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Welcome

Welcome to the 35th AACBT National Conference themed “Innovations in Self-Care and Resiliency: Promoting Empowerment and Well Being” held at the Hyatt, Sanctuary Cove. This theme was inspired by this luxurious venue, as self-care is just as important for therapists as it is for their clients. Additionally, increased focus has been placed upon resiliency in recent research and clinical practice, and Christine Padesky highlighted this in her keynote presentation at last year's conference.

The National Conference program will include keynote presentations by internationally renowned speakers, as well as stimulating symposia, interactive workshops, research papers from Australia and overseas, and innovative student projects that will reflect the theme of the conference.

We are delighted to host you at the Hyatt, Sanctuary Cove. We hope you enjoy this luxurious venue and engage in self-care activities, as well as taking in the highlights of the Gold Coast. This program booklet is designed to provide you with the information you will require throughout the Conference, as well as additional information to help you make the most of your stay in Queensland's sunny Gold Coast. The Conference Registration Desk will remain open for the duration of the Scientific Program if you have any questions. We hope your conference experience is enlightening and stimulating.

In addition to this forum for learning and development, the social program allows for interaction, collaboration, and networking between delegates and presenters. We encourage you to liaise with colleagues and friends at the welcome drinks and the conference dinner.

This year the 'Great Debate' will be held during the conference dinner. Come along to see a humorous and entertaining exchange by some of our keynote speakers on the topic, "The more that things change, the more things stay the same: Can computers replace the therapist?"

I would like to thank the conference committee for all of their dedication and support with organising this event.

We hope you enjoy the Conference!

Eliana Hirakis
Conference Convenor

Conference Organizing Committee 2012

Conference Convenor Eliana Hirakis

Scientific Committee Dr Mark Boschen (Chair)
Dr Caroline Donovan
Dr Heather Green
Dr Aileen Pidgeon
Dr Esben Strodl

Conference Organising Committee Eliana Hirakis (Chair)
Dr Mark Boschen
Michelle Combo
Sarah Craig
Dr Divna Haslam
Dr Leanne Hides
Dr Michael Free
Rhonda Stoertebecker

Scientific Program Overview

The AACBT National Conference 2012 is host to researchers with nationally and internationally recognised research programs. The Scientific Program contains 9 keynote addresses, 13 symposia, 43 open papers, as well as a collection of research poster presentations. All submissions were peer-reviewed by at least two members of the Scientific Committee.

Research at this year's Conference covers a wide range of topics of relevance to clinicians and researchers. There is a particularly strong focus this year on anxiety in children and adults, as well as symposia and papers in the area of substance misuse, couples and relationships, internet delivered interventions, eating disorders, parenting interventions, clinical training, and working with indigenous Australians.

Mark Boschen

Chair, Scientific Committee

AACBT National Conference 2012

Day 1: Wednesday 17 October, 2012 (Morning)

ROOM	MacArthur 1	MacArthur 2	MacArthur 3	Romney
8.00am to 9.00am	Registration			
9.00am to 9.30am	Welcome Address: Eliana Hirakis, Conference Chair AACBT National President's Address: Dr Leanne Hides			
9.30am to 10.30am	Keynote Address: Professor Ross Menzies "The Dread of Death and its Role in Psychopathology"			
10.30am to 11.00am	Morning Tea			
11.00am to 12.30pm	Symposium (Chair : Divna Haslam) "Tailoring Interventions to Increase Parental Support and Reduce Child Behaviour Problems"	Symposium (Chair : Allison Waters) "Cognitive and Learning Based Mechanisms in Childhood Anxiety Disorders"	Symposium (Chair : Jeffrey Nelson) "CBT Works for Aboriginal People, Doesn't it?"	Symposium (Chair : Adam Guastella) "Novel Approaches to Improve Social Understanding in Humans: Frontiers in Clinical Social Neuroscience"
12.30pm to 1.30pm	Lunch			

Day 1: Wednesday 17 October, 2012 (Afternoon)

ROOM	MacArthur 1	MacArthur 2	MacArthur 3	Romney
1.30pm to 2.30pm	Keynote Address: Professor Matt Sanders "Making a Public Health Approach to Parenting Support Really Work"			
2.30pm to 3.30pm	Open Paper Session (Chair : Mark Boschen) "Repeated Cleaning and Distrust in Memory and Cleanliness" "Imagery, Mental Contamination, and Cleaning" "Effects of Repeated Checking Behaviour on Meta-Memory Variables"	Open Paper Session (Chair : Christine Wearne) "Anorexia Nervosa: Intrapersonal, Interpersonal, both, or it depends?" "Mindfulness and Body Image" "Body Image and Eating Disorder Symptomatology among Female Athletes"	Open Paper Session (Chair : Sarah Horsfield) "Development of an Optimised, Multidisciplinary Intervention for Chronic Fatigue States" "The Role of Uncertainty in Emotional Responses to Aversion: Implications for Generalized Anxiety Disorder" "Associations between Illness Representations and Health-Related Quality of Life in Injured Adults"	Open Paper Session (Chair : Stephanie Allison) "Short Stories: Resilience, Transitions, and Very Brief Therapy" "Writing Our Lives: Imagery, Metaphor, and Life Changes in Older Adults" "Life's Final Act: Re-Scripting Our Exit"
3.30pm to 4.00pm	Afternoon Tea			
4.00pm to 5.00pm	Keynote Address: Associate Professor Ken Pakenham "Transitioning to the 'Third Wave' Behaviour Therapies and their Relevance to Self-Care and Resiliency"			
5.00pm	Welcome Drinks			

Day 2: Thursday 18 October, 2012 (Morning)

ROOM	MacArthur 1	MacArthur 2	MacArthur 3	Romney
8.00am to 8.30am	Registration			
8.30am to 9.30am	Keynote Address: Associate Professor Allison Waters "Advances in the Cognitive Neuroscience of Childhood Anxiety Disorders: Translating Basic Science into Clinical Practice"			
9.30am to 10.30am	Open Paper Session (Chair : Mark Boschen) "Using d-Cycloserine to Augment Exposure Therapy for Children with Specific Phobia" "Thought Suppression: The Impact of Relevant Cues on Intrusion Frequency"	Open Paper Session (Chair : Maree Abbott) "A Randomized Controlled Trial of Group ACT and CBT for Generalized Anxiety Disorder" "Tracking Symptom and Process Change in Treating GAD: Evidence from CT and Mindfulness Meditation" "Teaching Mindfulness-Based Acceptance for Adolescent Girls: Qualitative Evaluations "	Open Paper Session (Chair : Lauren Hodge) "Assessing the Effectiveness, Acceptability, & Sustainability of a Culturally Adapted Evidence-Based Intervention for Indigenous Parents" "Resilience in Resettlement: Young People from Refugee Backgrounds Discuss Mental Health, Wellbeing, and Coping Strategies" "The influence of traumatic or stressful event characteristics on the development of dimensions of posttraumatic growth"	Open Paper Session (Chair : Chris Mackey) "Outcome Evaluation of a Brief Group Intervention for Avoidant Personality Disorder" "Treatment Evaluation Outcomes for Clients Seen in Private Practice through the Better Outcomes Scheme" "Predictors of Treatment Outcomes in the Melbourne Clinic OCD Program"
10.30am to 11.00am	Morning Tea			
11.00am to 12.30pm	Symposium (Chair : Alina Morawska) "Brief Parenting Interventions: Evidence of the Effectiveness of the Triple P Positive Parenting Program Across Multiple Populations"	Symposium (Chair : Lara Farrell) "The Difficulties in OCD: Enhancing Our Understanding of Theory and Treatment: Children"	Symposium (Chair : Danika Hiew) "Innovations in Self-Care and Resiliency in High-Risk Couples"	Symposium (Chair : Abraham Rushdi) "Measuring Competence following Cognitive Behavioural Training: Implications for Professional Accreditation"

Day 2: Thursday 18 October, 2012 (Afternoon)

