, service and contextual factors all have a bearing on the client’s treatment

2. Complications in the client’s treatment is the best indicator of complexity, not just facts about their history or current difficulties

From this point of view, locating complexity in facts about clients is too static and divorced from the treatment process. It also keeps therapists and services at a comfortable distance. It is more dynamic and inclusive to bring attention to the treatment process and describe complications within it, such as difficulties forming a
working alliance and/or disruptions to the usual treatment process. In this model, the beholder is not just a passive observer: depending on what they are thinking, feeling and doing, they could be contributing to complications or helping to overcome them.

### Personalising therapy for patients who don’t respond well to routinely delivered CBT

*Jaime Delgadillo, University of Sheffield*

Although treatments like CBT are effective “on average”, it is clear that not all patients respond equally well, even if therapy is competently delivered following empirically supported protocols. Outcome feedback involves using psychometric measures to alert psychological therapists to cases that are not responding well to routinely delivered treatment, prompting them to identify and resolve difficulties that get in the way of improvement. Feedback can be provided to therapists using computerized symptom monitoring tools that compare a patient’s symptoms to those observed in similar cases, to assess if treatment is “on track” or “not on track”. Meta-analytic evidence from over 50 studies supports the use of feedback to improve treatment outcomes in psychotherapy. This presentation will describe an 8-year research programme evaluating the acceptability, efficacy, cost-effectiveness and change processes involved in feedback-informed treatment. Particular attention will be given to clinical questions such as: Why are some cases “not on track”? How can therapy be adjusted or personalised to improve outcomes for these cases?

### Using Technology to Change Anxious Thinking and Regulate Emotions

*Bethany Teachman*

Anxiety disorders are highly prevalent and impairing, but existing treatment options are insufficient to meet the enormous need for care, and most anxious individuals do not receive adequate care. Digital mental health tools offer promise to increase patients’ access to low-cost, evidence-based care, but engagement with these tools is typically low and they have not been well integrated in most clinical care pathways. This talk will describe our team’s work developing and testing a digital intervention to reduce anxiety that uses Cognitive Bias Modification for Interpretation approaches to provide a self-administered, scalable digital intervention that may stand alone or complement other forms of care. Our team’s CBM-I program, MindTrails, has been delivered to thousands of people in more than 85 countries, and shown evidence for both change in interpretation bias (the identified mechanism) and efficacy (anxiety symptom reduction). The talk will note some of the different variations of the program being developed to meet the needs of diverse communities, our initial efforts to integrate the program in existing healthcare systems, and also discuss some of our mixed findings and the implementation challenges we have encountered. The talk will illustrate how this is a time of both challenge and opportunity in the digital mental health field.

### Developing an innovative treatment for trauma memories: Keeping it in the real world
Traumatic events are a part of life and affect people globally and from all backgrounds. Effective treatments for mental health disorders such as post-traumatic stress disorder are available. However, there is still a need for treatment approaches that are brief, flexible to use in daily life, treat distressing symptoms as well as a whole mental health disorder, and are accessible to those who may not be able to access traditional talking therapies. In this talk I will describe the development of a brief, imagery-competing task intervention to prevent and treat intrusive trauma memories. The intervention procedure includes a computer task rather than talking therapy. I will present research describing the development of this approach from single case studies, through randomised controlled trials with different trauma groups, to creation of a digital intervention package. This research spans work in NHS, university and industry settings, and involves a wide group of colleagues and collaborators. I will discuss the potential for this treatment as a scalable, accessible and non-stigmatising approach to add to our psychological treatment resources after trauma.

**How attachment theory can inform therapy and mental health care for adults.**

*Katherine Berry, University of Manchester*

Attachment theory was developed by John Bowlby to explain the importance of human relationships to psychological well-being across the lifespan. Insecure attachment styles are conceptualised as vulnerability factors for the development of mental health difficulties and a growing body of research has explored attachment difficulties and mental health problems. A related body of research has also explored the protective role of secure attachments. The session will begin by exploring the relevance of attachment theory for adulthood relationships and adult mental health followed by an overview of empirical studies past and present. This will include an overview of research exploring both client and therapist attachment patterns and the impact of these on the quality of therapeutic relationships and outcomes. The session will then provide an overview of how attachment theory can inform psychological assessments, formulations and therapies. The focus will be on how ideas can be integrated into existing therapies, such as cognitive behavioural therapy, as well as the design and delivery of mental health services. The session will conclude by summarising future research implications.

**From Anguish to Flourish: Building Youth Mental Health Systems For Scale**

*Tom Osborn*

**Is ‘Positive Behavioural Support’ effective?**

*Richard Hastings, University of Warwick*

To be able to consider whether Positive Behavioural Support (PBS) is effective, we first need to be clear what PBS is. Contemporary definitions of PBS as a framework have significant implications for research designs that could be used to address the question of whether PBS is effective (and cost-effective). In this presentation, I will distinguish between how we establish the effectiveness of the overall PBS framework versus more
focussed PBS-informed interventions. I will use the recent UK consensus PBS definition from Gore and colleagues to inform a narrative about what existing research evidence tells us about the effectiveness of PBS. I will focus on what the evidence says about how not to ‘do’ PBS as much as I will focus on intervention models that do appear to suggest effectiveness (and cost-effectiveness). The narrative about the putative effectiveness of PBS is nuanced, and is a case in point about how lumping together research evaluations does not always give us the clearest picture of a complex psychological intervention.

**Looking on the bright side: a key role for interpretation**  
*Colette Hirsch, King’s College London*

Our daily lives are full of ambiguity and uncertainty. Some of us tend to draw positive conclusions from this ambiguity, but those suffering with anxiety and depression have a tendency to generate negative interpretations. After exploring the evidence for transdiagnostic negative interpretation bias, we will consider how this cognitive bias predicts and maintains anxiety and depression. In keeping with the combined cognitive biases hypothesis (Hirsch et al 2006), we will also consider how interpretation bias is influenced by, and influences, other cognitive processes to maintain anxiety and depression. More broadly, cognitive behaviour therapy (CBT) conceptualisations have a prominent role for interpretation bias, and CBT targets these negative interpretations via different techniques, such as negative thought records and behavioural experiments, whilst at the same time addressing other unhelpful biases. Cognitive bias modification of interpretations can form another approach to reduce anxiety and depression in the longer term, with effects mediated by changes in interpretation bias. Across different intervention types, we will consider how modifying interpretation bias may influence other biases to reduce emotional distress.

**Hard-to-reach children or hard-to-reach services? Meeting the trauma-related mental health needs of care-experienced young people.**  
*Rachel Hiller, University College London*

Childhood trauma – particularly experiences that may be classed as developmental or complex traumas – can have a major impact on the mental health and wellbeing of young people. Young people who are removed from their family home and placed under local authority care are a group who have often experienced trauma, including maltreatment, alongside other significant adversities. Once in care instability can continue, with sibling separation and multiple changes in placements (and therefore caregiver, home, neighbourhood) common. The accumulative impact of these experiences on the mental health and wellbeing of these young people has been well-documented. At least 50% of young people in care meet criteria for a diagnosable mental health condition, and many likely experience sub-clinical symptoms that still have a substantial impact on wellbeing.

This talk will cover recent research on meeting the trauma-related mental health needs of young people with experience of the care-system, and particularly those growing up in local authority care. The research seeks to move forward from describing problems,
to considering what can be done to better address the mental health needs of this group. The talk will cover research on psychological and social drivers of mental health, what research shows about potential clinical biases faced by this group, and challenges and opportunities for providing NICE-recommended mental health care. The talk will particularly focus in on the example of posttraumatic stress disorder (PTSD) and complex PTSD, with implications for broader mental health and wellbeing.

Overall, the talk considers what can be done, within busy and complex services, to drive evidence-informed change in how we recognise and address the trauma-related mental health needs of young people in care.

**ACBT: A is for autism, adapting and accessibility, CBT is for everyone**

*Ailsa Russell, University of Bath*

High rates of mental health problems are reported to co-occur with autism, including anxiety and depression. This can have a negative impact on autistic people’s lives. Cognitive behavior therapy (CBT) has been found to be effective in treating co-occurring mental health problems if adapted to meet the needs of autistic people. CBT therapists report a lack of confidence and training in how to adapt their practice. Adaptations to the content and delivery of CBT are informed by an awareness of the communication and cognitive difference characteristic of autism and flexibility to meet individual needs. Included in this talk is a presentation of the principles and rationale for adapting CBT to meet the needs of autistic people and some findings about the impact of training for CBT therapists.

**Workshops**

**Integrating mindfulness in CBT**

*Stirling Moorey, South London and Maudsley NHS Foundation Trust*

The effectiveness of 3rd wave therapies which employ mindfulness either as a formal practice as in Mindfulness Based Cognitive Therapy (MBCT) or as an informal method for being in the present moment as in Acceptance and Commitment Therapy (ACT) is recognised. Many therapists are now integrating mindfulness practices into 2nd wave CBT. Is this possible? Is it safe? This workshop will look at the similarities and differences between mindfulness in second and third wave therapies. For therapists who are not trained as mindfulness teachers we will explore how simple mindfulness practices such as the breathing space, and mindfulness of everyday experience such as mindful eating, mindful showering etc. can be safely weaved into standard CBT practice. Mindfulness can be a useful tool, but needs to be practised regularly outside periods of distress. The workshop will give links to self help resources that can assist this use of mindfulness. The importance of having our own mindfulness practice will be emphasised. For therapists who are trained mindfulness teachers, the workshop will offer the opportunity to consider how mindfulness can be used in CBT to address problems such as rumination, avoidance of emotional experience and maladaptive habits. The experiential part of this workshop will include practising mindfulness ourselves and guiding short mindfulness practices with each other. For therapists who
The workshop will offer an introduction and direction to resources for further training.

**Key learning objectives**

After attending this workshop participants will:

- have experienced the effects of mindfulness for themselves and recognise the importance of personal practice in supporting the use of mindfulness in CBT.
- be able to describe the core features of mindfulness and the difference between mindfulness and attention control.
- be able to use the CBT conceptualisation to decide when mindfulness practices might benefit particular patients.
- be aware of possible adverse effects of mindfulness.
- be able to employ some brief mindfulness exercises in CBT and direct patients to resources for supporting their mindfulness practice.
- be confident in helping patients transition from CBT to a mindfulness group such as MBCT and vice versa.

**Stirling Moorey** is a retired consultant psychiatrist and BABCP accredited practitioner, trainer and supervisor. He is a registered mindfulness teacher with BAMBA and a Mindfulness Based Compassionate Living teacher. He has over 40 years experience as a CBT therapist and teacher and 17 years experience of teaching Mindfulness Based Cognitive Therapy for recurrent depression, OCD and health anxiety. He was external examiner for the Oxford MSt in MBCT and, with Dr Florian Ruths, was instrumental in setting up daily online ‘Mindfulness 4 All’ sessions during the pandemic for NHS staff.

**References**


**Imagery based emotion regulation for the treatment of anxiety and mood difficulties in complex cases?**

*Craig Steel and Susie Hales, University of Oxford*

Mental imagery is an important target for intervention within CBT. Evidence points to the role of problematic imagery in the maintenance of a variety of mental health difficulties, including depression, anxiety disorders, bipolar disorder, post-traumatic stress disorder, eating disorders, psychosis and others.

The workshop aims to provide a practical guide to working with imagery within complex cases. We will cover assessment, formulation and intervention, including how to integrate imagery skills with other tools in the CBT repertoire. We will explore three key imagery intervention techniques: metacognitive approaches, utilising positive imagery,
and rescripting (although note that we will not be focussing on rescripting trauma-based memories). We will cover how imagery focussed work can work within a wider CBT based formulation.

Imagery-based interventions primarily revolve around a few key approaches. If you have been to a CBT-based imagery workshop before there may therefore be overlap in the content. In this workshop the presenters will draw on their knowledge and experience of using mental imagery techniques to help with anxiety and mood difficulties in a range of complex presentations, including chronic anxiety, depression, bipolar disorder and psychosis. Please note that this workshop is not trauma-focussed and therefore if working with trauma is your primary interest we would suggest an alternative workshop may be more suitable.

**Key learning objectives**

- To have an overview of the clinical and experimental research on mental imagery, and to understand the importance of mental imagery in the context of mental health
- To be able to clearly communicate the concept of mental imagery to clients
- To be able to assess mental imagery and to use this information to create an imagery microformulation of a problematic image linked to the client’s difficulties
- To understand how mental imagery techniques may be incorporated in the treatment of complex cases and how to determine which techniques to use
- To gain skills in imagery-based CBT techniques, including metacognitive approaches, positive imagery and imagery rescripting
- To be able to identify areas of existing CBT practice where imagery work might be incorporated.

Susie Hales is a Clinical Psychologist currently working in Staff Support Services at Oxford University Hospitals NHS Trust. She has several years’ experience of working in complex adult mental health settings. Susie has provided supervision for therapists in imagery-based psychological therapy trials and has delivered imagery-focused cognitive therapy training workshops for a range of healthcare and academic organisations. Her research interests include mental imagery, bipolar disorder and suicidality.

Craig Steel is a Clinical Psychologist and accredited BABCP practitioner. He currently works as the Academic Director on the Oxford Clinical Psychology training programme and has a clinical role on an acute psychiatric ward. He has worked within the area of psychosis for over 20 years and has a specialist interest in the role of trauma in psychosis. He has used imagery-based work with a range of complex cases including psychosis, bipolar disorder and complex PTSD.

**References**

How to feel more confident treating PTSD in survivors of rape and sexual assault

Kerry Young, Central and North West London NHS Foundation Trust

CBT practitioners often feel uncertain about how to treat Post-traumatic Stress Disorder (PTSD) following rape and sexual assault. There are many myths and rumours about what you should and should not do. All too frequently, this uncertainty results in therapists avoiding doing trauma-focused work with these clients. Whilst understandable, this means that the survivor continues to re-experience being raped over and over again. Moreover, it means that survivors of rape are denied effective treatment for their PTSD.

This workshop outlines an evidence-based CBT approach to treating PTSD following a rape in adulthood. It aims to be a practical, ‘how to’ guide for therapists, drawing on decades of clinical experience in this area. I will share film links to demonstrate how to undertake each step of the treatment pathway.

We will consider how to assess and formulate PTSD following a rape in adulthood, then how to deliver Cognitive Therapy for PTSD (CT-PTSD; Ehlers and Clark, 2000). I will cover both client and therapist factors when working with memories of rape, as well as some legal, social, cultural, and interpersonal considerations.

To aid learning, the focus will be on a single rape in adulthood. However, much of what we cover will also be useful for working PTSD to multiple rapes in adulthood, and with adult survivors of childhood sexual abuse presenting with PTSD and other co-morbid psychological difficulties, such as psychosis, depression and substance misuse.

Key learning objectives:

- To understand the importance of providing effective, trauma-focused therapy for survivors of rape in adulthood who are experiencing symptoms of PTSD.
- To be able to assess and formulate PTSD following a rape in adulthood.
- To be able to deliver CT-PTSD with this client group.
- To find out how to manage the dissociation common in this client group.
- To be able to select and choose appropriate cognitive, behavioural and imagery techniques to help with feelings of shame, responsibility, anger, disgust, and contamination.
- To know where to find out more about psycho-sexual, interpersonal, cultural, and legal difficulties following rape.
For therapists to learn how best to support their own ability to cope with working in a trauma-focused way with survivors of rape and sexual violence.

Kerry Young is a Consultant Clinical Psychologist and Clinical Lead of the Woodfield Trauma Service in London, a leading centre for the treatment of asylum seekers and refugees suffering from PTSD. She also works at the Oxford Rose Clinic, a service for the medical and psychological treatment of women who have experienced Female Genital Mutilation. She has worked in specialist PTSD services for 27 years and has advised national bodies on how to train clinicians to work with refugees, PTSD and Complex PTSD. She has co-created and delivered two NHSE-funded national ‘top-up’ training programmes for NHS Talking Therapies to work with PTSD and with refugees and asylum seekers. Kerry trains nationally and internationally on how to treat PTSD, Complex PTSD and working with refugees, as well as on using mental imagery techniques. She has published in the field of both trauma and mental imagery.

References:

Making sense of the senses: Transdiagnostic techniques for sensory sensitivity
Jane Gregory, University of Oxford

There is wide variation in responsivity to sensory cues in the population. Sensory sensitivity is proposed to be a vulnerability factor in anxiety disorders and obsessive-compulsive disorders, a key feature in some neurodevelopmental conditions, and a defining feature of sensory processing disorder and misophonia.

This workshop will introduce a simple model for understanding the potential cognitive and behavioural mechanisms involved in the distress and impairment caused by sensory sensitivity. Many existing transdiagnostic strategies can be used to target these mechanisms, and the model can be integrated into broader formulations for individual clients.

The role of coping behaviour in sensory sensitivity is complex and idiosyncratic. Many strategies that help individuals to participate more in life and connect better with others, can serve as safety-seeking behaviours in others. We will use functional analysis and behavioural experiments to test theories about the intended purpose and unintended consequences of coping strategies.
We will examine the role of associative learning in sensory processing, using the example of misophonia, characterised by an intense emotional or behavioural reaction to certain everyday sounds. We will test out a range of interventions based on inhibitory learning principles, experimenting with creating new associations with sounds.

**Key Learning Objectives:**
By the end of the workshop, participants will be able to:

- Create a simple CBT model of distress and impairment in sensory sensitivity
- Adapt existing transdiagnostic skills to target potential maintenance factors
- Complete a functional analysis of coping strategies in sensory sensitivity
- Design behavioural experiments to test and compare theories about coping strategies
- Deliver an experiment using inhibitory learning principals, intended to create new associations with sounds
- Consider modifications to treatment for children, young people and neurodivergent individuals

**Jane Gregory** is a clinical psychologist specialising in misophonia, obsessive compulsive disorder and body dysmorphic disorder. She is currently researching cognitive and behavioural mechanisms of misophonia, under the Wellcome Doctoral Scheme for Clinicians. She sees clients with misophonia and provides specialist supervision at a national psychology service in Oxford Health NHS Foundation Trust. She is co-creator of the S-Five, a multidimensional questionnaire measuring symptoms of misophonia, and created two new scales for capturing misophonic behaviours and feared consequences. She is the author of the self-help book, *Sounds Like Misophonia: how to stop small noises causing extreme reactions.*

**Key references:**

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**An Introduction to PBS and the Positive Behavioural & Active Support (PBAS) App**

*Sandy Toogood, Bangor University and Nick Gore, University of Kent*

This workshop is aimed at people involved in delivering Positive Behavioural Support services directly or indirectly to persons with intellectual disabilities, some of whom may also be described as autistic. This includes, but is not limited to, frontline staff, managers and senior managers, nurses, psychologists, and PBS practitioners. Our workshop may additionally be of interest to parents, advocates, relatives, and friends of people using services.
**Background:** The principal aims in Positive Behavioural Support are (a) to enhance quality of life, and (b) minimise the impact of behaviours that challenge. Promoting a good quality of life is a major way of preventing behaviours of concern from occurring. Simultaneously, reducing behaviour that challenges promotes a good quality of life. In PBS, tier 1 (universal) supports enhance quality of life for the broad population of people with intellectual disabilities. Universal supports are ubiquitous and available to all. Their effectiveness in services depends crucially on person-centredness and the carefully choreographed actions of services and staff. Active Support has emerged as a candidate for providing effective tier 1 supports. Active Support is a person- and systems-centred framework for enhancing autonomy and control, activity engagement, relationships, and community involvement. Each are contexts likely to evoke behaviours of concern if not properly addressed. Rob Horner once described PBS interventions as aiming to make behaviours that challenge ineffective, inefficient, and irrelevant. Ted Carr called one model of Active Support state-of-the-art prevention. The fundamentals of Active Support have changed little over recent years. Active Support requires training to get going, and onsite support to maintain and improve it over time. A recent development is an app that seeks to exploit the enabling potential of personal routines and household customs, skills teaching, functional assessment, and real time data displays. Already evaluated as an in-house intervention, NIHR has this year funded a multi-site initiative to develop proposals for a definitive trial in 2025. The app is called PBAS (pronounced pee-bas), which stands for Positive Behavioural and Active Support. In this workshop, participants will review the conceptual underpinnings of PBS drawing on the 2022 State of the Nation report, and Active Support as described over the last forty years. The app’s features will be demonstrated, and their functions explained. There will be opportunities to interact with the PBAS app.

**Key learning objectives:**

At the end of the workshop, participants will be able to:

- Describe the fundamental concepts and constructs that define PBS and Active Support.
- Differentiate tier 1 universal supports with and from tier 2 and tier 3 focused supports.
- Explain how tier 1 supports serve to improve quality of life and reduce the risk of behaviours that challenge.
- Name the PBAS app, list its principal features, and explain their role and function.
- Show how multi-level personal and household routines can free people from unnecessary instruction and needless ‘error’ correction – the liberating nature of person-centred supports.

**Sandy Toogood PhD** is a Behaviour Analyst with almost 50 years in the field. He has been a direct care worker, manager, home teacher, trainer, and academic. He is currently Honorary Professor at Bangor University. In the 1980s Sandy helped pioneer Active Support and then co-led the Special Development Team at the University of Kent. He later worked on establishing the first MSc in ABA, and BACB approved course sequence, in the UK. Sandy has published extensively, developed training materials, and contributed to a wide range of projects including most recently a school for pupils
with autism and a suite of apps for use in supported living, day services, and schools.

Dr Nick Gore is a clinical psychologist and behavioural scientist based at University of Kent. Nick’s clinical and research work focuses on systems and interventions that promote good lives for people with learning disabilities, autistic people and those who care for and support them. He works closely with people with learning disabilities, autistic people, families and professionals, to conduct and use research, carry out clinical work and to develop practical resources and guidance. Nick has a special interest in Positive Behavioural Support and is committed to working in partnership across communities to develop resources and research that support integration of the values, theories and technologies of a PBS framework in practice.

References:

Cognitive behavioural therapy for adult ADHD
Antonia Dittner, South London and Maudsley NHS Foundation Trust

ADHD in adulthood is associated with high levels of functional impairment and psychological distress. There is growing evidence that psychological treatments can address both the core symptoms themselves and the associated emotional distress. This workshop presents a cognitive-behavioural approach to formulation and treatment of ADHD in adults. It will consider some of the challenges for individuals with ADHD in accessing CBT and how to adapt the style and content to overcome them. It will cover techniques to address core symptoms of the condition as well as adaptations that can be helpful when using CBT to treat common mental health problems in adults with ADHD.

This workshop aims to improve therapist knowledge, skills and confidence in working with adults with ADHD. The intended learning outcomes may also be helpful in adapting practice for people with difficulties with inattention, hyperactivity or impulsivity but who do not have a formal diagnosis of adult ADHD.

Key learning objectives:
1. To become familiar with the impact of ADHD on functioning and the associated psychological distress
2. To become familiar with a cognitive behavioural conceptualisation of adult ADHD
3. To become familiar with the main ways to adapt CBT for adults with ADHD
4. To become more confident to adapt CBT practice for adults with ADHD

**Dr Antonia Dittner** is a Consultant Clinical Psychologist at South London and Maudsley NHS Trust where she leads the National Adult ADHD and Autism Psychology service, a national service specialising in psychological therapies for adults with neurodevelopmental conditions. She has worked in the NHS for 20 years in a range of settings, and for many of those years with adults with neurodevelopmental conditions. Antonia has carried out research investigating cognitive behavioural aspects of Adult ADHD, including a randomised controlled trial investigating a cognitive behavioural formulation-driven approach to treating adults with ADHD.

**References:**

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**Rumination-focused CBT for anxiety and depression**

*Ed Watkins, University of Exeter*

Rumination has been identified as a core process in the maintenance and onset of depression (Nolen-Hoeksema, 1991; 2000) and as a possible transdiagnostic mechanism contributing to co-morbidity (Harvey et al., 2004; Nolen-Hoeksema & Watkins, 2011). This workshop will illustrate how the CBT approach can be modified to reduce rumination in chronic, recurrent, and residual depression and co-morbid anxiety. A programme of research by Dr Watkins has suggested that the thinking style adopted during rumination can determine whether it has helpful or unhelpful consequences on social problem solving (Watkins & Moulds, 2005) and emotional processing (Watkins, 2004, 2008). This experimental work has inspired a novel approach to treating depression, called Rumination-focused CBT, which focuses on changing the process of thinking, rather than simply changing the content of thinking, to be more effective in successfully reducing rumination and treating depression (Watkins, 2016). There is empirical backing for the efficacy of this approach for difficult-to-treat patients in terms of a randomised controlled trial funded by NARSAD (Watkins et al., 2011; Watkins, 2015), and a recent trial of group RFCBT has found that it outperformed standard group CBT for outpatient depression (Hvennegard et al., 2019). In addition, group and internet versions of RFCBT have been shown to be effective at halving the rates of depression and anxiety in a vulnerable high-risk group over 1 year (Topper et al., 2017; Cook et al., 2019). The webinar will review the theoretical background and core techniques of the therapy, including functional analysis of thinking style, behavioural...
activation, use of imagery, concreteness, experiential exercises, and behavioural experiments to coach patients to shift to more adaptive styles of thinking.

**Key learning objectives:**

1. To briefly review the theory and research relevant to repetitive negative thought (worry and rumination)
2. To briefly review the rumination-focused CBT approach, including behavioural activation, functional analysis, modifying thought-form-process, training in shifting thinking style, experiential exercises that counter rumination including relaxation, mental absorption and compassion
3. Attendees will be able to describe the nature and consequences of rumination in depression.
4. Participants will have insight into CBT approaches for rumination and worry in depression and anxiety

**Professor Watkins** is Professor of Experimental and Applied Clinical Psychology at the School of Psychology, University of Exeter and co-founder of the Mood Disorders Centre, University of Exeter, and Director of the Study of Maladaptive to Adaptive Repetitive Thought (SMART) Lab. He is a pre-eminent expert in the field of experimental psychopathology and psychological treatments for depression, with a particular emphasis on understanding and treating rumination and worry. He has specialist clinical training and expertise in cognitive therapy for depression, with over 25 years clinical experience. His research has been funded by the Wellcome Trust, UK Medical Research Council, European Commission, US NIMH and a NARSAD Young Investigators Award. In 2004, he was awarded the British Psychological Society’s May Davidson Award for outstanding early-career contributions to the development of clinical psychology. He was a member of the recent UK NICE Guidelines Committee for Treatment of Adult Depression.

He is the co-founder of the Mood Disorders Centre, University of Exeter, a partnership between the University of Exeter and Devon Partnership NHS Trust, specialising in psychological research and treatment for depression. He has specialist clinical training and expertise in cognitive therapy for depression.

**References:**


**Brief cognitive therapy for panic disorder in adolescents**

*Polly Waite, University of Oxford*
Panic disorder occurs in 1-3% of adolescents, commonly co-occurs with other mental health difficulties, and has a negative impact on functioning at school and with friends. In adults, individual cognitive therapy based on Clark’s (1986) cognitive model for panic disorder has been shown to be highly effective, including in a brief format. We have recently evaluated the brief version of this treatment, adapted for use with adolescents, within a feasibility randomised controlled trial and found it to be both effective and acceptable. This half-day workshop will provide attendees with an overview of how to identify and assess adolescents with panic disorder and deliver the brief form of cognitive therapy. This workshop is aimed at clinicians with prior experience using CBT for the treatment of anxiety disorders (in young people or adults). The workshop will involve demonstration of techniques, and practical activities. There will opportunities for discussion and to ask questions throughout.

**Key learning objectives:**
At the end of the workshop, attendees will have an understanding of:
- The characteristics of panic disorder in adolescents
- How to assess panic disorder in adolescents and use sessional measures to guide treatment
- The key elements of brief cognitive therapy for panic disorder (including the involvement of family members and school staff)
- How to undertake panic-specific behavioural experiments

**Dr Polly Waite** is an Associate Professor of Clinical Psychology in the Department of Experimental Psychology at the University of Oxford. She is also an Honorary Consultant Clinical Psychologist at Oxford Health NHS Foundation Trust. Her primary clinical and research interest is the treatment of anxiety disorders in adolescents. She has authored over 70 papers, as well as books and book chapters on anxiety and related difficulties for professionals, young people, and their families. She co-edits the Little, Brown Book Group ‘Helping Your Child’ for parents and carers and ‘Overcoming’ books series for adolescents with common mental health problems.

**References:**

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**Evidence based treatments for fear of cancer recurrence and fear of disease progression for those with chronic physical conditions.**

*Louise Sharpe, University of Sydney, Australia*
In our ageing society, the presence of chronic physical conditions is becoming more common and anxiety is a common sequelae of living with chronic disease. However, while cognitive-behavioural treatments for anxiety are associated with large effects, in the context of chronic illness, treatments have been shown to produce small changes or be ineffective. The concerns of those living with chronic illness, differ from those of people without chronic illnesses. It has recently been proposed that fear of the illness recurring or progressing is a fundamental fear that underlies anxiety in a range of conditions and is a transdiagnostic construct that impedes quality of life for people with chronic disease.

This workshop will describe models of fear of disease recurrence and progression, and examine the evidence that fear of progression is a transdiagnostic construct amongst those with chronic physical illness. This workshop will outline ways to help patients to be able to think about their future with uncertainty and live a life that has meaning and value to them, using a program called ‘Conquer Fear’. Conquer fear draws from acceptance commitment therapy, meta-cognitive therapy and behavioural strategies. Conquer Fear was shown in a large randomized controlled trial to be superior to relaxation training in reducing fear of cancer recurrence (FCR). The program includes values clarification and strategies from metacognitive therapy, that examine whether worry is helpful, harmful or controllable specifically in the context of FCR will be explored. Response prevention for checking behaviours and bodily monitoring will be described and demonstrated. Although this program was developed specifically for working with people living with or beyond cancer, the applicability for working with other illnesses in which fear of progression will be addressed.

**Key learning objectives:**

By attending this workshop, attendees will be able to:

- Understand and describe the theories for why some individuals develop clinically significant concerns about their disease recurring and progressing;
- Identify effective treatment components, including values clarification, attention retraining, meta-cognitive therapy and behavioural response prevention and apply them to people with cancer and other chronic diseases;
- Provided with the ‘Conquer Fear’ treatment manual, an evidence-based intervention targeted to treating fear of cancer recurrence in the context of early stage cancer treated with curative intent; and
- Understand how to adapt the treatment and its manual to different chronic illnesses.

**Professor Louise Sharpe** is a clinical psychologist by training and led clinical services in the National Health Service in the UK in the 1990s before taking up an academic position. She is well known for her work on adjustment to illness and internationally renowned for her work in pain and fear of disease recurrence and progression. She has written more than 300 peer-reviewed papers and been continuously supported by grant funding from either the Australian Research Council or National Health and Medical Research Council (the two major Australian funding systems) since 2002. She has been awarded distinguished career awards from the Australian Psychological Society, The Australian Association for Cognitive Behavioural Therapy (AACBT) and is a
Fellow of both the AACBT and the Association for Social Scientists in Australia. She is regularly invited to speak about her work in keynotes, plenary sessions and invited workshops, including workshops at World Congress of Cognitive Behaviour Therapy and International Psycho-Oncology Society conferences.

**Culturally Adapted CBT: From Theory to Practice**

*Farooq Naeem, University of Toronto, Canada*

It is now widely accepted that modern evidence-based therapies such as CBT (Cognitive Behaviour Therapy) need to be culturally adapted for them to be successfully applied to clients from a non-Western background. We developed the Southampton Adaptation Framework to Culturally adapt CBT (SAF-CaCBT). The framework was developed through a series of qualitative studies and continues to evolve. More than 25 RCTs have been conducted using this framework. The framework has been used to adapt CBT in South Asia, the Middle East, China, England, Africa, and Canada. More than 20 studies have used the framework to adapt CBT culturally. The framework consists of three major areas of concern: (1) awareness of culture and religion, (2) assessment and engagement and (3) adjustments in therapy. Each area has 8 sub-areas to consider when culturally adapting CBT. This workshop will use SAF-CaCBT as a reference to help participants enhance their skills to work effectively with clients from ethnic minority backgrounds. The practice of cultural consultation will be illustrated in this interactive workshop with case studies - video role plays, and experiential exercises.

**Key learning objectives**

At the conclusion of this workshop, the participants will be able to
- Recognize cultural factors that need to be addressed when working with diverse population
- understand the barriers in applying culturally adapted CBT and how to address these barriers
- Learn some of the basic techniques that they can use to improve engagement with clients from a diverse background

*Farooq Naeem* is a full Professor of Psychiatry at the University of Toronto and a clinician scientist at the Centre for Addiction & Mental Health. He has published more than 200 peer-reviewed articles, 6 books and numerous therapy manuals and chapters. Farooq pioneered techniques for culturally adapting CBT. He developed the Southampton Adaptation Framework to culturally adapt CBT, which has been used to adapt CBT in South Asia, England, North Africa, the Middle East, Kenya, China and Canada. His significant contribution to implementation science is establishing a national organization to train and accredit CBT therapists, deliver therapy, promote research and educate the general public - the Pakistan Association of Cognitive Therapists (https://pact.com.pk/). This remains the only example of national implementation of CBT in a low-income country.

**References**
Overcoming distressing voices  
Mark Hayward, University of Sussex

This workshop will introduce attendees to Guided self-help CBT for distressing voices (the so called ‘GiVE intervention’). Consistent with the development of the interventionist-causal approach, GiVE is a blended intervention that targets some of the mechanisms associated with the maintenance of voice-related distress (low self-esteem, beliefs about voice power, control and truthfulness, and negative relating). An emerging evidence base suggests that the GiVE intervention can be helpful to clients across diagnoses and can be delivered by practitioners with a range of experience.

Attendees will be provided with the learning materials that support the delivery of the GiVE intervention: the published workbook (‘An introduction to Self-help CBT for distressing voices’), self-help book (‘Overcoming Distressing Voices’) and mobile phone app. The workshop will consider the principles and techniques of the intervention and utilise experiential learning opportunities to develop familiarity with the materials and the process of delivering the intervention. A review of findings from recently completed trials and routine clinical practice will stimulate discussions about the place and role of the GiVE intervention within a pathway of interventions for clients who are distressed by hearing voices.

Key learning objectives
At the conclusion of the workshop attendees will:
- be familiar with the principles of the GiVE intervention
- have some experience of using the techniques of the GiVE intervention
- have access to all of the materials required to support the delivery of the GiVE intervention
- be curious about the possible role of the GiVE intervention in increasing access to CBT for clients who are distressed by hearing voices.

Thanks to the generosity of the publishers (Little, Brown Book Group), attendees will be provided with free copies of the workbook (‘An introduction to Self-help CBT for distressing voices’) and self-help book (‘Overcoming Distressing Voices’).

The workshop will be facilitated by Mark Hayward, a Clinical Psychologist who has been learning with and from people who hear voices for the past 25 years. Mark is the lead for the Sussex Voices Clinic, a clinical and research service that is committed to increasing access to helpful interventions for clients who are distressed by hearing voices [https://www.sussexpartnership.nhs.uk/our-research/mental-health-dementia-research/research-clinics/sussex-voices-clinic](https://www.sussexpartnership.nhs.uk/our-research/mental-health-dementia-research/research-clinics/sussex-voices-clinic)
Working with complex cases in CBT

Stephen Barton, Hayley Tyson-Adams Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust and Stephen Holland, Newcastle University

“Complex case” is an often-used phrase in CBT but what do we mean by it? Do we have a shared understanding of what it is? This workshop will explore what a complex case is and provide guidance on how to identify, formulate and respond to clinical complications. Rather than seeing “complex” as a fixed property of a client, the workshop will explore treatment processes as influenced by clients, therapists, healthcare systems and the broader context.

The key question is: does a particular course of therapy proceed in the usual way, or do complications arise that obstruct or strain the process? The emphasis is on identifying and addressing complications within treatment, rather than ascribing levels of complexity to individual clients.

Working with this understanding of what complexity is, the workshop will explore two types of complication:

A. Problem complexity: when clients have multiple interacting problems. This can occur with co-morbid disorders when it’s difficult to know what to prioritise. It can be hard to stay focused on one target problem when other difficulties come to light (“unknown unknowns”). Concurrent social and/or biomedical problems can also disrupt the usual CBT process.

B. Relational complexity: when there are complications in the therapeutic relationship that act as barriers to the collaboration needed for CBT to be effective. By definition, both client and therapist factors need to be considered, including the personal and task-orientated aspects of the alliance. Sometimes alliance barriers are obvious, and sometimes they go un-noticed and have an insidious effect on the process.

Key learning objectives

- Reflect on one of their complex cases, past or current
- Receive practical guidance on how to identify clinical complications, with respect to client problems and the working alliance

References


• Discuss practical strategies in pairs or small groups
• Learn how to address clinical complications with clients, once they have been identified

References

Symposia

Symposium 1

**Improving treatment delivery of Cognitive Therapy for Post-Traumatic Stress Disorder and Complex PTSD: Talks demonstrating the clinical impact of top up training and specialist supervision. A symposium dedicated to the late Hannah Murray**

Chair: Graham Thew, University of Oxford

**Building therapist competence and confidence in delivering Cognitive Therapy for PTSD: Outcomes from a programme of therapist top up training and supervision**

Presenter: Emma Warnock-Parkes, University of Oxford

Authors: Nick Grey, Sussex Partnership NHS Foundation Trust, University of Sussex; Kerry Young, Woodfield Trauma Service, London; Rachel Handley, University of Exeter; Anke Ehlers, University of Oxford

In 2020 a top up training course in Cognitive Therapy for PTSD (CT-PTSD) was set up for High Intensity CBT therapists in NHS Talking Therapies (then IAPT). The course, funded by NHS England, aimed to help improve the delivery of CT-PTSD, given that recovery rates at the time were considerably lower than national targets and those achieved in clinical trials (37% recovery compared to over 70% in clinical trials of CT-PTSD). The course was developed by Anke Ehlers and her team at the Oxford Centre for Anxiety Disorders and Trauma, together with Dr Rachel Handley, University of Exeter, and Kerry Young, Woodfield Trauma Service, CNWL NHSFT. Since 2020 four cohorts of NHS staff have completed the training which includes 3.5 three days of training workshops, together with 20 weeks of expert supervision and feedback on live sessions. The training continues to run in partnership between OxCADAT and Sussex Partnership. In this presentation we present course evaluation data on all cohorts and will closely examine pre-post course data from a recent cohort. We will present the impact of the course on therapist confidence and competence in CT-PTSD. We will also look at how the delivery of key CT-PTSD interventions (such as reclaiming/rebuilding life, reliving
Improving outcomes for PTSD in an NHS Talking Therapies service
Presenter: Iain Stocker & Jon Wheatley, Homerton Healthcare NHS Trust

Recovery rates for PTSD in NHS TT services are below the national target of 50%, with services achieving an average of 40% in routine care vs the 77% recovery rates that have been show in randomised controlled trials of Cognitive Therapy for PTSD. In the City & Hackney NHSTT services, recovery rates were 39% in 2018/19. The number of PTSD referrals to the service was increasing and therapists were reporting that PTSD presentations were more complex than they had been trained for during their CBT diploma course.

To improve these outcomes, the service commissioned specialist training from Hannah Murray and Sharif El-Leithy. The training consisted of 8 half-day workshops held on Zoom during 2021. Following this training a new pathway was developed and a team of in-house PTSD champions was established who received specialist trauma-focused CBT supervision from the trainers. In the two years following this training recovery rates increased to 55% for PTSD cases. Recovery rates were highest for single incident trauma (69%) whilst recovery rates for PTSD following multiple trauma were 60% and for complex PTSD, 49% recovered. This paper demonstrates how specialist training can significantly improve outcomes in routine primary care psychological therapy services and that NHS Talking Therapies services can successfully treat PTSD following complex trauma and multiple PTSD.

Integrating religious beliefs and practices into cognitive therapy for moral injury in post-traumatic stress disorder
Presenter: Katherine Wakelin, Southern Health NHS Foundation Trust

Moral injury is the profound psychological distress that can arise from exposure to extreme events that violate an individual’s moral or ethical code. For example, participating in, witnessing, or being subjected to behaviours that harm, betray or fail to help others. If religion is an important part of a patient’s identity, their religion is likely to inform their moral code and be relevant to their distress. Given that the experience of moral transgression is inherent to moral injury related Post-Traumatic Stress Disorder (PTSD), it is important to consider patients’ religious beliefs and formulate how these may interact with their distress. The aim of the presentation is to illustrate how therapists can interweave patients’ religious beliefs when treating PTSD related to moral injury in routine clinical practice, without requiring new protocols or specialist training.

In this presentation, Wakelin presents anonymised case examples to illustrate how the Ehlers and Clark (2000) model can be adapted to integrate a patient’s religious beliefs and address moral conflicts and transgressions within CT-PTSD. Consideration will be given as to how a therapist may set up and consult a religious expert in therapy. Practical and reflective considerations will also be discussed, including how a therapist’s personal beliefs may interact with how they position themselves in the work.
The presentation builds on Murray and Ehlers’ (2021) article outlining the conceptual and clinical issues in understanding and treating moral injury related PTSD using CT-PTSD. In conclusion, evidence suggests that spiritually competent CBT can be effectively delivered regardless of a therapist’s personal faith involvement or spiritual beliefs.

**Working with PTSD to hallucinations experienced during ICU treatment for serious physical illness – a case study**

Presenter: Angela White, Impact on Teesside Talking Therapies for Anxiety and Depression

Description: Discussion of the details of successful therapy with a man with severe PTSD to hallucinations he experienced while on an ICU receiving treatment for sepsis. We will discuss how we adapted CT-PTSD standard protocol (Ehlers & Clark, 2000) to work with his presentation.

There are well established protocols for the treatment of PTSD using trauma-focused CBT (e.g. CT-PTSD, Ehlers et al., 2005). However, clinicians are often unsure how to proceed when the PTSD relates to a trauma that goes on for a prolonged period of time, or where it relates to events that have not happened in the outside world but have been hallucinated. We know that people can get PTSD to the experience of hallucinations (Buswell et al., 2021) and, in recent years, studies have shown successful treatments for PTSD in the context of psychosis (van den Berg et al., 2016). This presentation will describe how we followed a recent guidance document for working with PTSD from ICU (Murray et al., 2020). We will cover how we developed a joint understanding of what had happened with the client, how we picked targets for trauma-focused therapy from within a 2-month hospital stay and how we worked with hallucinated memories. We hope that this case study will provide encouragement to other therapists working with ICU and hallucinated trauma.

**Symposium 2**

**Mindfulness Based Cognitive Therapy as an acute treatment for depressed non-responders in NHS Talking Therapies: Overview, results and implications of the RESPOND trial**

Chair: Thorsten Barnhofer, University of Surrey

**Mindfulness Based Cognitive Therapy as an acute treatment for depressed non-responders to NHS Talking Therapies high intensity treatments 1: Protocol overview of the RESPOND randomised contr**

Presenter: Asha Ladwa, University of Exeter

Introduction

Depression represents a pressing challenge for health care. In England, NHS Talking Therapies (NHS-TT) services provide evidence-based psychological therapies in a stepped-care approach to patients with depression. While introduction of these services has successfully increased access to therapy, around 50% of depressed patients who have come to the end of the NHS-TT pathway still show significant symptoms. There is a need to develop effective next step treatments for this group. One
possible option is Mindfulness Based Cognitive Therapy (MBCT), originally envisaged as a treatment to prevent depressive relapse/recurrence but with emerging evidence it can effectively treat residual depression symptoms and be an effective approach for hard-to-treat depression.

Methods, Results and Discussion
The RESPOND trial randomised 234 individuals with ongoing depression despite receiving at least twelve sessions of NHS-TT high intensity therapy for depression to treatment as usual or treatment as usual plus MBCT. The primary outcome was depression severity on the Patient Health Questionnaire (PHQ-9) at 34-weeks post-randomisation (with wellbeing, anxiety, and functioning as secondary outcomes). A health economic evaluation and mixed methods process evaluation was embedded in the trial. This talk will describe the trial protocol in detail. This is 1/5 planned talks linked to RESPOND.

References

**Mindfulness Based Cognitive Therapy as an acute treatment for depressed non-responders 2: Clinical and cost-effectiveness results of the RESPOND trial**

Presenter:  
Clara Strauss, University of Sussex

Introduction
Depression represents a pressing challenge for health care. In England, NHS Talking Therapies (NHS-TT) services provide evidence-based psychological therapies in a stepped-care approach to patients with depression. While introduction of these services has successfully increased access to therapy, around 50% of depressed patients who have come to the end of the NHS-TT pathway still show significant symptoms. There is a need to develop effective next step treatments for this group. One possible option is Mindfulness Based Cognitive Therapy (MBCT), originally envisaged as a treatment to prevent depressive relapse/recurrence but with emerging evidence it can effectively treat residual depression symptoms and be an effective approach for hard-to-treat depression.

Methods and Results
The RESPOND trial randomised 234 individuals with ongoing depression despite receiving at least twelve sessions of NHS-TT high intensity therapy for depression to treatment as usual or treatment as usual plus MBCT. The primary outcome was depression severity on the Patient Health Questionnaire (PHQ-9) at 34-weeks post-randomisation (with wellbeing, anxiety, and functioning as secondary outcomes). A health economic evaluation and mixed methods process evaluation was embedded in the trial. This talk will describe the clinical and cost effectiveness results of the trial. Results are currently still embargoed but will be presented at the conference. This is 2/5 planned talks linked to RESPOND.

**Mindfulness Based Cognitive Therapy as an acute treatment for depressed non-responders 3: Mechanisms of action, safety data, and diversity data from the RESPOND RCT.**

Presenter:  
Thorsten Barnhofer, University of Surrey
Introduction
Depression represents a pressing challenge for health care. In England, NHS Talking Therapies (NHS-TT) services provide evidence-based psychological therapies in a stepped-care approach to patients with depression. While introduction of these services has successfully increased access to therapy, around 50% of depressed patients who have come to the end of the NHS-TT pathway still show significant symptoms. There is a need to develop effective next step treatments for this group. One possible option is Mindfulness Based Cognitive Therapy (MBCT), originally envisaged as a treatment to prevent depressive relapse/recurrence but with emerging evidence it can effectively treat residual depression symptoms and be an effective approach for hard-to-treat depression.

Methods and Results
The RESPOND trial randomised 234 individuals with ongoing depression despite receiving at least twelve sessions of NHS-TT high intensity therapy for depression to treatment as usual or treatment as usual plus MBCT. This talk will report quantitative process evaluation analyses examining mechanisms of action of MBCT. In addition, safety data and diversity data will be reported. Results are currently still embargoed but will be presented at the conference. This is 3/5 planned talks linked to RESPOND.

Discussion
Implications for the application of MBCT, next step treatment options in NHS-TT specifically, and for hard-to-treat depression more generally will be discussed.

Mindfulness Based Cognitive Therapy as an acute treatment for depressed non-responders 4: Qualitative interviews with clients receiving MBCT in the RESPOND randomised controlled trial
Presenter: James Carson, University of Exeter

Introduction
Depression represents a pressing challenge for health care. In England, NHS Talking Therapies (NHS-TT) services provide evidence-based psychological therapies in a stepped-care approach to patients with depression. While introduction of these services has successfully increased access to therapy, around 50% of depressed patients who have come to the end of the NHS-TT pathway still show significant symptoms. There is a need to develop effective next step treatments for this group. One possible option is Mindfulness Based Cognitive Therapy (MBCT), originally envisaged as a treatment to prevent depressive relapse/recurrence but with emerging evidence it can effectively treat residual depression symptoms and be an effective approach for hard-to-treat depression.

Methods and Results
The RESPOND trial randomised 234 individuals with ongoing depression despite receiving at least twelve sessions of NHS-TT high intensity therapy for depression to treatment as usual or treatment as usual plus MBCT. This talk will describe results from the qualitative process evaluation examining client perceptions of impacts of treatment, mechanisms of change, implementation issues, and contextual modifying factors. Results are currently still embargoed but will be presented in full at the conference. This is 4/5 planned talks linked to RESPOND.
Discussion
Implications for the application of MBCT and next step treatment options in NHS-TT for hard to treat depression will be discussed.

Mindfulness Based Cognitive Therapy as an acute treatment for depressed non-responders 5: Therapist and supervisor views of delivering MBCT in the RESPOND randomised controlled trial
Presenter: Florian Ruths, South London and Maudsley NHS Foundation Trust

Introduction
Depression represents a pressing challenge for health care. In England, NHS Talking Therapies (NHS-TT) services provide evidence-based psychological therapies in a stepped-care approach to patients with depression. While introduction of these services has successfully increased access to therapy, around 50% of depressed patients who have come to the end of the NHS-TT pathway still show significant symptoms. There is a need to develop effective next step treatments for this group. One possible option is Mindfulness Based Cognitive Therapy (MBCT), originally envisaged as a treatment to prevent depressive relapse/recurrence but with emerging evidence it can effectively treat residual depression symptoms and be an effective approach for hard-to-treat depression.

Methods and Results
The RESPOND trial randomised 234 individuals with ongoing depression despite receiving at least twelve sessions of NHS-TT high intensity therapy for depression to treatment as usual or treatment as usual plus MBCT. This talk will describe results from the qualitative process evaluation examining therapist and supervisor perceptions of impacts of treatment, mechanisms of change, implementation issues, contextual modifying factors, and training requirements. The trial team will also reflect overall on the findings and implications of the trial. Results are currently still embargoed but will be presented in full at the conference. This is 5/5 planned talks linked to RESPOND.

Symposium 3
Better data, better practice: harnessing routine clinical data to enhance the delivery of CBT
Chair: Joshua Buckman, University College London

Predicting treatment outcomes for people treated for GAD: a machine learning approach
Presenter: Joshua Buckman, University College London
Authors: Joshua Buckman, UCL; Henry Delamain, UCL; Ciaran O’Driscoll, UCL; Jae Won Suh, UCL; Josh Stott, UCL; Rob Saunders, UCL

Background: Only around half of all patients with generalised anxiety disorder (GAD) recover following treatment. There are presently no validated prediction models to inform patients or clinicians of the individual’s treatment prognosis at the point they are seeking and deciding whether or not to start treatment. This talk will provide details of two linked studies that aimed to develop and validate a prediction model of post-
treatment GAD symptom severity, using routinely collected pre-treatment data, and test the model prospectively against treating clinicians’ predictions.

Method: Data came from adults receiving treatment for GAD in eight NHS Talking Therapies for anxiety and depression (NHS TTad) services (n=15,859). Thirteen machine learning algorithms were constructed in a ‘training’ dataset and compared against each other and two simple comparison models approximating clinician’s determinations of likely prognosis in a ‘validation’ dataset. The best-performing model was then tested in the fully external ‘test’ dataset. Explainability measures were used to identify important predictors in the model. The model was then used to predict treatment outcomes of new patients following an assessment, and clinicians were asked to do the same to compare accuracy.

Results: A Bayesian Additive Regression Trees model outperformed all others (MSE=16.54; MAE=3.19; R²=0.33), including the clinical comparison model (MSE=20.70; MAE=3.94; R²=0.14). The five most important predictors were (descending order): PHQ-9 item 1 (anhedonia), GAD-7 items 6 (irritability), 5 (restlessness) and 7 (fear), and weeks waited between referral and assessment. Interim findings from the prospective study suggest the model outperformed clinician’s predictions of post-treatment GAD-7 score (by 0.5 points on average), and was more accurate than clinicians predicting NHS TTad metrics (with correct prediction of reliable improvement for 97% of patients vs 86% for clinician’s predictions).

Discussion: The best-performing model accurately predicted post-treatment GAD severity using only pre-treatment data, outperforming the simple comparison models, and predicting within a minimal clinically important difference of the true scores on average (≤3.3-points). When tested prospectively it also outperformed clinician’s predictions. This model has the potential to provide desired information to clinicians and patients seeking treatment for GAD, informing treatment decision-making.

Effectiveness of transdiagnostic group cognitive behavioural therapy for emotional disorders in Spanish primary care. The PsicAP randomized controlled trial.

Presenter: Roger Munoz Navarro, University of Valencia, Spain
Authors: Roger Muñoz Navarro, University of Valencia, Spain; Gabriel Esteller-Collado, University of Valencia, Spain; María Carpallo-González, University of Valencia, Spain; Carlos J Van-Der Hofstadt Roman, University Hospital of Alicante; M. Virtudes Pérez-Jover, University Miguel Hernández of Elche, Spain; Antonio Cano-Vindel, Complutense University of Madrid, Spain

Introduction: Emotional disorders such as depression, anxiety and somatoform disorders are highly prevalent in Spanish primary care settings and are a priority for public health systems given their significant burden and economic impact. Cognitive behavioural therapy (CBT) is effective, and providing it in primary care at scale has potential for large public health benefits. In Spain, the PsicAP randomized controlled trial demonstrated the effectiveness of a transdiagnostic CBT (TD-CBT) protocol. A further study in two primary care centers in the Valencian region (PsicAP-CV) is ongoing. This presentation, using data of both studies, explores processes of change, such as emotion regulation strategies, therapist experience and the effect of psychotropic drugs on outcomes from TD-CBT.
Method: The PsicAP trial was conducted across 22 Spanish primary care centres, with TD-CBT added to treatment as usual (TAU) and provided over 12-14 weeks, compared to TAU alone. N=1061 participants were included in this study; treatment outcomes and annual income post-treatment were compared across the randomized groups. PsicAP-CV follows a Stepped Wedge design, where patients (n=130) were randomized to a TD-CBT group or to a waiting list group (WG) who received TD-CBT later. Moderators and mediators of change processes in TD-CBT were examined.

Results: In the PsicAP trial, there was greater symptom-related benefit post-treatment for TD-CBT+TAU compared to TAU alone, with medium effect sizes, and similar rates of recovery compared to NHS TTad services (near 50%). Results were maintained at 3, 6 and 12-month follow-up. The proportion of individuals reporting an annual income of >€24,000 (approximate to the average annual income in Spain) increased steadily in the TD-CBT+TAU arm but not in the TAU arm. In PsicAP-CV, therapist experience did not impact treatment outcomes, emotion regulation strategies were significant mediators, and taking antidepressants was found to moderate treatment outcomes, reducing the effectiveness of TD-CBT.

Discussion: These results suggest that TD-CBT delivered in primary care settings in Spain has similar outcomes to those of NHS TTad programme in England. Our results can help to understand some mechanisms of change in this psychological therapy, to support the better implementation of CBT in Spain, as well as in other countries.

Effectiveness of primary care psychological therapy post-stroke: a record-linkage study
Presenter: Jae Won Suh, University College London
Authors: Vaughan Bell, University College London; Céline El Baou, University College London; Joshua Buckman, University College London; Amber John, University College London; Rob Saunders, University College London

Introduction. Depression and anxiety disorders are common among stroke survivors and associated with worse prognosis. Although primary care psychological therapy is the recommended first-line treatment for depression and anxiety symptoms in stroke survivors, no study to date has examined the effectiveness of routinely provided psychological therapies in this population.

Methods. Electronic healthcare records for all patients who completed a course of treatment (≥2 treatment sessions) with NHS Talking Therapies for anxiety and depression (NHS TTad) services between 2012-2019 were available. To identify the date of record and type of stroke diagnoses and other physical comorbidities, data-linkage was performed with Hospital Episode Statistics, the Mental Health Services Data Set and mortality data. A cohort was formed of 7,597 adults who had a stroke diagnosis prior to attending NHS TTad, and 1.9 million who did not. Standard NHS TTad outcome indicators (reliable improvement, recovery, and deterioration) were examined in stroke survivors, and pre-post treatment changes in symptom scores were calculated using
the adapted Cohen’s d for within-subjects design (dav). Treatment outcomes were then compared to those of a matched control group without a stroke diagnosis.

Results. Following psychological treatment, 71.3% (95%CI=70.3;72.3) of stroke survivors reliably improved, 49.2% (95%CI=48.1;50.4) reliably recovered, and 7.3% (95%CI=6.8;7.9) reliably deteriorated, with moderate reductions in depression symptoms (dav=-0.56) and large reductions in anxiety symptoms (dav=-0.93). Attending psychotherapy ≥12 months post-stroke was associated with 20% lower odds of reliable recovery compared to attending within 6 months of a stroke, independent of sociodemographic and treatment-related factors. Compared to a matched control sample without a stroke diagnosis, stroke survivors were less likely to reliably recover (OR=0.90[95%CI=0.85;0.97]) and more likely to reliably deteriorate (OR=1.16[95%CI=1.02;1.33]) after psychotherapy, but the differences were no longer significant after adjusting for level of physical comorbidity.

Discussion. Routinely-delivered psychological therapy is effective for stroke survivors, and earlier treatment initiation is associated with higher odds of recovery. Early identification of depression and anxiety symptoms in stroke survivors may improve prognosis through earlier referral to appropriate mental health support.

Using data to inform clinical practice: how the choice of outcome measure can impact treatment delivery and effectiveness

Presenter: Rob Saunders, University College London
Authors: Joshua E.J. Buckman, University College London; Jae Won Suh, University College London; Stephen Pilling, University College London; David Clark, University of Oxford

Introduction: Large-scale datasets of routinely collected information during treatment have the potential to inform how clinical decisions are made, and how CBT is delivered. One important decision centres on which outcome measure to use to capture symptomatic change during treatment for anxiety disorders. There are often good reasons to choose a shorter measure of generalised anxiety symptoms given the brevity and lack of burden placed on the respondent. However, there might be value in using more detailed measures to capture specific anxiety disorder symptoms which are important to the conceptualisation of the disorder but are not encompassed within the brief general measures such as the GAD-7. This study demonstrates how large-scale routine data can promote best-practice in psychological treatment delivery through the use of appropriate outcome measures for a range of anxiety disorders.

Method: National-level data from NHS Talking Therapies for anxiety and depression (NHS TTad) services were used, including all referrals between 2015 and 2020. Focusing on individuals who completed a course of treatment for either PTSD, social phobia, OCD, or panic disorder. We compared those who had pre-post scores on an ‘anxiety disorder specific measure’ (ADSM) to those for whom only the generalised anxiety disorder scale (GAD-7) was used between the start and end of treatment. The number of sessions was compared between groups, and regression models constructed to examine the impact of ADSM use on outcomes, adjusting for covariates.

Results: The use of ADSMs increased over the study period, so that ADSMs were more frequently used than the GAD-7 for PTSD, SAD and OCD by 2020, whilst rates of use in panic disorder have increased more slowly. For all disorders not using the appropriate
ADSM was associated with fewer treatment sessions delivered and poorer outcomes when comparisons were made on the same metrics (i.e. GAD-7 score change). Adjusting for the number of sessions did not impact this finding.

Discussion: Findings indicate that ADSMs should be used to capture appropriate symptom experience and encourage more direct focus on the service user’s particular difficulties, which in turns can lead to more efficient use of treatment sessions and improved patient outcomes. The use of large-scale data in this way promotes the value of quality assessment to identify the needs of the service user, but also to consider the best measure to monitor the impact of CBT treatment.

**Illuminating variations in cultural heritage symptom networks**

**Presenter:** Henry Delamain, University College London

**Authors:** Madiha Shaikh, University College London; Jonas Haslbeck, University of Amsterdam; Rob Saunders, University College London; Joshua E.J. Buckman, University College London; Stephen Pilling, University College London; Ciarán O’Driscoll, University College London

Background: Understanding the cultural expression of symptoms of common mental disorders is important to enabling personalised assessment and treatment. This study aimed to understand how cultural heritage in the form of ethnicity, influences the connection between anxiety, depression, and social functioning symptoms using moderated network analysis.

Method: Adults assessed for psychological therapy in eight NHS Talking Therapies for anxiety and depression (NHS TTad) services (n=147,037) identified their ethnicity using categories based on the UK census. These were re-grouped into 11 categories to achieve adequate sample sizes for comparisons. Data were divided into training (60%) and holdout samples (40%). A moderated symptom network was estimated, controlling for age and gender, using items from the Patient Health Questionnaire-9 (PHQ-9), Generalised Anxiety Disorder-7 (GAD-7) and Work and Social Adjustment (WSAS) scales. Findings were validated using a network (structural invariance) comparison test, and examining the observed error when specifying the training network to the holdout dataset and the correlation between the training and holdout networks.

Results: In a moderated network analysis we identified seventeen direct associations between individual symptoms and ethnicity. Significant differences were identified between the White-British network (used as the reference) and Asian-Indian, Asian-Pakistani, Other-Asian (Chinese or Any other Asian background), Black-African, Black-Caribbean, and Other-Black networks. Compared to the White-British network, scores for the listed ethnicity networks were consistently higher for feelings of failure, and nervousness, and lower for anhedonia, and apprehension. The independent networks had similar structures when conditioned on ethnicity, and there was high correlation between the training and holdout networks.

Discussion: There is limited variation in the covariance of symptoms between service users of different ethnicities from the participating NHS TTad services. However, the frequency of identified symptoms was different between ethnicities compared to those
identifying as White-British. These findings suggest that there is potential variation in how individuals of different ethnicities report and experience mental health symptoms. Consideration should be given to individual presentation of symptoms within the context of ethnicity in psychological therapy to improve treatment outcomes.

**Symposium 4**

**LGBTQ+ mental health in young people & adults: New research**

Chair: Katharine Rimes, King’s College London

**Role models for sexual minority women: Qualitative study of characteristics, impact and potential for use in CBT**

Presenter: Khushi Mann, King’s College London
Authors: Khushi Mann, Institute of Psychiatry, Psychology and Neuroscience, King’s College London; Salina Tesfamichael, Institute of Psychiatry, Psychology and Neuroscience, King’s College London

Lesbian, bisexual and other sexual minority women are at an increased risk of experiencing low self-esteem and mental health problems. It has been suggested that role models may be used to improve self-esteem and wellbeing, but there has been little research into role models for sexual minority women. This study aimed to investigate a) sexual minority women’s experiences of the characteristics and impact of role models; b) their views about how role models could be incorporated into a CBT intervention for low self-esteem. Seventeen semi-structured interviews were conducted. Using thematic analyses, four themes about characteristics of role models were identified: “role models similar to me”, “self-confidence about being different”, “strong and kind”, and “source of learning and support”. Three themes about the impact of role models were developed “increased self-esteem”, “inspiring personal growth” and “lack of role models similar to me - I don’t belong”. Content analyses identified a wide range of ideas about how the use of role models could be incorporated within therapeutic approaches, as well as potential limitation or challenges to this. The findings will be discussed in relation to how they can inform the development of CBT interventions including to increase the self-esteem and wellbeing of sexual minority women.

**Developing a virtual reality paradigm for investigating prejudice and discrimination processes within sexual minority youth**

Presenter: Alex Bolster, King’s College London
Authors: Katharine Rimes, Institute of Psychiatry, Psychology and Neuroscience, King’s College London; Lucia Valmaggia, Institute of Psychiatry, Psychology and Neuroscience, King’s College London

Sexual minority young people often experience mental health disparities, which minority stress theory attributes to proximal and distal stressors (including discrimination and stigma). Existing research relies on self-report correlational methods which fail to establish causality, are subjective, and flawed by various biases. Leveraging Virtual Reality (VR) presents a promising avenue for investigating the impact of sexual orientation-related prejudice and discrimination within a controlled,
immersive research environment, helping to address the issue of causality. In this study, we conducted semi-structured interviews with 20 diverse sexual minority adolescents aged 16-18 to elucidate their experiences of sexual orientation-related stigma and discrimination and thoughts about using a VR programme in such research. The insights gained from these interviews aim to inform the development of a VR program to investigate the impact of stigma and discrimination within sexual minority youth. Results of thematic analyses will be presented. Further research implications for developing and implementing VR for exploring stigma and discrimination within sexual minority youth, as well as conducting patient and public involvement (PPI) within sexual minority youth will be discussed.

**Emotion Regulation Difficulties in Gender and Sexuality Diverse Groups**

**Presenter:** Jake Camp, South London and Maudsley NHS Foundation Trust  
**Authors:** Emma Blundell, South London & Maudsley NHS Foundation Trust; Patrick Smith, King’s College London; Katharine Rimes, King’s College London

Introduction: Difficulties regulating emotions is implicated in many mental health difficulties and thus is a common treatment target in cognitive behaviour therapies. Gender and sexuality diverse (GSD) people are thought to have increased difficulties with emotion regulation compared to cisgender and heterosexual groups. However, this has not yet been explored using evidence synthesis methods. Method: This study used systematic literature review and meta-analysis methods to determine if GSD groups had higher emotion regulation difficulties compared to cisgender and heterosexual groups, and in what specific areas of emotion dysregulation. The same was also explored for those with plurisexual/bi+ attractions compared to sexual minorities with monosexual attractions only. Results: The results suggested that GSD groups had more emotion regulation difficulties compared to cisgender-heterosexual groups with a small pooled effect size across the studies. The same was true for plurisexual groups compared to monosexual minority groups. There were also group differences in some specific areas of emotion regulation, such as in emotion regulation strategies, emotion clarity, acceptance of emotion, managing impulsive urges, engaging in goal-directed behaviour when experiencing emotions, and emotion awareness. Some group comparisons had high levels of heterogeneity between studies, which may have impacted effect size pooling. Discussion: the findings support the notion that GSD groups have more emotion regulation difficulties which may have implications for psychological therapies that seek to improve these difficulties. Findings are discussed in relation to relevant treatment strategies that can be used to improve difficulties in specific areas of emotion regulation.

**Negative Beliefs about Others: Relationship to Generalised and Minority Stressors and Sexual Orientation**

**Presenter:** Helena Bladen, King’s College London  
**Authors:** Katharine Rimes, King’s College London; Patrick Smith, King’s College London; Silia Vitoratou, King’s College London

Cognitive-behavioural models propose that mental health issues are influenced by the negative core beliefs we hold about other people (e.g., ‘Other people do not care about
Given lesbian, gay, bisexual, pansexual and queer (LGBQ) people’s experiences of stigma and discrimination, they may develop more negative beliefs about others, which may in turn contribute to their increased risk for mental health difficulties like anxiety and depression. This study investigated 1.) whether types and strengths of negative beliefs about others differ between people with different sexual orientations and 2.) how negative beliefs about others relate to generalised stressors and LGBQ-specific minority stressors. Participants were 1639 UK-based respondents (aged 16+) of all sexualities who completed the Negative Beliefs about Others Scale (NBOS), a newly developed, four-factor questionnaire measuring beliefs relating to 1.) perceived inferiority to others, 2.) prejudice & ignorance in others, 3.) abandonment & support by others and 4.) threat from others. A subset (n = 442) completed measures of experiences of everyday discrimination, rejection sensitivity, and adverse childhood experiences. A further subset of LGBQ participants (n = 222) completed measures of concealment of sexual identity, self-acceptance of sexuality, and internalised homophobia. Spearman rank correlations investigated the relationship between NBOS subscores with general and minority stressors. Multiple regression analyses investigated how different LGBQ sexual orientations associated with NBOS subscores relative to being heterosexual, while controlling for demographic variables. Within the LGBQ subset, multiple regression analyses investigated how being bisexual or pansexual associated with NBOS subscores relative to being monosexual (i.e. lesbian or gay). General experiences of everyday discrimination, rejection sensitivity and adverse childhood experiences showed moderate to strong positive correlations with all NBOS subscores. Minority stressors showed weaker, but still significant, positive correlations with NBOS subscores for LGBQ participants. The associations between different sexual orientations and NBOS subscores will be discussed. Future research should further investigate how negative beliefs about others develop in relation to discrimination and minority stressors, and how these beliefs could be specifically targeted in psychological interventions for people with stigma experiences.

