Thursday 14 December: Morning

Congress Hall	Invision Suite
8.50–9.00 **Introduction** *Tim Cate, Chair, Division of Clinical Psychology*	
9.00–10.30 **Symposium: Process and outcome in the psychological treatment of bipolar disorder** *Convener: Steve Jones, University of Manchester* Current state of the evidence for psychological treatment of bipolar disorder and initial findings for early intervention - *Steve Jones, University of Manchester* Feasibility of training care coordinators to offer enhanced relapse prevention for bipolar disorder - *Fiona Lobban, University of Liverpool, Richard Morriss, University of Nottingham, Peter Kinderman, University of Liverpool, Carol Gamble, University of Liverpool & Bill Sellwood, University of Liverpool* Psychological intervention and developmental aspects of bipolar disorders - *Matthias Schwannauer, University of Edinburgh* Cognitive behavioural therapy for chronic bipolar disorder - *Peter Kinderman, University of Liverpool*	**9.00–10.30** **Symposium: The structure of the profession: Lessons from the past and a look into the future** *Convener: Graham Turpin, University of Sheffield* Roles and careers in clinical psychology: Understanding our past for the future - *John Hall, Oxford Brookes University* The emerging role of the consultant clinical psychologist - *Tim Cate, DCP Chair* Psychologists and Christmas trees: How can we meet the public's enthusiasm for psychology? - *Graham Turpin, University of Sheffield* Discussant – *Ian McPherson, NIMHE, West Midlands*
**10.30–11.00 Tea and coffee (Congress Suite & Foyer)**
11.00–12.30 **Symposium: Clinical Cognitions: New advances in examining key cognitive processes that contribute to anxiety** *Convener: Colette Hirsch, Institute of Psychiatry* Why worry persists: Restriction of working memory capacity during worry - *Sara Hayes, Colette Hirsch, Institute of Psychiatry & Andrew Mathews, University of California* Cognitive and neuropsychological predictors of PTSD in ambulance workers - *Jennifer Wild, Rachel Handley & Robin Morris, Institute of Psychiatry* 'You are jumping off a cliff': Is there a difference between imagining events or thinking about them verbally? - *Emily A. Holmes, Royal Society Dorothy Hodgkin Research Fellow and University of Oxford* The benefits of benign interpretations: Reduced anticipated anxiety in socially anxious people and fewer negative thought intrusions in high worriers - *Colette Hirsch, Institute of Psychiatry, Rebecca Murphy, University of Oxford, Sarra Hayes, David Clark, Institute of Psychiatry & Andrew Mathews, University of California* Discussant – *David Clark, Institute of Psychiatry*	**11.00–12.30** **Symposium: Working together in the critical mental health field** *Convener: Duncan Double, University of East Anglia* *Chair: David Harper, University of East London* Implications of critical psychiatrists and psychologists - *Joanna Moncrieff, University College London and co-Chair, Critical Psychiatry Network* Diagnosis and formulation - *Lucy Johnstone, University of Bristol* From 'schizophrenia' to 'psychosis'? Paradigm shift or more of the same? - *Mary Boyle, University of East London* Discussant – David Harper, University of East London
**12.30–13.30 Lunch (Congress Suite & Foyer)**

Thursday 14 December: Afternoon

Congress Hall	Invision Suite
13.30–14.30 **Keynote speaker** **Psychological treatments and psychotherapy: The future** *David Barlow, Director, Center for Anxiety and Related Disorders at Boston University*	
14.30–16.00 **Symposium: The state of the art in the treatment of anxiety** *Convener: Colette Hirsch, Instiute of Psychiatry* A cognitive model of post-traumatic stress disorder: Theory and therapy - *Anke Ehlers, Institute of Psychiatry* Obsessive compulsive disorder: Evidence for specificity of treatment - *Paul Salkovskis, Institute of Psychiatry* Is cognitive therapy an effective treatment for social phobia? - *David M. Clark, Institute of Psychiatry* Discussant – *David Barlow, Brown University & Boston University*	**14.30–16.00** **Symposium: New Research in Sexual Health** *Convener: Catherine Butler, Camden Primary Care Trust and DCP Faculty of HIV & Sexual Health* What can psychology contribute to a termination of pregnancy service? - *Rachel Green, Liz Shaw, Tristan Morland, Barnet, Enfield & Haringey NHS Trust & Janet Barter, Enfield PCT* Exploratory interviews with teenage mothers in four areas in London, exploring the effects of area and family deprivation on sexual behaviour - *Debbie M. Smith, R.A. Roberts & C Hewer, Kingston University* The impact of gain and loss focused message framing on young people's perception of risk in relation to sexual health behaviour - *Rhiain Georgina Morris, Cynthia Graham, Warneford Hospital & Agnes Kocsis, St Mary's Hospital* The impact of sexual violence on disclosure during Home Office interviews - *Diana Bogner, North London Forensic Service, Jane Herlihy, Trauma Clinic, University of Bristol & Chris R Brewin, University College, London* Discussant – *Liz Shaw, DCP Faculty of HIV & Sexual Health*
**16.00–16.30 Tea, coffee (Congress Suite & Foyer) and posters (Congress Hall)**
16.30–17.30 **Keynote speaker** **Psychological treatment of obesity** *Jane Wardle, Professor of Clinical Psychology, University College London; Director: Cancer Research UK Health Behaviour Unit, Department of Epidemiology and Public Health, University College London*	**16.30–17.30** **May Davidson Award Lecture** **Turning toward life: The challenge of recurrent depression** *Willem Kuyken, Reader in Clinical Psychology & Co-Director Mood Disorders Centre, Exeter University*
17.30–18.00 **DCP Members Meeting**	
**18.00 Wine & canapés (Congress Suite & Foyer)**

Friday 15 December: Morning

Congress Hall	Invision Suite
9.00 – 10.30 **Symposium: Emotional dysfunction and developmental vulnerability in psychosis** *Conveners: Maria Michail & Ruchika Gajwani, University of Birmingham* Pathways to emotional dysfunction in young people at ultra-high risk of developing psychosis - *Ruchika Gawjani, Max Birchwood & Paul Patterson, University of Birmingham* Anomalous interpersonal schemata among people with first-episode psychosis and co-morbid social anxiety - *Maria Michail & Max Birchwood, University of Birmingham* Adapting to the challenge of psychosis: Personal resilience and the use of sealing-over recovery style - *Lynda Tait, Max Birchwood & Peter Trower, University of Birmingham* Vulnerability to depression and suicidal thought in those who experience auditory hallucinations - *Charlotte Conner & Max Birchwood, University of Birmingham*	**9.00 – 10.30** **Symposium: Why and how to examine self-esteem?** Convener: Anja Wittkowski, University of Manchester Self-esteem, anxiety and depression: Validation and reliability of the Robson Self-Concept Questionnaire - *Anja Wittkowski & Sara Tai, University of Manchester* Self-esteem and schizophrenia - J*oanne Cater, Christine Barrowclough & Nick Tarrier, University of Manchester* The relationship between instability of self-esteem and self-concept in a non-clinical population - *Anjali Kapur, Anja Wittkowski, University of Manchester & Peter Kinderman, University of Liverpool* Exploring the levels of self-complexity in individuals experiencing paranoid delusional beliefs - *Rebecca Swarbrick, Richard Bentall & Anja Wittkowski, University of Manchester* Discussant – *Peter Kinderman, University of Liverpool*
**10.30–11.00 Tea and coffee (Congress Suite & Foyer)**
11.00-12.30 **Symposium: Treatment of personality disorders: Cure, care or control?** *Convener: Henck P.J.G. van Bilsen, Kneesworth House Hospital* Schema-focused vs transference-focused psychotherapy for borderline personality disorder: Results of a multicenter trial - *Arnoud Arntz, Josephine Giesen-Bloo, Richard van Dyck, Philip Spinhoven, Willem van Tilburg, Carmen Dirksen, Thea van Asselt, Ismay Kremers & Marion Nadort, Mastricht University* Social problem solving therapy for people with personality disorders in forensic settings: Giving personality disordered offenders control of their own cure - *Mary McMurran, University of Nottingham* Treatment of patients with personality disorder - *Arthur Freeman, The Freeman Institute for Cognitive Therapy, Fort Wayne, Indiana*	**11.00-12.30** **Symposium: Child-centric research: joining with the world of childhood** *Convener: Corinne Reid, Murdoch University* A person-centric research framework for practitioners committed to evidence-based practice - *Corinne Reid, School of Psychology, Murdoch University, Western Australia* Early protective intervention: An action research, mixed-method study of a group treatment program for children who have experienced sexual abuse and their non-offending parent - *Catherine Campbell, School of Psychology, Murdoch University, Western Australia* PROJECT K.I.D.S: Exploring the cognitive, social and emotional development of 7-11 year old children - *Mike Anderson & Corinne Reid, School of Psychology, Murdoch University, Western Australia*
**12.30–13.30 Lunch (Congress Suite & Foyer)**

Friday 15 December: Afternoon

Congress Hall	Invision Suite
13.30–14.30 **Keynote speaker** **Evidence based parenting interventions: Towards an empirically supported public health approach** *Matt Sanders, Professor of Clinical Psychology at The University of Queensland; Director, Parenting and Family Support Centre*	
14.30–16.00 **Symposium: Triple P Positive Parenting Interventions: Facilitating uptake and engaging families and services** *Convener: Rachel Calam, University of Manchester & Matthew Sanders, University of Queensland* Does self-directed and web-based support for parents enhance the effects of viewing a reality television series based on triple P? - *Rachel Calam, University of Manchester & Matthew Sanders, University of Queensland* Self-Help Triple P for conduct problems in children on CAMHS waiting lists: A pilot study - *Gretchen Bjornstad & Paul Montgomery, University of Oxford* Hard to reach or just left out? Is there more we can do to engage parents into services? - *Claire Halsey, North Staffordshire Combined Healthcare NHS Trust* Teen Triple P in multi-agency practice: What are the outcomes for professionals and for parents? - *Charlotte Wilson, University of East Anglia; Brigitte Squires and Tom Jefford, Youth Offending Services, Cambridgeshire*	**14.30 – 16.00** **Rapid communication session** *Convener: Sarah Newton* A study of the recommendation outcomes of females seeking NHS funded plastic surgery - *Stephen Kellett, Barnsley PCT NHS Trust & Suzanne Clarke* Mental disorders in chronic obstructive pulmonary disease - *Claus Vogele, Roehampton University* Going beyond the tip of the iceberg. 'STEPS': a multilevel/multipurpose service for common mental health problems - *Jim White, STEPS Primary Care Mental Health Team, Glasgow and Clyde NHS* The psychological impacts of domestic violence - *Roxane Agnew-Davies, Institiute of Primary Care & Public Health, London South Bank University (formerly Head of Psychological Services for Women, Refuge)* 'Mind yourself': Can a stregths based community intervention model contribute to adolescent suicide prevention? - *Paul Gaffney, Kiera Cosgrove & Vincent Russell, Health Service Executive, Ireland & National Suicide Research Foundation*
16.00–16.30 Tea, coffee (Congress Suite & Foyer) and posters (Congress Hall)	
16.30–17.30 **Keynote speaker** **Cognition in depression and mania** *Barbara Sahakian, Professor of Clinical Neuropsychology at the University of Cambridge*	**16.30–17.30** **M. B. Shapiro Award Lecture** **Dementia: The final frontier?** *Bob Woods, Professor of Clinical Psychology with Older People, University of Wales, Bangor*
17.30 Close	