ROOM	MacArthur 1	MacArthur 2	MacArthur 3	Romney
12.30pm to 1.30pm	Lunch			
1.30pm to 2.30pm	Keynote Address: Professor Douglas Turkington "New Directions in CBT for Schizophrenia"			
2.30pm to 3.30pm	<p style="text-align: center;">Open Paper Session (Chair : Anne O'Shea)</p> <p>"Not Two but Three Types of Perfectionism: The Structure of Perfectionism and Associations with Psychopathology"</p> <p>"Transdiagnostic Health Anxiety and its Transdiagnostic Treatment"</p> <p>"Maximising Performance Potential"</p>	<p style="text-align: center;">Open Paper Session (Chair : Mark Boschen)</p> <p>"Effectiveness of Non-Trauma-Related Exposure Therapy for Adult PTSD"</p> <p>"Extinction Treatment in Multiple Contexts Attenuates ABC Renewal in Humans"</p> <p>"The Emetophobia Questionnaire: Development and Psychometric Properties of a Measure of Fear of Vomiting"</p>	<p style="text-align: center;">Open Paper Session (Chair : Jamin Day)</p> <p>"Development of a Brief Measure to Assess Mechanisms of Change within a Web-Based Behavioural Family Intervention"</p> <p>"A Snapshot of Cognitive Functioning: Developing a Brief Cognitive Assessment Tool for Schizophrenia"</p> <p>"Cognitive Processing Associated with Hallucinations for At Risk Mental State (ARMS)"</p>	<p style="text-align: center;">Open Paper Session (Chair : TBA)</p> <p>"Advances in Our Understanding of the Stress Response: Do Current Terminologies and Psychometric Measures Capture Recent Advances"</p> <p>"Effects of being Raised by Single Mothers and Single Fathers on Emotional and Academic Development of Adolescents"</p>
3.30pm to 4.00pm	Afternoon Tea			
4.00pm to 5.00pm	<p>Distinguished Career Award Address: Professor David Kavanagh "Functional Decision Making: Applying a Cognitive Theory to Enhance and Maintain Motivation"</p> <p>Early Career Award Address: Dr Karina Allen "The Onset and Persistence of Eating Disorder Symptoms"</p>			
7.00pm	Conference Dinner			
	<p>The Great Debate: "The More Things Change, the More Things Stay the Same: Can Computers Replace the Therapist?"</p>			

Day 3: Friday 19 October, 2012 (Morning)

ROOM	MacArthur 1	MacArthur 2	MacArthur 3	Romney
8.00am to 9.00am	Registration			
9.00am to 10.30am	Symposium (Chair : Emily O'Leary) "The Difficulties in OCD: Enhancing Our Understanding of Theory and Treatment: Adults"	Symposium (Chair : Allison Waters) "Advances in the Understanding and treatment of childhood anxiety disorders: Part I"	Symposium (Chair : James Bennett-Levy) "CBT Training and Supervision which Promotes both Competency and Wellbeing"	Symposium (Chair : Jennifer Connolly) "Innovations in the Delivery of CBT: Using the Internet to Empower Client Self-Care and Promote Wellbeing"
10.30am to 11.00am	Morning Tea			
11.00am to 12.30pm	Open Paper Session (Chair : Luke Johnston) "Transdiagnostic Internet- Delivered Cognitive Behaviour Therapy: Treating Internalising Disorders with a Generic Treatment Protocol" "Internet Delivered CBT for Anxiety and Depression in Older Adults" "Online Treatment of Emetophobia (Fear of Vomiting)"	Symposium (Chair : Allison Waters) "Advances in the Understanding and treatment of childhood anxiety disorders: Part II"	Open Paper Session (Chair : Thomas Nehmy) "Prevention Effects in Universal, Transdiagnostic School-Based Intervention: Six Month Follow- Up of the Healthy Minds Program" "Self-Compassion in Australian Adolescents: Validation of the Self-Compassion Scale and Relation to Emotional Wellbeing" "Evaluation of a Brief Behavioural Family Intervention with Parents of Children with an Autism Spectrum Disorder"	Open Paper Session (Chair : Ety Matalon) "Quik-Fix: A Brief Motivational Interviewing Intervention for Cannabis and Mental Health" "Changes in Alcohol Expectancies after Alcohol Consumption" "Attention Allocation to Threat following Alcohol Consumption"

Day 3: Friday 19 October, 2012 (Afternoon)

ROOM	Macarthur 2
12.30pm to 1.30pm	Lunch
1.30pm to 2.00pm	Keynote Address: Dr Louise Hayes "Psychological Flexibility: Exploring Acceptance and Commitment Therapy as a Transdiagnostic Model to Foster Human Growth and Alleviate Suffering"
2.00pm to 3.00pm	Keynote Address: Professor Mark Freeston "Developing and Maintaining Resilient and Effective Therapists: The Role of Supervision"
3.00pm to 3.30pm	Afternoon Tea
3.30pm	AACBT National Annual General Meeting
5.00pm	Close of Scientific Programme

Keynote Addresses



Keynote Address: Professor Mark Freeston

After clinical and post-doctoral training, a clinical research role, and private practice in Quebec (Université Laval and Université de Montréal), I moved to Newcastle-upon-Tyne in 2000. The basis of my work has been the understanding and treatment of Obsessive Compulsive Disorder and Generalized Anxiety Disorder. Within OCD my main interest has been obsessive thoughts without overt compulsions. Within GAD, current work includes developing measures and testing models established on adult samples among young people. Tying both together is the reformulation of Intolerance of Uncertainty, attempting to reconcile its status as both a disorder specific and a trans-diagnostic construct. Within the University, my role for the Doctorate in Clinical Psychology has included developing teaching in research methods and supervising over 60 students. Half of my time is spent in the National Health Service. I was chair of the National Institute for Health and Clinical Excellence Guideline for OCD (NICE, 2006). My main areas of NHS activity have been in training CBT therapists from foundation to expert levels including developing supervision models, systems, and practice to support the training and ways to help therapists to better understand comorbidity and complexity.

Keynote Address

“Developing and Maintaining Resilient and Effective Therapists: The Role of Supervision”

Providing psychotherapy can be extremely rewarding but can also make a range of different demands on the therapist. These demands may vary as a function of the stage of development as a therapist, the type of caseload, the context in which the therapist works, the volume of work, and the interactions with other situations or events that may be happening elsewhere in the therapist's professional and personal life. Supervision can have a range of functions, but one important function is supporting the therapist. Effective supervision is thought to be a key contributor to ensuring not only safe and effective therapy but also to maintaining resourceful and resilient therapists. While other forms of psychotherapy have well established models and traditions of supervision, CBT is relatively lacking in these areas and there is relatively little literature to guide CBT supervision, especially in contrast to the vast literatures that exist for cognitive behaviour therapy. This presentation will reflect on some of the demands that are placed on therapists by their practice and how these may relate to supervision. It will consider how clear contracting can help issues arising from these demands to be brought to supervision, how these issues may be understood and addressed in a way that is consistent with CBT, and how boundaries to supervision may be managed. It will also consider how supervisors may also need to be supported so that they too can provide safe and effective supervision and remain resourceful and resilient supervisors.



Keynote Address: Dr Louise Hayes

Dr Louise Hayes is a clinical psychologist employed by the Centre for Youth Mental Health at the University of Melbourne. She also runs a private practice and training business. Louise has co-authored a newly released ACT book for adolescents - Get out of your mind and into your life for teens: A guide to living an extraordinary life. Louise is

an ACT trainer who regularly conducts successful ACT workshops for adults as well as for her specialty area of ACT for adolescents. As a researcher in adolescent mental health, Louise has published the first trial using ACT to treat adolescents with depression. She has also pioneered group programs using ACT with adolescents in schools, which were successfully replicated in Sweden. Louise was instrumental in the design and delivery of large-scale school based early intervention programs charged with engaging children, parents, teachers, and senior school personnel.

Keynote Address

"Psychological Flexibility: Exploring Acceptance and Commitment Therapy as a Transdiagnostic Model to Foster Human Growth and Alleviate Suffering"

Acceptance and Commitment Therapy has experienced rapid growth and there are now over 50 RCTs using ACT with many more studies underway. In the US ACT has been recognised as an empirically supported treatment by the APA's Division 12 with modest support for depression and strong support for pain. It is also recognized as an empirically supported treatment by SAMHSA.