Symposium 5

How can we use attachment theory to enhance CBT for psychosis?

Chair: Katherine Newman-Taylor, University of Southampton & Southern Health NHS Foundation Trust

How can knowing a person’s attachment style inform CBT?

Presenter: Tess Maguire, University of Southampton & Southern Health NHS Foundation Trust

Authors: Katherine Newman-Taylor, University of Southampton; Monica Sood, University of Southampton; Kathy Carnelley, University of Southampton; Alison Bennetts, University of Southampton

In this talk, Tess Maguire considers how knowing a person’s attachment style can inform engagement in CBT. While most clinicians recognise that people’s early interpersonal learning affects both their experience of paranoia and ability to engage in therapy, CBT and attachment theory come from different traditions (with different languages), and so it can be hard to map ideas across. We sought to articulate attachment style in terms of core beliefs, underlying assumptions (rules for living), and help-seeking behaviours, in
an analogue sample with elevated levels of paranoia. Regression analyses showed that insecure attachment predicted higher levels of negative self-beliefs and lower levels of positive self-beliefs. Insecure-avoidant attachment also predicted problematic underlying assumptions and reduced help-seeking intentions. This indicates that attachment predicts key CBT treatment targets and could inform engagement in CBT. We are now replicating the study with people with self-reported psychosis.

**Attachment-focused iMAgery therapy for Psychosis (A-iMAPS): A therapy protocol integrating attachment and imagery techniques**

**Presenter:** Nicola Airey, University of Manchester & Navigo Health and Social Care CiC

**Authors:** Chris Taylor, University of Manchester; Katherine Berry, University of Manchester

In the second paper, Nicola Airey describes the development of Attachment-focused iMAgery therapy for PSychosis (A-iMAPS). Individuals with psychosis are three times more likely that the general population to experience adverse childhood experiences, influencing how they relate to themselves, others and the world. They are further exposed to trauma through the experience of psychosis and sequelae (including forced treatment, restraint, changes in lifestyle and relationships). Thus, they typically have high levels of insecure attachment and further trauma may compound this. The development of A-iMAPS recognised the importance of creating a ‘secure base’ throughout the therapy (interpersonally) and intrapersonally through the use of imagery (‘felt security’ imagery). The intervention was designed to target psychosis-related trauma, where relational experiences that went ‘wrong’ when being treated for, or experiencing, psychosis were ‘righted’ to create realistic outcomes in which the individual felt more safe and secure. This presentation describes the development of the therapeutic protocol and provides case examples of its application.

**A network analysis of the inter-relationships between psychosis symptoms and literature-informed mediating factors – attachment insecurity, negative schemas and dissociation**

**Presenter:** David Levi, University of Manchester

**Authors:** Katherine Berry, University of Manchester

In the third paper, David Levi discusses the findings of a network analysis exploring the inter-relationships between psychosis symptoms and literature-informed mediating factors (attachment insecurity, negative schemas and dissociation), in a combined clinical and non-clinical sample. The network theory of ‘mental disorders’ argues that symptoms behave as active causal agents and that it is the relatively stable configuration of causal associations between symptoms and other social/psychological factors which constitute ‘mental disorders.’ The current study explored associations within (1) an entire-sample network and, (2) a comparison of clinical vs. non-clinical networks, identifying symptoms and other social/psychological factors with the greatest influence within networks. Disorganised and anxious attachment demonstrated moderately strong connectivity within the entire sample network, particularly in their unique bridging connections with paranoia and negative-
self schemas. The overall network structure was not significantly different between clinical and non-clinical samples. Clinical implications for prioritising treatment targets with the highest network connectivity and therefore potential to disrupt clusters of associations constituting ‘disordered states’ are discussed.

**The impact of attachment style on help-seeking**

Presenter: Katherine Newman-Taylor, University of Southampton & Southern Health NHS Foundation Trust

Authors: Jacqui Tiller, University of Southampton; Laura Skrobinska, University of Southampton; Kathy Carnelley, University of Southampton; Tess Maguire, University of Southampton

Finally, Katherine Newman-Taylor discusses the impact of attachment style on help-seeking. Many people with psychosis delay accessing treatments and drop out of CBT early. Duration of untreated psychosis (DUP) results in poor healthcare outcomes, and increased risk of relapse. If people then fail to access ‘full dose’ interventions, their recovery is likely to be delayed further. In a cross-sectional study, we found that people with psychosis who are also insecurely attached are more likely to use unhelpful emotional regulation strategies, seek help less, and have poorer clinical and recovery outcomes – all with medium to large effects. In order to test causality of these relationships, we ran an experimental study of the effect of attachment imagery priming on help-seeking, and found that in comparison with avoidant attachment, secure attachment imagery reduced paranoia and increased help-seeking and acceptance intentions – with large effects. Together, these studies show that attachment has a causal role in behaviours that contribute to DUP and drop out, and should be targeted early in service contact and CBT to maintain engagement and improve outcomes.

**Symposium 6**

**Hoarding: The neglected problem of neglect**

Chair: Paul Salkovskis, University of Oxford

“It’s not my Mess”: How do Supporters of Individuals with Hoarding Difficulties Rate the Quality of the Support they Offer?

Presenter: James Dennis, University of Oxford

Authors: Paul Salkovskis, University of Oxford; Kate Rosen, OCTC

Hoarding difficulties (HD) affect many people and can cause upset and danger for the person, as well as friends and family, who themselves may experience distress and stigma as a result of clutter. Previous research found that people with HD feel less adequately socially supported compared to individuals with Obsessive Compulsive Disorder (OCD). To evaluate whether people with HD see their support differently, or there is a gap in support quality compared to those with OCD, this study presents the perspectives of 116 people offering support (POS) to people with these conditions (PWC). The research had a two-tailed hypothesis: a) that POS(HD) would not differ on support ratings compared to POS(OCD), or b) that POS(HD) would report comparatively lower ratings across support components. Support quality was measured using an adapted proxy version of the Revised Norbeck Social Support Questionnaire which
focusses on the perspective of the supporter. Additional hypotheses predicted that HD would be the more stigmatised condition and that the POS(HD) group would report higher levels of associative stigma (internalised stigma by virtue of having a connection to a stigmatised individual). The design was cross sectional, comparing those supporting OCD with those supporting HD. POS(HD) rated both their wish to support and the perceived success in terms of the PWC’s response as significantly lower, but did not differ in rating the impact support has on themselves. Public stigma was rated more highly by POS(HD) relative to POS(OCD) and associative stigma felt more acutely by POS(HD). Further research involving POS and PWC dyads is needed to investigate what is causing this shortfall in support. Clinical research for HD interventions should also examine how involving POS could enhance treatment outcomes.

Keywords: Hoarding; OCD; Social Support; Stigma; Associative Stigma.

Conflicts of Interest: none

The relationship between experiences of homelessness and hoarding

Presenter: Tiago Zortea, University of Oxford
Authors: Tiago Zortea, University of Oxford; Oxford Health NHS Foundation Trust.; Fiona Symington, University of Oxford; Oxford Health NHS Foundation Trust.; Alasdair Churchard, University of Oxford; Oxford Health NHS Foundation Trust.; Paul Salkovskis, University of Oxford; Oxford Health NHS Foundation Trust.

Introduction: Evidence suggests that 18.5% of those confined to homelessness living in supported housing are affected by hoarding issues, an estimate of more than three times the prevalence reported in the general population. To date, there are no studies investigating the psychological factors involved in the intersection between hoarding and homelessness. The current study aimed to test the hypotheses that individuals experiencing hoarding and with past experiences of homelessness will report significantly higher scores of fear of material deprivation compared to those experiencing hoarding only or with a history of homelessness only. Method: We employed a cross-sectional between-subjects design with three groups: individuals with hoarding issues who have experienced homelessness within the past decade (H&H), individuals with hoarding issues but no history of homelessness (Hrd), individuals with experience of homelessness but no hoarding issues (Hless). We also hypothesised that those with experiences of hoarding and homelessness would report a higher number of life events related to housing issues, compared with the hoarding-only and homelessness-only groups. Expected results: As far as it is known, the current study is the very first research project in the field of psychological science to investigate the intersection between hoarding and homelessness. Although we expect our hypotheses to be confirmed, recent research on hoarding and early experiences of material hardship has suggested that fear of material deprivation might be associated with hoarding behaviours regardless of whether there is any experience of material scarcity in early life. We do not know, however, if this is the case for those experiencing both hoarding behaviour and homelessness. Therefore, regardless of whether our hypotheses are confirmed or not, the data presented here will add to the scientific and clinical knowledge on potential directions for understanding the relationship between experiences of homelessness and hoarding. Discussion: Hoarding behaviour in
homeless individuals poses challenges for shelters and aid organisations by increasing fire risk and attracting pests. Clinicians and support organisations struggle to access evidence-based insights on hoarding's role in this group, hindering effective intervention development. This study aims to deepen understanding and inform future clinical practices and interventions.

The experience of Stigma in Hoarding Disorder: A qualitative study
Presenter: Thordur Arnarson, University of Iceland
Authors: Ragnar P. Olafsson, University of Iceland; Jon F. Sigurdsson, University of Reykjavik; Paul Salkovskis, University of Oxford

Hoarding disorder (HD) is defined as a persistent difficulty discarding or parting with possessions. This difficulty is due to perceived need to save the items and to distress associated with discarding them. The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas.

The estimated prevalence of HD is between 1.7 - 3.6%. On average, people with HD have greater functional impairment and poorer quality of life than those who suffer from OCD. Furthermore, hoarding disorder is associated with increased risk of fire, squalor, falling, landslip and property damage.

Although the age of onset for hoarding disorder is in the late teens, the average age at which treatment is sought is over 50. Clinical experience suggests that those who suffer from hoarding often seek treatment because of pressure from others (family members, authorities, landlords etc.).

One possible reason for this delay in treatment seeking is stigma. At the time of writing there are only three published papers on stigma in HD. Therefore it can be argued that research into stigma and hoarding is in its infancy.

In this ongoing qualitative study participants (N = 16) are interviewed about their experience of hoarding. Participants complete a diagnostic interview and a set of questionnaires. Data from the interviews is analysed using thematic analysis.

Preliminary results will be presented and discussed.

What do we know about stigma in hoarding disorder? A systematic review.
Presenter: Rachel Prosser, University of Oxford

The degree to which hoarding disorder (HD) is stigmatised by the public, and that this is internalised by people with HD, is a relatively neglected research area. Our review aimed to synthesise current understanding of stigma of HD and its impact on help-seeking. A systematic search was conducted to identify publications which investigated public or internalised stigma, or related concepts like shame and blame, in relation to HD. The electronic databases PsycINFO, PubMed, Embase, Scopus, Medline, CINAHL, and Web of Science were searched. Fifteen papers met inclusion criteria and were appraised for quality using the QualSyst tool. There is very little literature exploring
stigma in HD and quality of research is variable. Nevertheless, the literature suggests that a significant proportion of people who hoard and their families experience stigma, and HD is stigmatised by the public and associated with more rejecting attitudes and frustration amongst professionals. Finally, research exploring the impact of stigma on help-seeking in HD tentatively suggested a negative impact of stigma. Further research is needed to replicate and extend findings and address methodological limitations to provide an understanding of stigma on which approaches to enhance wellbeing and treatment uptake in HD can be developed.

**Convergent Processes: Hoarding disorder as an example of a final common pathway**

**Presenter:**  
*Paul Salkovskis, University of Oxford*

Hoarding Disorder as presently defined is, ahem, not a Disorder. In this presentation it will be argued that the usual way of conceptualising “disorders” should NOT be applied to Hoarding Disorder. The success of CBT in treatments for problems such as Panic Disorder, Social Phobia, OCD and so on has depended on identifying the particular patterns beliefs associated with the problems and the factors involved in maintaining such beliefs. Hoarding is one of a number of problems where such an approach is likely to be unhelpful, confusing and even wrong. Hoarding is characterised by the accumulation of possessions which render the living space unavailable for daily activities of living, rather than in terms of a predictable pattern of beliefs and behaviours. It is defined in terms of its outcome rather than psychological processes. Which is not to say that psychological processes are not involved, but rather that there are likely a number of processes which converge on the outcomes which define Hoarding Disorder. That is, Hoarding is best understood as a final common pathway, where understanding and treatment requires a more complex and multifactorial individualised formulation. It is proposed that similar considerations apply to problems such as self harm and suicidal behaviour, substance misuse and several others. The presentation will consider the implications of such a view for the development and delivery of CBT for hoarding disorder and beyond.

**Symposium 7**

**Mental Imagery in Youth Mental Health**

**Chair:**  
*Alex Lau-Zhu, University of Oxford*

**Exploring the relationship between components of emotional mental imagery and depression in young people**

**Presenter:**  
*Victoria Pile, King's College London*

Depression in young people is linked to increased negative mental imagery and impoverished positive mental imagery. Whilst the majority of research has focused on images of past events (e.g. memories), there has been increasing impetus to understand the relationship between prospective mental imagery and depression. Specifying the mechanisms by which prospective emotional mental imagery is associated with depression is important to develop effective imagery-based intervention protocols. Important components of this relationship include the quality of
Exploring Themes of Negative Self-imagery in Adolescents with Social Phobia

Presenter: Kenny Chiu, University of East Anglia
Authors: Eleanor Leigh, University of Oxford

Background
Whilst negative self-imagery has been reported by socially anxious adolescents, no studies have examined possible themes of negative self-imagery reported by adolescents with social phobia.

Methods
This study involved 35 participants aged 14–18 who took part in an internet-delivered, therapist-assisted cognitive therapy for social phobia (Leigh & Clark, 2023). Participants described their mental images in their own words before reviewing videos of themselves during the video feedback experiment. Text data were analysed using Latent Dirichlet Allocation.

Results
The analysis indicated several themes related to eye contact, fidgeting hands, and long pauses. The most prevalent topic is related to eye contact.

Conclusions
Adolescents with social phobia reported specific themes in their negative self-imagery. Attending to and modify these themes may help improve treatment outcomes.

“Flashforward” Mental Imagery in Adolescents: Exploring Developmental Differences and Associations with Mental Health

Presenter: Alex Lau-Zhu, University of Oxford
Authors: James Stacey, Oxford Health NHS; Daisy Gibson, Oxford Health NHS; Carmen Chan, Oxford Health NHS; Myra Cooper, Oxford Health NHS

Background: Future events can spring to mind unbidden in the form of involuntary mental images also known as “flashforwards”. Cognitive theories in adults indicate that flashforwards are important for understanding and treating emotional distress, but there has been little exploration of this form of imagery in young people, and even less so in those with high psychopathology vulnerabilities, for example, due to developmental differences associated with neurodiversity or maltreatment.
Aims and Method: We aimed to test whether flashforwards are more heightened (e.g., more frequent and emotional) in autistic and maltreatment-exposed adolescents relative to typically-developing adolescents, and to explore their associations with anxiety/depression symptoms. A survey including measures of flashforward imagery and mental health was completed by a group of adolescents (N=87) aged 10-16 (and one of their caregivers) who met one of the following criteria: (i) had a diagnosis of autism spectrum disorder, (ii) a history of maltreatment; or (iii) no autism/maltreatment.

Results: Flashforwards (i) were often of positive events and related to career, education and/or learning; with phenomenological properties (clarity, emotionality and likelihood ratings) that were (ii) not significantly different between groups; but nevertheless (iii) associated with symptoms of anxiety across groups (particularly for imagery emotionality), even after accounting for general trait (non-future) imagery vividness.

Discussion: As a modifiable cognitive risk factor, flashforward imagery warrants further consideration for understanding and improving mental health in young people from a range of developmental backgrounds, including autism and maltreatment and possibly beyond.

Negative flashforward imagery in adolescents with social anxiety disorder: Imagery reports and preliminary outcomes of an EMDR intervention

Presenter: Marjolein Thunnissen, University of Groningen, The Netherlands
Authors: Peter de Jong, University of Groningen, The Netherlands; Jiska Weijermans, Psy-Zo!, The Netherlands; Leonieke Vet, Accare University Centre for Child and Adolescent Psychiatry, The Netherlands; Marleen Rijkeboer, Maastricht University, The Netherlands; Marisol Voncken, Maastricht University, The Netherlands; Maaike Nauta, University of Groningen, The Netherlands. & Accare University Centre for Child and Adolescent Psychiatry, The Netherlands

Introduction: Psychological treatments for social anxiety disorder (SAD) in adolescents have shown poorer outcomes than for other anxiety disorders. Negative mental imagery could be a relevant factor to consider for improving treatment outcomes in adolescent SAD. More specifically, flashforward imagery of feared social catastrophe may play a role in the maintenance of SAD and could be a potential treatment target. In this pilot study, we examined the phenomenology of such negative future imagery in adolescents with SAD, and evaluated the feasibility and preliminary outcomes of a short eye movement desensitization and reprocessing (EMDR) intervention targeting flashforward imagery. Method: In a case series, we interviewed 7 adolescents with SAD on flashforward imagery related to three selected social situations. The intervention consisted of three individual 45-minute EMDR flashforward sessions targeting reported negative future imagery, after a one-week baseline period. Intervention outcomes included symptoms of social anxiety and avoidance related to the selected social situations, and features of associated flashforward imagery (distress, vividness, and threat appraisal) as a potential mechanism of change during the intervention. Results: We found that 6 out of 7 assessed adolescents reported experiencing flashforwards and
rated image distress, vividness, and threat appraisal as high. In these 6 participants (aged 14-17 years old), the short EMDR flashforward intervention appeared feasible and was followed by a decrease in social anxiety and avoidance in 5 of 6 participants, while no notable changes were observed during the baseline period. Furthermore, we observed a decrease in flashforward imagery features in at least 5 participants. Non-parametric tests of the overall (group-based) changes during the intervention period partially supported these findings. Limitations include the small sample size and the lack of a control group. Discussion: Results suggest that vivid and distressing flashforward imagery is a common experience and that targeting flashforwards may be beneficial in treating social anxiety in youth. Further experimental research on effects and added value to current treatments is necessary. As a next step in evaluating effects, I will present the design and first outcomes of a study using a replicated single-case experimental design (SCED) including randomization of the starting point of the EMDR intervention.

**Project Soothe**

*Presenter: Asnea Tariq, University of Reading*

The link between imagery and emotion has long been established, and there has been an increasing evidence base for the use of imagery-based psychotherapeutic approaches. Specifically, Compassion-focused therapy uses mental imagery exercises to help individuals activate their ‘soothe’ affective system. Based on this theoretical and therapeutic underpinning, Project Soothe (www.projectsoothe.com) was launched in 2015 as a novel Citizen Science Project. The first phase of the project has resulted in a rich repository of over 800 soothing photographs sourced globally, mostly featuring photographs depicting nature-related scenery such as landscapes, sky, water features, flowers and plants, and animals.

A series of evaluation studies have been completed, which collectively showed that viewing a random selection of 25-30 images from the collection could effectively reduce negative affect, and depressive and anxiety-related mood states. These effects have been replicated across both adults and adolescents and, encouragingly, those with higher levels of pre-existing symptoms of psychological distress appeared to experience more positive mood changes. These mood benefits were further replicated when images were used in an app format. Our qualitative studies provided further insights into the possible psychological mechanisms that underpin these mood benefits.

Building upon this empirical foundation, we have worked on collaborative initiatives with children and young people, as well as clinical and educational professionals, to co-create interventions. This collaborative research has been marked by a dynamic exchange of ideas, fostering the development of innovative strategies to harness the therapeutic benefits of visual stimuli within educational and clinical settings.

In this talk, we will take the audience through a whistle-stop tour, presenting research findings and showcasing the synergistic interplay between research insights and
community-driven collaborations. By sharing our journey, we aim to illuminate the transformative potential of interdisciplinary partnerships and public engagement in advancing psychological interventions rooted in compassion and visual engagement.

Keywords: Compassion-Focused Therapy, Imagery, Project Soothe, Psychological Intervention, Co-Production, Depression, Anxiety, Well-being, Adolescent Mental Health.

Symposium 8

Low intensity psychological intervention in primary care: innovation, future direction and reflections

Chair: Brendan Dunlop, Lancashire and South Cumbria NHS Foundation Trust

Associate Psychological Practitioners in primary care: learning to date and future direction

Presenter: Gita Bhutani, Lancashire and South Cumbria NHS Foundation Trust
Authors: Gita Bhutani, Brendan Dunlop, Lancashire & South Cumbria NHS FT; Miranda Budd, Pennine Care NHS FT; Molly Lever, Lancashire & South Cumbria NHS FT

The Associate Psychological Practitioner (APP) is a new psychological practitioner role piloted in the North West of England since 2020. The role has been adopted widely in primary care as a key contributor to the mental health workforce in primary care. The Additional Remunerated Roles Scheme has been a key funding stream for these roles. The APP role in primary care provides community based prevention and promotion work in mental health as well as direct short-term low intensity interventions to patients in primary care. The model of the service will be described and its implementation within primary care (where mental health development has often been patchy). The benefits will be described and future development opportunities will be outlined.

The Mental Health Prevention and Promotion in General Practice Settings (MEND) Feasibility Study: Preliminary Results and Next Steps

Presenter: Miranda Budd, Lancashire and South Cumbria NHS Foundation Trust
Authors: Kathryn Gardner, UCLAN; Gita Bhutani, LSCFT NHS; Mark Hann, LSCFT NHS; Umesh Chauhan, UCLAN; Sophie Jaber, LSCFT NHS; Irem Shabir, LSCFT NHS

Introduction: A reactive approach is typically taken when addressing and intervening with mental health problems rather than a proactive or preventative one, yet preventative approaches can also reduce mental ill-health. This study aims to evaluate the feasibility of recruiting general practice patients into a randomised feasibility study where they will receive either mental health treatment as usual or a brief early psychological intervention for preventing the deterioration of mental health and promoting emotional wellbeing.

Methods: This is a two-arm RCT, where participants will be randomised to either: treatment-as-usual within GP; or treatment-as-usual within GP plus a mental health prevention and promotion intervention. Sixty patients, aged 16+ from GP surgeries, with
mild to moderate mental health difficulties as indicated by the PHQ9 and GAD7 will be recruited. Data on engagement with the intervention will be summarised using descriptive statistics. Regression models will be fitted, using the 12-week post-intervention follow-up data as the outcome variable and age, gender, trial arm and the corresponding baseline data as covariates. Cost-effectiveness will be investigated in an explorative way. Descriptive statistics will be used to analyse participant’s resource use and HRQoL. Qualitative data will understand factors that facilitate or challenge the successful implementation of interventions and a process evaluation will provide insight into the intervention’s mechanisms of action.

Results: Preliminary results thus far are positive, indicating that a larger clinical trial would be feasible. Attrition rates are 20% which has been attributed to an inability to contact participants, participants’ disappointment in group allocation and participants receiving therapy elsewhere after consenting to participate.

Discussion: The research team hope to progress from a feasibility RCT to a larger definitive RCT and disseminate widely across stakeholders, ensuring accessibility in collaboration with the PPI committee. There is a strong need to focus upon preventative mental healthcare and add to the evidence based in this important area. The early indicative results support other research in this area and can help strengthen our understanding about how to prevent mental ill-health.

The evolution of low intensity provision in primary care: changes over time

Presenter: Liz Kell, University of Exeter

From Primary Care Graduate Mental Health Workers in 2004 to Associate Psychological Practitioners in 2024, low intensity provision in primary care has ebbed and flowed over time. In this presentation, the evolution of this low intensity provision in primary care over the past 20 years will be discussed, with reflections provided on what this means for a changing NHS primary care landscape.

Introduction

The presentation will initially provide an overview of the history of working to deliver Low Intensity Interventions in Primary Care over the last 20 years from the perspective of the presenter who commenced working as a Primary Care Graduate Mental Health Worker (PCGMHW) 20 years ago in the North West of England and was part of the NIMHE-North West Collaborative which supported the implementation of this role.

Experience

The presentation will then move on to consider the implications of these first new roles - the successes and the challenges of the PCGMHW and how this related to the development of the new Psychological Wellbeing Practitioner (PWP) role. Despite challenges, there was something in these developments that took hold and started to make a difference – what were the key ingredients that made things stick? Experiences of working within primary care and changes related to the introduction of Talking Therapies (previously known as IAPT) will also be explored with consideration of the acceptance of a new workforce group within the psychological professions. How far have new practitioner roles come in being understood, valued and supported?
Reflections
The final section of the presentation will then consider the learning from these experiences and also more recent developments. Reflections on the implementation of the PWP role from within the system, and also the different approaches to the implementation of other new roles resulting in the growth of a new practitioner workforce will be considered. This includes the regional innovation of the development of the Associate Psychological Practitioner (APP) role which has taken a different approach. Final reflections will focus on how much has been achieved in the last 20 years, but also the value of the learning, understanding what the opportunities are, and what this could mean for low intensity interventions in primary care in the future.

Collaboration and leadership in primary care: opportunities for development
Presenter: Molly Lever, Lancashire and South Cumbria NHS Foundation Trust
Authors: Asira Bhikha, Lancashire & South Cumbria NHS Foundation Trust; Kate Allsopp, Greater Manchester Mental Health NHS Foundation Trust; Miranda Budd, Lancashire & South Cumbria NHS Foundation Trust; Brendan Dunlop, Lancashire & South Cumbria NHS Foundation Trust; Gita Bhutani, Lancashire & South Cumbria NHS Foundation Trust

Introduction
Primary Care Networks (PCNs) were developed to meet local. One way to do so was by integrating physical and mental healthcare. As the PCN landscape changes, and primary mental healthcare is transformed through new Mental Health Practitioner (MHP) roles including the Associate Psychological Practitioner (APP), there is a gap in understanding how PCN staff can effectively work together and develop leadership qualities. Given the recent focus on community transformation and closer collaboration between mental health services and PCNs, there is a need to centralise the work of MHPs within primary care and consider the implementation and development needs of the MHP workforce.

Methods
Two service evaluations were conducted; one focused on understanding collaborative working and the other on leadership qualities required for APP development. Both evaluations used questionnaires and semi-structured interviews. Data were combined, and themes mapped onto competency constructs (knowledge, skills, and personal characteristics) using Reflexive Thematic Analysis. Following results of the service evaluations and drawing upon existing competency frameworks, a multi-level framework was designed.

Results
Subthemes for effective collaborative working in PCNs and leadership skill development included: (a) knowledge around shared vision and goals in PCNs, policies and procedures, expectations and role clarity; (b) skills in communication and relationship building, organisation and independence, and ability to reflect, adapt, and challenge others; and (c) embodiment of personal characteristics such as being engaged, accepting and supportive and assertiveness, confidence, and resilience. The resulting competency framework consists of competencies that span across three staff levels and consider responsibilities of hiring organisations.
Discussion
The service evaluations have led to recommendations for PCNs to facilitate collaborative working and foster leadership development. These include; (a) meetings and joint training between PCN and NHS Trusts, (b) regular team meetings and opportunities for face-to-face activity, (c) provision for leadership training (particularly risk management) and (d) systemic facilitation of progression. The competency framework aims to support development of recruitment materials for MHP roles within PCNs and facilitate progression for staff.

Collaboration and leadership in primary care: opportunities for development
Presenter: Brendan Dunlop, Lancashire and South Cumbria NHS Foundation Trust

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Symposium 9

**Adapting for complexity in NHS Talking Therapies services: training initiatives and therapy adaptations**

Chair: *Laura Warbrick, University of Exeter*

**Enhancing CBT for depression and anxiety in the context of personality difficulties: NHS Talking Therapies clinician training workshops**

Presenter: *Laura Warbrick, University of Exeter*

Authors: *Katie Marchant, University of Exeter*

NHS Talking therapies (TTad) services are effective, but not optimised – with around 50% of clients not reaching recovery, and approximately 30% not reliably improving. In the context of heightened levels of severity and complexity than the service was originally designed to manage, it is important to identify client characteristics which are prognostically important, and tailor care to accommodate these needs. One cluster of characteristics known to predict poorer outcomes in TTad services are difficulties managing emotions, relationships and sense of self – often experienced in the context of adverse early life experiences. This set of difficulties is often conceptualised on the personality disorder spectrum, and prevalence estimates suggest these difficulties are common in Talking Therapies settings, and linked to poorer outcomes at a service level. Clinicians in these settings report feeling unskilled to work with this group, and are not routinely trained to recognise and accommodate these difficulties in their practice.

This talk will present preliminary results from a feasibility study evaluating the feasibility, acceptability and effectiveness of training workshops for High-intensity therapists focused on adapting care to accommodate interpersonal and emotional (personality) difficulties. High intensity CBT therapists received a 1-day workshop focused on understanding personality difficulties and adapting CBT for depression and anxiety in the context of these difficulties across three TTad services. Therapists reported their perceived confidence in key skills to work with this group, before after and 3-months after the workshop. Services introduced a screening questionnaire capturing personality difficulties, and clinical outcomes for a cohort of clients receiving treatment in the 6-months before and after training were captured. Preliminary data on (1) mixed-methods therapist outcomes relating to confidence in skills to work with these clients and attitudes towards working with clients with personality difficulties and (2) service level effects of the workshops on clinical outcomes will be presented.

Feasibility, acceptability and effectiveness of the workshops will be explored. Implications for practice at the individual and service level in TTad services will be discussed.

**Augmented CBT for people at elevated risk of psychosis in Talking Therapies: An attachment-informed intervention**

**Presenter:** *Katherine Newman-Taylor Tess Maguire, University of Southampton*
Authors: Lizi Graves, University of Southampton; Tanya Smart, Solent NHS Trust, Portsmouth; Emma Bayford, Solent NHS Trust, Portsmouth; Emily Gosden, Isle of Wight NHS Trust, Isle of Wight; Grace Addyman, Isle of Wight NHS Trust, Isle of Wight

Introduction: Many people who access primary care Talking Therapies for depression and/or anxiety also report psychosis symptoms. Talking Therapies do not routinely screen for psychosis, and people usually do not disclose these details due to stigma and fear of clinicians’ responses.

Methods: We ran a single arm pilot intervention of an augmented CBT for depression and anxiety, for people at elevated risk of psychosis. All people accessing Talking Therapies in three services in the South of England completed a two-item psychosis screen. Those identified as at elevated risk of psychosis, and who were stepped up to CBT, were offered the augmented therapy. The intervention involved naming psychotic experiences (e.g., voices and paranoia) and attachment style in the formulation, and then delivering CBT for depression or anxiety as usual.

Results: We compared clinical outcomes for the group who received augmented CBT, with those who received routinely delivered CBT for depression and anxiety (prior to the pilot). We also examined co-morbidity, deprivation data, sessions offered, and dropout rates for the two groups.

Conclusion: A modestly adapted CBT for depression and anxiety that names psychotic experiences and attachment patterns at formulation may benefit this group. The implications for a full trial, clinical practice and service development will be discussed.

Staff and patient experiences of an augmented CBT in NHS Talking Therapies for Clinically High Risk for Psychosis
Presenter: Lizi Graves, Southern Health NHS Foundation Trust
Authors: Katherine Newman-Taylor, University of Southampton; Tess Maguire, University of Southampton; Ayaat Al-Sundani, University of Southampton; Jessica Grange, University of Southampton; Emma Bayford, University of Southampton

Introduction
Many people who access primary care Talking Therapies for depression and/or anxiety also report psychosis symptoms. Research has been completed exploring whether augmented CBT for anxiety and depression, taking into account low-level psychotic experiences, is feasible and acceptable in this population.

Methods
Semi-structured interviews were completed with nine therapists who received training and delivered augmented CBT and eight participants who received augmented CBT for anxiety and depression. Interviews were transcribed and analysed using thematic analysis.

Results
Thematic analysis of data from high intensity therapists and people receiving the augmented therapy indicate specific benefits and challenges.

Discussion
Implications for clinical practice of implementing augmented CBT to meet the needs of this population will be discussed with reference to future research possibilities.

The acceptability and impact of behavioural therapy for bipolar depression: a qualitative study

Presenter: Kim Wright, University of Exeter
Authors: Sakir Yilmaz, Abdullah Gül University; Anna Hancox, unaffiliated; Molly Price, University of Plymouth/University of Cardiff; Jemma Regan, Devon Partnership NHS Trust; Barnaby Dunn, University of Exeter; Heather O'Mahen, University of Exeter

Background: Behavioural Activation (BA) represents a parsimonious treatment that could have clinical benefit in bipolar depression and could be delivered outside of secondary care settings but may need adaptation. As far as we are aware, whilst multiple qualitative studies have explored participants' experiences of BA for unipolar depression, none have investigated the experiences of BA amongst people with bipolar depression. This is of particular interest because qualitative studies concerning the experience of receiving therapy can help inform the theory of change underpinning the intervention.

Aim: The purpose of this study was to explore the experiences and perspectives of individuals with bipolar disorder who received a course of one-to-one BA for bipolar depression within a service located between primary and secondary care. In particular we explored the acceptability of BA and its proximal and distal effects.

Method: Semi-structured interviews were conducted with nine individuals meeting research diagnostic criteria for bipolar I or II disorder who had received up to 20 sessions of BA adapted for bipolar depression. Thematic analysis using a framework approach was used to explore and describe the experiences of participants.

Results: Our study identified five subthemes related to the acceptability of therapy: structural features of therapy, delivery of information, therapeutic stance and relationship, techniques and context of the therapy process. Participants' accounts of the effects of therapy were categorized under four subthemes: client behaviour inside and outside sessions, changes in clients' perspectives, the impact on symptoms, and impact on life and functioning.

Conclusions: Participants reported high levels of therapy acceptability. Accounts of the impact of therapy were broadly consistent with the theory underpinning a behavioural approach. Unexpectedly however, our participants described a central role for perspective change, and particularly increased acceptance of the self and mood states, as facilitating behavioural changes and more distal benefits. Future efficacy studies may include measures of key processes described by our participants, as well as those implied by the behavioural theory of depression.
Symposium 10
New developments in imagery focused therapies for psychosis and bipolar

Chair: Christopher Taylor, The University of Sheffield and Pennine Care NHS Foundation Trust

Attachment-focused iMAgery therapy for Psychosis (A-iMAPS): Results from a multiple baseline case series
Presenter: Nicola Airey, Navigo Health and Social Care CIC
Authors: Christopher D. J. Taylor, Pennine Care NHS Foundation Trust; University of Manchester; Katherine Berry, University of Manchester

Introduction: Psychosis and its associated experiences (e.g., forced treatment) can be traumatic and affect feelings of safety and security. Until relatively recently, trauma therapy has been avoided with psychosis populations due to concerns of exacerbation of symptomology and risk. In the available literature, there is minimal evidence for working with memories of psychosis-related trauma. Imagery therapy can enhance felt security and is an effective modality for working with trauma, therefore this case series examined the safety, feasibility and preliminary clinical outcomes of an attachment-focused imagery therapy targeting psychosis-related trauma.

Method: An AB randomised multiple baseline case series design was utilised. Participants had between two and five baseline assessments before receiving a six-session intervention, followed by an end of therapy assessment.

Results: Twelve clinical participants were recruited from NHS services in Northwest England and eight retained through baseline and six sessions of intervention to the end of therapy assessment (attending all sessions). A significant improvement was seen for felt security between baseline and intervention phases. Other measures of trauma symptoms, core schemas, paranoia and attachment varied in change from baseline to end of therapy, but some promising preliminary results were seen.

Discussion: This study shows that a brief attachment-focused imagery therapy is a promising intervention for targeting psychosis-related trauma, for which there are currently no other specific intervention studies.

Working with Imagery Based Metacognitive Interventions for Flashforwards in Psychosis
Presenter: Nithura Sivarajah, West London NHS Foundation Trust

Background: Distressing mental images are common in people with psychosis. The central role of metacognitive difficulties in psychosis suggest that metacognitive interventions with imagery properties could play a central role in managing distressing mental imagery. A brief imagery-based metacognitive intervention was developed to target the control mechanism of distressing mental images in psychosis.

Aims: A fixed baseline case series was designed to investigate whether the intervention was acceptable, feasible and effective.

Methods: Eight participants who met criteria for a schizophrenia spectrum diagnosis and experienced distressing future-oriented mental images took part in the case series, which consisted of three phases; baseline, intervention, and follow-up. Symptoms of
anxiety, depression, persecutory delusions, and schemas were assessed pre- and post-intervention, and qualitative feedback was collected at follow-up. Results: The metacognitive intervention was feasible, acceptable, and rated as highly satisfactory. One participant dropped out at the baseline phase. No adverse events were reported. Positive change scores with a decrease in symptoms were reported for anxiety, depression, persecutory delusions, and schemas. Tau-U analysis showed positive trends and high effect sizes on mental imagery characteristics at follow-up. Conclusion: Our findings suggest that it is acceptable and feasible to engage people with psychosis in a brief imagery-based metacognitive intervention and that positive change can be achieved. Future studies are needed to develop the evidence base for this intervention. 

iMAgery focused therapy for PSychosis (iMAPS-2): study protocol for a feasibility randomised controlled trial
Presenter: Christopher Taylor, The University of Sheffield and Pennine Care NHS Foundation Trust

Introduction: Many individuals with psychosis experience intrusive mental images and have negative schematic beliefs regarding the self and others. Intrusive mental images are a common problem in people with psychosis which are problematic in their own right but are also implicated in the development and maintenance of symptoms in psychological models of psychosis. Treating negative intrusive mental images and negative schematic beliefs may improve psychotic symptoms and reduce distress. We conducted two case series with ten patients with psychosis and schizophrenia, with reductions in images, schemas and psychotic symptoms. We are testing the feasibility of a randomised controlled clinical trial, with key outcomes regarding feasibility of recruitment, retention at 16 week follow up and therapy uptake.

Methods and analysis: 45 patients with psychosis aged 16 and above who have a schizophrenia spectrum diagnosis or meet operational criteria to be offered care from early intervention psychosis services will be recruited from National Health Service (NHS) secondary care services. In the iMAPS-2 trial, they will be randomised (2:1) to the 12 session imagery focused therapy for psychosis or treatment as usual. Assessments will be conducted at 0, 16 (post treatment) and 28 weeks by a researcher blind to group allocation. The 12-session psychological intervention (based on Taylor et al. 2019) will target negative intrusive images and negative schematic beliefs which contribute to symptoms of psychosis. Analysis will focus on feasibility outcomes (recruitment, 16 week follow up and therapy uptake). This presentation will focus on the study protocol of this NIHR funded clinical trial (ISRCTN number 81150786).

Imagery Based Interventions for Bipolar Disorder: A Feasibility Study
Presenter: Craig Steel, Oxford Health NHS Foundation Trust & The University of Oxford

There has been considerable recent interest within the application of imagery interventions for a range of mental health problems. It has been proposed that imagery plays a key role within the high levels of anxiety and emotional instability experienced by
people diagnosed with bipolar disorder. Specifically, vivid images serve as an ‘emotional amplifier’ within this presentation. Previous work has developed an imagery-based intervention which comprises an individual assessment and formulation followed by interventions including a metacognitive approach, a form of imagery rescripting and positive imagery. We report on the results of a feasibility randomised controlled (N=57) trial which delivered up to 12 sessions within 16-weeks, with assessments at baseline, end of treatment and a 16-week follow-up. We report on feasibility outcomes and effect sizes.

Symposium 11

Implementation of Digital Mental Health Interventions
Chair: Hjórdis Lorenz, University of Oxford

Implementation of brief online, therapist guided, parent-led CBT for child anxiety problems in routine clinical services.
Presenter: Chloe Chessell, University of Oxford
Authors: Cathy Creswell, University of Oxford; Emily Whitaker, University of Oxford; Lucy Radley, University of Oxford

Introduction: Anxiety problems affect up to 6.5% of children and young people worldwide (Polanczyk et al., 2015). Cognitive Behavioural Therapy (CBT) is an effective psychological treatment for child anxiety problems, however, fewer than 3% of children access CBT in the UK (Reardon et al., 2018). Online Support and Intervention (OSI) for child anxiety is a brief online therapist supported, parent-led CBT intervention that has been shown to be effective and cost-effective when delivered in a Randomised Controlled Trial (RCT) (Creswell et al., 2024). However, little is known about the outcomes of OSI or clinical teams’ experiences of implementing OSI in routine clinical practice (i.e., outside of a RCT). Such knowledge is crucial given recent evidence showing a reduction in the effectiveness of CBT delivered in routine settings compared to RCTs (Ginsburg et al., 2020).

Methods: UK child mental health services have been implementing OSI in their routine clinical practice from August 2022 to February 2024. The outcomes of OSI delivered in routine clinical practice have been benchmarked against the results of OSI obtained from a RCT (Creswell et al., 2024). Clinical team members have also participated in semi-structured qualitative interviews, guided by the Non-adoption, Abandonment, Scale-up, Spread, and Sustainability (NASSS) implementation science framework (Greenhalgh et al., 2017), to explore their experiences of implementing this innovative intervention in their service.

Results: The clinical outcomes of OSI when delivered in routine clinical practice are consistent with the outcomes achieved as part of a large RCT (Creswell et al., 2024). Clinical teams’ experiences of implementing OSI (including identified barriers and facilitators to implementation) will be presented according to the NASSS framework.

Discussion: OSI is an innovative intervention that can be effectively delivered in routine clinical services (i.e., outside of a RCT) to help meet the demand for CBT for child
anxiety problems. Identified barriers and facilitators to the implementation of OSI can be addressed to promote the sustained implementation of OSI on a wider scale.

Implementation of therapist-assisted online cognitive therapy for adolescent social anxiety in routine services
Presenter: Hjördis Lorenz, University of Oxford
Authors: Rachel Evans, University of Oxford; Charlotte Mason, University of Oxford; Eleanor Leigh, University of Oxford

Social anxiety is the most common anxiety disorders in young people, leading to significant distress and impacting everyday functioning. Due to limited availability of therapists in child and adolescent mental health services and high thresholds for treatment in the NHS, young people often experience difficulty accessing treatment.

One way to combat this could be through therapist-assisted online treatments. This may address a range of barriers including cost and allows for flexible timing and place of treatment. For services, it may reduce therapist time per client and ensures greater adherence to evidence-based practice. An online version of the NICE-recommended cognitive therapy for adults has been developed and evaluated with successful outcomes showing that that it is just as beneficial to clients as face-to-face therapy (Clark et al., 2022) and is now in use in routine NHS services.

This treatment was adapted for young people to create Online Social anxiety Cognitive therapy for Adolescents (OSCA). OSCA is a therapist-supported, bespoke, secure online psychological therapy where young people work through core modules designed to target maintenance processes of social anxiety. Findings from a recent randomised controlled trial (Leigh & Clark, 2023) suggest OSCA holds promise as an effective, accessible treatment for adolescent social anxiety. OSCA is one of only four digital interventions named in the NICE guideline’s Early Value Assessment of recommended digital interventions. Researchers are now following through on their commitment to demonstrate evidence of real-world implementation and effectiveness.

As part of this, OSCA is being implemented in routine clinical practice. Select implementation science frameworks are used to guide and evaluate the implementation. Both quantitative evaluation of OSCA uptake and outcomes, as well as qualitative experiences of clinicians and service clinical leads are being explored. The aim is that this will aid in the understanding of barriers and facilitators to the sustained implementation of OSCA in routine clinical practice, through the structured lens of implementation frameworks.

Providing psychological therapy support and improving post-discharge data collection: Preliminary evaluation of the ‘Paddle’ app
Presenter: Graham Thew, NHS Talking Therapies, Oxford Health NHS Foundation Trust
Authors: Michelle Lee, University of Reading; Ineke Wolsey, Brighter Futures Together
Clinical trials of psychological therapies such as cognitive behavioural therapy typically show sustained post-treatment effects. However, less is known about outcomes following treatment in routine practice, and additionally, patient representatives have highlighted a need for better post-discharge support. The ‘Paddle’ app was designed by patients, for patients, and aims to address these issues. Paddle allows patients to store their therapy materials, reflect on sessions, and monitor their wellbeing during and after treatment, completing outcome questionnaires and monthly reviews (for more information see https://www.paddleapp.org/). Paddle is designed for use in NHS Talking Therapies services and integrates with electronic care record systems.

This presentation will provide an overview of the development and functionality of the app, before outlining the results of two preliminary studies implementing Paddle across three NHS Talking Therapies services. These studies have examined the feasibility, acceptability, and preliminary outcomes of the app, with findings suggesting it shows promise in supporting patients to collate therapy resources and monitor their wellbeing during and after treatment. It has demonstrated strong potential to improve rates of follow-up data collection, and this will be investigated further in an upcoming study.

Symposium 12

Improving access and engagement with CBT for Muslims.

Chair: Paul Farrand, University of Exeter

Decolonising mental healthcare for Muslims to improve outcomes for depression

Presenter: Ghazala Mir, University of Leeds
Authors: Robert West, University of Leeds; Shaista Meer, University of Leeds; Jinan Rabbee, University of Leeds; Ning Song, University of Leeds

BACKGROUND: Muslim communities in the UK are known to have poorer uptake of psychological therapies for depression than the general population. Poor engagement with Muslims has been linked to lack of therapist training on engaging with religious values and to Islamophobia and negative perceptions of religion in wider society. There is potential for therapists to exacerbate experiences of racism, which can be a trigger for depression, for Muslims who use mental health services. Staff in voluntary sector mental health services, who may have more expertise to engage with Muslim service users, are often not trained to deliver psychological therapies.

Culturally appropriate therapies are more effective than standard therapeutic models in addressing the needs of non-Western populations. Such approaches are promoted by international and UK policy bodies, however, faith-sensitive therapies have yet to be adopted at scale in these contexts, even in Muslim majority countries.

METHODS: We adapted Behavioural Activation, an evidence-based therapy for depression, to incorporate attention to Muslim faith identity and conducted a randomised control trial of the new approach (BA-M) in a city in the North of England. We trained therapists in primary care and voluntary sector mental health organisations to deliver BA-M and compared health outcomes for this therapy to those from standard support in primary care and voluntary sector organisations. We analysed depression
scores for 142 service users and interviewed 34 participants who had received, delivered or supervised BA-M about their experience. Qualitative data analysis used a framework approach.

RESULTS: We found significantly better results for BA-M compared to both Cognitive Behavioural Therapy and social interventions. Improved outcomes were explained by BA-M clients typically attending more sessions than those on standard therapy. Attention to Islam as a legitimate value framework increased client motivation, feelings of inclusion and trust, leading to better engagement. The approach created new care pathways and challenged racism and stereotypes within healthcare that could adversely affect Muslim service users.

DISCUSSION: This faith-sensitive approach used a non-Western knowledge framework to positively transform health service delivery, engagement and outcomes. The approach has potential for wider application, given that public services are a mechanism for social inclusion and exclusion in society.

Refining the Problem Solving Intervention to Enhance Acceptability and Addressing Implementation Barriers in the Kingdom of Saudi Arabia
Presenter: Hind AL Harbi, King Saud Medical City, Saudi Arabia
Authors: Paul Farrand, University of Exeter; Ana Adlam, University of Exeter

Introduction Previous research (e.g. Alhad et al., 2012; Alhabeeb) has highlighted several barriers that prevent Saudi from accessing evidence-based psychological therapies such as CBT. Therefore, there is a particular need for a culturally adapted intervention for Saudi. This paper aim to further understand the acceptability of the LI CBT problem solving intervention adapted by a range of stakeholders to better accommodate the Saudi culture to further enhance acceptability and address barriers to implementation.

Methods: The MRC Framework was adopted to inform the development of LICBT intervention to meet the unique needs of Sandi Muslim and maximise acceptability. Following a systematic review (Alharbi, Farrand & Laidlaw, 2023), and qualitative study with thematic analysis, the problem solving intervention was adapted. Therefore, 20 interviews were undertaken with Saudi Muslims (General, service related and Imamas participants) in Riyadh to consider intervention acceptability and inform implementation in Saudi Arabia with thematic analysis used to derive the main themes.

Results: The acceptability of the intervention appeared in three levels: Islamic- Cultural Implementation for Muslims in Riyadh. The Islamic theme included three sub-themes, with differences between the opinions of the General, service related groups and Imams group on these sub-themes, while in the Cultural theme, there was significant agreement between the three groups. In addition, the inclusion of LI CBT in Saudi services was identified as being acceptable, although barriers to implementation were identified that they recommend trying to address before employing LI CBT in Saudi mental health services.

Conclusion: With adaptations undertaken to recognise the influence of Islam and the Islamic culture, LICBT represents an acceptable evidence-based psychological therapy. However, cultural adaptation must be treated with Islamic and cultural levels. This
presentation will report results from a qualitative study to explore accessibility of LI CBT problem solving intervention.

Adapting Acceptance and commitment group therapy for Saudi Muslim females with mental health disorders
Presenter: Ahmad Al Hadi, King Saud University, Saudi Arabia
Authors: Mashael Bahattab, King Fahad Armed Forces Hospital, Saudi Arabia

Objective: This research aimed to assess the viability, acceptability, and clinical impact of implementing Acceptance and Commitment Therapy (ACT) in a group setting for Saudi women facing depression and anxiety disorders. The study sought to provide insights for clinicians in Saudi Arabia and similar Muslim communities, highlighting ACT as an emerging therapeutic approach for addressing depression, anxiety, and related conditions.

Methods: Eight women experiencing depression and anxiety in Riyadh city during 2017 participated in this qualitative study. Employing a group treatment protocol based on ACT, the sessions occurred once a week for 8 consecutive weeks, each lasting 1.5 hours. Thematic analysis was utilized to explore participant experiences, identifying and coding emerging themes.

Results: Preliminary findings indicated that ACT demonstrated promise as an effective and well-received therapeutic approach for Muslim Saudi women. The intervention showed potential in reducing symptoms of depression and anxiety, fostering positive changes in attitudes and behavior, and boosting self-confidence.

Conclusions: The ACT group therapy received positive feedback and was perceived as culturally and religiously acceptable by the Saudi Muslim female participants. These results suggest that ACT holds promise as a valuable tool for mitigating depression and anxiety, contributing to increased positive emotions, and enhancing the psychological well-being of Saudi women.

Sufism and cognitive behavioural therapy
Presenter: Farooq Naeem, University of Toronto, Canada

Sufism has a well-developed theory of human psychology that focuses on human relations. Central to this psychology is the concept of Nafs (Animal Soul), Qulb (Heart) and Ruh (Spirit). According to this theory, everyone is born with a pure heart and Nafs. However, when the Nafs becomes diseased, it becomes full of worldly desires. In its pure form, Nafs is called Nafs as Safiyyah. When diseased, Nafs has 7 major problems; Takabbur and Ujb (Grandiosity and Vanity), Tamaa (Greed), Shahwah (Lust), Hasad (Jealousy) Gheeba (Backbiting), Keena (Malice) and Bokhl (Stinginess). Symptoms of a diseased Nafs include anger, relationship problems, mood problems, anxiety, etc. These symptoms are similar to what we address in modern psychology, although we formulate them differently. Cognitive therapy (CT) is the most popular and evidence based therapy that is underpinned by Greek thinking, such as stoicism. Cognitive consider dysfunctional beliefs as the problem. Our thoughts come from our beliefs, and when dysfunctional beliefs are active, our thoughts cause emotional distress and relationship problems. In this talk, I will describe the similarities between the two
Schools of thought and how they are compatible with each other. Sufism-based CT can improve access to therapy for Muslim clients.

**Symposium 13**

**Advances in the understanding of anxiety and depression-linked biases in beliefs, expectancies, and their updating.**

Chair: Julie Ji, University of Plymouth

**Social evaluation learning in depression and social anxiety**

Presenter: Kate Button, University of Bath

Authors: Katherine Button, University of Bath; Janina Hoffmann, University of Bath; Catherine Hobbs, University of Bath; Michael Moutoussis, UCL

**Introduction**

Social evaluation learning refers to how individuals use incoming social information to infer what others are thinking. We have previously found that individuals show an optimism bias (better learning of positive relative to negative evaluations), which is negatively related to depression and anxiety symptoms. Here we investigated transdiagnostic similarities and differences in the mechanisms underlying this effect. Social anxiety and depression are characterised by fear of negative evaluation and anhedonia respectively. We hypothesised, that less optimistic social evaluation learning would be driven by increased sensitivity to threat (negative evaluation) in social anxiety, and decreased sensitivity to reward (positive evaluation) in depression.

**Method**

We used a range of computational approaches in two large datasets (mega-analysis of previous studies, n = 450; pre-registered replication study, n = 807), to investigate how depression (PHQ-9) and social anxiety (BFNE) symptoms related to social evaluation learning in a computerised task. Pre-registration https://osf.io/r3peu.

**Results**

Optimism bias was negatively associated with depression and social anxiety. Structural equation models suggested that for social anxiety this was due to increased sensitivity to negative evaluation in both datasets. Depression was associated with decreased sensitivity to positive self-evaluation in the mega-analysis, which was attenuated in the pre-registered data. Computational belief-based learning models further suggested that optimism bias was determined by less positive trait-like self-beliefs in both depression and social anxiety, with some evidence for a general blunting in belief updating in depression.

**Discussion**

Optimism bias may protect mental health, and a lack of this optimism in social anxiety and depression may maintain symptoms. Our findings suggest a common role for trait-like self-beliefs; the less positively one views oneself the less one expects and then learns favourable evaluation. Sensitivity to negative evaluation (threat) was particularly important in social anxiety. For depression, the evidence for reduced sensitivity to positive evaluation (reward) was mixed. Recognising such transdiagnostic similarities
and differences in social evaluation learning may inform approaches to personalizing treatment.

**Biased belief updating in depression – Psychological mechanisms and clinical implications**  
**Presenter:** Tobias Kube, University of Goettingen, Germany

Introduction: Decades of research have shown that depression is related to negative beliefs. However, recent research has suggested that it is not so much the content of beliefs that is aberrant in depression, but the inability to abandon negative beliefs. That is, most non-depressed people occasionally also have negative beliefs, but usually they revise such beliefs when receiving new positive information. People with depression, however, often fail to update negative beliefs.

Methods: In a series of experiments in clinical and subclinical samples, we assessed the nature and magnitude of this bias in belief updating in depression. Furthermore, we investigated possible underlying cognitive and affective mechanisms.

Results: We found that people with major depression (MD, n=58) revised negative performance expectations in response to positive performance feedback less than healthy control participants (n=59). On the other hand, people with MD (n=76) did not differ from healthy participants (n=81) in adjusting performance expectations in response to negative feedback. Another study in subclinically depressed people (n=59) investigated the devaluation of novel positive information, referred to as cognitive immunisation, as a possible cognitive mechanism of reduced positive belief updating. Indeed, we found that the degree of update was lowered if dismissive thoughts regarding the value of positive performance feedback were promoted. Conversely, a study examining an inpatient sample of patients with MD (n=113) found that increasing the perceived value of positive feedback enhanced the degree of update. In another two studies examining heterogeneous convenient samples (n=212, n=158), we found the devaluation of positive information to be particularly pronounced if information was extremely positive, as opposed to moderately positive. In addition to this cognitive mechanism, another study in an inpatient sample (n=81) found that the presence of negative affect, relative to positive affect, hindered positive belief updating.

Discussion: These findings provide novel insights into the psychopathology of depression by showing that it is related to a reduced update of negative beliefs by positive information, but not to an increased update by negative information. They also point to possible clinical applications (e.g., increasing the value of novel positive information and alleviating state negative affect before conducting experiential learning interventions).

**Less bang for my buck: Diminished anticipated enjoyment contributes to dysphoria-linked deficit in activity behavioural engagement choice**  
**Presenter:** Julie Ji, University of Plymouth

Authors: Julie Ji, University of Plymouth; Colin MacLeod, University of Western Australia

This study experimentally investigated the role of anticipated enjoyment and effort in mediating dysphoria-related deficit in activity engagement behavioural choice. Using a
novel activity information processing task (about a fictional “new” Nintendo Wii sports game called “Tornado Ball”), N = 249 participants (n = 95 High Dysphoria; n = 154 Low Dysphoria) were presented information about the benefits (enjoyable features) and costs (mental and physical effort barriers) as product reviews from another player. The order of cost vs. benefit information was manipulated such that participants either heard cost information before benefit information, or vice versa. They then rated what their anticipated enjoyment and effort will be if they were to play Tornado Ball, before being given the opportunity to choose to try it themselves or not. The High Dysphoria group reported lower anticipated enjoyment (but not higher effort) relative to the Low Dysphoria group, but only when cost information was presented first. Importantly, a moderated mediation showed that the high dysphoria group reported lower tendency to choose activity engagement (game play) as a function of having lower anticipated enjoyment, but only when cost information was presented first. The present finding indicate that reduced anticipated enjoyment may causally contribute to dysphoria-linked deficits in activity engagement behavioural choice.

Trait anxiety-linked biases in updating of expectancies: Examining the role of selective interrogation of information concerning potential stressors in high trait anxious individuals’ expectancies and affect
Presenter: Amelia Reynolds, University of Western Australia, Australia
Authors: Colin MacLeod, University of Western Australia; Ben Grafton, University of Western Australia

How we feel as we approach a future event often reflects what we expect of the event. For individuals with high trait anxiety, who tend to form relatively greater negative than positive expectancies (i.e., negatively biased expectancies), this means often experiencing greater inflation of negative than positive affect. Suitably, common cognitive interventions for anxiety target expectancies, seeking to alleviate symptoms via reducing, or updating, existing negatively biased expectancies. However, the existing research on trait anxiety-linked expectancies focuses on the formation of expectancies, rather than the updating of existing expectancies. So, to address this clinically relevant gap in our understanding, we examined a potential mechanism operating during expectancy updating: Selective interrogation of more negative than positive information concerning potential stressors (i.e., negative interrogation bias).

Specifically, the present study examined whether high trait anxious individuals display negative interrogation bias during expectancy updating, and the role this bias potentially plays in trait anxiety-linked expectancies and affect. High and low trait anxious participants (N = 279) were informed at the outset of the testing session that they may view a potentially stressful film. Participants then completed an experimental induction of expectancies concerning the film-viewing and subsequently, updated these expectancies via selectively interrogating negative and positive information concerning the film-viewing. The proportion of negative information selected by each participant was taken as a measure of their negative interrogation bias. Measures of expectancies and affect were taken before and after the expectancy induction and updating.

The results indicated that, during expectancy updating, high trait anxious participants displayed greater negative interrogation bias than low trait anxious participants; After
which they also reported greater negatively biased expectancies and relative inflation of negative affect. Moreover, an indirect association between trait anxiety and relative inflation of negative affect was serially mediated by negative interrogation bias and negatively biased expectancies, in that order. Findings are discussed with regards to limitations and potential implications for cognitive interventions for anxiety, and more broadly, for public health campaigns and other interventions which seek to update expectancies.

**From Information to Worry: How Selective Interrogation of Information Shapes Expectancies in the Prenatal Period**

**Presenter:** Mahdi Mazidi, University of Western Australia, Australia  
**Authors:** Mahdi Mazidi, Centre for the Advancement of Research on Emotion, The University of Western Australia, Crawley, WA, Australia; Ben Grafton, Centre for the Advancement of Research on Emotion, The University of Western Australia, Crawley, WA, Australia; Michelle Moulds, School of Psychology, UNSW Sydney, NSW, Australia; Jill Newby, Black Dog Institute, Sydney, NSW, Australia; Colin MacLeod, Centre for the Advancement of Research on Emotion, The University of Western Australia, Crawley, WA, Australia

Introduction: The current study explored the association between elevated prenatal worry and negative expectancies about parenthood and the potential cognitive mechanisms driving such expectancies. Two main hypotheses were examined: First, that negative expectancies about parenthood contribute to elevated prenatal worry, and second, negative selective interrogation of information about parenthood contributes to the formation of more negative expectancies about parenthood. Method: The study recruited 92 first-time pregnant women and evaluated their prenatal worry, parenthood expectancies, and tendency to volitionally choose negative rather than positive information about parenthood (i.e., demonstrate a negative interrogation bias). Results: Our findings revealed a significant association between negative expectancies about parenthood and elevated prenatal worry. Additionally, those with a negative interrogation bias were more likely to hold negative expectancies concerning parenthood. The relationship between this bias and prenatal worry was mediated by negative expectancies. Discussion: Findings are discussed with regards to limitations and potential implications for expectancy-focused interventions for prenatal worry.

**Symposium 14**

**Treating prolonged grief disorder in NHS-TT settings**

**Chair:** Barney Dunn, University of Exeter

**Prolonged grief therapy (PGT) as a treatment for stuck bereavement: An overview of the treatment model and review of a high intensity training pathway implemented in an NHS Talking Therapy Service**

**Presenter:** Megan Colletta, AccEPT Clinic, Exeter

**Background:**
Evidence based psychotherapies for complex, prolonged grief disorder have been developed but are not routinely available in the UK NHS. One such treatment is prolonged grief therapy (PGT), developed by Shear et al in the US, which has potential to be deployed in NHS Talking Therapy (NHS-TT) settings for clients with stuck grief alongside depression and anxiety.

Method, Results and Discussion:

This talk will provide a brief overview of PGT treatment and describe a training pathway that was developed to up skill therapists to be able to deliver it. A cohort of self-selected, experienced Devon NHS TT CBT therapists were trained and supervised in PGT while treating initial cases to evaluate feasibility before delivering the model on scale in NHS TT settings. Training consisted of two initial half-day workshops, skills training via an online training platform for PGT, and first weekly then monthly two-hour supervision sessions, while providing treatment to clients who met clinical criteria for PGD. Implications for the feasibility of supervising PGDT in NHS-TT and broader settings will be explored, and suggestions for best practices will be highlighted for future iterations of this training pathway.

Treating prolonged grief disorder in NHS Talking Therapy settings: An illustrative case Study
Presenter: Sarah Goff, Devon Partnership NHs Foundation Trust

Background

Some individuals after experiencing a bereavement can become stuck in intense, disabling grief, which is now recognised as ‘prolonged grief disorder’ in diagnostic frameworks. Current management of grief is to primarily refer individuals onto VCSE support, including grief counselling. This is helpful for many but can struggle to manage complex, stuck grief that often co-occurs alongside depression, anxiety and PTSD in prolonged grief disorder. Evidence based psychotherapies for complex, prolonged grief disorder have been developed but are not routinely available in the UK NHS. A prolonged grief disorder care (high intensity therapy) pathway has recently been established in a Devon NHS Talking Therapies for Anxiety and Depression Service (NHS-TTad), delivering Shear’s prolonged grief therapy (Shear et al., 2001). This sixteen-session individual protocol has been shown to effectively manage prolonged grief disorder in a number of RCTs conducted in the US, with superior outcomes compared to anti-depressant medication or Interpersonal Psychotherapy.

Method, Results and Discussion

To illustrate the patient experience of treatment within the PGT pathway, this talk will present a case example of an individual who received the treatment during the implementation phase of this quality improvement project (including clinical outcome data and an assessment of the broader impact of treatment).
Feasibility and acceptability of the intervention in the case example and implications for clinical practice will be discussed.

A Service evaluation of the feasibility, acceptability, and effectiveness of Prolonged Grief Disorder therapy as a Step 3 Intervention in NHS Talking Therapies
Presenter: James Carson, University of Exeter

Background

For some, after bereavement, grief can become persistent, developing into a prolonged grief reaction, often accompanied by depression, anxiety, and functional impairments. This service evaluation used routine outcome data to examine the feasibility, acceptability, and effectiveness of Prolonged Grief Therapy (PGT), an evidence-based treatment for Prolonged Grief, in a U.K. National Healthcare Service setting.

Methods

Within NHS Talking Therapy Services there is no current provision for Prolonged Grief. A pilot Prolonged Grief pathway was established in TALKWORKS, an NHS-TT Service in Devon, in which experienced CBT therapists were trained to deliver PGT. A retrospective case series design was used to examine feasibility, acceptability, and preliminary effectiveness for treating prolonged grief, along with co-morbid anxiety, depression, and impaired functioning.

Results

Between April 2022 and August 2023, 14 therapists were trained in PGT and 50 clients engaged with the treatment pathway, all scoring above clinical cut-offs on the BGQ and meeting NHS-TT threshold for clinically significant anxiety and/or depression at intake. Mean sessions attended was 10.18 (SD=6.44), with 80% of participants completing a minimum adequate dose of therapy (> 4 sessions). There were large effect sizes, statistically significant improvements in depression, anxiety, grief, and functioning (Cohen’s ds 1.06 to 2.64, ps<.001). Clinical responses exceeded national NHS-TT targets for depression and anxiety response (81% reliable improvement; 76% recovery; 70% reliable recovery). In a subset of clients with pre and post BGQ data (n=32), 100% showed reliable improvement and 81% moved into the non-clinical range of the BQG. These interim analyses will be updated with additional data.

Discussion

PGT is a feasible, acceptable, and effective treatment for prolonged grief that can be implemented in an NHS-TT setting, showing promise as service within the UK NHS that can meet the clinical needs of those suffering prolonged grief reactions.

A single-site qualitative study exploring clients’ and therapists’ views and experiences of a pilot Prolonged Grief Therapy pathway in NHS Talking Therapies
Presenter: Maria King, University of Exeter
Background

Currently, there is increased research interest in interventions which aim to address symptoms associated with grief that does not resolve over time, known as complicated or prolonged clinical presentations. Prolonged grief therapy (PGT) has been proven effective at resolving ‘stuck’ grief reactions in several high-quality randomised controlled trials. However, despite a growing body of literature supporting the effectiveness of PGT, there is a paucity of qualitative data that explores clients’ and therapists’ views and experiences of the model in practice. It is crucial that any roll-out of PGT in the UK is informed by the lived experience voice, as well as those training in and delivering the intervention in NHS contexts. Therefore, this study aimed to provide an in-depth qualitative evaluation to contribute to the broader understanding of impacts, mechanisms of change, and contextual modifying factors, which could help facilitate more wide-spread implementation.

Methods

A pilot prolonged grief pathway was established in Devon NHS Talking Therapies which involved experienced CBT therapists undertaking training to deliver PGT, and close monitoring of clinical outcome data. A subset of clients treated with PGT, and therapists delivering PGT took part in one-hour qualitative interviews with a researcher.

Results

Interviews were conducted with 11 clients and 5 therapists, aimed at exploring client and therapist views of the impact of PGT on clients, perceived mechanisms of change in PGT, barriers and facilitators to engagement and implementation, contextual modifying factors, the training and supervision pathway, and what wellbeing scaffolds therapists require to support them in the work. Consistent with the UK Medical Research Council process evaluation framework, data is currently being analysed using the Framework method. This analysis will be presented in full at the conference.

Discussion

Implications for the implementation of PGT in NHS-TT and broader settings will be discussed and suggestions about how to further refine the training and implementation of PGT explored.

Symposium 15

Innovations in treatment for young people with depression

Chair: Rebecca Dean, University of Sussex

Self-evaluation as an active ingredient in the experience and treatment of adolescent depression; an integrated scoping review with expert advisory input

Presenter: Faith Orchard, University of Sussex
Introduction: Negative self-perceptions is one of the most common symptoms of depression in young people, and has been found to be strongly associated with severity of depression symptoms. Psychological treatments for adolescent depression are only moderately effective. Understanding the role and importance of these self-perceptions may help to inform and improve treatments. This presentation will report on findings from one of the Wellcome Trust Active Ingredients reviews.