Posters

Thursday 14 December

1. **Gay men's experience of Internet sex-seeking and barebacking**
   RUSSEL AYLING, University of Exeter & Barts and the London NHS Trust & AVRIL MEWSE, University of Exeter
2. **Suicidal ideation and depression among migraine patients in Malaysia: A case control study**
   S DHACHAYANI, C SUGANTHI, HJ TAN, MM RIZAL, T MANIAM & AA RAYMOND, National University of Malaysia
3. **Outcomes of a pilot mindfulness-based cognitive therapy (MBCT) group for people with HIV**
   SAMANTHA LEAITY & SUSAN HENNESSEY, Infection & Immunity Specialty Group, St Bartholomew's Hospital, London
4. **The experimental study of the responsibility effects on memory bias and confidence in OCD patients with checking rituals**
   GHOLAM REZA CHALABIANLOU, Clinical Psychology Department of Arsanjan Azad University
5. **The effect of mindfulness method on degree of obsessive-compulsive symptoms of women in Isfahan**
   ILNAZ SAJJADIAN & HAMID TAHER NESHATDOST, Clinical Psychology of Isfahan University
6. **Intrusive thoughts and their treatment**
   LISA-MARIE BERRY, JACKIE ANDRADE & JON MAY, University of Sheffield, DAVID KAVANAGH, University of Queensland
7. **A hunger for acceptance: Mindfulness as an intervention for craving**
   HELEN BATEY, LISA-MARIE BERRY, JON MAY & JACKIE ANDRADE, University of Sheffield & DAVID KAVANAGH, University of Queensland, Australia
8. **The training of emotion regulation: A cognitive and physiological perspective**
   PATRICIA E.S. SCHARTAU, TIM DALGLEISH, BARNEY DUNN & ANDREW MATHEWS, MRC Cognition & Brain Sciences Unit, Cambridge
9. **The learning affect monitor (LAM): A computer-based system integrating quantitative and qualitative assessment of affective states in clinical settings**
   MICHAEL REICHERTS, CHRISTIAN MAGGIORI, VIRGINIE SALAMIN & KARL PAULS, University of Fribourg, Switzerland
10. **Eating disorders, depression and anxiety: The carers' experience**
    MARIE THOMPSON, University of Surrey & beyondblue: The National Depression Initiative, Australia & NICOLE HIGHET, beyondblue: The National Depression Initiative, Australia
11. **'I know that if I do go out, I will feel better': Understanding the process of change in exercise for depression**
    KAREN WHITE, TONY KENDRICK & LUCY YARDLEY, University of Southampton
12. **The use of CBT self-help booklets as a first-line approach for anxiety and depression in a Community Mental Health Team**
    SUSAN GREY, Institute of Psychiatry, KATJA WINDHEIM, Institute of Psychiatry & CATHERINE E. L. GREEN, Institute of Psychiatry
13. **Training using pictures: Effects on interpretation of ambiguity, state anxiety and anxiety reactivity**
    AMITA JASSI & SUSAN GREY, Maudsley Psychology Centre & Institute of Psychiatry
14. **Dimensional or categorical approaches to the classification of major depression: Is there really a choice?**
    NATACHA CARRAGHER, University of Ulster
15. **Assessing trainee clinical psychologists' clinical practice using video: An evaluation of the use of video case studies**
    ALISON TWEED, JON CROSSLEY & STEVE MELLUISH, University of Leicester

Friday 15 December

1. **Theory of mind in children who are deaf**
   SARAH A. KENT & EVE KNIGHT, University of Coventry and University of Warwick
2. **Yoga a magic wand for the physically challenged**
   ARVIND MALIK, Dyal Singh College & BALVINDER, District Institute of Education and Training
3. **Association between infants and toddlers television viewing and language development**
   JARIYA CHUTHAPISITH, Division of Psychiatry, Duncan Macmillan House, Nottingham; NICHARA RUANGDARAGANON, Department of Paediatrics, Ramathibodi Hospital, Mahidol University, Bangkok, Thailand, LADDA MO-SUWAN, Department of Paediatrics, Prince of Songkla University, Songkhla, Thailand, SUNTHAREE KRAIVERADECHACHAI, Department of Paediatrics, Ramathibodi Hospital, Mahidol University, Bangkok, Thailand, UMAPORN UDOMSUBPAYAKUL, Ramathibodi Hospital, Mahidol University, Bangkok, Thailand, CHANPEN CHOPRAPAWON, Health System Research Institute, Ministry of Public Health, Bangkok, Thailand

4. **Families and mental health: Exploring the need for a service to support children whose parents have a diagnosed mental health problem**
REBECCA LUNT, ENNO KUTTNER & FAY COOK, Wolverhampton Child and Adolescent Mental Health Service
5. **Exploring explanation, metacognitive belief and thought control strategies in a spiritual and non-spiritual group**
JATIN PATTNI, Lincolnshire Partnership NHS Trust & NOELLE ROBERTSON, Leicester University
6. **The challenge of a psychological therapies service in an acute inpatient setting: A pilot study to assess the effectiveness of a brief CBT delivered in an acute inpatient setting**
HANNAH WILSON & ISABEL CLARKE, Hampshire Partnership NHS Trust
7. **The effect of dysphoria on memory for autobiographical and non-autobiographical material**
GEORGINA COX, AISLING MANNION & PETER CHAPMAN, University of Nottingham
8. **More than just 'beds and meds': Using Weekly Activity Planning (WAP) to improve activity levels and therapeutic engagement in psychiatric inpatients**
SUSAN GREY, PHILIPPA EAST, ALISON GRACIE, ROSIE MOORE, & SOPHIE BELLRINGER, Institute of Psychiatry and South London and Maudsley NHS Trust
9. **Are alcohol use disorders categorical, dimensional or both?**
ORLA MCBRIDE, University of Ulster
10. **Insecure attachment and depressiogenic cognition**
ANTIGONOS SOCHOS, University of Bedfordshire & ASSI TSALTA, Tavistick & Portman NHS Trust
11. **'When I look at the photograph I wish he was here with me.' The experience of bereavement for adults with Learning Disabilities: A qualitative study**
MARGARITA KARAVELLA & DEBORAH RAFALIN, City University, London
12. **Collaborative development of behavioural case formulations for individuals with intellectual disabilities and challenging behaviour: A pilot study on the use of staff workshops**
B. J. INGHAM & J. SHANNON, Behavioural Analysis Team, Northumberland, Tyne & Wear NHS Trust
13. **Adherence to pharmacological treatment of non-malignant chronic pain: The role of Illness perceptions and medication beliefs**
LEEANNE RAMSAY, MARTIN DUNBAR & MATT WILD, University of Glasgow
14. **The role of beliefs about medicines in adherence to pharmacological treatment of chronic illness: A systematic review of the literature**
LEEANNE RAMSAY, MARTIN DUNBAR & MATT WILD, University of Glasgow
15. **The visual analogue self-esteem scale: a measure of self-esteem, or global psychosocial well-being?**
CAROLINE TAYLOR, JOLYON MEARA & PETER HOBSON, The Academic Unit (North wales) Cardiff, University of Medicine, Glan Clwyd Hospital, Rhyl
16. **Can early maladaptive schemas predict coping with chronic back pain**
SHOMA KHAN & ANDREW KUCZMIERCZYK, City University, London
17. **An ambulatory monitoring study of old people's daily affectivity and its relationship to quality of life**
CHRISTIAN MAGGIORI, VIRGINIE SALAMIN, KARL PAULS & MICHAEL REICHERTS, University of Fribourg, Switzerland
18. **Do social comparisons affect older adults' cognitive performance and psychological well-being?**
JOANNE PERSSON & CLARE CASSIDY, University of St Andrew's
19. **Spatial associative memory and semantic memory in mild cognitive impairment**
SAMRAH AHMED & KIM S. GRAHAM, Medical Research Council, Cognition & Brain Sciences Unit & JOHN R. HODGES, Medical Research Council, Cognition & Brain Sciences Unit & University Neurology Unit, Addenbrooke's Hospital, University of Cambridge
20. **Predicting adherence to treatment in outpatient stroke patients: A framework for studies using brain damaged patients**
N. COETZEE & L. JENKINS, Department of Psychology, University of Melbourne, D. G. ANDREWES, Department of Psychology, University of Melbourne & Department of Rehabilitation, Royal Melbourne Hospital, The Royal Park Campus, F. KHAN & T. HALE, Department of Rehabilitation, Royal Melbourne Hospital, The Royal Park Campus, N. LINCOLN, Institute of Work, Health and Organisations, University of Nottingham & P. DISLER, Department of Medicine, Bendigo Hospital

Abstracts

Thursday 14 December 2006

09.00–10.30 Congress Hall
Symposium: **Process and outcome in the psychological treatment of bipolar disorder**
Convener: Steven Jones, University of Manchester

The recent NICE Clinical Guidelines for Bipolar Disorder proposed that there should be an annual increase of over £20 million spent on the provision of psychological care for people with this diagnosis. The development of psychological approaches is relatively recent and it is timely to consider what the current evidence base is and direction for future research to improve care for individuals with this potentially devastating illness. This symposium will consider the evidence from three randomised controlled trials providing different forms of psychological therapy for bipolar disorder. It will also consider single case series data from a recently developed cognitive behavioural approach to early intervention.

Paper 1 by Dr Steven Jones will report on the current evidence regarding psychological treatments for bipolar disorder. He will also report on the delivery of an adapted form of CBT for bipolar disorder designed for individuals early in their illness course. A series of single-case experimental design studies were conducted with individuals after first diagnosis of bipolar disorder. Outcome and process data are reported.

Paper 2 by Dr Fiona Lobban will reported on the results of a feasibility study of delivering psychoeducation training to CMHT staff who then provide this intervention to their bipolar clients. Qualitative and quantitative information of the process of delivering training and the subsequent delivery of therapy will be reported.

Paper 3 by Dr Matthias Schwannauer will report on an RCT delivering a combined IPT and CBT intervention to adults and adolescents with bipolar disorder. Functional and symptomatic outcomes will be considered. The relationships between psychological predictor variables and clinical outcomes will also be discussed.

Paper 4 by Professor Peter Kinderman will present the results and implications of the recently completed MRC funded study of CBT for chronic bipolar disorder. In addition to overall outcomes, Peter will report on key process and health economic findings from this study.

Paper 1: **Current state of the evidence for psychological treatment of bipolar disorder and initial findings for early intervention**
STEVEN JONES, University of Manchester
Introduction: Bipolar disorder is a chronic recurrent illness with a severe impact on the individual and their family. This paper will firstly review the current state of the evidence for psychological therapies for bipolar disorder to provide a

context for the remaining presentations. This review also observes that no published studies of CBT have delivered the intervention in first diagnosis clients. This paper therefore also reports on a recently completed CBT study of such clients.

Method: Seven participants received a six-month CBT intervention following initial diagnosis with bipolar disorder. A single-case experimental design was used in each case, with randomly chosen baseline duration of between four and eight weeks. Each participant received six months of therapy, with a six-month follow-up period.

Results: Data will be presented illustrating both individuals' outcomes and the process of change. All participants completed the intervention and provided positive feedback about the therapy process. Initial indications of clinical effectiveness will be presented.

Discussion: The results of the current study will be discussed in the context of the ongoing need to refine and develop psychological approaches to the treatment of this neglected group, reflected in the work of the other symposium contributors. Such developments however need to be driven by both clinical need and coherent theoretical rationales if progress is to be made in a systematic manner.

Paper 2: **Feasibility of training care coordinators to offer enhanced relapse prevention for bipolar disorder**
FIONA LOBBAN, University of Liverpool, RICHARD MORRISS, University of Nottingham, PETER KINDERMAN, CAROL GAMBLE & BILL SELLWOOD, University of Liverpool
Bipolar disorder (BD) is a common and severe form of mental illness characterised by repeated relapses of mania or depression. Recurrence rates are high at around 50 per cent at one year and 70 per cent at four years. Pharmacotherapy is the main treatment currently offered, but this has only limited effectiveness. Surveys of patient organisations in the US and UK reveal a strong wish by patients for both self-help and psychological treatments in addition to pharmacotherapy. One form of intervention is to teach patients with BD to recognise and manage early warning signs (EWS) of mania and depressive episodes. This approach was effective in increasing the time to the next manic episode and improving social function , but has no impact on depression. In this study we have developed an enhanced version of relapse prevention (ERP). The key enhancements include an increased focus on strategies to manage EWS of depression, involving a relative or friend, and providing a structured manual that can be offered in six sessions by care coordinators, thus increasing availability within the NHS. The approach relies partly on quick responses by community mental health teams to changes in patients' symptoms and therefore the intervention must be offered by the team as a whole, rather than by individual care coordinators. Once trained, these teams would be unable to offer treatment as usual. Thus in order to assess the effectiveness of the intervention, a large cluster randomised controlled trial (RCT) is needed. The aim of this

study is to gather information necessary for the design of such a trial.