ACT is a contextual behavioural model of psychological functioning. The ACT model comprises 6 core processes that include mindfulness and acceptance processes as well as valuing and behaviour change processes. These six processes are considered responsible for human adaptability - their presence contributes to psychological flexibility while their absence exacerbates human suffering. Using ACT we aim to help clients experientially engage in each of the six processes to achieve greater psychological flexibility and a richer more meaningful life.

This address will engage participants in experiential learning of the ACT model as it is used for adults, with a smaller focus on adolescents. ACT is an incredibly powerful model for therapists and clients alike.



Keynote Address: Associate Professor Ross Menzies

Associate Professor Ross G. Menzies has been providing CBT for OCD, phobias, anxiety and depression in the inner-west of Sydney for over 15 years. In 1991, he was appointed founding Director of the Sydney University Anxiety Disorders Clinic, a post which he has held for 20 years. He has also been the Chief Consultant Clinical Psychologist to that unit. He was a founding member of the Anxiety Disorders Foundation of Australia (NSW Branch), serving on the Board for two years. He is an Advisory Board Member of the Sydney Anxiety Disorders Practice and was the Clinical Director of Anxpsych, an organisation bringing anxiety management skills to the corporate sector. He was the Head and Director of the Anxiety and Stress Research Group, a collaborative research grouping of academics from three Australian universities. He is the past NSW President, and twice National President, of the Australian Association for Cognitive Behaviour Therapy. He is a board member of the AACBT and Chair of the National Conference Committee. He was the Convenor of the 29th National Conference of the AACBT in Sydney in 2006, and is the editor of Australia's national CBT scientific journal, Behaviour Change. He has recently been appointed the Convenor and Chair of the 8th World Congress of Behavioural and Cognitive Psychotherapies to be held in Australia in 2016. He is the co-author of DIRT, a revolutionary new treatment package for OCD published in 2008 by Australian Academic Press. Professor Menzies specialises in treating obsessive-compulsive disorder, in addition to the phobias, generalised anxiety disorder, post-

traumatic stress, performance anxiety, panic disorder, depression, and relationship problems. He is also known for his research and treatment work in adult stuttering.

Keynote Address
“The Dread of Death and its Role in Psychopathology”

Over the past 50 years psychological therapies have generally been based on disorder-specific models that attempt to emphasise unique aspects of the various conditions. This approach has produced a plethora of cognitive models and a large body of laboratory work to champion hypothesised causal variables in the various psychiatric disorders. However, it has contributed little to our understanding of comorbidity, and has meant that treatment developments in one condition have not adequately informed the treatment of related disorders. Given this, increasing interest has recently emerged in transdiagnostic models that attempt to describe mediating variables underlying multiple disorders. The present keynote address explores one such variable, namely the fear of death. Several theorists have argued that fear of death and impermanence may drive a range of mental disorders. It has been suggested that obsessional disorders, phobias, panic disorder, hypochondriasis, other somatic disorders and many depressive states may emerge from broader existential issues. In this presentation data supporting this hypothesis will be presented. A range of cases will be described to illustrate the link between death fears and psychopathology. Finally, approaches toward the treatment of death anxiety will be explored.



Keynote Address: Associate Professor Ken Pakenham

Dr Pakenham is an Associate Professor of Clinical and Health Psychology in the School of Psychology at The University of Queensland. His career in clinical practice and research spans over 30 years. Dr Pakenham has worked as a senior practitioner in both public and private sectors. He has published over 100 peer reviewed journal articles and book chapters and there are more than twelve hundred citations of his work in international journals. He has received over two million dollars in research funding. He was a senior member of a clinical

teaching team that won several teaching awards for innovative clinical competencies assessments. Dr Pakenham has supervised 10 PhD graduates, 10 Clinical Doctoral theses, 20 Masters of Clinical Psychology theses, and over 30 honours theses. Dr Pakenham served on the Psychologists Board of Queensland for over 10 years and for much of this time he was Chair of the Board's Registration, Supervision and Training Committee. He also served as Director of The University Psychology Clinic for 7 years and Honours Convenor for 3 years. He is a member of the APS Colleges of Clinical Psychologists and Health Psychologists.

Keynote Address
“Transitioning to the ‘Third Wave’ Behaviour Therapies and the Relevance to Self-Care and Resiliency”

The transition to the ‘third wave’ behaviour therapies will be explored mainly with respect to Acceptance and Commitment Therapy (ACT). A broad review and commentary on the current research status of ACT will be presented with emphasis on achievements and innovations relative to Cognitive and Behaviour Therapy. Progress and barriers to the dissemination and uptake of ACT will be explored with a case example of the application of ACT in a telephone-based intervention for people with colorectal cancer. Training in ACT in postgraduate clinical psychology programs will be discussed with particular reference to a

local trial. Finally, data will be presented that supports the relevance of ACT for enhancing self-care and resiliency.



Keynote Address: Professor Matthew Sanders

Matthew Sanders is Professor of Clinical Psychology and Director of the Parenting and Family Support Centre at the University of Queensland. He is also a consulting Professor at The University of Manchester, a visiting Professor at the University of South Carolina, and holds adjunct Professorships at Glasgow Caledonian University and The University of Auckland where he heads up the Triple P Research Programme and Triple P Research Group respectively. As the founder of the Triple P-Positive Parenting Program, Professor Sanders is considered a world

leader in the development, implementation, evaluation and dissemination of population based approaches to parenting and family interventions. Triple P is currently in use across 22 countries worldwide, translated into 18 languages, with over 62,000 practitioners having delivered the intervention to over 7 million children.

Keynote Address

"Making a Public Health Approach to Parenting Support Really Work"

As the benefits of positive parenting programs become more apparent, there is increasing calls for such programs to be more widely available in the community. Poor reach of existing programs, low father engagement and underrepresentation of minorities combine to limit the impact and utility of evidence based programs as preventive interventions. This presentation focuses on key findings emerging from large scale trials of the Triple P-Positive Parenting Program as a multilevel system of parenting support. Lessons learned from the implementation of the intervention system in different settings are discussed. A suite of interventions including media and technology assisted interventions, brief low intensity primary care interventions, and more intensive programs for vulnerable parents are described. Implications for policy, research and practice are discussed.



Keynote Address: Professor Douglas Turkington

Professor Turkington is a major research figure within the history of the development of cognitive behavioural therapy (CBT) for schizophrenia. He has project managed a number of high impact randomized controlled trials in CBT of schizophrenia as well as continuing with a busy clinical caseload with the Liaison Psychiatry service of Northumberland, Tyne and Wear NHS Trust. His work has strongly influenced the NICE guidelines which recommended the routine use of CBT for the treatment of schizophrenia. Professor Turkington has also lectured widely

throughout Europe and North America on the CBT techniques to be used with particular psychotic presentations. He is a fellow of the Royal College of Psychiatrists and founding fellow of the Faculty of Cognitive Therapy in Philadelphia and has written more than 100 articles on the subject of CBT in schizophrenia. He has also with Professor David Kingdon and Jesse Wright co-authored 8 highly influential books on CBT for schizophrenia. He currently holds two NIH grants (CBT versus CAT in chronic schizophrenia & CBT for first episode psychosis) one RFPB grant (CBT for patients with schizophrenia who refuse antipsychotic medication) and one HTA grant (CBT for clozapine resistant schizophrenia). Currently he is working on his second CBT self-help book for psychotic patients and carers.

Keynote Address

“New Directions in CBT for Schizophrenia”

This keynote will summarise the current state of CBT research in relation to schizophrenia. It will comment on randomised controlled trials of efficacy and pragmatic outcomes within effectiveness trials. Symptom profiles within the schizophrenias will be reviewed including those of traumatic psychosis, anxiety psychosis, drug induced psychosis, sensitivity disorder and catatonia. For these subgroups key CBT techniques will be described. Advances in CBT techniques for schizophrenia including the use of metacognitive and compassion based strategies will be outlined within an integrated cognitive model. The use of imaging to elucidate a putative biological method of action will be summarised in relation to CBT for treatment resistant stressful hallucinations. The possible use of CBT for patients with schizophrenia who refuse all antipsychotic medication is discussed. Finally future directions for research will be summarised.