Methods: We conducted a scoping review which included quantitative and qualitative studies of any design that reported on self-evaluation as a characteristic of, or focus of treatment for, adolescent depression Participants were required to be 11–24 years and experiencing elevated symptoms of depression or a diagnosis. We also met with 14 expert advisory groups of young people with lived experience, clinicians, and researchers, for their input. Findings from 46 peer-reviewed research studies are presented alongside views of 64 expert advisors, to identify what is known and what is missing in the literature.

Results: Three overarching topics were identified following the review and reflections from advisors: 1) What does it look like? 2) Where does it come from? and 3) How can we change it? The literature identified that young people view themselves more negatively and less positively when depressed, however expert advisors explained that view of self is complex and varies for each individual. Literature identified preliminary evidence of a bidirectional relationship between self-evaluation and depression, however, advisors raised questions regarding the influences and mechanisms involved, such as being influenced by the social environment, and by the cognitive capacity of the individual. Finally, there was a consensus from the literature and expert advisors that self-evaluation can improve across treatment. However, research literature was limited, with only 11 identified studies covering a diverse range of interventions and self-evaluation measures. Various barriers and facilitators to working on self-evaluation in treatment were highlighted by advisors, as well as suggestions for treatment approaches.

Discussion: Findings indicate the importance of self-evaluation in adolescent depression, but highlight the need for more research on which treatments and treatment components are most effective in changing self-evaluation.

Mental images of the self in young people with depression and low mood: Findings from a qualitative photo elicitation study
Presenter: Rebecca Dean, University of Sussex
Authors: Rebecca Dean, University of Sussex; Faith Orchard, University of Sussex; Victoria Pile, King's College London; Kate Lester, University of Sussex
Mental images are closely linked with the self, as how we perceive ourselves is represented through our mental imagery (Stopa & Beck, 2021). Given the role of the self within the cognitive model of depression, it is possible that we may be able to harness mental self-imagery to improve how young people perceive themselves within treatments for depression. Qualitative explorations of young people’s experiences are necessary to better understand the relationship between mental self-imagery and low mood and their preferences for treatment, to inform the development of targeted interventions.

Eighteen young people aged 14-21 years old with lived experience of depression or persistent low mood participated in a photo elicitation study. Participants were asked to take around five photos, over the course of a week, that represented the mental images they had of themselves. Online qualitative interviews were structured around the photos that had been taken, which were used to explore the mental self-images that participants experienced and the image’s relationship with mood. Previous experiences of treatment were also discussed, along with participants’ preferences for support and whether they would want mental imagery of the self to be targeted in future interventions.

The majority of participants engaged positively with the methodology, with some choosing to use photo editing tools to better demonstrate their mental imagery. Other young people opted to share photos that they had found online which represented their experiences. Many participants noted that the task was challenging, but that it helped them to identify their mental self-images in advance of the interview, which better prepared them to answer questions about their experiences.

In the presentation, results of a reflexive thematic analysis will be explored, focusing on the characteristics of mental imagery experienced by participants, how mental self-imagery relates to mood, and treatment preferences will be examined. This will be accompanied by quotes and examples of photos taken by participants. Implications for research and clinical practice will be discussed.

Imagine a brighter future: targeting anhedonia in adolescent depression using a positive imagery-based early intervention
Presenter: Taryn Hutchinson Victoria Pile, King’s College London
Authors: Jennifer Lau, Queen Mary University of London; Patrick Smith, King’s College London; Victoria Pile, King’s College London

Introduction: Impoverished positive future mental imagery is associated with symptoms of anhedonia in adolescents (Hutchinson et al., 2023), and generating positive mental imagery has shown promising initial results in reducing anhedonia in adults. However, such treatment innovations are lacking for adolescents. Therefore, we have adapted a brief imagery-based intervention (IMAGINE), which has shown encouraging results in reducing symptoms of depression in young people (Pile et al., 2021), to focus specifically on reducing symptoms of anhedonia (IMAGINE-Positive). We augmented positive mental imagery generation with techniques to upregulate positive affect, as well as disrupt cognitive processes that reduce positive affect. Here, we present the
findings from two case series studies exploring the feasibility and acceptability of IMAGINE-Positive.

Method: Across two case series, 15 young people (aged 16-19 years) received IMAGINE-Positive (8 in the first, and 7 in the second, mixed-methods, case series). In both studies, we collected feasibility and acceptability data of IMAGINE-Positive, and examined changes in symptoms of depression and anhedonia, and also in targeted cognitive mechanisms, including future mental imagery vividness and memory specificity. In the second case series, we also used framework analysis to identify what participants perceived to be the barriers and facilitators to IMAGINE-Positive, and the active ingredients and valued outcomes of the intervention.

Results: Overall, IMAGINE-Positive is feasible to deliver in school-settings, and the qualitative findings inform on ways to improve feasibility in future studies. Additionally, IMAGINE-Positive was acceptable to young people. Following the intervention, symptoms of depression and anhedonia reduced, whilst the vividness of positive future imagery and memory specificity increased, and these were maintained at three-month follow-up. Four themes were identified as active ingredients of IMAGINE-Positive, and fives themes were identified as valued outcomes by the participants who completed the intervention.

Discussion: Treatment innovations for adolescent depression are greatly needed and the findings from our two case series suggest that targeting anhedonia using positive mental imagery is a novel and promising approach. However, due to the small sample size and lack of control condition, future randomised controlled trials are needed to further evaluate the efficacy of IMAGINE-Positive.

Prevalence, characteristics, and treatment outcomes of fatigue in adolescent depression: Findings from an exploratory secondary analysis of the IMPACT study

Presenter: Nina Higson-Sweeney, University of Bath
Authors: Barney Dunn, University of Exeter; Kate Cooper, University College London; Shirley Reynolds, Child Mind Institute; Ian Goodyer, University of Cambridge; Maria Loades, University of Bath

Introduction: Fatigue is a highly disabling symptom of depression that is associated with numerous detrimental outcomes and is not effectively treated in adults. Outcomes may be similar for adolescents with depression, but minimal research has been conducted in this area. Little is known about whether current psychological treatments for depression address the symptom of fatigue, nor what clinical or demographic characteristics may be indicative of its presence.

Methods: An exploratory secondary analysis was conducted using data from the IMPACT study, which was a large-scale trial of 465 clinically diagnosed depressed adolescents randomised to receive one of three psychological treatments. Fatigue was measured as a continuous (fatigue severity) and binary variable (fatigue status; fatigued versus non-fatigued) using items from the MFQ and K-SADS. The study explored the prevalence of fatigue, associated clinical and demographic characteristics, changes in fatigue following psychological treatment, and whether fatigue at baseline predicted improvements in depression severity and psychosocial functioning following treatment.

Results: Clinically significant fatigue was reported by 73% of the sample on the MFQ and K-SADS at baseline, although correlations between the two were small, indicating a
lack of alignment. Fatigue status and severity on the MFQ and K-SADS were consistently associated with older age and higher depression severity. On the MFQ only, fatigue was also associated with identifying as non-White, reporting more comorbid diagnoses, and experiencing higher psychosocial impairment. However, fatigue severity and status did significantly decrease across all timepoints irrespective of treatment and did not predict improvements in depression severity and psychosocial functioning at 36-weeks. However, up to one third of depressed adolescents reported residual fatigue at 86-weeks follow-up.

Conclusions: Fatigue is a common symptom of adolescent depression that is associated with older age and higher depression severity. Unlike the adult literature, currently available psychological treatments for depression do seem to reduce levels of fatigue in adolescents, and its presence does not seem to impact improvements in depression severity or psychosocial functioning. Despite this, fatigue still seems to be a common residual symptom of adolescent depression, indicating that whilst these treatments may be effective for some, they do not work for everyone.

**Supporting the supporters: initial findings from a project developing a parent-directed single-session intervention for adolescent depression**

**Presenter:** Natalia Kika, University of Bath  
**Authors:** Maria Loades, University of Bath; Jeffrey Lambert, University of Bath; Vuokko Wallace, University of Bath; Shirley Reynolds, Child Mind Institute

**Background:**

Parents and caregivers play an important role in enabling and supporting treatment, including CBT, for adolescent depression. Although some parent-directed interventions are available, barriers such as stigma, the need for continuous attendance and reaching out to mental health services may prevent parents from accessing them at the early help stage. Therefore, the need remains for scalable, easily accessible, parent-directed interventions which equip parents with the skills to support their child either as a standalone, early help intervention, or while awaiting or undergoing treatment. This presentation will report on the current progress of the first two studies in a programme of work aiming to develop an online self-help single-session intervention for parents of adolescents with depression symptoms, and outline the next steps for intervention development.

**Ongoing research:**

The two ongoing studies will inform the design of the single-session intervention together with existing literature on parental factors in the development and maintenance of teenage depression, and CBT principles:

1) a systematic review and meta synthesis of parents’ experiences with adolescent depression, including their views on existing support avenues, experiences with mental health services, and what their needs are when it comes to caring for their child. We will
report on the preliminary findings and what we can learn from parents who have already had the experience of help-seeking and supporting a teen with depression.

2) a qualitative study consisting of parent interviews on where and how they look for early support when they become concerned about their adolescent child’s low mood, and what they would find useful in a single-session intervention to help them support the young person. The findings will help us identify the key message for the intervention and where on the internet to embed it once it has been built and tested.

Future steps:

In addition to the preliminary findings of the two studies, we will outline the next steps for the development of the pilot intervention which will be co-designed with a parent advisory group and subsequently tested for its acceptability and feasibility.

**Symposium 16**

**Climate distress in the community, the café, and the clinic**

Chair: Liz Marks, University of Bath

**Extreme Weather, Climate Change and Uncertainty Distress: The Role of Disruption**

Presenter: Mark Freeston, Newcastle University
Authors: Sean Gan, Newcastle University; Emily Cross, Newcastle University; Maxime Levasseur, Newcastle University; Katie Pipes, Newcastle University

Introduction: One way of understanding the psychological impacts of climate change is in terms of uncertainty distress (UD, Freeston et al., 2020). Freeston et al. (2024) combined measures from the psychology of climate change (CC) literature, variables from the UD model, together with symptoms of adjustment disorder and post-traumatic stress (PTS). Using network analysis, they found support for parts of the model, but also important differences. The aim of this study was to replicate the study with improved measures of some constructs, especially perceived disruption to one’s life because of extreme weather or climate change.

Method: The survey was conducted on the survey platform Qualtrics with a convenience sample, mainly UK based (N = 308). They completed measures of exposure to extreme weather events, CC concern, psychological distance of CC, and improved measures of CC distress, pro-environmental behaviour, extreme weather, and subjective disruption due to CC. Variables from the UD model were also measured. Brief screening measures were also administered.

Results: Overall, the network showed a high degree of similarity to the initial study, with proximity of CC, perceived uncertainty and uncertainty reducing behaviours (URBs) playing key roles. The greatest difference was the more central position of disruption in the network while situational intolerance of uncertainty was more peripheral. Disruption was linked to CC concern, distress, and action as well as to URBs and information seeking. It was also linked to extreme weather and symptoms of adjustment disorder and PTS.
Discussion: It is likely that more comprehensive measurement of disruption resulted in this theoretically important construct playing a more central role. In the UD model, disruption results in feelings of unsafety, which is the basis of the felt sense that people who are intolerant of uncertainty find so aversive. The study highlights that although current and future threats of climate change are very real and upsetting for many people, the sense of disruption to everyday life already experienced through the joint effects of extreme weather and climate change contribute to the psychological impact and to potential distress maintaining cycles. The degree of disruption will increase over time reinforcing the urgency of measures to slow climate change and mitigate its effects, but to also help people develop ways to increase their sense of safety despite the disruption.

What Happens in Climate Cafés?: Exploring Responses to the Psychological Burdens of Climate Change in Seven UK Women
Presenter: Luis Calabria, University of Bath
Authors: Elizabeth Marks, University of Bath

Introduction: As humanity faces a future of rising global temperatures, and associated extreme weather events, distressing emotional responses are understandable, but often silenced. Climate Cafés are unique, dedicated spaces where such responses can be shared and validated with others.

Methods: Semi-structured interviews were conducted with attendees of Climate Cafés facilitated by the Climate Psychology Alliance (CPA). An initial interview of 45 minutes was followed by a shorter follow-up interview 3 months later. Interpretative Phenomenological Analysis (IPA) methodology was used with seven female participants.

Results: Four superordinate themes were identified: (1) Having a keen awareness of threats to planetary health, (2) Action taken in the face of climate change, (3) Journeying from isolation to connection, and (4) Legacy of Climate Cafés'. Participants described positive experiences both during and after the Climate Cafés, particularly having their concerns heard and validated, being with others who share their worldview, and feeling more connected.

Discussion: Attending Climate Cafés appears to offer important support to people experiencing distress related to the climate and ecological emergencies. Findings are discussed in light of the Compassion Focused Therapy (CFT) ‘Three Systems’ model which offers a unifying theoretical conceptualisation, which is relevant to future development and research in this area in the field of third wave cognitive behavioural therapies.

It's Not All About Anxiety: Emotional Responses to Climate Change and Pro-Environmental Behaviour
Presenter: Sean Gan, Newcastle University
Authors: Sean Gan, Newcastle University; Cooper Adam, Threads in the Ground; Mark Freeston, Newcastle University
Introduction: Recently the notion of climate change anxiety has been broadened to distress, including loss, and emotions associated with moral injury. Likewise, different pro-environmental behaviours have often been treated simply as parts of a unidimensional construct. Different types of behaviour may require different types of commitment, or may be driven by different emotions. The aim of this study is to consider a range of different emotions and “unpack” pro-environmental behaviours in order to explore the relationships between them.

Method: The survey was conducted on the survey platform Qualtrics using a sampling service which has an international vetted survey pool. Participants’ degree of concern about environmental concern was 3 or greater on a 1-5 scale. There were more than 400 international participants, fairly evenly split on gender. They completed measures of exposure to extreme weather events, climate change concern, climate change distress, psychological distance of climate change, and pro-environmental behaviour.

Results: Loss and anger generally had stronger correlations with all behaviours, followed by anxiety, despair and shame. However, network analysis considers partial correlations, when the overlap has been removed and showed differential associations between emotions and the various behaviours. Hope was positively related to low effort "concerned citizen" behaviours, while hope and anger were related to more activist behaviours. Willingness to incur costs to mitigate climate change was associated with both anger and the opposite of apathy, indicating engagement. Consumer choices were associated with shame. Finally, fundamental lifestyle changes were associated with both loss and gratitude.

Discussion: The results of the network illustrate the complexity of emotional responses specifically to climate change. The role of anxiety may have been overstated in some research, simply because it has often been measured by itself rather than alongside other emotions. The main limitations are the use of cross-sectional data and a generally educated, English-speaking sample. From the standpoint of an individual person, consideration of the emotional impact of different types of behavioural responses is necessary. Developing an ongoing awareness of one’s emotional state will be needed. For those engaged in activism, emotional self-care will be necessary to avoid the risk of possible burnout.

Note: Joint first authors

**A CBT approach to Eco-Distress: Results and lessons from a Single Case Study**

**Presenter:** Liz Marks, University of Bath

Introduction: The climate and ecological crises have severe implications for planetary and human health. Eco-distress is one impact, and describes a range of often painful thoughts and feelings that arise alongside increasing aware of the realities of the threats we face. It is thus both a rational response and a painful experience. CBT therapists need to consider the best ways of working with clients reporting eco-distress.

Methods: This single case experimental design describes the experiences of a 34-year-old British woman who presented to therapy with eco-distress associated with anxiety and low mood. A Cognitive Behavioural formulation was co-developed, from which a treatment protocol was followed. Seven on-line CBT sessions were completed, with a
six-week follow up. Levels of anxiety, depression and climate emotions were assessed at baseline, each session and at follow ups.

Results: Symptoms of anxiety and low mood improved. Improvement was seen in some clusters of eco-emotions, but not others. Qualitative feedback indicated a high level of satisfaction with outcome, including a belief that attempting to completely remove eco-distress was unhelpful and unrealistic, and the patient’s relationship to their eco-distress was changed, from something undesirable, to an important sign of their humanity and care for the world.

Conclusion: Adapting existing models of CBT for working with eco-emotions is a potentially helpful approach. Important considerations for this way of working are discussed, including what a successful outcome means. Implications for future research is considered.

Symposium 17

Effectively integrating AI into the clinic room: Examples of differing approaches and methods

Chair: James Tait, University of Sheffield

Predicting the outcome of trauma-focussed CBT for PTSD: A comparison of machine learning methods

Presenter: James Tait, University of Sheffield
Authors: Stephen Kellett, RDaSH NHS Foundation Trust; Jaime Delgadillo, University of Sheffield

Introduction: Due to individual differences, some patients with PTSD may be more likely to respond to one treatment than another. Using machine learning (ML), it may be possible to identify these patients from their pre-treatment data and recommend their optimal treatment. However, some ML methods may be better suited to this specific task than others, and the aim of the current study is to investigate this.

Method: This study will use anonymised patient data from eight NHS trusts between 2014 and 2017. A large (N &gt; 2000) sample of patients who accessed trauma-focussed CBT for PTSD will be split into training and test datasets containing data from different geographical locations in England to enable a strong test of out-of-sample generalizability. Six ML methods, representing different families of supervised ML (e.g., linear models, penalized regressions, Bayesian models, decision trees, neural networks) will predict treatment outcome (reliable change vs. no reliable change) from pre-treatment data in the training set. Models will be optimised and compared using internal cross-validation and the best performing model will be evaluated in the test set. Logistic regression will be performed to assess whether ML models offer any incremental prediction accuracy over simpler models. The size of the training set will be iteratively restricted to explore the effect of sample size on performance.

Results: Data analysis is scheduled for completion June 2024. Appropriate model evaluation statistics (AUC, +/- predictive values, model shrinkage) and calibration plots will be reported.
Discussion: Implications of the results for precision mental healthcare research will be discussed. Identifying the most accurate method of predicting outcomes is the first step towards developing a PTSD treatment selection algorithm for NHS Talking Therapies, which has the potential to significantly improve treatment outcomes.

**Personalised treatment for anxiety disorder: the use of machine learning to identify subtypes of GAD and their response to evidence-based treatments**

**Presenter:** Amy Otter, University of Sheffield  
**Authors:** Jaime Delgadillo, The University of Sheffield; Michael Barkham, The University of Sheffield

Background: It is well documented that treatments for anxiety disorder have a recovery rate of around 50-60%. Looking to improve treatment outcomes and remission rates, recent research investigating treatment selection and outcome prediction methods have suggested that predicting response to psychotherapy, and personalising treatment based on a client’s symptom profile could be effective. The aim of the current study was to use machine learning methods to identify symptom subtypes of generalised anxiety disorder and to investigate how the identified subtypes could be used to predict response to available evidence-based treatments for anxiety disorder and inform treatment selection. Methods: Self-organising maps were applied to a routine care dataset to identify specific combinations of symptoms, measured at the initial assessment session. Regression analyses were then conducted to test whether the identified subtypes could predict treatment outcome at step 2 and step 3. Results: 12 symptom subtypes of GAD were identified and were found to predict treatment outcome, with subtypes responding differentially to available treatments. Conclusions: These findings add to the evidence base for the use of personalised treatment for patients with anxiety disorder. The effectiveness and clinical utility of personalised treatment and outcome prediction methods in routine mental healthcare will also be discussed.

**A mixed methods evaluation of implementing an anti-depressant selection tool into General Practice**

**Presenter:** Stephen Kellett, Rotherham Doncaster and South Humber NHS Foundation Trust  
**Authors:** Stephen Kellett, RDaSH NHS Foundation Trust; Mel Simmonds-Buckley, RDaSH NHS Foundation Trust; Mike Seneviratne, RDaSH NHS Foundation Trust; Rachel Merritt, RDaSH NHS Foundation Trust; Katherine Morgan, University of Sheffield

Depression is most often managed pharmacologically in Primary Care, but 6/10 patients are initially prescribed an inappropriate antidepressant medication. ‘Predictix’ is a clinical assessment tool that assesses symptoms of depression and socio-demographic factors which then uses machine learning to select the most likely efficacious antidepressant. Whilst this has been tested in other other countries in terms of effectiveness, no field trials have been previously conducted in the UK. This study therefore conducted a mixed methods evaluation of integrating the Predictix system into N=2 GP practices based in England. Twenty-two patient participants went
through the Predictix process and they were assessed via Predictix by four PWPs. Two study groups were created (a) those in which the GP agreed with Predictix (N=19) and (b) the second where the GP overrode the Predictix decision (N=3). GPs, patients and PWPs were also interviewed. The talk will present the mixed methods evaluation in terms of the anti-depressants prescribed, associated recovery rates in each study group and also present conceptual maps of the qualitative data from GPs, patients and PWPs. This talk will conclude with presenting the learning from the project in terms of feasibility and acceptability.

**Symposium 18**

**Understanding Who Changes and How During Psychological Treatments for Anxiety Disorders**

**Chair:** Vera Bouwman, Utrecht University, The Netherlands

**The combined effects of exposure and CBM-I in the context of acrophobia**

**Presenter:** Marcella Woud, Georg-August-Universität Göttingen, Germany

**Authors:** Marcella Woud, University of Göttingen; Beray Macit, Ruhr-University Bochum; Annalisa Lipp, Ruhr-University Bochum; Armin Zlomuzica, Ruhr-University Bochum; Jürgen Margraf, Ruhr-University Bochum; Simon Blackwell, University of Göttingen

**Introduction:** This study aimed to enhance exposure therapy efficacy for acrophobia by investigating the potential augmentation through Cognitive Bias Modification-Interpretation (CBM-I) training compared to sham training.

**Methods:** Data from a randomized controlled trial (NCT05780203) involving acrophobic patients (N=80) will be presented. One week after a baseline assessment, patients received a one-session exposure therapy. The next day, patients were randomized to receive either CBM-I training (N = 40) or sham training (N = 40), followed by a post-assessment. One month later, patients completed a follow-up assessment. During all assessments, interpretational processing was measured via the Encoding Recognition Task (ERT) and the Heights Interpretation Questionnaire (HIQ); anxiety-relevant behavior was assessed via a Behavioral Approach Test (BAT).

**Results:** In intention-to-treat analyses, patients receiving CBM-I showed greater reductions in interpretational processing biases on the ERT from baseline to post-training compared to those receiving sham training (primary outcome). However, no such between-group difference in change was found from baseline to follow-up. Regarding the HIQ and BAT, no between-group changes were found, neither from baseline to post-assessment, nor from baseline to follow-up.

**Discussion:** While CBM-I training, in combination with exposure, demonstrated the potential to reduce interpretational processing biases assessed via the ERT, no transfer to another cognitive task or a behavioral task was observed. These findings could contribute to a more fine-grained understanding of the cognitive mechanisms in exposure therapy for acrophobia and highlight the need for further research in the context of exposure-based treatments.

**Does 'threat deflation' reduce anticipatory anxiety?**

**Presenter:** Iris Engelhard, Utrecht University, The Netherlands
According to cognitive and behavioral models of anxiety disorders, the degree of learned fear is determined by (1) the expectancy that threat will occur and (2) anticipated threat severity. Exposure therapy is generally an effective treatment for anxiety disorders, and typically focuses on the first mechanism: through repeated exposure to feared objects and situations, patients can learn corrective safety information that inhibits their threat expectancies (Craske et al., 2023). However, for some patients, exposure does not bring clinically meaningful reduction in symptoms. In fact, research has shown that anxiety patients show deficits in learning safety information (Duits et al., 2015) and heightened fear generalization (Cooper et al., 2022). An alternative approach to reduce focuses on the second mechanism: anticipated threat severity. In this presentation, I will present earlier experiments in which we manipulated anticipated threat severity (“threat inflation”) to increase fear (e.g., van Dis et al., 2024). I will also present new research in which we examined whether weakening anticipated threat severity with imagery-based techniques (threat deflation) decreases fear. We used a two-day paradigm to investigate in individuals with performance anxiety whether threat deflation, compared to a passive control intervention, reduces later anticipatory anxiety. This data collection has been finished and findings will be presented. I will also discuss how this novel approach to treating anxiety disorders works and who it works for.

Response to one Exposure Exercise as a Dynamic Predictor of Subsequent Treatment Outcome in Fear of Public Speaking

Presenter: Elske Salemink, Utrecht University, The Netherlands
Authors: Vera Bouwman, Utrecht University, the Netherlands; Andre Pittig, Georg-August-University of Göttingen, Germany; Iris Engelhard, Utrecht University, the Netherlands

Introduction
Exposure therapy is generally effective in reducing anxiety. However, not everyone benefits from exposure. The aim of this pre-registered study is to better predict exposure therapy outcome based on the dynamic response to an experimental perturbation in a sample with fear of public speaking. Based on the process of critical slowing down from the Dynamic System Theory, it is hypothesized that longer maintenance of learning during an exposure exercise perturbation (that is a slower recovery of threat expectancy likelihood) is predictive of a greater decrease in fear of public speaking after exposure therapy.

Method
The experimental perturbation is a short exposure exercise designed to induce violation and decreases of the likelihood of an idiosyncratic threat expectancy related to speaking in public. Threat expectancy likelihood will be repeatedly measured in daily life using an Experience Sampling Method (ESM) to establish the dynamic response. Hereafter, one-session exposure therapy will be offered including psychoeducation and multiple behavioral experiments testing idiosyncratic threat expectancies with the goal to decrease fear of public speaking.
Results
Therapy outcome will be predicted by the recovery slope of threat expectancy likelihood after the experimental perturbation. The data collection is ongoing (currently, 18 individuals are participating). Results from an earlier study with 70 individuals with subclinical public speaking anxiety already showed the impact of the perturbation on the likelihood of threat expectancy and individual differences in the maintenance (recovery slopes) of this likelihood after the exposure exercise. On average, threat expectancy likelihood significantly dropped during exposure and this translated to daily life as ESM threat expectancy likelihood significantly dropped as well. There were individual differences in the maintenance of learning; while around 40% of participants returned to their pre-exposure exercise state, around 38% of participants maintained their drop in threat expectancy likelihood.

Discussion
There is variability in the learning response to the experimental perturbation and it will be tested whether longer maintenance of this learning is associated with a greater decrease in fear of public speaking symptoms after exposure therapy. The experimental perturbation can be seen as a trial session, to test whether the chosen treatment will likely be a good fit.

Response Pattern to First Critical Session in Metacognitive Therapy as Predictor of Outcome in Anxiety
Presenter: Vera Bouwman, Utrecht University, The Netherlands
Authors: Marieke A. Helmich, University of Oslo, Norway; Lynn Mobach, University of Amsterdam, The Netherlands; Elske Salemink, Utrecht University, The Netherlands; Sverre Urnes Johnson, University of Oslo & Modum Bad Psychiatric Hospital and Research Center, Norway

Introduction. Anxiety disorders are among the most prevalent mental health disorders. There are effective psychological treatments available, like Metacognitive Therapy (MCT). However, not everyone benefits. This study investigates a novel predictor of treatment outcome early on in MCT. Namely, the individual response pattern to a specific therapy session where a gain in symptoms can be expected due to the introduction of the critical working element of MCT (i.e., intervention targeting negative beliefs about worry). We refer to this as the critical session and takes place at the second week of MCT. Zooming in on the specific mechanism (negative beliefs about worry) that is being targeted in the critical session can give an indication of how receptive a patient is to incorporate change. Inspired by the Dynamic System Theory, it was hypothesized that patients who hold on longer to what they have gained after this critical session, also show better overall treatment outcome after MCT.

Method. Treatment resistant patients with various anxiety disorders followed 8 weeks of generic MCT at Modum Bad Psychiatric Center in Norway. Those who showed a drop in negative beliefs about worry after the critical session were selected for analyses. Different response patterns of negative beliefs about worry in the two weeks after the critical session were defined and used to predict treatment outcome measured on the Beck Anxiety Inventory.
Results. Data is being processed. Descriptives of the different response patterns are presented. Results of two prediction models are shown. The first model tests whether patients for who a change in negative beliefs about worry persists over the next two weeks show bigger reductions in anxiety symptoms compared to those for who the initial change did not persist. The second model tests whether a larger negative slope of negative beliefs about worry over the two weeks after the critical session predicts better treatment outcome.

Discussion. Examining this novel predictor is clinically relevant as it can provide therapists and patients insights into whether the patient is sensitive to positive changes during an early stage of treatment. This study integrates theory, namely focusing on the response to a therapy session that is designed to intervene on the theorized working mechanism of the therapy, together with looking at individual response patterns over time to hopefully better predict treatment outcome during an early stage of therapy.

Symposium 19
Innovative developments in understanding and treating adolescent mental health

Chair: Jessica Kingston, Royal Holloway, University of London

Adolescent social anxiety and working memory: understanding the link and testing a brief intervention.

Presenter: Charlotte Mason, University of Oxford
Authors: Gaia Scerif, University of Oxford; Meg Attwood, University of Bristol; Naomi Tromans, University of Oxford

Social Anxiety Disorder (SAD) in adolescence is linked to poorer educational outcomes (Vilaplana-Pérez et al., 2021). There may be several reasons for this, such as reduced participation in class. Another factor may be reduced concentration. Leigh et al (2021) found that self-reported concentration was an indirect link between SAD and poorer attainment. The authors suggest that the heightened self-focused attention (SFA) characteristic of SAD (Leigh & Clark, 2018) impairs concentration in social situations, therefore impeding learning. The lower ability to concentrate may act as a proxy measure of a working memory deficit (Leigh et al., 2021). In other words, when in social situations such as a classroom, socially anxious individuals are highly self-focused. This reduces working memory (WM) performance and impedes learning.

Online Social Anxiety Cognitive Therapy for Adolescents (OSCA) is a therapist assisted internet delivered version of cognitive therapy for SAD in adolescents. It targets hypothesised maintenance processes of SAD such as SFA and safety behaviours through a series of modules. Each module addresses specific concerns within SAD via attention training exercises, behavioural experiments and video feedback. A recent RCT found a higher recovery rate after OSCA compared to waitlist controls (Leigh & Clark, 2022). A new module has been developed for inclusion in OSCA to specifically target SAD in a classroom context with the aim of improving outcomes.

This study aims to investigate the effects of social observation on SFA and working memory, and assess the efficacy of ‘The Classroom’ module. We hypothesise that
participants will demonstrate reduced WM performance and higher state anxiety and SFA under conditions of perceived social observation vs non-observation. We predict that the effects of social observation will be mitigated in the module vs no-module group, and that the module group will demonstrate a reduction in symptoms of SAD.

Adolescents aged 15-18 with elevated SAD symptoms were invited to take part. Participants completed a verbal WM task under conditions of perceived social observation vs non-observation, and measures of state anxiety, SFA and executive function. Assessments were carried out online at baseline, post-module, and 2-week follow-up. Participants randomly allocated to the module group engaged with the module daily for one week.

Here we will present results from the development of the module and study design.

**Innovative developments in understanding and treating adolescent mental health**

**Presenter:** Jess Kingston, Royal Holloway, University of London  
**Authors:** Richard Bentall, Sheffield; Bjoern Schlier, Wuppertal; Eleanor Leigh, Oxford

**Introduction:** Paranoia is common in the general adolescent population. Whilst socially anxious concerns and paranoid beliefs co-occur in adolescent and adult groups, the specifics of their association is not well understood. In a general population adolescent sample, we examined (a) whether social anxiety and paranoia can be differentiated, (b) patterns of co-occurrence and (c) psychosocial factors that differentiate them.

**Methods:** A cross-sectional survey design (n=604) of UK adolescents (14-17 years) recruited via Qualtrics panels.

**Results:** Measurement models supported a hierarchical structure, with separate but correlated general factors of paranoia and social anxiety. This was invariance across age groups (14-15 and 16-17 years). The largest subgroup of participants with clinically significant scores showed elevated social anxiety plus paranoia (21%, n=124), followed by high social anxiety without paranoia (14%, n=84). Paranoia without social anxiety occurred the least (7% n=39). Subgroup comparisons suggested social anxiety plus paranoia is characterised by exposure to threat environments (adverse life events, bullying, discrimination), a lower sense of school membership, anxious attachment and high levels of distress, whereas social anxiety was more associated with interpersonal concerns (feeling inferior to others, enhanced loneliness, avoidant attachment and a low sense of general belonging).

**Conclusions:** Social anxiety and paranoia are differentiable in adolescents. Paranoia commonly co-occurs with social anxiety, especially in those with exposure to threat environments. Adolescents with social anxiety plus paranoia reported the highest levels of distress, underscoring the importance of improved understanding of this group.

**Online single session interventions as a way to expand the reach of cognitive and behavioural principles for adolescents with depression symptoms**

**Presenter:** Maria Loades, University of Bath
A series of online, self-help single session interventions have been developed in the USA. Each is intentionally designed to be completed as a standalone intervention. Each communicates a key message. For example, the ABC project, based on behavioural activation, communicates that doing more of what matters can help you to feel better. This talk will summarise what we know about feasibility, acceptability, effectiveness and implementation in the USA, and will present the work to date to bring these interventions to the UK. Specifically, the question of what key stakeholders in the UK think of the online single session intervention approach will be addressed. Data will be presented from a study of frontline professionals, who work with adolescents but are not mental health specialists (N = 115), and also from in depth interviews with 24 adolescents (age 13-18, diverse on a number of demographic characteristics). Future plans and directions will be highlighted.

**Increasing Anticipatory Pleasure through Positive Mental Imagery in Young People with Low Mood**

**Presenter:** Victoria Pile, King's College London  
**Authors:** Tara Radwan, King's College London; Patrick Smith, King's College London; Jennifer Lau, Queen Mary's University of London

Introduction: Current interventions for adolescent depression are suboptimal, resulting in minimal sustained improvements in depressive symptoms. Low anticipatory pleasure has been implicated in the maintenance of depression as well as poorer psychosocial outcomes and low motivation to engage in rewarding behaviours. Yet, it is rarely directly targeted in interventions. One possible way to enhance anticipatory pleasure is through targeting prospective mental imagery. Here, we report on the co-development of our protocol and initial testing in an experimental study. We aimed to enhance anticipatory pleasure and engagement in activities through a brief mental imagery exercise. This exercise aims to increase the details, vividness, and mental imagery of future thoughts.

Methods: Participants (n= 53, age range= 16 to 21 years) scoring above clinical cut-off for depression were randomized into either the experimental or control groups. The participants in the experimental group received a prospective positive imagery manipulation, and those in the control group received a mental imagery-based neutral task. Measures included those of anticipatory pleasure, motivation, and activities (monitoring surveys during the 4 days prior to and the 4 days after the manipulation).

Results: In terms of Pleasure scores as measured using the Visual Analogue Ratings (VARS), there was a significant between groups difference in post-manipulation score (while adjusting for baseline scores). Participants in the prospective positive imagery group, compared to participants in the imagery control group, showed significantly greater increases in anticipatory pleasure immediately after the manipulation. There was no significant group difference in how many activities participants completed following the lab session (adjusting for pre-lab average number of activities). However, there was a significant group difference in levels of achievement for these activities, with higher achievement for the participants in the prospective positive imagery group.
Discussion: Our findings suggest that a single-session prospective positive imagery technique can increase anticipatory pleasure immediately after the manipulation. This has implications for clinical work.

Symposium 20

Cognitive behavioural therapy and third wave approaches for older people
Chair: Elizabeth Tyler, University of Manchester

Psychological therapies for older people with psychosis; the case for change
Presenter: Emma Izon, Oxford Health NHS Foundation Trust
Authors: Dr Becci Dow; Dr Emma Izon

The past 30 years has seen a proliferation in effective psychotherapeutic interventions for individuals presenting with psychosis. There is robust empirical evidence for cognitive behaviour therapy interventions, grounded in theoretical approaches that have evolved and adapted to address individual presenting problems such as paranoia, hallucinations and emotional distress. Unfortunately older people have not been included in the empirical studies and as a result there is a sparse evidence base guiding clinical practice. This is a growing population, comprising those “graduating” from adult services, those developing late-onset psychosis, those experiencing psychosis linked to underlying neurodegenerative conditions and many with lifelong difficulties that have been contained until the physical, social and relationship changes of ageing undermine coping skills. This presents outlines studies that highlight the effectiveness of using existing psychological therapies with older people and which adaptations may need to be made. It draws out the similarities in the process and practice of cognitive behavioural models for psychosis and those for older people. It highlights the importance of intersectional formulation, considering ageing in diverse historical and cultural contexts and the implications of trauma, stigma and diagnostic narratives for the development and experience of psychosis in older age. It also considers opportunities to use existing psychological interventions for those with “organic” presentations of psychosis and the interaction with cognitive change. Ultimately, there is a need to increase access to effective therapy, reduce distress and build workforce skill for a population whose chronological age has meant missing out on interventions that work.

Trauma-Informed Therapies for Older Adults
Presenter: Hollie Watson, University of Manchester

The prevalence of trauma among older people is high (Kuwert, 2013), yet their experience of trauma and the psychological impacts associated are under-recognised. The evidence base for older people remains sparse and lacking in well-designed studies that adapt therapies specifically for this group (Dinnen et al., 2015). Consequently, older people do not receive sufficient support and may continue to experience psychological difficulties such as Post-Traumatic Stress Disorder (O’Connor & Elkit, 2022). This presentation will focus on the findings from a review focused on the emerging evidence base of trauma-focused therapies for older people, examining any adaptations made to the interventions used in the research studies. There will also be an
overview of an ongoing case series which involves the adaption of a 24-session trauma-focused cognitive behavioural therapy TF-CBT) or Eye movement desensitization and reprocessing (EMDR) therapy for older people. Adoptions to the therapy manuals have been based upon a review of the existing literature, input from people with lived experience of trauma in later life and consultation with expert clinicians who have experience of delivering trauma-focused therapies for older people.

Recommendations for delivering recovery focused therapy for older adults with bipolar

Presenter: Elizabeth Tyler, University of Manchester
Authors: Steven Jones, Lancaster University; Fiona Lobban, Lancaster University; Sheri Johnson, University of California, Berkeley; Colin Depp, University of California, San Diego; Christopher Sutton, University of Manchester

Traditionally, older people have been subject to negative stereotypes (Satre et al., 2006) and pessimism about the possibility of change in later life (Freud, 1905/1953). There have been very few psychological interventions developed specifically for older people with bipolar, especially when compared to the younger population. This talk will provide an overview of an intervention developed specifically for people older people with bipolar. Recovery-focused therapy (RfT) for bipolar disorder, developed initially for working age adults (Jones et al., 2012; Jones et al., 2015) has been adapted for older people with bipolar (RfT-OA). A set of recommendations have been developed and provide a framework for working with older people with bipolar using the RfT approach. These are based upon existing literature and insight from the development of RfT-OA (Tyler et al., 2021) and delivery of RfT-OA in a pilot randomised controlled trial (Tyler et al., 2022).

CBT and third wave approaches for people with dementia and family carers

Presenter: Georgina Charlesworth, University College London
Authors: Lydia Morris, University of Manchester

Introduction: Receiving a diagnosis of dementia has implications for self-identity for the individual and their close family and friends. Anxiety and depression are common, either pre-dating dementia onset, or following the dementia diagnosis. Psychological adjustment to the diagnosis varies; other common emotions include anger and grief. There are no specific therapy protocols recommended in NICE guidance for anxiety, depression or adjustment difficulties in people with dementia or family carers.

Methods: An umbrella review of systematic reviews and meta-analyses of cognitive behavioural and third-wave interventions for reducing distress, increasing wellbeing or improving quality of life for people with dementia or their family supporters. Findings on neurocognitive change as an outcome, and recommendations for therapy adaptations, are also reviewed.

Results: The current evidence base for psychological interventions for people with dementia and family carers includes problem-solving, cognitive restructuring, self-compassion and mindfulness, delivered to individuals, groups and dyads either face-to-face or online. Recommendations for adaptation include ‘pre-therapy’ and cognitive-enhancement skills, enhancing communication within relationships, and addressing resource inequalities.

Conclusions: Notwithstanding the
definitional and methodological problems in the literature, there is evidence of benefit from both skills-focused and process-focused approaches. Guidance to support therapist decision-making should be developed. Beyond enhancements to training curricula, organizational changes are required to support the implementation of research into clinical practice.

Symposium 21

**Psychological support following the Manchester Arena Attack and other critical incidents: Navigating trauma with the public, professionals, and amongst ourselves**

Chair: Alan Barrett, Pennine Care NHS Foundation Trust

**Talk 1: Setup and development of the Greater Manchester Resilience Hub – implications for practice**

Presenter: Alan Barrett, Pennine Care NHS Foundation Trust

This symposium will share an in-depth exploration of the work of a trauma responsive mental health service model, the ‘Resilience Hub’. The first paper will outline the setup and development of the Greater Manchester Resilience Hub as a large-scale psychological response to support people affected by the Manchester Arena attack in 2017. This innovative service model was set up to bridge traditional boundaries of care, both geographically, and across ages.

An outline of the service model will be described, including psychological screening, assessment, support, and onward referral for evidence-based therapies, such as trauma-focused CBT. Mental health screening and follow-up data will be used to illustrate an overview of the reach of the Hub, and the type and severity of the presenting mental health needs of children, young people and adults accessing the service. Examples of complexities of support following large-scale traumatic incidents will be shared, for example, prioritisation of healing from physical and psychological injury, supporting family units, and navigating pathways of care for parents and children. Qualitative and quantitative research data will be presented to illustrate trajectories of recovery, and influencing factors in the recovery journey, such as the impact of social support.

Practice- and evidence-based learning from the Hub and implications for trauma response initiatives will be shared. The Greater Manchester Resilience Hub has since supported professionals and the public across local, national, and international traumatic incidents, including the support of health and social care staff during the COVID pandemic. Examples of this work will be described during subsequent talks throughout this symposium.

**Talk 2: Trauma interventions with the public following a major critical incident**

Presenter: Jenni Willbourn, Pennine Care NHS Foundation Trust

The second talk in the symposium will explore the psychological interventions provided by the Greater Manchester Resilience Hub to members of the public following the
Manchester Arena attack; focusing on a range of adapted trauma-focused interventions that enhanced traditional individual therapy. These adapted approaches and examples of exposure work will be presented; including the use of a virtual reality headset and in-person visits to the Manchester Arena, a family based trauma group, and multi-agency family days. Further examples of psychological support will be outlined including support for professionals in their role and personal impact and support for the Inquiry.

As well as directly provided interventions, a significant component of the work of the Hub involved onward referral and clinical advocacy. Navigation and negotiation through care pathways to ensure clients’ access to appropriate, evidence-based psychological therapies across the country were essential, and at times charitable funding was used to support access to private therapy where local NHS services could not meet clients’ needs. This role, its challenges, and implications for practice will be discussed.

Together with young people impacted by the attack, the Hub co-produced a video around trauma responses for education, a clip of which will be presented in the talk. The presenter will also discuss a set of trauma resources developed for professionals and families supporting young people following acute traumas. These have been used across the UK and internationally following major incidents.

**Talk 3: Trauma interventions with professionals following a major critical incident - adapting trauma therapy as we know it**

**Presenter:** Gill Szafranski, Pennine Care NHS Foundation Trust

When the COVID-19 pandemic began, local expertise and infrastructure were in already in place within the Greater Manchester Resilience Hub to provide large-scale mental health screening and support. The Hub model was adapted to support NHS, social care, primary care, VCSE, and ambulance service staff, and some COVID-specific staff teams within fire and police services throughout the COVID-19 crisis. Informed by the Greater Manchester Resilience Hub approach, 39 similar services and staff wellbeing hubs were also set-up across England to respond to the mental health impact of the pandemic in these keyworker groups.

The adaptation of the Hub model for staff support throughout the pandemic will be discussed, and this talk will focus on the unique needs of professionals when accessing trauma-focused support and interventions. Professionals often experience significant delays and barriers to accessing support, describe and experience their trauma responses in differing ways to the public, and require an adapted response from services and in individual therapy.

Case examples will be presented to explore some of the unique challenges experienced by staff, such as ongoing work in repeatedly traumatising environments, the collide between personal and professional lives, and working with guilt and shame associated with moral injury and distress. Considerations within trauma therapy will be discussed, such as the use of values-based and compassion-based approaches. Effective engagement can lead to effective outcomes and practice-based evidence will be presented.
Talk 4: Evaluating the Resilience Hub model – implications and best practice for staff wellbeing support

Presenter: Kate Allsopp, Greater Manchester Mental Health NHS Foundation Trust
Authors: Filippo Varese, University of Manchester

Introduction
Contextualised against the learning from the research and evaluation of the Greater Manchester Resilience Hub’s work following the Manchester Arena attack, this presentation will share the findings of a National Institute of Health Research-funded study conducted during the COVID-19 pandemic (Allsopp et al., 2023; Allsopp et al., in press; Varese et al.). The study evaluated the adaptation and implementation of the Hub model across the GMRH and three other Hubs in the North of England, and their support for health and social care staff affected by working through the pandemic.

Methods
The Resilience Hubs Evaluation was a mixed methods study conducted between October 2020 and May 2022, focusing on the individual support provided by the Hubs. Data was collected via several workstreams: 1) routinely collected demographic, occupational and mental health data of health and social care keyworkers accessing the Hubs for individual psychological support; 2) follow-up questionnaire data exploring satisfaction with the Hubs and services accessed following registration with the Hubs; 3) health economic data exploring the cost of Hub support; 4) qualitative interview data with Hub clients, keyworkers who did not access Hub support despite being eligible, Hub staff, and wider stakeholders such as human resources and occupational health leads. A detailed service mapping was also conducted to detail how the model was operationalised across services.

Results
Headlines will be presented from key workstreams. Quantitative data from 1973 staff accessing the Hubs illustrates the level of mental health need and predictors of severity. Qualitative data from interviews with 39 keyworkers, 20 Hub staff and wider stakeholders demonstrates the central aspects valued by health and social care keyworkers and stakeholders with responsibility for staff wellbeing. Barriers to accessing support and implications for supporting staff will be discussed. Service mapping findings will highlight functions of Hubs seen as essential within local contexts.

Discussion
The findings will be discussed within the context of the current literature, ongoing research, the national picture for staff wellbeing support, and dissemination of study findings with regional and national stakeholders. Best practice principles and clinical recommendations are outlined for therapists, service providers, and systems; for supporting the mental health and wellbeing of staff moving forward post-COVID.

Talk 5: Trauma responsive workplaces – supporting staff and systems through vicarious trauma and traumatic incidents
Systems working and team-based approaches to support those who are supporting others has become an increasing remit of the trauma responsive work that the Hubs have been doing throughout and since the pandemic. These interventions have been conducted with a range of staff including managers at all levels of health and care systems, those supporting other such as; staff from Improving Access to Psychological Therapies (IAPT) services, Professional Nurse Advocates, chaplains, and union staff.

The team-based work of the Hub will be discussed, exploring how these approaches are used to help staff to understand and mitigate the impact of vicarious trauma and moral distress, and the relationship between the professionals’ own needs and those of their clients. This vital work involves helping those who support others to recognise their own needs and using psychological formulation and consultation to help guide their support to others, to reduce the impact of their work. Specific case study examples will be discussed to exemplify this further.

The presentation will discuss the different approaches used dependent on staff needs, ranging from coping with consistent exposure to low level incidents and distressing material, to supporting staff teams following traumatic and critical incidents, including patient deaths and staff suicides. Team-based reflective sessions be discussed, as well as wider systems working.

Trauma informed / trauma responsive care and compassionate leadership are all increasingly used terms across healthcare, but embedding these in a meaningful way requires a clinical understanding of trauma and compassion. This session will discuss how this can be informed by the evidence base, and how this has been applied in real world scenarios to teams hearing and working with distressing material and experiencing incidents. Finally, the speaker will discuss how we use these approaches to look after ourselves and our team at the Resilience Hub.

**Symposium 22**

**New developments in our understanding of carer needs and CBT informed interventions**

**Chair:** Juliana Onwumere, Kings College London

**Targeting Aggression in caReGiving rElaTionships (TARGET): Testing the Feasibility of a Brief CBT informed Group Training Package for Informal Caregivers**

**Presenter:** Beatrice Lee, King's College London

**Authors:** Juliana Onwumere, King’s College London

**Abstract**

Introduction: While patient-perpetrated aggression presents a significant challenge for a subset of informal caregivers providing care for individuals with severe mental illness (SMI), there is a paucity of psychosocial interventions tailored towards addressing this concern. This study endeavoured to assess the feasibility and acceptability of TARGET (Targeting Aggression in caReGiving rElaTionships), a novel online group-based
caregiver-focused intervention addressing aggression within the caregiving relationship. A secondary objective was to explore the potential clinical utility of the intervention.

Methods: A non-randomised (uncontrolled) interventional study design was utilised. The study recruited informal caregivers with a self-reported history of aggression committed towards them by the individual they care for with SMI, from the general population. TARGET was a six-session, 1.5-hour intervention designed to promote safety by supporting informal caregivers to gain greater understanding of the experience and impact of aggression in caregiving relationships, develop adaptive coping strategies to manage risk situations, discuss support pathways, and address the negative emotional impacts associated with exposure to aggression. Feasibility was assessed via recruitment, retention, and completion rates. Acceptability was assessed via session satisfaction ratings, and participants’ post-session feedback and post-intervention semi-structured interview which were qualitatively analysed.

Results: Over a recruitment period of four months, 13 participants were enrolled in the study across two runs of the TARGET group. Overall, the intervention was found to be feasible and acceptable to participants. The recruitment rate was 72.2%, and both treatment completion and engagement rates were high at 92.3% and 91.5%. There was also a 100% outcome completion rate. High satisfaction scores across sessions were found, and most participants reported that the intervention had met expectations, citing mutual sharing amongst members and the intervention content (psychoeducation, strategies to manage aggression, de-escalation, and safety planning) as the most useful aspects of the intervention.

Conclusions: This small study offers potentially encouraging findings regarding the feasibility and acceptability of the TARGET intervention Future larger-scale trials incorporating the learnings and recommendations synthesised from this study are indicated.

A virtual reality community training programme: exploring its feasibility in family carers in psychosis

Presenter: Laurence Rogers, King’s College London
Authors: Laurence Rogers, King’s College London; Jerome Di Pietro, King’s College London; Lucia Valmaggia, University of Melbourne

Background: The importance of informal carers in supporting the care and wellbeing of adults living with psychosis is well established. However, a common difficulty reported by carers is how to apply effective communication strategies in the presence of common and emotionally challenging psychosis symptoms (e.g. persecutory delusions, auditory verbal hallucinations). The gap between knowing what to do and being able to do it can often feel too large. As a test of proof-of-concept, the current study aimed to explore, the feasibility and acceptability of employing a 6 session, therapist facilitated, novel virtual reality (VR) communication skills training programme for carers of people with psychosis. Methods: A case-series design with primary aims of examining training feasibility and acceptability. Recruitment, retention, attendance, and outcome measure completion rates provided feasibility markers. Session satisfaction scores with
qualitative feedback were employed to assess training acceptability. Secondary aims describing outcomes were also completed. Results: 12 participants engaged in the training which, overall, proved to be both feasible to recruit to and implement, and acceptable to participants. Participants reported high levels of satisfaction, and descriptive improvements in perceived confidence and effectiveness in communication and coping strategies. Conclusion: Preliminary indications from a small scale proof-of-concept study suggest that engaging carers of adults with lived experience of psychosis in a VR training programme is feasible and acceptable. Further larger scale studies are indicated to assess its efficacy and impacts, and resources required to provide the training.

The health care needs of Black ethnic minorities following COVID-19: a study of unheard voices
Presenter: Valentina Cardi, University of Padua
Authors: Chiara Tosi, Department of General Psychology, University of Padova; Valentina Meregalli, Department of General Psychology, University of Padova; Laura Sudulich, Department of Government, University of Essex; Juliana Onwumere, Institute of Psychiatry, Psychology & Neuroscience, King's College London

Global crises, such as the COVID-19 Pandemic, are known to affect racial minorities disproportionately more than people from White backgrounds. Disparities in these communities have been documented on multiple levels, including higher rates of deaths, medical complications and mental health problems. The goal of this study was to conduct a large scale survey to evaluate the health care needs of families from Black ethnic minorities in the UK, following the COVID-19 Pandemic. Carers of children aged 6-24 years and belonging to a Black ethnic group were invited to complete an online, anonymous survey on the Qualtrics platform. They were asked to provide information about their own and their child’s living conditions, psychological and physical wellbeing, perceived social support, access to clinical services and impact of the COVID-19 Pandemic on these specific aspects. They were also invited to report on their child’s strengths and difficulties. The survey’s contents and the recruitment strategies were developed, discussed and agreed with the support of an advisory group of carers of children from Black ethnic groups. All statistical analyses were conducted by an independent statistician. A total of 2124 responses were collected (48.8% from female respondents; mean age=36.8 years). Most participants were of African ethnicity (61.4%), married or in a civil partnership (91.7%) and working full time (73.7%). Only a minority had a physical or mental illness (10.9 and 10.5 respectively). The mean age of the child they were caring for was 11 years. Almost half of the respondents reported a mild to moderate level of depression and 30.9% reported severe to extremely severe symptoms. More than half (57.7%) felt that their children were experiencing high levels of psychological difficulties. Greater levels of psychological distress in parents predicted greater difficulties in the child, whereas greater perceived social support from family, friends and the community were associated with higher levels of wellbeing both in parents and their children. Overall, the impact of the pandemic on the family was rated as "average", but at least a third of the respondents felt the need to seek support for their own physical or mental health and 40% felt the need to seek support for their
children since the COVID-19 pandemic. This study provides helpful information for the development of resources to promote mental health wellbeing in families of children from ethnic minorities.

**Supporting Black families affected by psychosis: listening to carers**

**Presenter:** Angela Kibia, King's College London  
**Authors:** Kalya aung, King's College London; Juliana Onwumere, King’s College London

**Background:** Evidence suggests there are unique experiences and challenges often faced by informal carers from Black racially minoritised backgrounds that can be overlooked by healthcare providers. Some of these include issues related to reports of discrimination and racism, mistrust of services, and intersecting socio-economical disadvantages. However, far less is known about their lived experiences of supporting a relative with a severe mental health problem and their experiences navigating services.  
**Aims:** This project aimed to explore the lived experiences and support needs of informal carers from Black racially minoritised backgrounds who are supporting a relative with psychosis.  
**Method:** Data were collected through online, audio recorded individual semi-structured interviews with Black informal carers of someone with psychosis. Individual interviews were also held with individuals with lived experience of psychosis. Focus groups were held with key stakeholders comprising faith group leaders, staff groups, police officers, and members of the general public within Black communities. Interviews gathered perspectives on their lived experience, specific caregiving needs, and ideas for a new racially framed psychoeducational and support intervention. Data were analysed using thematic and framework analytic approaches.  
**Results and discussions:** Key themes from thematic analysis included difficulty navigating systems, the force of care from institutions, secrecy, and the ongoing battle of being in a caregiving role. These reflect the broad range of unmet needs and health and wellbeing challenges reported by Black informal carers in psychosis. Notably, these themes were also known to and echoed by the other stakeholder groups. The findings are discussed with reference to the wider literature and implications for culturally informed service provision.

**Symposium 23**

**Improving treatments for perinatal mental health in NHS talking therapies**

**Chair:** Cathy Green, South West London & St George's NHS Trust

**Access to and outcomes of primary care talking therapies for pregnant and postnatal women: a UK data linkage study**

**Presenter:** Fiona Challacombe, King's College London  
**Authors:** Lauren Carson; Matthew Broadbent, KCL; Louise Howard, KCL; Easter Abigail, KCL

Anxiety and depressive disorders affect 15-20% of women in the perinatal period, with untreated problems having negative impacts for women, infants and the wider family. In England, women should be screened for the presence of mental health problem in
pregnancy and at other points of contact such as the 6-week check, and if mild to moderate problems are identified, should be offered referral to talking therapies (TT) services. These offer a stepped care model of both low intensity and individual high intensity therapies. However, due to the inconsistent use of perinatal identifiers in TT, it is less clear which women are offered, attend, engage and benefit from the interventions on offer. We aimed to investigate this by linking maternity and TT data.

**METHODS:** The Elixir partnership links anonymised maternity and mental health (TT) data sets spanning three inner city boroughs, allowing for analysis of service access and effectiveness (Carson et al., 2020). Cases were included with TT data 9 months pre and 12 months post birth to capture the perinatal period. Maternity background and mental health screening data, TT access and questionnaire outcome data on first and last contacts during pregnancy and postnatally were collected.

**RESULTS:** Uptake of TT services was low relative to the number of women potentially eligible. Changes in TT outcome scores were moderate overall in both LI and HI therapies. Treatment in pregnancy or postnatally only (rather than across the period) was associated with lower likelihood of caseness at last contact.

**CONCLUSIONS:** Barriers to take up of TT therapies should be improved so that more women access treatment earlier and across the perinatal period. Referral and assessment criteria may be being applied more flexibly than at other times. The application of perinatal specific treatments and competencies in TT could help improve outcomes.

**What are the key perinatal adaptations in cognitive behavioral therapy for depression? Results from a systematic review and thematic synthesis**

**Presenter:** Heather O'Mahen, University of Exeter

**Authors:** Danelle Pettman, NHS; Caroline Jenkinson, University of Exeter; Joanne Woodford, Uppsala University

**Introduction:** Recent meta-analyses have found that CBT for perinatal depression is effective. Further, investment in specialist perinatal treatment is associated with greater treatment access and reports of greater treatment acceptability (1). However, less is known about the types of perinatal adaptations to CBT are associated with acceptable and effective treatment.

**Methods:** We firstly conducted a systematic review of CBT for perinatal depression (2). Secondly, we extracted qualitative studies describing either patient and public input about preferred treatment adaptations or the acceptability of received perinatal CBT adaptations. We performed a qualitative synthesis of findings.

**Results:** Women reported treatments should be based around their life as a parent. They described the importance of CBT taking into account specific contextual factors (culture, environment, social world) and the way these factors affected how they functioned as a parent. Key areas emerged where adaptations impacted positively on acceptability: personalisation, psychoeducation, perinatal behavioural, parenthood beliefs, Interpersonal factors.

**Conclusions:**
Personalising content and delivery so that it met with the perinatal specific needs of parents was associated with reports of improved treatment acceptability. Training and supervision in how pregnancy, childbirth and being the parent of an infant is reciprocally related to the mental health of parents and how to address these factors in CBT is important to ensure perinatal parents receive appropriate and acceptable care.

**Treating perinatal post-traumatic stress disorder with internet delivered cognitive therapy for PTSD (iCT-PTSD)**

Presenter: Aimee McKinnon, Oxford Centre for Anxiety Disorders and Trauma
Authors: Aimee Mckinnon, University of Oxford; Emma Warnock-Parkes, University of Oxford; Anke Ehlers, University of Oxford

Introduction: Internet Delivered Cognitive Therapy for Post-Traumatic Stress Disorder (iCT-PTSD) is a therapist supported online treatment for PTSD which delivers all of the procedures involved in Cognitive Therapy for PTSD (based on Ehlers & Clark, 2000). The perinatal period represents a time of increased risk for PTSD, but birth trauma is still under-recognised, under-treated, and psychological interventions can be especially difficult to engage with at this time. Method: This case series presents a perinatal sample of mothers with PTSD following traumatic childbirth. Seven women were treated using the online treatment programme and achieved reliable change and recovery in their symptoms. Results: Case illustrations are presented to demonstrate how the key components of CT-PTSD (including memory updating, trigger discrimination, work on trauma appraisals and maintaining behaviours, behavioural experiments, and site visits) were delivered via the online treatment programme, with special adaptations for this population. Discussion: The integration of internet-delivered, therapist-assisted treatments to routine care on identification of perinatal trauma has the potential to improve access to effective trauma therapy during this critical period.

**Perinatal Training for NHS Talking Therapies Services: A mixed-methods evaluation of an innovative regional training project to improve the perinatal competencies of practitioners in NHS Talking Therapies for Anxiety and Depression Services in the South West of England.**

Presenter: Karen Tate, University of Exeter
Authors: Heather O’Mahen, University of Exeter; Sophie Dallison, University of Exeter

Introduction: With evidence-based adaptations in place, NHS Talking Therapies services can support a significant proportion of parents with perinatal mental health problems. Although these services prioritise perinatal patients, access rates are low, dropout rates are high and patients have reported that provision is not adapted for their needs. Training to help practitioners deliver perinatally competent care is therefore critical to meet this need. A 3-tier model of training was developed to upskill whole services’ perinatal awareness (level 1), LI and HI perinatal champions (level 2) and their supervisors (level 3) in NHS Talking Therapies services in the Southwest. It was aligned to the IAPT Perinatal Competency Framework (O’Mahen & Healy, 2021) and supported practitioners in the assessment and treatment of perinatal mental health issues and in perinatal supervision.
Method: A mixed-methods evaluation assessed the feasibility, acceptability, efficacy and (early-stage) impact of the pilot training project using qualitative and quantitative analysis. Participants at each level completed training day feedback. Level 2 perinatal champions completed pre-post training questionnaires to assess their competencies of assessment, formulation, engagement and intervention planning. Level 3 supervisors completed pre-post training self-evaluation competency questionnaires.

Results: In terms of feasibility, there were high levels of uptake and retention to the training. The training days were highly acceptable to participants at all levels. 83.4% of participants rating all training elements at least 4 out a possible 5 points. Efficacy (competence change) was assessed qualitatively for level 2 perinatal champions in content analysis of clinical scenario questions, with their competence shown to improve. Statistical analysis revealed a significant improvement in perinatal-specific competences. Level 3 supervisors’ perinatal-specific competence also increased significantly from baseline to post-training. Impact was demonstrated with service-level changes and a positive impact on patient engagement.

Discussion: Prior to this pilot, perinatal training was ad-hoc, the perinatal champion role was not clearly defined, and treatment for perinatal patients was often not adapted. The training was welcomed enthusiastically, and practitioner competence seemed to improve. It is hoped that this training can lead to improved access, engagement and outcomes for perinatal patients.

Symposium 24

Post-traumatic stress disorder in children and adolescents: aetiology, treatment and dissemination

Chair: Richard Meiser-Stedman, University of East Anglia

Post-traumatic stress disorder in young children exposed to road traffic accidents: the role of demographic, trauma, family, and cognitive factors

Presenter: Eleanor Chatburn, University of East Anglia

Authors: Lucy Wilcoxon, University of East Anglia; Jack Finn, University of East Anglia; Patrick Smith, Institute of Psychiatry King’s College London; South London and Maudsley NHS Foundation Trust; Tim Dagleish, University of Cambridge; Richard Meiser-Stedman, University of East Anglia

Background: Young childhood is a time when exposure to trauma occurs most frequently, and when children are highly vulnerable due to their limited emotional, cognitive, and psychological development and their sole dependence on their caregivers. Strong associations have been reported between parent and child post-traumatic reactions to acute trauma. The present study aimed to explore the role of parent cognition and behaviour as possible mechanisms through which this association occurs, alongside the role of child demographic, developmental, and post-trauma processing in explaining child post-traumatic stress disorder (PTSD).

Method: 114 parents of young children (aged 2-10 years) who had experienced a road traffic accident were recruited from three hospital Emergency Departments. Parents completed self-report questionnaires assessing their cognitive processing, parenting behaviour and their child’s cognitive processing in the acute period post-trauma (2-
4 weeks). Child PTSD was later assessed through parent-report measures at six months post-trauma.

Results: Results suggested poorer fragmented memory, developmental age, parent-child separation, parenting behaviour and parents’ maladaptive appraisals each account for unique variance in child PTSD at six months post-trauma. However, only parental overprotectiveness was found to play a mediating role between parent acute posttraumatic stress symptomology and child PTSD at six months.

Conclusions: These findings add to earlier work in this area to suggesting a multifactorial model of PTSD in children, drawing on cognitive, behavioural, systemic and attachment theories. The results suggest a clinical need for including parents within the assessment and interventions offered to children following exposure to a single-incident trauma.

Exploring Children's Traumatic Memory Characteristics in a Non-English Speaking Low- and Middle-Income Country Population

Presenter: Alessandra Giuliani, University of Bath
Authors: Alessandra Giuliani, University of Bath; Tamsin Sharp, University of Bath; Richard Meiser-Stedman, University of East Anglia; Sarah Halligan, University of Bath

Theoretical models have suggested that traumatic memory characteristics play a significant role in the development of post-traumatic stress disorder (PTSD). However, empirical studies on child trauma memory employed heterogeneous approaches to operationalise these characteristics, are limited in number, focused predominantly on high-income countries, and hold mixed results.

Our research addresses this gap by investigating various methods to extract memory features from trauma narratives within a non-English speaking low- and middle-income country (LMIC) population. The study included 200 participants aged 8-16 years old who experienced a trauma that led to attendance at an emergency department in Khayelitsha, Cape Town. We utilised manual coding schemes, the Linguistic Inquiry Word Count (LIWC) software, Natural Language Processing methods, and machine learning models to extract trauma memory disorganisation, sensory-emotional qualities, appraisals, and coping information from their narrative recalls. The validity of each method is assessed against self-reported measures, and correlations between memory characteristics four weeks post-trauma and subsequent PTSD and depression levels at six months are explored.

By employing a multimodal approach, our research aims to enhance the understanding of traumatic memory characteristics in diverse cultural and linguistic contexts, contributing valuable insights to the global discourse on PTSD and informing culturally sensitive intervention strategies. Results and implications will be discussed.

Systematic Review and Meta-Analysis: Imputing response rates from randomised controlled trials of first-line psychological treatments for PTSD in children and adolescents

Presenter: Katie Lofthouse, University of East Anglia
Authors: Alana Davies, NSFT; Joanne Hodgekins, University of East Anglia; Richard Meiser-Stedman, University of East Anglia

Introduction
Meta-analyses assessing the use of psychological therapies for PTSD in children and adolescents have demonstrated the effectiveness of these treatments with effects reported using effect sizes. We have used data from randomised controlled trials of TF-CBT and EMDR to impute response rates, establishing how many patients display 50% reduction, 20% reduction, and reliable improvement and deterioration in PTSD symptoms. We also calculated risk ratios and repeated the analyses for depression symptoms where these were reported.

Method
We searched four databases and included 57 trials with 5033 participants comparing psychological therapies for PTSD against control conditions.

Results
A 50% reduction in symptoms was exhibited in 44% (95% CI: 38-51) of young people receiving psychological therapies, compared to 19% (95% CI: 15-23) of young people in control conditions. Reliable improvement was displayed by 53% (95% CI: 45-61) of young people receiving psychological therapies, compared to 25% (95% CI: 20-30) of young people in control conditions. Reliable deterioration was seen in 1% (95% CI: 1-2) of young people receiving psychological therapies, compared to 13% (95% CI: 8-20) of young people in control conditions.

Discussion
Psychological therapies for young people with PTSD are effective and are very unlikely to cause deterioration but a large proportion of young people do not display meaningful reduction in PTSD symptoms.