This presentation will cover the background, design, intervention, main hypotheses and feasibility results for this study. Outcome data focusing on relapse rates over 12 months will be available at the end of the study in 2007.

Paper 3: Psychological intervention and developmental aspects of bipolar disorders
MATTHIAS SCHWANNAUER, University of Edinburgh
The paper will present up-to-date issues regarding the early recognition and psychological intervention in bipolar disorders. Considerations are given to emotional, cognitive and psychosocial factors highlighting vulnerability and relapse in the course of bipolar disorders.

In particularly targeting a first episode population of young adults in comparison with a group which experienced multiple relapses we are able to investigate the associations of these factors with the development and course of the illness. Given the high relapse rate, the impact of psychosocial factors and the evidence of the effectiveness of psychosocial interventions, it seems necessary to expand this line of research into this highly vulnerable patient group.

The results for 120 patients that have completed the treatment and one year and 18 months follow-up assessments will be presented in this paper. In our analysis of the core findings we were particularly interested in the main mediating factors for the established therapeutic effects in these two groups of bipolar patients.

The results of this study illustrate systematic differences in cognitive and psychosocial vulnerabilities in the comparison between adolescent onset first episode subjects and subjects with later onset and several illness episodes. Further, the first episode group responded significantly better to a course of psychological intervention in that they show a significantly lower relapse rate, less emergency contacts with psychiatric services and less inpatient admissions throughout the follow-up period of 18 months. A path model illustrates the relative predictive values of key cognitive and psychosocial factors in these significant group differences.

Implications for the model of psychological interventions and service delivery for these groups are discussed before the background of these results.

Paper 4: Cognitive behaviour therapy for chronic bipolar disorder
PETER KINDERMAN, Liverpool University
Efficacy trials suggest that structured psychological therapies may significantly reduce recurrence rates of major mood episodes in individuals who receive a diagnosis of bipolar disorder. To compare the effectiveness of treatment as usual with an additional 22 sessions of cognitive-behavioural therapy (CBT), we undertook a multicentre, pragmatic, randomised controlled treatment trial (n = 253). Patients were assessed every eight weeks for 18 months. More than half of the patients had a recurrence by 18

months, with no significant differences between groups (hazard ratio 1.05; 95 per cent CI 0.74–1.50). Post hoc analysis demonstrated a significant interaction (p = .04) such that adjunctive CBT was significantly more effective than treatment as usual in those with fewer than 12 previous episodes, but less effective in those with more episodes.

People with a diagnosis of bipolar disorder and comparatively fewer previous mood episodes may therefore benefit from CBT. However, such cases form the minority of those receiving mental healthcare. People with a diagnosis of bipolar disorder who are at higher risk of relapse may benefit more from psychological interventions aimed at relapse prevention.

09.00–10.30 Invision Suite
Symposium: **The structure of the profession: Lessons from the past and a look into the future**
Convener & Chair: Graham Turpin, University of Sheffield & John Hall, Oxford Brookes University;
Discussant: Ian McPherson, NIMHE, West Midlands

The importance of psychosocial models within the delivery of healthcare has moved centre stage with respect to government policy, and sit prominently alongside biomedical models of disease and interventions. This has lead to a growing demand for practitioners who are able to provide both a future vision of services encompassing psychosocial principles, together with competent therapists and psychologists. However, the demand for psychologists will always outstrip supply resulting in shortages and barriers to service improvement and development. The purpose of this symposium is to detail how such issues have been addressed previously by the profession and also to examine the current challenges posed by Agenda for Change, New Ways of Working and Improving Access to Psychological Therapies.

John Hall will remind us that these challenges are not new, and have been faced at the beginning of the NHS, by Trethowan and MAS/MPAG: and will ask what can we learn constructively from our history. Tim Cate will stress a particular opportunity facing the profession now regarding 'The role of consultant psychologists: clinical leaders or practitioners?'. What are the specific roles and skills of clinical, counselling, forensic and health psychologists? What are the roles and responsibilities of consultant psychologists, and what training is available to support consultant psychologists to achieve these roles? Finally, Graham Turpin will attempt to overview career structures and workforce models which we may have to address in the future - 'The structure of the profession: Psychology and Christmas trees'. What sort of workforce plan is needed to encompass new roles, new ways of working and greater cooperation between professional groups in the training, supervision, management and clinical governance of psychological therapists?

Answers to these questions require serious consideration by the profession. It is essential that psychology positions

itself in these new and developing arrangements as experts and leaders in psychological interventions and service design.

Ian McPherson will act as discussant bringing with him a previous perspective as a former DCP Chair and his current position within CSIP/NIMHE.

Paper 1: **Roles and careers in clinical psychology: Understanding our past for the future**
JOHN HALL, Oxford Brookes University
The role and career progression issues that confront the profession today are not new, and our professional forebears struggled with them too. It is widely understood that clinical psychology in Britain has been cradled within the NHS since the beginning, but a misunderstanding of other aspects of the history of our profession, and a misleading periodisation of that history, mean we miss some crucial points.

The career framework of our profession was established initially between 1943 and 1960, and the series of Whitley Council Circulars up to 1980 incrementally modified the original pattern. While we remember the Trethowan report of 1977, we forget the 1974 fundamental reshaping of NHS management structures that created the conditions to make the idea of population-based generic psychological services possible. The 1980 regrading circulars enlarged the then Top Grade substantially, but in a mechanistic way. We also forget the conditions and staffing shortages - made clear by the 1985 Scrivens and Charlton Report - that led to the 1989/90 MAS and MPAG reviews, leading in turn to the 1990 regrading system. In all three of those grading systems our set of professional gradings was linked to other NHS scientists, and the legacy of that is still with us. The 1996 Department of Health paper on psychotherapy services was a wake-up whose full impact we are now absorbing, along with the implications of Agenda for Change.

Examination of interlinked NHS changes and BPS (and now DCP) responses to them, in tandem with Trade Union responses, suggests that we may have had our eyes on the wrong ball. David Pilgrim's suggestion of a series of phases or periods of professional development may need revising. A pay-led grading system does not constitute by itself a role and career progression model. There are a number of lessons to be learned from the profession's response to past challenges that can inform our responses to the challenge of today how to respond today.

Paper 2: **The emerging future role of a consultant clinical psychologist**
TIM CATE, DCP Chair
This part of the symposium intends to address the future role of consultant clinical psychologists by reviewing the current and future health and social care context. The presentation will detail aspects relating to the joint NHIME/BPS New Ways of Working project in England specifically focussing on the work stream considering organising services and leadership for clinical psychologists and will encapsulate debate relating to leadership attributes and behaviours that will be required in a new mixed economy of health and social care.

The talk will outline the key drivers for change including social inclusion and widening access to psychological therapies. The role of consultant clinical psychologists in developing and leading on care pathways will be outlined and how psychologists have an important role in these developments by supporting other professionals through training and supervision in delivering psychological therapies. The critical role of consultant clinical psychologists in MDT's will be explored in relation to team leadership and responsibilities.

The presentation will also address the need to explore the culture produced in clinical psychologists in training and will suggest the need to radically improve leadership training on courses to promote a culture of expectant leaders amongst newly qualified psychologists.

Finally a report on the findings of an action research project conducted by a clinical psychologist in training, on placement with the presenter, exploring the leadership role for clinical psychologists at a number of levels including MDT leadership, professional leadership, and executive leadership will be offered. This project has involved interviewing numerous psychologists, other professionals and managers concerning the leadership qualities of consultant clinical psychologists. It is hoped that the findings will be thought provoking and stimulating to members of the profession and symposium participants.

Paper 3: **Psychologists and Christmas trees: How can we meet the public's enthusiasm for psychology?**
GRAHAM TURPIN, University of Sheffield
The demand for psychology and psychological therapies is ever growing. The current training capacity and structure of the profession is never going to keep pace with such demands. Clinical psychologists therefore need to ask how the profession is trained and structured, and in what ways should we deliver services?

The introduction of Agenda for Change, together with the Knowledge and Skills Framework, and the NHS Careers Frameworks, have provided transparent systems for determining job roles and new job titles. Projects such as New Ways of Working for Psychiatrists and Applied Psychologists are also providing an impetus for change in existing roles and developing new roles and workers such as the Associate Psychologist.

The DoH/NIMHE/CSIP Improving Access to Psychological Therapies programme and the Primary Care Mental Health Collaborative, together with the recently published review of the organisation of psychological therapy services by Richardson and Holmes, have identified new ways of delivering and managing psychological therapy services. Although the provision of psychological therapies has never been the sole province of psychology, current services are potentially provided by a complex and widening range of workers including traditional professional workers, graduate mental health workers, those from the voluntary sector, and from DWP-sponsored projects. Skills for Health is

currently scoping the provision of psychological therapies with the intention of producing a set of National Occupational Standards within this area. The DoH, through the new white paper, is committed to the future regulation of psychological therapists.

Where does this leave the traditional role and functions of psychologists within the NHS? These issues will be addressed in this symposium, through three presentations focusing on:

■ *How the profession has addressed similar challenges before.* These challenges are not new, and have been faced at the beginning of the NHS, by Trethowan and MAS/MPAG: what can we learn constructively from our history

■ *The role of consultant psychologists: clinical leaders or practitioners?* What are the specific roles and skills of clinical, counselling, forensic and health psychologists? Where should it start with respect to Chartered Psychologists and three year postgraduate training? What are the roles and responsibilities of Consultant Psychologists, and what training is available to support Consultant Psychologists to achieve these roles?

■ *The structure of the profession – psychology and Christmas trees.* What sort of workforce plan is needed to encompass new roles, new ways of working and greater co-operation between professional groups in the training, supervision, management and clinical governance of psychological therapists.

Answers to these questions require serious consideration by the profession. It is essential that psychology positions itself in these new and developing arrangements as experts and leaders in psychological therapy provision and service design. If the profession is to develop and survive these challenges, it will be important for it to see an integrated vision of services, as against the proliferation of workforce planning Christmas trees.

11.00–12.30 Congress Hall

Symposium: **Clinical Cognition: New advances in examining key cognitive processes that contribute to anxiety**
Convener & Chair: Colette Hirsch, Institute of Psychiatry
Discussant: David M. Clark, Institute of Psychiatry

Cognitive behavioural models postulate a clear role for cognitive biases in maintaining psychological problems. Psychological treatments aim to facilitate more benign processing biases. In order to develop more efficient treatments, we need to know more about how these cognitive processes operate to maintain anxiety. This symposium brings together exciting new research which furthers our understanding of how anxiety disorders may be influenced by working memory capacity, imagery and interpretive biases.

Working memory capacity is a limited capacity resource used for processing current information. In the first talk, Sarra Hayes will present data from a novel task which assesses the extent to which worry utilises working memory in high and low worriers. This is the first time that research has assessed the amount of residual working memory capacity available when people are worrying, and has implications for why high worriers and clients with generalised anxiety disorder perseverate on worry. The second talk will examine working memory and PTSD. Available working memory capacity may be depleted in individuals with PTSD. Jennifer Wild will be presenting research into how working memory capacity may differ in individuals with and without PTSD and she will also report on a prospective study that examines pre-morbid working memory capacity in post traumatic stress.