Keynote Address: Associate Professor Allison Waters

Dr Waters is Associate Professor in Clinical Psychology within the School of Applied Psychology at Griffith University. She completed her PhD in Clinical Psychology at The University of Queensland in 2002 and a Post-Doctoral Research Fellowship at The University of California, Los Angeles in 2004 before commencing her work at Griffith University. Dr Waters carries out laboratory-based research on the cognitive-neuroscience of anxiety disorders in children and aims to translate findings from laboratory and basic science work into clinical practice

using current generation treatments and novel interventions for childhood anxiety disorders. She has published over 55 peer-reviewed book chapters and journal articles in this area, and her research is funded by the Australian Research Council, Australian Rotary Mental Health Research Fund, Queensland Health and Griffith University. She has supervised to completion the research projects of 26 PhD, Doctorate, Masters and Honours level students enrolled in psychology postgraduate degree programs, and also teaches at the undergraduate and postgraduate levels in clinical psychology. She is the recipient of an Australian Psychological Society Early Researcher Career Award in recognition of her research, and is a member of the Australian Psychological Society College of Clinical Psychologists.

Keynote Address

“Advances in the Cognitive Neuroscience of Childhood Anxiety Disorders: Translating Basic Science into Clinical Practice”

Considerable progress has been made in advancing knowledge about the cognitive-neurophysiological processes and associated brain circuitry underlying the expression of anxiety disorders in children. These processes include biases in the orientation of attention to threat stimuli, impaired inhibitory regulation of fear responses, and emerging evidence of associated differences in neural regulation, compared to non-anxious children. Repeated exposure to anxiety-provoking stimuli is a key component of first-line treatment and is highly effective in reducing anxiety in children. However, a substantial number of children fail to respond or relapse after treatment. Translation of basic cognitive-neuroscience findings into clinical practice offers strategies for improving outcomes from exposure-

based treatments. Relevant cognitive-neuroscience evidence will be reviewed and advances in how these findings can be integrated into clinical practice will be discussed.



Distinguished Career Award Address: Professor David Kavanagh

Professor David Kavanagh is a researcher and clinician who undertook his training at Sydney and Stanford universities, and now holds a Research Chair at Queensland University of Technology. He has extensive experience as a researcher, practitioner and policy advisor, and has led a community-based mental health service. He currently has over 200 publications, and leads a team that is working on a range of exciting e-Psychology initiatives, including the award-winning OnTrack website, which currently offers 7 cognitive-behavioural interventions. David's other main research interest at present, is the development of strategies to help people make functional decisions in their everyday lives. This work is based on the Elaborated Intrusion Theory of desire, which he and his colleagues have developed and tested over the last 9 years.

Award Address

"Functional Decision Making: Applying a Cognitive Theory to Enhance and Maintain Motivation"

Over recent years, there has been an increasing emphasis on the role of imagery in psychological disorders and their treatment. Imagery is well established as a way to trigger emotions and desires, but until recently, there was little attention to its role in triggering and maintaining motivation in the natural environment. Elaborated Intrusion Theory (Kavanagh, Andrade & May, 2005) places imagery at the heart of intense desires. The associated affective and sensory responses constitute our sense of dissatisfaction and deprivation, and the anticipation of relief or reward keep us focused on the appetitive target. Imagery also helps to guide target acquisition, bridging delays and allowing us to see targets that are out of direct sight. Research on the theory has given it strong support, showing that imagery associated with desires is typically multisensory, and demonstrating that visual and spatial tasks both interfere with desire imagery and moderate the intensity of desires.

Motivational interventions have demonstrated impact on treatment engagement and on outcomes of addictive disorders. However, there is room to increase the impact of these interventions on decisions in the natural environment. Functional Decision Making carries motivational interventions into settings where functional decisions are needed, using imagery to rehearse supportive motivations and coping strategies, and tracking actual positive changes that occur. It frees the approach from constraints on MI related to stages of change, encouraging all participants to consider the implications of hypothetical behaviour changes (implementation intentions). Features of this innovation are described and demonstrated.

The address emphasises the benefits of examining the implications of fundamental cognitive research for clinical practice.



Tracy Goodall Early Career Award Address: Dr Karina Allen

Karina Allen is a National Health and Medical Research Council (NHMRC) early career research fellow at the Telethon Institute for Child Health Research. She is also a practicing clinical psychologist and an adjunct lecturer and postdoctoral researcher at the University of Western Australia. Dr Allen's research and clinical experience is primarily in the area of eating and weight disorders. She has published widely in this field, and her current research interests include risk factors for the development and persistence of eating and weight disorders in youth, and the effective prevention and treatment of eating and weight disorders across the lifespan. In addition to the AACBT, she is a member of the Australian Clinical Psychology Association, the Australian and New Zealand Academy of Eating Disorders, the Academy of Eating Disorders, and the invitation-only Eating Disorder Research Society.

Award Address

"The Onset and Persistence of Eating Disorder Symptoms: What Places Children and Adolescents at Risk and How Can We Promote Resilience?"

Eating disorders affect up to 10% of adolescent women and a smaller proportion of adolescent men. They are associated with considerable psychosocial and physiological morbidity and carry the highest mortality rate of any psychiatric disorder, equal with substance misuse. As such, eating disorders are also a substantial burden on health services. Despite this, detailed data regarding the onset and persistence of eating disorders in the community are rare. This makes it difficult to develop and effectively implement prevention and early intervention programmes for eating pathology.

This presentation summarises new data in this area, with reference to two prospective cohort studies in Western Australia. The first study, the Childhood Growth and Development Study, followed 300 participants from middle childhood to early adolescence. Eating disorder symptoms were assessed annually. The second study, the Western Australian Pregnancy Cohort (Raine) Study, followed 1600 participants from pre-birth to young adulthood. Eating disorder symptoms were assessed at 14, 17 and 20 years. Collectively, results suggest that low self-esteem, perceived pressure to be thin, being perceived as overweight by one's parent, and difficulties with negative affect may predict eating disorder onset. In contrast, impulsive behaviours (e.g., alcohol misuse, truancy, stealing) may predict eating disorder persistence after initial symptom development. Adolescents who experience persistence eating disorder symptoms also appear to be at risk for persistent and significant difficulties in other areas, particularly depression. These results are interpreted in the context of a framework that attends to risk and protective factors, with the view to identifying ways to minimise risk and promote resilience in childhood and adolescence.

Symposia

CBT Training and Supervision which Promotes both Competency and Wellbeing

Bennett-Levy, J., O'Donovan, A., Freeston, M., & Mills, J.

Various Affiliations

The goal of psychotherapy training and supervision is usually seen as promoting therapist competency. However, the learning process can itself be a stressful experience, and trainers/supervisors are not always mindful of the self-doubt and distress that can affect trainees as they struggle with new ideas, difficult cases, and clumsy feedback. This symposium will feature four papers with innovative ideas for promoting both trainee competency and wellbeing.

In the first paper, *Skills Practice: The Missing Dimension in Online CBT Training*, Jem Mills identifies the limitations of current online training programs, and reviews innovative training models and technologies set to revolutionise the way we train and support isolated CBT practitioners.

In his paper, *Supervision Systems within Organisations: Can Supervision Survive and Thrive?* Mark Freeston notes that supervision has traditionally been an essentially private and valued professional relationship. However, increasingly it is mandated and formalized within organizations. Mark asks: How can we protect the highly valued features while adjusting to the benefits and strains of its new status?

Analise O'Donovan follows with *The Agony and the Ecstasy: Supervisee Experiences in Supervision*. Analise considers some of the factors which influence the range of outcomes for supervisees: From being considered a positive and growthful experience, to the opposite, reporting being harmed by the experience.