Cross-sector perceptions of delivering cognitive therapy for PTSD to care-experienced young people.
Presenter: Rosie McGuire Davin Schmidt, University College London
Authors: Rachel Hiller, UCL / Anna Freud National Centre for Children & Families

Introduction: Young people in care have far greater rates of mental health difficulties compared to their peers, including posttraumatic stress disorder (PTSD), a trauma-specific mental health outcome. PTSD symptoms can be difficult to live with, but high-quality screening and treatment options are available. The best-evidenced treatment for PTSD and complex PTSD is trauma-focused cognitive behaviour therapy (tf-CBT). It has been shown to be an effective treatment for young people who have experienced multiple or complex traumas. Yet, there is growing evidence that young people in care may face diagnostic and treatment biases that make it difficult to access these treatments.

Method: We conducted an active implementation trial, involving 28 mental health teams across 14 regions of England. Eleven of these services were general CAMHS and 9 were specialist CAMHS teams for children in care. Following the receipt of training in cognitive therapy for PTSD (a type of trauma-focused CBT), we followed teams for 12-18 months, conducting 3-monthly focus groups and individual interviews. Data were originally analysed using the consolidated framework for implementation research.
Results: Findings highlighted the different roles of specialist children in care services and general CAMHS, and also different practices across different regions. Key similarities particularly included the challenges both types of services face in delivering high intensity trauma-focused interventions to care-experienced young people. However, there were also examples of differences in their perception of both PTSD as a diagnosis and of the treatment, and of beliefs around support for care-experienced young people.

Discussion: Findings highlighted the significant challenges all services face, particularly within the context of under-funding and resourcing. They also highlighted that many professionals grapple with the use of trauma-focused CBT with young people who may have complex needs. Findings also highlighted some examples of differences in how specialist services and general mental health services view roles and view the use of treatments like trauma-focused CBT (and diagnoses like PTSD). The clinical implications of these findings will be discussed in relation to implications for access to NICE-recommended support for young people in care.

Experiences of receiving internet delivered Cognitive Therapy treatment for Post Traumatic Stress Disorder. Perspectives from young people.

Presenter: Helena Griffiths, King’s College London
Authors: Patrick Smith, King’s College London; Richard Meiser-Stedman, University of East Anglia

Introduction
Trauma exposure is prevalent in childhood and adolescence and associated with significant risk for broad psychopathology including Post Traumatic Stress Disorder (PTSD). Despite effective treatments existing, PTSD often goes untreated and results in significant impairment in functioning and chronicity of symptoms. Increasing access to effective treatment for PTSD in young people (YP) is therefore important and a research priority. One way to increase access and address barriers to treatment is through internet-delivered psychological intervention. The Online PTSD Treatment for Young People & Carers (OPTYC) trial is an early stage randomised control trial (RCT) evaluating the acceptability and feasibility of a novel internet delivered Cognitive Therapy for treatment of PTSD in YP (iCT-PTSD-YP), (Smith et al, 2022). In addition to conducting RCTs, it is also important to consider the lived experience of those undergoing interventions. This study, therefore, uses qualitative methods to capture the views and experiences of YP who took part in the OPTYC trial and to help further inform judgements of the acceptability of iCT-PTSD-YP.

Methods
Semi-structured interviews were undertaken with 20 YP aged between 12-18 who had participated in the trial. Thematic analysis was used to identify key themes and subthemes.

Results
Five overarching themes were identified: ‘Perceptions of the app’, ‘Experience of remote treatment’, ‘Engagement’, ‘Expectations and Outcomes’ and ‘Participating in an RCT’. YP perceived the app as usable and accessible. Remote treatment was seen as flexible
and convenient and helping to promote a sense of safety and comfort. Therapist support was important and individual and contextual factors were found to have an impact on engagement. YP perceived the treatment to be helpful but requiring commitment. YP also highlighted the benefit of timely access to assessment and treatment when participating in an RCT.

Discussion
The findings highlight the potential utility for iCT-PTSD-YP as a novel treatment and provide evidence that it is perceived as feasible and acceptable. However, they also highlight key considerations that need to be addressed. This includes making adaptations based on individual and contextual factors and working to improve the functioning of the app. Further work is therefore needed to develop and evaluate the app content and delivery in order to improve the acceptability of iCT-PTSD-YP.

Symposium 25
School-based interventions for depression and anxiety for adolescents: recent developments

Chair: June Brown, King's College London

Co-development of the INDIGO Protocol: A Randomised Controlled Trial Evaluating a School-Based Early Intervention for Low Mood
Presenter: Victoria Pile, King’s College London

Introduction: Depression in young people is common and costly. There is an urgent need for early interventions to prevent depression becoming entrenched and reduce lifelong distress and disability. Yet, in the UK, 75% of YP with depression do not receive an intervention (Pile et al., 2019); gold-standard interventions require several months of sessions with experienced therapists; and current evidence-based psychotherapies for YP show only a modest advantage over usual care, if any (Cuijpers et al., 2021; Weisz et al., 2013). Furthermore, there is a limited repertoire of evidence-based interventions, with young people with lived experience and practitioners identifying a need to have a greater range of evidence-based interventions to choose from (Pile et al., 2022). With YP, schools and practitioners, we have co-designed a novel psychological intervention, IMAGINE (Integrating Memories and Generating New Experiences). IMAGINE targets core cognitive factors implicated in depression: dysfunctional mental imagery and maladaptive memory processes. IMAGINE has been initially tested in a case series and feasibility RCT (Pile et al., 2020, 2021) and demonstrated promising results. We are now evaluating IMAGINE in a larger Randomised Controlled Trial (INDIGO; INterventions for Depression In younG people, n=160). In this presentation, we will discuss the co-design of the IMAGINE therapy protocol as well as the co-design of methodology for INDIGO.

Methods: Co-design included consulting YP and adults with lived experience, parents of YP with lived experience, teachers, and clinicians. Overall, more than 60 people with lived experience have been involved. This includes two people with lived experience who provided consistent oversight throughout the project.

Results: Significant changes have been made to both the therapeutic approach and the trial design. This includes changes to the therapeutic targets and content of the therapy manual as well as changes to the recruitment processes, participant group and setting.
Conclusions: Co-development of the intervention protocol and the RCT protocol has led to significant changes in our approach.

The iBLISS Study; a pilot feasibility RCT of school-based CBT-I informed workshops
Presenter: Faith Orchard, University of Sussex
Authors: Faith Orchard, University of Sussex; Alice Tunks, University of Sussex; Maria Loades, University of Bath; Jessica Hamilton, Rutgers University; Clare Dixon, Sussex Partnership NHS Foundation Trust; Mary John, University of Surrey

Introduction: Sleep problems are common in teenagers, and have been shown to be a risk factor for future anxiety and depression. The majority of young people also do not get sufficient sleep on school nights, and this is driven by biological and social changes that occur during adolescence. Cognitive behavioural therapy for Insomnia (CBT-I) has been shown to be effective for young people when delivered in a range of settings, it has also been found to work with sub-clinical populations and to reduce symptoms of anxiety and depression. However, access to CBT-I is still limited in the UK. School-based mental health teams (MHSTs) are increasing in the UK and provide support for mild-to-moderate mental health problems as well as offering a whole-school approach to mental health. This existing provision may offer a solution for providing young people with access to brief support for sleep problems.

Methods: The study will deliver a pilot feasibility cluster-randomised controlled trial across schools in the South of England. Students aged 13-15 will be recruited and screened for sleep problems. Eligible students will be invited to take part in a 3-part group workshop for sleep delivered by MHST practitioners. Pre- and post-workshop assessments will measure self-reported sleep, anxiety, depression, and dysfunctional beliefs about sleep. Participants will also complete sleep diaries, and a subset will be invited to wear actiwatches. Follow-up assessments will take place online at 3 months.

Results: Lived experience advisor groups of young people and parents have been set-up and have provided support with the development of the intervention materials and study materials. Parent videos are being created to provide families with information about how to support their young people, and will be delivered weekly to coincide with workshops. Schools will be recruited in Summer 2024, and data collection is due to begin in Autumn 2024.

The value of co-production in the DISCOVER How to Manage Stress and Worry programme
Presenter: Irene Sclare, South London and Maudsley Trust

Introduction: Depression and anxiety in young people are common, and worryingly, UK rates of mental health are rising, especially amongst older teenagers aged 16-19, who are at a crucial life stage. Yet these difficulties, which can affect personal and academic domains, can remain hidden from adults. Older teenagers face many barriers to accessing timely evidence-based psychological support, (Radez et al 2021) including
mental health stigma, busy and complex life pressures, limited awareness of available help and the existence of very high service thresholds.

PPI: The DISCOVER workshop programme was developed with groups of 16-18s to help create a non-stigmatising, accessible and acceptable form of help for young people from diverse backgrounds, reflecting real world teenage challenges. Initial consultations with around 50 YP, teachers, and clinicians explored the perceived relevance and acceptability of the approach and the key qualities needed by workshop facilitators. This was followed by a series of Teenage Advisory Groups, composed of 16-18s whom we recruited to help establish the workshop content and programme name, the publicity and sign-up procedures and the overall design. Further focus groups with YP have helped us find solutions to identified problems eg group interactivity, use of representative and believable role models.

The DISCOVER workshop programme: The intervention is manualised and delivered by trained clinicians in a set of stages in school sixth forms. The group workshop is preceded by a confidential individual exploration of areas of stress and worry, to help personalise the CBT-based workshop content and shape participant goals. So far over 6000 young people have accessed DISCOVER, over 70% of whom have never previously accessed psychological support. The majority who come forward (78%) are from minoritized communities, and many YP experienced significant home and family-based challenges. Around 45% of participants meet clinical ‘caseness’, yet only a tiny proportion are in contact with services. Feedback and suggestions for change are provided by each DISCOVER participant who attends the programme, and by key teachers. The programme outcomes are shared and discussed with participants and with schools to help evolve best practice.

Conclusions: The DISCOVER approach is underpinned by co-production work with young people and ongoing review by participants in order to be relevant, acceptable and engaging to young people from diverse backgrounds.

Presentation of results of the BESST trial, a confirmatory trial of brief accessible CBT (DISCOVER) workshops in schools
Presenter: June Brown, King's College London

Background
Depression and anxiety are increasingly prevalent in adolescents. BESST investigated the effectiveness of a brief accessible DISCOVER stress workshop programme for vulnerable 16–18-year-olds.

Methods
An England-wide multi-centre cluster randomised controlled single-blinded trial to evaluate clinical-effectiveness and cost-effectiveness of a DISCOVER workshops compared to treatment-as-usual (TAU)(1:1). We planned to enrol 60 schools and 900 adolescents in the North West, Midlands, South West and London, using a self-referral system to recruit participants. The primary outcome was depression symptoms (MFQ) at 6-month follow-up. Cost-effectiveness, taking a National Health Service (NHS) and personal social services perspective was explored using quality adjusted life years (QALYs). The ISRCTN registration was 90912799.
Recruitment
Between 4th October 2021 and 10th November 2022, 900 adolescents at 57 schools were enrolled, before randomisation of schools. The DISCOVER arm included 443 participants (295 female (67%)) and TAU included 457(346 female (76%)). The ITT analysis included 415 and 439 adolescents (DISCOVER: TAU). Among participants, 80% students had not previously sought help from a GP and 46% reported being from minoritised ethnic groups (largest groups were Asian 17%, Black 16%).

Results
Results from the BESST trial, which evaluated the DISCOVER programme will be reported at the conference. Results will include clinical effectiveness, cost-effectiveness and a qualitative process evaluation.

Symposium 26
**Improving psychological therapy outcomes via treatment personalization: challenges and opportunities**

Chair: Simon Blackwell, University of Göttingen, Germany

**Data-driven assignment of patient to psychological interventions**
Presenter: Lorenzo Lorenzo-Luaces, Indiana University, USA

Data-driven approaches to the assignment of patients to different psychological interventions is one of the “holy grails” of psychotherapy research. Most research on this topic has used machine learning methods (ML) to pool together predictors and moderators of response. However, this work has been criticized for being conducted in small samples that may be underpowered to detect the effects of multivariable models. At least one benchmarking simulation study, modeled after a pharmacotherapy trial, suggested required sample sizes between 300-500 per study arm to have adequate power to detect the effects of multivariable treatment selection models. I conducted simulations attempting to model conditions found in psychotherapy research (e.g., common factor responders, treatments with overlapping mechanisms) and found that required sample sizes for adequate power may be closer to 700 patients per study arm (i.e., 1,400 for a two-treatment trial). These results suggest skepticism regarding the use of ML methods in sample typical of psychotherapy research. The findings also provide guidance regarding study designs that may allow for greater power in identifying the effects of ML including: having treatment with little mechanistic overlap, attempting to reduce measurement error (e.g., repeated assessments), and studying patient samples who may have a greater likelihood of showing differential treatment response.

The StratCare Trial: a clinical trial of stratified treatment selection vs. stepped care
Presenter: Jaime Delgadillo, University of Sheffield

Introduction: This study compared the clinical and cost-effectiveness of a stratified treatment selection approach versus stepped care psychological interventions for depression & anxiety symptoms.
Methods: This was a multi-site, pragmatic cluster randomized controlled trial. 30 therapists were randomized to a stratified care (n=15) or a control group (n=15). Those in the StratCare group were trained to use an artificial intelligence programme which recommended either low or high intensity therapies for each patient at the time of initial assessments. Therapists in the control group recommended stepped care as per usual practice. In total, n=951 patients were eligible and accessed treatment. The rate of cases with post-treatment reliable and clinically significant improvement (RCSI) in depression (PHQ-9) was compared between groups using logistic regression adjusted for intake severity.

Results: Stratified care had significantly higher RCSI rates (52.3% vs. 45.1%; Odds Ratio = 1.40 [1.04, 1.87] p = .03). Secondary analyses indicated that this effect was especially pronounced for patients who accessed low-intensity treatments (around 16% difference in RCSI), since stratified care helped to adequately filter more complex cases towards high-intensity treatments, resulting in a more suitable sample of patients who tend to respond optimally to brief and low-intensity interventions.

Discussion: Stratified care improves the effectiveness of routinely available psychological treatments at a modestly higher cost.

The HARMONIC trial: A randomized controlled feasibility trial of a novel modular intervention for comorbid mood, anxiety and stressor-related disorders

Presenter: Anna Bevan, University of Cambridge
Authors: Tim Dalgleish, MRC Cognition and Brain Sciences Unit, University of Cambridge & Cambridgeshire and Peterborough NHS Foundation Trust; Melissa Black, Black Dog Institute & UNSW Sydney; David Johnston, MRC Cognition and Brain Sciences Unit, University of Cambridge & Cambridgeshire and Peterborough NHS Foundation Trust

Introduction: Existing treatment models typically rely on a conceptualization of mental health disorders as monolithic syndromes best addressed through the use of diagnosis-specific protocols. However, recent advances suggest that such disorders can be better understood as driven by networks of symptoms linked by causal relationships. This formulation provides a better fit to the comorbidity, fluidity and general complexity of the presentations seen in the clinic, but poses a challenge with respect to intervention. Modular treatment designs allow us to retain evidence-based treatment strategies while providing the flexibility to address central symptoms or maintaining cycles in a transdiagnostic and personalized way. An example of such an approach is Shaping Healthy Minds: a transdiagnostic, modular intervention which employs a formulation-driven approach to module selection.

Method: The HARMONIC randomized controlled feasibility trial compared Shaping Healthy Minds to established diagnosis-specific therapy protocols (NCT03143634; N = 42). Participants met criteria for at least two comorbid mood, anxiety, obsessive-compulsive or trauma/stressor disorder diagnoses, and received up to 20 sessions of individual treatment. Co-primary outcomes were self-reported depression and anxiety symptoms, disability and functional impairment. Secondary outcomes included number of diagnoses, cost-effectiveness and process measures.

Results: The trial provided evidence for the feasibility, acceptability and likely efficacy (at post-treatment and 3-month follow-up) of the intervention in preparation for a later
phase fully-powered efficacy trial. We also established the feasibility of collecting demographic, cognitive and behavioural data to assess potential mediators and moderators of outcome.

Discussion: This transdiagnostic modular intervention shows promise as a means of personalizing treatment for complex and comorbid mood, anxiety and stressor-related disorders. The results of this feasibility trial will inform future large-scale trials of this approach.

**Digital Personalised Self-Monitoring in Mental Health Care**

**Presenter:** Harriëtte Riese, University of Groningen, The Netherlands

There is a need to enhance the effectiveness of treatments for psychopathology, possibly through innovations in mental health care that advance treatment personalisation. One promising avenue is the integration of the experience sampling methodology (ESM, or digital diaries) into care-as-usual. ESM, a scientific method developed for ecologically valid data collection, involves repeated daily sampling (e.g., for weeks) of momentary affect, cognitions, behaviour, or (social) context variables by clients on their smartphones. Based on prior quantitative and qualitative research involving both clients and clinicians, the Personalized Treatment by Real-time Assessment (PETRA) tool was developed and implemented in mental health care in the Northern Netherlands (Bos et al., 2022). However, the clinical effectiveness of integrating personalised ESM diaries into care through PETRA requires further research. In the ongoing Therap-i RCT study, the efficacy of a personalized ESM diary and feedback module which is integrated into outpatient psychotherapeutic depression treatment is being tested (Riese et al., 2021). This presentation will include a clinical case study (von Klipstein et al., 2023) and the qualitative and quantitative evaluations of the Therap-i RCT study. Additionally, it will explore the challenges and opportunities of self-monitoring in clinical practice by discussing two ongoing PETRA subprojects: TakeTack, an upscaling and evaluation project, and the DigiCTG project aiming to digitalise a validated CGT tool.

**Considering the near future: Predictions of follow-up trajectories in psychological therapy**

**Presenter:** Brian Schwartz, University of Trier, Germany

**Authors:** Steffen Eberhardt, University of Trier, Germany; Jana Schaffrath, University of Trier, Germany; Wolfgang Lutz, University of Trier, Germany

Introduction: The effectiveness of psychological therapies is typically evaluated immediately following the end of treatment. However, among successfully treated cases, relapse rates of 30–50% are common within the first one to four years after the end of treatment. Patients with an increased risk of a negative follow-up course should therefore be identified in advance to focus their treatment more strongly on maintaining the effects and to be able to assign booster sessions in a personalized manner. This presentation aims to shed light on the long-term effects of psychotherapy. Specifically, it investigates whether negative outcomes within the first three years post-therapy can be predicted at treatment ending. Additionally, critical life events post-therapy are tested as predictors of symptom exacerbation.
Method: A sample of N = 833 outpatient psychotherapy patients was analyzed, who completed at least two follow-up assessments within the first three years post-therapy (6-, 12-, and 36-months after treatment). Using machine learning (ML) approaches, patient characteristics at the beginning and end of therapy were tested as predictors for the course of psychological distress after treatment. Additionally, a longitudinal multilevel model examined the influence of stressful life events during the follow-up period on symptom severity.

Results: Prediction models based on ML identified significant predictors for the follow-up course at the time of therapy completion. After treatment, the number of stressful life events (b = 0.024, p &lt; .001) and the average distress caused by these events (b = 0.453, p &lt; .001) significantly predicted further psychological distress.

Discussion: The identification of high-risk patients with an unfavorable prognosis for symptom development in follow-up can be fed back to therapists through decision support systems. This allows therapists to specifically monitor the maintenance of achieved successes and to allocate booster sessions individually, depending on the available resources, before a relapse occurs. Critical life events after treatment are specifically associated with a recurrence of symptoms, emphasizing the importance of addressing such events in treatment.

Symposium 28  
Anti-racism in action

Chair: Leila Lawton, BABCP Anti Racism SIG

Implementing EDI on a national CBT top-up training programme

Presenter: Amandeep Soomal, Oxford Institute of Clinical Psychology & Research (OXICPCTR) & Oxford Cognitive Therapy Centre (OCTC)

Authors: Rani Griffiths, NHS Talking Therapies Berkshire; Taf Kunorubwe, Private Practice; Daniela Zigova, Bromley Healthcare; Ontonio Dawson, South London and Maudsley NHS Foundation Trust

The British Psychological Society (BPS) standards for accreditation of doctoral programmes in clinical psychology include ensuring that trainees have an ability to implement CBT and have adequate supervision to meet CBT competences (Roth and Pilling, 2008). As there is significant variability in availability of CBT placements in the country, a Consortium of 21 clinical psychology doctoral programmes came together, led by the Oxford and Exeter courses. The BABCP CBT Top Up Programme has been in place since 2022, with its primary aim being to support supervisors of trainee clinical psychologists across England and Wales gain BABCP accreditation. The course provides CBT specific teaching, marking and supervision for 260 Clinical and Counselling Psychologists nationally.

Recent changes to the BABCP Minimum Training Standards (2023) and accreditation process included an explicit section on Equality, Equity, Diversity and Inclusion (EEDI) Awareness which prompted changes in the course. Adaptations made to the course in its most recent cohort include explicit discussions with speakers on including EDI content, an inclusive marking criteria and adding specific lectures that aim for awareness and implementation of clinical practice associated with intersectionality and anti-racism. This talk will demonstrate examples and feedback received from
The future depends on what we do today: anti-racism in NHS Talking Therapies services
Presenter:  Rani Griffiths, NHS Talking Therapies Berkshire

Racial inequality is well known in healthcare, there is racism in the field of psychological therapy (Williams et al., 2022) including services such as NHS Talking Therapies (Kunorubwe et al., 2023). The IAPT BAME Positive Practice Guide and NHS Race and Heath Observatory Report call for action to address ethnic health inequality (including issues of racism) systemwide, in provision of services and at an individual level to improve disparities in access and outcomes for racially minoritised patients. There is a clear body of research and literature into this and how to better meet the needs of racially minoritised populations in CBT (Alam, 2023; Lawton et al., 2021; Naeem et al., 2021; Vekaria et al., 2023; Rathod et al., 2019; Thwaites et al., 201, Beck & Naz, 2019). Nevertheless, anti-racist practice in psychological therapy often remains absent or, at best, underwhelming (Faheem, 2022).

Focused on Talking Therapies Berkshire’s work to translate data-driven research and national guidance into meaningful change, we explore its active application of the IAPT BAME Positive Practice Guide. Key data, findings and impact from this work is highlighted. This presentation will include voices of experts by experience (via video). We will consider the learning, implications and, importantly, the committed actions that systems, services and the audience can take to be actively anti-racist in their work and clinical CBT practice. After all, this is not just the responsibility of people of colour, it is a fundamental duty for us all to actively shift from our current state, beyond ‘non-racist’ to purposefully and intentionally anti-racist if we are to provide the basics of psychological therapy.

Barriers to Interpreter mediated therapy in Talking Therapies
Presenter:  Taf Kunorubwe, Cardiff University

NHS England Talking Therapy program was set up with the aim of establish and expanding services to enhance access to evidence-based psychological approaches (National Collaborating Centre for Mental Health, 2021). However, clients who require or opt for interpreter to engage with psychological therapies often face numerous barriers. Despite specific recommendations advocating therapy adaptation when working with interpreters (Tribe & Morrissey, 2004; Costa, 2022; Beck et al., 2019), these challenges persist. As a result, we are investigating the barriers to interpreter-mediated therapy, focusing on the perspectives of Talking Therapies staff. Within this Symposium we will share preliminary analysis and how these relate to clinical practice.

Culturally Adaptive and Inclusive Therapy for Black Men
Evidence shows black men are significantly more likely than others to be diagnosed with severe mental health problems, experience longer compulsory hospital care (Keating 2020), experience stigma and discrimination from health care professionals (Iacobucci, 2022) and are sadly more likely to experience psychological support through the criminal justice system (Mind, 2019). Dawson draws on his clinical experience and work with #SpeakBlackMan to demonstrate some of the barriers affecting black men’s mental health. Focused on practical steps clinicians and mental health services can take to support black men to access and engage in therapy are explored.

**Symposium 29**

**Developments in the understanding and treatment of OCD**

Chair: Paul Salkovskis, University of Oxford

**“Fighting OCD together”: Contrasting reassurance and social support in OCD**

Presenter: Chiara Causier, University College London

Authors: Paul Salkovskis, University of Oxford

Background: Excessive reassurance-seeking in OCD has been linked to the maintenance of OCD, functioning as a type of checking ritual. Current treatments recommend encouraging the extinction of seeking and providing reassurance; however, this is not well tolerated. Whilst it has been suggested that the provision of emotional support may provide a more helpful alternative, there is no empirical evidence for this.

Method: In this presentation, I will discuss a study where 36 participants with OCD engaged with two personalised semi-idiographic scenarios in which they imagined seeking and receiving reassurance and seeking and receiving emotional support in counterbalanced order. Participants were asked to rate the perceived effectiveness and acceptability of each.

Results: The primary outcome measure was anticipated urge to seek reassurance, which was found to significantly decrease in the imagined support condition relative to the imagined reassurance condition. This was regardless of order of presentation. Emotional support was perceived as significantly more acceptable when compared to imagining reassurance in terms of higher ratings of perceived helpfulness in managing emotions, feelings of calmness and closeness, and the sense that they were fighting OCD together.

Discussion: These findings provide preliminary evidence for the value of encouraging the seeking and giving of emotional support as an alternative to reassurance. Implications for clinical work and further research will be discussed.

**The impact of betrayal memories on mental contamination in OCD**

Presenter: Sam French, Oxford Health NHS Foundation Trust
Experiences of mental contamination have been associated with betrayal events in people with OCD and non-clinical controls. However, to our knowledge, no experimental studies have been conducted exploring whether betrayal experiences lead to feelings of mental contamination. In this study, people with OCD and non-clinical controls were randomised to recall autobiographical memories of either (a) being betrayed by someone they trusted or (b) betraying someone that trusted them. People with OCD experiences greater increases in state mental contamination and anxiety than non-clinical controls, but no differences emerged in urges to wash. Similar levels of mental contamination and anxiety occurred in each of the betrayal conditions. The results suggest people with OCD are more sensitive to increases in mental contamination and anxiety than non-clinical controls when recalling betrayal experiences, and that perceived betrayal type (perpetration or victimisation) leads to similar levels of state mental contamination and anxiety.

Relevance and specificity of loss of control beliefs in OCD and panic disorder

Presenter: Joel Lewin, University of Oxford
Authors: Paul Salkovskis, University of Oxford, Oxford Health NHS Foundation Trust; Victoria Edwards, Oxford University Hospitals NHS Foundation Trust

Introduction:

Fear of losing control is a prominent theme across anxiety disorders. Recent research (Radomsky, 2022) has emphasised the transdiagnostic nature of fear of losing control, yet consideration of clinical phenomenology and cognitive theory suggests at least some aspects of loss of control may be disorder-specific and may actually differentiate different problems. This study aimed to clarify the extent to which fear of losing control can be considered disorder-specific by developing and validating a psychometric measure- the Fear of Losing Control Inventory (FOLCI)- in order to explore differences between people with OCD and panic disorder. Particular areas of focus include: the imminence of the feared consequences of losing control, self-appraisals related to loss of control, the foci of feared loss of control (thoughts, sensations, behaviours, external world).

Methods:

In part one, a new scale, the FOLCI, was developed by identifying a pool of items drawing on: (a) consultation with service users and experienced clinicians; (b) the Beliefs About Losing Control Inventory (BALCI; Radomsky & Gagné, 2020); (c) theoretical principles rooted in cognitive theories of OCD and panic. Along with the BALCI, this was administered to a non-clinical sample (N=585) to evaluate psychometric properties with factor analyses. A subsample completed the FOLCI items twice to assess test-retest reliability.

In part two- a criterion group comparison- a revised version of this scale will be administered online alongside other measures to three groups (OCD/panic/healthy controls) of 35 participants. Mixed model ANOVAs will assess between-group differences in terms of FOLCI and BALCI subscales. Hierarchical regression will assess
the relative contributions of BALCI and FOLCI subscales to problem severity in OCD and panic disorder, as measured with the Work and Social Adjustment Scale (WSAS).

Results:

Results will be presented at the conference.

The optimist sees opportunity in every difficulty. Maintaining hope in OCD treatment for long-standing problems
Presenter: Brynjar Halldorsson, Reykjavik University

Obsessive-Compulsive Disorder (OCD) is heterogeneous at multiple levels, including patterns of comorbidity and symptom presentation. Although substantial improvements in psychological treatments, in particular, cognitive behavioural therapy have meant that the majority of patients with OCD respond well to treatment, many therapists continue to perceive OCD as a chronic illness with poor outcome and high relapse rates. This perception also continues to be a reality for a proportion of patients with poor treatment response.

This talk will focus on a recent training programme designed for clinical psychologists working within real-world hospital settings, specifically working with patients presenting with severe and longstanding OCD. A longer duration of symptoms often means that individuals have adapted the OCD symptoms to their everyday life, resulting in restricted living and various losses, which needs to be addressed in treatment. While this project is ongoing, preliminary data relating to treatment outcomes will be presented along with considerations about potential challenges encountered when treating long-standing OCD cases and how services may need to adapt their approaches.

Furthermore, the presentation will highlight key insights gained from this project and briefly evaluate the effectiveness of the OCD treatment training programme. It will showcase how collaborating with multidisciplinary teams can significantly enhance service quality for individuals dealing with long-standing OCD.

The Development of a Blended Intervention for the prevention of relapse in OCD
Presenter: Josie Millar, University of Bath

Symposium 30

Cognitive and physiological mechanisms of worry
Chair: Fran Meeten, King’s College London

The relationship between worry and academic performance: Examining the moderating role of attention control
Presenter: Patrick Clarke, Curtin University, Australia
Background: Worry is frequently associated with reduced cognitive performance, through consumption of attention control resources. Assessing attention control during acute worry may better reflect cognitive performance in real-world scenarios. This study examined whether attention control (assessed at rest and under acute worry) moderates the relationship between worry and academic performance.

Methods: Worry (Penn State Worry Questionnaire) and academic performance (examination grades) were assessed in 87 undergraduates, with attention control (antisaccade performance) measured at baseline and following worry induction. Results: When assessed at rest, attention control did not moderate the relationship between trait worry and academic performance. However, under acute worry, attention control significantly moderated the relationship between worry and academic performance \( (p=.05, f^2=0.14) \), such that at low levels of attention control under worry, higher trait worry was significantly associated with lower academic performance. At high levels of attention control under worry, however, the relationship between trait worry and academic performance was not significant.

Conclusions: Findings suggest that worry may shape performance according to attention control levels, with attention control's moderating role being more pronounced under conditions of acute worry. These results provide preliminary evidence that attention control assessed under worry may better predict real-world performance, compared to assessment at rest.

**Combined cognitive bias approach in understanding the mechanism of worry.**

Presenter: Ya-Chun Feng, National Sun Yat-sen University, Taiwan
Authors: Yuan-Ru Chang, National Sun Yat-sen University, TW; Hao-Yun Cheng, National Sun Yat-sen University, TW; Xue-You Guo, National Sun Yat-sen University, TW; Colette Hirsch, King’s College London

**Introduction**

Constant and uncontrollable worry is a core symptom of generalised anxiety disorder. According to the cognitive model of worry (Hirsch & Mathews, 2012), cognitive factors that maintain worry include biased attention towards negative information, i.e., negative attention bias, and the impaired capacity to direct attention orientation and focus on the current task, i.e., attention control. However, evidence regarding the direct relationships between worry, attention bias, and attention control is mixed. Few studies have investigated whether attention control and attention bias are interactively associated with worry (e.g., Goodwin et al., 2017). Therefore, the role of attention control capacity in relation to worry and attention bias remains unclear. Our first study aims to investigate the interactive associations between attention control, attention bias, and worry using different objective behavioural measures. The second study aims to investigate the causal relationship between combined attention control and attention bias processes and worry.

**Method**

In the first study, 73 unselected participants completed assessments of worry and attention control via self-reported questionnaires. Objective attention bias and attention control capacity in processing emotional information were assessed using two attention bias measures and three attention control measures. In study 2, we developed a computer-based training aimed at enhancing attention control and
directing attention toward neutral information simultaneously. High worriers were randomly allocated to the training and control groups and completed the nine-session training/control task (n=33 for each). The near transfer (attention control and attention bias) and far transfer (worry level) effects were examined.

Results and discussion
The first study revealed a relationship between worry and attention bias from one of the two measures. There were no direct associations between objective attention control and worry, possibly because objective attention control moderates the relationship between attention bias and worry. Findings also suggest that self-perceived attention control does not reflect behavioural attention control but is related to involuntary attention bias and self-reported worry. The second study demonstrated enhanced attention control and reduced worry in the training group compared to the control group at post-test. However, no attention bias difference between groups was found.

Cognitive and physiological correlates of anxiety-related attentional control deficits
Presenter: David Spalding, King’s College London
Authors: Cristina Ottaviani, Sapienza University of Rome; Toni Ejoor, King’s College London; Xiaochang Zhao, University of Twente; Milan Valášek, Bauhaus University, Weimar; Colette Hirsch, King’s College London; Frances Meeten, King’s College London

1. Introduction
Generalised anxiety disorder (GAD) is characterized by excessive and uncontrollable worry alongside somatic experiences such as muscle tension, fatigue, and restlessness. Worry is considered the key aspect of anxiety responsible for the impaired control of fundamental executive functions, drawing upon available executive resources and thus contributing to the uncontrollable nature and maintenance of pathological worry. Comparatively little has been established regarding the influence of somatic symptoms on anxiety-related cognitive processing impairments. However, recent neural, physiological, and behavioural evidence suggests somatic anxious traits may better explain cognitive processing and arousal states associated with anxiety than do cognitive anxious traits, including worry. The present research investigates the extent to which self-reported and physiological indices of somatic anxiety and worry contribute to impaired executive control in a group reporting high trait anxiety and worry.

2. Method
Participants (N = 142) scoring ≥ 10 on the GAD-7 and ≥ 62 on the Penn State Worry Questionnaire, completed the State-Trait Inventory for Cognitive and Somatic Anxiety and three tasks assessing inhibitory executive control of emotional and neutral stimuli (colour-word Stroop, emotional Stroop, and the sustained attention to response task). They also completed a resting-state measurement of heart rate variability (HRV), a biomarker of cognitive, emotional, and physiological adaptability which is negatively associated with anxiety and inhibitory control.

3. Results
We will present baseline sample characteristics followed by analyses examining whether self-reported trait worry, trait somatic anxiety and resting state HRV significantly explain variance in inhibitory control within a sample reporting high levels of trait anxiety. We will then explore whether the self-report measures interact with HRV to further explain any significant relationships.

4. Discussion
Findings will provide insights into the relative contributions of subjectively experienced worry and somatic arousal in driving anxiety-related cognitive deficits. Mechanisms underlying these potential relationships will be discussed, particularly whether anxiety-related cognitive deficits are underpinned by reductions in the effectiveness of psychophysiological control as indexed by HRV.

**Does heart rate variability manipulation affect symptoms of generalised anxiety disorder?**

Presenter: Fran Meeten, King’s College London

Authors: David Spalding, King’s College London; Toni Ejoor, King’s College London; Milan Valášek, Faculty of Architecture and Urbanism, Bauhaus-University Weimar, Germany; Colette Hirsch, King’s College London; Hugo Critchley, Brighton and Sussex Medical School; Cristina Ottaviani, Sapienza University of Rome, Italy

Background: Generalised anxiety disorder (GAD) is characterised by cognitive and physiological symptoms including uncontrollable worry, deficits in inhibitory control, and low heart rate variability (HRV). To date, the literature linking HRV and cognitive processes relevant to GAD is predominantly correlational. We present an experiment designed to examine the causal relationship between increased HRV, inhibitory control, and worry.

Methods: Participants with high levels of trait anxiety and worry were randomised to an experimental or active control condition. Participants completed baseline assessments of anxiety, respiration rate, HRV, and inhibitory control. The experimental group completed a resonance frequency breathing (RFB) assessment to determine the breathing rate at which HRV is maximised. The active control group underwent a sham breathing assessment and manipulation. The experimental group then completed a five minute period of RFB and the control group breathed at their baseline mean respiration rate. Participants repeated inhibitory control assessments and a behavioural worry task.

Results: We report on the efficacy of the respiration manipulation and its effect on HRV, measures of inhibitory control, and worry.

Discussion: We discuss the use of experimental design to examine the effect of respiration manipulation on HRV and inhibitory control in the context of anxiety. Future directions for this research will be discussed.
Repetitive negative thinking in OCD: Phenomenology and implications for treatment

Presenter: Rachel White, South London and Maudsley NHS Foundation Trust

Repetitive negative thinking is a transdiagnostic cognitive process and maintenance factor in OCD. Although CBT is an effective treatment for OCD, many people do not respond or maintain gains over the longer term. One of the factors which may lead to treatment non-response is repetitive negative thinking (RNT). This may involve rumination, for example, going over and over obsessional doubts, analysing and trying to find certainty. Or it may involve worrying about implications of intrusive thoughts or what might happen in the future. CBT treatment involves developing an alternative, less-threatening perspective on obsessional themes, and testing this out through behavioural experiments, including exposure and response prevention. However, RNT can be a barrier to this process. Understanding the phenomenology of RNT among those with OCD and the processes involved, is an important step towards enhancing treatments to target it. This qualitative study aims to do this, by interviewing sufferers with OCD about their experience. Emerging themes and possible implications for practice will be discussed.

Enhanced Contamination Concerns Diminish Extinction Learning and Alter Pupillary Response in Disgust Conditioning

Presenter: Lars Rothkegel, University of Potsdam, Germany

Authors: Lars Rothkegel, University of Potsdam; Jakob Fink-Lamotte, University of Potsdam

Introduction: Recent research, as highlighted in the Meta Analysis by Mitchell (2024), underscores the robustness of disgust conditioning in comparison to fear. Given the pivotal role of disgust in perpetuating psychopathology, particularly in contamination-based OCD, understanding the mechanisms underlying slowed extinction learning is paramount for devising effective interventions.

Method: In our investigation, participants were exposed to images of two distinct categories (animals and tools, designated as CS+ and CS-) followed by validated disgust-inducing stimuli (US) in 75% of the presentations of one category. Eye-tracking was employed to monitor participants’ responses. Following a 30-minute break, participants were presented with images from the same categories without reinforcement, constituting the extinction phase.

Results: While all participants successfully learned the association between the CS+ and the US, those with high contamination concerns (HCC), as assessed by the contamination subscale of the Dimensional Obsessive-Compulsive Scale (C-DOCS), exhibited significantly slower extinction compared to those with low contamination concerns (LCC). Additionally, during the acquisition phase, pupil size incrementally increased within a trial for the CS+; however, this phenomenon was only observed in the LCC group, not the HCC group.
Discussion: This experimental paradigm offers a promising avenue for assessing the effectiveness of interventions aimed at modulating learning patterns in OCD patients. By incorporating aspects of generalization learning, such as associating an entire category (e.g., “tool”) with disgust, the interplay between attentional processing (via eye-tracking), memory performance, and extinction learning can be elucidated. Pupillometry findings suggest that individuals with HCC exhibit less differentiation between CS+ and CS-, potentially indicating deficits in associative learning.

“COBITH” – Improved Cognitive Biases Modification Training targeting Interpretation Bias in Obsessive Compulsive Disorder – evaluation of the training materials and planned clinical trial

Presenter: Daniel Tönsing, University of Basel, Switzerland
Authors: Daniel Tönsing, Division of Clinical Psychology and Epidemiology, Department of Psychology, University of Basel, Switzerland; Corlette Hirsch, Institute of Psychiatry, Psychology and Neuroscience, King’s College London, London, United Kingdom; Roselind Lieb, Division of Clinical Psychology and Epidemiology, Department of Psychology, University of Basel, Switzerland; Eni Becker, Behavioral Science Institute, Radboud University Nijmegen; Rachel White, South London and Maudsley NHS Foundation Trust, London, United Kingdom; Karina Wahl, Division of Clinical Psychology and Epidemiology, Department of Psychology, University of Basel, Switzerland

Cognitive Behavioral Therapy (CBT), with exposure and response inhibition as the main strategy, is the state-of-the-art treatment of Obsessive Compulsive Disorder (OCD). However, symptoms persist in 40-50% of treated OCD. Cognitive Bias Modification for Interpretations (CBM-I) that focus on the misinterpretation of intrusive thoughts may complement CBT, particularly for people with obsessive thoughts. Initial CBM-I studies indicated a robust bias reduction but inconsistent downstream effects on emotional and behavioral outcomes. Therefore, we will methodologically improve CBM-I material and investigate the effect of an multi-session CBM-I training on emotional, behavioral, and cognitive responses in individuals with taboo obsessive thoughts. In this presentation, we present the evaluation of the improved materials in three consecutive studies. In addition, we will present the design of our planned controlled trial.

To overcome earlier limitations, scenarios were adapted to typical ICT situations, including rich sensory information and self-referencing and ICT relevance for OCD. In study 1 (N = 259) and study 2 (N = 110) participants rated scenario sets. In study 3 we investigated whether a recognition task was sensitive to an unwanted intrusive thoughts (UIT) activation. Participants (N = 180) were randomly allocated to one of three induction conditions (ICT relevant UIT, ICT-irrelevant UIT, no induction).

In Study 1, 18 (30%) of the scenarios resulted in balanced ICT solutions. In Study 2, 41 (66 %) of the revised and new scenarios resulted in balanced ICT resolutions. The number of ICT-consistent ratings was positively correlated with OC symptoms. In study 3, eight (80 %) scenarios proved to be suitable for the recognition task. The previous inductions showed no effect.
We have developed an improved CBM-I training that will be tested for efficacy in a multisession randomized control trial with OCD individuals with high levels of intrusive thoughts. Further study details and design will be presented. In the long term, methodologically improved CBM-I training targeting ICT could potentially complement CBT to improve treatment outcomes for individuals with taboo thoughts.

**Feasibility of automatic detection of compulsive hand washing using smartwatches**

Presenter: **Amatya Macintosh, University of Basel. Switzerland**

Wearable devices are expected to become an integral part of the assessment and treatment of mental disorders in the near future (van den Bergh & Lehnen, 2019) towards developing a digital phenotype (Torous et al., 2016). New technologies for obsessive-compulsive disorders (OCD) encompass smartphone assessment apps, web screening questionnaires and ecological momentary assessments which all have proven to be a worthy addition to existing assessment tools (Ferreri et al., 2019). Biofeedback and automatic detection through wearable biosensors will allow to develop new coping strategies (Ferreri et al., 2019) and will extend treatment possibilities by delivering digital interventions. Specifically, supplementing self-reported data about the frequency of compulsive behaviors with more objective sensor data could improve the precision of the diagnosis, allow to monitor symptom burden, capture novel symptoms and evaluate treatment response more closely.

Compulsive hand washing is very common in individuals with OCD (47.2–67.7%; Fontenelle et al., 2004) and seems an ideal starting point for the automatic detection of obsessive-compulsive (OC) repetitions with wearables. Providing real-time feedback might help a person to pause and deal more adaptively with the urge to perform the hand washing compulsion. Automatic detection of compulsive behaviors might increase a person’s mindfulness and awareness about their behavior and support individuals with OCD in the self-administration of “homework-exercises” during CBT, and thus improve the overall efficacy of CBT.

Very little research has been conducted so far to train off-the-shelf devices to discriminate hand washing (routine or simulated compulsive) from daily activities in healthy individuals using machine learning models (Wahl et al., 2022, 2023; Zhang et al., 2023). One research group so far has successfully trained a wearable biosensor to detect OCD events with 70% accuracy in children and adolescents with mild to severe OCD symptoms (Lonfeldt et al., 2023). Large scale studies are needed to train and test models and allow for individual compulsive hand washes to be discriminated from routine hand washes, other compulsive behavior and other daily activities in children, adolescents and adults diagnosed with OCD. This will ultimately allow for reliable clinical application of wearable devices and inspire novel assessment and treatment models for OCD, such as exposure situations in real life.

**Perceived barriers and facilitators to engaging in CBT for OCD: service user and clinician perspectives.**

Presenter: **Eilidh Grant, University of Sussex**

Authors: **Frances Meeten, Kings College London; Clara Strauss, University of Sussex; Sussex Partnership NHS Foundation Trust**
Background:
Cognitive-behavioural therapy (CBT) which incorporates exposure and response prevention (ERP) is currently the ‘gold-standard’, evidence-based psychological treatment for Obsessive-Compulsive Disorder (OCD), recommended by NICE (2005). However, the issue persists that only around 50% of those who receive this treatment achieve clinically significant symptom improvement following therapy. Furthermore, around 30% of individuals decide not to take up this therapy or to withdraw early. CBT for OCD is a challenging therapy which by definition elicits distress. Hence, understandably, many individuals with OCD struggle to fully engage with this treatment. It is thought that difficulties with engagement may explain why remission rates are not higher. To maximise beneficial outcomes, it is important to understand which factors mean that it is more or less likely that individuals will engage with and obtain the benefits of CBT for OCD. Quantitative research in this area has failed to identify consistent predictors of engagement and treatment outcomes and there is a lack of qualitative research in this domain. Hence, the current study sought to identify factors which were perceived as barriers and/or facilitators to engagement with CBT for OCD, from the perspectives of both service users and clinicians.

Methodology:
Semi-structured interviews were conducted. To analyse the data framework analysis was used, whereby the framework employed focused upon experiences of different aspects of therapeutic engagement.

Results and discussion:
Themes and sub-themes concerning facilitators and barriers to engagement in terms of session attendance and intrasession and inter-session ERP tasks will be presented and discussed, alongside recommendations for practice and future research.

Symposium 32
Treatment considerations for neurodivergence: reflecting on successes (and challenges) of CBT with neurodivergents
Chair: Emma Warnock-Parkes, Oxford Centre for Anxiety Disorders and Trauma

Considering neurodivergence at assessment for effective, neurodiversity affirming, CBT for common mental health conditions
Presenter: Natasha Hickmott, Vita Health Group

Neurodivergence is an umbrella term for a range of cognitive differences including Autism, ADHD and dyslexia. Neurodivergents experience high rates of mental health difficulties (Lai et al., 2019) and increasing numbers have been found to be presenting to NHS talking therapy services (Powell et al. 2021). However, screening for neurodivergence is not standard practice in NHS talking therapies. This presentation will reflect on the impact that screening for, and having awareness of, potential neurodivergence at assessment can have on subsequent treatment planning that reflects a neurodiversity affirming paradigm.
Adaptation of exposure and response prevention for a young person with a diagnosis of ADHD
Presenter: Katie Webster, University of Surrey

Introduction
This case report details the process of completing exposure and response prevention (ERP) for OCD with Tom, a secondary school-aged boy with an ADHD diagnosis. The report also details adaptations made to enable Tom to get the most out of the process.

Method
Twelve sessions of CBT were completed with Tom (not his real name) comprising assessment and formulation, ERP work including in-session exposure and between-session tasks, and relapse prevention.

Adaptations to the work to accommodate Tom’s neurodivergence took three forms throughout the therapy:
1) Incorporation of sensorily stimulating objects (e.g. fidget spinners) to help Tom to focus during sessions, as he said that he found it easier for us to talk if he had something to do with his hands
2) Adapting our formulation around Tom’s strengths and difficulties, for example by reducing the emphasis on cognitions in the formulation as he found it challenging to verbalise his thoughts and using pictures that he had drawn himself to visually represent his emotional states more vividly
3) Eventually incorporating both elements 1) and 2) into in-session exposure tasks, for example by playing two-person games such as Jenga. These exercises meant that Tom could engage in his exposure work as per our formulation while simultaneously giving himself something to do with his hands and enhancing his concentration during the session

Results
While Tom’s OCD symptoms were not below clinical caseness by the time his sessions came to an end, his distress scores on the ChOCI (Uher et al., 2008) had reduced somewhat. Qualitatively, he reported that he now found it slightly easier to deal with his handwashing. My observation was that Tom’s ability to engage fully in sessions improved significantly over the course of the therapy. Tom went on to receive counselling through school to address issues in his friendships, which he had highlighted as an area of importance for future work, reflecting a move towards his values and away from his life being ruled by his OCD.

Discussion
This case was a thought-provoking training case for me, and the first time I was required to make adaptations in therapy for a young person with an ADHD diagnosis. As the therapy progressed, the adaptations we made together seemed to deepen in significance for Tom and enhanced the development of our therapeutic relationship. I will take this learning forward into future work in order to keep my practice as client-centred as possible.
Cognitive therapy for post-traumatic stress disorder after birth trauma: A case study using internet delivered CT-PTSD with an autistic mother

Presenter: Aimee McKinnon, Oxford Specialist Birth Trauma Service & University of Oxford
Authors: Aimee McKinnon, University of Oxford; Emma Warnock-Parkes, University of Oxford; Anke Ehlers, University of Oxford

Background: Research suggests that autistic individuals are at increased risk for post-traumatic stress disorder. In addition, there is evidence to suggest that they may be vulnerable to PTSD from a wider range of index traumas (Rumball et al., 2020), leading to a risk of under recognition of PTSD. Method: This presentation outlines a case study of internet delivered cognitive therapy for PTSD (iCT-PTSD; Ehlers et al., 2023) with adaptations for an autistic mother following birth trauma. Results: the case study demonstrated reliable recovery and a high level of acceptability. Discussion: Key adaptations to the components of CT-PTSD are discussed along with the use of the internet programme to facilitate access to treatment.

Group CBT for ADHD - lessons learned

Presenter: Alison Roberts, Sussex Partnership Foundation Trust and Oxford Health Specialist Psychological Interventions Clinic

Sussex Partnership Foundation Trust’s Adult Neurodevelopmental Service has been providing group CBT for ADHD for neurodivergent adults for the last 7 years. The materials used for this provision are from two evidence-based protocols:

During this time adaptations have been made to how some of the core CBT strategies are presented. These have been on the basis of feedback received during the groups, the developing knowledge base about mental health care and neurodivergence in late diagnosed adults, and information gathered during neurodevelopmental assessments about people’s experiences of talking therapies. Ideas have also been taken from recent publications designed to increase accessibility of healthcare for neurodivergent adults (e.g. Doherty M, McCowan S, Shaw SC. Autistic SPACE: a novel framework for meeting the needs of autistic people in healthcare settings. Br J Hosp Med (Lond). 2023 Apr 2;84(4):1-9. and the National Autistic Society’s Good Practice Guide - for professionals delivering talking therapies for autistic adults and children.

The talk will provide a brief description of the group content and its associated evidence base, and some of the adaptations that have been made with a discussion of the rationale for these adaptations. Some examples of these include sensory adjustments, support for executive functioning challenges, specific acknowledgment of a neurodiversity rather than deficit driven model, addition of materials relating to interoception and alexithymia, adaptation to a more neurodivergent/inclusive
understanding of relationship problems, increased focus on targeting self-critical thinking, alternative ways ‘in’ to thought challenging.

Potential future re-designs will be suggested with discussions of pros and cons. Potential quality improvement research projects will be discussed.

**Symposium 33**

**Cultural competence: tick box or meaningful change in low intensity training?**

Chair:  
*Rani Griffiths, Berkshire Healthcare Foundation Trust*

**Recommendations to reality! Fundamental learnings from the Bradford PWP training course.**

Presenter:  
*Palvisha Iqbal, University of Bradford*

Authors:  
*Palvisha Iqbal, University of Bradford; Faithful Odusote, Hammersmith and Fulham NHS Talking Therapies; Tanisha Douglas, Birmingham City University; Shenaz Imambaccass, NHS Talking Therapies Berkshire/BHFT; Yahya Delair, University of Exeter*

NHS Talking Therapies service is delivered in part by Psychological Wellbeing Practitioners (PWPs). PWPs have a challenging role and are involved in assessment/delivery of low-intensity Cognitive Behavioural Therapy (LICBT), primarily to those experiencing mild to moderate anxiety and depression (Health Education England, 2022). To achieve this, PWPs are involved in a blended approach between lecture-based learning at a university and practical experience gained working within the service.

For cultural competence and anti-discrimination to be meaningfully embedded into practice training is key. The recognition of one’s own identity, privilege and difference is a significant task. It is difficult to imagine how effective and experiential teaching on cultural competence and anti-discrimination could be safe and effective if educators have not undertaken that learning themselves. It can be argued that not only trainees but course teams should be required to demonstrate ability in ‘developing [their own] ability to recognise their own reaction to people who are perceived to be different and their own values/beliefs, so as to be able to work effectively with them’ (PWP National Curriculum, 4th Edition, P.7).

Iqbal highlights examples of best practice in integrating cultural competence training into PWP Bradford course, not to just teach but model and demonstrate cultural competence in course design and delivery. Representative teaching teams who hold minoritized characteristics and effective didactic teaching enhanced by experiential exercises are considered. Reflective spaces where staff and student identities & experience of difference and minoritisation can be safely acknowledged and incorporated into learning are explored.

Furthermore, Iqbal addresses ways that LICBT practice can be made more inclusive, by using the Social Graces framework (Burnham, 2018) to identify similarities and differences between ourselves and those we work with. Her work also focuses on highlighting our own biases and blind spots that may exist to better our practice. (Iqbal and Beck, 2024 (in press)).
Iqbal uses findings from feedback questionnaires completed by trainee PWP’s to better understand the impact of the teaching team composition when it comes to EDI teaching and trainee learning. The results of using the framework have been positive and the questionnaire highlighted significant points around what diversity means to students and the impact of this on their learning.

**What is Representation within PWP Training?**
**Presenter:** Faithful Odusote, Hammersmith and Fulham NHS Talking Therapies  
**Authors:** Taf Kunorubwe, IPSIG, Private Practice

Research shows that clients from racially minoritised communities have lower access rates to primary care mental health services (Baker, 2020), for reasons such as stigma (Eylem et al., 2020), lack of understanding (Memon, 2016) and mistrust of mental health services (Henderson, 2015). To address this, the BAME Positive Practice Guide (Beck et al., 2019) encourages proactive work to improve access and outcomes for clients through service level changes, outreach, audits, adapting therapy and staffing - including having a workforce that is representative. However, this brought about other questions: what is the definition of representation? How do we measure representation, specifically, within the field of LICBT? How can a training institution assess that it accurately represents its community amongst staff and trainees? To prevent tokenism, to improve access to therapy for racial minorities, and to successfully apply the IAPT BAME PPG, we consider the answers to these questions.

**Bridging the Gap: Cultural Responsibility in Training for Psychological Professions**
**Presenter:** Tanisha Douglas, Birmingham City University

In recent years, equity in mental health care has become an increasing priority. Through our research, we know that clients from culturally and ethnically diverse backgrounds are more likely to disengage with mental health services and experience poorer outcomes for an array of reasons, including but not limited to lack of practitioner knowledge, feeling unheard, and prejudices.  
As a therapist-turned-educator specialising in cultural and ethnic diversity, I am in a unique position to facilitate the bridging of the gap between theory and practice. Having first-hand insight into the experiences of working with cultural and ethnic diversity in mental healthcare, I began this movement by developing and delivering a three-part webinar series, hosted by the BABCP in the summer of 2023.  
Through reflection and analysis, in this talk I aim to share the insights I have obtained through this journey to date. Drawing on real-world scenarios and case studies, I will explore strategies for improving cultural competency among the psychological professions, taking a specific look at the value of experiential learning, skill development, and self-reflection, concluding with suggestions for future developments. This talk is a call to action for mental health educators and practitioners to review, evaluate, and enhance the current training programs. By taking a proactive approach to integrating cultural responsibility into the curriculum, we can provide a more inclusive and equitable mental health care system where all can feel seen, heard, and valued.
Bridging the Gap: Revolutionising Mental Health for Muslims in Low-Intensity Training
Presenter: Yahya Delair, University of Exeter

The landscape of mental health interventions, exemplified by initiatives like IAPT, aims to increase accessibility for all individuals. However, for religious minority communities like Muslims, accessibility often falls short. Existing literature highlights a higher prevalence of mental health disorders among UK Muslims. This presentation explores the necessity of adapting interventions for faith communities, particularly Muslims, and provides suggestions for enhancing cultural competence in low-intensity mental health interventions to foster meaningful change in care delivery.

This presentation draws on Ghazala Mir’s research on Behavioral Activation within Muslim communities. Insights from the Muslim Youth Helpline 2019 report, surveying 1077 Muslim individuals, reveal dissatisfaction with NHS Talking Therapies due to sensitivity and accessibility issues. Many face multiple barriers, leading to the underutilisation of talking therapies services even though research has demonstrated the efficacy of LICBT interventions within Muslim communities. Additionally, findings from the recent Psychological Professions Network Anti-Racism Community of Practice Year 1 report provide an understanding of challenges within NHS Talking Therapies. By synthesising these sources, the presentation underscores the need for cultural adaptation and addressing structural barriers for marginalized groups.

This presentation advocates for a paradigm shift in low-intensity training within NHS Talking Therapies towards fostering genuine cultural competency. Standardised Muslim interventions within LICBT frameworks are essential to address the specific needs of Muslim communities, incorporating religion as a fundamental aspect. Recommendations for achieving this will be explored, including the development of new Positive Practice Guidance, specialised knowledge-based training, adapted treatment interventions, and cultural humility training. Integrating these culturally sensitive approaches into mainstream mental health services is vital to bridge existing gaps. Our upcoming Positive Practice Guide for the Muslim Community is a pivotal step forward. Enhancing workforce capabilities through comprehensive training, particularly non-minoritised groups, is crucial. Ensuring culturally sensitive interventions by a competent workforce fosters trust and inclusivity. These findings stress the need for culturally tailored NHS Talking Therapies for equitable and effective support.

Symposium 34

Providing online parent-led CBT for young children identified as at-risk for anxiety disorders through screening in schools: MYCATS trial findings
Chair: Tessa Reardon, University of Oxford

Delivering parent-led CBT via online and telephone support for young children identified as at-risk for anxiety disorders through screening in schools: MYCATS trial clinical outcomes
Presenter: Tessa Reardon, University of Oxford
Anxiety disorders are common among children and adolescents, with a first peak age of onset of 5.5 years (1). Experiencing anxiety problems early in life is associated with a wide range of negative consequences into adulthood, including ongoing and future mental health problems, impaired education and employment outcomes, and substantial economic costs (2). Identifying young children who are at risk of developing anxiety disorders and providing support for these families before difficulties become ingrained could benefit children, families, and wider society. Systematically screening through schools and delivering support online and remotely has the potential to maximise reach for targeted prevention and early intervention programmes. Elevated anxiety symptoms, inhibition, and parental anxiety are established risk factors for anxiety disorders, but it is unclear who is most likely to benefit from prevention programmes. The MYCATS trial (3) aimed to evaluate the effectiveness of delivering parent-led CBT via online and telephone support, compared with usual school provision only, for children (aged 4–7) identified as at risk for anxiety disorders on the basis of screening positive for at least one risk.

We recruited 95 primary/infant schools in England, and parents of all children (aged 4–7) in sampled classes were invited to complete screening questionnaires to assess child anxiety symptoms, inhibition, and parent anxiety. 2,328 children were screened, and 865 screened positive for at least one risk and enrolled on the trial. Schools were randomised to intervention or usual school practice arms and in schools allocated to the intervention arm we offered OSI (Online Support and Intervention) for child anxiety. Follow-ups were completed at 6 weeks, 12 weeks, and 12 months post-randomisation.

This talk will present and discuss primary and secondary clinical outcomes. This will include comparisons between intervention and usual school practice arms on the presence of an anxiety disorder diagnosis at 12 months (primary outcome), and group comparisons for a range of secondary clinical outcomes at 12 weeks and 12 months (including risk factors, inference related to child anxiety, externalising symptoms, and additional intervention targets). Key implications of these findings and how findings could be applied in school settings going forwards will be discussed.

**Minimising Young Children’s Anxiety through Schools (MY-CATS): an economic evaluation alongside a Cluster Randomised Controlled Trial**

Presenter: Mara Violato, University of Oxford
Authors: Shuye Yu, University of Oxford; Tessa Reardon, University of Oxford; Cathy Creswell, University of Oxford

The cluster randomised controlled trial MY-CATS sets out to test the effectiveness and cost-effectiveness of the provision of a new online parent-led intervention (OSI - Online Support and Intervention for child anxiety) with therapist support in addition to usual school practice compared with usual school practice only, for children aged 4–7 in the UK (1). Establishing whether OSI is good value for money is crucial for recommending
its wider rollout across the NHS and schools.

The economic evaluation (1 year duration) is performed using individual participant (pupil) level data collected during the MY-CATS trial. It takes the form of a cost-utility analysis (CUA - outcome: quality-adjusted lifer years (QALYs) derived from the CHU-9D instrument) and a cost-effectiveness analysis (CEA - outcome: ADIS-P) from an intention-to-treat perspective. Treatment and healthcare and other resources use (including days off school) are collected through bespoke logs and questionnaires completed by therapists and parents, and costed using UK national unit costs sources. Both a health system (NHS) and societal perspective are adopted. A willingness-to-pay threshold of £20,000-£30,000 per QALY gained, as per UK guidelines, is used to assess whether OSI is cost-effective compared to usual treatment. Uncertainty around the cost and effectiveness estimates is represented by mean of acceptability curves. The same approach is used in the CEA, although the maximum threshold value that the NHS/society is willing to pay for an additional child free from anxiety is unknown.

Preliminary results show that average therapist’s time spent delivering treatment sessions for OSI (152 minutes) is about half the average time (307 minute) of a typical Cognitive Behavioural Therapy course for children with anxiety problems. Child health-related quality of life (HRQoL) at post-treatment is significantly higher for the OSI group (adjusted mean difference: 0.033; p-value< 0.001). Other economic data are being analysed.

Our preliminary results point towards potential cost-savings of OSI, and higher child HRQoL at post-treatment. If OSI is found to be clinically and cost-effective, its wider rollout has the potential to influence health policy and practice by informing prevention and early intervention strategies. It can also provide a model for identification and intervention that may be expanded to other common mental health conditions in children and to other international settings.

**Parents’ experiences of parent-led CBT provided via online and telephone support in the MYCATS trial: A qualitative interview study**

**Presenter:** Pete Lawrence, University of Southampton  
**Authors:** Natasha Pall, University of Oxford; Fran Morgan, Square Peg; Natascha Niekamp, University of Oxford; Cathy Creswell, University of Oxford; Tessa Reardon, University of Oxford

Parent-led CBT involves therapists working with parents to support them to apply cognitive behavioural strategies in their child’s daily life. This is an efficient and effective approach for treating anxiety disorders in primary-school aged-children (1). Delivering support remotely and via digital platforms has the potential to further maximise efficiency. A recent trial found that delivering parent-led CBT via therapist support calls and a digital platform (OSI: Online Support and Intervention for child anxiety) for children with anxiety problems in routine child mental health services reduced therapist delivery time compared to usual care, without compromising outcomes and was well received by parents (2). MYCATS is the first trial to evaluate providing OSI at an earlier stage for young children (4-7 years) identified as at-risk for
anxiety disorders through screening in schools (3). This study aimed to evaluate parents’ experiences of participating in screening and receiving OSI in the context of the MYCATS trial.

We used a purposive sampling approach to identify a subset of parents in the intervention arm to invite to take part in a qualitative interview. Our aim was to maximise variation in relation to key school and family characteristics that may influence parents’ experiences of the intervention. Trained research assistants conducted topic-guided interviews with 19 parents. Interviews were audio-recorded and transcribed interviews were analysed using reflexive thematic analysis. Participants were parents of children in Reception (n=4), Year 1 (n=7) and Year 2 (n=8), with varied socio-demographic backgrounds and screening outcomes (16 screened positive for elevated child anxiety symptoms, 5 for child inhibition, 9 for parent anxiety). Parents’ experiences will be presented in relation to four main themes: ‘getting started’, ‘fitting it into life’, ‘keeping it going’ and ‘direct and wider impacts’. Findings illustrate a range of positive experiences and key factors that helped or hindered positive experiences. Key implications for future delivery of parent-led CBT via digital and remote support for young children identified as at-risk through screening in schools will be discussed.

How does an online guided parent-delivered CBT reduce young children’s anxiety and what influences its outcomes? - A qualitative study from parents’ perspectives

Presenter: Siyu Zhou, University of Oxford
Authors: Tessa Reardon, University of Oxford; Cathy Creswell, University of Oxford

CBT is the most extensively supported approach for the prevention and treatment of childhood anxiety disorders. However, traditional forms of CBT typically require intensive specialist resources (e.g., face-to-face contact with therapists in specialist settings), limiting accessibility for many children. Low-intensity forms of CBT have been developed to increase access, such as online therapist-guided parent-delivered CBT (GPD-CBT), in which parents work through a website with remote therapist support (video/telephone call) to learn how to use CBT techniques to help their child manage anxiety-provoking situations.

Several online GPD-CBT interventions have been designed for anxiety prevention among young children who are at risk of developing anxiety disorders. Trials, such as MY-CATS (1), have been conducted to evaluate their effectiveness. However, little is known about how these preventative interventions work and what influences outcomes. Answering these two questions would help researchers and clinicians to develop more powerful intervention packages with optimized outcomes and ways to tailor the intervention to suit the unique needs of children and families.

This qualitative study involved secondary analysis of interviews with 19 parents in the MY-CATS trial who received the online GPD-CBT intervention designed for reducing anxiety among children (aged 4-7) identified as at risk for anxiety disorders. Interview transcripts were analysed using inductive thematic analysis to gain an in-depth understanding of parents’ perspectives on (1) the paths through which the intervention reduced their child’s anxiety, and (2) the reasons the intervention effectively reduced...
their child’s anxiety or failed to do so.

Findings and implications for how best to optimize the design and delivery of online GPD-CBT as a first-line intervention for anxiety prevention in at-risk young children will be discussed. Qualitative insights from this study also identify key avenues for future investigation in quantitative studies of the mediators and predictors of child anxiety outcomes in online GPD-CBT interventions for anxiety prevention in at-risk young children.

Symposium 35

Pathways underlying suicidal experiences and the effect of a suicide-focused therapy for people with psychosis and male prisoners.

Chair: Gillian Haddock, University of Manchester

Working with psychosis and suicide: Findings from recent randomised controlled trials evaluating cognitive behavioural suicide prevention therapy in different settings

Presenter: Gillian Haddock, University of Manchester

Introduction: Suicide is a leading cause of death and people experiencing psychosis are at increased risk of dying by suicide. The development of new therapies to reduce suicidal thoughts and behaviours is a priority for mental health services. We have investigated the effectiveness of cognitive behavioural suicide prevention therapy (CBSP) for people experiencing suicidality in several randomised controlled trials. This paper will present an overview of these trials and data relating to effectiveness in different settings.

Method: We have carried out five randomised controlled trials comparing CBSPp plus treatment as usual (TAU) with TAU alone for people with severe mental health problems who were either experiencing current suicidal feelings or had recently experienced feelings of suicide. Therapy was delivered in different settings e.g. inpatient, prison and community over 6 to 9 months in up to 24 sessions. Participants were recruited from NHS mental health services and prisons, were 18 years old or more, and were experiencing suicidal thoughts, plans, and/or behaviours. We have assessed multiple mental health outcomes at baseline and follow up. Data on quantitative and qualitative findings will be presented in this paper and within the symposium.

Results: The impact of the interventions on suicidal thoughts and other outcomes will be described. Data on therapy attendance and the level of formulation achieved during sessions will be presented. The large majority of participants were able to discuss and formulate difficulties with regard to suicidal thoughts and acts in sessions. Therapeutic alliance was good and comparable with other trials of CBT across studies.