Distorted imagery has been found to be evident in all anxiety disorders and intrusive images are central aspect of PTSD. Clinicians and researchers often assume that images are more associated with emotion than verbal information. In the third talk Emily Holmes will present research that looks at whether imagery has a more powerful influence on both negative and positive emotion than verbal processing of the same material.

Anxious people have been shown to have more negative interpretation biases than those without anxiety. It is not clear whether this bias is causal in the maintenance of anxiety. In the final talk Colette Hirsch will present two studies which look at the causal role of interpretive biases in the maintenance of social phobia and worry. Utilising novel training paradigms the research establishes that it is possible to develop a more benign interpretation bias in socially anxious people and in high worriers. After benign interpretation training socially anxious people had less anticipated social anxiety and high worriers had less negative thought intrusions.

Paper 1: **Why worry persists: Restriction of working memory capacity during worry**
SARRA HAYES & COLETTE HIRSCH, Institute of Psychiatry & ANDREW MATHEWS, University of California, Davis
Objectives: Evidence has suggested that working memory (a limited capacity resource needed to engage in different tasks and switch between tasks) is reduced in high worriers due to worry consuming limited capacity resources. As a result, high worriers may be less able to redirect thoughts away from worry and onto non-worry topics than low worriers, resulting in perseverance of worry. The current study is the first to assess how much working memory (WM) capacity is taken up when people are worrying.
Design: High worriers and non-worriers performed a random key-press task whilst thinking about either a worry or a positive topic in counterbalanced order.
Method: Participants were required to think about either a current worry or a positive personally relevant thought topic whilst simultaneously pressing a random key on a 15- item keyboard every time they heard a beep signal (3 second intervals) for a duration of five minutes. More random performance indicated more residual WM capacity available to perform the key-press task.

Results: High worriers were less random (indicating less residual WM capacity) when thinking about a worry topic than when thinking about a positive topic. In contrast, low worriers did not differ in terms of randomness when thinking about a worry or a positive topic.

Conclusions: As predicted, high worriers had more working memory capacity taken up by worry than a positive thought topic. In contrast, non-worriers had the same amount of working memory capacity taken up when thinking about a worry or a positive topic. Such findings suggest that high worriers have less working memory capacity available when engaging in worry and as such, have less working memory available to enable them to switch their thinking away from worry onto non-worry topics. These results may have important implications for models of worry persistence and Generalised Anxiety Disorder.

Paper 2: **Cognitive and neuropsychological predictors of PTSD in ambulance workers**
JENNIFER WILD, RACHEL HANDLEY & ROBIN MORRIS, Institute of Psychiatry
Objectives: Ambulance workers frequently encounter traumatic events and many suffer unwanted memories of them. These types of intrusive thoughts are a hallmark of post-traumatic stress disorder (PTSD). Research has shown that healthy volunteers with high working memory capacity are able to suppress intrusive thoughts compared to those with low working memory capacity. In PTSD, attempts to suppress intrusions are ineffective and maintain the disorder. Further, cognitive appraisal strategies, such as interpreting them negatively, are linked to PTSD severity. It is unknown whether high working memory capacity protects individuals from high frequencies of intrusions and possibly PTSD after trauma. It is also unknown how cognitive appraisals of intrusions may play into this relationship. This study examined the relationship between cognitive appraisals, working memory capacity and traumatic stress in ambulance workers.

Design: This a within-subjects repeated measures design. Participants completed measures on three occasions, each six months apart.

Method: Ambulance workers (N = 68) were assessed for working memory capacity using the OSPAN. Intellectual functioning, PTSD, frequency of intrusions, responses to intrusions, depression, anxiety, trait dissociation, trauma exposure, length of time in service, and alcohol and drug use were also assessed. PTSD was re-evaluated at six months follow-up and again six months after the London bombings of 7 July.

Results: Participants with low working memory had higher scores on the PTSD measure compared to participants with high working memory. Cognitive appraisal strategies, specifically negative interpretations and avoidance, predicted PTSD status at both follow-up time points.

Conclusions: The results suggest that ambulance workers with PTSD are more likely to have low working memory capacity than those without PTSD. Working memory capacity did not predict PTSD status, however, suggesting that low working memory capacity is not a risk factor for PTSD but could be affected once PTSD is established. The strongest predictors of PTSD were cognitive appraisal strategies used in response to unwanted memories: avoiding them or interpreting them negatively. These results have implications for existing models of PTSD and for pathways of prevention in the emergency services.

Paper 3: **'You are jumping off a cliff': Is there a difference between imagining events or thinking about them verbally?**
EMILY A. HOLMES, University of Oxford
Objectives. In cognitive therapy, cognitions are assumed to take the form of either verbal thoughts or mental images. Intrusive, affect-laden images cause distress across psychological disorders, including post-traumatic stress disorder (PTSD) and depression. While intrusive images are striking to clinicians, little research has addressed our assumptions about mental imagery. We propose that there is a special relationship between mental imagery and emotion. This has been experimentally demonstrated using a cognitive interpretation bias paradigm. However, convergent evidence is needed from other methodologies. Thus, the aim of the current experiments was to test the assumption from both clinical psychology and cognitive neuroscience, that mental imagery can have a more powerful affect on both negative and positive emotion than verbal processing of the same material.

Design: An evaluative conditioning paradigm was used in experiments which manipulated imagery versus verbal instructions between conditions.

Methods: In two experiments using the evaluative conditioning paradigm, neutral pictures were paired with neutral words that in combination can generate emotional outcomes; e.g. a picture of a cliff with the word 'jump' (negative condition) versus a picture of a cliff with the word 'view' (benign condition). Participants were asked to combine the picture-word stimuli either imaginally or verbally. In another study, similar stimuli were presented in questionnaires without specific instructions of how to combine the pictures and words. The questionnaire study investigated self-report of the spontaneous processing mode used when emotionalising the stimuli.

Results: The pairing of the emotionalised stimuli led to greater affect (positive and negative) if done via imagery rather than verbal instructions. This result was obtained both using experimental manipulations of imagery versus verbal processing, and in the more naturalistic questionnaire study.

Conclusions: Overall, results support the hypotheses of a special link between imagery and emotion. Implications for the role of mental imagery across clinical disorders will be discussed. In addition to existing key cognitive therapy models using imagery, future innovations in treatments for depression and anxiety will be explored. It is proposed that the deliberate creation and recall of positive images can be a useful goal for cognitive therapy interventions.

Paper 4: **The benefits of benign interpretations: reduced anticipated anxiety in socially anxious people and fewer negative thought intrusions in high worriers**
COLETTE HIRSCH, Institute of Psychiatry, REBECCA MURPHY, University of Oxford, SARRA HAYES & DAVID CLARK, Institute of Psychiatry & ANDREW MATHEWS, University of California, Davis
Objectives Study 1: Individuals with social phobia and high social anxiety lack the benign interpretation bias evident in non-socially anxious populations. This may have a causal role in maintaining social anxiety. Previously, training paradigms have been used to facilitate a more positive or negative interpretation bias in non-anxious people. The current study sought to facilitate a benign interpretation bias in high socially anxious individuals.

Design: High socially anxious individuals who scored above 16 on Fear of Negative Evaluation questionnaire were randomly allocated to positive training, non-negative training or a control condition.

Method: For the benign training groups, participants heard ambiguous scenarios that were resolved consistently in either a positive (e.g. you looked confident) or a non-negative (e.g. you did not look anxious) manner. The control group heard scenarios which did not have any emotional ambiguity, with the final sentence providing explicit information which was not emotionally valenced. Effects of training were assessed using a recognition memory test. Generalisability of training effects was assessed by asking participants to anticipate their anxiety level for an upcoming stressful social task.

Results: Group comparison revealed that the benign training groups (positive and benign training) were more likely to endorse benign interpretations (and less likely to endorse negative interpretations) than the control group. The benign groups also reported less anticipated anxiety for an upcoming social event. Results could not be explained in terms of current state anxiety, since this did not differ between groups.

Conclusions: Positive and non-negative training were both effective in facilitating a more benign interpretation bias in socially anxious participants. Training effects generalised to lower anticipatory anxiety. This lends support to the idea that interpretation biases have a causal role in maintaining social anxiety.

Objectives Study 2: People who worry a lot tend to interpret ambiguous information in a negative manner. This study trained high worriers to develop a more benign interpretation bias in order to assess whether this reduced negative thought intrusions.

Design: High worriers scoring above 55 on Penn State Worry Questionnaire were randomly allocated to benign interpretation training or a sham training condition.

Method: A positive interpretation bias was trained by ensuring that benign meanings of threat-related homographs and threateningly ambiguous sentences were consistently accessed. In contrast, the sham training condition involved accessing half threat, half benign meanings of threat-related homographs and threateningly

ambiguous sentences. Following training participants completed the worry task, which provided a measure of the number of negative thought intrusions.

Results: Results indicated that high worriers assigned to the positive interpretation training condition reported less negative thought intrusions (indicating reduced worry persistence) than the sham condition. These results demonstrate that it is possible to facilitate a more benign interpretive bias in high worriers, and moreover, that this may reduce the perseverance of worry.

Conclusions: After benign interpretation training, participants had less negative thoughts than those in the sham condition. Hence, interpretive bias impacts on negative thoughts evident in worry. These data support the hypothesis that interpretive bias has a causal role in maintaining worry.

11.00–12.30 Invision Suite
Symposium: **Working together in the critical mental health field**
Convenor: Duncan Double, University of East Anglia
Chair & Discussant: Dave Harper, University of East London

Objectives: The primary objective of the symposium is to analyse the increasing synthesis of critical approaches in clinical psychology and psychiatry, in order to highlight both their strengths and potential areas of tension.

Design: Three examples of critical approaches in clinical psychology and psychiatry will be presented to demonstrate important themes. There will be time for audience discussion.

Methods: The three presentations will cover the areas of (1) critical psychiatry (2) diagnosis and formulation and (3) constructions of psychosis.

Results: Analysis and discussion of the relationship between diagnosis and formulation, of the ways in which research language and practice construct our understanding of severe emotional distress and the implications of critical approaches in clinical psychology and psychiatry for mental health work in general.

Conclusions: While critical approaches in clinical psychology and psychiatry have considerable strengths there are important issues to be addressed in relation to their joint theoretical development and practical application.

Paper 1: **Implications of critical psychiatry for psychiatrists and psychologists**
JOANNA MONCRIEFF, University College London & co-Chair, Critical Psychiatry Network
Objectives: To describe the nature of critical psychiatry, its main features and implications.

Methods: The development and work of the Critical Psychiatry Network will be described. An example will be presented of developing an alternative model of psychotropic drug action that is compatible with a demedicalised approach to mental disorder.

Results: Mainstream psychiatry misrepresents scientific research in order to construct a biological view of mental distress and to justify the primacy of biological interventions.

Conclusion: An alternative to the biomedical approach is compatible with scientific evidence and offers the possibility of a more humanistic interdisciplinary psychiatric practice. The implications for joint working between critical psychiatrists and clinical psychologists are outlined, and the benefits and possible tensions are discussed.

Paper 2: **Diagnosis and formulation**
LUCY JOHNSTONE, University of Bristol
Psychiatric diagnosis is central to the practice of biomedical psychiatry and has been described as 'the key to its legitimation.' Critics have frequently argued that it has no scientific credibility as a system of classification, and leads to disempowerment, mystification and stigma. However, it is relatively unusual for psychiatrists, even those who come from a critical perspective, to reject the use of diagnosis altogether. Possible reasons for this will be considered.

Clinical psychologists have extensive training in psychological formulation, which, it has been claimed, is the profession's equivalent unique skill. However, many of them appear to see it as an addition to, not a replacement for, diagnosis, even if they have reservations about other aspects of psychiatric practice. This combination of approaches is both incoherent in theory and confusing in practice.

It will be argued that the two systems (diagnosis and formulation) offer incompatible explanations: 'You have a medical illness with primarily biological causes' vs 'Your problems are understandable responses to your life circumstances.' The central contradiction is about whether the nature and content of mental distress is to be seen as personally meaningful, or as meaningless.