In the final paper *Integrating as a CBT Therapist: The Value of Self-Practice of CBT and Self-Reflection (SP/SR)*. James Bennett-Levy suggests that SP/SR is an integrative training strategy, linking personal / professional, declarative/procedural and interpersonal/technical; it fosters both competency and personal wellbeing.

Guastella, A.J., Alvarez, G.A., Balleine, B., Quinata, D., & Kemp, A.H.

University of Sydney

Paper 1. Alvarez, G.A., Balleine, B., & Guastella, A.J.. *Decision-Making in Social Anxiety Disorder: Translating Basic Models into Clinical Practice.*

Social anxiety disorder is characterized by excessive fear and worry about being negatively socially evaluated within social situations. Everyday decision-making within these situations is commonly associated with cognitive and behavioural biases, with patients often reporting feeling as though they rely on 'bad habits' or 'get stuck' in a situation. That is, falling back into previously learned habitual thought processes (e.g. "everyone is looking at me") and behaviours (e.g. avoidance) when under acute social stress. The goal of this talk is to discuss how animal models of decision-making may inform a better understanding of how patients with social anxiety rely on these unproductive and compulsive cognitions and behaviours that serve to maintain the disorder. In particular, we will describe evidence to suggest that social anxiety is associated with a disruption in the balance between flexible, goal-directed action control and habitual behaviour.

Paper 2. Quinata, D., Kemp, A.H., & Guastella, A.J. *Exploring the Role of Heart Rate Variability as a Marker of Social Dysfunction in Humans: Experimental and Clinical Considerations.*

Impairments in social behaviours are commonly observed in a number of mental illnesses with theories proposing a role for the autonomic nervous system (ANS). ANS function can be indexed non-invasively by heart rate variability (HRV), which has been found to be associated with the recognition of social cues. The relationship between HRV and social behaviour in populations with social anxiety, alcohol dependence, and first episode psychosis will be discussed along with preliminary results exploring resting-state HRV and the impact of oxytocin administration. Our data provides a greater understanding of the ANS's role in the development and maintenance of these disorders and for social behaviour in general.

Novel Approaches to Improve Social Understanding in Humans: Frontiers in Clinical Neuroscience

Paper 3. Guastella, A.J. *Frontiers of Clinical Neuroscience and New Treatments for Social Dysfunction in Humans.*

Recent developments in the field of neuroscience suggests the benefits of a range of new targets to treat social dysfunction. Here, hormones like oxytocin have centre stage and their role in mammalian social behaviour is well documented. Laboratory data demonstrates that the administration of oxytocin nasal spray improves face perception, social memory, and performance on empathy tasks in non-clinical samples. Research is now growing to demonstrate a link between oxytocin and some of the social problems found in autism spectrum disorders. I will review this evidence and present data from studies evaluating its effectiveness as a treatment. I will discuss some of the challenges this field faces and recent advances that highlight potential avenues to overcome these challenges.

Innovations in the Delivery of CBT: Using the Internet to Empower Client Self-Care and Promote Wellbeing

Connolly, J.*, Kavanagh, D., Klein, B., Austin, D., Proudfoot, J., Kay-Lambkin, F., Connor, J., Young, R., White, A., Quek, L., Cassimatis, M., Hills, A., Smith, A., Scuffham, P., Hines, L., Ruddell, S., Gibson, J., & Edge, S., Stallman, H., & Ralph, A.
Queensland University of Technology, Swinburne University of Technology, University of New South Wales, University of Newcastle, University of Queensland, Mater Medical Research Institute, Griffith University.

Paper 1. Kavanagh, D.*, Klein, B., Austin, D., Proudfoot, J., Kay-Lambkin, F., Connor, J., Young, R., Connolly, J., White, A., & Quek, L. *Evaluating OnTrack Internet CBTs for Co-Occurring Alcohol Misuse and Depression.*

Current evidence on internet-based treatments primarily focuses on single disorders of mild to moderate intensity, yet in practice, disorders frequently co-occur. Online CBT offers high fidelity, while providing enhanced access at potentially lower cost than standard treatment. However, there remains scepticism on whether web-based CBT can address complex disorders, and whether therapist support is then needed.

Research Aims: Twelve-month outcomes from a randomised controlled trial comparing three Internet-based treatments for comorbid

alcohol and depression are presented. A brief motivational program was compared with comprehensive self- or therapist-guided treatments. Impacts on alcohol consumption and depression are reported, and predictors examined.

Methodology: Participants were recruited via Facebook, posters and media advertisements. Inclusion criteria included current high-risk alcohol use and depressive symptoms. Eligible participants were randomly allocated to one of the 3 treatments. Those receiving the full program with therapist assistance had 12 personalised emails encouraging continued engagement and guiding program use. Assessments were completed by phone and online at baseline, 3, 6, 9, and 12 months.

Results: Eighty-nine percent of the 327 participants fulfilled criteria for current alcohol dependence, and 45% had a major depressive episode. Those receiving therapist assistance completed more of the program and had better 3-month outcomes. Outcomes to 12 months are presented, and predictors of superior outcomes described.

Conclusions: Results were highly consistent with results on internet treatment of single disorders, and showed that Internet-based treatment is also suitable for more complex presentations. Therapist assistance results in faster responses, but self-guided programs have similar long-term impact.

Paper 2. Cassamatis, M., Kavanagh, D., Hills, A., Smith, A., & Scuffham, P. *Evaluation of OnTrack Diabetes: An Automated, Web-Based, CBT Program to Improve Type 2 Diabetes Self-Management and Dysphoria.*

Depression and anxiety are two of the commonest comorbidities with diabetes and are 2-3 times more prevalent in diabetics than in the general population. Even at subclinical levels, dysphoria complicates the achievement of adequate diabetes self-care and glycaemic control. CBT can reduce dysphoria and improve self-management in diabetes. However, access is limited by availability of practitioners, service design, cost, stigma, and geographic remoteness. Recent trials of web-based CBTs demonstrate promising results in type 2 diabetes patients, including high uptake and acceptability. However, interventions that target both type 2 diabetes self-care and mood are needed.

Research Aims: This study evaluates the effectiveness of an automated, web-based CBT program, OnTrack Diabetes, on glycosylated haemoglobin (HbA1c), depression, anxiety, and diabetes-specific distress, and on diabetes self-care behaviours,

self-efficacy, and quality of life. Cost-effectiveness is also assessed.

Methodology: A randomised controlled implementation trial across Australia compares: (i) delayed intervention – generic diabetes information for 3 months, followed by the full program; (ii) brief intervention – information plus one program module; and (iii) immediate intervention – access to the full program immediately after the baseline assessment. Post-baseline measures are at 3, 6, and 12 months, and 5 years post-enrolment.

Results: Preliminary 3-month results are presented.

Conclusion: Automated, web-based CBT for type 2 diabetes self-care and dysphoria has potential to make an impact on diabetes outcomes across both rural and urban Australia.

Paper 3. Stallman, H.*, Kavanagh, D., & Ralph, A. *Using a Web-Based Intervention to Promote Resilience and Wellbeing in University Students.*

Psychological distress negatively affects the academic achievement of university students. High prevalence rates of distress amongst this population and low rates of help-seeking for mild to moderate symptoms provide the impetus for prevention strategies with significant reach and acceptability.

Research Aims: To evaluate the usability and acceptability of thedesk, an online intervention to promote mental health in Australian tertiary students.

Methodology: A series of focus groups were conducted to explore the acceptability and usability of the program. Heat mapping and analytics were used to explore usage patterns. Reach of the program within institutions was explored by comparing uptake and dissemination strategies used within institutions.

Results: The program has shown rapid uptake since its release in February 2012. Early responses to it have been very positive. Detailed results are presented.

Conclusions: Online universal programs have the potential to have a population effect on student mental health, with flow-on positive effects for students, institutions and the community.

Paper 4. Connolly, J.*, Kavanagh, D., Quek, L., Hines, L., Ruddell, S., Gibson, J., & Edge, S. *Internet Delivered CBT: Are Particular Components and Patterns of Usage Associated with Better Outcomes?*

The field of e-psychology is rapidly expanding, with new Internet and phone-based programs regularly becoming available for an increasing variety of mental health issues. There is a strong evidence base supporting Internet delivered psychological interventions, but less is known about particular program components or patterns of usage that are most impactful and thus associated with better outcomes.