Discussion: CBSPp was acceptable, and it was effective for those who engaged in therapy. Although talking about suicide was difficult and sometimes distressing, therapy attendance, alliance and formulation have suggested it is a welcomed approach. Taken together with findings from qualitative work, there is value in further research to examine how CBSP can be optimised to meet service user needs and become available to those people who want it.
The dynamic interplay between interpersonal relationships and suicidal experiences in people with non-affective psychosis: Findings from the CARMS project

Presenter: Patricia Gooding, University of Manchester
Authors: Kamelia Harris, University of Manchester; Sarah Peters, University of Manchester; Gillian Haddock, University of Manchester

Introduction:
It is important to understand pathways to suicidal experiences from psychosocial perspectives in order to develop robust mechanistic models which form the foundation for the development of suicide-focused psychological interventions. Perceptions of social isolation, loneliness, and interpersonal relationship problems are central to the pathways which lead to suicidal experiences. However, the ways in which these negative appraisals lead to suicidal experiences is still poorly understood, especially in people with non-affective psychosis. The CARMS project sought to redress this gap.

Method:
CARMS tested the efficacy of a suicide-focused therapy for people with psychosis using a two-armed RCT (therapy treatment versus TAU control) with assessment timepoints at baseline, 6- and 12 months. Participants had non-affective psychosis plus recent suicidal experiences. Qualitative work-streams were nested within the RCT. We describe convergent findings using both quantitative and qualitative methods and analyses.

Results:
The first set of findings are quantitative. A significant mediated, indirect, treatment effect was found, in which our suicide-focused therapy significantly reduced the severity of suicide thoughts at six months relative to baseline compared to a control group because it strengthened positive appraisals of social support from friends, family, and other people.

The second set of findings build on the first and are based on qualitative interview data analysed with reflexive thematic analysis. A complex dynamic is evident illustrated by themes of i. mattering “if I kill myself who's going to miss me”, ii. connectedness “socialising is a part of everything really, you can't be alone all the time”, and iii. sharing “And with friends and my boyfriend there’s just no understanding”.

Discussion:
The mediational pathways and the qualitative findings converged in that perceptions of being connected to other people and mattering countered suicidal experiences, with perceptions of social support being a mediator of the therapeutic treatment effect. However, interpersonal relationships with other people can also present myriad complexities which can feel hard to navigate.

Implementing a suicide-focused therapy for people with psychosis in services:
What is important for service users and staff?
Presenter: Kamelia Harris, University of Manchester
Introduction: Suicide is a leading cause of death worldwide. Individuals experiencing psychosis are more likely to die by suicide and a substantial proportion report lifetime suicidal thoughts and/or behaviours. Although talking therapies can effectively ameliorate suicidal experiences, a gap exists between research findings and their implementation in services. This study sought to address this gap by exploring the perspectives of mental health professionals and service users regarding the implementation of a suicide-focused psychological therapy for individuals with psychosis in mental health services.

Method: Professionals and service users were recruited from community and inpatient services in Northern England, UK. Service users were recruited from a randomised controlled trial of suicide-focused psychological therapy for people with psychosis (Cognitive AppRoaches to coMbatting Suicidality). Eligibility criteria included: i) ICD-10 schizophrenia-spectrum diagnosis; ii) suicidal thoughts and/or behaviours in the past three months; iii) being under the care of a mental health team; iv) aged over 18 years. Mental health professionals working in National Health Service trusts and third sector organisations were eligible to participate. Eighteen service users and 20 professionals participated in semi-structured interviews. Reflexive Thematic Analysis was conducted and NVivo software was used to organise the analysis.

Results: Four factors were reported as important: i) Establishing safe environments; ii) Gaining a voice; iii) Timing access to therapy appropriately; iv) Establishing a clear pathway for accessing therapy. Participants expressed feelings of being misunderstood and sometimes disregarded by professionals about discussing suicidal experiences. Stakeholders agreed that therapy should be offered at the right time for clients. However, views diverged. Service users felt that access to therapy during crisis was crucial. Conversely, some professionals held the view that therapy during crisis might be ineffective.

Discussion: A therapeutic approach that cultivated a feeling of safety and enabled open discussions of suicidal experiences with a therapist who was non-judgmental and supportive was crucial for delivering effective care. While stakeholders recognised the value of suicide-focused therapy for individuals with psychosis, they also acknowledged that a successful implementation necessitated additional training, flexibility, and resources.
Almost half of people with non-affective psychosis have suicidal experiences including thoughts and/or behaviours. There is limited understanding of the processes underpinning psychological resilience to psychotic and suicidal experiences especially in people who have engaged with psychological talking therapies. Hence, the current study aimed to redress this gap by examining the perspectives of clients who had recent lived experiences of both psychosis and suicidality, and who could also draw on these as a psychological therapy client.

Methods:
Semi-structured interviews were conducted with 35 participants who had psychosis and suicidal experiences in the three months prior to recruitment. Data were analysed using Reflexive Thematic Analysis.

Results:
There were four key psychological processes that contributed to resilience: 1. Not feeling controlled by persistent and powerful voices and the associated overwhelming thoughts and emotions: “talk about the voices and get more techniques on how to control them”; 2. Gaining a sense of hope facilitated by perceptions that “bad days do not last forever”, positive memories can be evoked and re-experienced, and that aspects of life have personal value and “moments of joy”; 3. Developing a sense of self-worth based on compassionate self-acceptance, self-understanding, and affirmation of personal qualities “he’s [therapist] helped me to understand... when I took that overdose and everything... I understand why I did it. And then it makes me kind of forgive myself a little bit... I feel more confident that I can keep going”; and 4. Finding acceptance juxtaposed with being able to “stop the battle” and living alongside distressing and negative memories, thoughts and emotions: “So I just try – I try and just let it [suicidal thought] pass, I just let it pass... It’s not overwhelming anymore”.

Conclusions:
People who live with psychosis and suicidal experiences can, and do, evidence psychological change and psychological resilience in response to psychological therapy. To promote resilience, practitioners should pursue a person-based, client-directed, approach and be open to exploring different ways of working with overwhelming thoughts and emotions and embracing acceptance.

Symposium 36
Episodic Future Thinking and Psychopathology

Specificity of Episodic Future Thinking in Adolescents: Comparing Childhood Maltreatment, Autism Spectrum and Typical Development

Presenter: Alex Lau-Zhu, University of Oxford
Authors: Carmen Chan, Oxford Health NHS; Gibson Daisy, Oxford Health NHS; Stark Eloise, University of Oxford; Happé Francesca, King’s College London; Stacey James, Oxford Health NHS; Cooper Myra, Oxford Health NHS
Introduction: Maltreatment and autism can be associated with overlapping difficulties across functional domains (e.g., social, emotional, and sensory) and high rates of mental health problems. A cognitive approach focusing on affect-laden cognition, here on episodic future thinking (FT), could help inform cognitive assessments and adapt psychological interventions.

Methods: Three groups of adolescents (N = 85), i) maltreatment (n = 28), ii) autism (n = 29), and iii) typical development without maltreatment/autism (TD; n = 28), matched in age (10-16 years old), sex, and socioeconomic status, completed a newly adapted online Autobiographical Future Thinking Test.

Results: As predicted, the maltreatment group generated significantly fewer specific future events relative to the TD group, however, the number of specific future events did not significantly differ between the autism and the other groups. Exploratory analyses showed that lower FT specificity was significantly associated with more depressive (but not anxiety) symptoms across the three groups.

Discussion: These findings shed light on the cognitive profiles of both maltreatment and autism during adolescence and signal FT as a potential therapeutic target for adolescents with these developmental differences. Our study lays the foundation for additional comparisons of maltreatment-related presentations versus autism with improved designs and a broader set of cognitive and clinical domains.

Inducing Spontaneous Positive Mental Imagery in Everyday Life using Personal Photograph Cues
Presenter: Simon Blackwell, University of Göttingen
Authors: Mahdi Bagheri, Ruhr University Bochum, Germany; Jürgen Margraf, Ruhr University Bochum, Germany; Marcella Woud, University of Göttingen, Germany

Introduction:
Most people experience positive mental imagery popping spontaneously into mind over the course of the day, and such imagery is thought to play a number of important roles in healthy functioning, for example in thinking about and anticipating future events and activities, and motivating goal-directed behaviour. However, depression is characterized by dysfunctions in the experience of this kind of imagery, and this dysfunction could plausibly play a role in the maintenance of depressed mood. Anecdotal reports from depressed individuals suggest that repeated computer-guided generation of positive imagery can lead to spontaneous retrieval of the previously-generated positive images in daily life, with beneficial effects on mood and behaviour (e.g., Blackwell & Holmes, 2017).

Method:
The current study (Bagheri et al., 2023) was a preregistered experiment (https://osf.io/wsj7v) that aimed to formally investigate one potential method to experimentally induce spontaneous positive imagery into daily life, via using personalized photograph cues. In a within-subjects design, healthy participants (N = 41) generated a series of positive mental images (imagery condition) and sentences (verbal
condition) in the lab, via combining pictures with positive word captions. Half of the pictures used were photographs taken by the participants themselves from their daily lives. Participants then recorded involuntary memories of the previously-generated images or sentences in a seven-day diary, before returning to the lab.

Results:
Participants reported more involuntary memories from the imagery condition than from the verbal condition, and more involuntary memories from their own photos compared to the other photos. The study indicates that this picture-word paradigm can be used as a means to induce spontaneous positive imagery in daily life, and that using participants’ own photos as the basis for generating positive imagery is more effective than using standardised photos.

Discussion:
Investigating the use of this paradigm within a clinical sample could provide a route for developing novel interventions to increase the amount of spontaneous positive imagery experienced in daily life by people with depression.

Does modulating future-oriented imagination of threat facilitate exposure to fear-provoking situations?
Presenter: Iris Engelhard, Utrecht University, The Netherlands
Authors: Iris Engelhard, Utrecht University; Bart Endhoven, Utrecht University

Exposure-based therapy is recommended by treatment guidelines as first line treatment for anxiety disorders. It helps people to confront disorder-relevant things they fear and avoid. This can help weaken the associations they have learned between feared situations (or activities and objects) and threatening outcomes, thus extinguishing fear. However, it can be difficult to break the pattern of avoidance behavior: many individuals do not seek treatment, drop-out, or keep avoiding in therapy. How can we help individuals to confront their fears? One potential way is by focusing on fear-related mental imagery. Individuals suffering from anxiety disorders report fear-related episodic memories of past events, but also upsetting imaginations of future threat. Laboratory research has shown that vivid imaginations of threat can evoke avoidance behavior and interfere with extinction learning (Krypotos, Mertens, Leer, & Engelhard, 2020). Interventions that modulate aversive memories include imagery rescripting (Kip et al., 2023) and EMDR therapy (Cuijpers et al., 2020). In non-clinical laboratory studies, we have examined whether imagery-based interventions targeting future fears reduce actual or intended avoidance behavior. In a study of socially anxious individuals, we recently showed that imagery rescripting focused on imagery of future threat, compared to no task, increases participants’ willingness to conduct a behavioral experiment for social anxiety (Landkroon, Meyerbröker, Salemink, & Engelhard, 2022). Based on insights about the working mechanism of EMDR (Engelhard, van Schie, & McNally, 2019), we conceptually replicated the study using EMDR therapy focused on future threat instead of imagery rescripting. This research and findings will be presented and theoretical and clinical implications will be discussed.

Exploring mechanism of Imagery Re-Scripting targeting self-harm related mental imagery in young people
Presenter: Martina Di Simplicio, Imperial College London
Background: Self-harm (SH) behaviour is present in around 20% of young people (YP) with increasing prevalence. Available treatments are long and costly with an urgent need to develop novel scalable interventions. Recent evidence highlights that SH-related mental imagery can amplify the urge and likelihood of engaging in the behaviour (Lawrence et al., 2023), and might represent a viable target for treatment (Di Simplicio et al., 2020, Zosic-Vasic et al., 2024). However, the mechanisms by which mental imagery manipulations may work in relation to SH imagery remain poorly understood. In this study we aimed to explore if an experimental mental imagery re-scripting (ImRS) procedure would modify imagery characteristics and motivational tendencies towards SH-related and positive stimuli.

Methods: YP (age 16-25) with a history of SH and reporting recent SH mental imagery (N=37) were recruited from the general population. They completed an approach/avoidance (AA) task (Rinck and Becker, 2007) comparing approach and avoidance responses to SH, neutral and positive image cues (by either pushing or pulling a joystick in response to personalised stimuli related to SH and to positive hobbies/activities), before and after an ImRS exercise. During the ImRS procedure, participants were first exposed to their SH image and then guided to swap it for an ‘antidote’ image. Characteristics of both images were rated including vividness, and emotional intensity. Pre-post differences in cognitive task performance and imagery ratings were explored with paired-samples t-tests or non-parametric equivalents.

Results: Preliminary findings show a reduction in vividness of SH-related mental imagery from initial exposure to post-ImRS and a reduction in the intensity of positive emotions associated with the SH image (Z=1.97, p=0.048), while intensity of positive emotions associated with the antidote image increases (Z=3.65, p<0.001). No significant differences in AA tendencies to SH or positive cues were recorded after ImRS compared to baseline.

Conclusions: Our study suggests that targeting SH-related mental imagery via ImRS reduces the positive emotions associated with this imagery. Future work should clarify if and how this may translate into reducing motivational urges towards SH, as well as explore other potential mechanisms such as change in imagery-related beliefs. Better mechanistic understanding could help develop better targeted imagery-based interventions.

Co-MAID: Co-designing a novel, mental imagery-based intervention for anxiety in people with intellectual disabilities.
Presenter: Olivia Hewitt, University of Warwick

Introduction
People with intellectual disabilities experience health inequalities, including higher rates of mental illnesses (e.g. anxiety).
Despite this, there is a dearth of bespoke and co-designed psychological interventions for this population. Co-design may ensure ethical research practices, and the accessibility and acceptability of interventions.

Whilst mental imagery interventions have proved effective in reducing psychological distress through various mechanisms including amending future thinking, they are unexplored in people with intellectual disabilities. However, the reduced burden they place on verbal reasoning skills may make them well suited to this population.

Method
Experience Based Co-Design (EBCD) was used to co-develop an accessible mental imagery intervention comprising three mental imagery components (generating positive imagery, attention switching and changing aspects of an image). EBCD consisted of three phases (two of focus groups and a workshop).

Ten focus groups with people with intellectual disabilities and stakeholders (held separately) refined the intervention. In phase one, five groups focused on adapting materials to improve engagement within and between sessions, and to ensure successful delivery within NHS services. Various ‘touchpoints’ (critical moments in an intervention) were identified and considered in the second phase of focus groups. A whole day workshop event further refined the intervention, with mixed groups working on areas for intervention delivery.

Results
People with intellectual disabilities and stakeholders have been active co-researchers across all stages of intervention design. Three mental imagery techniques have been adapted to ensure accessibility whilst retaining theoretical underpinnings.

The novel, mental imagery-based intervention targeting anxiety in people with mild to moderate intellectual disabilities is undergoing initial testing in an NHS setting. Feedback has been gathered using semi-structured interviews to understand barriers and facilitators to EBCD.

Discussion
Co-design requires additional resources to ensure power is truly shared, especially within marginalised populations. Benefits include ensuring new interventions are appropriately adapted, accessible, and acceptable to all stakeholders, thus facilitating adoption into clinical practice.

Future testing is required to determine feasibility and understand the impact of the intervention in promoting adaptive future thinking.

Symposium 37

**CBT at all levels of the organisation: from individual to systems change**

Chair:  
Lucy Maddox, University of Bath

**Mindfulness-Based Cognitive Therapy (MBCT) for NHS Staff Wellbeing: Findings and implications from randomised controlled trials evaluating MBCT courses for NHS Staff**

Presenter:  
Clara Strauss, University of Sussex

Authors:  
Willem Kuyken, University of Oxford; Jesus Montero-Marin, University of Oxford; Adrian Whittington, NHS England; Kate Cavanagh, University of Sussex; Emily Ironmonger, Canterbury Christ Church University; Fergal Jones, Canterbury Christ Church University
NHS staff experience disproportionately high levels of stress, impacting wellbeing, patient care and recruitment and retention. Meta-analyses of have found that mindfulness courses enhance healthcare staff wellbeing and improve mental health and stress outcomes. Indeed, the evidence is such that NICE (2022) now recommend that employees in all organisations have access to mindfulness training. However, a broad range of mindfulness courses have been evaluated that vary in their focus (difficulty versus flourishing), duration/intensity and format (in-person versus remote versus self-help) and the potential benefits of different courses are not well understood. Mindfulness-based cognitive therapy (MBCT) is an 8-week course that combines a mindfulness programme with CBT techniques and as such has the potential to target stress-inducing and stress-maintaining mechanisms drawing on both mindfulness and CBT approaches. This presentation will overview evidence from two adaptations of MBCT for healthcare staff. Mindfulness for Life (MBCT-L) was specifically designed for general population and workplace settings and the book ‘Mindfulness: A practical guide to finding peace in a frantic world’ (Williams & Penman, 2011) offers the MBCT course as a self-help course (MBCT-SH).

Whilst grounded in the MBCT course, MBCT-L provides a radical shift in focus from difficulty and towards wellbeing, positive affect and flourishing that is potentially better suited to a non-clinical, occupational setting. Findings from a randomised controlled trial with 234 NHS staff will be presented (Strauss et al., 2021), showing beneficial effects on wellbeing and stress, with effects mediated by improvements in mindfulness and self-compassion.

Mindfulness courses in the workplace are not widely available and MBCT-SH has potential to widen access. Another RCT with 132 NHS staff randomised staff to receiving a copy of the MBCT-SH book (Williams & Penman, 2011) or to a wait-list, with no individualised support (Strauss et al., under review). Findings were promising, mirroring findings from the MBCT-L study above, suggesting this particular form of MBCT-SH could extend the reach of the MBCT course where alternatives are not available.

Findings will be discussed in relation to current demands on the NHS workforce and the need to embed NHS staff mindfulness courses as one part of a strategy to cultivate and sustain mindful, compassionate healthcare workplaces and services.

**What can cognitive behavioural coaching contribute to leadership and leadership development?**

**Presenter: Sarah Corrie, University of Suffolk**

As the world in which we live and work becomes increasingly complex, new and unprecedented demands are being made of today’s leaders. This gives rise to important questions concerning the qualities and characteristics of effective leaders, and how to train and develop them. Through reviewing some of the current evidence, this presentation aims to identify some of the critical questions that can support leaders...
and those who train them in planning for an uncertain future and considers what a cognitive behavioural approach to coaching might contribute.

**The Compassion Project: development of a novel multi-level intervention to reduce empathy-based stress in adolescent mental health ward staff**

Presenter:  **Lucy Maddox, University of Bath**

Authors:  **Clara Strauss, University of Sussex; Lucy Maddox, University of Bath; Sarah Corrie, University of Suffolk; Jo Daniels, University of Bath**

Dr Lucy Maddox will present her current research into the development of a novel intervention: ‘The Compassion Project’, which aims to reduce empathy-based stress (empathy fatigue, burnout and secondary trauma) in staff who work on adolescent mental health wards. Empathy-based stress is a problem for healthcare staff, patients and healthcare systems (Ravoula, Vega & Lavigne, 2019) associated with both decreased staff quality of life and less compassionate care, potentially with devastating consequences (Francis, 2013). The Compassion Project is a multi-component, multi-level intervention, targeting individual skills, group processes and organisational elements within the ward context. The intervention has been developed with reference to the Medical Research Council (MRC) Framework for the Development and Evaluation of Complex Interventions and has used the six-stage process of Intervention Mapping (Bartholemew, Parcel, Kok, Gottlieb & Fernandez, 2011). Dr Lucy Maddox will outline why multi-level interventions are particularly important, how she has developed the intervention so far, using co-production, and her plans for initial assessment of its acceptability, usefulness and feasibility. This research is funded by NIHR grant NIHR301578.

**If not now, when? The organisational challenges and opportunities in supporting and retaining staff**

Presenter:  **Jo Daniels, University of Bath**

Authors:  **Emilia Robinson, University of Bath; Elizabeth Jenkinson, University of West of England; Edward Carlton, University of Bristol**

Dr Jo Daniels will discuss her research examining the support needs of medical staff, and the organisational barriers and facilitators to accessing individual support. This is particularly important given recent research on NHS staff wellbeing and the role that poor mental health and wellbeing play in the deepening workforce crisis. NICE (2022) guidance on mental wellbeing, the HEE mental wellbeing commission report and other important publications such as NHS People Promise (NHS, 2020) and the NHS wellbeing framework (NHS Employers, 2021) all set out clear guidance on the importance of staff support for the strained NHS workforce. However, data from both the CoCCo study (Daniels et al. 2021) and the PiPP Study (Daniels et al. 2024) indicate that pathways to staff support are inaccessible for a variety of reasons, including: stigma and lack of education regarding mental health; lack of visibility and poor provision of time and support to access what is available. In this talk, Dr Jo Daniels outlines how we can optimise service provision, overcome challenges of developing and delivering staff support services (including wellbeing hubs) and address the barriers to engaging policymakers in organisational level policy change.
A journey on bridging the gap in service provision between NHS Talking Therapies and Community Mental Health Teams. Inclusion Thurrock: Psychological Therapy Service.

Presenter: Richard Pione, Midlands Partnership NHS Foundation Trust
Authors: Charlotte Irving-Curran, Midlands Partnership Foundation University Trust

The provision of mental health services in the NHS encompasses a spectrum, ranging from NHS Talking Therapies for anxiety and depression (TTad) to treatments offered in community mental health teams (CMHT). Access to evidence-based psychological therapies in CMHT's, as reported by NHS England remains low (>3%). Patients accepted for therapies within CMHT’s are often faced with lengthy waits which research indicates will impact the efficacy of treatment.

There exists a demonstratable gap between these two tiers of care, leaving a number of patients without access to evidence-based psychological therapies. Patients falling into this gap are often left between service criteria with little to no recourse in accessing therapies for what are often complex and enduring mental health difficulties.

This talk will discuss a newly commissioned psychological therapy service established in South Essex in 2021 which aims to bridge this gap. We will outline the policy drivers underpinning the service’s establishment and speak to the accompanying transformation of mental health services in the region. This service is commissioned to work with serious mental illness (SMI) within a primary care facing setting and sought to adopt TTad principles to throughput and case management of the service.

Preliminary findings from a service evaluation examining the impact of this service innovation over the past year will be presented. The opportunities and challenges of implementing a ‘gap’ service such as this will be outlined. Implications for policy and practice to address unmet needs of patients in the gap between primary and secondary care will be discussed.

Research and Innovation alongside routine care in “the gap”: insights from an NHS-commissioned research clinic

Presenter: Kim Wright, University of Exeter
Authors: Barnaby Dunn, University of Exeter

People in England with mental health difficulties who are outside of both NHS Talking Therapies and secondary care services can face barriers in accessing evidence-based psychological therapies (EBPs). Historically one barrier has been a lack of services delivering EBPs in the space between primary and secondary care (service gap). Furthermore, for some patient groups there are no “gold standard” EBPs for the
concerns they seek help for (evidence gap). Finally, where an evidence base does exist, there can be issues with the translation of research and innovation into routine practice (translational gap).

The AccEPT service is a collaboration between the NHS (Devon Integrated Care Board) and the University of Exeter, and is located in the gap between primary and secondary care. The service acts as a platform for the development and evaluation of novel therapies, and of novel applications of existing therapies. It also serves as a training and supervision resource for local services.

In this presentation we describe the AccEPT model, referring to specific examples of research and innovation that have sought to bridge one or more of the gaps described above. We also reflect upon implications for future national efforts to increase provision of EBPs in the space between primary and secondary care.

Eight session cognitive analytic therapy (CAT) for self-harm in the RELATE trial: Update on outcomes and co-produced case example of the approach

Presenter: Peter Taylor, University of Manchester; Cameron Latham, Expert by Experience; Steve Kellett, Rotherham Doncaster and South Humber NHS Foundation Trust and Jade Kershaw, Expert by Experience

Introduction: The evidence base for treatment of self-harm in the community still requires development. The RELATE trial aims to tests the feasibility and acceptability of evaluating eight-session cognitive analytic therapy (CAT) for adults that self-harm.

Method: The RELATE trial is a feasibility randomised control trial (RCT) funded by NIHR. Participants with experience of self-harm in the past year and randomly allocated to either CAT or Treatment As Usual. Participants are followed up at 12 and 18 weeks post randomisation.

Results: This first part of this talk will provide an overview of the trial rationale and design, and update on the feasibility outcomes for the RELATE trial. The second part will be a co-production with a participant from the trial and the therapist that delivered the treatment. The therapy approach will be described with reference to the participant’s experience. A single case analysis of the target problems of the therapy in an ABC plus follow-up single case experimental design will be reported.

Discussion: The talk will provide attendees with an overview of the RELATE trial and an update on current progress and indications of feasibility. Attendees will gain an insight into the characteristics of this relational approach to change, how to maintain a ‘loose-tight’ focus on self-harm and what the differences are with DBT or CBT for self-harm.

Symposium 39

Numbers and narratives: Utilising different research methodologies to explore cognitive behaviour therapy (CBT) in children

Chair: Sophie Bennett, Kings College London

A novel, low intensity Cognitive Behavioural Therapy (CBT) treatment for children and young people with eating disorders
Prompt access to evidence-based treatment for children and young people with eating disorders is important for outcomes. However, a pervasive gap in service provision persists, with record levels of young people waiting for treatment and limited access to care. Low intensity psychological interventions, which are brief and require minimal therapist input, have the potential to meet the demand for treatment quickly and effectively.

The aim of this presentation is to describe a novel methodology to develop an empirically informed, low intensity CBT intervention for children and young people with eating disorders. It also aims to illustrate its applicability in real-world clinical settings using a case study.

A systematic process was developed to create an evidence-informed, low intensity CBT intervention for children and young people with eating disorders. This involved a common elements analysis within and across the three pillars of evidence-based practice: research evidence, clinical expertise, and patient values. Children and young people (aged 11-19) with eating disorders, recruited via specialist eating disorder services in England, received the low intensity CBT intervention. Clinical outcomes (eating-related psychopathology and associated impairment, depression, anxiety, and behavioural difficulties) were assessed at baseline and 12-week follow-up. Acceptability of the intervention was also measured.

An eight-module, low intensity CBT intervention was developed for children and young people with eating disorders. The intervention covers the core components of CBT for eating disorders, including psychoeducation, reducing eating disorder behaviours, improving body image, addressing shape checking and avoidance, challenging negative thoughts, regulating emotions, and preventing relapse. It also covers improving self-esteem and navigating social media. It can be delivered as an interactive workbook or via an open-access online platform, and it is supported by eight weekly support sessions with a guide. A case report is presented of a 14-year-old female with a clinical presentation of other specified feeding or eating disorder (OSFED) who received the intervention.

This low intensity CBT intervention is empirically informed, and its integration into routine practice has been considered from the outset. It has the potential to bridge the treatment gap and improve outcomes for young people with eating disorders.
Implementing drop-in mental health services at paediatric hospitals: A qualitative study using Normalisation Process Theory

Presenter: Anna Roach, University College London Great Ormond Street Institute of Child Health
Authors: Sophie Bennett, UCL Great Ormond Street Institute of Child Health and Kings College London; Isobel Heyman, UCL Great Ormond Street Institute of Child Health; Anais d’Oelsnitz, UCL Great Ormond Street Institute of Child Health; Lucy Project, UCL Great Ormond Street Institute of Child Health; Roz Shafran, UCL Great Ormond Street Institute of Child Health

Background: Children and young people with long-term conditions are more likely to have mental health needs. Despite research evidence demonstrating the utility and effectiveness of drop-in mental health services delivering low intensity CBT in paediatric hospitals, implementing these services in routine practice can be challenging. Qualitative methods have been described as crucial to understanding the barriers and facilitators to bridge the research-practice gap.

Methods: Normalisation Process Theory (NPT) is an implementation framework which can identify factors that help and hinder the integration of interventions into routine practice. Semi-structured interviews informed by NPT were used to explore and understand healthcare professionals’ perspectives on how drop-in mental health services can be implemented for children with long-term conditions. Staff who were involved in a multi-site research study implementing drop-in services for children with mental health needs in the context of their long-term condition were invited to interview. Interviews were audio recorded, transcribed verbatim and analysed thematically.

Results: Seventeen healthcare professionals from six NHS sites were interviewed between May 2023 and September 2023. Interviews lasted on average 31 minutes and were conducted with the site’s Principal Investigator of the study (n=5), site practitioners (n=10) and their clinical supervisors (n=2). Barriers to implementation included the capacity of staff and supervisors, lack of sustainable funding and negative preconceptions of specific psychological interventions (e.g. low intensity CBT) for this population. The facilitators identified were experience levels of staff, support from senior colleagues and alignment of the project with wider service priorities. Some hospitals found that the research project identity was helpful whereas other sites felt this slowed progress. Pre-existing relationships with the research team and the reputation of the research project were also acknowledged as helpful in implementation.

Conclusion: Multiple barriers and facilitators were identified across the different sites. Acknowledging and addressing these factors where possible can help drive the implementation of drop-in mental health services in paediatric hospitals. This can increase access to low intensity CBT for children and young people with mental health needs in the context of long-term conditions.

Using a novel methodology to map clinical services in England

Presenter: Fiona Newlands, University College London Great Ormond Street Institute of Child Health
Authors: Trudie Chalder, King College London Institute of Psychiatry, Psychology & Neuroscience; Isobel Heyman, UCL Great Ormond Street Institute of Child Health; Terence Stephenson, UCL Great Ormond Street Institute of Child Health; Roz Shafran, UCL Great Ormond Street Institute of Child Health

Background: It is well established that only a minority of people with mental health needs seek treatment. One reason for this may be difficulties in accessing and collating information about relevant clinical services. This study reports on a novel web-based systematic review methodology to identify online resources to better understand service provision, using paediatric Long COVID services as an exemplar.

Methods: Following PRISMA guidelines, a web-based search was conducted in July 2023 using DEVONagent Pro, focusing on Long COVID and Paediatrics in England. Eligible sources providing information on Long COVID services for children and young people were included. Additionally, a manual search and consultation with the NHS England Post-COVID Network were conducted. Data extraction encompassed service location, characteristics, and referral pathways, with population estimates derived from UK Census data.

Results: Among 342 identified records, 27 services met eligibility criteria, revealing uneven distribution across regions. Specialised hubs were located in 13 areas, with additional services concentrated in the South of England and London. Services exhibited variability in team composition, age range treated, and support provided, highlighting the lack of standardized approaches for paediatric Long COVID management.

Discussion: The novel web-based systematic review methodology provides a valuable tool for identifying clinical services, in this example offering insights into the landscape of paediatric Long COVID services. By identifying online resources, this innovative approach facilitates access to crucial information for healthcare practitioners and affected individuals seeking treatment. Furthermore, the study underscores the importance of standardising care delivery and advocating for tailored approaches to address the diverse needs of children and adolescents affected by Long COVID. Through the implementation of innovative methodologies, such as web-based systematic reviews, healthcare systems can enhance access to vital services and improve outcomes.

Mental health clinical pathways for children and young people with long-term health conditions
Presenter: Tom King, University College London Great Ormond Street Institute of Child Health
Authors: Tom King, UCL Great Ormond Street Institute of Child Health; Roz Shafran, UCL Great Ormond Street Institute of Child Health; Dougal Hargreaves, School of Public Health, Imperial College London; Luke Muschialli, UCL Medical School; Daniela Linton, UCL Great Ormond Street Institute of Child Health
Introduction
Clinical Pathways (CPWs) are structured care plans that set out essential steps in the care of patients with a specific clinical problem. Amidst calls for the prioritization of integrated mental and physical health care for young people, multi-disciplinary CPWs have been proposed as a step towards closer integration. There is very limited evidence around CPWs for young people with mental and physical health needs, necessitating a review of the literature. The aim of this review was to understand how clinical pathways have been used to deliver mental health support to children and young people with LTCs and their effectiveness across a range of outcomes.

Methods
The databases MEDLINE, CENTRAL, PsycINFO, and CINAHL were searched from inception to 6th September 2023. Keywords linked to children and young people, mental health, long-term physical health conditions, and CPWs were used. Studies using either quantitative or qualitative research designs were included. All studies must have evaluated a CPW to provide mental health support to children and young people (up to 25 years old) with long-term health physical conditions. Both mental and physical health outcomes were considered. Pathways were grouped by integration ‘model’ as described in the wider literature.

Results
The initial search returned 4,082 studies after de-duplication. A total of 8 studies detailing 6 distinct care pathways (232 participants (170 children and young people; 50 caregivers; 12 healthcare professionals) met eligibility criteria and were included in the analysis. Four pathways were conducted within an ‘integrated model’; two were a combination of ‘integrated’ and ‘co-located’; and none within a ‘co-ordinated model’. Only pathways within an integrated model reported quantitative health outcomes, with improvements across a range of mental health measures. One negative physical health outcome was reported from an integrated diabetes pathway, but this should be interpreted with caution.

Discussion
This review identified a range of CPW designs but most fell under an integrated model. The results suggest that calls for integrated mental health pathways in this population may be appropriate, however conclusions are limited by a paucity of evidence.

Mental health of children with epilepsy compared to their peers: population-based cohort from linked primary and secondary healthcare record in England

Presenter: Millie Wagstaff, University College London Great Ormond Street Institute of Child Health

Authors: Sophie Bennett, UCL Great Ormond Street Institute of Child Health, London; Ania Zylbersztejn, UCL Great Ormond Street Institute of Child Health, London

Introduction: Children with epilepsy have higher rates of internalising mental health (MH) conditions compared to their peers, although available evidence is limited by small and selective samples. We used linked primary care and hospital admission
records covering approximately 4.42% of English population to describe incidence of mental health problems in children with epilepsy compared to their peers.

Methods: We developed a cohort of young people aged 7-17 years old between 2010-2019, with minimum 1 year of follow-up until death, 18th birthday or 2020 using linked data from the Clinical Practice Research Datalink and Hospital Episodes Statistics. Epilepsy (exposure), depression and anxiety (outcomes) were identified using a combination of diagnostic codes, and primary care prescribing records. We estimated incident rate ratios (IRR) for anxiety/depression/any MH condition for children with epilepsy compared to their peers using negative binomial regression adjusted for sex, age, and area-level deprivation.

Results: Study cohort included 510,177 children and young people, of whom 3,011 (0.59%) had epilepsy. Children with epilepsy had higher incidence of any MH conditions (IRR: 1.39, 95% CI: 1.11–1.73) and anxiety (IRR: 1.38, 95% CI: 1.06–1.77), with differences in depression being non-significant (IRR: 1.25, 95% CI: 0.92–1.66).

Discussion: Children with epilepsy have higher rates of MH problems than their peers. Further work will examine if this can be partially explained by increased opportunity for MH diagnosis due to more healthcare contacts. Our findings emphasise the importance of integrated care models that address both neurological and psychological aspects of epilepsy management.

Symposium 40

Self-harm amongst young adults: Mechanisms and intervention

Chair: Peter Taylor, University of Manchester

Self-harm in university students: A comparative analysis of data from the Multicentre Study of Self-harm in England

Presenter: Caroline Clements, University of Manchester
Authors: Caroline Clements, University of Manchester; Bushra Farooq, University of Manchester; Keith Hawton, University of Oxford; Galit Geulayov, University of Oxford; Deborah Casey, University of Oxford; Keith Waters, Derbyshire Healthcare NHS Foundation Trust

Introduction. Increases in poor mental health and suicide have been identified among university students in the UK. However, little is known about self-harm in this group and results of previous studies have been contradictory. In this study we describe and identify care needs of university aged-students who self-harm via comparisons with an age-equivalent non-student group who self-harm.

Methods: Observational cohort data from The Multicentre Study of Self-harm in England were used to investigate students aged 18 to 24 years who presented to emergency departments for self-harm, from 2003 to 2016. Data were collected via clinician reports and medical records from five hospitals in three English regions. Characteristics, rates, repetition, and mortality outcomes were investigated.

Results: The student sample included 3491 individuals (983, 28.2 % men; 2507, 71.8 % women; 1 unknown) compared to 7807 (3342, 42.8 % men; 4465, 57.2 % women) non-
students. Self-harm increased over time in students (IRR 1.08, 95%CI 1.06–1.10, \( p < 0.01 \)) but not in non-students (IRR 1.01, 95%CI 1.00–1.02, \( p = 0.15 \)). There were differences in monthly distribution of self-harm with more presentations by students in October, November, and February. Characteristics were broadly similar, but students reported more problems with studying and mental health. Repetition (HR 0.78, 95%CI 0.71–0.86, \( p < 0.01 \)) and mortality (HR 0.51, 95%CI 0.33–0.80, \( p < 0.01 \)) were lower in students than non-students.

Conclusions: Self-harm in students may be directly related the student experience, such as academic pressure, relocation, and the transition to independent living. Wellbeing initiatives targeting these factors, alongside mental health awareness training for academic and non-academic staff may help to support students at risk.

**Findings from the Mental Imagery for Suicidality in Students Trial (MISST)**

**Presenter:** Jasper Palmier-Claus, University of Lancaster

Introduction: University can be a challenging for young people. Many university students experience suicidal ideation, which can be an important indicator of distress and risk. There is a dearth of evidenced based interventions for targeting suicidal thinking in university students. This presentation disseminates the findings of the Mental Imagery for Suicidality in Students Trial (MISST). This trial explored the feasibility and acceptability of a novel brief mental imagery intervention, called the Broad-Minded Affective Coping (BMAC) strategy, in university students.

Methods: An assessor blind, two-arm, randomised controlled feasibility trial. We compared two sessions of risk assessment and signposting with or without six sessions of the BMAC. Clinical outcomes were recorded at baseline and after eight, 16, and 24 weeks. An embedded qualitative work packages explore participant and staff's experiences of the trial.

Results: The trial met all feasibility outcomes. The intervention and trial procedures were acceptable to participants. Participants reported that it was valuable, but challenging, to talk about and work on suicidal ideation. There were no safety concerns about any aspect of the trial.

Conclusion: The feasibility trial suggested that the BMAC might be worth evaluating in a definitive trial. This talk will outline the main findings of the trial in more detail and discuss the next steps in the intervention's development.

**Self-injury in young bisexual people: A micro-longitudinal investigation (SIBL)**

**Presenter:** Peter Taylor, University of Manchester

**Authors:** Brendan Dunlop, University of Manchester; Samantha Hartley, Pennine Care NHS Foundation Trust; Sophie Coleman, GMMH NHS Foundation Trust

Introduction: Bisexual people are at an elevated risk for non-suicidal self-injury (NSSI), but scarce research has focused on understanding the factors that contribute to risk in this population. SIBL was a micro-longitudinal investigation that aimed to identify the
social and psychological correlates and predictors of self-injurious urges and behaviour in young bisexual people.

Methods: Participants aged 16-25 from 25 countries took part in this micro-longitudinal online survey study (N = 207). Mixed-effects linear and logistic regression were used for analysis, given the nested structure of data. Predictors of interest included self-esteem, thwarted belongingness, binegativity, and rumination. Analyses focused on both concurrent and lagged associations.

Results: Concurrently, all predictors were associated with self-injurious urges and behaviour. In lagged analyses there was evidence that predictors were associated with NSSI urges, but not behaviour when adjusting for other covariates. Self-esteem had a significant between-persons effect on NSSI urges, whilst belongingness had a significant within-persons effect.

Discussion: The results support the role of self-esteem, belongingness, rumination and binegativity in contributing to NSSI urges in young bisexual people, but the relationship with NSSI behaviour is less clear. Interventionist-causal studies focussing on these potential mechanisms provide one way to further investigate the role these mechanisms have in contributing to NSSI. Future studies should focus upon the experiences of bisexual people with intersecting identities and ensure that studies are statistically powered from inception to detect effects.

‘Why is it so different now I’m bisexual?’: young bisexual people’s experiences of identity, belonging, self-injury, and COVID19

Presenter: Brendan Dunlop, University of Manchester
Authors: Cheryl Hunter, University Hospitals Plymouth NHS Foundation Trust; Matina Shafti, University of Manchester; Sophie Coleman, Greater Manchester Mental Health NHS Foundation Trust; Samantha Hartley, University of Manchester; Peter Taylor, University of Manchester

Introduction
Bisexual people demonstrate higher rates of Non-Suicidal Self-Injury (NSSI) in comparison to other groups. This study aimed to explore bisexual people’s experiences of sexuality, NSSI and the COVID19 pandemic.

Methods
Fifteen bisexual people (16–25 years old) with experience of NSSI participated in online qualitative interviews. Participants were recruited from an existing pool of participants taking part in another project investigating bisexuality and self-injury. Thematic analysis was used as the analytic framework.

Results
Preliminary findings were shared with a subset of participants for member-checking. Participants described experiences of falling between the binary worlds of heterosexuality and homosexuality and described discrimination and invalidation related to this. Lack of access to positive bisexual representation contributed to feelings
of self-loathing, with NSSI used to manage emotions or self-punish. The effect of lockdown was not clear cut, and this depended upon personal circumstances and the meanings of social interaction for participants.

Discussion
Future research is still needed to elucidate specific mechanisms related to self-injury for bisexual people, taking into account themes generated within this paper. Furthermore, there is a need for greater recognition of significant societal narratives around bisexuality within clinical formulations of mental health difficulties and NSSI within this population. Targeted support to engage bisexual people in mental health services and intervention is also needed, in light of the challenges that have been highlighted by participants in the current study.

Symposium 41

**CBT for Bipolar Disorder: Beyond Relapse Prevention.**

Chair: Thomas Richardson, University of Southampton

A pilot feasibility trial of recovery focused therapy for older people with bipolar
Presenter: Liz Tyler, Manchester University
Authors: Steven Jones, Lancaster University; Fiona Lobban, Lancaster University; Christopher Sutton, University of Manchester; Bogdan Hadarag, Lancaster University; Deborah Duncan, Lancaster University; Sheri Johnson, University of California, Berkeley

The past thirty years has witnessed a rapid development of psychological treatments for people with bipolar disorder, with an increasing evidence base for effectiveness. Despite this, there has been limited research focused on older adults, particularly the development of individual psychological interventions. Recovery focused therapy for older adults with bipolar disorder (RfT-OA) is a 14-session individual psychological intervention, tailored to meet the specific needs of this client group. It was adapted through a review of current literature in the area and co-produced with older people with lived experience of bipolar disorder. Once adapted, RfT-OA was tested out using a parallel two- arm randomised controlled treatment (RCT) design to determine the feasibility and acceptability of RfT-OA plus treatment as usual (TAU) compared with TAU. This presentation will focus on the quantitative and qualitative findings from the study and plans to progress to a large-scale definitive trial to evaluate the clinical and cost-effectiveness of RfT-OA.

Balancing ACT: Psychoeducation and Acceptance and Commitment Therapy (ACT) groups for people with bipolar disorder: a pilot randomised controlled feasibility trial
Presenter: Fergus Kane, University College London

Models of clinically and economically effective delivery of psychological interventions for bipolar disorder are less well developed in the United Kingdom National Health Service than for psychosis. Building on the evidence for group psychoeducation approaches for bipolar presentations as well as ACT for psychosis groups, we
developed and completed a feasibility RCT of an Acceptance and Commitment Therapy group for mixed psychotic and bipolar presentations ("Balancing ACT"). Qualitative feedback suggested acceptability; outcomes were highly variable, ranging from small-medium effects favouring Balancing ACT to large effects favouring TAU. We introduce the study, present the qualitative and qualitative outcomes and consider next steps.

Enhanced behavioural activation for ongoing bipolar symptoms: preliminary findings from the STABILISE case series
Presenter: Kim Wright, Exeter University

Background: Many people with bipolar spectrum conditions experience ongoing low mood or mood instability outside of major episodes, or as part of cyclothymic disorder. These ongoing symptoms are associated with more difficulties in functioning and worse course of bipolar. NICE recommended psychological therapies for people with bipolar disorder tend to target acute depression or relapse prevention rather than ongoing mood variability, therefore we developed STABILISE to help people manage and live well alongside ongoing mood difficulties.

Aim: In this presentation we describe the development of STABILISE and preliminary findings regarding its acceptability and potential to offer clinical benefit.

Method: In a multiple baseline case series we offered STABILISE to 12 individuals with a research diagnosis of a bipolar spectrum condition. Self report measures of symptoms, quality of life and sense of personal recovery were completed at intake and before and after treatment commenced. Weekly mood measures were completed by participants across the course of therapy.

Results and discussion: We will describe preliminary findings from the case series data pertaining to the acceptability of the therapy, and patterns of scores on clinical outcome measures across the course of therapy. These will be discussed in terms of implications for future research and in terms of clinical learning applicable to wider practice.

Working with dysfunctional attitudes and perfectionism in Bipolar Disorder
Presenter: Thomas Richardson, University of Southampton

Perfectionism is elevated in several mental health conditions such as depression, anxiety and eating disorders. This presentation will give an overview of current research for the link between dysfunctional attitudes and perfectionism in bipolar disorder specifically. A recent meta-analysis by the author on dysfunctional attitudes will be presented demonstrating that there elevated in bipolar disorder compared to healthy controls, but not the general population. Further, dysfunctional attitudes are higher when those with bipolar disorder are depressed compared to euthymic. This meta-analysis also showed that CBT and mindfulness based cognitive therapy can reduce dysfunctional attitudes in bipolar disorder. Gaps in evidence and practical suggestions for addressing these difficulties in therapy will then be presented.
Psychological interventions for populations under ongoing organised violence and intimate partner violence: findings from a systematic review

Presenter: Vanessa (See Heng) Yim, King's College London & South London and Maudsley NHS Foundation Trust

Authors: Hjordis Lorenz, University of Oxford; Paul Salkovskis, University of Oxford

Current views of psychological therapies for trauma typically assume the traumatic event to be in the past. Yet, individuals who live in contexts of ongoing organised violence or experience intimate partner violence (IPV) may continue to be (re)exposed to related traumatic events or have realistic fears of their recurrence. This presentation will discuss the effectiveness of psychological interventions with people live in these unstable contexts. The findings from the systematic review will be shared. Eighteen papers featuring 15 trials were included (12 on organized violence and 3 on IPV). For organised violence, most studies showed moderate to large effects in reducing trauma-related symptoms when compared to waitlists. For IPV, findings were varied. The findings, albeit preliminary with mixed methodological quality, showed psychological treatments can be beneficial and should not be withheld in the context of ongoing organized violence and IPV. Feasibility challenges and cultural adaptations will be discussed. Since the publication of the review, this is now being referenced in the updated NHS Talking Therapies PTSD and complex PTSD guidelines. Alongside the findings of the review, this presentation will also discuss the clinical implications and future research directions.

Narrative Exposure therapy in insecure and conflict settings

Presenter: Katy Robjant, Helen Bamber Foundation

Historically, the prominent view was that trauma focused therapy should not be undertaken in unsafe settings. Data has shown that this was overly cautious, and that in fact, people can benefit from PTSD treatment when they remain in unsafe and insecure situations, whether that be facing extraneous ongoing trauma (for example war, conflict, insecure asylum status, ongoing trafficking, abuse at home) or intrapersonal psychopathological difficulties including substance misuse, suicidality, dissociation. Looking at contexts that have utilised NET, and adapted therapies to work with individuals facing external and internal insecurity, we highlight how therapists can overcome such hurdles to reduce trauma spectrum symptoms in ongoing trauma settings.

Trauma work with IPV and DV and pre-trial therapy considerations (Crown Prosecution Pre-Trial Therapy Guidelines)

Presenter: Sarah Heke, Central and Northwest London NHS Foundation Trust
When considering how we conceptualise and work with people who are in unstable, ongoing threat contexts in regards to inter-personal violence (IPV) and domestic violence (DV), until the publication of the revised Crown Prosecution Service (CPS) guidelines on pre-trial therapy, victims of IPV and DV were generally prohibited from accessing trauma-focused therapy on the presumption this would undermine their case and therapy was mis-represented as coaching. There was no evidence to support this, but victims were left with untreated PTSD and for some with protracted criminal proceedings and still being under threat also from the perpetrator of the violence, they ended their own lives.

The CPS guidelines specify that victims have a right to therapy, but therapists are still highly cautious, and are especially anxious about will they have to give evidence in court. Research on IPV has focused on victims who are in shelters and not subject to ongoing threat and in particular those undertaking criminal proceedings. Narrative exposure therapy is specifically referred to in the guidance and we will highlight how therapists can utilise this highly effective treatment as a pre-trial therapy and what considerations need to be taken.

**Medico-legal work in immigration detention settings**

Presenter: Eileen Walsh (TBC), Camden and Islington NHS Foundation Trust & Helen Bamber Foundation

In the UK, immigration detention centres and more recently quasi-detention facilities (such as the Manston Short-Term Holding Facility, and Bibby Stockholm barge) are increasingly used as a way of responding to delays in the asylum process. Those detained are people seeking asylum in the UK, the majority of whom are from countries where they were exposed to war, persecution or other traumas involving harm from others, placing them at increased risk of mental health problems. Detention has been found to have a significant detrimental impact on mental health, both in terms of exacerbating pre-existing conditions and leading to the development of new mental health problems. Medico-legal work for those in detention aims to inform those working in the judicial system about the impact of detention on their mental health, and crucially how this can affect their ability to engage with their legal case, and give an account of their history and reasons for seeking protection.

The psychology professions have become increasingly involved in this type of work. Psychological professionals approaches to assessment and psychological formulation are valuable skills in assisting with the understanding of the impact of environment on a person’s mental health. This presentation will set out the contributions that can be made by psychology professionals in ensuring the mental health problems and needs of this group are documented and recognised.

**Symposium 43**

**Training caregivers in CBT for psychosis informed interventions**

Chair: Kate Hardy, Stanford University, USA
**Psychosis Recovery Begins at Home: Training Families in Cognitive Behavioral Techniques for Psychosis**

**Presenter:** Sarah Kopelovich, University of Washington, USA  
**Authors:** Sarah Kopelovich, University of Washington School of Medicine; Akansha Vaswani-Bye, University of Washington School of Medicine; Helen Teresa Buckland, University of Washington School of Medicine; Victoria Shepard, University of Washington School of Medicine; Kate Hardy, Stanford University; Douglas Turkington, Newcastle University

**Introduction:** Research indicates that, despite inclusion in treatment guidelines, the majority of families who are supporting a loved one with psychosis do not receive Family Interventions (FI). Moreover, FI that are offered typically lack guidance on symptom management or effective communication practices. Evidence supports the feasibility and effectiveness of teaching non-professionals cognitive behavioral techniques. Psychosis REACH is a FI rooted in CBT that was co-produced by families with lived experience. Psychosis REACH includes psychosis psychoeducation and skills coaching delivered through an online course, synchronous virtual workshops co-facilitated by clinical experts and family peers, and family-led skills groups.

**Method:** We administered surveys to caregiver trainees (N=358) pre-, post-, and 4-months after training. The surveys assessed expressed emotion, mood, attitudes toward psychosis, caregiver burnout, and skill mastery.

**Results:** Trainees ranged from 24-88 years old (M(SD) = 57.6(11.9)) and were majority parents (66.7%) of adults with a psychotic spectrum disorder (74.8%). We observed significant changes in the expected direction on expressed emotion (-4.69; p < .001; d = .42); depression (-0.85; p < .001, d = .35); anxiety (-1.4; p < .001, d = .51); psychosis attitudes (+19.23; p < .001, d = 1.57); caregiver burnout (+1.8; p < .001, d = 2.31); and perceived skill mastery (+8; p < .001, d = 0.98). All changes were sustained over time, with the exception of skill mastery.

**Discussion:** Psychosis REACH represents a novel peer-professional partnership to deliver an empirically supported CBT-informed FI for psychosis in the community. The Psychosis REACH bichronous training approach is linked to enhanced well-being as well as reductions in expressed emotion and stigma. Whereas these effects were durable at 4-month follow-up, families require ongoing support to maintain CBT skills. Recent innovations have been developed to enhance CBT competencies among trainees.

**Partnering with Family Ambassadors in Implementing Psychosis REACH in Community Settings**

**Presenter:** Akansha Vaswani-Bye, University of Washington, USA  
**Authors:** Akansha Vaswani-Bye, Chris McCain, Jennifer Blank, Mackenzie Tennison; Sarah Kopelovich

**Introduction:** Family involvement in a loved one’s recovery increases treatment utilization and results in better outcomes for those experiencing psychosis. Peers offer support through lived experience, shared understanding, and mutual empowerment. Psychosis REACH program, based on principles from Cognitive Behavioral Therapy for psychosis was developed as a community-based resource for families to address this...
care gap. A role for family peers called the Psychosis REACH Family Ambassadors (pRFAs) was developed to reinforce skill learning for caregivers by utilizing a task-sharing approach.

Method: We interviewed eleven of twenty-one pRFAs who completed 24 months of the inaugural pRFA training program. Interviews assessed the quality of the training, challenges and facilitators experienced in the pRFA role, and ways in which the program can improve and expand. Using thematic analysis, members of the research team coded interviews individually, discussed codes to consensus, and iteratively developed themes based on codes that clustered based on meaning or content.

Results: We identified five key themes: The development of hope and recovery, the development of solidarity networks, the challenges of navigating boundaries, preferred pedagogical strategies, and the need for more support. A consistent finding across themes was that the pRFA training program enabled both, pFRAs and the caregivers they supported, to reconnect with loved ones, and supported family recovery processes. This was facilitated by the development of more collaborative and adaptive relationships with loved ones.

Conclusion: Our analysis lends support to the value and feasibility of developing a caregiver peer network that can enhance the translation of psychosis caregiver education and skills training to community members. It also highlighted important challenges associated with being in the role of a pRFA and additional efforts needed to align training content and modalities to the needs of pRFAs.

Delivering Psychosis REACH in an early psychosis setting

Presenter: Kate Hardy, Stanford University, USA
Authors: Melanie Lean, Stanford University; Diane Wakeham, Stanford University; Daniel Virtheim, Stanford University; Katie Benitah, York University

Introduction: Intervening early in the course of psychosis has been shown to improve clinical and functional outcomes. In the United States, a Coordinated Specialty Care (CSC) model is used to facilitate comprehensive, multi-disciplinary care for individuals who are exhibiting early signs and symptoms of psychosis. However, despite robust models for individual interventions in early psychosis care, there is less guidance on interventions for caregivers who frequently operate as ‘frontline providers’ in supporting their loved one. Psychosis REACH (Recovery by Enabling Adult Carers at Home) is a Family Intervention for psychosis (FiP) that delivers psychoeducation, evidence-based Cognitive Behavioral Therapy for psychosis (CBTp)-informed skills and peer support to family caregivers in the community. This pilot study examines the integration of this model in an early psychosis service setting.

Method: 18 family members, whose loved ones are receiving care at the INSPIRE early psychosis clinic, received training in the Psychosis REACH model, follow-up monthly coaching calls for 6 months, and peer family ambassador support for 6 months.

Results: Data collection and analysis concludes in May 2024. Quantitative data will be reported on the feasibility of integration of Psychosis REACH into early psychosis care. In addition, data on family participant outcomes will be reported including attitudes towards psychosis, self-reported anxiety and expressed emotion, the caregiving experience and knowledge and confidence in using CBTp informed skills. Qualitative interviews will yield data highlighting the experience of the family members of this
intervention providing key information on the future developments on the curriculum and implementation of this project. In addition, qualitative data from peer family ambassadors supporting this initiative will be reported.

Discussion: This pilot study reports on the integration of Psychosis REACH in an early psychosis service. Challenges and opportunities for integration will be discussed and areas for future study presented.

Cultural adaptation of Psychosis REACH: A Feasibility Study in Pakistan
Presenter: Peter Phiri, University of Southampton
Authors: Prof. Shanaya Rathod, Southern Health NHS Foundation Trust; Rehmina Iqbal, Fountain House, Pakistan; Dr Kate Hardy, Stanford University; Prof Douglas Turkington, Newcastle University; Prof, Sarah Kopelovich, University of Washington, USA; Prof. Afzal Javed, World Psychiatric Institute

Aims
Most individuals with mental disorders reside in low- and middle-income countries (LMICs), where they are primarily supported by family caregivers. Despite this significant need, there is a paucity of Family Interventions for psychosis (Fip) that have been appropriately adapted for use in LMICs. This study aimed to culturally adapt the Psychosis REACH (p-REACH) intervention for caregivers of individuals with psychosis in Fountain House, Lahore, Pakistan, evaluating its feasibility, acceptability, and appropriateness, alongside preliminary efficacy on caregiver and patient outcomes.

Methods
The cultural adaptation of p-REACH utilised an empirically-validated framework, assessing the intervention's feasibility, acceptability, and appropriateness among caregivers through the Feasibility of Intervention Measure (FIM), Acceptability of Intervention Measure (AIM), and Intervention Appropriateness Measure (IAM), each rated on 5-point Likert scales. Exploratory aims included assessing caregiver outcomes pre- and post-training, and at 4-month follow-up, with measures for anxiety, depression, and satisfaction derived from the Hospital Anxiety and Depression Scale (HADS) and the Participant Experience Scale (PEQ).

Results
Analysis revealed significant improvements in caregiver anxiety symptoms over time F(1.67, 55.05) = 5.882, p = .007, ηp2 = .151, even after adjusting for outliers F(1.39, 42.95) = 7.50, p = .004, ηp2 = .195. Depressive symptoms showed marginal improvement post-outlier adjustment F(1.49, 50.66) = 3.62, p = .047, ηp2 = 104. Caregivers reported moderate comfort with p-REACH Skills at follow-up. For patients, no significant changes were noted in positive or negative psychotic symptoms, but general symptoms and overall PANSS scores improved significantly (t(33) = 2.95, p = .003, d = .51, 95% CI [.15, .86]). Psychological Wellbeing measures for caregivers showed significant improvements across various subscales, highlighting the intervention's potential in enhancing wellbeing.

Discussion
The adapted p-REACH intervention in Lahore showed acceptability and positive outcomes, improving caregiver wellbeing and reducing psychosis symptoms in patients.
It highlights the potential for family interventions in LMICs, emphasising the need for ongoing refinement and evaluation to maintain and enhance these initial gains.

**Symposium 44**

**Developing a clinical pathway for Neurodiversity and Personality Disorder within Primary Care Mental Health.**

Chair: Clare Crole-Rees, Oxford Health NHS Foundation Trust

An introduction into a QI project developing an improved pathway for individuals with neurodiversity and co-occurring complex emotional needs or a diagnosis of personality disorder.

Presenter: Rhian Graham, Oxford Health NHS Foundation Trust

Authors: Clare Crole-Rees, Oxford Health NHS; Zoe Matthews, Oxford Health NHS

New Primary Care Mental Health Teams have been established across Oxfordshire providing community-based support to adults with moderate to severe mental health difficulties as part of the Community Mental Health Framework. In these teams, there is a specialist pathway for adults with complex emotional needs or diagnosis of personality disorder. Within adults presenting to these primary care mental health services there is also a high prevalence of autism and other neurodiversity. These often co-occur and share some overlapping features; thus, misdiagnoses are common. This presents a substantial risk of diagnostic overshadowing in mental health services.

To improve identification and accurate care planning, it is necessary to screen for neurodiversity as well as complex emotional needs. Furthermore, adaptations and reasonable adjustments may need to be made to psychological interventions (such as, DBT, MBT and CBT). There is growing recognition of the need for neurodiversity-affirming practices to be adopted in clinical interventions. However, there is often no defined pathway within primary care mental health services to meet the needs of this population and a lack of consensus on how best to identify, make adaptations and support these patients.

Therefore, our quality improvement project is focused on the development of a clinical pathway in Oxford Health NHS Foundation Trust Primary Care Mental Health Teams for people with co-occurring, misdiagnosed, or undiagnosed personality disorder and neurodiversity, which is effective, safe, sustainable and equitable. To achieve this, we have co-produced this project, created process maps, liaised with other services and conducted interviews with experts by experience and staff. We will discuss the outcomes of this QI discovery phase (with extracts from people with lived experience) and summarise our findings. This, alongside existing research, will inform the changes we implement and evaluate to achieve an improved pathway for individuals with co-occurring personality disorder and neurodiversity.

**Screening, identification and post-diagnostic support for people with neurodiversity and complex emotional needs in community mental health services.**

Presenter: Clare Crole-Rees, Oxford Health NHS Foundation Trust
Within the new NHS England Community Mental Health Framework, an emphasis has been placed on providing person-centred and trauma-informed support for those with serious mental health conditions, including those with complex emotional needs who may have a diagnosis of a ‘personality disorder’. A significant proportion of these people may also have autism, ADHD or other type of neurodiversity (ND). In particular, women with ND are likely to be misdiagnosed or experience diagnostic overshadowing.

Improving recognition, understanding and differentiation of autism and personality disorder can be critical to formulation and tailoring of care, to ensure that individuals are able to access and benefit from support and to prevent misdiagnosis or diagnostic overshadowing. Despite this, there is a lack of guidance for mental health professionals about which screening tools to use within their routine practice, when to screen for ND, and how to ensure informed consent for screening. In addition, there is a lack of clarity about how best to support people with ND following screening.

This talk will discuss the literature on the use of screening measures for ND within primary care mental health services, with a focus on identification of ND in people who have complex emotional needs or a diagnosis of a ‘personality disorder’. It will present literature on the effectiveness and acceptability of reasonable adjustments passports, post-diagnostic psychoeducation workshops and peer support, and how these have been used to improve outcomes for people with ND in mental health services. It will discuss research that explores lived-experience perspectives, particularly those of neurodiverse women.

A scoping review of psychological interventions for neurodiverse presentations and co-occurring complex emotional needs or a diagnosis of personality disorder.
Presenter: Zoe Matthews, Oxford Health NHS Foundation Trust
Authors: Rhian Graham, Oxford Health NHS; Clare Crole-Rees, Oxford Health NHS

This talk will provide an overview of the literature on the efficacy of psychological interventions for individuals with co-occurring personality disorder (PD) and neurodiversity (ND; autism, ADHD), including highlighting gaps in current research and clinical services. It will describe existing interventions currently being offered to this population by the Oxford Health NHS Foundation Trust Primary Care Mental Health Teams, and discuss adaptions, adjustments, and suggested future developments to meet the needs of this population.

Psychotherapy is the most common intervention for personality disorders. Psychological interventions including Dialectical behaviour Therapy (DBT), Mentalisation-Based Treatment (MBT) and Cognitive Behavioural Therapy (CBT) have demonstrated some efficacy in addressing difficulties commonly experienced by adults with Emotionally Unstable Personality Disorder (EUPD) including emotional regulation, interpersonal effectiveness, deliberate self-harm and suicidality. Neurodiverse individuals may have different or increased support needs, which may impact their access to, experience of and outcomes relating to treatment. Existing psychological
interventions are neither designed nor optimised for neurodivergent individuals and there is limited evidence to support their efficacy for this co-occurring population. However, recent research suggests that adaptations to DBT and MBT can result in improved clinical outcomes for neurodivergent individuals. Other approaches, including mindfulness and Compassion Focussed Therapy (CFT), have also been adapted to meet the needs of neurodiverse populations, whereas there is mixed evidence regarding the efficacy of adaptations to CBT. Further research is required, however their incorporation into clinical practice could have tangible impact.

Psychological interventions currently being offered to patients with co-occurring, or suspected, personality disorder and neurodivergence in the Oxford Health Primary Care Mental Health Teams include Structured Psychological Support (SPS; a novel low-intensity intervention developed for people with personality disorder that draws upon techniques from DBT, MBT and CBT) as well as mindfulness, CFT, MBT and CBT approaches in group settings.

The potential for adaptation of existing interventions, as well as the development of novel interventions have been considered in the development of an optimal treatment pathway to meet the needs of the PD/ND population.

**Developing an improved pathway for individuals with neurodiversity and complex mental health needs or a diagnosis of personality disorder: Future Directions.**
**Presenter:** Rhian Graham and Zoe Matthews, Oxford Health NHS Foundation Trust  
**Authors:** Zoe Matthews, Oxford Health NHS; Clare Crole-Rees, Oxford Health NHS

Our discovery phase has involved completing a scoping literature review of existing research, process mapping of the current pathway, conducting interviews with experts by experience and qualitative and quantitative surveys to explore staff experiences. This evidence base has provided insight into how we can make positive changes to the existing pathway to ensure that it better meets the needs of individuals with complex emotional needs/diagnosis of personality disorder who are neurodiverse. It has also enabled us to identify areas for further possible exploration and research.

We will share a process map of an optimised pathway for individuals with neurodiversity and personality disorder that incorporates our co-produced change ideas. We will then break this down into the improvements we plan to trial for each of the different components (for example, screening and identification, post-diagnostic support, reasonable adjustments and adaptations to interventions).

Our next steps in the project will be to identify the most salient co-produced change ideas to trial first, and then to implement these and evaluate their impact. We will outline how this will be conducted in the context of a QI project. Finally, we will discuss the future directions for this project, including ideas for future research, and the clinical implications for service users, staff and wider systems including the NHS.

**Open Papers**
**Eating disorders across the lifespan**
Unveiling the Link Between Climate Change Concerns and Orthorexia Nervosa Risk through Cluster Analysis: Insights from the Eating-related Eco-Concerns Measure

Presenter: Lucia Tecuta, University of Bologna
Authors: Lucia Tecuta, University of Bologna; Elena Tomba, University of Bologna

Introduction: Urgent calls for research on the relationship between climate change concerns and risk of eating disorders (ED) have been made. A novel ED risk measure, the Eating-related eco-concerns (EREC), was recently developed, however, its relationship with orthorexia nervosa remains unknown. Methods: General population participants (N=120, mean age 30.61 ± 10.48 years) were assessed with: EREC, Climate Change Worry Scale (CCWS), Depression Anxiety, and Stress Scale (DASS-21), Eating Disorder Examination Questionnaire (EDE-Q), Eating Habits Questionnaire (EHQ) for orthorexia nervosa risk. Results: A two-step cluster analysis including five correlated variables (all except EDE-Q) yielded three clusters (BIC=420.719) encompassing 98.3% (n=118) of the sample and with a fair silhouette measure of cohesion and separation (0.4). The most important cluster predictors were DASS-stress (predictor importance=1.0), DASS-depression (0.78), and EHQ-Total (0.60). Three groups emerged: “low distress” cluster (54.2% cases, n = 64), “high distress” cluster (27.1% cases, n=32), “climate concern” cluster (19.6% cases, n=22), characterized by high EREC and CCWS scores, as well as high EHQ-orthorexia nervosa symptoms. Discussion: Climate-related concerns may represent an adaptive response to the threats of climate change, however careful clinical consideration is warranted as it may represent a novel stressor to vulnerable populations constituting a new pathway to disordered eating.