Formulation is the subject of a growing number of books, papers and research studies. It will be argued that developments in the field provide an important opportunity for critical psychiatrists and psychologists to join forces and promote formulation as a genuine alternative to diagnosis, one which reintroduces personal and social contexts and gives a central position to the construction of personal meaning. This could also provide an answer to the common riposte, 'If we don't use diagnosis, what do we use instead?'

It will also be argued that we should proceed with caution in this enterprise. Formulation is not a panacea for all the problems of psychiatry, and there are a number of principles that should be adhered to if we are not simply to replicate the worst limitations of diagnosis. There is a danger of replacing 'medical model psychiatry' with 'medical model psychology.' These principles will be outlined.

Implications for the two professions will also be considered. Psychiatrists, whether from a critical perspective or not, have more to lose than psychologists in a wholesale abandonment of diagnosis. However, critical psychologists also face potential resistance if they challenge this central aspect of psychiatric practice more openly.

Paper 3: **From 'schizophrenia' to 'psychosis'? Paradigm shift or more of the same?**
MARY BOYLE, School of Psychology, University of East London
Objectives: The concept of schizophrenia has been strongly criticised not only for its lack of reliability and validity but also for its very negative constructions of patients through discourses of 'deficit and chronicity' and for its privileging of certain kinds of theory, research and practice.

In recognition of some of these problems, the term 'psychosis' is increasingly used both in clinical psychology and psychiatry and this paper examines how for and in what ways, this involves fundamental changes in the ways we conceptualise, research and respond to, particularly behaviour and experiences, and how far, and in what ways, the change has been more semantic than substantial.

Methods: A sample of theoretical, research and clinical mainstream publications clinical psychology and psychiatry which contain the term psychosis in their titles or use it repeatedly in the text, are examined using some content analysis but mainly methods derived from deconstruction and discourse analysis. This allows a focus on the texts' implicit assumptions, on what is absent from them and on the ways in which their language constructs both people who have psychotic experiences, and the relevant research and practice.

Results: The analysis identifies a number of ways in which the shift to 'psychosis' appears to involve fundamental conceptual change, particularly through the application of 'normal' psychological theory to behaviours and specific experiences and through a (limited) focus on the content as well as the form of 'delusions' and hallucinations. But there is also much evidence of 'psychosis' being used in ways which may perpetuate the problems of the concept of schizophrenia, including continued use of a discourse of deficit and chronicity (even in the 'recovery' literature), privileging of biological over psychological and social theories; a focus on consequences rather than causes of psychosis and a highly selective focus on content of beliefs and voices. The paper highlights some of the more subtle ways these outcomes are produced.

Conclusions: The literature on 'psychosis' does not yet have a consistent or coherent theoretical base and conflicting models may implicitly be drawn on in the same publication. Some possible reasons for this are discussed as are implications for research and practice, particularly for joint working between critical psychology and psychiatry.

13.30 – 14.30 Congress Hall
Keynote speaker: **Psychological treatments and psychotherapy: The future**
DAVID BARLOW, Director, Center for Anxiety and Related Disorders at Boston University
Psychotherapy has been practised since the dawn of civilisation, is referenced in our great humanistic traditions over the centuries in works from Plato, Shakespeare, and others, and now occupies a prominent position in western

culture. In 1952 Hans Eysenck published a paper on the effects of psychotherapy suggesting that there was little evidence that it worked. This small article had several major consequences over the ensuing decades. First, it provoked outrage and ridicule. Then, it sparked more serious research on the effects of psychotherapy, still with little influence on its practice. But in the last 10 years, practice has been dramatically impacted by healthcare policymakers and the public at large who have taken up mantra of evidence based practice. Now, the term 'psychotherapy' has lost its ability to communicate the heterogeneous nature of activities routinely included under this rubric. There are at least two (and undoubtedly more) clearly delineated endeavors currently covered by this term. Going forward, it would resolve ambiguity and clarify objectives to delineate 'psychological treatments' that are clearly compatible with the objectives of healthcare systems and 'psychotherapy', an equally valuable undertaking that primarily addresses problems in adjustment or growth. These two activities would not be distinguished on theory, technique, or even evidence, but on the problems addressed. Implications of this distinction for research, training, and the future of clinical psychology are reviewed.

14.30–16.00 Congress Hall
Symposium: **The state of the art in anxiety treatments**
Convenor & Chair: Colette Hirsh, Institute of Psychiatry
Discussant: David Barlow, Boston University

Paper 1: **A cognitive model of posttraumatic stress disorder: Theory and therapy**
ANKE EHLERS, Institute of Psychiatry
The cognitive model of post-traumatic stress disorder (PTSD) presented by Ehlers and Clark (2000) suggests that chronic PTSD develops if trauma survivors process the traumatic event in a way that poses a serious current threat. The perceived threat has two sources: first, people with chronic PTSD show excessively negative appraisals of the trauma and/or its sequelae; second, the nature of the trauma memory leads to easy cue-driven trauma memories that lack the awareness of the self in the past. Furthermore, the patients' appraisals motivate a series of dysfunctional behaviours and cognitive strategies that are intended to reduce the sense of current threat, but maintain the disorder. A series of prospective longitudinal studies of trauma survivors and laboratory experiments supported the role of the three maintaining factors suggested in the model.

The model has led to the development of a novel form of CBT, Cognitive Therapy for PTSD. Two randomised controlled trials showed that the treatment is highly acceptable to patients, and more effective than wait list or self-help instructions. Comparable effect sizes for the treatment were achieved by trained clinicians in a community setting. Further studies showed that the treatment is also effective when given as a one-week intensive treatment, and that it is effective in very chronic PTSD following terrorist violence.

Paper 2: **Obsessive compulsive disorder (OCD): evidence for specificity of treatment**
PAUL SALKOVSKIS, Institiute of Psychiatry
Two recent controlled trials of the treatment of OCD are described in which the specificity of cognitive components of treatment were analysed. In the first trial a comparison was made between cognitive behaviour therapy, wait list and a behavioural stress managed based treatment in OCD ruminators (where obsessional thinking rather than overt rituals are the dominant symptoms). Results indicate that the stress management package reduced general levels of anxiety significantly more than the CBT treatment in the shorter term; also in the shorter term the CBT focused on obsessional problems reduced significantly more than the stress management package. At the longer term follow-up, the CBT group was significantly better than the stress management group on both obsessional symptoms and general anxiety.

In the second trial in OCD ritualisers we sought to evaluate the impact of cognitive behaviour therapy where the primary rationale and therapeutic strategies focused on belief change and a cognitive formulation as opposed to exposure and response prevention conducted along habituation lines. Both treatments had comparable amounts of exposure (in the cognitive condition, carried out as behavioural experiments). Results indicate that both active treatments were significantly better than wait list but that the cognitively based treatment was significantly better than exposure and response prevention without a cognitive component. There was some evidence suggesting that the cognitive treatment produced greater benefits in the obsessions domain as opposed to overt rituals where the differences were somewhat less pronounced. The implications of these trials for future research and practice in OCD are considered.

Paper 3: **Is cognitive therapy an effective treatment for social phobia?**
DAVID M. CLARK, Institute of Psychiatry
A specialised individual cognitive therapy programme that aims to treat social phobia by targeting the maintenance processes in Clark & Wells's cognitive model of the disorder is briefly described. Five European randomised controlled trials that have variously compared the treatment with group CBT, SSRIs and interpersonal psychotherapy are reviewed. In each trial individual CT was superior to the alternative, active treatment. Finally, single session experiments that attempt to evaluate specific components of the treatment are described.

14.30–16.00 Invision Suite
Symposium: **New research in sexual health**
Convener & Chair: Catherine Butler, DCP Faculty of HIV/ Sexual Health & Camden Primary Care Trust
Discussant: Liz Shaw, DCP Faculty of HIV & Sexual Health

This symposium is a product of the DCP Faculty of HIV and Sexual Health's commitment to encouraging research in the field, and reflects recent service trends.

The first paper evaluates a six-month pilot project where a psychologist joined a termination of pregnancy service. The hope was that the psychologist would provide amore holistic assessment of clients, including risk and psychosocial needs. The psychologist saw anyone under 16 and those under 16 thought to be experiencing some sort of risk (e.g. domestic violence). The assessment of risk provided a vital contribution to the service, both in terms of child protection cases and with referral on to appropriate agencies to address psychosocial concerns.

The second paper picks up the theme of young people and sexual health and considers the most effective means of health promotion with this population. With increasing rates of sexually transmitted diseases, particularly chlamydia, increasing condom use is essential. This study investigated whether health promotion messages that focus on gains or those that focus on losses are most effective in promoting condom use. The study raise interested ideas for applied and academic psychologists, as well as health promotion teams, about how young people consider risk.

Sexual Health/HIV psychologists are increasingly working with refugees and asylum seekers who have been raped and tortured in their country of origin and must then report their experiences to the Home Office. The final study in this symposium investigated factors that may influence disclosure in Home Office interviews. This has implications for both the Home Office itself, but also for psychologists supporting clients while their asylum claims are going on.

Paper 1: **What can psychology contribute to a termination of pregnancy service?**
RACHEL GREEN, LIZ SHAW & TRISTAN MORLAND, Barnet, Enfield & Haringey NHS Trust & JANET BARTER, Enfield PCT
Aims: To evaluate the contribution of a psychologist working in a termination of pregnancy (TOP) service by providing a more holistic assessment of clients, including risk and psychosocial needs. This was predicted to ensure less delay for patients and better communication between staff members, as well as improve liaison and client follow up resulting in enhanced prevention around unwanted pregnancy.

As there was funding for only a 6 month pilot project, the design was limited to a brief pre and post comparison relating to the introduction of a psychologist to the TOP clinic team.

Methods: The role of the psychologist was negotiated within the team following a proposal and evidence to suggest the need for the introduction of counselling provision pre and post abortion (Barter 2005, Hoggart 2004). All under 16s were assessed within the TOP clinic as well as over 16s who were felt to have risks (e.g. rape, domestic violence/problems at home/school). This formed part of the overall assessment for TOP, which included being seen by a family planning nurse and doctor. Data was collected on demographics and information regarding the TOP (e.g. relationship with father/child protection; risks/family history) for four months since and prior to the

appointment of the psychologist. Data prior to this was minimal as only under 16s were referred to social services for similar assessment. Other qualitative data was collected.

Results: More clients of a broader age range were seen quicker within the same time frame. Since the introduction of the psychologist to the clinic seven cases involving child protection risks were identified and follow up was offered to all clients which did not occur prior to the appointment of the psychologist and few cases involving potential child protection risks had been identified. A range of psychosocial risk factors were identified and clients were referred on to appropriate services. Staff reported feeling more supported around dealing with complex client issues and communicated better about the cases. Young people were receiving more comprehensive follow up. Linking with outside agencies also improved and documentation of cases and data collection.

Conclusion: A psychologist is well placed within a TOP service to enhance the quality of psychosocial and risk assessment, and follow-up and team functioning. We suggest that the overall quality of experience for clients facing a TOP is also enhanced.

Paper 2: **Exploratory interviews with teenage mothers in four areas in London, exploring the effects of area and family deprivation on sexual behaviour**
D.M. SMITH, R.A. ROBERTS & C. HEWER, Kingston University
Objectives: Teenage pregnancy rates in the UK are the highest in Western Europe. Socio-economic deprivation is associated with increased teenage pregnancy rates in the UK, but little is known about the mediation of deprivation effects by behavioural factors. The effects of area and family deprivation on behavioural factors were explored by examining the experiences of young mothers through their own words. This study aims to contribute to the large literature gap identified in the UK literature.

Design: Semi-structured interviews were used to provide the young parents with the chance to discuss their experience of young pregnancy and motherhood. Topic guides were designed for use by the female researcher in the semi-structured interviews; these topics were based on pregnancy risk factors identified in a literature review.