Research Aims: This study seeks to identify particular CBT components and patterns of program engagement and usage that are associated with better client outcomes following exposure to an Internet-based treatment for depression or alcohol use.

Methodology: Participants with a history of major depression and participants drinking alcohol at risky levels were recruited into two separate randomised controlled trials comparing brief and extended Internet-based CBT for depression or alcohol use. Completion of the Internet programs was self-guided and participants were assessed at baseline and 3 months. Data on intervention usage were collected within the program.

Results: An overview of the outcomes of both studies will be provided followed by results of a series of univariate and regression analyses examining various indices of program usage and engagement such as number of logins, days of monitoring, number of components completed, type of components completed and pattern of program use.

Conclusions: The results of this study provide important insights into Internet-CBT components and patterns of usage that are associated with better outcomes for clients. Further trials testing subsets of strategies and the impact of user-driven interfaces are needed to shed additional light on what elements have greatest impact.

Tailoring Interventions to Increase Parental Support and Reduce Child Behaviour Problems

Haslam, D., Kirby, J., Seah, C., & Baker, S.
University of Queensland

Child behaviour problems are associated with a range of negative long-term consequences, however despite the efficacy of behavioural family interventions few parents access support. This symposium examines four target parent groups to illustrate how the use of consumer preference data and tailored interventions can be used to increase parental access to evidence-based support and ensure

the unique needs of different parent groups are met. Results from a range of empirical studies using various methodologies included quantitative survey data, randomised controlled trials, and qualitative focus groups will be presented. Firstly, research on the challenges and experiences of working parents will be presented including data from a large survey of UK parents and key themes identified in focus groups conducted with Australian working parents. Secondly research will be presented on how parents currently use the internet to access parenting advice together with parent preference data for online parenting support and how this can be used to inform intervention design. Thirdly, adapting parenting programs to a grandparent population will be discussed. A consumer perspective to program design led to the development of Grandparent Triple P, a nine-session group program for grandparents. Preliminary results from the randomised controlled trial will be presented. The final paper addresses the engagement of new parents through the delivery of Baby Triple P, an intervention for first time parents aimed at improving responsive parenting and parental adjustment in the first year. Preliminary results from a randomised controlled trial of Baby Triple P will be presented.

Innovations in Self-Care and Resiliency in High Risk Couples

Hiew, D.N., Halford, W.K., van der Vijver, F.J.R., Bakhurst, M., McGuire, A., O'Mara, A., Morris, M., Hewitt, B., Petch, J., Wilson, K., Busby, D., Larson, J., & Holman, T.
University of Queensland, Relationships Australia, Griffith University, and Brigham Young University

This symposium addresses how couples facing specific challenges can enhance their resiliency and self-care to promote a mutually satisfying relationship, which promotes the wellbeing of the partners, and their offspring. Four papers will be presented.

Paper 1. The first paper by Hiew, Halford, Shuang and van der Vijver is a study examining influences on intercultural couple relationship satisfaction. Specifically, the study examines how spouses from very different cultures (Chinese and European descent) adapt to discrepant cultural values about what is important in a couple relationship, and how that adaptation allows intercultural couples to develop a mutually satisfying relationship.

Paper 2. The second paper by Bakhurst, Halford & McGuire examines the special challenges confronting military couples, examining the particular challenges for couples that are associated with military life, and how couples adapt successfully to those challenges.

Paper 3. The third paper by O'Mara, Morris, Halford, and Hewitt looks at assisting separated couples with children. It examines how mediation seeks to assist former spouses address the challenge of co-parenting positively with a former spouse, and how psychological interventions can enhance mediation outcomes.

Paper 4. Finally, Halford, Petch, Wilson, Busby, Larson, and Holman look at risk and resiliency factors in couples, and how these moderate response to couple relationship education. In all the papers will provide an overview of current state of the art in couple relationship education to promote resiliency and relationship self-care.

Brief Parenting Interventions: Evidence of Effectiveness of the Triple P – Positive Parenting Program across Multiple Populations

Morawska, A., Sofronoff, K., Sumargi, A., Mitchell, A., Hinchliffe, K., & Adamson, M.
The University of Queensland

Behavioural parenting programs are the most empirically supported intervention for preventing and treating child behaviour problems. However, a significant number of parents experiencing child behaviour problems do not access such programs. A population health perspective needs to be taken to address barriers to participation, to increase participation rates, and subsequently reduce the prevalence rates of child behaviour problems. Such an approach requires the provision of brief targeted support for parents with low to moderate levels of need as a means of preventing the development of more significant problems.

This symposium will present four brief applications of the Triple P – Positive Parenting Program. Two presentations will focus on the Triple P Seminar series which is delivered to large groups of parents. The first will focus on a randomised trial of the *Stepping Stones Triple P* seminars with parents of a child with a disability. The second will overview data from a trial of a 90 -minute seminar with Indonesian parents. The other

applications focus on the use of brief discussion groups with small groups of parents. One will examine the outcomes for parents taking part in a randomised controlled trial of *Healthy Living Triple P* designed for children suffering a chronic illness. The second will look at the outcomes from a randomised trial for parents attending a one off *Hassle Free Mealtimes Triple P* discussion group for children with mealtime difficulties.

CBT Works for Aboriginal People, Doesn't It?

Nelson, J., Bennett-Levy, J., Wilson, S., & Ryan, K.
Various Affiliations

Australia's Aboriginal and Torres Strait Islander communities have unacceptably high rates of mental illness and poor wellbeing. CBT has a strong evidence-base as an effective therapy, yet the apparent preference for using narrative and trauma-based therapies has stymied its trialling, adaptation, and use in these communities. This symposium will report the outcomes of an action research study in which five Aboriginal and Torres Strait Islander counsellors were trained in CBT; then used it in their practices and reported on its effectiveness. The counsellors embraced CBT for its effectiveness with both clients and themselves.

Paper 1. In *ACBT = Aboriginal Counsellors Claim it's Better Therapy*, Shawn Wilson will discuss how CBT was praised for its ability to contain and restructure 'problems', to set and maintain boundaries, to provide resolution, and to build capacity and skills.

Paper 2. In *Experiences of Participating in a CBT Research Project*, a group led by Kelleigh Ryan will discuss how taking part in this action research project impacted upon their roles as therapists.

Paper 3. In *Aboriginal counsellor's self-practice in CBT*, James Bennett-Levy will discuss the impact that using CBT had on the counsellors themselves and how self-practice had led to positive changes in their lives. In particular, they noted its value for burnout prevention.

Paper 4. In *Supervision Requirements for Effective Aboriginal Therapists*, Jeff Nelson will identify the lack of appropriate clinical supervision as a serious threat to the continued effectiveness of Aboriginal CBT practitioners, and offer recommendations for

meeting the specific and complex supervision needs of working in their own communities.

The Difficulties in Obsessive-Compulsive Disorder: Enhancing Our Understanding of Theory and Treatment: Adults

O'Leary, E., Dooley, R.T., & Boschen, M.J., Rucklidge, J., & Blampied, N.
Private Practice, University of Queensland and Griffith University

Paper 1. O'Leary, E., Rucklidge, J., & Blampied, N. *Examining the Cognitive Profiles of OCD Subgroups Using Experimental Paradigms.*

Research Aims/Questions: Recent theoretical and empirical work on OCD emphasises the importance of cognitive beliefs and appraisals in the aetiology and maintenance of OCD. The Obsessive Compulsive Cognitions Working Group (OCCWG) has outlined several beliefs thought to be important in OCD (Intolerance of Uncertainty, Threat-estimation, Control of Thoughts, Responsibility, Perfectionism and Importance of Thoughts). While there is some debate regarding overlap and conceptualising of these beliefs, there is emerging evidence that certain maladaptive beliefs may be more specific to different symptom-based subtypes of OCD. The present investigation addressed this question by examining the responses of twenty individuals with OCD engaging in behavioural experiments designed to elicit these beliefs.