Prevalence of Eating Disorders and Comorbid Psychopathology among UK Secondary School Pupils: Evidencing the Need for a Brief, Accessible Intervention in Schools

Presenter: Sophie Fletcher, University of Warwick
Authors: Tabitha Jackson, University of Warwick; Talar Moukhtarian, University of Warwick; Carla Toro, University of Warwick; Glenn Waller, University of Sheffield; Caroline Meyer, University of Warwick and Coventry and Warwickshire Partnership NHS Trust

Introduction: Eating disorders (ED) have a peak onset of 15.5 years (Solmi et al., 2022), with one in eight pupils considered “at risk” of developing EDs according to a global meta-analysis (Ghazzawi et al., 2023). Limited evidence exists on the extent of eating concerns among diverse adolescents in the UK. To determine whether there is a need for school-based ED interventions, an anonymised online survey was conducted to identify clinically significant levels of ED pathology in secondary school pupils, and to understand the extent of other psychosocial comorbidities. Method: 382 pupils from five secondary schools across the Midlands region of the UK completed measures of ED pathology, psychosocial impairment, body shape dissatisfaction and mood.
Results: 20.7% of the sample exhibited ED pathology, with a mean age of 14.8 years, 81% were white and 62% were female. Of those, 89.9% of pupils with ED pathology experienced additional clinically significant concerns in one or more areas of psychosocial impairment, body shape dissatisfaction and/or mood.
Discussion: Around a fifth of pupils presented with ED pathology, of whom the majority demonstrated substantial comorbidity. Contrary to the social stereotype, around one fifth of those with ED pathology were non-white and over a third did not identify as female. These findings highlight the pressing need for in-school access to brief ED treatment, for a diverse population of secondary school pupils.

### Feasibility and Acceptability of a Brief, School-Based Intervention for Eating Disorders: Qualitative perspectives of Pupils, Parents and Staff

**Presenter:** Tabitha Jackson, University of Warwick  
**Authors:** Sophie Fletcher, University of Warwick; Talar Moukhtarian, University of Warwick; Carla Toro, University of Warwick; Glenn Waller, University of Sheffield; Caroline Meyer, University of Warwick

**Introduction:** Around a third of UK secondary school pupils exhibit clinically significant eating disorder pathology (Fletcher et al., manuscript in prep), but in-school mental health treatment provision has not yet included interventions for eating disorders. As part of a wider project, the study aimed to determine the feasibility and acceptability of a brief, school-based intervention for eating disorders (CBT-T), by gaining the perspectives of pupils, parents and staff.  

**Method:** 80 participants took part in 12 focus groups across 4 schools. Groups followed a semi-structured interview guide, including questions about the practicalities of a potential CBT-T programme, the acceptability of the intervention, and the likelihood of future uptake.  

**Results:** Five overarching themes and twelve sub-themes emerged, reflecting: perceptions of the scale of eating and body image concerns; limitations in their management; and the importance of prioritising mental health over education. Advantages, challenges, considerations, and solutions were proposed for an in-school CBT-T programme.  

**Discussion:** The scale of eating concerns within secondary schools is large and growing, and the current management of such problems is limited. These findings show that a CBT-T intervention programme within schools would be feasible and acceptable, with some adaptations (e.g., content on social media).

### Schema-Informed CBT for anorexia nervosa: A case series

**Presenter:** Karina Allen, South London & Maudsley NHS Foundation Trust  
**Authors:** Helen Startup, South London & Maudsley NHS Foundation Trust; Yael Brown, South London & Maudsley NHS Foundation Trust; Rosiel Elwyn, Thompson Institute, University of the Sunshine Coast, Australia; Leah Holland, South London & Maudsley NHS Foundation Trust; Jessica Safadi, South London & Maudsley NHS Foundation Trust

**Introduction:** Treatments for anorexia nervosa (AN) in adults are moderately effective at best. Schema-Informed CBT (SI-CBT) may improve outcomes, particularly for patients with co-occurring trauma or complex personality presentations who have not benefited from first-line treatment. This study aimed to evaluate SI-CBT for adults with AN or atypical AN via a case series. In 2019 we created a 25-40 session protocol based on schema therapy approaches for complex presentations, prior work on schema therapy...
with eating disorders (EDs) and established CBT techniques for EDs. Method: 10 patients from an adult NHS ED outpatient service were enrolled between March 2021 - September 2023. Outcomes were assessed via qualitative feedback and quantitative measures of ED symptoms (EDE-Q), depression and anxiety (CORE-10), schemas (YSQ-3) and schema modes (SMI-ED). Results: By March 2024, 5/10 patients had completed treatment with 5 still in treatment. No one has discontinued early. Of the 5 completed, 3 restored weight to BMI >18.5 and the overall mean BMI change was +0.7 (SD 1.15). All 5 patients showed decreases on measures of ED symptoms and depression/anxiety. Changes in schemas/modes were in an encouraging direction. Qualitative feedback was positive and highlighted schema mode formulation and mode awareness as particularly valued areas of work. Discussion: We provide initial support for the acceptability and provisional effectiveness of SI-CBT for AN in an adult NHS ED service.

Brief CBT for Anorexia Nervosa: Feasibility, Acceptability and Preliminary Evidence of Effectiveness

Presenter: Glenn Waller, University of Sheffield
Authors: Hannah Turner, Southern Health NHS Foundation Trust; Charlotte Rose, Avon and Wiltshire Mental Health Partnership Mental Health NHS Trust; Glenn Waller, University of Sheffield;

Introduction
NICE (2017) recommended research to develop brief, effective therapies for eating disorders. Current recommendations for CBT for underweight patients are up to 40 sessions, limiting access for many sufferers. Therefore, we have developed a brief therapy for underweight patients (BMI 15-19), based on 20 sessions. This study reports on the feasibility and acceptability of this new therapy (CBT-AN-20). It also reports initial effectiveness levels.

Method
Participants were patients with mild to moderate anorexia nervosa (BMI 15-19), from two NHS eating disorder services. Benchmarks for recruitment and retention were based on existing efficacy and effectiveness studies for 40-session CBT for anorexia nervosa (Fairburn et al., 2013; Jenkins et al., 2019). CBT-AN-20 was based on the same principles as 10-session CBT-T for non-underweight cases, but with an explicit focus on weight gain and addressing the cognitive phenomenon of the ‘anorexic voice’.

Results
41 patients were recruited to the study, and 50% were retained, matching existing patterns for 40-session CBT. Qualitative outcomes supported the acceptability of the therapy. There were strong to very strong effect sizes for eating attitudes, BMI, depression and anxiety, comparable with longer therapy outcomes.

Discussion
Briefer CBT for anorexia nervosa appears to be feasible, acceptable and effective. The next stage is underway - a full pilot study to demonstrate its effect size and mechanisms of outcome.
Trauma interventions and service

How and when you attempt to cope with loss matters: A psychometric validation and three-wave cross-lagged analysis of maladaptive coping strategies in Prolonged Grief Disorder and PTSD

Presenter: Kirsten Smith, University of Oxford
Authors: Kirsten Smith, University of Oxford; Jennifer Wild, University of Melbourne; Anke Ehlers, University of Oxford

Understanding which strategies lead to poorer outcomes is an important clinical and theoretical question with potential to guide the timing of intervention. The Oxford Grief – Coping Strategies scale was developed from interviews with bereaved people with and without prolonged grief disorder (PGD) to assess the frequency of maladaptive cognitive and behavioural strategies after loss trauma. Factorial and psychometric validity were assessed using exploratory and confirmatory factor analysis (N=676). A three-wave cross-lagged panel model (N=275) was used to assess the predictive validity of the tool in explaining symptoms of PGD and PTSD in the first 12-18 months of loss. Results supported a four-factor solution (Avoidance, Proximity Seeking, Loss Ruminations and Injustice Rumination) with good psychometric properties. The OG-CS predicted prospective symptoms of PGD and PTSD in the short-term (6-12 months) and long-term (12-18 months), controlling for baseline symptoms and autocorrelations. Their influence on PTSD symptoms was strongest in the first 6-12 months after loss, indicating early intervention for traumatic stress symptoms may be warranted. Subscale analyses demonstrated that the use of coping strategies in the short-term predicted PGD in the long-term, with avoidance emerging as maladaptive at 6-12 months, predicting PGD at 12-18 months.

“My entire life has moulded the person that I am”: Narrations of Non-Suicidal Self-Injury and Complex Trauma in Individuals with Complex Posttraumatic Stress Experiences

Presenter: Reem Alharbi, The University of Manchester
Authors: Reem Alharbi, The University of Manchester; Susanne Langer, Manchester Metropolitan University; Cheryl Hunter, University Hospitals Plymouth NHS Trust; Nusrat Husain, The University of Manchester; Filippo Varese, The University of Manchester; Peter Taylor, The University of Manchester

Background Previous research suggests that complex trauma and Complex Posttraumatic Stress Disorder (C-PTSD) experiences can contribute to the risk of developing and possibly maintaining Non-Suicidal Self-Injury (NSSI). Individuals’ accounts of how complex trauma and subsequent development of C-PTSD experiences can contribute to the difficulties of NSSI remain underexplored. This qualitative study aimed to explore in-depth: 1) how individuals with C-PTSD experiences narrate life conditions and events that influenced their difficulties with NSSI over time and 2) what factors the individuals perceived to have helped the process of controlling their experience of NSSI.
Methodology: The study used an adapted version of the Free Association Narrative Interviewing Method (FANIM) to facilitate the exploration of the lived experiences of eight individuals aged 20-56 years. Data analysis involved an interpretation of individuals’ stories followed by a thematic narrative analysis of 14 interviews to explore the shared and unique experiences narrated by participants.

Results: The thematic narrative analysis established four primary themes: 1) the dysfunctional system, 2) “shaky foundation” leading to future traumas, 3) the link between complex trauma, mental health difficulties, and NSSI, and 4) The role of autonomy and sense of control in managing NSSI. The findings shed light on the importance of adopting a flexible and person-centered treatment when working with this population.

Cognitive Behaviour Therapy for Depersonalisation-Derealisation Disorder (CBT-f-DDD): a feasibility RCT

Presenter: Elaine Hunter, University College London
Authors: Joe Perkins, Unreal Charity; Lucy Ring, Camden and Islington NHS Trust; Rafael Gafoor, University College London; Glyn Lewis, University College London; Anthony David, University College London

Depersonalisation-derealisation disorder (DDD) is a distressing mental health condition in which individuals have a sense of unreality and detachment about themselves and/or the world around them. DDD is under-researched, despite a population prevalence of about 1%. CBT had a significant impact on alleviating symptoms of DDD in two previous studies, however these suffered from methodological limitations. This study aims to provide feasibility and acceptability data to inform a subsequent efficacy RCT. Participants were randomised to receive either CBT for DDD or Treatment As Usual. Those in the CBT condition received 12-24 individual sessions over a 6-month period from NHS therapists with specialist training and supervision in CBT for DDD. The primary outcome was Cambridge Depersonalisation Scale score. Secondary outcomes included measures of co-morbidity and health economics. Follow-ups were conducted at six and nine-months post-randomisation. A range of feasibility measures were used and qualitative interviews exploring acceptability were conducted with participants and therapists. Protocol reg: ISRCTN97686121. 30 participants from three NHS mental health trusts in London took part. 37 NHS therapists attended specialist training workshops. Six therapists delivered CBT for DDD to 13 participants in total. We will present data on demographic, acceptability and feasibility measures, and discuss whether CBT for DDD is a feasible and acceptable treatment to deliver in the NHS.

Developing and Evaluating a Specialist Psychological Trauma Service Following the Rowe Court Arson Attack: A Screen and Treat Approach

Presenter: Hjordis Lorenz, Berkshire Traumatic Stress Service, Berkshire Healthcare NHS Foundation Trust
Authors: Veronika Kubickova, Berkshire Traumatic Stress Service, Berkshire Healthcare NHS Foundation Trust; George Bensley, Berkshire Traumatic Stress Service, Berkshire Healthcare NHS Foundation Trust; Elizabeth Tilbrook, Berkshire Traumatic Stress Service, Berkshire Healthcare NHS
Little is known about the best way to set up short-notice screen-and-treat service in response to a traumatic community incidence. The current paper describes the development and preliminary evaluation of the ‘Rowe Court Service’, a small-scale, screen-and-treat psychology service for individuals affected by the 2021 Rowe Court arson attack in Reading, UK. The paper describes barriers and facilitators to setting up this service and lessons learned. Secondary, this paper describes preliminary treatment outcomes of the Rowe Court Service.

The Rowe Court Service is a specially commissioned NHS service within the Berkshire Traumatic Stress Service in collaboration with the Reading Council, and the Victims First charity. Its purpose is to screen individuals emotionally impacted by the fire and provide evidence-based treatment. Rowe Court residents and attending police officers were referred to the service and screened for mental health difficulties. In line with NICE-guidelines for treatment, they were either placed on an ‘Active Monitoring’ pathway (n=6), or on the treatment pathway (n=8) where they received cognitive therapy for PTSD. Promising initial results showed a decrease in PTSD and depression symptoms. This is an example of a small-scale, timely, evidence-based, cross-agency response which can serve as an example of the ‘screen-and-treat’ approach in response to local traumatic incidents which can make this article a valuable resource.

**Training, professional issues and workforce**

| Novel treatment delivery model to increase access to CBT in student population and support NHS workforce development |
| --- | --- |
| Presenter: | Mma Yeebo, Newcastle University |
| Authors: | Claire Lomax, Newcastle University; Lucy Robinson, Newcastle University |

Since 2020, the Psychological Therapies Training & Research Clinic has delivered CBT to students who are screened & referred from the University’s Health & Wellbeing Service. Led by University employed staff (clinical psychologists 0.6WTE & CBT therapists at 1.2WTE), the clinic is located on campus & supports the NHS Workforce Plan through placements to psychological professional programme trainees & upskills NHS clinicians.

Data has been collected since 2020:

- a. Student clients’ difficulties tracked using routine outcome measures (ROMs)
- b. Workforce development monitored through number of placements & qualified clinicians upskilled.

**Results**

- a. 732 referrals; over 7000 appointments offered. ROMs show 71% clinically reliable improvement & 47% achieved recovery. Average times to first treatment session is 10 weeks. Mean number of sessions was 13.6, & 50% fully completed treatment.
- b. Placements provided to 24 trainee clinical psychologists, 8 trainee CBT therapists & 6 psychology students. Upskilled 9 qualified psychologists & 4 qualified CBT therapists.

**Discussion**
The only Higher Education Institution offering this innovative model both supports workforce development & provides NHS equivalent support for students. Clinical outcomes were comparable or better for this age group than comparative NHS services, & offers rapid, accessible treatment for students, enabling rapid return to activities including education. This model also supports workforce development.

Improving the training pathway for Deaf Trainees

Presenter: Aiesha Wright, Coventry University
Authors: Jess Cullen, Sign Health; Sarah Butt, Rapport Interpreting

The UK’s NHS Talking Therapies Services main goal was to make scientifically demonstrated mental health services more publicly accessible. Part of this initiative means enabling clients to be able to access therapy in their own language. There has been some progress in this area, however this provision is limited for deaf clients and also for deaf trainees to provide this service. Deaf trainees need access to appropriate training to effectively deliver therapy to deaf clients in their first language. Currently, in order for deaf trainees to access therapeutic training they must access training programmes delivered by hearing staff with the support of British Sign Language (BSL) interpreters. At present there is little to no guidance to support this process presenting many challenges for both trainees, deaf services and training providers. This paper presents a 3D perspective of a deaf trainee, a hearing supervisor and a BSL interpreter. The case study aims to discuss lessons learned and areas of good practice to support the development of other training programmes to include this provision.

Exploration of the needs and experiences of neurodivergent trainee CBT therapists and trainee Clinical Psychologists at the University of Surrey.

Presenter: Emma Crouch, University of Surrey
Authors: Jennifer Mance, University of Surrey

Introduction: There is increasing recognition that the mental health workforce is neurodiverse. People who learn differently (e.g. due to dyslexia, ADHD, or autism) may experience inequalities when accessing higher education. Little research has explored the specific access challenges for practice-based courses. We sought to expand current understanding by exploring the experiences of neurodivergent trainees on CBT and Clinical Psychology courses at the University of Surrey.

Method: 15 trainees completed a survey about the strengths they bring to their courses and professions, challenges they face, and how they could be better supported.

Results: Trainees identified strengths in creativity and problem solving, social justice and advocacy, and empathy through lived experience. There were positive aspects of both programmes, e.g. supportiveness of staff and attempts at inclusion. Challenges included the accessibility of teaching environments and resources.

Discussion: Practical steps were identified such as clarifying routes of communication, considering inclusivity of teaching materials and environments, and setting up support structures. The findings are discussed with reference to the size of the sample and constraints for both programmes. Implementation of these recommendations could significantly impact the quality of education on our programmes, both for
neurodivergent students and, following principles of Universal Design (Meyer et al, 2014), for whole programmes.

**Using short-format SP/SR in HI Trainee Supervision**

**Presenter:** Julia Limper-Menapace, Charlie Waller Institute, University of Reading

**Introduction**

Self-Practice/Self-Reflection (SP/SR) is generally seen as an important process in the development of CBT therapists. However, there is limited scope within the High-Intensity Curriculum to run SP/SR in its usual format. We introduced a four-session approach at the Charlie Waller-Institute to test if trainees still perceived benefits from attending SP/SR in this format.

**Outline**

A lecture introducing SP/SR was developed, which allowed trainees to gain an awareness of ground rules, benefits and goals for SP/SR in advance of supervision. SP/SR was then provided every eight weeks in small supervision groups for 1hr and 45 minutes. Supervisors received a handbook guiding them through how to facilitate SP/SR, as well as suggested topics.

**Outcome:**

Supervisors reported they found SP/SR extremely beneficial to increased reflective capacities and group cohesion.

An overwhelming majority of trainees felt that the SP/SR provided benefitted them in their development as a CBT therapist, and improved their wellbeing and group cohesion.

**Discussion**

The introduction of four SP/SR sessions was well-received by both trainees and supervisors. Trainees have requested further sessions of SP/SR, with a particular focus on reflecting on protected characteristics.

Criticism of the results gathered include lower than expected response rates. No information was gathered on how much trainees practiced SP/SR in their own time, and whether they planned to continue post-qualification.

**Adult clinical health and behavioural medicine**

**Development and testing of the COMPASS model: a biopsychosocial model of endometriosis pain**

**Presenter:** Brydee Pickup, University of Sydney, Australia

**Authors:** Jemma Todd, University of Sydney, Australia; Louise Sharpe, University of Sydney, Australia; Daelin Coutts-Bain, University of Sydney, Australia

Endometriosis (endo) affects 1 in 9 people assigned female at birth. Pain is the most debilitating symptom, no cure exists, and management is limited. We aimed to create and test a biopsychosocial model of endo pain. This aim has been addressed through 3 studies. A large (N=873) sample answered an online survey about endo pain. We first ran a mixed methods study to interview a subset of participants and develop our model. The 2nd study, from the N=873 sample, investigated differences in interpretation bias between endo and control groups, and relationships between interpretation bias and
endo pain. The 3rd study, an online survey with a unique sample (N=221), investigated relationships between endo imagery and pain. The COMPASS model posits that endo pain is shaped by the challenges of the gendered nature of pain, invalidation, distrust in healthcare, agency, sense making, and burden. Our quantitative studies provide initial support for the model. The tendency to interpret ambiguous information as health-threat relevant (subtheme of sense making) is significantly greater among people with endo compared to controls (d=1.02, p<.001), and is uniquely associated with worse pain interference (p=.04). Further, the degree, frequency, and distress of endo-related intrusive imagery (subtheme of sense making) are associated with worse pain interference (p>.05). The implications of these findings for developing treatments for people with endo pain will be discussed. tinyurl.com/yx

Retelling the stories of past illness experiences: A qualitative exploration of childhood experiences in the development of health anxiety

Presenter: Erin Robinson, University of Bath
Authors: Erin Robinson, University of Bath; Jo Daniels, University of Bath; Abbie Jordan, University of Bath

Introduction
Cognitive-behavioural of health anxiety posit that childhood illness experience are important to the development of health anxiety, however there is no empirical data to support this hypothesis. This is a neglected aspect of the CBT model and worthy of investigation. The objective of this study was to investigate childhood experiences in adults with clinical levels of health anxiety

Method
Seventeen adults with health anxiety (HAI=>18) were recruited through social media and advertisement with charities. A qualitative approach using individual semi-structured interviews and thematic analysis was chosen to explore experiences of childhood health and illness and perceptions of health as an adult

Results
Four main themes were generated, and two subthemes. Participants described family scripts of 1) Health being Paramount with illness experiences characterised by 2) A sense of aloneness and 3) mistrust of others in illness. This was described as leading to 4) Control: Seeking Safety from Powerlessness, consisting of 4a) the ghost of powerlessness, where feeling from health experiences in childhood are retriggered by health worries as an adult, and 4b) “A double edged sword”: my version of seeking safeness

Discussion
This study is the first to explore childhood illness experiences in the context of health anxiety. Themes from this study fit well with the existing literature but add further richness that could be used to elaborate current CBT models and treatment.
Effects of a digital hybrid Cognitive Behavioural Therapy for Insomnia and Emotion Regulation (CBT-I+ER) in the workplace (SLEEP): Results of a randomised waitlist-control trial

Presenter: Talar Moukhtarian, University of Warwick
Authors: Sophie Fletcher, University of Warwick; Lukasz Walasek, University of Warwick; Carla Toro, University of Warwick; Nicole Tang, University of Warwick; Caroline Meyer, University of Warwick

CBT-I is first-line treatment for insomnia. Dissemination of this effective treatment at scale in workplaces remains a challenge. This study aimed to determine the efficacy of a hybrid digital CBT-I+ER delivered through workplaces.

Designed as a randomised waitlist-controlled trial (protocol published at https://pubmed.ncbi.nlm.nih.gov/35840305/), assessed at baseline and 8 weeks, CBT-I+ER was delivered through a web-based platform complemented by 4 online therapy sessions. Primary outcomes were insomnia, depression and anxiety. Secondary outcomes comprised psychological wellbeing, quality of life, productivity and satisfaction, and subjective-objective sleep parameters collected through sleep diaries and actigraphy.

159 workers were recruited with at least mild symptoms of insomnia, and depression/anxiety (mean age 43.6±9.4 years, 76.7% female, 80.5% white). Analyses showed that dCBT-I+ER had significant improvements on insomnia d=1.752, depression d=1.576, and anxiety d=1.169, equivalent to intention to treat analyses. Actigraphy data showed no significant effects, while sleep diary data demonstrated significant improvements in all parameters except total sleep time (0.7<d<1.5). Improvements in productivity and other outcomes were not significant.

Given its efficacy in workplaces, delivering dCBT-I+ER could be an effective scalable intervention with longer-term efficacy and economic benefits to be further evaluated.

Integrated Innovations To Improve The Effectiveness of Behavioural and Cognitive Psychotherapies in Cancer Care: Learning From NHS Talking Therapies

Presenter: James Rathbone, Nottinghamshire Healthcare NHS Foundation Trust
Authors: Adam Hill, Nottinghamshire Healthcare NHS Foundation Trust; Sam Malins, University of Nottingham / Nottinghamshire Healthcare NHS Foundation Trust; Chloe Mays, Nottinghamshire Healthcare NHS Foundation Trust; Nima Moghaddam, University of Lincoln; Felicity Gibbons, Nottinghamshire Healthcare NHS Foundation Trust;

Introduction
People diagnosed with cancer are at double-to-triple the risk of common mental health problems compared to the general population. However, treatments can be less effective with higher dropout rates for people in this group. This paper will describe how a pilot service offering Cognitive Behaviour Therapy (CBT) to patients in cancer care integrated six treatment enhancement strategies and used NHS Talking Therapies benchmarks to improve effectiveness.
Method
A pilot service offering CBT received 180 patients referrals reporting moderate-to-severe anxiety and/or depression from East Midlands cancer care centres. Clinical outcomes were monitored and benchmarked against NHS Talking Therapies reliable improvement and recovery rates. Twenty interviews explored patient experiences of therapy and the integrated innovations. Six treatment enhancement strategies were integrated to improve outcomes: referrer training; motivational interviewing pre-therapy; 3) adapting to treatment preferences; routine outcome monitoring; deliberate practice supervision, and personalised smart-messaging to prevent relapse.

Results
Compared to NHS Talking Therapy services, reliable improvement and recovery rates were two and three standard deviations above the mean respectively.

Conclusions
Benchmarking effectiveness, adapting psychotherapy with evidence-based enhancements and monitoring progress against established reference points may be beneficial to psychotherapy in cancer care.

The effectiveness of polyvagal theory informed therapy for people living with obesity to improve interoception and emotion regulation: A multiple baseline study

Presenter: Katie Ashcroft, Royal Holloway, University of London
Authors: Alexandria Phillips, Royal Holloway, University of London; Esme Banting, Specialist Weight Management and Bariatric Surgery Department, Ashford & St Peters Hospital

Emotional eating is pervasive for people living with obesity, contributing to psychological distress and weight difficulties. Poor interoception, the ability to sense internal bodily signals, is the underlying mechanism of maladaptive emotion regulation (ER).

Polyvagal theory informed therapy (PVTT) is a novel psychological therapy theorised to target interoception by increasing attunement and respect of bodily sensations and supporting adoption of adaptive behavioural techniques to self-regulate. This multiple baseline single case experimental design investigated the effectiveness of PVTT in improving interoception and ER in 9 participants recruited from an NHS specialist obesity service. Participants were randomised to 7-21 days of baseline, received 6 sessions of PVTT and completed up to 3 weeks of follow up measures to assess treatment durability. Visual analysis of idiographic measures demonstrated significant improvements in body awareness, ER and reduced frequency of problematic emotion regulation behaviours. Findings were observed across 3 baseline lengths allowing attribution of changes to the intervention. Changes were maintained at 3-week follow-up indicating treatment durability. All participants showed reliable change in standardised measures of interoception including body awareness and body trusting facets. Results demonstrate PVTT offers an effective and acceptable psychological intervention to target ER and emotional eating for people living with obesity.

Paediatric and family health
The Mental Health Intervention for Children with Epilepsy (MICE) Trial Long Term Follow-up and Health Economic Outcomes

Presenter: Sophie Bennett, KCL Institute of Psychiatry, Psychology & Neuroscience
Authors: Roz Shafran, UCL Great Ormond Street Institute of Child Health; MICE Research Group, UCL Great Ormond Street Institute of Child Health

Introduction: Mental health difficulties are elevated in children and young people with Long Term Conditions such as epilepsy but many of those in need do not access evidence-based psychological treatments such as CBT. Methods: A randomised controlled trial of an integrated mental health treatment delivered remotely by Health Care Professionals within physical healthcare services for children and young people aged 3-18 with epilepsy (the Mental Health Intervention for Children with Epilepsy ‘MICE’ intervention; n=334 ). Participants were randomised to receive MICE in addition to usual care, or assessment-enhanced usual care alone (control). The primary outcome was the parent-report Strengths and Difficulties Questionnaire (SDQ) at six months post-randomisation. A health economic analysis was undertaken with primary endpoint at 12 months post-randomisation. Results: At six months, the mean SDQ total difficulties score for MICE patients was significantly lower than control patients (p<0.01). These results were maintained at 12 months post-randomisation. Preliminary findings also indicate that implementation of the MICE intervention within routine epilepsy services appears to be cost-effective compared to assessment-enhanced usual care when QALYs for both CYP and their caregivers is included. Discussion: The trial demonstrates that multiple mental health disorder can be treated within a singular intervention across a wide range and in the context of additional diagnoses.

Health Anxiety by Proxy: exploring factors that influence parents’ worries about their child’s health

Presenter: Jo Daniels, University of Bath
Authors: Frankie Cocks, University of Bath; Cara Davis, University of Bath; Charlotte Peters, University of Bath; Jo Daniels, University of Bath;

Background: Health Anxiety by Proxy (HAP), parents excessive concern about their child’s health, impacts parents, their children, and the system around the family. Better understanding of HAP in parents of both children who are well and unwell, would improve understanding and future interventions for HAP
Method: A cross-sectional design was used, recruiting parents of ‘well’ children (n=79) and parents of children with cancer (n=41) using an online questionnaire. Participants were recruited online and through an NHS children’s oncology team. Participants completed measures related to HAP, social support and illness characteristics. Results: Higher HAP scores were recorded in parents of children with cancer (p<.001) than in parents of ‘well’ children. A negative association between HA and social support was identified (p=.002). For parents of ‘well’ children, there was a negative correlation between HA and social support (p=.048). Regression analysis found HA to be a significant predictor of HAP (B= .588; p<.001) in addition to the health status of their child (B= -30.281; p<.001) when controlling for the interaction between the group and variables.
Conclusion: Significant links exist between HAP, HA, and whether a child has had cancer or not. An increased understanding of underlying mechanisms and HAP in different groups could provide evidence for researchers to develop more effective treatments.

“People don’t have the answers”: A qualitative exploration of the experiences of young people with Long COVID

Presenter: Fiona Newlands, UCL Great Ormond Street Institute of Child Health
Authors: Celine Lewis, UCL Great Ormond Street Institute of Child Health; Trudie Chalder, Kings College London, Institute of Psychiatry, Psychology & Neuroscience; Isobel Heyman, UCL Great Ormond Street Institute of Child Health; Terence Stephenson, UCL Great Ormond Street Institute of Child Health; Roz Shafran, UCL Great Ormond Street Institute of Child Health

Introduction: Young people living with Long COVID face a constellation of poorly understood symptoms. Examining its impact and the experiences of these children and their families can uncover the challenges they face and help inform future treatments.

Methods: We conducted qualitative, semi-structured interviews (n=16) with 11 young people (aged 13-19) from the Children and Young People with Long COVID (CLoCK) study, along with its patient and public involvement and engagement group (n=5). CLoCK represents England’s largest matched cohort study of young people.

Results: Thematic analysis revealed four key themes: 1) participants grappled with uncertainty regarding Long COVID’s unpredictable nature and progression; 2) parents noted shifts in their children’s identities, while young people distinguished between their current and pre-illness selves; 3) the impact of Long COVID extended across various facets of the young person’s life, including education and mental health; and 4) despite recognizing its impact, many struggled to access formal support.

Discussion: Participants described Long COVID as a complex condition influenced by biopsychosocial factors. These included physical symptoms, emotional challenges, perceived lack of support systems, and limited access to treatments. Current options were perceived as not widely available or effective, highlighting the need for improved communication of available services and further research into effective interventions.

Clinical effectiveness of drop-in mental health services at paediatric hospitals

Presenter: Anna Roach, UCL Great Ormond Street Institute of Child Health
Authors: Sophie Bennett, Kings College London and UCL Great Ormond Street Institute of Child Health; Isobel Heyman, UCL Great Ormond Street Institute of Child Health and Cambridge Children’s Hospital; Lucy Project, University College London Hospitals, Cambridge and Peterborough NHS Trust, North West Anglia NHS, Sheffield Children’s Hospital, Leeds Teaching Hospital; Roz Shafran, UCL Great Ormond Street Institute of Child Health
Despite the high prevalence of mental health disorders in children and young people (CYP) with long-term health conditions (LTCs), these difficulties are often overlooked and untreated. Previous research demonstrated the effectiveness of psychological support provided via a drop-in mental health centre at a specialist paediatric hospital. This study aims to determine the clinical effectiveness of drop-in mental health services implemented at paediatric hospitals across England. This is a prospective non-randomised single-arm multi-centre interventional study (Trial registration: ISRCTN15063954). CYP aged up to 25 years old with a LTC and their families were eligible to take part in the trial. The primary outcome is the difference in the total difficulties score on the Strengths and Difficulties Questionnaire (SDQ) reported by parent or CYP between baseline and 6 months. Interventions provided were: low intensity CBT, onward referral or signposting.

120 families from 6 hospitals enrolled in the study from November 2022 to January 2024. The sample comprised 77 females, 43 males, with a mean age of 14.16 years, from a range of different LTCs (including epilepsy, diabetes, cancer). All participants were offered an initial assessment within 3 weeks of consenting (average 19.6 days) and treatment began within a month. Qualitative feedback has identified how the service “fills a gap” between physical and mental health and quantitative outcomes for the whole sample will be presented.

Integration of low intensity psychological support for children and young people attending paediatric hospital cancer services: A qualitative study of cancer service staff perspectives

Presenter: Sophie Bennett, KCL Institute of Psychiatry, Psychology & Neuroscience
Authors: Mariam Shah, University College London/Great Ormond Street Hospital; The Olivia Hodson Study Team, University College London/Great Ormond Street Hospital

Introduction
Despite children and young people with cancer having elevated mental health needs, accessing evidence-based psychological support remains difficult. Low-intensity cognitive behavioural therapy (LICBT) can effectively support children and young people with mental health needs and if embedded in hospitals may increase access for cancer patients. This qualitative study aims to explore cancer service professionals’ views on the facilitators and barriers to implementing LICBT for children and young people with cancer.

Methods
Semi-structured interviews were conducted with 39 professionals working in cancer services in a paediatric hospital. Interviews were transcribed and analysed using Framework analysis.

Results
Professionals indicated a potential need and utility for LICBT, as distinct from what is currently offered, addressing patient needs and filling a gap in services. Integration into existing services and pathways was a key implementation facilitator. Potential barriers included skepticism of LICBT efficacy, concerns over manualised interventions and
practitioner competency.

Discussion: Cancer professionals’ perceptions of LICBT indicates the potential for it to be utilised in the children and young people cancer population to improve access to evidence-based support. Incorporating the identified facilitators and barriers into implementation strategies will ensure effective integration into routine care settings.

Service innovation and evaluation

<table>
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<tr>
<th>The Revolving Door Phenomenon: An Investigation of Treatment Return in an NHS Talking Therapies Service</th>
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<tr>
<td>Presenter: Ben Lorimer, University of Sheffield</td>
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<tr>
<td>Authors: Stephen Kellett, Rotherham Doncaster and South Humber NHS Foundation Trust; Julia Giesemann, University of Trier, Germany; Wolfgang Lutz, University of Trier, Germany; Jaime Delgadillo, University of Sheffield</td>
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Introduction
Some patients return for further psychological treatment in routine services, although it is unclear how common this is, as scarce research is available on this topic. This study aimed to estimate the treatment return rate and describe the clinical characteristics of patients who return for anxiety and depression treatment.

Method
A large dataset (N=21,029) of routinely collected clinical data (2010–2015) from an NHS Talking Therapies service was analysed.

Results
The return rate for at least one additional treatment episode within 1–5 years was 13.7%. Furthermore, 14.5% of the total sessions provided by the service were delivered to treatment-returning patients. Of those who returned, 58.0% continued to show clinically significant depression and/or anxiety symptoms at the end of their first treatment, while 32.0% had experienced a demonstrable relapse before their second treatment.

Discussion
This study estimates that approximately one in seven patients return to the same service for additional psychological treatment within 1–5 years. Multiple factors may influence the need for additional treatment, and this may have a major impact on service activity. Future research needs to further explore and better determine the characteristics of treatment returners, prioritise enhancement of first treatment recovery, and evaluate relapse prevention interventions.

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<tr>
<th>A qualitative exploration of key stakeholders’ perspectives on guided self-help interventions for children and young people with eating disorders</th>
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<tr>
<td>Presenter: Emily Davey, UCL Great Ormond Street Institute of Child Health</td>
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<tr>
<td>Authors: Nadia Micali, Psykiatrisk Center Ballerup; Rachel Bryant-Waugh, South London and Maudsley NHS Foundation Trust; Sophie Bennett, King’s</td>
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Introduction
There is a significant unmet treatment need for children and young people (CYP) with eating disorders. Guided self-help interventions have the potential to expand access to evidence-based treatments, yet little is currently known about their acceptability and suitability for this population. This study aimed to explore key stakeholders' perspectives on guided self-help interventions for CYP with eating disorders.

Method
Qualitative focus groups and semi-structured interviews were conducted with 11 CYP with lived experience of eating disorders, 12 parents/carers, and 10 healthcare professionals. Data were analysed using reflexive thematic analysis.

Results
Three themes were generated. Theme one, Bridging the gap, highlighted the role of guided self-help in increasing access to psychological support for CYP with eating disorders. Theme two, Timing matters, considered the suitability of guided self-help for CYP with eating disorders at different stages of illness and the care pathway. Theme three, One size does not fit all, emphasised the heterogeneity of eating disorders and the need for a personalised and flexible approach in guided self-help.

Discussion
Findings from this study lay a foundation for the future design and delivery of guided self-help interventions for CYP with eating disorders. Future work must consider these findings in the context of best available research evidence to optimise the potential utility of guided self-help for this population.

Enhancing engagement with between-session work for Low Intensity Cognitive Behavioural Therapy (CBT) delivered in Talking Therapies, for anxiety and depression services.

Presenter: Mia Bennion, University of Manchester
Authors: Penny Bee, University of Manchester; Karina Lovell, University of Manchester; Amy Blakemore, University of Manchester

Between-session work (BSW) makes up a substantial amount of the therapeutic activities which take place during CBT, acting as the vehicle to translate skills learnt in sessions into adaptive cognitive and behavioural changes in everyday life. While critical in both low and high intensity CBT, given the shorter treatment sessions and reduced practitioner input, engagement with BSW is particularly essential in low intensity interventions such as those usually initially offered in Talking Therapies services.

Several meta-analyses have shown when clients engage with BSW, treatment outcomes are enhanced. Yet the extent of between-session engagement can be determined by various circumstances and characteristics, this is evident by the reported variable and
suboptimal engagement with BSW. For example, a recent study expressed difficulties completing BSW were reported in 75% of the telephone-based LI CBT sessions (Haller and Watzke, 2021).

Previous research exploring predictors of between-session engagement has been ambiguous, therefore we conducted a qualitative study exploring Talking Therapies Step 2 client and practitioner perceptions regarding BSW. Study findings will be presented with recommendations for future research and clinical practice. By seeking to understand what, how and why factors affect between-session engagement, findings can inform and catalyse change, enabling equal opportunity for clients to engage with BSW, thus enhancing clinical and economic outcomes.

### Community based interventions and service innovation

<table>
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<tr>
<th>The VIP trial: a RCT of a Victim Improvement Package (VIP) for continued symptoms of depression or anxiety in older crime victims</th>
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<tr>
<td><strong>Presenter:</strong> Marc Serfaty, University College London</td>
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<tr>
<td><strong>Authors:</strong> Jessica Satchell, University College London; Teresa Lee, University College London; Chris Brewin, University College London; Anthony Kessel, University College London; Jonathan Cooke, PPI</td>
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**Background:** Community crime has a major and sustained adverse psychological impact on older victims of crime.

**Aims:** To test the effectiveness of a Victim Improvement Package (VIP) against treatment as usual (TAU) for reducing continued symptoms of distress in older victims of crime.

**Method:** A parallel-group single blind RCT compared TAU with a CBT informed VIP (plus TAU). Within 2 months of a reported crime, victims 65 years or more, were screened for distress by the Metropolitan Police Service (MPS) using the PHQ-2 and GAD-2. If still distressed at 3 months and satisfying entry criteria, victims were randomised to (a) TAU or (b) VIP (plus TAU), delivered by the mental health charity, Mind. The primary outcome was a composite measure of standardised BAI and BDI-II scores collected at baseline, post intervention & follow up (3,6 and 9 months post crime). Secondary outcomes included MINI diagnoses.

**Results:** 24% (4,255/17,611) of community crimes from selected areas were screened for distress, 35% (1505/4255) were screen positive. Half (427/877) of those rescreened at 3 months were distressed. 131 were randomised to VIP (n=65) or TAU (n=66). The treatment effects were: mean VIP -0.44 (standard deviation 0.90) vs -0.19 (1.11); adjusted difference in means -0.089; 95% confidence interval: -0.441, 0.264 (Not significant).
Conclusions: Crime has a long-lasting impact. MPS screening and delivery of the VIP by Mind was feasible, but pressures on services compromised our research.

The Feasibility of Group Based Cognitive Processing Therapy in an NHS Talking Therapy Service across a rural geography: A Service Evaluation

Presenter: Caroline Dugen-Williams and Hannah Bleasby, Midlands Partnership University NHS Foundation Trust
Authors: Hannah Bleasby, Midlands Partnership NHS Foundation Trust; Caroline Dugen-Williams, Midlands Partnership NHS Foundation Trust

Cognitive Processing Therapy (CPT) is a trauma focussed cognitive therapy, which aims to assist people process post traumatic cognitive distortions and memories (Resick et al., 2016); the group protocol consists of 12 sessions (Resick, Monson & Chard, 2017). Group based CPT has been shown to be an effective treatment with various populations including survivors of sexual assault (Resick & Schnicke, 1992), child sexual abuse (Chard et al., 1997) and military trauma (Resick et al., 2015). Shropshire is a rural county in England, with large expanse of countryside and poor transport links. Many communities are isolated and psychological trauma is one of the main reason for referral to the local Talking Therapy Service. Many clients struggle to attend face to face appointments, experience long waits or accommodation is difficult to find for individual therapies. To tackle the issue of waiting times, the authors ran a pilot of Group based CPT, using the evidence based group CPT manual (Chard et al., 2014). The aim was to provide an evidence based therapy that could be delivered within predictable parameters, to improve patient flow, clinical recovery and provide access to evidence based trauma therapy. The group was delivered from October 2023, within an NHS Talking Therapy service. The paper will report on a routine service evaluation, using descriptive statistics. We will discuss our experience of running a CPT in routine clinical practice and provide recommendations for practice.

The development and implementation of community development senior PWPs for marginalised populations in a rural and semi rural setting.

Presenter: Rajni Chanian and Lucy Cotterill, Midlands Partnership University NHS Foundation Trust
Authors: Aaron Hartshorn, Midlands Partnership University NHS Foundation Trust; Rajni Chanian, Midlands Partnership University NHS Foundation Trust; Lucy Cotterill, Midlands Partnership University NHS Foundation Trust; Louise Crook, Midlands Partnership University NHS Foundation Trust; Caroline Dugen-Williams, Midlands Partnership University NHS Foundation Trust

NHS talking therapies aim to provide equitable access to therapy for common mental health problems (NHSE, 2023). However, there are reported inequitable health outcomes for people from minoritized populations within talking therapy services (Burns, 2017; King et al, 2008; Haas et al, 2011; Harwood et al, 2001; Naz, Gregory & Bahu, 2019; NCCMH, 2023; Fernandes and Rimes, 2022).

Shropshire, Telford and Wrekin is a largely rural geography, with some semi-rural and
township based populations. The combined population for Shropshire, Telford and Wrekin is 510,500. The global majority (BAME) make up 4.6% of Shropshire and 17% of Telford populations. Over 65 residents make up 24.7% and 17.6% respectively.

In order to address barriers and inequalities within the counties, the service sought to problem solve this issue and developed Community Development Psychological Wellbeing Practitioners (CDW-SPWP). The CDW-SPWPs have been in post since March 2023 and took a combined targeted approach to engage with both the Global Majority community and the over 65+ community. The aim of the outreach work was to increase accessibility, promote recovery and remove barriers.

This paper will outline the development and timeline of the CDW-SPWP posts before presenting current initiatives and practice based evidence. The service will share current reflections and challenges in developing CDW posts and will present descriptive statistics demonstrating current outcomes achieved by the CDW-SPWPs.

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<th>The Impact of the Cost-of-Living Crisis on Referrals and Outcomes in NHS Talking Therapies.</th>
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<tr>
<td>Presenter: Thomas Richardson, University of Southampton</td>
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<tr>
<td>Authors: Thomas Richardson, University of Southampton; Monica Sood, University of Southampton; Dianna Smith, University of Southampton; Nisreen Alwan, University of Southampton</td>
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Background: A large body of research shows that those struggling with finances such as debt are more likely to have poor mental health. More deprived areas of England also have poorer outcomes from NHS talking therapies. The cost-of-living crisis is likely to exacerbate these effects, resulting in greater mental health difficulties and increased demands for services, though current evidence is limited.

Method: We conducted a secondary data analysis on data from NHS talking therapies to examine whether the cost-of-living crisis increases demand for services and worsens mental health over a period of three years (January 2021 to December 2023). We examined correlations based on approximately 86,000 referrals and 57,500 questionnaire responses regarding mental health (i.e., depression and anxiety).

Results: The results indicated that when inflation is higher, people need more sessions before discharge and the recovery rate is lower. The results also indicated that greater food and housing inflation are associated with greater levels of depression and anxiety. There was a trend toward a positive association between less recovery and greater overall inflation (p = -0.07).

Conclusions: The findings suggest that increased inflation during the cost-of-living crisis negatively impacts mental health, results in greater demand for services, and is associated with a lower recovery rate.

Innovation in the treatment of anxiety and depression

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<th>Individual differences in emotion dynamics during anxiety-inducing social situations</th>
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<tr>
<td>Presenter: Sascha Dukken, Utrecht University</td>
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<tr>
<td>Authors: Elske Salemink, Utrecht University</td>
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Introduction
While people who suffer from social anxiety experience enhanced negative emotions in social situations, little is known about how their emotions fluctuate over time. For example, negative feelings could rise steadily until they reach a plateau that is maintained throughout a situation, or they could burst in sudden peaks. We investigate individual differences in people’s emotion dynamics, and whether such differences are associated with social anxiety symptoms.

Methods
80 participants continuously rated their emotions on a valence scale while viewing anxiety-inducing movie clips of social situations (as well as positive and neutral control clips). Additionally, we measured emotional expressions with electromyography of the corrugator supercilii (frowning) and the zygomaticus major (smiling). The hypotheses were preregistered (http://tinyurl.com/DukenBABCP). All data are collected.

Results
First, we quantify individual differences in emotion dynamics in terms of emotion intensity (average valence over time), emotion variability (variation within a situation), emotion instability (change from one time point to another), and emotion inertia (resistance to change). Second, we test whether these dynamic indices are associated with social anxiety symptoms.

Discussion
Our study may help to understand emotional processes that underlie social anxiety. In later projects, we aim to predict treatment outcome for social anxiety interventions with dynamic emotion indices.

The Effects of Depressive Symptom and Memory on Social Decision Making under Uncertainty

| Presenter: | Wei Ke Wang, University of New South Wales, Australia |
| Authors:   | Susanne Schweizer, University of New South Wales, Australia; Gabriele Chierchia, University of Cambridge |

Depression is associated with memory biases, which may influence individuals’ capacity to sample episodic memories to guide decision-making in novel social situations (Bishop & Gagne, 2018). Using a novel social decision-making task, the present study (https://osf.io/7p3qj) examined the associations between depression, memory and response to social uncertainty. During the social decision-making task, participants invited peers to a social event and received acceptance or rejection feedback. Memory probes were interspersed throughout the decision-trials to remind participants of past choice outcomes, aiming to influence future choices. Using general mixed models, results from 122 participants (18-59 years, Mage = 33.91) showed that decisions were influenced by both directly experienced decision outcomes and probed memories of past outcomes. Further, participants learned better from acceptance feedback than rejection feedback for both directly experienced outcomes.
Depressive symptoms further moderated the asymmetrical feedback learning from directly experienced outcomes. The findings suggest that asymmetrical social feedback learning may be a mechanistic pathway through which response to social uncertainty influences mental health.

### An ESRC-funded 3-stage co-created free access community Seasonal Affective Disorder (SAD) resource

**Presenter:** Chris Williams, University of Glasgow/FAL  
**Authors:** Hester Parr, University of Glasgow; Hayden Lorimer, University of Edinburgh; Shawn Bodden, University of Glasgow

**Introduction:** This 2-year ESRC-funded programme created an innovative CBT-based life skills resource for people living with Seasonal Affective Disorder.

**Method:** A 3-stage approach embedded participant experience.

1. National online survey (winter 2021-2) used an adapted version of the Seasonal Pattern Assessment Questionnaire with qualitative questions about respondent winter light experiences.
2. A 6-session "Wintering Well" workshop series led by a Professor of Geography, a poet/artist and input from a CBT specialist. Sessions explored lived experience + helpful strategies. Semi-structured entry and exit interviews were recorded and analysed using thematic analysis.
3. Web course development: A co-designed course was developed based on results from stages 1-2. Modules were iteratively drafted/redrafted informed by Patient Public involvement. Direct participants quotes were used. Key CBT principles were made relevant to people struggling with low winter light.

**Results:** 348 national survey respondents. 18 workshop attendees. The thematic analysis identified the following themes: Understanding SAD/Understanding winter thinking/Creating your cosy space/My daily winter routine/Changing unhelpful thoughts/Winter relationships. Web course data will be presented.

**Discussion:** The structure included creative inputs of experts by experience + CBT experts. The 3-stage approach helped understand the diversity of individual experience, with active/participatory content creation.

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### A Metacognitive Approach to Treating Rumination in Social Anxiety Disorder

**Presenter:** Hayley Donohue, University of Sydney, Australia  
**Authors:** Maree Abbott, University of Sydney, Australia; Matthew Modini, University of Sydney, Australia

Cognitive models of Social Anxiety Disorder (SAD) consistently identify pre- and post-event rumination as key processes that maintain SAD symptoms, yet these processes are not typically targeted in treatment (Donohue et al., 2023). The metacognitive model proposes that metacognitive beliefs perpetuate engagement in rumination, however few studies have examined this in relation to SAD. We present two studies, which 1) qualitatively examine the role of metacognitive beliefs in maintaining pre- and post-event rumination, and 2) quantitatively investigate the effectiveness of Metacognitive
Therapy (MCT) in reducing pre- and post-event rumination. In Study 1, qualitative interviews were conducted with individuals with SAD and analysed via thematic analysis. Results identified several positive and negative metacognitive beliefs implicated in the maintenance of pre- and post-event rumination. In Study 2, 86 participants with SAD were randomised to receive MCT treatment or waitlist control. Metacognitive beliefs and rumination were assessed both before (pre-event) and after (post-event) a 3-minute speech task. At both the pre-event and post-event stages, MCT was more effective than control in reducing metacognitive beliefs but not rumination. We discuss that while metacognitive beliefs seem to perpetuate engagement in pre- and post-event rumination in SAD, MCT alone does not sufficiently reduce socially anxious rumination, and a more multi-modal treatment approach may be required.

Advancing therapeutic interventions

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<tr>
<th>Adolescents’ experiences of talking about race, ethnicity, and culture during Dialectical Behaviour Therapy (DBT): A qualitative study</th>
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<tr>
<td>Presenter: Jiedi Lei, University of Oxford</td>
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<tr>
<td>Authors: Bec Watkins-Muleba, King’s College London; Ireoluwa Sobogun, City University; Rebecca Dixey, South London and Maudsley NHS Trust; Holly Bagnall, South London and Maudsley NHS Trust; Jake Camp, South London and Maudsley NHS Trust</td>
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Racial discrimination can be conceptualised as prolonged traumatic invalidation from the environment where individuals from diverse ethnic, racial and cultural (ERC) backgrounds are made to experience guilt, shame, and stigma associated with their identity. White DBT therapists can adopt an anti-racism stance by being self-reflective and embody cultural humility when having open conversations with diverse clients about their lived experiences (Pierson et al., 2022). This qualitative study aimed to improve anti-racist practice in DBT through the experiences of ten young people (YP) from diverse ERC backgrounds in talking about ERC-related issues whilst completing CAMHS DBT. We identified five themes: YP valued ERC-related conversations (1) facilitated by good therapeutic alliance; YP found them harder when talking in a White-majority group/with a White therapist as many learnt to “push it under the rug” (2); YP noted the “double bind” of not wanting to be a spokesperson for ERC and hoping their therapist would model ERC discussions (3); Processing ERC-related trauma supported YP to navigate their identity (4); YP asked for greater ERC sensitivity and validation when teaching DBT skills (5). We ask (White) clinicians to build awareness of their knowledge gaps in ERC issues, maintain cultural humility, use validation, and develop competence to proactively create a safe space for ERC-related discussions and model initiating them in DBT (Lei et al., in press, The Cog Beh Therap).

Empowered Conversations, “It opens up a whole new world for everybody”: Evidence and Experience of a psychosocial intervention for carers of people living with dementia

| Presenter: Lydia Morris, University of Manchester |
| Authors: Cassie Eastham, Greater Manchester Mental Health NHS Foundation Trust; Chris Sutton, University of Manchester; Yeliz Prior, University of |
Introduction

Family and informal carers of people living with dementia can experience considerable stress responding to the cognitive, memory and other changes brought on by dementia. Empowered Conversations (EC) is a 6-week course to improve communication, relationships and reduce stress. EC has been developed and evaluated over the past 9-years.

Methods

Pragmatic, feasibility, data-collector-blind, parallel, two-group (EC+TAU; TAU waitlist) trial, with nested qualitative study. Target sample size: 75 (50 EC+TAU; 25 TAU waitlist). Patient, public, involvement (PPI) was embedded at all stages via a PPI group, carer co-investigator and independent carer rep on the Trial Steering Committee.

Results

The key findings (N =75) were that the overall average monthly rate randomised was 8.9 participants per month, and therefore the pre-specified average recruitment rate of 6 to 10 carers per month for proceeding to a multi-centre trial was met. A total of 58 (77%) participants were retained at 6-month follow up. Therefore, the retention level was slightly below the 80% ‘Green’ criterion to definitely proceed; however, it was within the ‘Amber’ criterion (full trial considered feasible if reasons for lower retention can be addressed). Qualitative data found that EC was acceptable. Participants identified changes in their perspectives, relationship, and communication skills.

Discussion

Results indicate that the online EC was acceptable and feasible to be delivered in a larger trial.

Embodying the Perfect Nurturer in Compassion Focused Therapy

Presenter: James Hackley, University of Manchester; Greater Manchester Mental Health Foundation Trust

Authors: Tobyn Bell, University of Manchester; Richard Brown, University of Manchester; Carol Royale, Greater Manchester Mental Health Foundation Trust; Alison Dixon, Greater Manchester Mental Health Foundation Trust; Chris Moss, Greater Manchester Mental Health Foundation Trust

Compassion-focused therapy (CFT) is an integrative psychotherapeutic model which in practice draws upon a range of therapeutic techniques and approaches. Compassion-focused chairwork, a method used within CFT, has become a recent focus of empirical investigation. This study extended this area of research by exploring how participants with depression experienced the ‘compassionate other’ imagery exercise enacted via chairwork methods. Eight individuals from primary care NHS mental health services were interviewed about their experience of the practice. The resultant data were analysed using interpretive phenomenological analysis (IPA). Three group experiential themes were identified: care that feels real, chairwork processes and encountering challenges on the road to discovery. The findings indicate that the intervention has therapeutic utility both as an intervention for cultivating compassion and as means of
assessing for and identifying blocks to compassion. The results also suggest that there is potential value in enacting compassion focused imagery techniques through chairwork methods, especially for those who have difficulty accessing mental imagery practices. The findings are relevant to cognitive theory and literature, such as multi-level theories of cognition and psychological distancing.

The study was completed as part of J. Hackley’s Doctorate in Clinical Psychology. It was supervised by Dr Tobyn Bell and Professor Richard Brown, who approved the final manuscript.

| Mapping the Cognitive Representations of Religious Beliefs in Conservative Muslim Individuals: A Schema-Based Analysis |
| Presenter: Taregh Shaban, United Arab Emirates University, Unite Arab Emirates | Authors: Taregh Shaban, United Arab Emirates University; Helen Kennerley, Oxford Cognitive Therapy Centre; Craig Steel, University of Oxford |

Introduction: This study investigates cognitive representations of religious beliefs among conservative Muslim individuals, analysing whether these satisfy the criteria for maladaptive cognitive schemata outlined in the work of Young et al. (2006) and Williams (1997). It explores the development, content, and structure of this schema, particularly focusing on its formation in childhood and reinforcement throughout life.

Method: A qualitative approach was employed, involving in-depth interviews with 16 mostly practicing Muslim individuals using a recently developed interview technique called the Socratic Dialogical Interpret-view (Shaban 2023, unpublished). A theory-driven deductive methodology using template analysis (Brooks et al., 2015) was applied to interpret the data.

Results: The findings indicate the existence of a coherent mental structure comprising religious themes consistent with the schema characteristics described by Williams (1997) and Young et al., (2006). The schema was found to be stable at core but shows evidence of evolution at different stages of life. Dominant religious themes were identified with a prevalence of negative emotions such as fear, guilt, and shame associated with the schema. Discussion: Given the nature of the schema and its most salient features the findings suggest that this religious schema may contribute to negative emotional states, indicating a need for further research into its mental health implications and relevance to CBT.

Skills Classes

| Assessment and treatment considerations with clients presenting with menopause and mental health |
| Sally Tribe, University of East Anglia and Sarah Fairweather, Fairweather Therapy |

Who the skills class is aimed at: CBT Therapists, Psychologists and PWP's

Scientific background: It is well documented that menopause can impact mental health in a variety of ways (Leonhardt, 2019), this includes symptoms of depression and anxiety due to fluctuating hormones, and the mental health impact of symptoms or consequences of the menopause. Menopause is frequently misdiagnosed due to the
overlap between menopausal symptoms with mental health and physical health problems. However, there are subtle differences that need to be thoroughly assessed. Research into the psychological treatment of the menopause utilising cognitive behavioural therapy (CBT) has largely focused on supporting clients with the vasomotor symptoms often synonymous with menopause such as hot flushes and night sweats (Balabanovic, Ayers, Hunter, 2013). There is very little research or guidance in the way CBT can support the psychological aspects that are often reported, which includes anxiety and low mood. With the recent review of NICE guidance for menopause and NHS services proposing CBT as a viable treatment option there could be an influx of referrals to NHS talking therapies services and a growing need for therapists to be educated and trained on CBT techniques to support this client group. To date, there has been very few training opportunities. This skills class will focus on identifying ways CBT therapists, Psychologists and PWP’s can adapt assessment and treatment for this client group.

Key learning objectives:

1. Understand the stages of menopause and associated symptoms
2. Adapt assessment procedures to account for hormonal influences
3. Adapt formulations to include menopausal symptoms
4. Use a variety of cognitive and behavioural reattribution techniques to support this client group in treatment

Presenter biography:

Sally Tribe, lecturer and academic lead University of East Anglia, BABCP accredited. Sally has also been involved in teaching and training for over 15 years and is an experienced supervisor and clinical lecturer. Sally’s research interests are in the mental health impact of perimenopause and menopause. She has over 18 years experience working in mental health settings utilising Cognitive Behavioural Therapy (CBT) and has lead both NHS and non-NHS services. Sally is a committee member on the BABCP Women's Equality and Gender Diversity (WOMGEND) SIG and is part of the SIG’s Menopause work-stream. Sally has written an article for CBT today on menopause and mental health.

Sarah Fairweather, Child and Adult Cognitive Behavioural Psychotherapist, BABCP and EABCT accredited. Sarah has over 30 years’ experience in working with mental health with both adults and children. Recently, Sarah has undertaken training in menopause as well as helped run a local menopause café. Sarah is a committee member on the BABCP Women's Equality and Gender Diversity (WOMGEND) SIG and is part of the SIG’s Menopause work-stream.

Sally and Sarah have worked with the BABCP's senior clinical advisor submitting feedback on the NICE menopause guidance consultation. They have both been involved in hosting webinars for theBABCP and NHS talking therapies national networking forum on menopause.


Getting Active in Supervision – how to bring more active methods into supervision
Rachel Clarke, University of Sheffield and Madeleine Tatham, University of Sheffield

Who the skills class is aimed at: CBT Clinical Supervisors

Scientific background: As supervisors we play an important role in helping our supervisee’s develop, hone and maintain their clinical skills. There are various methods we can use to do this, including clinical discussion, live observation (or recordings), recommended reading, guided discovery, role plays, chair work and behavioural experiments. It is therefore important that supervisors are skilled in using a variety of methods to support their supervisees’ development. Bennett Levy et al. (2009) found that enhanced learning strategies such as role play, as well as modelling and reflective practice, were perceived to be effective at skill development.

Utilising an information processing model of therapist skill development called the declarative, procedural and reflective model (DPR; Bennett-Levy, 2006), supervisors can draw on a theoretical basis on which to assess, plan and implement suitable interventions to aid supervisees’ learning and skill acquisition.

Pugh and Margetts (2020) later proposed a practical framework for applying these experiential methods in supervision to inform and encourage more systematic use of action-based methods in CBT supervision. Using this as a framework, the workshop will
explore how to incorporate a variety of methods in supervision using experiential practice and discussion.

**Key learning objectives:**
1. Have reflected on their own supervisory practice and the methods used.
2. Be more aware of the importance of using a variety of methods in supervision.
3. Have a framework to make action-based methods more meaningful in supervision.
4. Have the opportunity to practise using action-based methods.
5. Feel more confident to encourage supervisee’s to use action-based methods in supervision.

**Presenter biography:**
Rachel Clarke is Deputy Course Director on the PGDip in CBT for Eating Disorders (CBT-ED) at the University of Sheffield. She has taught and supervised on other CBT courses and has experience in supervising both individuals and groups. Clinically she has worked in two Psychological Therapies services and currently works at Riverdale Grange, an all-age Eating Disorder hospital.

Dr Madeleine Tatham is the CBT-ED Supervisor course lead and course tutor on the PGDip in CBT for Eating Disorders at the University of Sheffield. She contributed to the development of the CBT-T protocol for eating disorders training manual and has further publications on the use and delivery of CBT-ED in clinical settings. Madeleine has worked in a number of NHS Adult Community Eating Disorder services and currently works as a Consultant Clinical Psychologist with NHS Ayrshire and Arran's all-age community eating disorder service.

**Key references:**


<table>
<thead>
<tr>
<th>Engaging, communicating and supporting people with cancer and distressing symptoms</th>
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<td>Sue Wood, Five Areas Ltd and the University of Glasgow and Christopher Williams, Five Areas Ltd and the University of Glasgow</td>
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**Who the skills class is aimed at:**
- Practitioners working with a variety of cancer diagnoses including lung, bone, breast + colo-rectal cancers.
- Attendees wishing to use a CBT framework to encourage symptom self-management to live life their life as fully as possible within the restrictions of their
Practitioners wishing to gain clinical skills via discussion groups, and self-reflection and self-practice. This will include experiential methods and consider how we respond to illness symptoms ourselves using CBT.

**Scientific background:** People with cancer are more likely to experience depression + anxiety with significant social costs to the individual, their family and friends. Depression/anxiety worsen self-care, adherence to treatment, and recovery including increased length of hospital stay and readmission rates. CBT can improve symptoms, treatment adherence and quality of life. However, engagement can be challenging (NICE 2004). Adequately trained and supervised professionals in the psychological care of cancer is recommended. A CBT framework provides a bio-psychosocial whole person approach. In addition, it is important to consider perceptions of the cause, controllability and prognosis factors that ameliorate or worsen symptoms perception and impact on life through factors such as avoidance, helpful and unhelpful responses including reassurance seeking, symptom checking, medication misuse and the adoption of abnormal gaits or unhelpful styles of communication with family friends or professionals that worsens the impact of disease.

**Key learning objectives:**
At least half the content will focus on skills practice. By the end of the skills class, participants will be able to:
1. Modify behavioural activation and CBT models to engage people living with L cancer, especially those living with breathing difficulties, cancer-related fatigue and chronic pain.
2. Use the Five Areas approach (Williams, 2001) to structure assessments, and formulate/intervene in vicious cycles that impact on coping in cancer.
3. Identify and address common illness related beliefs that impact on cancer responses.
4. Provide an engaging language for use with people facing cancer.
5. Help people being supported use accessible and free resources to make positive changes in the face of cancer such as respiratory, pain and tiredness.

Content is informed by user feedback from Macmillan Cancer Support using an iterative model of feedback, updating of communication and concepts to be accessible and usable by people living with cancer and beyond.

**Presenter biography:**
Dr Jaime Wood is a lead for Cancer Psychology services in NHS Calderdale and Huddersfield NHS Trust and is a senior Clinical Psychologist and accredited BABCP CBT Therapist with nearly 20 years’ experience of working in Clinical Health Psychology. She has worked with people living with various long-term conditions and her special interest is in working with people with cancer.

Professor Chris Williams is Emeritus Professor of Psychosocial Psychiatry at the University of Glasgow, Scotland, UK and Director of Five Areas Ltd. His main clinical and research interest is in the area of CBT and in particular in looking at ways of disseminating this approach more widely. He has worked with charities across Canada.
and in Ireland to help disseminate CBT based interventions for those with cancer – most recently with the Northern Irish charity AWSARE and Macmillan Cancer Support. He has developed and written computer-based self-help treatments for anxiety, depression, medically unexplained symptoms, long-term conditions and bulimia and is a well-known CBT researcher, trainer and teacher.

**Key references:**


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**Reducing worry and rumination in OCD**

Blake Stobie, South London & Maudsley NHS Foundation Trust and Rachel White, South London and Maudsley NHS Foundation Trust

**Who the skills class is aimed at:** This skills class is aimed at therapists who wish to improve their skills in working with clients with OCD where rumination is a key part of their presentation and maintaining factor. It will also benefit therapists working with other presentations other than OCD where rumination and worry are part of the formulation.

**Scientific background:** Rumination and worry are types of ‘repetitive negative thinking’, defined as ‘excessive and repetitive thinking about current concerns, problems, past experiences or worries about the future’ (Ehring & Watkins, 2008). These processes maintain anxious and depressive symptoms across a range of disorders, including OCD (Wahl et al. 2020). Cognitive models of OCD (Salkovskis, 1985) conceptualise rumination and worry as a type of mental or covert compulsion which occur in response to obsessional thoughts or doubts. The aim is to prevent feared outcomes and to reducing anxiety and uncertainty, but the unintended consequence is that they reinforce negative appraisals, increase attention to threat and doubt, and maintain anxiety. Studies suggest that people with OCD who predominantly struggle with worry
and rumination may do less well in treatment (e.g., McKay et al. 2015) and that rumination can interfere with the process of therapy and hinder recovery (e.g., Brady et al. 2015). Our clinical and supervisory experience suggests that both therapists and patients struggle to recognise obsessional rumination and worry and when they do and feel less confident in applying CBT/ERP. Understanding rumination and how to treat it may improve therapist confidence and patient outcomes.

**Key learning objectives:**

- Develop skills in increasing clients’ awareness of rumination and worry, how to recognise them and how they differ from intrusive thoughts.
- To be aware of and address unhelpful beliefs about rumination and worry (both clients’ and our own).
- To learn techniques (categorising, metaphors and exposure principles) to help people to engage less with worry.

**Presenter biography:**

Dr Blake Stobie is a Consultant Clinical Psychologist and Clinic Director of the Centre for Anxiety Disorders and Trauma (CADAT) in London. He has 26 years experience in CBT for anxiety, particularly OCD, and has a particular interest in factors which may complicate OCD treatments.

Dr Rachel White is a Principal Clinical Psychologist at CADAT. She has 12 years experience in CBT for anxiety and works primarily with individuals with treatment resistant OCD.

**Key references:**


**Treating mild to moderate PTSD using web-based guided self-help (“Spring” programme)**

Neil Kitchiner, Cardiff University

**Who the skills class is aimed at:** Psychological therapists who are interested in treating individuals with mild to moderate PTSD using an evidenced based WebApp “Spring” in 3 hours over 8 weeks.

**Scientific background:** The Nice guidelines (2005) suggested that researchers develop and test a novel guided self-help (GSH) intervention to treat people with mild to moderate PTSD. Cardiff University, Traumatic Stress Research Group developed a GSH intervention via a PhD. This skills class will describe the methodological framework and present the phase I study results. Following the successful (PhD phase I) we collaborated with a healthcare technological web designer who built a prototype GSH.
website “Spring”, “Spring App” and a web based clinician dashboard. The prototype was
tested in a phase II randomised controlled trial (RCT) with 40 participants in Cardiff and
Vale NHS university health board. The results will be briefly presented and our learning
from this study. We developed a final phase III RCT based on a multi-centre design with
a total of 196 participants taking part in a pragmatic, multicenter non-inferiority trial
(RAPID) which compared Spring with CT-PTSD (Ehlers & Clark, 2000) model. The results
of this trial will be briefly discussed. The skills class will concentrate on our current
model for rolling our “Spring” via group online training of psychological therapists and
fortnight online group supervision of two completed PTSD cases before being signed off
as competent to deliver “Spring”. The workshop will demonstrate the eight steps
contained within “Spring” and supplemented with animation and video clips.