Method: Sixteen young mothers were interviewed and their experiences compared. The mothers conceived under the age of 18 (mean age = 16.31). Young mothers were sampled from deprived and more affluent areas – four London boroughs (Ealing, Kingston upon Thames, Newham and Southwark). Mothers were also sampled from deprived and non-deprived families, classified using their lead guardian's occupation. One pregnancy was planned, the rest unplanned.

Results: Three distinct stages were evident: conception, pregnancy and post-birth; each stage displayed influences of different behavioural factors. Family problems were found to lie behind mothers' lack of educational achievement, rather than a dislike of school as previously suggested. A gender inequality in sexual pressure and

contraceptive use was found in the deprived areas. An interaction between environment and family was suggested for contraception use, as non-use was found in all girls from deprived families in the deprived areas, whereas it was found in only one girl from the non-deprived family in the affluent areas. When deciding to keep the baby, mothers in the deprived areas tended to express a romantic ideology of parenthood. Different ideas pertaining to the acceptance or rejection of young pregnancy and abortion was found in affluent and deprived areas. The majority of mothers want to return to education or work and want to provide a 'better' life for their child; however perceived barriers such as not knowing about relevant advice services and age-limits of support services were expressed. A lack of antenatal and postnatal support and advice was highlighted by a number of young mothers.

Conclusion: To clarify the relationships between behavioural factors and young people's decisions, further work must focus on the three stages separately. Understanding such relationships will help the Government to lower under-18 conception rates and the level of social exclusion suffered by young mothers and their children. Further research will hope to identify specific psychosocial factors that protect against or predict teenage pregnancy; these can then be focused upon in future successful interventions.

Paper 3: **The impact of gain and loss focused message framing on young people's perception of risk in relation to sexual health behaviour**
RHIAIN GEORGINA MORRIS & CYNTHIA GRAHAM, Warneford Hospital, & AGNES KOCSIS, St Mary's Hospital
Objectives: To use prospect theory to investigate condom use in young people. Kahneman and Tversky demonstrated how humans evaluate risky outcomes by the way information is presented (framing), even when the content remains the same. Specifically, decision-makers tend to be risk aversive when choosing between perceived gains but risk seeking when facing perceived losses. Condom use is a way of reducing the risk of infection with a sexually transmitted disease (STI) and of unintended pregnancy. This study explored how the assessed likelihood of condom use is influenced by gain-versus-loss framing when presented within a naturalistic context.
Participants: 130 further education college students.
Design: Repeated measures design with two experimental conditions: gain-biased message framing and loss-biased message framing.
Method: Participants viewed filmed scenarios depicting real-life sexual health dilemmas and answered questions under both the gain and loss conditions.
Results: As predicted, ratings for condom use were higher following gain as opposed to loss-biased message framing. Ratings for one area of perception of risk (STIs/HIV) were also higher following gain-biased information. In contrast, ratings for perception of risk in relation to unintended pregnancy were higher under the loss condition.

Conclusion: Health promotion campaigns need to emphasise the gains associated with condom use (e.g. protection against STIs/HIV) and to minimise the risk of relationship loss. Messages focusing on losses associated with not using a condom (e.g. contracting an STI/HIV) may be less effective in that they do not directly address/ minimise the risk young people fear most (e.g. relationship loss). In contrast, avoidance of unintended pregnancy may best be promoted in an alternative way to STIs.

Paper 4: **The impact of sexual violence on disclosure during Home Office interviews**
DIANA BÖGNER, North London Forensic Service, JANE HERLIHY, Trauma Clinic, London & University of Bristol & CHRIS R. BREWIN, University College, London
Objectives: Late or non-disclosure during Home Office interviews is commonly cited as a reason against an asylum seeker's credibility, but disclosure may be affected by other factors. A study was therefore conducted to determine whether and how sexual violence impacts on asylum seekers' disclosure during Home Office interviews.
Design: Semi-structured interviews and self-report measures.
Methods: Twenty-seven refugees and asylum seekers with a history of pre-migration trauma were interviewed on one occasion. Participants were divided into two groups: those with a history of sexual trauma and those with a history of non-sexual trauma. Measures used were the PTSD Symptom Scale, the Hopkins Symptom Checklist, the Experience of Shame Scale and the Peritraumatic Dissociative Experiences Questionnaire. Participants were also asked to rate on a four-point scale how difficult they found it to disclose personal information during the Home Office interview.
Results: The majority of participants reported difficulties disclosing. Those with a history of sexual violence reported more difficulties in disclosing personal information during Home Office interviews, were more likely to dissociate during these interviews, and scored significantly higher on measures of PTSD symptoms and shame than those with a history of non-sexual violence.
Conclusions: The results indicate the importance of shame, dissociation and psychopathology in disclosure and support the need for immigration procedures sensitive to these issues. Judgments that late-disclosure is indicative of a fabricated asylum claim must take into account the possibility of factors due to sexual violence and the circumstances of the interview process itself.

16.30–17.30 Congress Hall
Keynote speaker: **Psychological treatment of obesity**
JANE WARDLE, Department of Epidemiology and Public Health, UCL
In the early 1970s, psychologists were at the forefront of obesity research and practice. Studies of the bio-behavioural substrate of obesity were breaking new ground in understanding aetiology, while behavioural treatments were

among the first to demonstrate real efficacy. Hot on the heels of these successes, self-regulation treatment, relapse prevention, and then cognitive behaviour therapy extended the therapeutic repertoire. By the 1980s, cognitive behavioural treatment for obesity was being called the 'gold standard'. Shortly after this, a similar treatment model was applied to childhood obesity. Good results were reported in numerous trials, including 10 year follow-ups, leading to it meeting the stringent APA criteria for 'empirically supported treatments'.

With concern about obesity reaching epidemic proportions in the past five years, psychologists might be expected to be leading the field in research and practice. But the reality is, as with other disorders of physical rather than psychological health, psychologists are now notable only for their absence. This presentation is a call to arms for clinical and health psychologists to capitalise on their success and contribute to what is being tipped to be one of the dominant health issues of the 21st century.

16.30–17.30 Invision Suite
May Davidson Award lecture
Turning toward life: The challenge of recurrent depression
WILLEM KUYKEN, Mood Disorders Centre, University of Exeter
There is a growing recognition that depression tends to follow a chronic and recurrent course, causing untold human suffering. How can clinical psychologists rise to the important and urgent challenge of helping this group of people prevent recurrence (secondary prevention). This lecture describes contemporary psychological accounts of recurrent depression. Based on these accounts it is argued that enabling people to 'turn toward life' may help them to prevent recurrence and enjoy good quality of life. Illustrations, experimental work, process-outcome work and outcome work will be presented in support of this argument.

Posters

1. Gay men's experience of Internet sex-seeking and barebacking
RUSSEL AYLING, University of Exeter and Barts & the London NHS Trust, & AVRIL MEWSE, University of Exeter
Objectives: There is considerable agreement that men who have sex with men (MSM) who find their partners on the Internet are more likely to bareback and are therefore at considerably higher risk of HIV and other STI infection, than MSM who do not use the Internet in this way. This study attempted a systematic, person-centred investigation of Internet sex-seeking and barebacking, in order to assess how interventions, Internet and otherwise, might be useful to and appropriate for men who choose to bareback.
Design and Methods: Semi-structured interviews were conducted using secure Internet chat software with nine participants (plus one pilot participant, not analysed) and analysed using interpretative phenomenological analysis (IPA).

IPA was chosen as it provides a qualitative approach that allows both observation of the meanings that participants attach to their behaviours and interpretation of the processes by which participants come to do so. Smith (1996) asserts that IPA can 'mediate between the opposed positions of social cognitions and discourse analysis'. Such a position was felt to be important as taking a pure social-cognitive approach effectively denies the role of discourse in society in moderating cognitions and behaviours, while taking a pure discursive approach (which rejects the relationship between talk and cognitions), risks disparaging participants' experiences and removing the voice from a disempowered group which needs to be heard.
Results: The analysis is formed of recurrent themes that fall into two broad areas of conflict (physicality vs. emotionality and dominance vs. submission) and management (strategies to reduce risk vs. strategies to avoiding thinking about risk). It is suggested that participants are not seeking HIV infection and death, rather they are trying to take care of themselves whilst doing something they love that carries risk. This is a source of anxiety, uncertainty and conflict. The Internet provides one means for participants to manage this uncertainty and attempt to reduce the risk of HIV infection.
Conclusions: This study highlights the importance of using qualitative methods to question and complement dominant constructions of risk. It reinforces the need to consider sexual risk as an individual phenomenon situated within a multi-level social context. By understanding what risk actually means to individuals themselves, the conditions are created where risk reduction becomes possible. The Internet is integral to this process as a way for individuals to negotiate HIV risk, as well as a means for researchers, clinicians and health educators to examine and intervene with HIV risk.

2. Suicidal ideation and depression among migraine patients in Malaysia: A case control study
S. DHACHAYANI, C. SUGANTHI, H. J. TAN, M. M. RIZAL, T MANIAM & A. A. RAYMOND, National University of Malaysia
Introduction: Migraine is known to be associated with depression and suicidal ideation. The frequency of migraine headaches has been reported to be strongly associated with higher self rating of depression and intention to die among both men and women.
Objective: The objective of this study was to look at the association between migraine and depression/suicidal ideation in a sample of Malaysian patients attending a neurology specialist clinic.
Methods: This was a case control study involving 70 migraine patients in the National University of Malaysia Hospital compared and 70 age- and gender-matched controls. The Minnesota Multiphasic Inventory Personality Inventory (MMPI) was used to analyse scores on depression and suicidal ideation scales. Data were analysed using the SPSS version 11 and the chi-square test was used to test for significance.

Results: The migraine patients showed a higher MMPI score on both depression (p<0.05) and suicidal ideation (p<0.05).

Conclusions: Migraine patients appeared to be at higher risk for depression and suicidal ideation. All migraine patients should be screened for their psychopathology especially for depression and suicidal ideation.

3. Outcomes of a pilot mindfulness-based cognitive therapy (MBCT) group for people with HIV

SAMANTHA LEAITY & SUSAN HENNESSEY, Infection & Immunity Specialty Group, St Bartholomew's Hospital, London

Background: It is well documented that mood disorders are highly prevalent within HIV/AIDS populations, some suggesting four times the rate among general populations. Indeed within our specialist service many people present with chronic depression and anxiety. There is evidence that if untreated, mood disorders can cause significant morbidity in HIV/AIDS and shortened longevity.

Aims: This pilot group using MBCT for relapsing depression with HIV outpatients sought to determine whether this group programme is effective for depression in HIV populations, given that there is promising evidence for MBCT across other chronic health conditions although limited published evidence in HIV/AIDS.

Methodology: We ran an eight-week MBCT for depression group programme with follow-up at six weeks, five months and one year. Eleven HIV-positive outpatients with relapsing depression were assessed, eight were recruited and seven completed the group. Exclusion criteria: suicidal, current substance misuse, psychosis. We adopted a single-case repeated measures design due to small group numbers. Quantitative measures included: Hospital Anxiety & Depression Scale, Automatic Thoughts Questionnaire, Mindfulness Attention Awareness Scale, Recovery Locus of Control Scale and Acceptance of Illness Scale. Qualitative data was obtained via a group evaluation form. Statistical analysis was not adopted due to small numbers and lack of power.