Methodology: Twenty individuals fulfilling DSM-IV-TR criteria for OCD were assigned to the following groups based on their Yale-Brown Obsessive Compulsive Scale Checklist scores: Group 1 (contamination; n = 4), Group 2 (aggressive, n = 6), Group 3 (hoarding, n = 4), and Group 4 (symmetry, n = 6).

Results: The results found no significant group differences at baseline in symptom severity. There were several significant interactions between cognitive beliefs and OCD symptom based subtype: TAF and hoarding concerns; perfectionism and symmetry obsessions; and over-estimation of threat and contamination obsessions and compulsions.

Conclusions: Certain maladaptive beliefs appear to be important in the development and maintenance of OCD; however other models may be required to explain certain presentations in OCD. These studies also demonstrated the effectiveness of experimental paradigms over self-report

measures in the assessment of cognitive beliefs and appraisals in OCD.

Paper 2. Dooley, R.T. *Integrating the Inference Based Approach Into Traditional Cognitive Behaviour Therapy for Obsessive-Compulsive Disorder.*

For some time now traditional forms of CBT, Cognitive Reappraisal (CR) and Exposure and Response Prevention (ERP), have produced efficacious treatment of Obsessive Compulsive Disorder (OCD). However, there has not been a significant improvement over the past twenty years in the degree of clinical effectiveness. Reviews of clinical outcome have found that a concerning proportion of cases either do not achieve remission or do not commence or stay in treatment. A number of factors contribute to this difficulty, with a prominent one being impaired insight to the reasonableness of obsessions and the excessiveness of compulsions. The Inference-Based Approach (IBA) is an emerging model which reconceptualises OCD as a disorder of belief rather than a phobic anxiety disorder. This paper describes IBA and its treatment derivative Inference Based Therapy (IBT). Promising random controlled trials have shown that IBT can have an advantageous benefit over traditional CBT with cases of impaired insight involving overvalued ideation of obsessions and low compulsion resistance. A single case study will illustrate the application of IBT. The presentation will go on to discuss the integration of IBT into the traditional CBT approach, especially with ERP, as a way to enhance treatment effectiveness with a difficult subgroup of the OCD spectrum.

Paper 3. Boschen, M.J., & Drummond, L.M. *Treatment of Severe, Refractory Obsessive-Compulsive Disorder in a Specialist Community Setting.*

Aims/Questions: Obsessive-compulsive disorder (OCD) is a chronic condition, associated with significant impairment in functioning and quality of life. Despite effective treatments such as cognitive and behaviour therapies, and antidepressant medication, there are many individuals with OCD who do not benefit from treatment. Some individuals with OCD have particularly severe presentations that are treatment refractory and associated with a range of additional psychological and medical complications. We conducted a prospective treatment study of 205 individuals referred to a specialist outpatient treatment service in the United Kingdom, to examine the effectiveness of a specialist behavioural intervention.

Methodology: Individuals were treated with an individually tailored treatment plan focusing on behavioural and cognitive techniques over a 24 week period.

Results: A total of 158 individuals completed treatment. Using a conservative last-observation-carried-forward intention-to-treat methodology, the treatment group demonstrated significant reductions in both self-reported and clinician-rated measures of obsessive-compulsive symptoms. OCD symptoms reduced during the first 12 weeks of treatment, with further reductions after an additional 12 week period. Depression symptoms also reduced after 12 and 24 weeks. A total of 40% of individuals experienced clinically significant change in OCD symptoms, with approximately 10% reporting recovery at the end of treatment.

Conclusions: Our results support the effectiveness of specialist interventions for individuals with OCD who have not responded to previous treatment. Limitations and avenues for future research will be discussed.

Cognitive and Learning Based Mechanisms in Childhood Anxiety Disorders

Peters, R., Waters, A.M.*, Bell, C., Forrest, K.,
Griffith University

Paper 1. Peters, R., & Waters, A.M. *Discriminate Conditioning in Children at Risk of Anxiety and the Influence of Parental Psychopathology.*

Aim: Investigation of children at risk of anxiety, by means of parental psychopathology, may enhance our understanding of the way vulnerability is conferred. This study further examines the role of discriminate conditioning as a potential mechanism by which risk is conferred. Due to the concordance of specific types of anxiety within families the impact of parental diagnosis in offspring during discriminate conditioning and extinction is also examined.

Method: Participants included 25 high-risk (HR) and 25 non-anxious control (CON) children, aged between 7 and 14 years and their parent. Only parents in the HR condition had a past and/or current anxiety or depressive disorder diagnosis. All other children and CON parents did not. Children completed a discriminate conditioning then extinction paradigm. Fear responding was measured by magnitude of skin conductance response.

Results: Data is in the final stages of collection. If elevated fear conditioning and retarded extinction are an underlying vulnerability for childhood anxiety, responding is expected to be larger in HR children during conditioning and extinction compared to controls. Offspring of parents with a principal diagnosis of Panic or Phobia are expected to exhibit stronger responding to the CS+ than the CS- in extinction, whilst the offspring of parents with a principal diagnosis of GAD will not discriminate between the CS+ and CS- in acquisition and extinction.

Paper 2. Waters, A.M., & Forrest, K. *Investigating the Role of Information Processing Biases as Vulnerability Factors in the Development of Childhood Anxiety Disorders.*

Aim: Parental emotional disorders are a well-established risk marker for the development of anxiety disorders in children. This research examines information processing biases as underlying mechanisms by which risk due to parental emotional disorders is conferred to non-anxious offspring. Dyads will be tracked over 6 - 12 months to ascertain the longitudinal effect of biased information processing as a determinant of anxiety development.

Method: Participants were 80 children (7-14 years old) and their primary biological caregiver who formed the High-Risk (N=40) and Control (N=40) groups. Assignment to the High-Risk group was based upon parental report of current and/or past anxiety or depressive disorders on the Anxiety Disorders Interview Schedule for DSM-IV-Child Version and lifetime version and the absence of any psychiatric diagnoses in offspring. Neither children nor parents in the Control group met criteria for any psychiatric diagnoses. Children completed a computer-based dot-probe task of attention bias using pictorial stimuli of emotive faces, and also completed two interpretation bias questionnaires using ambiguous scenarios. Diagnostic and symptom measure were completed at 6 month and 12 month follow-up.

Results: Data collection is underway, to be completed in mid-2012. It is hypothesized that, if attention and interpretation biases are predisposing factors for anxiety, high-risk children will demonstrate greater threat-related biases compared to control children.

Paper 3. Peters, R., Bell, C., & Waters, A.M. *Origins of Threat-Based Responding in Anxious Children.*

Aim: Anxious children demonstrate a threat-based cognitive style of responding to ambiguous situations. While maternal expectations have been associated with anxious cognitions in children, it remains untested whether parents of anxious children compared to controls provide more threatening verbal information leading to increased avoidance and anxiety. The study compares avoidant behaviour of clinically anxious children and their mothers with their non-anxious counterparts in ambiguous, threatening and non-threatening situations.

Method: Children aged 7 to 12 years (62 anxious, 60 control) and their mothers were recruited from primary schools in the Gold Coast and Brisbane areas. An adaptation of the animal reserve task (Field & Storkson-Coulson, 2007), employed the verbal information pathway to elicit threat avoidance of novel animals. Mothers read threat related statements to their child who indicated their preferred distance from a novel animal, which was taken as a measure of avoidance.

Results: Children's threat avoidance did not vary as a function of anxiety, with all children reporting more avoidance in response to a threatening and an ambiguous situation, relative to a safe situation. However, high trait anxious mothers estimated greater avoidance of explicit threat in high clinically anxious children compared to low clinically anxious children, control and sibling children. Comparison of maternal expectations of anxious children compared to non-anxious controls will be discussed

Paper 4. Waters, A.M. *Extinction of a Learned Fear Response Predicts Treatment Outcome in Anxious Children Receiving Cognitive-Behavioural Therapy.*

Background: Learning-based models implicate impaired extinction of acquired fear responses as a mechanism underlying the causation and maintenance of anxiety disorders. Recent experimental studies have shown that anxious children display retarded extinction. Yet none have examined whether individual differences in extinction predict better or poorer treatment outcome from extinction-based treatments, such as cognitive-behavioural therapy.