**Key learning objectives:**

- To feel confident in GSH for PTSD being a potential tool for TFCBT
- Improve the understanding of the methodological steps required from a phase I
to phase III RCT for a complex intervention
- Highlight the partnership needed to take a PhD prototype intervention to a
technology company and the development of a novel web based/App
- Understand the complexities of taking results from RCTs to rolling out a novel
GSH intervention for mild to moderate PTSD training and supervision programme with
NHS psychological therapists

**Presenter biography:**

Neil Kitchiner, PhD is the Director & Clinical Lead for Veterans’ NHS Wales and a Senior
Research Fellow at Cardiff University. He has worked as an accredited Cognitive
Behavioural Psychotherapist (BABCP) since 1999. Neil has 37-year experience of
working in various NHS mental health settings within the UK, (mainly South Wales) and
Melbourne, Australia. Neil has worked in the private sector (Priory Hospital, Bristol) and
for the past 23 years in the NHS at Cardiff and Vale University Health Board, within the
Departments of Liaison Psychiatry, Traumatic Stress Service and currently Veterans’
NHS Wales. Neil served as a Captain in the British Army Reserves, with 203 (Welsh)
Field Hospital for 5 years. He deployed to Afghanistan, October 2013 – January 2014, as
part of the Army Field Mental Health Team.

**Key references:**

1. Lewis C.E, Farewell D, Groves V, Kitchiner N.J., Roberts N.P., Vick T, & Bisson J.I.
   randomised controlled trial.
2. Nollett C, Lewis C, Kitchiner NJ, Roberts NP, Addison K, Brookes-Howell L,
  andomised controlled trial of a trauma-focused guided self-help Programme versus In
   Dividual trauma-focused cognitive Behavioural therapy for post-traumatic stress disorder
   018-1665-3.

**“What's mine is yours”: Addressing the role of therapist schemas as part of interpersonal processes in cognitive behavioural therapy**

Vickie Presley, Coventry University

**Who the skills class is aimed at:** This interactive and experiential workshop is aimed at CBT therapists and supervisors who want to enhance their practice by understanding and formulating interpersonal processes in CBT through the lens of therapist schemas. The skills class will give a chance for participants to step into a supportive and reflective space, where they can begin to conceptualise the role of the self in their therapeutic interactions with clients.

**Scientific background:** The importance of therapists identifying their own schemas and reflecting upon the potential impact on their therapeutic work with clients has been variously documented in the CBT literature. For example, authors have noted the potential impact of therapist perfectionism on the therapeutic relationship and client outcomes in treatment (Haarhoff, 2006; Leahy, 2001; Presley et al., 2017). Similarly, the effect of therapist experiential avoidance on the execution of key CBT skills, interventions and interpersonal processes, has also been explored (Leahy, 2015; Presley et al., 2023; Scherr et al., 2015). A growing body of evidence points to the value of therapists reflecting upon the interaction between their personal and professional selves, and using processes such as Self-Practice and Self-Reflection (SP/SR) to facilitate this aspect of their developmental journey during training and beyond (Bennett-Levy et al., 2001; Davis et al., 2015). Such research suggests that synthesising personal and professional development in this way may result in a range of benefits, including both technical CBT competence and interpersonal effectiveness and therapeutic alliance skills. In light of this evidence, the aim of this skills class is to provide participants with an opportunity to begin reflecting upon the role of their own schemas in their therapeutic interactions with clients, and begin planning ways in which they might reduce any ‘therapy-interfering’ consequences thereof.

**Key learning objectives:**
- To identify both client and therapist factors which contribute to interpersonal processes and therapeutic outcomes in cognitive behavioural psychotherapy
- To conceptualise the role of therapist schemas specifically in the therapy process, with a focus on ‘therapy-interfering’ beliefs
- To plan ways in which therapists can manage and minimise any unintended consequences of their own schemas upon their therapeutic work with clients

**Presenter biography:**
Vickie Presley is the Course Director for the Postgraduate Diploma in Cognitive Behavioural Therapy at Coventry University. Vickie has worked in psychological therapy services for 20 years, spanning roles in the NHS, forensic services and private practice. Vickie has worked predominantly with adult clients, and has a particular interest in
transdiagnostic processes in psychopathology such as perfectionism and experiential avoidance. Vickie's research activities to date have focused more on therapist factors, and the relationship between therapist schemas and therapeutic skills, outcomes and interpersonal transactions in CBT.

**Key references:**


**Navigating Online Cognitive Behavioural Therapy for Young People and Families: Clinician's Essentials**

Maria Loades, University of Bath and Charlotte Hall, University of Nottingham

**Who the skills class is aimed at:** All CBT practitioners who work with children, young people and families. We anticipate that this skills class will be useful for low intensity practitioners as well as more highly trained CBT practitioners working in NHS, private sector and school based settings.

**Scientific background:** This skills class will cover the multifaceted landscape of digital interventions in mental health care, offering a comprehensive exploration of diverse tools such as mobile applications, computerized Cognitive Behavioural Therapy (cCBT) programs, gamification, and virtual delivery of traditional therapeutic approaches. Participants will delve into the evolving evidence base, gaining insights into what is known about the effectiveness of these interventions in addressing anxiety, depression, and neurodevelopmental disorders in children and young people, with reference to recent systematic reviews. Consideration will be given to specifically to engagement and user experience when working with children, young people and families, highlighting the nuances that contribute to optimizing the impact of digital interventions. Delving into the question of which intervention might be the best fit for an individual, the class will provide a nuanced understanding, considering mental health presentation, personal preferences, and technological proficiency. Beyond the benefits, key issues related to digital interventions will be addressed, encompassing the imperative for practitioner training in digital competencies, the unique challenges of building rapport in a digital realm, and the critical aspects of ensuring safety and
privacy. As participants engage in this workshop, they will gain valuable insights and strategies to navigate the complexities of incorporating digital interventions into their work.

**Key learning objectives:**
Attendees will be given advice about and time to discuss and reflect on:
- When a digital intervention could be useful
- How to select the right digital intervention
- The advantages and disadvantages of digital interventions
- How to deliver CBT digitally (including role play demonstration/practice)
- How to make this fit in their own practice

**Presenter biography:**
Dr Maria Loades is BABCP accredited, and works as a Reader/Clinical Tutor for the DClinPsy at the University of Bath. Maria qualified as a Clinical Psychologist in 2008. On qualification, she worked in CAMHS, and completed a post-graduate diploma in cognitive behaviour therapy (CBT) for children, young people and families at the Anna Freud Centre/University College London (2013), and a Postgraduate Certificate in the Supervision of Applied Psychology Practice at the University of Oxford (2015). Maria now has an NIHR advanced fellowship (2023-2028), focusing on improving access to early help for adolescent depression symptoms. This includes adapting and evaluating an online single-session self-help intervention. She continues to deliver CBT via videoconferencing and has previously delivered and supervised iCBT in an in a treatment trial (by asynchronous email communications to support adolescents working through a series of modules on an online platform).

Dr. Charlotte Hall is a Principal Research Fellow working within the NIHR MindTech-MedTech Cooperative and Biomedical Research Centre, University of Nottingham. Charlotte completed her PhD from the University of Lincoln in 2011. assessment and treatment of mental health disorders in children and young people, with a particular focus on neurodevelopmental disorders. Charlotte is also interested in how interventions with established clinical and cost-effectiveness may be adopted and evaluated into routine practice.

**Key references:**


and treat neurodevelopmental disorders: A map of the current evidence. Clinical psychology review, 80, 101870.

Chamberlain, L. R., Hall, C. L., Andrén, P., Davies, E. B., Kilgariff, J., Kouzoupi, N., ... & Hollis, C. (2020). Therapist-supported online interventions for children and young people with tic disorders: lessons learned from a randomized controlled trial and considerations for future practice. JMIR Mental Health, 7(10), e19600.

Generating a Formulation in Cognitive-Behavioural Couple Therapy
Dan Kolubinski, London South Bank University

Who the skills class is aimed at: This class is aimed at cognitive-behavioural couple therapists with a wide range of experiences working with couples.

Scientific background: Cognitive-Behavioural Couple Therapy draws from cognitive and behavioural theories, emphasizing the interplay between thoughts, feelings, and behaviours within the context of a couple's relationship. Cognitive components involve exploring the thoughts and perceptions that individuals hold about themselves, their partners, and their relationship, while behavioural aspects focus on observable actions and reactions. CBCT has demonstrated efficacy in addressing a range of couple issues, including communication breakdowns, maladaptive patterns, and emotional reactivity. Research supports the effectiveness of CBCT in enhancing relationship satisfaction, reducing conflict, and promoting adaptive coping strategies.

Key learning objectives:
The key learning objectives are to:
- Gain proficiency in constructing case formulations in CBCT
- Identify common maladaptive patterns that couples may exhibit during distress
- Learn strategies for a culturally-competent CBCT formulation

Presenter biography:
Dr Dan Kolubinski earned his Master of Arts in Counselling Psychology, with a joint specialisation in CBT and child/family therapy, and a Ph.D. studying the metacognitive beliefs about self-critical rumination. He is a Senior Lecturer in Psychology at London South Bank University, teaching across undergraduate and post-graduate courses and works as a CBT Therapist and Couples Counsellor in private practice. He is also Clinical Director of Reconnect UK, which runs intensive therapy retreats for couples in varying degrees of distress, ranging from marriage preparation, conflict management, the treatment of infidelity, and relationship dissolution. Dan has worked with couples in various capacities for almost 20 years and has provided training on CBCT since 2015.

Dr Marion Cuddy is a clinical psychologist specialising in cognitive behavioural interventions for individuals and couples. She works at the Maudsley Hospital in South London. She has facilitated workshops on CBT for couples for postgraduate courses in London and in France. She is particularly interested in working with couples in which one partner has mental or physical health difficulties.
Key references:


Leila Lawton, South London & Maudsley NHS Trust and Ontonio Dawson, South London and Maudsley NHS Foundation Trust

Who the skills class is aimed at: Cognitive Behavioural Psychotherapists, Psychological Wellbeing Practitioners, Clinical Psychologists

Scientific background: Systematic reviews demonstrate the efficacy of religion-adapted cognitive behavioural therapy (R-CBT); despite this many clinicians may not feel equipped to implement these adaptations (de Abreu Costa & Moreira-Almeida, 2022). This skills class uses case examples to illustrate steps to incorporate the protective factor of faith within therapeutic CBT techniques. The identified barriers for African and Caribbean communities’ access to mental health provision include lack of cultural humility, discrimination and mistrust (Memon et al, 2016. Psychotherapeutic interventions that explicitly integrate clients’ spiritual and religious beliefs in therapy have been found to be as effective, if not more so, in reducing depression than those that do not for religious clients (Pearce et al, 2015). Experiences of racism have been linked to increased likelihood of developing depression; hallucinations and delusions; and if physical assault is involved, post-traumatic stress (Bhui et al, 2018). Studies conducted to investigate the correlation between religiosity and spirituality have concluded that there is there is a significant relationship associated with psychological wellbeing and using religion as either a helpful or unhelpful coping strategy. Where specific thoughts can’t be challenged because systemic threats remain, CBT techniques are reinforced through clients’ religious beliefs. Supporting shift in both unhelpful self-perceptions and overgeneralised beliefs of the world and future.

Key learning objectives:
Using theoretical clinical examples/psychoeducation; space to practice delivery of Christian adapted CBT, beneficial in engaging Christian Black British African & Caribbean Communities. With the potential to help depression in the context of racial battle fatigue (Smith, 2004, Corbin et al 2015).
1. Enhance confidence & clinical skills in discussions about ethnic identity and faith to
improve outcomes. Maintaining fidelity to the core elements of CBT.
2. Provide psychoeducation on the interaction between ethnicity, faith and mental health.
3. Incorporate questions to elicit understanding of a client’s Christian beliefs and values. To sensitively explore their self-perceptions in relation to their ethnicity and identity using the cognitive triad.
4. Identify helpful and less helpful coping strategies in the context of a client’s Christianity.
5. Make and describe a developmental formulation incorporating the trajectory of a client’s Christianity/ which can be used in engagement.
6. Collaboratively create a strengths-based timeline which incorporates Christian content, highlighting overcoming of adverse experiences.
7. Use Cognitive interventions to modify distorted automatic thoughts and beliefs incorporating Christian content. Combining cognitive restructuring with systematic desensitisation.
8. Use a variety of strategies incorporating imagery rescripting using Christian content, exposure in imagination and in vivo, & behavioural experiments for dropping of safety & avoidance behaviours.

**Presenter biography:**
Leila Lawton Chairs the British Association for Behavioural & Cognitive Psychotherapies BABCP Equality & Culture group* & former chair of the South London & Maudsley NHS Trust Psychology & Psychotherapy Race Equity working group. Accredited Senior CBT Psychotherapist, Clinical Supervisor, & Visiting Lecturer at the Institute of Psychology Psychiatry & Neuroscience IoPPN, University of Exeter & Royal Holloway. She specialises in culturally sensitive/adapted cognitive behavioural therapies. Developing work from the Positive Practice Guide for racially minoritised communities. With published articles in the CBT Journal & CBT Today, co-developed, designed & delivers Race Identity and Me Culturally Adapted workshops within NHS Talking Therapies. With nineteen years combined experience & expertise in working with ethnically diverse groups in both primary, secondary care & the third sector. Ontonio Dawson is an ordained Minister of Religion & Senior Accredited Psychological Therapist who works at South London & Maudsley NHS Trust. With over 7 years’ experience working within NHS Talking therapies. He is the founder of the SpeakBlackMan movement. Which promote & deliver conferences educating & empower black men about mental health, using psychological techniques to manage and overcome mental health challenges. His research interests include integrating psychology & theology. He recently published a pioneering article ‘Redefining black men’s mental health’ in CBT Today.

**Key references:**

Bhui, K., Nazroo, J., Francis, J., Halvorsrud, K., & Rhodes, J. (2018). The impact of racism
on mental health. The Synergi Collaborative Centre.


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**Perspective-taking interventions for shame and self-criticism**

Richard Bennett, University of Birmingham and Dawn Johnson, ACTivating Your Practice

**Who the skills class is aimed at:** This skills class is aimed at any cognitive behavioural psych0therapist who works with people who experience problems related to shame and self-criticism. It is probably best suited to those working with adults in a 'high intensity' environment.

**Scientific background:** Perspective-taking is broadly defined as the ability to interpret and predict the cognitions, emotions and behaviours of oneself and others. It is a skill that has been considered central to cognitive flexibility and adaptive behaviour change in many domains, including maintaining individual wellbeing, healthy interpersonal relationships and strengthening social bonds (Kavanagh et al., 2019).

The ability to respond adaptively to one’s own cognitions and emotions is crucial to the development of the self, and this concept has been a feature of literature within CBT as far back as Skinner (1974). There is evidence of the efficacy of perspective-taking interventions for ameliorating deficits (e.g. with children with ASD; MacDonald et al., 2006) and in providing a rationale for psychotherapeutic interventions (e.g. relative benefits of different types of defusion exercises in ACT; Foody et al., 2013).

This workshop will look at how behaviour-analytic principles can inform CBT interventions for clients prone to shame and self-criticism. It will allow time to describe the relevant theoretical concepts and demonstrate clinical applications of perspective-
taking techniques, including interpersonal, spatial, and temporal perspective-taking methods. Practical demonstrations will be complemented with small group experiential exercises to allow delegates to practice the skills and receive feedback from the facilitators.

**Key learning objectives:**
After attending this workshop, delegates will be able to:

- Identify therapeutic interventions that promote adaptive relating to self-related cognitions
- Demonstrate skill in the delivery of perspective-taking interventions (to include interpersonal, spatial, and temporal perspective-taking)
- Discriminate between cognitive restructuring and cognitive defusion interventions

**Presenter biography:**
Richard Bennett works as a Clinical Psychologist and Cognitive Behavioural Psychotherapist. He is an Associate Professor of Psychology at the University of Birmingham, where he leads the Postgraduate Diploma in Cognitive Behavioural Therapy for High Intensity Workers. He worked in adult and forensic mental health services for over 20 years before setting up Think Psychology, offering, therapy, supervision, and training. He is recognised as a BABCP accredited psychotherapist, supervisor and trainer, and an ACBS Peer-reviewed ACT trainer. He is co-author of ‘Acceptance & Commitment Therapy: 100 Key Points and Techniques’, ‘Acceptance & Commitment Therapy: Responses to Frequently Asked Questions’, and ‘The Mindfulness & Acceptance Workbook for Self-Esteem’.

Dawn Johnson works as a Clinical Psychologist in private practice, offering therapy, teaching, training, and supervision. She previously had a long career in the NHS and has extensive experience of adapting and differentiating ACT and other contextual behavioural interventions to work with people with intellectual disabilities, neuro-diversity, and severe and enduring mental health problems. Dawn is an active member of ACBS, where she is a board member of the United Kingdom and Republic of Ireland Chapter. She is also the co-author of ‘Acceptance & Commitment Therapy: Responses to Frequently Asked Questions’.

**Key references:**


Who the skills class is aimed at: This skills workshop is aimed at psychological therapists/psychologists with some intermediate competence and familiarity with CBT. It will be most useful for those with a moderate level of experience working with adult clients with anxiety, trauma and dissociation presentations. The workshop is designed to help clinicians enhance their confidence in assessing and treating DDD, by identifying which of their CBT tools they already have in their toolkit to be able to work with this disorder.

Scientific background: Depersonalisation/Derealisation Disorder (DDD) is the diagnoses reserved for individuals who are experiencing pervasive symptoms of detachment and unreality. Depersonalisation (DP) is the experience of detachment from oneself and Derealisation (DR) is the experience of detachment from the world. Research has shown that temporary sensations of DP/DR are widespread in the general population, and severe DDD has been found to be as common as OCD (Hunter et al. 2004). However, despite its prevalence, it can take clients between 8-12 years to get a DDD diagnosis for their symptoms and access the correct treatment (Hunter et al. 2017). One of the reasons for this is likely due to a lack of knowledge or diagnostic familiarity amongst clinicians regarding DDD, possibly due to limited neurobiological understanding of the condition (Murphy, 2023) and the challenges for both clinicians and patients in disentangling DP/DR symptoms from other disorders.

There is evidence that CBT for DDD can produce good clinical outcomes for clients (Hunter et al., 2005), with a current RCT for CBT for DDD underway. Our team provides a National service for treating DDD and we are currently developing a CBT model for treating DDD based on our clinical experience, as well as developing a research programme to understand how to better assess and treat the condition. Specifically we are interested in the factors that maintain the preoccupation, distress and impact on quality of life for clients with DDD.

Key learning objectives:
The aim of this workshop is for clinicians to leave feeling more confident in knowing how to:

1. Diagnose Depersonalisation/Derealisation Disorder (DDD) and differentiate DDD from other clinically similar disorders
2. Formulate DDD using a cognitive behavioural model
3. Understand the neuro-psycho-biology of DDD and be able to provide this psychoeducation to clients.
4. Learn about and use DDD specific assessment measures to monitor DP/DR symptoms
5. Understand the key components of CBT treatment for DDD and practice
6. Learn about key DDD self-help resources available for clients

**Presenter biography:**
Dr Claudia Hallett is an HCPC registered Clinical Psychologist and a BABCP Accredited CBT psychotherapist and supervisor. She works as the clinical lead for the National and Specialist Depersonalisation Disorder Service based at the Centre for Anxiety Disorders and Trauma (CADAT) at the Maudsley Hospital in South London. Alongside her role in the assessment and treatment of clients with DDD, she is working on research to better understand how CBT can be used to treat DDD. She has experience of teaching and supervising a wide range of clinicians on CBT for anxiety and trauma related disorders and has contributed to the book ‘Life on Autopilot’: A Guide to Living with Depersonalisation Disorder. She also works in private practice.

Dr Tom Parsloe is a Chartered Clinical psychologist with the British Psychology Society (BPS) and a Practitioner Psychologist with the Health Care and Professions Council (HCPC). He is also an accredited cognitive behavioural therapist with the British Association of Behavioural and Cognitive Psychotherapies (BABCP).

He joined CADAT in 2018 where he initially worked in a Psychological Trauma Outreach and Screen Service for survivors of recent London terrorist incidents. Since October 2019 he has been working at the Depersonalisation Disorder Service at CADAT. He has taught on doctoral and masters level psychology courses and provided clinical supervision to qualified, trainee and assistant psychologists, and MSc students.

**Key references:**


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**Making Supervision of Supervision More Effective**
Jason Roscoe, Private Practice

**Who the skills class is aimed at:** This workshop is aimed at all practitioners who provide supervision and for those who are tasked with supervising the practice of other supervisors. It will also be helpful to tutors who design supervision training or to those interested in contributing to research on this topic.

**Scientific background:** Whilst the supervision of supervisory practices (SoS) is recommended, the limited research that exists suggests that SoS rarely takes place and
when it does, it is delivered in a sub-optimal fashion. Little has been written on what form or structure SoS should take in CBT. The availability of resources to inform SoS together with supervisor beliefs about its utility may contribute to the lack of importance placed on this activity. For example, Townend et al., (2002) study found that of (n=170) respondents, 53% did not receive supervision of their supervisory practice and in a more recent study of (n=110) supervision experts in the UK, only 16% stated that they used The Supervision Adherence and Guidance Evaluation (SAGE), a validated psychometric tool that measures supervisory skill (Reiser & Milne, 2016). Supervisory drift appears to be common and without a clear understanding of the rationale for SoS, ‘meta-supervisors’ might omit or avoid key aspects of SoS, rendering the process ineffective or at worst, harmful (Roscoe, 2021)

**Key learning objectives:**

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

1. Understand the core functions of SoS.
2. Identify individual (schematic) and organisational barriers to engagement with and effective use of SoS.
3. Have increased confidence in knowing how to structure and review SoS sessions.

**Presenter biography:**

Jason Roscoe is a BABCP accredited supervisor and a Course Accreditation Manager for the BABCP. He was a Senior Lecturer in CBT at the University of Cumbria, taking a lead in developing and teaching on the supervisor training courses. His key research interests are in supervisory drift and has presented nationally and internationally and published several peer-reviewed papers relating to CBT supervision. He is editor of the book “Becoming a CBT Therapist: Thriving in training and beyond” which is due for publication by Routledge in 2024 which contains two chapters on supervision.

**Key references:**


**Trauma focused CBT within Bipolar Disorder.**

Thomas Richardson, University of Southampton
Who the skills class is aimed at: This skills class is aimed at CBT practitioners and practitioner psychologists working with adults and older in a range of different contexts. This includes private practice, secondary care, NHS Talk Therapies and Early Intervention in Psychosis services.

Scientific background: Bipolar Disorder (BD) is linked to high levels of Post-Traumatic Stress Disorder (PTSD) with those with BD being 4 times more likely to have experience emotional abuse in childhood (Palmier-Claus et al., 2016). Parental loss and childhood adversity are established risk factors for the development of BD. BD is also linked to a greater risk of traumatic events experienced whilst unwell for example hospitalisation or interpersonal trauma whilst manic. Within BD, PTSD is linked to more frequent relapses over time (Hett et al., 2023), as well as more severe mood symptoms, greater suicidality, and increased risk of psychotic symptoms. There are currently two randomized controlled trials (RCTs) on Eye Movement Desentisation Reprocessing therapy for PTSD within BD demonstrating effectiveness. There are currently no RCTs on trauma focused CBT within BD. However case studies have been reported and trials of TF-CBT with ‘Serious Mental Illness’ including BD have shown promise. A recent feasibility study on prolonged exposure with 32 service users with BD showed 75% completion, reduced PTSD symptom severity, reduced depression symptom severity and suicidality. There was no increase in manic symptoms and no modifications to the standard protocol suggesting that this may be effective and safe within BD (Katz et al., 2023).

Key learning objectives:
1. To be aware of childhood trauma as a risk factor for the development of BD, and BD as a risk factor for experiencing trauma.
2. To be able to formulate the bi-directional relationship between BD and PTSD by adapting the Ehlers & Clark model of PTSD and Integrative Cognitive Model of mood swings.
3. To be able to make adaptations to conducting trauma focused CBT in BD to ensure effectiveness and safety.
4. To be able to use trauma focused CBT techniques such as re-scripting for traumas relevant to BD such as emotional abuse memories.

Presenter biography:
Thomas is a Clinical Psychologist and BABCP accredited CBT therapist. He is Associate Professor of Clinical Psychology and CBT at the University of Southampton, and an honorary clinical psychologist with Southern Health Foundation NHS Trust. Thomas conducts and supervises various research projects about psychological mechanisms of bipolar disorder and psychological therapies for BD. He also leads teaching on BD for the postgraduate diploma and certificate in CBT, and supervises NHS clinicians working with BD.

Thomas is a member of the Crest BD network for BD, and is a member of the clinical advisory group and commission for Bipolar UK. He is a member of the psychological therapies taskforce of the International Society for BD and associate editor for the Cognitive Behavioural Therapist leading on submissions around bipolar. As well as
publishing multiple peer reviewed journals articles about BD, he has appeared on webinars, podcasts and the media talking about bipolar, and received an award in 2023 from the BABCP for his public engagement around BD.

Thomas has recently finished editing a book: Handbook of Psychological Therapies for Bipolar Disorder: Evidence-Based and Emerging Techniques to be published by Springer-Nature in April 2024, and wrote a chapter on trauma focused CBT and EMDR as part of this.

Thomas has lived experience of BD, including receiving trauma focused CBT for BD, and he uses this to inform his research, teaching and clinical work.

Key references:

Responding to Resistance in Parenting Interventions for Child Conduct Problems
David Hawes, University of Sydney, Australia

Who the skills class is aimed at: This workshop is aimed at practitioners interested in the delivery of evidence-based interventions for child conduct problems (e.g., oppositional defiant disorder; conduct disorder). It is especially relevant to those working with multi-stressed families of children with complex presentations and clients who have not responded to previous intervention. All levels of experience will be catered for, yet some familiarity with parenting interventions for conduct problems would be advantageous.

Scientific background: Parenting interventions based on social learning theory have received extensive empirical support in the treatment of child conduct problems, yet fail to produce lasting gains in as many as a third of cases (Hawes et al., 2023). Research with practitioners in diverse settings has highlighted the broad range of therapist competencies needed for the successful delivery of such interventions (Barker & Hawes, 2023). These include competencies for managing the lack of change often described as “resistance” by practitioners, which is especially common among families who present with complex needs. These competencies, however, have rarely been an explicit focus of manualised interventions. Hawes and Dadds (2021) proposed a novel conceptualisation of resistance in the context of such interventions, characterising it as a breakdown in engagement that can be driven by both parents and
therapists. This account emphasises a family systems perspective on the unique challenges that parents and therapists face in implementing the core components of these interventions. A reflective practice process model based on this account has now been applied in numerous trials to date, comprising practical clinical strategies that are initiated from the earliest contacts with a family and build on one another across treatment (see Hawes & Dadds, 2021).

**Key learning objectives:**
By the end of the class, participants will be able to:
1. Understand the current evidence-base for change processes in multi-stressed families of children with conduct problems, including those with trauma and adversity;
2. Apply practical strategies to engage multiple parents/caregivers in a therapeutic team based on shared empowered;
3. Identify key indicators of resistance in parenting interventions for conduct problems and respond effectively;
4. Self-reflect on the processes (e.g., confrontation, avoidance) through which practitioners may inadvertently contribute to resistance among families of children with conduct problems.

**Presenter biography:**
David Hawes is a Professor of Clinical Psychology in the School of Psychology, University of Sydney, Australia, and Co-Director of the Sydney Child Behaviour Research Clinic. He is a Director of the Australian Association for Cognitive and Behaviour Therapy (AACBT); the Parenting and Family Research Alliance (www.pafra.org); and the Growing Minds Australia Clinical Trials Network (www.growingmindsaustralia.org); and currently serves on the editorial boards of the Journal of Clinical Child and Adolescent Psychology; Research on Child and Adolescent Psychopathology; Social Development; and Psychology of Violence. He has published over 150 peer reviewed research papers on child conduct problems and mental health, along with two books for practitioners, and has developed widely disseminated parenting interventions in both face-to-face and digital formats. Findings from his research have been cited as a basis for revisions to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and recommendations in clinical practice guidelines by the National Institute for Health and Care Excellence (NICE; United Kingdom); World Health Organisation (WHO); and Centre of Perinatal Excellence (COPE; Australia).

**Key references:**


Hawes, D. J., Gardner, F., Dadds, M. R., Frick, P. J., Kimonis, E. R., Burke, J. D., &
CBT for gambling-related harms and behavioural addictions

Venetia Leonidaki, Central and North West London Foundation Trust

Who the skills class is aimed at: CBT practitioners working in adult mental health and addiction

Scientific background: Over two million people suffer or are at risk of suffering gambling-related harms in the UK (Public Health England, 2021). Gambling-related harms include a higher risk of suicide, mental health difficulties, financial loss, and harm caused to significant others. As the need for a public health approach to such harms is increasingly recognised (Goyder, Blank, Baxter, & van Schalkwyk, 2020), the NHS now funds treatment, with new clinics being opened across the country.

Cognitive Behavioural Therapy (CBT) is the treatment with the largest evidence base for gambling-related harms and the frontline treatment in the NHS. This workshop offers an overview of the CBT model that is employed at the national clinic and recently published in a self-help book (Bowden-Jones & Leonidaki, 2022). CBT practitioners who are interested to gain skills in treating gambling-related harms may especially benefit from this workshop.

The increased recognition of gambling-related harms has attracted attention to the evolving field of behavioural addiction. There is currently the potential for the development of new evidence-based treatments for other behavioural addictions. The ideas and techniques found in CBT for gambling could well inform such developments. Thus, participants may find the treatment principles presented here relevant to dealing with other behavioural addictions too.

Key learning objectives:
By the end of the class, participants will be able to:
- Assess gambling-related harms, diagnose a gambling disorder, and make appropriate referrals when necessary
- Formulate about cognitive behavioural and other mechanisms underpinning gambling disorder and other addictive behaviour
- Use outcome measures to evaluate treatment of gambling-related harms
- Employ a variety of CBT strategies to treat gambling related harms, including stimulus control, monitoring, reward schedule, behavioural activation, cognitive techniques, and relapse prevention
- Learn about developments in the field of behavioural addictions and the role of CBT principles in their treatment of other addictive behaviours

Presenter biography:
Dr Venetia Leonidaki is a Consultant Clinical Psychologist at the National Problem Gambling Clinic, an outpatient clinic for clients with a gambling disorder. She is a BABCP accredited supervisor. Dr Leonidaki acts as a visiting lecturer, teaching about CBT, gambling disorder, and behavioural addiction to clinical psychology and psychiatry courses across the country. She has delivered webinars and workshops on the above topics to professionals via the British Psychological Society and the National Centre for Behavioural Addiction. She is a co-author of “Breaking Free: How to Stop Gambling”. She has published peer-reviewed articles and chapters in the topics of addiction and psychotherapy research.

**Key references:**


**Panel Discussions**

<table>
<thead>
<tr>
<th><strong>Meaningful Involvement of Experts by Experience - what does this actually look like?</strong></th>
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<td><strong>Convenor:</strong></td>
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A key element of focus for both services and training providers has been involving Experts-by-Experience (EBE) in teaching, assessment, recruitment, service development and training; for example, the current Health Education England (HEE) Curriculum encourages service and training providers to involve EBE’s at all levels. However, designing a process to meaningfully involve EBE’s is not without challenges. The focus of this panel discussion is identifying what meaningful involvement of EBE’s could look like. The panel will consist of a range of experts and implementation leads who have all been involved in implementing and delivering EBE work in several different contexts.

Key points for discussion will include:
- What defines an “Expert by Experience”?
- What does meaningful involvement of EBE’s look like across assessment, teaching,
recruitment and service delivery?
- How can we ensure that the involvement of EBE’s is inclusive?
- How do we involve “Therapists with Lived Experience”?
- What are the risks and benefits of involving EBE’s?

The panel will include:

Aoife Healy, Diversity and Inclusion Support Officer and Expert by Experience, Charlie Waller Institute (CWI)
Christopher Lodge, Public and Patient Involvement & Engagement Coordinator, EBE, Lancaster University
Shana Ryan, Expert by Experience, “Thank you for Asking” Project
Katherine Simons, EBE Lead, Charlie Waller Institute (CWI)

Panel members will both draw on their personal experience of working with/as EBEs and discuss research findings, including data from a current project at CWI regarding EBE involvement in assessment. Audience contributions will be welcomed, including sharing successes and challenges in implementing EBE policies. Each panel member will then draw final conclusions on what they would like EBE involvement to look like in the future.

<table>
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<th>How we can extend the reach of CBT for children, young people and families beyond traditional clinic based provision?</th>
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<td><strong>Chair:</strong> Maria Loades, University of Bath</td>
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<td><strong>Speakers:</strong> Shirley Reynolds, Child Mind Institute; Vicki Curry, Anna Freud Centre; Louisa Salhi, Kooth; Peter Phiri, University of Southampton</td>
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The needs-provision gap in youth mental health is a pressing issue. The latest NHS digital report, published November 2023, shows that as many as one in five young people have a probable mental disorder. And CBT is an evidence based treatment for many of these disorders, including anxiety and depression. Yet, we simply do not have enough trained CBT therapists, and certainly not enough accredited CBT therapists, to meet the need for help. And even if we did, not all young people seek help from traditional clinic based provision.

This means we need to expand our services in two ways. Firstly, we need to provide help in ways that are scalable and accessible, including digitally. And secondly, we need to task-shift, i.e. train non-specialists and lay providers to provide or at least support the delivery of Cognitive Behaviour Therapy (CBT).

The questions this panel will consider are: When is ‘CBT’ no longer ‘CBT’? And how can we be clear about what is being offered, whether it works, and for whom, when? How can we better adapt CBT beyond the clinic?

After the chair has set the context, each member of the panel will each briefly talk about the innovative approaches they have been involved with to expand access to youth mental health help. Prof Dr Shirley Reynolds will talk about the work of the Child
Mind Institute in LMICs, Dr Jessica Schleider will talk about online single session interventions (SSI) as a way to expand reach into under-served populations including her SSI for minority stress, Dr Vicki Curry from the Anna Freud Centre will talk about her work with minority communities in London, a member of the research team from Kooth will talk about their digital offering, and Dr Peter Phiri from University of Southampton will give a perspective on what has worked in culturally adapting CBT in the adult contexts and how we could learn from this in children and young people’s mental health services. The chair will then facilitate a discussion around how we can expand access whilst maintaining fidelity and preserving the core aspects of CBT.

'I don't know how to go there': avoidance of conversations about race, ethnicity and culture in LICBT

Convenor:  Rani Griffiths, NHS Talking Therapies Berkshire
Chair:  Taf Kunorubwe, Cardiff University
Speakers:  Liz Ruth, University of Bradford; Daniela Zigova, Bromley Healthcare; Faithful Odusote, Hammersmith and Fulham NHS Talking Therapies; Tanisha Douglas, Birmingham City University; Shenaz Imambaccass, NHS Talking Therapies Berkshire

CBT practice and literature increasingly emphasize that delivering CBT in a ‘copy and paste’ manner may reduce its effectiveness and acceptability among clients from diverse backgrounds (Bennett et al., 2016). Hence, it’s crucial for LICBT therapists to consistently consider the client’s identity across engagement, assessment, formulation, treatment, and supervision. However, to do so we need to have appropriate conversations race, ethnicity, culture (and other areas of identity) in LICBT. Interestingly many therapists shy away from discussing topics related to race, ethnicity, religion, and broader culture (Beck, 2016). We are exploring practitioners’ perspectives into potential avoidance, interestingly the results aligning with broader CBT literature that identifies therapist discomfort (Knox et al., 2003), fear of causing client discomfort or offense (Beck, 2016), and identifies LICBT specific reasons. The panel consists of LICBT workforce including BABCP board member, BABCP Anti-Racist SIG committee member, those with specialist Cultural and Ethnic diversity roles, educational staff and front line PWPs. Significant time will be allocated to audience contributions and building an understanding of ‘how to go there’ and confidently approach conversations about race, ethnicity and culture in LICBT

Are we inclusive for our diverse CBT trainees?

Chair:  Sarah Corrie, University of Suffolk
Discussant:  Sarah Corrie, University of Suffolk
Speakers:  Florence Mujuru, Buckinghamshire New University; Damian Podsiadlo, Buckinghamshire New University; Ekenna Hutchinson, Buckinghamshire New University; Hewa Khalilifar, Buckinghamshire New University

Equality, Diversity and Inclusivity (EDI) has become a hot topic amongst mental health workers, services and in higher education. A lot of efforts have been made in this direction by BABCP, for example releasing its statement in 2020, BAME Positive Practice Guide which was released in 2019, BABCP agreed to be a Supporter Organisation for
White Ribbon in 2022 and EDI resources have also been created for BABCP members. Following the leadership of BABCP, NHS services have made plans to be inclusive in increasing access to psychological therapies, increasing the diverse workforce and arranging training for their staff. The universities are also trying to make their curriculums inclusive. Whilst the focus is rightly on clients and the workforce, we also need to pay attention to our diverse trainees. NHS Talking Therapies data (2021) shows a lack of ethnic and gender diversity amongst trainees. The data has not been explored for other diversity criteria, but, clearly, a lack of diversity amongst the workforce will impact inclusivity for clients. Hence the question arises, are we embracing the special needs of trainees who are diverse and are we being inclusive enough for their needs. The panel will discuss their experiences of going through CBT training or providing CBT training and supervision. The panel brings their own experience of coming from diverse backgrounds of ethnicity, race, sexual diversity, neurodivergence and physical disability. The discussion will allow these various perspectives to support the trainers and supervisors on how to better support these diverse trainees. The discussion will highlight what has been done and what needs to be done in this area. This is just an initial effort to brainstorm together in providing a different angle to EDI initiatives. The idea is to encourage diverse group of applicants to come to CBT training and have a positive experience. Diversity amongst future CBT therapist will be helpful to provide inclusive therapy to our diverse clients.

<table>
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<tr>
<th>Is there enough CBT in Psychiatry? Is there enough Psychiatry in CBT?</th>
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<td><strong>Chair:</strong> Stirling Moorey, British Association for Behavioural and Cognitive Psychotherapies</td>
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<td><strong>Speakers:</strong> Florian Ruths, South London and Maudsley NHS Foundation Trust; Ann Cooper, Royal College of Psychiatrists; Clair Pollard, South London and Maudsley NHS Foundation Trust; Paul Salkovskis, Oxford University; Steve Moorhead, Ayrshire and Arran Health Board</td>
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Psychiatrists and CBT therapists both embrace a biopsychosocial model of mental health, yet the disciplines often seem to occupy different realms. Can and should psychiatry and psychological therapies be more integrated? Are psychiatrists knowledgeable enough about NICE guidelines and the role of CBT? Is the lack of liaison psychiatry input to NHS Talking Therapies a problem? And what can CBT trained psychiatrists offer the system? Experts from psychiatry and psychological therapies will examine the interface between the professions, exploring what we can learn from each other and how evidence based medical and psychological interventions can complement each other.

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<th>Speaking truth to power to overcome barriers in psychological therapies</th>
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<td><strong>Convenor:</strong> Rani Griffiths, NHS Talking Therapies Berkshire</td>
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<td><strong>Chair:</strong> Farooq Naeem, University of Toronto, Canada</td>
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<td><strong>Speakers:</strong> Saiqa Naz, British Association for Behavioural and Cognitive Psychotherapies; Leila Lawton Shah Alam, BABCP Anti Racism SIG co-chairs; Harjinder Kaur-Aujla, BABCP EDI committee co-chair; Margo Ononaiye, University of Southampton/ South East Psychological Professions Network; Chris Frederick, Lived Experience Expert</td>
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Despite its noble aim of equal access to evidence-based therapies, NHSE Talking Therapies struggles with persistent ethnic inequalities. Clients from diverse backgrounds, particularly those of Somali, Pakistani and Yemeni descent consistently experience lower access rates and poorer treatment outcomes (Ahmad et al., 2021; Arafat, 2021; Kapadia et al., 2017). While addressing these disparities often burdens frontline staff or even clients themselves, we must shift the focus to accountability. What actions are individuals in positions of power and privilege taking to drive meaningful change? Join us on this critical panel featuring experts actively combating ethnic inequalities. We'll explore systemic obstacles, identify actionable steps, and invite your ideas to shape a future where inclusive mental healthcare is a reality. Let's break down barriers and accelerate equitable access, together.

**Intersectional Identities in CBT: Connecting Cultures and Distinguishing Disparities**

**Convenor:** Layla Mofrad, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust  
**Chair:** Peter Phiri, University of Southampton  
**Discussant:** Peter Phiri, University of Southampton  
**Speakers:** Leila Lawton, South London and Maudsley NHS Foundation Trust; Layla Mofrad, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust; Daisy Carter, Isle of Wight NHS Trust; Natasha Hickmott, Vita Health Group; Clair Pollard, South London and Maudsley NHS Foundation Trust

This panel discussion brings together representatives of the WomGenD SIG, Anti-Racism SIG* (formerly known as Equality & Culture), LGBTQ+ SIG, Neurodiversity SIG and dis-ability perspectives.

Crenshaw, one of the most influential black feminist legal theorists, coined the term intersectionality in 1989. “Intersectionality is the study of overlapping or intersecting social identities and related systems of oppression, domination or discrimination”. The intersections of ethnicity, gender, sexual orientation, dis-ability, neurodifferences and class, can illustrate both advantage and oppression. Intersectional theory examines the relationships between these sectarian axes of identity.

The consideration of identity is essential in the delivery of CBT. People seeking therapy can be from marginalised and disempowered groups, and some face systemic barriers to accessing and benefiting from CBT. The complexities are even greater when people have multiple and intersecting identities.

Panel members will reflect on individual SIG aims and the interconnectedness of our objectives. This debate will consider the different perspectives and expertise from the SIGs to consider what needs to be done to continue to shape CBT on its ongoing journey of equitable cultural congruence. The panel will consider the experiences of the different minoritised groups, focus on meaning making of these experiences, and
consider the different levels of intersectional relationships between protected characteristics.

We aim to create a space to centre the multi layered identities of both service users and colleagues and what this means in relation to access experiences and outcomes in therapy and work. Whilst these different groups may have overlapping experiences there will be distinct unique differences and how do we attend to those without neglecting other parts. The panel will consider how we work to strengthen our links and refine knowledge that benefits all oppressed groups. Through our individual specialist lens we will explore what these intersectional identities mean; how they are represented, supported and explored in CBT from a micro to macro level in therapy and in clinical systems, clinical practice and supervision. We will also consider how the complexity of intersectional identity could be represented in our organisation. We will consider the significance of these debates to everyday CBT practice.

Clinical Roundtables

**Working with voices: incorporating multiple perspectives**

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<th>Convenor:</th>
<th>Kate Hardy, Stanford University, USA</th>
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<td>Chair:</td>
<td>Kate Hardy, Stanford University, USA</td>
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<td>Speakers:</td>
<td>Katherine Berry, University of Manchester; Rory Byrne, University of Manchester; Mark Hayward, University of Sussex, Sussex Partnership NHS Foundation Trust; Juliana Onwumere, Kings College London &amp; South London and Maudsley NHS Foundation Trust</td>
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Cognitive Behavioral Therapy for psychosis (CBTp) is a gold standard treatment recommended across national and international treatment guidelines. However, CBTp may be viewed as an ‘umbrella term’ with different models and approaches falling under this umbrella. Increasingly, there is recognition of the need for CBTp treatment protocols to be individualized and address difficulties associated with the specific challenges the individual is experiencing. CBTp offers the opportunity for individualization through case formulation requiring the clinician to assess and conceptualize from multiple perspectives to ensure the development of co-created meaning with the individual and a mutually agreed upon direction for treatment.

This clinical roundtable will present an anonymized case of an individual experiencing distressing voices in the context of psychosis. Experts from the field of CBTp will draw upon their expertise to provide commentary on the case with a particular focus on different models critical to CBTp conceptualization. Mark Hayward will comment on the case drawing upon Relating Therapy as a model to address voice hearing experiences. This approach will provide an example of the use of the model to address challenging relationships experienced by the individual to reduce distress associated with voice hearing experiences. Rory Byrne will draw upon lived experience research and expertise to provide discussion around service user preferences and perspectives in relation to the presented case example. This essential component of CBTp conceptualization ensures the voice of the individual is meaningfully incorporated into treatment planning.
and opportunities for ensuring meaningful collaboration will be discussed. Katherine Berry will draw upon attachment theory to support case conceptualization as it relates to relationships the individuals may have with significant people in their life, their voices, and with service providers. Consideration of attachment patterns will support discussion related to intervention and engagement of the individual. Finally, Juliana Onwumere will guide us through considerations related to the inclusion of family members in treatment as essential allies and supports and will comment on the case example through a culturally-informed lens to support consideration of key cultural elements in formulation and treatment development.

**Considering neurodivergence in practice: Where are we, where do we need to go and how can we get there?**

Chair: Natasha Hickmott, Vita Health Group
 Speakers: Antonia Dittner, National Adult ADHD and ASD Psychology Service; Natasha Hickmott, Vita Health Group; Alison Roberts, Sussex Partnership Foundation Trust and Oxford Health Specialist Psychological Interventions Clinic; Benjamin Ford, Staffordshire and Stoke on Trent Wellbeing Service

Mental health services have seen an influx of diagnosed and self-diagnosed autistics and ADHDers (Topping, 2023). The NHS long term plan (NHS, 2019) recognises the need for improvements in care for autistics, but not explicitly ADHDers, or other neurodivergents. This has led to many services and clinicians feeling that they lack the knowledge, skills and resources needed to effectively support their neurodivergent clients.

ADHD and autism are much misunderstood neurodevelopmental conditions, with many stigma based beliefs rife within our society that are detrimental to the mental health and wellbeing of these neurodivergents. Research, especially within autism, continues to challenge previous conceptualisations, which itself can create challenges for clinicians and services. Concurrently, neurodivergent communities have seen a move away from pathologisation of disorder, instead embracing a neurodiversity paradigm. This has led to development of specific neurodivergent identities and a call for neurodiversity affirming practice.

This clinical roundtable will draw on the knowledge and expertise of the participating clinical psychologists and CBT therapists from their work with autistics and ADHDers, alongside personal lived experience of neurodivergence to reflect on current autism and ADHD support within NHS adult mental health services and consider how we can draw on lived experience and move forward together in ways which meet the identified needs of neurodivergent individuals in a culturally competent, neurodiversity affirming, way.

Implications for everyday clinical practice of CBT
The clinical roundtable aims to offer practicing clinicians the opportunity to:

consider what is meant by neurodiversity affirming practice and what this might offer neurodivergent clients.
reflect on current service provision

consider what is needed to support development of neurodiversity affirming, culturally competent services and practice and how this might be achieved.

References:


Posters

Children and Young People

The relationship between attachment styles and suicidal behaviours: a systematic review and meta-analysis
Presenter: Xingyu Wang, University of Manchester
Authors: Qinyi Zhong, University of Manchester; Daniel Pratt, University of Manchester; Katherine Berry, University of Manchester

Objectives: The development of vulnerability to suicidal behaviours in adolescents has been associated with negative attachment styles. The primary objective of this study is to enhance understanding regarding the relationship between attachment styles and suicidal ideation or suicide attempt in adolescents.

Methods: A search of the following databases was performed to identify eligible studies: PsycINFO, PubMed, EMBASE, Web of Science, and CINAHL. The current study conducted a narrative review and meta-analysis of quantitative studies examining the relationship between attachment styles and suicidal ideation or attempt among adolescents.

Results: Higher levels of attachment anxiety, poorer quality of attachment, less parental care, and greater parental overprotection were all substantially associated with suicidal ideation, which is consistent with previous research. Further high-quality research is necessary to clarify the relationship between avoidant attachment and suicidal ideation in adolescents. Furthermore, drawing definitive conclusions regarding the relationship between specific attachment styles and suicide attempt is challenging due to the lack of research on this area.

Conclusion: The results of this study offer evidence in support of incorporating attachment-related factors, experiences, and relationships into intervention programmes and treatment plans for adolescents who are at risk of suicide.

Systematic reviews and meta-analyses of interventions to support parents of children and young people with mental health difficulties
Presenter: Faith Martin, Cardiff University
Introduction: There is a complex, bi-directional relationship between parent and child/young people’s (CYP) psychological wellbeing: CYP of parents with mental health difficulties may be more likely to experience difficulties; and CYP difficulties can cause stress and distress to parents. Parents may need intervention components directly aimed at them to address their wellbeing. We reviewed these interventions for their effect on parents’ outcomes.

Method: 2 linked systematic reviews searched electronic databases including Medline, PsycInfo and EMBASE to identify interventions with at least one component directly addressing parents’ psychological wellbeing for parents of CYP with diagnosed a) anxiety and/or depression or b) range of other mental health conditions and ADHD. Abstracts and full-texts were reviewed by at least two reviewers. Meta-analyses were conducted, grouped by parent outcome. Other findings were synthesised narratively.

Results: Across the reviews, 82,533 records led to 37,991 unique records. 442 full-texts were reviewed, with 24 studies included relating to anxiety/depression and 39 for other conditions. Meta-analyses were limited by small number of studies per outcome, however suggest a lack of effect on parental stress, self-efficacy, depression and anxiety, based on 95% CI of SMDs and Hedges g.

Discussion: More attention is required to develop and evaluate interventions to support parents of CYP with mental health difficulties.

A Randomised Controlled Study Of A Directed Cognitive Behavioural Tool To Prevent Posttraumatic Symptoms In Parents Following Paediatric Intensive Care Admission

Presenter: Bea Vickers, Southwest London and St George’s MH NHS Trust
Authors: Simon Nadel, Imperial College; Elena Garralda, Imperial College; Mehrengise Cooper, Imperial College; Katy Bridges, Imperial College

The cognitive model of the maintenance and treatment of PTSD has been established for over 20 years (Ehlers, A., & Clark, D.M. (2000)). This study presents a novel application of the CBT model to the treatment of PTSD in parents of very young children in a medical setting.

The intervention aimed to catalyse change by reducing the high rates of PTSD (up to 25%) in parents of children who survive a Paediatric Intensive Care (PICU) admission. To increase access to CBT, following a pilot study (Als LC et al, 2015 BMJ Open) we developed a directed psycho-educational intervention (a CBT booklet) to determine whether this is better than the current treatment of verbal information given as usual, in reducing post-traumatic stress symptoms in parents of children discharged from PICU. We report the results of a randomised controlled trial measuring symptoms of post-traumatic stress disorder in parents using the IES, at 6 months after discharge. We found a significant decrease in PTSD symptoms in parents of children over 4 years who received the CBT intervention, compared to those who received treatment as usual. Qualitative data suggests that the psycho-educational intervention was highly acceptable to parents who often re-evaluated their symptoms as “a normal reaction to an abnormal event”. This has real-world impact, as it is safe, effective, easy to distribute
The intervention is currently being considered for inclusion in routine discharge from PICU all over the UK.

Cognitive Processes in Adolescents with Generalised Anxiety Disorder: Exploring Intolerance of Uncertainty, Cognitive Avoidance, and Positive Beliefs About Worry

**Presenter:** Lottie Shipp, University of Oxford  
**Authors:** Eleanor Leigh, University of Oxford; Amy Laverton, University of Reading; Ray Percy, University of Reading; Polly Waite, University of Oxford

**Introduction.**  
Generalised Anxiety Disorder (GAD) is common in adolescents, and has a detrimental effect on social, psychological, and academic functioning. Whilst models and treatments have been developed for adults, less research has assessed GAD in adolescents. In this study, we explored three cognitive variables that feature in adult models of GAD (intolerance of uncertainty, cognitive avoidance, and positive beliefs about worry) in 12-18 year-olds.

**Methods.**  
Self-report data were collected from three groups of adolescents: a clinical group with a primary or secondary diagnosis of GAD (n = 46), a clinical group with other anxiety disorders (without GAD in their diagnostic profile; n = 18), and non-anxious community participants (n = 38).

**Results.**  
The GAD group reported significantly higher intolerance of uncertainty and positive beliefs about worry, but not cognitive avoidance, relative to the anxiety control group. Intolerance of uncertainty, but not positive beliefs or cognitive avoidance, was significantly higher in those with GAD compared to the community group. Within the GAD group, these cognitive processes did not predict significant variance in GAD symptoms.

**Discussion.**  
This study provides evidence for the specificity of intolerance of uncertainty to GAD in young people, replicating findings in adults. Our findings suggest future areas for research into the factors driving intolerance of uncertainty, and have implications for treatment development.

Understanding the needs of Young Parents in the development of an Online Intervention for Depression Supported by Peer Mentors

**Presenter:** Emma Brooks, University of Oxford  
**Authors:** Elizabeth Rapa, University of Oxford; Louise Dalton, University of Oxford

The peak onset of depression occurs during adolescence and is among the leading causes of illness among young people. Adolescent mothers are three times more likely
to experience postnatal depression than adult parents (PHE, 2016). Low mood has also been shown to impact on parent-child interactions and child development. Addressing modifiable factors in babies and young people’s mental health is vital.

Behavioural Activation has been shown to be effective for depression and is used in the NHS but young parents often experience barriers to accessing treatments such as stigma and travel for appointments being incompatible with feeding schedules. There is great potential for digital interventions to address these issues in accessing psychological treatment and increase treatment efficacy.

Using a collaborative approach, we explored what adolescent parents thought was important to include in an online support package to treat low mood in 16-24 year old parents supported by peers with lived-experience. Qualitative interviews were conducted with 17 Mums and Dads. Framework analysis was used to understand the needs and preferences of parents for the online support.

This poster will present key findings of what parents reported was needed to facilitate young parents using the online intervention including ideas to maximise engagement and the role of peer mentors. We also outline how the parent’s ideas were implemented into our RCT called AADAPT.

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<th>Maternal accommodation of adolescent body dysmorphic disorder: clinical correlates and associations with treatment outcomes</th>
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<td><strong>Presenter:</strong> Elizabeth Hogg, University College London</td>
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<td><strong>Authors:</strong> Georgina Krebs, University College London; Amita Jassi, South London and Maudsley NHS Foundation Trust</td>
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**Introduction:** Family accommodation (FA) refers to behavioural changes parents perform to try to reduce their child’s distress. In paediatric OCD, FA is associated with greater symptom severity and parental psychopathology, and poorer global functioning and treatment outcomes. However, little is known about FA in body dysmorphic disorder (BDD). This study provides the first quantitative investigation of patterns and correlates of maternal accommodation in adolescent BDD, and its associations with treatment outcomes. **Method:** Participants were 131 adolescents with BDD and their mothers who attended a specialist BDD service and completed a battery of validated measures, including the Family Accommodation Scale. Seventy (53%) of the adolescents received CBT and had post-treatment data available. **Results:** All mothers accommodated their child’s BDD-related behaviours; provision of reassurance and assisting avoidance were most commonly endorsed. Higher levels of accommodation were associated with greater BDD symptom severity ($r=0.18$, $p=.041$) and maternal psychopathology ($r=0.41$, $p<.001$), and worse global functioning ($r=-0.38$, $p<.001$). Maternal accommodation did not predict treatment outcomes. **Discussion:** The findings imply maternal accommodation is common in BDD and has important clinical correlates but does not impact on treatment response. Longitudinal research exploring maternal and paternal accommodation is needed to advance understanding of the role of FA in BDD and how to approach FA in CBT.
### Understanding the relationship between social camouflaging in autism and safety behaviours in social anxiety in autistic and non-autistic adolescents

**Presenter:** Jiedi Lei, University of Oxford  
**Authors:** Eleanor Leigh, University of Oxford; Tony Charman, King’s College London; Ailsa Russell, University of Bath; Matthew Hollocks, King’s College London

Social camouflaging in autism includes behaviours such as hiding one’s autistic traits (masking) and assimilating to “fit in” with non-autistic peers. Camouflaging resembles impression management (IM) safety behaviours in Clark and Wells’ (1995) social anxiety (SA) model, where trying to come across well to avoid negative evaluation from others serve to maintain SA over time. Given that 29-58% of autistic young people (YP) experience co-occurring Social Anxiety Disorder, understanding construct overlap between camouflaging and IM in the context of autism and SA may identify maintenance factors when treating SA in autistic YP. 61 autistic (36 F) and 54 non-autistic YP (37 F) aged 14-19 years matched on levels of SA completed questionnaires on autism traits, camouflaging, SA-related safety behaviours and cognitions, and symptoms of social anxiety, generalised anxiety disorder (GAD) and depression. Controlling for GAD and low mood, structural equation model showed that greater masking and IM behaviours across both groups were significantly associated with SA (not autism traits), mediated by SA-related cognitions. Self-monitoring involved in masking in the context of autism traits may resemble self-focused attention that maintains SA over time. Clinicians working on SA with autistic YP may consider both masking and IM behaviours when designing behavioural experiments, and explore how self-focused attention underlying both behaviours can maintain SA over time (Lei et al., 2024).

### A Social Dance Intervention to Alleviate Low Mood in Young People

**Presenter:** Brennan Delattre, University of Oxford, Department of Psychiatry  
**Authors:** Joshua Buckman, Centre for Outcomes Research and Effectiveness, Research Department of Clinical, Educational and Health Psychology, University College London and iCope—Camden & Islington NHS Foundation Trust; Catherine Harmer, University of Oxford, Department of Psychiatry; Susannah Murphy, University of Oxford, Department of Psychiatry

Depression prevalence among young people is a public health priority. Both university students and non-students have poorer outcomes from psychological therapies for depression and are more likely to drop out of treatment relative to employed peers and those in other age groups. Young adults report high levels of social isolation and difficulties with emotional processing, thought to be both risk factors for and maintenance factors of depression. Accessible treatments that engage youth and have the potential to tackle these factors and reduce depression symptoms are needed. In response, given the potential utility of social and dance-based activities for mental health, the Oxford Social Movement Activation (SOMA) study examines the efficacy of social dance as an intervention for youth aged 18-24 with mild-to-moderate depression. We examined the effects of randomized allocation to 8 weeks of salsa dance classes...
(chosen as the most acceptable and engaging social movement form during the PPI process) or a waitlist control condition on depression symptoms, social functioning and emotional processing using emotional and social processing task-based measures and self-report symptom questionnaires. To date, 121 participants have been enrolled. If there is evidence that this intervention benefits young people with depression, it will be tested in an NHS setting to investigate the utility and cost-effectiveness of providing it to those waiting for psychological therapy for depression.

**IMAGINATOR 2.0: Co-design and early evaluation of a novel blended digital intervention targeting self-harm in young people**

Presenter: Athina Servi, Imperial College London  
Authors: Emily Gardner-Bougaard, Imperial College London; Saida Mohamed, Imperial College London; Aaron McDermott, Imperial College London; Nusaybah Chowdhury, Imperial College London; Lindsay Dewa, Imperial College London; Martina Di Simplicio, Imperial College London

Self-harm (SH) affects around 20% of all young people in the UK. There is an urgent need to develop new scalable interventions to address this gap in treatment options for SH (McManus et al., 2019). Imaginator is a novel imagery-based intervention targeting self-harm (Di Simplicio et al., 2020). It is a blended digital intervention delivering Functional Imagery Training (FIT) via therapy sessions and a smartphone app. In this study we piloted a new version of Imaginator for 12-25-year-olds after co-producing a new app with a diverse group of young people experts-by-experience. Participants underwent a baseline screening, 3 in-person FIT sessions (introducing the app), and 5 phone support sessions. Outcome assessments and a qualitative feedback interview were conducted after completing therapy 3-months post-baseline. Out of 27 participants who started therapy, adherence to therapy per-protocol was 59%. Only 15 completed the quantitative outcome assessment and 10 the interview. There was an overall reduction in number of SH episodes over 3-months from pre-to-post-intervention: (baseline: mean=24.41, sd=28.51; post-intervention: mean=7.00, sd=11.30; mean diff=-17.41, d=0.80). Young people found Imaginator helpful at improving their mental health, particularly the use of mental imagery techniques and app. Our study suggests that Imaginator is acceptable for young people and has potential as a brief intervention reducing SH. A future RCT is needed to test the intervention efficacy.

**The iBLISS study; Co-design of CBT-I informed school workshops**

Presenter: Alice Tunks, University of Sussex  
Authors: Connor Vermaut, University of Sussex; Maria Loades, University of Bath; Jessica Hamilton, Rutgers University; Mary John, University of Surrey; Clare Dixon, Sussex Partnership NHS Foundation Trust; Faith Orchard, University of Sussex

Introduction: Up to 90% of adolescents do not receive the recommended amount of sleep, and research suggests that reduced sleep is a predictor of future depression. There is also growing evidence that sleep interventions could improve both sleep and depression in young people. This project aimed to co-design low-intensity
psychological sleep workshops for adolescents, to be delivered within secondary schools, and informed by principles from cognitive-behavioural therapy for insomnia (CBT-I). This is part of a pilot, feasibility, randomised control trial which aims to assess the acceptability and feasibility of delivering these brief, scalable workshops in schools.

Methods: Workshops for adolescents, and psychoeducation videos for parents, were developed by drawing on expertise from sleep practitioners and academics, and from key principles from CBT-I. They were also shaped by parent and adolescent advisory groups. Participants in the wider trial will be assessed on sleep and depression pre- and post-intervention and 3-month follow-up.

Results: Three workshops were developed focused on sleep strategies, psychoeducation and problem solving. Co-design resulted in the adaptation of jargon, inclusion of workbook activities, having a focus on the benefits of sleep, and avoiding parental blame.

Discussion: Workshops and study materials have been co-designed to ground them in the lived experience of adolescents and parents. Delivery of the workshops is planned for Autumn 2024.

A pilot evaluation of life skills training for parents in a Scottish secondary school setting

Presenter: Natalie Reid, University of Glasgow/NHS
Authors: Chris Williams, University of Glasgow/Five Areas Ltd.; Theresa Kelly, Five Areas Ltd.; Roseann Cartledge, Principal Teacher of Pupil Support, Mearns Castle High School

Introduction: The need for universal mental wellbeing interventions for young people has increased in recent years. This study aimed to evaluate the feasibility of a universal intervention for parents of adolescents: Helping Your Child Live Life to the Full. It also tested the feasibility of gathering a primary outcome measure for use in future definitive trials.

Method: A pre-post measure, mixed-method design. 85 parents were recruited from a Scottish high school. The intervention consisted of a face-to-face workshop, live online teaching sessions and access to an online self-directed course. Questionnaires assessed demographic information and gathered feedback about the intervention. The Brief Parental Self-Efficacy Scale was used to measure parental self-efficacy. Focus groups provided qualitative feedback about participants’ experience.

Results: There were high ratings of satisfaction with the training. Parents provided feedback on their motivation for engagement, aspects they found helpful, and made recommendations for future adaptations. Significant improvement was found in parental self-efficacy post-intervention.

Conclusion: Helping Your Child Live Life to the Full showed good acceptability amongst participants. The results of the current study suggest universal parenting interventions may improve parental self-efficacy for parents of adolescents. Future larger-scale trials with more robust methodologies are required to determine the reliability of these results.

Effects of Positive Imagery Task on affect in young people with self-harm and disordered eating
Eating disorders (ED) and self-harm (SH) show high incidence rates and comorbidity in young people (Trafford et al., 2023; Warne et al., 2021). There is growing evidence supporting the use of imagery-based interventions to target such difficulties (Di Simplicio et al., 2020; Dugué et al., 2018). As part of the iMAGINE study (https://www.imaginestudy.org), we investigated mental imagery characteristics in young people aged 16-25. Participants completed a brief version of the Positive Imagery Task (Burnett Heyes et al., 2017) as an affect repair procedure at the end of a testing session that included exposure to self-harm and eating related stimuli, and for some also a stress reduction. Affect was measured before and after using the Positive and Negative Affect Scale. 273 out of an initial 318 participants successfully completed testing (133 controls, 70 in the SH and 70 in the ED group). Overall, positive affect significantly increased \((F(270,2) = 51.8, p <.001)\) and negative affect decreased \((F(270,2) = 35.5, p < .001)\) across all groups \((p \leq 0.001)\) following the PIT. A significant time x group interaction emerged for change in negative affect \((F(270, 2) = 4.81, p = .009)\), where decrease was greatest in the SH group, followed by the ED and control groups respectively. Findings suggest that brief positive imagery tasks can modulate affect in vulnerable YP with emotional dysregulation and could be translated into digital transdiagnostic interventions to support these populations.

**An initial evaluation of the clinical effectiveness and acceptability of OSI (Online Support and Intervention for child anxiety) offered by Mental Health Support Teams.**

**Presenter:** Jemma Edmunds, North East London Foundation Trust  
**Authors:** Virginia Lumsden, North East London Foundation Trust; Kathryn Gulliver, North East London Foundation Trust; Megan Cork, North East London Foundation Trust; Rahul Balaji, North East London Foundation Trust

**Introduction** - Child anxiety difficulties are common and can develop into significant problems if not treated early. Parent-led online interventions offered through Mental Health Support Teams (MHSTs) in schools have the potential to increase access to timely, evidence-based support for child anxiety. This study conducted an initial evaluation of the clinical effectiveness and acceptability of OSI (Online Support and Intervention for child anxiety) offered by MHSTs.

**Method** - We delivered OSI to parents/carers who self-selected as having a child with anxiety problems. Forty-nine families completed the intervention. We used quantitative and qualitative approaches to understand outcomes and experiences for children and families, and practitioners’ experiences of this approach.

**Results** - Total anxiety scores significantly decreased from pre- to post-treatment, from pre-treatment to follow-up, but not from post-treatment to follow-up. Additionally, 71.43% were considered recovered. Parents valued flexibility of online delivery and opportunity to extend learning to self and other family members. Practitioners considered aspects of OSI that helped parents engage and reflected on some challenges of adopting OSI within MHSTs.

**Discussion** - The findings are promising for the use of OSI as an evidence-based parent-
led online intervention for anxiety, within an early intervention service such as MHSTs. The findings also provide information to improve acceptability of OSI within MHSTs.

### A Gender Comparison of the Accessibility and Effectiveness of Guided Self-Help Treatment within Hounslow Community CAMHS.

**Presenter:** Molly Murphy, West London NHS  
**Authors:** Ingrid Pang, West London NHS Trust; Ben Aveyard, West London NHS Trust

Guided Self-Help (GSH) is an early help intervention for mental health difficulties. Limited research explores the relationship between GSH and gender. Males access talking therapies less than females, prompting discussion around gender-specific approaches. Within this analysis we present referral demographics and analyse trends within treatment outcomes, aiming to interpret gender differences and explore implications. Using means comparison and two-way repeated ANOVA, we compare GSH outcomes (n=137) for anxiety and low mood presentations across 3 years. We present 3 themes within our findings. The first is consistency in less males being referred for GSH (26.3%) compared to C-CAMHS team referrals (42.2%). Secondly, means comparison demonstrated higher symptoms severity in anxiety and low mood presentations for females (M=56.7, SD=22.2; M=64.7, SD=20.3), than males (M=46.9, SD=23.5; M=48.5, SD=15.7). Finally, despite overall positive outcomes, multivariate tests demonstrated a significant gender difference (p=.03) implying that boys may benefit more from behavioural activation in low mood. While the unequal sample sizes warrant caution in interpretation, the mean comparison presents interesting trends to suggest a difference in how males and females experience GSH. These findings suggest that exploration of gender differences in how GSH can be beneficial, and the potential for gender-specific treatment, may increase access and treatment efficacy across all gender identities.