Results: Group evaluation: 100 per cent found the group 'useful', 57 per cent finding it helped 'a lot' for coping with life stress, 43 per cent for coping with depression and 14 per cent for coping with HIV. Useful group aspects were rated as 'discussion with others', then 'being part of group, relaxation, learning to view things differently', and 'depression management'. Participant would have liked more discussion on HIV and the relationship between HIV and depression. Outcomes: HADS Depression Scale: 6/7 total scores had declined over the course of the eight weeks, with 5/7 participants' scores remaining sub-clinical at six week follow-up. HADS Anxiety Scale: 7/7 total scores reached clinical levels in week 1, with 6/7 declining by the final week and 3/7 remaining non-clinical at six-week follow-up. 6/7 had a reduction in ATQ scores over the course of the eight weeks. MAAS scores: 4/7 scores increased over the course of the eight weeks indicating increased skills in mindfulness. At six-week follow-up all participants continued to practise

mindfulness daily with more than 50 per cent practising 45-minute meditations three times weekly.

Summary and Implications: This group proved viable to run within our department, with good uptake and retention over time and all participants stating the group was useful. Initial findings were promising suggesting the group programme had a positive impact on participants' depression levels, negative automatic thoughts, and anxiety levels. Further evaluation is due to determine whether these outcomes hold over the year follow-up period. These early findings are impressive given the complexity of psychological and physical problems among this cohort, and suggest that MBCT could hold promise for the prevention and relapse of depression among people living with HIV/AIDS. Tailoring the traditional programme content to include discussion of HIV/AIDS could be of value.

4. The experimental study of the responsibility effects on memory bias and confidence in OCD patients with checking rituals

GHOLAM REZA CHALABIANLOU, Clinical Psychology Department of Arsanjan Azad University

Obsessive-compulsive disorder is one of the most prevalent psychiatric disorders. Checking OCD has a specific phenomenology. Although research to date has not fully explained its aetiology, a number of probable causes have been proposed, including memory deficits, memory bias, inflated responsibility, meta memory deficits and so on. In relation to cognitive theory of checking OCD, Rachman proposed memory confidence and inflated responsibility as key factors.

In order to study how memory bias, confidence and responsibility impact on checking OCD, 9 OCD patients with checking rituals,11 OCD patients with washing rituals, 7 GAD patients and 10 normal individuals were selected. Participants were examined in two responsibility conditions (high and low). Their memory bias and memory confidence for secure, insecure and neutral objects in three phases were examined at each condition within an ecologically valid method. The data were analysed using an MANOVA with repeated measures design.

Results indicated that checkers had enhanced memory in favour of insecure objects. In addition, they had low confidence in their memory of insecure objects in the high responsibility condition. No significant interactions were found. Our results are discussed in detailed in relation to previous theories and research.

5. The effect of mindfulness method on degree of obsessive-compulsive symptoms of women in Isfahan

ILNAZ SAJJADIAN & HAMID TAHER NESHATDOST, Clinical Psychology of Isfahan University

The purpose of this study was to determine the effectiveness of the mindfulness method on the reduction of obsessive-compulsive symptoms in outpatients referred to psychiatric and psychological service centers of Isfahan. Twenty patients with obsessive-compulsive disorder who were diagnosed on the basis of clinical interview and who used medication were randomly selected and assigned to

two groups: training and control groups. The training group received a manual booklet prepared by the researcher. This booklet contained practical instructions, four steps and homework that were based a mindfulness approach. The treatment lasted for six sessions, and the subjects were asked to report their progress to the experimenter in the next session. The subjects in the control group were on the waiting list. The Maudsley Obsessive Compulsive Inventory (MOCI) was administered to all subjects as the pre-post and follow-up tests. This questionnaire gave a total score and five scores on the five subscales that contained washing, checking, slowness, doubting and rumination. The results of analysis of covariance showed that the means of total scores were significantly reduced in the training group as compared to the control group on the post-test and on the one-month follow-up ($p<0.001$) and means of subscales scores were significantly reduced in the training group as compared to the control group on the post-test washing ($p<0.02$), checking ($p<0.001$), slowness ($p<0.04$), doubting ($p<0.002$) and rumination ($p<0.001$). Also the means of subscales scores of washing, checking, doubting rumination ($p<0.001$) and slowness ($p<0.03$) were significantly reduced in the training group compared to the control group on the one-month follow-up.

6. Intrusive thoughts and their treatment

LISA-MARIE BERRY, JACKIE ANDRADE & JON MAY, University of Sheffield, & DAVID KAVANAGH, University of Queensland

This poster presents a review of the literature on intrusive thoughts and thought suppression within clinical disorders, and uses this to point toward acceptance-based treatments to provide alternative coping strategies for intrusions. Intrusive thoughts are a common experience for the majority of people in both clinical and non-clinical settings. A natural response to these intrusions is to suppress them, which is also characteristic of many clinical disorders. Research into thought suppression has demonstrated adverse effects on experience for both clinical and non-clinical groups. Recent research has demonstrated the success of acceptance-based therapies for coping with intrusions. This poster reviews recent research into acceptance-based treatments and postulates an explanation for the success of such strategies with certain clinical disorders. Intrusive thoughts and thought suppression are typical transdiagnostic phenomena: they are implicated in a wide range of clinical disorders, thus acceptance-based therapies could be useful for those disorders of which they are characteristic. Also presented, is a brief outline of how this review fits with the current research being carried out in our lab.

7. A hunger for acceptance: Mindfulness as an intervention for craving

HELEN BATEY, LISA-MARIE BERRY, JON MAY & JACKIE ANDRADE, University of Sheffield, & DAVID KAVANAGH University of Queensland, Australia

Objectives: This study explores the effectiveness of two main interventions for intrusive thoughts (ITs) associated with craving, one based on mindfulness techniques and the other based on visual imagery. These interventions are compared to the effects of thought suppression, with the aim of clarifying the effects that this coping strategy can have in craving. It is intended that any successful interventions found will help people to cut down on unhealthy snack foods by reducing their cravings, and therefore help reduce obesity and the health risks and costs associated with it.

Design: A probe technique was used to asses ITs, which were categorised as food and non food at the end of the lab session. This technique was used during three ten minute periods: baseline, experimental and rebound. Subjective craving data was also collected at the three time points. The probe technique is recognised as the most effective known method of accurately collecting this data.

Method: Forty-eight undergraduates at the university of Sheffield, who were attempting to cut down on snack foods or to otherwise control their weight, took part in the experiment in exchange for £10 payment. Participants were recruited via an online advert on the University website, accessible to those within the university. Participants were asked to abstain from eating for two hours before coming in to the lab, to induce natural craving levels for snacks. Materials used were the Eating Attitudes Test (to screen for dysfunctional attitudes towards food); a specially designed subjective craving measure; the White Bear Suppression Inventory and the Mindfulness Attention Awareness Scale. Participants were given instructions to follow during each ten minute block: before the baseline block they were given control instructions (think about anything); before the experimental condition they were given condition-relevant instructions (focus on your breathing; imagine yourself engaging in your favourite activity; don't think about snack food); and before the rebound condition they were given control instructions again. Control group participants were given control instructions at all three time points.

Results: ANOVAs and t-tests were used to analyse the results. No significant differences were found between time points for control participants. Breath focus gradually increased both ITs and subjective craving. Both thought diversion and thought suppression lead to a decrease in both ITs and craving with a return to baseline in the rebound session.

Conclusions: Thought diversion was the most successful intervention technique for reducing ITs and subjective craving, offering support for the EI theory since this task used the visual imagery centres of the brain.

The mindfulness-based intervention was not successful at reducing ITs or subjective craving. This is most likely a result of the fact that it drew attention to the abdomen, the area of physiological deficit in hunger. This study began to develop a simple thought diversion exercise that might usefully be incorporated into interventions for dieting and obesity treatments. Following some methodological alterations, a short mindfulness intervention could also be developed, although it would need to be better tailored, without focus on the abdomen, and with some guidance incorporated. Our next study will further develop this. Since

these findings fit in with a theory of craving on the whole, Future research could also extend them to other types of addictive behaviour such as smoking, substance misuse and problem gambling.

8. The training of emotion regulation: A cognitive and physiological perspective
PATRICIA E.S. SCHARTAU, TIM DALGLEISH, BARNEY DUNN & ANDREW MATHEWS, MRC Cognition & Brain Sciences Unit, Cambridge

It is increasingly clear that people try to control their emotions as well as their cognitions. However as yet, the immediate and longer-term consequences of different forms of emotion regulation have not been studied in detail. These studies examine cognitive reappraisal as an emotion regulation strategy, and build on Gross's key findings that reappraisal reduces negative emotion experience but has no clear physiological consequences. Five studies are presented investigating how effective cognitive reappraisal is as an emotion regulation strategy and whether it can be systematically trained. These issues were examined with regard to short-term effects (emotion experience and physiological responding) and longer-term effects (one-week post-experimental emotional intrusions). Study 1 verified that reappraisal instructions are effective in significantly reducing reported levels of some negative emotions elicited by distressing film clips, with no significant effect on physiological responding. In Studies 2, 3 and 4, healthy participants were trained to regulate their emotions to highly distressing film clips using at least one of four reappraisal strategies (identified from reappraisal themes reported by participants in Study 1), either during the films (Study 2) or immediately afterwards (Studies 3 and 4). Individuals trained in reappraisal, compared to a no-training control group, exhibited a significant reduction in reported levels of some negative emotions following training. The beneficial training effects obtained were specific to reappraisal (Study 3), yet did not seem to strengthen with an increased amount of training (Study 4). Reappraisal training on film clips did not transfer clearly to autobiographical material (Study 4). However, when performing reappraisal training on autobiographical material itself, significant training effects were found (Study 5). Furthermore, reappraisal training had some significant, although inconsistent, effects on physiological responding. It reduced mean electrodermal response (Studies 2 and 4), and heart rate (Study 3). Reappraisal had no clear effects on the longer-term report of post-experimental intrusions. The findings may have important clinical implications.

9. The learning affect monitor (LAM): A computer-based system integrating quantitative and qualitative assessment of affective states in clinical settings
MICHAEL REICHERTS, CHRISTIAN MAGGIORI, VIRGINIE SALAMIN & KARL PAULS, University of Fribourg, Switzerland
Objectives: We present the development and application of a new computer-based system for the ambulatory assessment of affective states in daily life, an autonomous adapting system, applying to clinical settings and psychotherapeutic processes.

Subjects evaluate their affective state according to a three-dimensional space - valence and activation, as well as intensity - and then qualify the affective facets (from a list of 30 descriptors). Over time, the system adapts to the specific user and presents affect descriptors according to their likelihood. Subsequently, the subject's processing time and mental load can decrease noticeably.

Design and Method: The program, developed using J2ME conform midlet and integrating an adaptive algorithm, is implemented on a handheld computer. Data are collected in a study with one week time-sampling comprising 8-10 randomised signals per day. N = 51 adults were trained to self-monitoring and entered n = 2813 recordings.

Results: We present general results of the assessment of emotion and affect in daily life, indicators for the psychometric quality of the LAM (e.g. response rate of 88.8 per cent, high split-half reliabilities up to .85), and indicators for the 'usability' of the instrument. Validity analyses reveal very plausible links between the affect adjectives with the three-dimensional affect space, as well as the system's capacity to 'learn' the users' preferences in qualifying their affective states.

Conclusion: Results underline that the LAM provides rapid (mean RT under 1 minute) and meaningful data collection, preserving high complexity and inter-individually comparable data in the domain of emotion, affect and well-being. Its potential applications, especially for psychotherapy processes will be illustrated by examples.

10. Eating disorders, depression and anxiety: The carers' experience
MARIE THOMPSON, University of Surrey, beyondblue: The National Depression Initiative, Australia, & NICOLE HIGHET, beyondblue: The National Depression Initiative, Australia
Objectives: To explore the needs and experiences of carers and family members of people living with eating disorders, depression, and anxiety.

Design: The study was qualitative in design, comprising focus groups and individual interviews in order to facilitate an exploration of the needs and experiences of carers and family members.

Methods: Participants were recruited from rural and metropolitan Australia, utilising advertisements in primary care settings, carer groups and local radio (n=42).