Method: This longitudinal study examines treatment outcomes in 40 clinically anxious children following a 10-week, group-based CBT program, as a function of whether children showed faster vs slower pre-treatment extinction of a learned fear response.

Results: Data collection will be completed by mid-2012. It is expected that both groups will show significant improvement after receiving CBT. However, anxious children with faster pretreatment extinction of a learned fear response will show greater reductions in anxiety symptom severity and in the likelihood of meeting diagnostic criteria for anxiety disorders at post-treatment assessment, in comparison with anxious children who showed slower pretreatment extinction.

Conclusions: The clinical implications of these findings will be discussed.

Measuring Competence Following Cognitive Behavioural Training: Implications for Professional Accreditation

Rushdi, A., Furlonger, B., & Madhaven, P.
Monash University

Cognitive behavioural therapy (CBT) is both widely used by practitioners and applied to a wide range of disorders. Currently, CBT training or the qualifications required to practice CBT is not formally regulated in Australia. Ethical concerns have been raised about the ability of both long and short training courses to provide individuals with the necessary knowledge and skills to practice CBT competently. Indeed, the evidence that CBT training enhances practitioners' competence is mixed. Problematic to measuring competence is the lack of consensus on how CBT competence is conceptualised, defined and measured. Data is presented from a small scale study of post-graduate students, which examined a method by which competence following CBT training was measured. The study found that students reported increased levels of competence on specific CBT skills as a result of postgraduate training. The findings are discussed in the light of how competence in CBT might be reliably measured following training, with a view to determining levels of competence and how they might be defined, evaluated and accredited.

Advances in the Understanding and Treatment of Childhood Anxiety Disorders (Part I)

Waters, A.M.*, March, S., Spence, S., Donovan, C., Anderson, R., Prosser, S.,

Kenardy, J., Holmes, M., Milliner, E., Farrell, L, Ollendick, T., Roberts, C., & Delaforce, K.
Griffith University, University of Queensland, Virginia Polytechnic Institute

Paper 1. March, S., Spence, S., Donovan, C., Anderson, R., Prosser, S., & Kenardy, J. Online Therapy for Youth Anxiety Works, but How Does the Diagnostic Profile Predict Outcome?

Research Aims: There is now substantial evidence to demonstrate the efficacy of online, cognitive-behavioural therapy (CBT) for the treatment of youth anxiety disorders. However, our research demonstrates that approximately 30% of youth will retain their anxiety diagnosis at 12-months following treatment. There has been some suggestion that online therapy may not be suitable for more complex diagnostic presentations, however, to date, there has been no empirical examination of potential predictors of outcome for youth receiving online CBT. The aim of this study was to determine whether the diagnostic profile (severity, comorbidity, and type of diagnosis) predicted response to online CBT for youth anxiety.

Methodology: Participants were 154 youth aged from 7 to 18 years diagnosed with a principal anxiety disorder (and their parents) who participated in online cognitive-behaviour therapy (BRAVE-ONLINE) as part of two randomized controlled trials. Measures included diagnostic interviews as well as a number of self-report measures of anxiety. Youth receiving online CBT were assessed prior to treatment, at 12 weeks following baseline assessment, at 6- and 12-month follow-up. Diagnostic profile at baseline will be described by a number of predictors including type of principal anxiety diagnosis, severity of anxiety, and presence of comorbid conditions.

Results and Conclusions: Results are pending and will be presented for 6 and 12 month follow-up points. The findings of this study will potentially identify the types of patients for whom online CBT may be most appropriate and the circumstances under which it should not be offered as first line of treatment.

Paper 2. Heam, C., Donovan, C., & Holmes, M. Cognitive Components of Worry in Children: Yes, They Do Exist!

Research Aims: Among the most prevalent of the anxiety disorders is Generalized Anxiety Disorder (GAD), central to which is worry. Previously, the cognitive constructs involved in worry have been investigated with adults and, to a lesser extent with adolescents.

However, research with children is scarce. The identified contributors to adult and adolescent worry include: intolerance of uncertainty (IU), positive beliefs about worry (PBW), cognitive avoidance (CA), negative problem orientation (NPO) and less-adaptive coping (LAC). The aim of the study was to investigate whether these factors are also related to worry in children, and to test mediation models of these relationships.

Methodology: Participants were 143 children aged from 8 -12 years. In order to assess the worry and associated cognitive processes of the children, the following questionnaires were utilised: Penn State Worry Questionnaire for Children; the Social Problem-Solving Inventory; the Meta-Cognitions Questionnaire for Children; the White Bear Suppression Inventory; and, the Intolerance of Uncertainty Scale for Children.

Results: All constructs, except PBW, were significantly and positively related to worry. The relationship between LAC and worry was fully mediated by IU and CA, but not PBW, and the relationship between NPO and worry was partially mediated by IU and CA, but not PBW.

Conclusions: These findings have implications for the prevention of child worry and challenge the largely transdiagnostic treatments for child GAD and worry.

Paper 3. Donovan, C.*, & March, S. *Treating Preschool Anxiety Disorders Over the Internet: Preliminary Results of a Randomized Controlled Trial of BRAVE for Preschoolers ONLINE.*

Research Aims: Preschool-aged children can and do suffer with clinical-level anxiety disorders, with high prevalence rates similar to those of older children. Given the high prevalence rates, the often chronic course, and the myriad of deleterious consequences associated with anxiety disorders, intervening as early as possible is important so that problematic trajectories can be averted. Our research team has led the field internationally in the development and empirical testing of, an online program for youth anxiety disorders. This study aims to test a parent-only version of our BRAVE-ONLINE program with parents of clinically anxious preschool-age children, to determine its efficacy compared to a wait-list control group.

Methodology: Participants were 40 parents of clinically anxious children aged 3-5 years who were randomly allocated to either the BRAVE-ONLINE condition or the waitlist control condition. Measures included diagnostic interviews and self-report measures of anxiety. Parents in the treatment group were

assessed prior to treatment, 12 weeks following baseline assessment, and at 6-month follow-up. Parents in the waitlist control group were assessed at baseline and again 12 weeks later.

Results & Conclusions : Results are pending and will be limited to baseline and 12-week follow-up assessment points.

Paper 4. Milliner, E.*, Farrell, L., Waters, A., & Ollendick, T. *One Session Treatment for Child and Adolescent Blood Injury and Injection Phobia.*

There is a paucity of research investigating treatments for child and adolescent blood, injury and injection (BII) phobia. In the adult literature, behavioural and cognitive-behavioural procedures have received empirical support for the treatment of BII phobias. In-vivo exposure and applied tension have been found to be particularly effective. Youth with BII phobia have previously been excluded from large clinical trials, due to their distinct physiological response, or included in small numbers (n<14).

Research Aim: This paper aims to evaluate the effectiveness of an intensive cognitive behavioural treatment for blood, injury and injection phobia in children and adolescents using a controlled, multiple baseline experimental design.

Methodology : Twenty-four children and adolescents (7 – 18 years), will be randomized to a one, two or three week baseline phase prior to receiving the intensive cognitive behavioural treatment. Treatment will consist of a 3 hour session of graduated exposure.

Results: It is expected that children and adolescents will show significant improvements in clinician rated phobia severity, diagnostic status, number of steps completed and ratings of anxiety and disgust during a behavioural approach task, and self-report measures of anxiety, quality of life and disgust sensitivity.

Conclusions: This paper will provide a discussion of the current state of research for BII phobia in youth and will highlight the clinical implications of present study's results.

Paper 5. Farrell, L.J.*, Waters, A.M., Roberts, C., & Delaforce, K. *Novel Treatments for Child Anxiety Disorders: Parents' Perceptions of Treatments and Expectancies for Child Outcome.*

Selective serotonin reuptake inhibitors (SSRIs) and cognitive behaviour therapy (CBT) are established treatment methods for child anxiety disorder; however, remission rates of