### Trajectories of change in children receiving an online parent-led CBT intervention for anxiety problems: a secondary data analysis from the Co-CAT study

**Presenter:** Emily Whitaker, University of Oxford  
**Authors:** Chloe Chessell, University of Oxford; Cathy Creswell, University of Oxford

Introduction: Anxiety problems are among the most prevalent mental health difficulties in children (Kessler et al., 2005), and while effective treatments like CBT are available, very few families access them (Reardon et al., 2020). A method of overcoming this is through online treatments, allowing families to access help from home, with shorter wait times.

One such treatment is Online Support and Intervention for child anxiety (OSI) – a digital, parent-led treatment based on CBT principles. A recent RCT (the Co-CAT study; Creswell et al., 2024 - tinyurl.com/cocatpaper) was the first to explore the outcomes of OSI in routine clinical services. Whilst the Co-CAT study showed promising results, it did not provide insight into which children may not benefit from OSI, which the current study aims to address.
Method: Growth mixture modelling will be conducted to analyse OSI data from the Co-CAT study, to identify subgroups of children that have similar trajectories of change whilst receiving OSI. Regression will then be used to identify characteristics of families that predict membership to these subgroups.

Results and Discussion: The findings from this study will inform adaptions to OSI, helping to ensure that the intervention is as effective as possible for more families. More generally, identifying different trajectories of change during online CBT can be valuable for managing both clinicians’ and families’ expectations during treatment and also for clinical decision making.

Primary Care and Low Intensity CBT

On poverty and trauma: Associations between neighbourhood socioeconomic deprivation and post-traumatic stress disorder severity
Presenter: Thomas Richardson, University of Southampton
Authors: Jaime Delgadilo, Clinical and Applied Psychology Unit, Department of Psychology, University of Sheffield, United Kingdom; Thomas Richardson, School of Psychology, Centre for Innovation in Mental Health, University of Southampton, United Kingdom

Objective. To determine if neighbourhood socioeconomic deprivation is associated with post-traumatic stress disorder (PTSD) severity and psychological treatment response.
Method. This was a retrospective cohort study based on the analysis of electronic health records for N=2064 patients treated for PTSD across 16 psychological therapy services in England. The IES-R scale was used to measure PTSD severity and associations were examined with the neighbourhood-level index of multiple deprivation (IMD) using non-parametric correlations and multilevel modelling.
Results. Three times more PTSD cases (33.6% vs. 9.7%) clustered within the most deprived IMD quintile compared to the least deprived quintile. A small and statistically significant correlation between IMD and IES-R baseline severity (r = -0.16, p < .001), indicated that patients living in the most deprived neighbourhoods had more severe symptoms. Post-treatment IES-R severity was also significantly associated with IMD (B = -0.74, p < .001), after controlling for baseline severity of PTSD and depression symptoms, and adjusting for between-service variability in treatment outcomes (ICC = 0.023).
Conclusions. Neighbourhood poverty is associated with a higher prevalence of PTSD, higher symptom severity and poorer treatment response.

Predicting Response to Standard & Stepped-Care Cognitive Behavioral Therapy for Insomnia (CBT-I) Using Pre-Treatment Heart Rate Variability (HRV) in Cancer Patients
Presenter: James Garneau, Concordia University, Montreal, Canada
Authors: James Garneau, Concordia University, Montreal, Canada; Josée Savard, Université Laval, Québec, Canada; Thien Thanh Dang-Vu, Concordia University, Montreal, Canada; Jean-Philippe Gouin, Concordia University, Montreal, Canada
Introduction: This randomized controlled trial examined whether high frequency heart-rate variability (HF-HRV) and HF-HRV reactivity to stress moderate response to cognitive behavioural therapy for insomnia (CBT-I) within both a standard and stepped-care framework among cancer patients with comorbid insomnia to investigate whether certain biophysiological factors may impede remission.

Methods: 177 participants were randomized to receive either stepped-care or standard CBT-I and were followed for 12 months post-treatment. HRV measures were assessed at pre-treatment during a rest and worry period. Insomnia symptoms were assessed using the Insomnia Severity Index (ISI) and daily sleep diary across five timepoints during the study period.

Results: Resting HF-HRV was associated with pre-treatment sleep efficiency and sleep onset latency but not ISI score. Additionally, resting HF-HRV did not predict overall changes in insomnia across treatment and follow-up. In exploratory analyses, resting HF-HRV did not differentially predict overall changes in sleep outcomes across treatment groups. HRV reactivity was not related to any of the assessed outcome measures in both cross-sectional and longitudinal analyses.

Discussion: Although resting HF-HRV was related to initial sleep parameters, HF-HRV measures did not significantly predict longitudinal responses to CBT-I. These findings suggest that HF-HRV may lack clinical utility when examining remission rates for CBT-I in cancer patients.

Evaluating the effectiveness of the 'PGDip Enhanced Psychological Practice (LICBT)' to support development and career progression of PWPs.

Presenter: Eve Bampton-Wilton, University of Exeter
Authors: Katie Lockwood, University of Exeter; Liz Kell, University of Exeter; Paul Farrand, University of Exeter; Jeremy Stephens, University of Exeter; Melika Janbakhsh, University of Exeter; Beth Turnbull, University of Exeter

Introduction: The PWP is a well-established role within NHS Talking Therapies services since its introduction over 15 years ago. Despite this, there remains limited development opportunities: particularly tailored, formal CPD. This has contributed to difficulties retaining staff (Kell & Baguley, 2018). As a result, CEDAR; University of Exeter have developed a one-year PGDip programme which provides a unique opportunity to receive in-depth training, specifically tailored to experienced and senior PWPs (course webpage). The new qualification supports improved clinical outcomes for adults accessing TT-ad services.

Method: A mixed-method approach was used, including pre and post-quantitative data and Separate Content Analyses.

Results: Quantitative results will be presented for a range of statements rated on a 5-point Likert-scale, compared before and after the programme, as well as key themes from the thematic analysis.

Discussion: Students positively perceived the impact of the programme on their confidence and competence, valuing the importance of advanced knowledge and skills relating to the modules, demonstrating evidence of embedding these skills within their
services. Supervisors and Senior Service Leads expressed positive feedback about the quality and value of the programme, reporting wider service impacts as a result. Key findings from each module and the programme as a whole will be presented, including recommendations for future programme developments.

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<th><strong>Set up and implementation of an integrated Low Intensity CBT pathway within a Paediatric Hospital</strong></th>
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<td><strong>Presenter:</strong> Rebecca Evans Emily Webster, Sheffield Children's Hospital</td>
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<tr>
<td><strong>Authors:</strong> Rebecca Evans, Sheffield Children's Hospital; Emily Webster, Sheffield Children's Hospital; Anna Roach, Sheffield Children's Hospital</td>
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**Context**
In the UK, around 23% of young people are diagnosed with a Long-Term Health Condition (LTC; Brooks et al., 2015) with LTC being associated with a greater risk of mental health difficulties (Brady, Deighton & Stansfeld, 2020). Given the prevalence of LTCs and co-occurring mental health difficulties timely and effective mental health intervention is vital.

**Service conceptualisation**
As part of the wider Lucy Project (Roach et al., Submitted) a Low-Intensity Cognitive Behavioural Therapy pathway was established within an integrated Paediatric Psychology department at a specialist Children's Hospital. Two Senior Children's Wellbeing Practitioners staffed the project alongside supervision from a Clinical Psychologist. The service accepts self-referrals and conducted remote interventions to increase access.

**Outcome**
Fifty-Nine young people accessed the project during 2023 with 40 progressing onto the study and being offered 1st assessments. Referrals were received from a variety of medical specialities and from a wide geographical range.

**Review and Evaluation**
Families expressed the beneficial nature of the service in being able to deliver timely and effective intervention. This intervention is not suitable for all young people; however, staff were able to refer on to other services or “step up” into Paediatric Psychology for further support. The service has now moved beyond a research project and has been funded as a service in its own right within Paediatric Psychology.

**Training, Supervision and Professional Issues**

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<th><strong>Supervision Competency Measures in Supervisor Training; Adapted SAGE for Case Management Supervision</strong></th>
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<td><strong>Presenter:</strong> Sarah Priestley, University of Lincoln</td>
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<td><strong>Authors:</strong> Sara Giles, University of Lincoln</td>
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There are few psychometrically sound observational instruments to measure CBT supervision (Reiser et al., 2018). However, this is one method that may help provide structure, guidance and feedback on how to provide effective supervision within CBT. One instrument, the Supervision: Adherence and Guidance Evaluation’ (SAGE) was seen as a promising way to observe CBT supervision and measure professional
competence (Milne et al., 2011). Low intensity practitioners are expected to engage in clinical skills supervision (CSS) and case management supervision (CMS). It was noted that the 14-items from the shortened SAGE did not meet the needs when assessing supervisor competence within CMS (Priestley et al., 2022). Therefore, the adapted SAGE was developed following consent from the original authors, specifically for use when observing CMS. As part of the NHS Talking Therapies Supervisor Course at the University of Lincoln (UoL), 1 day of meta supervision is provided where each attendee is expected to bring a recording of clinical supervision that they have given. They are given feedback from their peers and the lecturer on their supervisory skills. The SAGE is used as a tool to structure this feedback and gauge competence. For those attending the PWP specific days, the adapted SAGE for CMS is also used. At the time of writing, the adapted SAGE measure is currently being evaluated by the UoL within this training.

A personal odyssey: trainee and recently qualified cognitive behavioural therapy (CBT) practitioners’ perspectives on postgraduate CBT training and its contribution to competence
Presenter: Andrew Grimmer, Middlesex University
Authors: Andrew Grimmer, Middlesex University; Fiona Starr, Middlesex University; Nicola Payne, Middlesex University; David Westley, Middlesex University

CBT practitioners are heterogenous and there is a danger that existing, expert-produced competency frameworks might not reflect the reality of how competence is understood and expressed in the practitioner’s working life. This study therefore sought to draw on the practice-based wisdom of practitioners to explore the meaning of competence in CBT to trainee and recently qualified practitioners. Semi-structured individual interviews were carried out with 15 UK-based trainee and recently qualified CBT practitioners who also completed a photo elicitation task. Participant accounts were analysed using thematic analysis (Braun & Clarke, 2006). The study produced an overarching theme of training as a personal odyssey comprising: a transition from the known to the unknown; a testing experience; and a transformative process. Nine subthemes were also identified: distal influences; proximal factors; role transition and developmental opportunity; a demanding but stimulating journey; active coping; structural and contextual features of training; the constructive learner; a well-rounded practitioner; and a worthwhile outcome. Themes were consolidated into a “cycle of mastery” model of training. Findings show that the experience of training is diverse but even at an early stage in professional development practitioners routinely adapt treatment to their clients. Supervisors and trainers might find the insights useful in identifying and fostering supportive learning experiences.

Behind the Listings: Exploring Private Practitioners’ Perspectives on the BABCP’s ‘Find a Therapist’ Directory
Presenter: Taf Kunorubwe, IPSIG, Private Practice
Authors: Sarah McCartney, IPSIG, Private Practice; Lee Grant, IPSIG, Private Practice; Stephen Wilson, IPSIG, Private Practice; Becky Yarwood, University of South Wales
Background: Now more than ever, access to qualified CBT therapists is crucial. A web directory of accredited therapists can serve as a valuable resource for individuals seeking mental health services, especially for those with limited or no access to statutory services.

Objectives: This research explored perspectives of accredited therapists who have utilized the BABCP Find a Therapist directory. The overarching goal is to identify strengths and weaknesses of the directory, intending to enhance its features for better support of therapists and individuals seeking therapy.

Methods: A mixed-methods questionnaire was distributed among BABCP accredited therapists.

Results: Overall acceptability and usability ratings were low. Qualitatively, therapists highlighted numerous issues, encompassing a lack of website traffic, poor ease of use, cost implications, and insufficient features. However, it's important to note, some therapists acknowledged some positives, such as affiliation with the BABCP, companies using it for referrals, and some therapists recommending it to others.

Conclusion: The findings underscore areas within the feature that could benefit from improvement. Addressing these concerns would significantly enhance the directory, transforming it into a more valuable resource for therapists and those seeking therapy. We also acknowledge the importance of gathering perspectives from clients, lay members, and professionals in other sectors.

Let's talk about CBT career development
Presenter: Helen Moya, Moya CBT

On average it takes 8 years to become an accredited CBT therapist in the UK. Despite the ongoing growth of the CBT profession, particularly since the introduction of the Improving Access to Psychological Therapies (IAPT) initiative (now renamed as NHS Talking Therapies), there has been a lack of clear and consistent career advice or guidance. This can lead to confusion and misguided choices which can add years to the journey or leave the therapist feeling stuck in positions that do not reflect their advanced skills and experience. CBT career development is often viewed narrowly as a choice between management within the NHS or starting your own private practice. This dichotomous thinking needs to be challenged.

This paper presents a conceptual framework for CBT career development to Attract, Retain and Develop CBT therapists. The ARD model covers the whole journey from contemplation to developing a satisfying career. The journey is long and challenging but having a model to follow will inspire you to pursue and develop your CBT career in areas that match your values and aspirations. An overview of the model is provided with key elements at each stage highlighted. The focus will be on career development including an exercise to evoke reflection on your personal CBT career bucket list. Accounts from people at all stages of the career journey, and from diverse backgrounds have informed the development of this model. Contents are based on a new book 'The CBT Career Guide'.

Interactive vignettes: Can Artificial Intelligence interact like a Depressed patient? A proof of concept study and discussion on the implications for training therapists
Introduction: In CBT training, case vignettes are used for discussion exercises and provide a brief for behavioural role-plays between peers. Role plays can be hard to arrange and can be negatively impacted by a participant's ability to consistently represent a mental health difficulty. This could impact the development of skills, attitudes and behaviours of the therapist applying knowledge to practice. Method: This was a proof of concept study into the interactive capabilities of Artificial Intelligence (AI) powered vignette in a text-based role-play. It aimed to demonstrate appropriate text-based conversational responses of an AI in the role of a depressed client receiving a CBT intervention. Chat GPT-4 was engineered with prompts to ensure that the AI consistently behaved as a client presenting with depression. A text-based role-play of a cognitive intervention (Beck et al., 1979; Beck, 1995; Greenberger & Padesky, 2015) for depression took place between the Researcher in the role of the therapist and AI.

Results: The AI was able to interact and provide responses during the text-based role-play and complete a cognitive intervention for depression. Discussion: These findings highlight the potential for AI text-based role-plays in training of CBT Therapists. The implications of these findings in education are discussed and the potential for text-based role plays in meeting diverse learning needs are considered.

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**Exploring the accessibility of PWP teaching for Deaf students: A reflection of the experiences of students and facilitators**

**Presenter:** Michelle Lee, University of Reading  
**Authors:** Emma-Jayne Conway, University of Reading; James Kachellek, University of Reading; Levi Spence, University of Reading; Molly Trillow, University of Reading; Nakita Oldacre, University of Reading; Lucy Malyon, University of Reading

Authentic inclusive education should enable all students to access course content, fully participate in learning activities and demonstrate their knowledge at assessment (Equality Challenge Unit, 2014). The Equality Act (2010) stipulates that the education sector, including Higher Education Institutes, make reasonable adjustments to ensure that students with disabilities have equal access to teaching and learning. Research has found that Deaf students face considerable challenges around social and educational inclusion during their time in higher education (Batista & Garcia, 2023) and nearly 3 in 5 Deaf students had experienced delays of more than 2 months for appropriate support to be put in place (National Deaf Children’s Society, 2019). The PWP course at the University of Reading has historically had limited experience in delivering training to students with sensory impairments. However, within the last year the educator team have focused on making the course accessible for a Deaf student whose first language is British Sign Language (BSL) by implementing several adjustments to teaching. This small-scale project explores what this experience has been like for students and those who have supported the training such as interpreters and clinicians. It will also outline the adjustments made and reflect on key learning that will support future cohorts. This learning can help to shape future delivery of not only the PWP training course, but across clinical training more widely.
Understanding and developing professionalism within a talking therapies service

Presenter: Caitlin Randles, Six Degrees Social Enterprise
Authors: Caitlin Randles; Julia Hose; Kelly Hylton

Aim: To create professional standards for clinicians working at Six Degrees Social Enterprise (SDSE).

Background: SDSE traditionally recruited from underrepresented communities and trained them to deliver brief cognitive behavioural therapy interventions with additional support to ensure aligned with NHS Talking Therapies Manual. This addressed issues of recruitment, retention in the workforce and reflective of the Salford population served. Changes in the commissioning landscape and a drive to standardisation between different localities, means that everyone employed within the NHS talking therapies part of the service must go through psychological wellbeing practitioner training. Whilst broadening recruitment strategies is welcomed to meet the demands on the service, it is unsurprising that this change may influence the sense of professionalism harboured by clinicians at SDSE.

Methods: Individual interviews were conducted with seven participants. A thematic analysis of the interview transcripts was conducted and a coding framework created. The data analysis focussed on extracting themes of professionalism, and then formulated into standards that reflect the core values of SDSE including the voice of professionals working within it.

Results: Five themes were developed; Putting People First, Act With Integrity, Be Accountable, Build Strong Relationships, Represent the Service.

Future planning: These themes will be developed into a co constructed professional standards fram

Stress, resilience, self-reflection and coping in EMHP trainees

Presenter: Frances Lloyd-Peck, University of East Anglia
Authors: Katie Thompson, University of East Anglia; Paul Fisher, University of East Anglia; Laura Pass, University of East Anglia; Sharif Al-Rousi, University of East Anglia; Joel Owen, University of East Anglia

Psychological practitioners experience reduced wellbeing compared to the general population (Summers et al., 2020) and over half report moderate to high levels of burnout (Simionato & Simpson, 2018). The NHS Workforce Plan notes that shortfalls will persist without improvement in staff retention (NHS England, 2023), and lower workplace wellbeing has been associated with wanting to leave therapy roles (Summers et al., 2020). Although research on stress in psychological therapy training is scarce (Owen et al., 2021), existing evidence suggests lower wellbeing and higher stress levels during training (Owen et al., 2022). This study aims to measure perceived stress, resilience, and styles of coping in trainee Educational Mental Health Practitioners (EMHPs), and investigate relationships between these constructs at the start of EMHP training.

A convergent parallel mixed-methods design was used to explore stress, resilience and styles of coping in EMHP trainees. We used the Connor-Davidson Resilience Scale, COPE Inventory, Perceived Stress Scale and Self-Reflection & Insight Scale. Open-text
survey data are being qualitatively analysed using Thematic Analysis regarding the perceived sources of stress. Data analysis is currently underway, with early analysis indicating high reported stress by EMHP trainees. This is the first study of trainee EMHP wellbeing that we are aware of, and we hope findings can be used to inform practice by services and education providers.

**Adult Mental Health**

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<th>Title</th>
<th>Defining the Idiographic Changes Enabled by Inpatient Psychology Input</th>
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<td>Presenter:</td>
<td>Isobel Dunning, Rotherham, Doncaster and South Humber NHS Foundation Trust</td>
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<tr>
<td>Authors:</td>
<td>Stephen Kellett, Rotherham, Doncaster and South Humber NHS Foundation Trust; Sasha Priddy, Rotherham, Doncaster and South Humber NHS Foundation Trust; Hannah Bowker, Rotherham, Doncaster and South Humber NHS Foundation Trust</td>
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Psychiatric inpatient wards deliver care to individuals experiencing acute distress and elevated risk and NICE guidelines note that this care should contain a psychological element. However, the evidence base for psychological inpatient input is still relatively slim. The aim of this study was to examine idiographic changes associated with the psychological interventions conducted on two acute inpatient wards. A total of 16 patients (women= 8; men= 8) were interviewed with the Change Interview following completion of a psychological intervention on the wards. Changes identified were coded into whether they were changes to thoughts, feelings or behaviours and each change was rated according to expectedness, importance, likelihood of change, generalisability and impact. The mean age of participants was 41.12 years, the most common diagnoses was EUPD (n=6) or mood disorders (n=6) and average length of admission was 131.19 days, containing 13.25 psychological sessions. Overall, 52 changes were reported, and these tended to be behavioural, generalisable, personally meaningful and important to patient’s lives and changes were attributed to the psychological input provided. The results are discussed in terms of the need for robust outcome measurement in acute psychiatric care to be the norm and the generation of associated practice-based evidence.

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<th>Title</th>
<th>Clinicians’ Confidence in Diagnosing Atypical Anorexia Nervosa: An Experimental Study of the Role of Patient and Clinician Characteristics</th>
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<tr>
<td>Presenter:</td>
<td>Jessica Beard, University of Sheffield</td>
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<tr>
<td>Authors:</td>
<td>Tracey Wade, Flinders University, Australia; Glenn Waller, University of Sheffield</td>
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Introduction: This experimental study investigated the weight loss parameters and resulting end weight that influence clinician confidence in diagnosing Atypical Anorexia Nervosa (AAN). Methods: Clinicians (N = 47) read a series of vignettes where patient weight loss and end weight varied, then rated their confidence in an AAN diagnosis. Using repeated measures ANOVAs, we examined patient (weight loss, end weight) and clinician (e.g., age, profession) characteristics that influence confidence in diagnosing
AAN. Results: Clinicians were most confident in an AAN diagnosis when patients had lost 10% or 15% of their body weight, leaving them at a high or normal weight. Clinicians considered 5% as significant weight loss for AAN, but only when the patient ended at a high weight. However, they did not clearly differentiate AAN from Unspecified Feeding and Eating Disorder (UFED) when there was a 5% weight loss, regardless of end weight. Clinician characteristics only had a significant impact on confidence in an AN diagnosis. Discussion: The DSM’s “significant weight loss” criterion leaves room for clinicians to interpret it idiosyncratically. The lack of a clear pattern of UFED and AAN diagnosis has important clinical implications, as UFED tends to be dismissed as being less serious.

Pre-registration: https://osf.io/ht53c/

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**We can’t do anything until you stop drinking: a qualitative secondary analysis of service user experiences of policy and guideline implementation for co-occurring alcohol and mental health**

**Presenter:** Zoe Swithenbank, Lancaster University  
**Authors:** Zoe Swithenbank, Lancaster University; Laura Goodwin, Lancaster University; Amy O'Donnell, Newcastle University; Kat Jackson, Newcastle University

**Introduction**
People with a mental health problem are more likely to drink at harmful and dependent levels, compared to those without. Despite recent guidance on the treatment of co-occurring conditions, these people often face barriers to accessing effective treatment, which contributes to poorer outcomes and could be avoided.

**Method**
The study used secondary qualitative analysis of 39 interviews transcripts, conducted with participants with experience of hazardous alcohol use and depression (Jackson et al, 2023). A deductive framework analysis was used based on the most recent UK guidance for the treatment of co-occurring alcohol and mental health problems to explore participant experiences of policy implementation.

**Results**
Key aspects of the guidance were grouped into 6 categories: First contact with services; referral to mental health; care planning; partnership working; improving service delivery; and maintaining contact. Issues raised include stigma, lack of communication between and within services, a lack of understanding and support from services and friends and family, the importance of building relationships and consistency in providing support.

**Discussion**
Although UK guidance is clear, this study illustrated that they are not reflective of current practice. In addition to providing more integrated services, connection and feeling heard also contribute to effective treatment and in combatting stigma. Implementation and better communication are needed.

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**Psychological interventions for eating disorders in East Asia: A systematic scoping review**
Presenter: Vanessa (See Heng) Yim, King's College London
Authors: Ulrike Schmidt, King’s College London

Objective
There has been no review on eating disorder-focused psychological interventions in East Asia. The aims of this systematic scoping review were to summarize existing and forthcoming studies and to synthesize the cultural adaptations and effectiveness of the interventions.

Method
Five databases seven trial registries were searched. Studies examining eating disorder (ED)-focused psychological interventions in East Asia were included. Narrative synthesis was used.

Results
Eighteen published studies and 14 ongoing/completed but unpublished studies were included. Among the ongoing studies, 71% are randomized controlled trials. Cognitive therapies were the main approach used. Cultural adaptations were mostly related to language, communication style and tailoring the dietary requirements to local diets. Interventions were shortened to increase acceptability and reduce financial and time burden to patients. Overall, studies showed good acceptability, completion rates and positive effects on ED symptoms.

Discussion
Studies were underpowered and uncontrolled, thus precluding meaningful interpretations of effectiveness to be made. However, the psychological interventions were acceptable and showed promise in delivery. Digital and group interventions seemed to be the most feasible given barriers in the local health systems. More controlled studies, as well as studies on children and adolescents, are needed in future.

Repetitive Negative Thinking, Metacognitions And Rumination In Patients With Emotional Disorders
Presenter: Beatriz Rueda, National University of Distance Education (UNED), Spain
Authors: Esperanza Valls, Actur Sur Mental Health Centre, Spain

Repetitive negative thinking (RNT) represents a recurrent and unproductive style of thinking implicated in most of emotional disorders. One form of RNT is rumination, an abstract and evaluative thinking process strongly associated to depressive symptoms (DS). Moreover, metacognitive beliefs such as those about the uncontrollability and dangerousness of cognitive activities constitute a driving force behind RNT. The aims of this study were to explore the interrelations between RNT, rumination and metacognitions; to determine the predictive capacity of metacognitions with respect to RNT; and to compare the predictive capacity of RNT, metacognitions and brooding in relation to DS.

The sample was composed of 138 clinical patients suffering from a variety of emotional disorders.
RNT was positively related to brooding. Metacognitions about the usefulness of worry, the uncontrollability of worry and the need to control thoughts were strongly associated with RNT and brooding. In addition, RNT, brooding and the metacognition related to low
cognitive confidence were positive predictors of DS, being RNT the strongest predictor. These results highlight that RNT is a process that can be applied to other forms of rigid and perseverative thinking, such as rumination. Furthermore, the metacognitions related to the usefulness and uncontrollability of worry and the need to control thoughts seem to exacerbate RNT.

Mental health needs of and treatments and support for adult survivors of child sexual abuse in India
Presenter: Shivangi Talwar, Division of Psychiatry, University College London
Authors: Rebecca Appleton, NIHR Mental Health Policy Research Unit, Division of Psychiatry, University College London; Jo Billings, Division of Psychiatry, University College London

Adults with histories of child sexual abuse (CSA) are at risk of experiencing mental health difficulties (Bak et al., 2013). In India, there is a high prevalence of CSA (Tyagi & Karande, 2021) however, research with adult CSA survivors is still in its infancy. We aimed to understand their mental health and support needs, the treatments and support available and the modifications needed in those services in India. We interviewed adult CSA survivors of Indian origin, residing in India and at least 18 years of age. We analysed the data inductively using reflexive thematic analysis. We interviewed 10 adult CSA survivors in India. We found that they sought support from mental health professionals, faith related and spiritual practices and informal sources. The disclosure was often motivated by wanting to protect themselves and young children. Although those seeking formal help were mostly receiving CBT, they lacked complete knowledge of past or ongoing treatments. They engaged in spiritual and religious practices and other methods of emotional expression. Most of the adult survivors suggested a two-step management beginning with individual and then group or paired support, considering factors like community, age, religion and socioeconomic status. The survivors warrant information about the treatments being offered to them and be signposted to other support services. Future work needs to focus on developing group interventions for adult CSA survivors in an Indian context.

The impact of remote delivery of CBT on the use of in session exposure and clinical outcomes in the treatment of OCD in NHS Talking Therapies, a service evaluation.
Presenter: Dennis Convery, #N/A

Abstract
Background: Following the global pandemic NHS Talking Therapies services now routinely deliver remote CBT. There is limited, pragmatic research on how remote delivery specifically affects therapist behaviour and treatment within specific disorders.
Aims: The aim of this service evaluation to examine whether delivery modality effects the amount of in session exposure in the treatment of OCD and if this affects patient clinical outcomes.
Method: A service evaluation was undertaken using routinely collected data from three NHSTT sites. For each patient in the evaluation (n=54) The number of in session exposure events occurring in treatment as well as severity measures using the PHQ9 and OCI were recorded a paired t-Test used to examine differences across the delivery
conditions and regression analysis used to identify correlation between modality, severity, and outcome.

Results: There was no significant difference in the number of in session exposures offered in remote or face-to-face treatments. The number of in session exposures significantly predicts final OCI score when treatment is delivered face-to-face. The starting PHQ9 score significantly predicts less use of exposure in session in the remote treatment condition.

Conclusions: Recommendations for training and supervision in service are made as well as considerations for future research to consider the impact of depression on the use of exposure.

Combining stop smoking support with online mental health treatment via SilverCloud

Presenter: Shadi Daryan, University of Bath
Authors: Pamela Jacobsen, University of Bath; Deborah Roy, University of Bath; Paul Aveyard, University of Bath; Anna Blackwell, University of Oxford; Daniel Duffy, Amwell, Dublin; Garrett Hisler, Amwell, Dublin

Introduction: Smoking prevalence in the UK among people with depression and anxiety is over double that found in the general population. Quitting smoking can improve mental health similar to anti-depressant effects. In England, online psychological therapy is a standard treatment for depression and anxiety and potentially a setting for smoking cessation support; however, integrated smoking and mental health support is not available. This novel pragmatic, online, randomised controlled feasibility trial aims to determine if it is acceptable and practical to have an online smoking cessation support nested into an existing SilverCloud Cognitive Behavioural therapy (CBT) platform.

Methods: Smokers are randomly allocated to a control or intervention arm. Smokers in the intervention group are supported to quit via online behavioural support and psychoeducation. The control group received usual care and signposting to stop smoking information at the end of trial. Outcomes measured include engagement with smoking cessation intervention and quit attempts.

Results: The trial is currently recruiting from 12 sites spread widely across England. We will present data on recruitment and retention rates, and other early feasibility metrics.

Discussion: This is the first trial investigating embedding stop smoking support with online Talking Therapy Services. This trial will produce important data on the feasibility and acceptability of this approach.

Bipolar Disorder, Enduring Personality Issues and Psychosis

Brief individual interventions for Schizophrenia: a systematic review and meta-analysis

Presenter: Blue Pike, Hampshire and Isle of Wight Healthcare NHS Foundation Trust
Authors: Leire Ambrosio, University of Southampton; Lyn Ellett, University of Southampton

Introduction
Around 24 million people worldwide have Schizophrenia. Cognitive behavioural therapy
(CBT) is the NICE recommended treatment, however access to this is limited due to workforce capacity and organisational factors. A range of brief interventions have been developed, including brief CBT. Aim: to explore: what brief interventions exist for schizophrenia? And how effective are they?

Method

Key databases were searched for studies on brief interventions for Schizophrenia (protocol: crd.york.ac.uk/prospero/display_record.php?RecordID=479319). A statistical software package was used to conduct a meta-analysis using a random-effects model. Additional tests were used for heterogeneity, publication bias, and studies were individually assessed for risk of bias.

Results

Thirteen studies were accepted for systematic review, with ten having sufficient data for meta-analysis. Results of the meta-analysis showed that brief interventions were effective for psychotic symptoms, data gathering, paranoia and wellbeing. The majority of interventions for psychotic symptoms, paranoia and wellbeing were brief CBT.

Discussion

This is the first systematic review and meta-analysis on brief interventions for Schizophrenia and provides findings with potential to make a substantial contribution to the field. Brief interventions have the propensity to improve access to recovery focussed treatment, and particularly CBT interventions, by providing targeted input.

‘Flexibility is the name of the game’: Clinicians’ Views of Optimal Dose of Psychological Interventions for Psychosis and Paranoia

Presenter: Carolina Fialho, King’s College London
Authors: Jenny Yiend, King’s College London; Alya Abouzahr, King’s College London; Pamela Jacobsen, University of Bath; Sukhi Shergill, King’s College London; Daniel Stahl, King’s College London

Introduction: NICE (2014) recommends psychological interventions dosages for the treatment of psychosis. One of the barriers to implementation is that clinician views of optimum doses may not fit with this guidance. This study investigates the views of clinicians on the optimal dose of interventions for psychosis and paranoia.

Method: A qualitative design was employed. Focus groups were held with clinicians with experience of delivering therapies for psychosis. The topic guide invited a discussion on optimal doses in different contexts. Framework method analysis was used.

Results: 15 clinicians participated in 4 focus groups. Four main themes were deducted from the research aims on dose considerations in community, inpatient, and digital contexts. Two inductive themes were constructed from the data pertaining to the factors moderating dose, and the need for flexibility. Factors moderating dose included patient factors, patient-clinician relationship, service constraints, and guideline recommendations. Flexibility was employed through progress revision with patients, collaborative treatment planning with team, revisiting therapy, and importance of choice for patients.
Discussion: Complementing the NICE guidance of a 16-session minimum therapeutic dose, our findings endorsed the use of a variable index of sessions to address variability in clinical need. The incorporation of stakeholder views is essential to contextualise quantitative evidence-based recommendations.

**Alcohol use and suicide-related outcomes in schizophrenia: a systematic review and meta-analysis of observational studies**

Presenter: Lee Mulligan, University of Manchester
Authors: Lee Mulligan, University of Manchester; Filippo Varese, University of Manchester; Kamelia Harris, University of Manchester; Gillian Haddock, University of Manchester

Suicide is the leading cause of unnatural death among people with schizophrenia. Alcohol use is a prevalent comorbid feature and a risk factor for suicide. We conducted a systematic review and meta-analysis to quantify the relationship between alcohol use and suicide-related outcomes in schizophrenia. We searched Medline, Embase, and PsycINFO for cross-sectional, case–control and longitudinal studies using terms from database inception to December 2022 inclusive. Computation of odds ratios (ORs) and hazard ratios (HRs) were performed using a random-effects model with DerSimonian–Laird estimation. We also evaluated publication bias, study quality, and performed subgroup analysis. Fifty studies, comprising 65 samples, met eligibility criteria. Overall, alcohol use was associated with suicide (OR 1.38, 95% CI 1.21–1.58; HR = 1.32, 95% CI 1.00–1.74), attempted suicide (OR 1.69, 95% CI 1.45–1.98), and suicidal ideation (OR 1.69, 95% CI 1.22–2.34). Between-sample heterogeneity was moderate in analyses of attempted suicide (I² = 39.6%, p = 0.01) and ideation (I² = 56.0%, p = 0.01). Summary effects were significant in all subgroups except for longitudinal studies of attempted suicide (OR 1.60, 95% CI 0.86–3.00) and studies of ideation using gender combined samples (OR 1.63, 95% CI 0.99–2.67). Alcohol use is associated with suicide-related outcomes in schizophrenia. Clinicians should routinely inquire about alcohol use in mental health services to focus preventative treatment efforts.

**Primal world beliefs in Bipolar Disorder**

Presenter: Thomas Richardson, University of Southampton
Authors: Emma Palmer-Cooper, University of Southampton; Megan Bennet, University of Southampton; Thomas Richardson, University of Southampton

Introduction: Primal world beliefs (‘primals’) are measurable schemas people can hold about the world and its qualities (e.g. good, enticing, dangerous, dull). Self-reported primals appear stable over time, with clear links between a positive world view and better wellbeing. Related to mood, experience of depression is related to more negative primals. There is currently no research investigating primals in bipolar (BD). We aimed to investigate possible differences in primary and secondary primals between BD and controls, and understand associations between primals and BD-related experiences.

Method: This online, self-report, observational study included 232 participants (118 BD, 51 non-BD). Participants were screened for BD using the Mood Disorder Questionnaire (MDQ); mood state was identified using The Internal States Scale (ISS). Primals were
measured using the Primals Inventory (PI-18).
Results: Individuals with BD reported more positive primal beliefs the world was Good, Safe and Enticing, compared to controls. Within the BD group, people in a hypomanic or euthymic state reported the world was significantly more positive (Alive, Good, Safe and Enticing) compared to those in a mixed state or depressed state.
Conclusion: The role of primals at different mood-state of BD is not clear; future research would benefit from longitudinal investigations to understand the potential role of primals in psychological interventions to reduce symptom-related distress.

The Link between Perfectionism, Dysfunctional Attitudes, and Self-Compassion to Childhood Trauma in Bipolar Disorder.
Presenter: Thomas Richardson, University of Southampton
Authors: Yibing Hou, University of Southampton; Thomas Richardson, University of Southampton

Introduction: Childhood trauma is more common in those with Bipolar and has a broad and negative impact on the clinical presentation of adults with bipolar disorder. Psychological therapies such as CBT can reduce problematic cognitions in Bipolar. Our aim was to test the relationship between childhood trauma, problematic cognitions and mood in Bipolar.
Method: 98 participants completed measures of demographics, mood screening, childhood trauma, bipolar symptoms (depression and mania), anxiety symptoms, and cognitive factors (dysfunctional attitudes, self-compassion, and perfectionism). Correlational and mediation analyses were conducted.
Results: (a) There is a significant positive relationship between childhood trauma and mania and anxiety.
(b) Childhood trauma is positively associated with dysfunctional attitudes and perfectionism and negatively associated with self-compassion.
(c) There is a positive and significant correlation between dysfunctional attitudes and mania and anxiety; there is a significant negative correlation between self-compassion and mania and anxiety; but there is a significant positive relationship between perfectionism and anxiety only.
(d) Self-compassion mediates the relationship between childhood trauma and manic mood; dysfunctional attitudes, self-compassion, and perfectionism mediate the relationship between childhood trauma and anxiety.
Conclusion: Childhood trauma increases the risk of problematic cognitions which can exacerbate mood symptoms.

The Role of Mental Imagery, Dysfunctional Attitudes and Perfectionism in Mood Elevation in Bipolar Disorders.
Presenter: Thomas Richardson, University of Southampton
Authors: Rachel Tran, University of Southampton; Thomas Richardson, University of Southampton

Introduction: Previous studies have looked at how mental imagery, dysfunctional attitudes and perfectionism contributed to hypomanic/manic symptoms in bipolar disorders (BD). This study explored whether positive mental imagery induced higher
mood changes in people with BD and whether risks of BD, general use of imagery, perceived vividness of imagery, dysfunctional attitudes and perfectionism positively predicted mood changes after generating positive imagery.

Method: Participants (23 participants with BD and 58 controls) completed a questionnaire, which included the Mood Disorder Questionnaire, Hypomanic Personality Scale, Dysfunctional Attitudes Scale, Multidimensional Perfectionism Scale, Spontaneous Use of Imagery and a single-item vividness measure. A positive imagery task (PIT) guided participants to generate positive mental imagery. Participants’ mood and activation were measured both before and after the PIT.

Results: The BD group experienced higher activation than the control group. Both groups experienced no difference in mood and lower activation after the PIT. After controlling for measures at baseline, higher risks of BD and lower levels of dysfunctional attitudes predicted higher post-PIT mood; higher general use of imagery predicted higher post-PIT activation. Vividness and perfectionism did not predict either mood or activation.

Conclusion: Risks of BD, general use of imagery and dysfunctional attitudes predict mood changes after positive imagery generation.

Older Adults

The number of people with severe mental illnesses such as schizophrenia living into later life is likely to rise (BABCP, 2021). Older Adults can also experience the sudden onset of a first episode of psychosis, yet do not have the same access to early intervention services, reducing the potential offer of CBT for psychosis. As a cohort older adults experience loss of roles, function, and loved ones, and increased isolation (Laidlaw, 2004). As we age, we are also likely to experience changes in our hearing and sight that can increase threat driven appraisals, a key mechanism in the development of psychotic experiences.

CBTp is an adjunct or alternative to the potentially harmful side-effects of anti-psychotics (Berry et al., 2020). A recent development of CBTp, The Feeling Safe programme targets persecutory delusions, a key psychotic experience, demonstrating the highest effect sizes of any treatment for psychosis to date (Freeman et al., 2015). Diverse patient groups, including ethnic minority communities, anecdotally report user-friendly psychoeducation. A single case study also evidenced the success of one Feeling Safe Module for an older adult with suspected neurodiversity (Brown & Crabtree, 2023).

Greater Manchester Mental Health Later Life is offering CBTp within in-patient and community settings, demonstrating significant improvements in psychotic experiences and related distress. Formulation maps out understanding and prepares learning via
behavioural experiments to feel ‘safe’.

**Therapeutic Techniques and Innovations in CBT**

| The Development and Validation of the Religious Schema Questionnaire (ReSQue) |
| Presenter: Taregh Shaban, United Arab Emirates University, United Arab Emirates |
| Authors: Ian Grey, United Arab Emirates University, United Arab Emirates; Craig Steel, University of Oxford, Oxford UK; Brettjet Cody, United Arab Emirates University, United Arab Emirates |

Introduction: This study advances the field with the creation and validation of the Religious Schema Questionnaire (ReSQue), a tool designed to assess maladaptive representations of religious beliefs (MRRB) among indigenous Muslims. The research, motivated by the significant role of religion in shaping mental health in Muslim contexts (Koenig & Al Shohaib, 2019), aims to address the need for tools that specifically measure MRRB in these populations. Methods: The construction of two versions of the 18-item ReSQue underwent a two-phase quantitative validation process including both exploratory and confirmatory analyses. Other psychometric properties were also examined through correlation with established psychological measures. Results: The factor analysis confirmed the ReSQue’s structural integrity, which aligned with previous qualitative findings (Shaban, 2023, unpublished) and established psychological constructs. The ReSQue also demonstrated strong internal consistency and robust convergent validity. Discussion: The ReSQue marks a significant contribution to the study of religion and mental health within Muslim societies. Its development addresses the need for culturally sensitive mental health assessment tools and is particularly relevant considering the reported overrepresentation of mental disorders in Muslim populations. Clinically, the ReSQue enables the integration of religious beliefs into psychotherapy for Muslim clients, potentially enhancing therapeutic outcomes.

| Towards meeting an unmet need: Inference-based CBT (ICBT) as an additional and different treatment option for OCD |
| Presenter: Julie Sapsford-Brooks, South London and Maudsleys NHS Foundation Trust |

Improvement rates for OCD (59.6%) are among the lowest in IAPT (NHS digital, 2023), suggesting substantial unmet need. Inference-based CBT (ICBT) (Aardema & O’Connor) offers an additional treatment option. The process of ‘inferential confusion’ (IC) is the proposed mechanism of change and Ouellet-Courtois (2023) found IC to be the only cognitive mechanism that predicts and moderates OCD symptoms, irrespective of treatment modality. Uniquely, ICBT targets IC directly. Research suggests there is no significant difference between ICBT vs. standard CBT (incl. ERP) (https://doi.org/10.1159/000524425) and ICBT vs. ERP, across four completed controlled trials (N=363) (Aardema, 2023). Preliminary results from an ongoing non-inferiority RCT suggest ICBT is more acceptable and less distressing to clients while as effective as ERP (Aardema, 2023). This suggests ICBT represents an additional option including for, but not limited to, repeat returning clients and those who feel ERP may be too confronting. Further, the ICBT framework can be particularly acknowledging, e.g. of
intersectionality, trauma and neurodiversity. However, there is currently limited and non-equitable access to ICBT in the UK, for example there is limited access privately and via an NHS service in Dundee, and no access for the majority. Key differences and findings between ICBT and other models will be discussed, and whether it is time to catalyse change in the UK by broadening choice and increasing access to ICBT.

Understanding mechanisms that maintain Social Anxiety Disorder in Autistic individuals through the Clark and Wells (1995) model and beyond: A Systematic Review

Presenter: Jiedi Lei, University of Oxford
Authors: Charlotte Mason, University of Oxford; Ailsa Russell, University of Bath; Matthew Hollocks, King's College London; Eleanor Leigh, University of Oxford

There is a high prevalence of co-occurring social anxiety (SA) amongst autistic individuals. Previous systematic reviews (SR) have investigated the association between core autistic traits and SA symptoms (Spain et al., 2018) without elucidating how additional cognitive and behavioural mechanisms found to maintain SA in non-autistic individuals may operate in autistic individuals. This SR aimed to evaluate the evidence underlying the Clark and Wells (1995) Cognitive Model of SA in autistic individuals, and how additional vulnerability factors (e.g., camouflaging and alexithymia) associated with autism may be related to SA. 47 peer-reviewed English articles with autistic individuals met full inclusion criteria. The quantity and quality of evidence supporting the Clark and Wells (1995) model was limited. A few studies suggested safety behaviours (n=3) and fear of negative evaluation (n=3) were positively associated with SA. For autism related factors, poorer social interaction skills (beyond core autistic traits) were associated with greater SA, and evidence for additional mechanisms such as camouflaging, alexithymia, sensory differences remained mixed. No studies employed longitudinal design and direction of causation cannot be inferred. Most studies relied exclusively on self-report measures. Clinicians working with autistic individuals to target social anxiety should carefully explore how the Clark and Wells (1995) cognitive model may relate to their autistic experiences.

Inference-Based Cognitive Behavioral Therapy for treating severe Obsessive Compulsive Disorder in a national specialist service

Presenter: Rhiannon Buick, National Services Scotland (NHS)
Authors: David Christmas, National services Scotland

Introduction: Whilst Exposure and Response Prevention (ERP) is a long established and effective method for treating Obsessive Compulsive Disorder (OCD), not all patients respond to it and some patients cannot tolerate it. Inference-Based Cognitive Behavioural Therapy (ICBT) is a cognitive based psychological intervention designed for treating OCD. ICBT has been found to be an effective treatment alternative to ERP (Aardema et al, 2022). We aimed to determine if ICBT is an acceptable intervention for patients who have severe OCD in a national specialist service. Methods: We aimed to measure the effectiveness of the ICBT in terms of OCD symptom improvement; assessment of functioning; and assessment of overall disability. The demographics of
patients were: Male (66%); unemployed (66%); mean age = 32.8 ± 10.8; baseline Y-BOCS SR score = 32.5 ± 3.8. We used the self report Y-BOCS as the primary clinical outcome measures. Secondary measures to assess global functioning and overall disability included the GAF and the WHODAS. We also assessed patient satisfaction with treatment. Results: The mean number of treatment hours was 32.8 ± 17.1, with total over contact hours being higher (44.6 ± 20.5). Post treatment scores were 21.4 ± 8.5, with 55% of patients meeting criteria for response. Patient satisfaction was high.

Conclusions: In this small sample (n=9) ICBT has been demonstrated to be broadly comparable with ERP in this severe and chronic population.

Virtual Reality Delivered Exposure for Subclinical OCD: A Single-Session Study
Presenter: Anna Caltabiano, Imperial College London
Authors: Aniruddha Voruganti, Oxford University Medical Sciences Division; Jacqueline Nesi, Brown University, US; Taylor Burke, Massachusetts General Hospital, Harvard Medical School, US; Georgina Krebs, University College London; Martina Di Simplicio, Imperial College London; Nejra van Zalk, Imperial College London

Contamination Obsessive-Compulsive Disorder (OCD) impacts daily functioning and quality of life, even at the subclinical level. Exposure therapy is effective for treating OCD, though implementation barriers exist, some of which may be overcome using virtual reality (VR). This study investigated the feasibility, acceptability, and preliminary efficacy of Virtual Reality Exposure (VRE) for individuals with subclinical contamination-related OCD symptoms. 16 participants (6 female, 9 male, 1 prefer not to say) with elevated scores on the contamination subscale of the Obsessive-Compulsive Inventory completed a single-session VR exposure to a dirty public toilet. Preliminary results indicate acceptability of VRE. Most participants reported high levels of virtual presence and minimal VR sickness. OCD symptoms did not decline at one-month follow-up (baseline: mean=23.81, sd=10.07; post-intervention: mean=26.88, sd=11.21; mean diff=3.06, d=0.29). However, the VR successfully induced anxiety, a pre-requisite for exposure therapy (baseline: mean=4.56, sd=2.10; post-intervention: mean=3.10, sd=2.24; mean diff=-1.50, d=-0.69). Furthermore, the VR program was perceived by most participants as helpful in addressing symptoms. Initial findings indicate VRE’s potential for managing subclinical contamination OCD symptoms. The study underscores the need for further research with larger samples and rigorous designs to fully understand VRET’s efficacy and its place in OCD treatment strategies.

Habit Reversal for a Tic-Like Motor Movement and Vocalisation - a case report.
Presenter: Dipesh Patel, Department of Neuropsychiatry, The National Hospital for Neurology and Neurosurgery, University College London Hospital Foundation Trust

Objective: To present an adult single case study of the implementation of a behavioural intervention (i.e., Habit Reversal) for the treatment of a tic-like motor movement and vocalisation.
Method: A seventy-one-year-old male patient with no previous history of motor or vocal tics was referred to a tertiary-care neuropsychiatry outpatient clinic following an abrupt
tic onset. The tic took the form of a head and neck anti-clockwise rotation which was concluded with a vocalisation. The increased volume frequency of the vocalisation along with the violent head extension had prompted the patient to seek clinical input as the tic-like symptom was associated to a poor quality of life (i.e., prolonged periods of time in bed) as well as a range of further neuropsychiatric impairments such as elevated experiences of both depression and anxiety.

Results: By the end of a six-week treatment window and as measured at pre- and post-intervention, the following main results are reported: [x] A self-reported tic-like symptom improvement score of ninety percent was achieved [x] Week to week monitoring revealed that the behavioural intervention improved the tic-like symptom by ninety percent [x] The self-reported symptom improvement score was associated with an improvement in psychological well-being.

Conclusion: The treatment of tic-like symptoms is complex, but there is evidence indicating toward the potential use of behavioural intervention(s).

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<tr>
<th>ACCEPTANCE AND COMMITMENT THERAPY FOR TREATMENT RESISTANT ANXIETY AND DEPRESSION WITH KETAMINE</th>
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<tr>
<td><strong>Presenter:</strong>  Mia Debidin, Awakn Clinics</td>
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<tr>
<td><strong>Authors:</strong>     Laurie Higbed, Awakn Clinics; Anna Mills, Awakn Clinics</td>
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Anxiety and depression are amongst the world's leading causes of disability. CBT is commonly considered the gold-standard psychotherapy, equal in effectiveness to antidepressant medication as treatment for moderate to severe depression and anxiety disorders. Medication may be offered as an alternative or adjunct to CBT. NICE recommends that treatment be determined by several factors, including patient preference. Patient surveys find a preference for psychological treatment compared to medication. Response rates for both medicinal and non-medicinal treatments are typically 50-62%, for therapy delivered in 16-30 sessions over 3-4 months.

Ketamine research has established its short acting antidepressant properties and found it to have sustained effects on neuronal functioning in the brain. The combination of ketamine treatment with ACT aims to deliver psychological therapy during a period of increased neuroplasticity with the aim of enabling clients to make and embed meaningful changes. We report outcomes of ketamine-assisted psychotherapy delivered in 4 to 11 sessions over 3 months for 68 patients with moderate to severe symptoms of depression or anxiety who are considered ‘treatment resistant’ (no symptom relief from at least two previous treatments). Recovery and reliable improvement rates are reported using pre and post treatment PHQ9 and GAD7 data.

**Intellectual and Developmental Disabilities**

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<th>Treating Post-Traumatic Stress Disorder With Co-Morbid ADHD: A Case Study</th>
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<tr>
<td><strong>Presenter:</strong>  Emma Morton, Leeds Mental Wellbeing Service, Leeds Community Healthcare NHS Trust</td>
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<tr>
<td><strong>Authors:</strong>     Emma Morton, Leeds Mental Wellbeing Service, Leeds Community Healthcare NHS Trust</td>
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The case study explores assessment and treatment with Skye (anonymised) who presented with symptoms of Post-Traumatic Stress Disorder (PTSD) and Attention Deficit Hyperactivity Disorder (ADHD). Key adaptations to Ehlers and Clark (2000) treatment protocol included:

Reclaiming Life - Introducing ‘Spoons Theory’ (Miserandino, 2003) and creating Stress Thermometers (Muggleton, 2014), to aid emotion recognition, emotion regulation and accessibility of valued activities.

Reliving & Updating – Gleaning experience of most thoughts/memories as ‘felt, using this to elaborate trauma memory, and utilise Imagery Rescripting (Arntz & Weertman, 1999).

Behavioural Experiments – Developing assertiveness through Social skills training and testing beliefs around self-expression. Identifying rejection sensitivity exacerbating mental filtering during set-up.

Following nineteen sessions, PHQ-9 score decreased from 17 to 7, GAD-7 decreased from 15 to 6, and PCL-5 from 52 to 18, all below the clinical threshold for depression, general anxiety and PTSD respectively. Adaptations to Reclaiming Life and Reliving & Updating phases of treatment were most useful, particularly in managing overstimulation and fostering self-compassion. Assertiveness skills were useful in work context but not within her relationship where Couples Counselling was eventually sought.

Overall, the ADHD adaptations utilised appeared to support assessment and efficacy of PTSD treatment, building a case for future use.

**Three-minute Talks**

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

**Presenter:** Carolina Fialho, King’s College London  
**Authors:** Pamela Jacobsen, University of Bath  
Jenny Yiend, King’s College London  
Carolina Fialho, King’s College London  
Rayan Taher, King’s College London

Introduction: Paranoia, or worries about harm from others, is a concern many people may experience and can cause distress and impairment in everyday life. Digital interventions are an important part of increasing access to help and support, including to those who may not be accessing mental health services. STOP (Successful Treatment of Paranoia) is a smartphone app which is designed to target a common cognitive bias towards threatening interpretations of ambiguous or neutral scenarios (cognitive bias modification).

Methods: The STOP study is a three-arm, double-blind, multi-site randomised
controlled trial. 273 participants experiencing paranoia will be recruited from both clinical and non-clinical populations. All participants will be randomly allocated to receive one of two versions of STOP (6 or 12 weeks) or a text-reading control. To assess the efficacy of the app, assessments will be completed pre, post and at 24-week follow up. Participant’s self-reported paranoid ideation is the primary outcome. Secondary outcomes include measures of other clinical symptoms, recovery and interpretation biases.

Results: We will present the study protocol and a recruitment update. The study has a 22-month recruitment phase, which began in October 2022 and is scheduled to end 2024.

Discussion: This study will evaluate if STOP is an effective and safe intervention. If proven effective, STOP may be an additional accessible, low-cost psychological treatment for paranoia.

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<th>Screening minority ethnic service users alcohol use within community mental health services: An intersectional lens</th>
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<td><strong>Presenter:</strong> Jo-Anne Puddephatt, Edge Hill University</td>
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<tr>
<td><strong>Authors:</strong> Paul Marshall, University</td>
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<td>Duncan Swiffen, NHS Trust</td>
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<td>Juliana Onwumere, University/NHS Trust</td>
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<td>Jayati Das-Munshi, University/NHS Trust</td>
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<td>Ross Coomber, University</td>
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<td>Laura Goodwin, University</td>
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It is recommended that alcohol is screened for within community mental health (CMH) services but disclosing alcohol use may be stigmatised among minority ethnic groups. Through an intersectional lens this study examined; rates of screening for alcohol within CMH services across ethnicity, and experiences of assessing alcohol use among service providers/staff, and minority ethnic service users. Patient records (n=2,603), surveys (n=16), interviews and focus groups (n=29) with CMH services (n=3) were used to address the study aims. Data were triangulated and analysed using inductive and deductive framework analysis. Among minority ethnic service users, a lack of recognition of alcohol problems and fears of the implications of disclosing alcohol use were key barriers for disclosing alcohol use. Among staff/service providers, protecting the therapeutic relationship was a key barrier which was underpinned by the funding of CMH services. There were limited alcohol services, none were tailored for minority ethnic service users. There is limited implementation of formal alcohol screening within some CMH services which was underpinned by maintaining therapeutic relationships with minority ethnic service users and the funding of services. Intersectional issues related to alcohol use among minority ethnic service users should be considered in CMH services.

Increasing access to psychological interventions through primary care for those experiencing perinatal obsessive-compulsive disorder: a co-produced project

Presenter: Alice Tunks, Brighton and Sussex Medical School
Authors: Clio Berry, Brighton and Sussex Medical School
          Clara Strauss, University of Sussex
          Elizabeth Ford, Brighton and Sussex Medical School

Introduction: Perinatal obsessive-compulsive disorder (PNOCD) is estimated to impact up to one in six women. Evidence-based psychological therapies (EBPT) are offered within the NHS. However, PNOCD is often under-recognised and there is inequity of access to EBPT.

Methods: A series of studies were co-produced with experts by experience. Mothers with PNOCD were interviewed about their experiences of accessing EBPT. Healthcare professionals ranked barriers to accessing EBPT in terms of importance and amenability to change in a survey. Recommendations for how to overcome top-ranked barriers were discussed by professionals in workshops.

Results: A comprehensive set of barriers to accessing EBPT for PNOCD was developed, including knowledge, systemic and relational factors. Parent awareness of PNOCD impacted access to EBPT. Professionals’ awareness, prioritisation and capacity to support PNOCD was also highlighted as a barrier to access.

Discussion: Three factors were identified to increase access to EBPT for PNOCD; public and professionals’ understanding of PNOCD and services responses to PNOCD presentations. Recommendations include implementing continuity of care in maternity services and professionals initiating conversations about PNOCD. Further research is required to develop a training package to increase professionals’ understanding, recognition of and appropriate treatment referral for PNOCD, and to develop and evaluate a public health PNOCD awareness raising campaign.

Post-COVID Syndrome Service: A 1-year service evaluation

Presenter: Irini Verbist, Greater Manchester Mental Health NHS Foundation Trust
Authors: Hannah Fabian, Greater Manchester Mental Health NHS Foundation Trust
         Gillian Fairclough, Greater Manchester Mental Health NHS Foundation Trust

Post COVID-19 syndrome (PCS) referred as a set of persistent physical, cognitive and psychological symptoms, affects almost 3% of the UK population. As part of NHS Talking Therapies (TT) at Greater Manchester (GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST), the Post-COVID Syndrome service was established to provide a multi-disciplinary stepped care pathway to improve clients’ physical and psychological wellbeing.

We aim to explore associations amongst PCS clients’ characteristics, baseline symptom severity and treatment outcomes.

Adopting a retrospective observational design, data from 985 clients were extracted and analysed. Chi-square and Mann-Whitney U was used to explore associations and group-differences.

The most frequently reported severe physical symptoms were fatigue, post-exertional
malaise, sleep and cognition. The most common quality of life problems were usual activities and anxiety/depression. Being male, 25-65 years old, unemployed, and having prescribed medication was associated with more severe physical symptoms and functional impairment at baseline. Quality of life was negatively affected by unemployment, prescribed medication and additional physical long-term condition(s). Lower recovery rates were reported amongst clients with severe problems of breathlessness, cognition, pain/discomfort, palpitation/dizziness, and sleep. Poor recovery was associated with more severe problems in all aspects of quality of life. This is the first study exploring the effectiveness of TT in a PCS population.

**Self-criticism and fears of self compassion as a mediator of the link between financial difficulties and mental health**

**Presenter:** Thomas Richardson, University of Southampton  
**Authors:** Thomas Richardson, University of Southampton  
Samantha Ashworth, University of Southampton  
Nick Maguire, University of Southampton

There is a strong relationship between financial difficulties and mental health. Previous research has shown psychological moderators of this relationship such as worry, hope and shame. No research has looked at self-criticism and self-compassion as a possible moderator. In a longitudinal study the psychological factors of compassion, self-criticism and self-reassurance were explored for their impact on the relationship between financial hardship and mental health. 222 participants completed measures of financial hardship, the psychological factors and measures of mental health initially and then completed measures of financial hardship and mental health again, three months later. A hierarchical regression analyses indicated that objective financial hardship significantly predicted mental health outcomes. Mediation analyses demonstrated that fears of compassion from others partially mediated the relationships between objective financial hardship and anxiety, depression, stress and suicide cognitions. Fears of compassion to self partially mediated the relationships between objective financial hardship and depression, stress and suicide cognitions, but not anxiety. Fears of compassion to others did not mediate this relationship. Self-criticism and self-reassurance both partially mediated the relationship between objective financial hardship and anxiety, depression, stress and suicide cognitions.

**Supporting Community-dwelling Veterans Living with Dementia: Qualitative data from a multiphase project**

**Presenter:** Lydia Morris, University of Manchester  
**Authors:** Liz Brooks, Care partner  
Helen Morley, University of Manchester  
Ana Churchman, University of Manchester  
Anthea Innes, McMaster University

Introduction: Many veterans face challenges alongside dementia, including post-traumatic stress disorder, and traumatic brain injury. An integrated approach is needed combining research on mental health with practical clinical interventions. This project
seeks to understand the current support for community-dwelling veterans, what support is needed, and how this can be translated into effective clinical practice.

Method: This Forces in Mind funded project has multiple phases and is designed to explore the experiences of community-dwelling veterans living with dementia. The first phase involved 1-1 interviews with service providers (N = 15); the second phase involves interviews with veterans living with dementia and care partners (N = 15). Interviews are analyzed using thematic analysis.

Findings: This research is currently ongoing and the results of 30 in-depth interviews with service providers, veterans living with dementia and care partners will be presented. Analysis of service provider data indicate that services to support veterans and services to support individuals living with dementia are mostly working in isolation rather than in an integrated way. Specific support for veterans living with dementia is very limited and often relies on short-term funding. Data indicates that veterans living with dementia are very under-served. The findings of this research have the potential to inform policy and shape the future of mental health support for veterans with dementia.

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<th>Can people with dementia benefit from Talking Therapies for mild to moderate anxiety or depression?: learning from MODIFY</th>
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<td>Presenter: Georgina Charlesworth, University College London</td>
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<td>Authors: Georgia Bell, University College London</td>
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<td>Amber John, University College London</td>
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<td>Georgina Charlesworth, University College London</td>
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<td>Joshua Stott, University College London</td>
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Introduction: Depression and anxiety are common in people living with dementia and are associated with adverse outcomes. Psychological therapies can help reduce symptoms of anxiety and depression in people with dementia, but little is known about outcomes for people with dementia in NHS Talking Therapies for anxiety and depression (TTad) services.

Methods: Anonymised data from NHS TTad, Hospital Episode Statistics, the Mental Health Services Dataset and HES–ONS mortality data were linked to form the MODIFY dataset (Mental health and other psychological therapy Outcomes; their relationship to Dementia Incidence in the Following Years). TTad attendees were included if: they met caseness for depression (PHQ-9 ≥10) or anxiety (GAD-7 ≥8, or equivalent) prior to treatment; received 2+ intervention sessions; completed pre-post data.

Results: Of 1,922,139 people meeting criteria in TTad, 1522 (0.08%) received a dementia diagnosis prior to intervention (57% female, predominantly white, mean age 66yrs). Mean sessions was 5.53 (sd 3.98); 31% LI-interventions only, 35% HI-interventions only and 10% receiving both (either stepped up or stepped down). Following intervention, 61% reliably improved, 42% reliably recovered and 9% reliably deteriorated. There was no association between dementia type and therapy outcome except for people with fronto-temporal dementia who were more likely to reliably deteriorate.

Discussion: People with a dementia diagnosis can benefit from Talking Therapies.

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<th>REST 2.0: A randomised controlled trial of a digital preventative psychological skills training intervention for employee wellbeing and productivity</th>
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The workplace has been identified as a pertinent setting for providing mental wellbeing support at scale, whilst overcoming the barriers to accessing timely treatment through traditional healthcare pathways. This study examined the efficacy of a self-guided 8-week preventative psychological intervention.

A mixed-methods randomised waitlist-controlled trial (protocol: https://doi.org/10.1016/j.mhp.2024.200333) was conducted with working individuals who expressed an interest in learning skills to improve their resilience and wellbeing. 398 participants were randomised to the intervention or a control group. The primary outcome of self-efficacy, and secondary outcomes, explored changes in wellbeing and productivity outcomes, assessed at baseline, post-intervention and three-month follow-up.

Participants who completed the intervention showed significantly improved levels of self-efficacy post-intervention (mean difference = 2.39 (0.748), p < .001) compared to the control group. Significant differences on secondary wellbeing outcomes were also observed (p < .001). Over three-months, significant improvements were observed for self-efficacy (F(2, 491) = 13.946, p < .001), and secondary wellbeing outcomes (p < .001).

Implementation of a preventative psychological intervention in the workplace may be beneficial on a wide range of wellbeing outcomes. There is less evidence for the effect on productivity outcomes. Longer-term evaluations are needed.

What motivates individuals to train in CBT and how does this affect their clinical practice? A grounded theory study of qualified therapists

Presenter: Jason Roscoe, BABCP

Introduction: Little is known about what motivates individuals to train in CBT. Previous research has found that role transition from previous professions (e.g. nurse) generate multiple intrapersonal conflicts for trainees. Negative beliefs about CBT and therapist drift are known to affect adherence to evidence-based practice therefore it is important to further examine the characteristics of those choosing to train in CBT.

Method: (N=43) CBT practitioners completed an online questionnaire consisting of eight questions which explored expectations of training, reasons for continuing to work as a CBT Therapist, aspects of CBT that have been mastered and aspects that continue to present challenges and factors that have aided role transition.

Results: The data was analyzed using grounded theory. Two distinct motivations to train emerged - Career enhancement and CBT Endorsement. A core category ‘Alignment with CBT’ was drawn from the data and a model developed to explain the implications on skill development. Both groups experienced similar struggles during training with minimal opportunities to witness CBT being delivered or modelled. Conversely, whilst...
the 'endorsers' who were drawn to the structure and evidence base of CBT doubted their skills, ‘career enhancers’ held more negative beliefs about CBT.

Discussion: Various factors affect motivation and how aligned one is with CBT. Epistemic style, negative beliefs about CBT and access to shadowing appear to influence this.

**The experience of wellbeing in the role of trainee CBT therapists and psychological practitioners**

**Presenter:** Joel Owen, University of East Anglia  
**Authors:** Kristy Sanderson, University of East Anglia  
Laura Biggart, University of East Anglia  
Paul Fisher, University of East Anglia  
Sheryl Parke, University of East Anglia

In recent years in the UK, there has been rapid expansion of the psychological workforce. This workforce is comprised significantly of clinicians trained to deliver CBT-informed therapy. Whilst workforce growth has been positive, evidence indicates that trainee wellbeing is often poor, and that poor wellbeing is associated with negative outcomes such as lower academic attainment and reduced clinical effectiveness. To support trainee wellbeing, efforts to understand how trainees experience wellbeing in their roles are needed.

Individual, semi-structured interviews were held with trainees across a range of psychological professions all receiving training in CBT. Interviews explored how trainees experience wellbeing in their roles. Data was analysed using a phenomenological form of Thematic Analysis (Braun and Clarke, 2006).

Preliminary findings indicate that acting in accordance with personal values in the service of some greater good, feeling competent in their work, feeling connected to others, and experiencing feelings of personal and professional development are all important features of wellbeing in the role.

These findings may have important implications for supporting wellbeing in therapists and practitioners training in CBT-informed approaches. Findings indicate that attempts to support trainee wellbeing focussed solely on reducing symptoms of stress may be of limited value, with efforts to support and build on positive components of wellbeing likely important.