Six focus groups and four individual interviews were conducted. Each focus group lasted approximately two hours and comprised family members caring for a person with the same illness. For each disorder, two focus groups were conducted: one in a rural locality and one in a metropolitan area. Individual interviews were conducted with carers who were unable to attend the group, yet whose dynamic with the person they cared for was such that the interview would add something to the research, for example, parents of a male with an eating disorder. Individual interviews lasted approximately one hour.

A semi-structured interview formed the basis of the focus groups and individual interviews. There were five broad questions and further prompt questions to be used as necessary. The focus groups and interviews were conducted by the two authors.

Results: Data was subjected to qualitative analysis using NUD*IST. A number of themes emerged which were common to carers of people with eating disorders, depression and anxiety. Namely, the disorders impacted upon carers at different stages of the disorder, from suspecting and later detecting its presence in a family member, to living with the symptoms, to accessing treatment and services for a family member.

Carers reported the impact of suspecting an illness was present, the barriers to recognising early signs as symptoms of a disorder, and the complex psychological reaction which ensued when later detecting its presence.

In living with the symptoms, participants described the effects of their role on relationships (spousal, familial and social), finances, and their own health and well being.

In accessing treatment and services, carers identified a number of barriers to effective intervention; a lack of information, ineffective health professionals, exclusion from the treatment process, and geographical isolation. As a result, carers reported that the experience of accessing treatment for a family member exacerbated carer burden.

Carers identified that their burden was further compounded by their unmet needs and a lack of support. This was attributed to a lack of community awareness, isolation, and a lack of acknowledgement of their role.

Conclusions: Results suggest that caring for a person with these disorders impacts significantly upon carers and family members, yet this burden is currently unrecognised in the scientific literature, by health professionals, and the community. This must change in order that carers' needs are met and their burden alleviated. The UK clinical and policy implications of these results are discussed.

11. 'I know that if I do go out, I will feel better': Understanding the process of change in exercise for depression
KAREN WHITE, TONY KENDRICK & LUCY YARDLEY, University of Southampton
Objectives: Studies have shown that exercise is consistently associated with lower levels of depression and that exercise interventions can alleviate depressive symptoms. The aim of the present study was to explore the experience of exercise and the process of change from the perspective of individuals with depression, focusing on both those who do and do not believe that exercise has helped their depression.
Design: A qualitative approach was taken, in which semi-structured interviews were conducted with participants. The study followed a grounded theory approach, whereby data collection and data analysis operated in parallel. The grounded theory method was used as it is ideally suited to studying and identifying process.
Methods: Twenty-six participants took part in individual one-off, semi-structured interviews. The participants were

recruited from one general practice in Southampton (n = 11) and from non-clinical sources (n = 15), e.g. university sports clubs. Thus, a variety of experiences of exercise and depression were obtained, including participants who had attended exercise referral schemes and participants who exercised upon their own initiative. Each interview focused on the participant's current and previous involvement in sports and exercise, the management of exercise in everyday life, the emotional, physical and mental experience of exercise, and thoughts and beliefs about whether exercise had any impact on their depression. Later interview questions were adapted to explore the emerging analysis further.

Results: The data were analysed using grounded theory methods. Categories relating to experiencing change, maintaining exercise, feelings from exercise, the exercise environment and managing depression were identified, and were all related to a core category of 'knowing (from experience)'. Exercise emerged as a process of 'experiencing change' for these participants, e.g. a sense of participating rather than feeling isolated, becoming more active and being more motivated to do other things. For some, experiencing changes gradually led them to 'knowing' that exercise could make them feel better and to using exercise as a way of actively controlling the symptoms of their depression. This also represented part of a shift over time in motivations for exercise from initial reasons such as weight loss to exercising for reasons such as enjoying exercise and 'knowing that I'll feel good'. The shift to more intrinsic motivations helped to overcome barriers to exercise such as feelings of lethargy and promoted continuation of exercise. The results also highlighted the importance of the feelings derived from exercise, e.g. finding it feels good, and the importance of environmental factors, e.g. feeling comfortable, for perceiving benefit and maintaining exercise.

Conclusions: The results can help practitioners understand the role that exercise may play in helping clients with depression and point to practical considerations such as the exercise experience, environmental factors and shifting motivations in promoting exercise with clients.

12. The use of CBT self-help booklets as a first-line approach for anxiety and depression in a Community Mental Health Team
SUSAN GREY, KATJA WINDHEIM & CATHERINE E.L. GREEN, Institute of Psychiatry and Maudsley Hospital
Objectives: The aim of the present study was to investigate the efficacy and feasibility of a brief intervention using CBT self-help booklets and minimal therapist contact, which was aimed at individuals with depression and/or anxiety presenting at a London community mental health team.
Design: This study employed a 3 (time: pre-treatment, post-treatment, 1-month follow-up) x 2 (type of booklet: depression, anxiety) mixed-model multi-factorial design. The design lacks a control group, as the study constitutes the small-scale research project of a doctorate in clinical psychology and was therefore time limited.

Methods: The intervention was offered to patients as a first-line treatment in a stepped-care model, where more intensive treatment was provided upon completion if necessary. Thirty patients met with one of the two researchers for a one-hour session and were provided with a self-help booklet (published by the Oxford Cognitive Therapy Centre), which was based on cognitive-behavioural methods and focused on either anxiety or depression. They were encouraged to use strategies and complete exercises detailed in the booklet over the following four weeks. After two weeks, the patients received a telephone call from the researcher enabling them to ask questions. After completing the intervention phase, participants met with the researcher for a further session, where the intervention was reviewed and follow-up data obtained. Data was also collected by post at one-month follow-up. The principal outcome measures were the Hospital Anxiety and Depression scale (HADS) and the Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM). Further data was gathered on the participant's comprehension, participation and compliance.

Results: Preliminary parametric analyses indicate that there were slight statistically significant improvements on the anxiety scale of the HADS and on the global distress scale of the CORE-OM, regardless of which booklet patients received. There was no improvement on the depression scale of the HADS. Patients also significantly improved in their knowledge of depression/anxiety and CBT techniques. All results were maintained at one-month follow-up.

Conclusions: The use of CBT self-help booklets is an efficacious and feasible first-line approach for reducing anxiety and global distress and promoting psycho-education in patients with anxiety and/or depression presenting to community mental health teams. It seems to be particularly beneficial for those patients, who experience a mild/moderate degree of the disorders and who do not have complicated social problems or additional co-morbidities. These conclusions are tentative, due to the lack of control group in the present study.

13. Training using pictures: Effects on interpretation of ambiguity, state anxiety and anxiety reactivity
AMITA JASSI & SUSAN GREY, Maudsley Psychology Centre & Institute of Psychiatry
Research shows that people with anxiety disorders interpret emotional ambiguity in a threatening or negative way. Such a bias in interpretation may be a cause of their anxiety, but this cannot be established from correlational studies alone. Recent studies have examined casuality by experimentally manipulating interpretation biases through training, to see the impact this has on anxiety. These studies have mainly used verbal stimuli, although visual stimuli may be more ecologically valid.

The aim of the current study was to examine whether interpretation biases could be changed using a training task involving participants making judgments about whether different picture-word combinations were related. This training procedure has been found to be effective when asking participants to make relatedness judgments of different word-word combinations. It was also of interest to examine whether there were any differences in reported anxiety and response to stress, depending on the valence (positive vs negative) of the trained interpretation biases.

Design: A mixed design was used to compare two groups, receiving negative and positive training on reaction times for probe trials at the beginning and end of training using a relatedness judgement task and on reaction times in a post-training lexical decision task.

Method: Fifty unselected volunteers were randomly allocated to either a positively trained group or a negatively trained group. During training, participants were presented with a picture followed by two words, one related and one unrelated, and were required to decide which word was related to the picture. For each group, the related word was always either positive or negative. During training probe trials were used, half positive and half negative, to track changes in reaction times for the trained and untrained valence. After training, a neutral filler task was completed, in which participants made preferences between pairs of abstract paintings. A lexical decision task followed, to measure the interpretation bias, using pictures as primes and related words or letter-strings as targets. Finally, the effect of the trained bias on anxiety reactivity was examined. Participants viewed stressful video clips after being instructed that they would later be required to give a short speech. Anxiety ratings using a Likert scale were taken throughout the experiment. The State-Trait Inventory was administered before training, and before and after the stress test.

Results: The results showed speeding of reactions to probe trials of the trained valence as training progressed, suggesting a trained interpretation bias. Lexical decision times also suggested a relative speeding on training-congruent stimuli. However, valenced training did not lead to any differences between groups on either State Anxiety scores or reactions to the stress test.

Discussion: The findings provide evidence that interpretation bias can be trained using visual stimuli, but fail to provide evidence of a bias-related effect on state anxiety or anxiety-reactivity. Further research is needed to explore the effects of visual stimuli in more naturalistic settings and in anxious populations.

14. Dimensional or categorical approaches to the classification of major depression: Is there really a choice?
NATACHA CARRAGHER, University of Ulster
Objectives: Considerable debate has focused on whether mental disorders, such as, major depression are best conceptualised as dimensional or categorical constructs. This type versus dimensions issue has important implications for progress in theory development and research, as well as practice in clinical settings. Both approaches to psychopathology offer relative advantages and recent research has considered techniques that provide for both categorical and dimensional representations within the same model. This approach may provide for a more comprehensive and valid description of psychopathology.

Thus, the objective of this study was to investigate the categories and dimensions of DSM-IV major depression utilising a new hybrid model, latent class factor analysis.

Design: Data from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) was utilised in the current study. The NESARC is a nationally representative survey of 43,093 adults in the U.S population conducted in 2001-2002. The full sample was administered a structured diagnostic interview, the Alcohol Use Disorder and Associated Disabilities Interview Schedule-DSM-IV Version (AUDADIS-IV). The reliability and validity of AUDADIS-IV measures of mood disorders has been documented in several general population and clinical samples.

Methods: In the NESARC, only those participants who endorsed the lifetime occurrence of a 2-week period of sad mood or loss of interest in activities completed the remainder of the diagnostic interview relating to depressive symptoms. Moreover, since the proposed analysis required full diagnostic information regarding the symptoms of major depression, those respondents with missing observations were excluded from the analysis. Thus, this research utilises a subsample of 12,180 respondents. The analyses focused on 21 item questions designed to separately operationalise the nine major depression criteria of DSM-IV. Latent class factor analysis will be utilised to examine the DSM-IV diagnostic criteria for major depression.

Results: The factor analysis supported a single underlying dimension of liability to major depression. The results from the latent class analysis identified four classes underlying DSM-IV major depression.

Conclusions: The relative merits of categorical and dimensional conceptualisations of major depression have been the focus of much debate. Given that the DSM-V is currently in the planning stage, the present study is especially timely. The study points to the utility and validity of dimensional elements in classification and contributes to calls in the literature to expand the existing diagnostic nomenclature and thus provide for a more comprehensive taxonomy.

15. Assessing trainee clinical psychologists' clinical practice using video: An evaluation of the use of video case studies
ALISON TWEED, JON CROSSLEY & STEVE MELLUISH, University of Leicester
Objectives: This poster reports on an evaluation of the introduction of a video case study into the clinical psychology training programme at the University of Leicester as a method to assess trainee clinical psychologists' acquisition of clinical skills.

Background: On the clinical psychology programme at Leicester trainees are required to submit a video extract (20 minutes) of a consultation with a client on one of their clinical placements in the first two years of training. The edited video extract is then submitted together with a written critical reflection report as a video case study. The focus of the assignment is on how trainees conducted their assessment;

how they developed a formulation and a shared care plan with the client. The 20-minute video extract is coded and submitted together with a written critical reflection.

Design and Methods: The evaluation used a number of focus groups with thirty clinical psychology trainees, four members of programme staff and three clinical supervisors to explore the acceptability of video as a method in assessment, the experience of using video and the impact on trainees' learning. Focus group interviews were transcribed verbatim and analysed using template analysis.

Results: The core theme from the analysis of 'self-reflection' concerns the close observation of practice that was a requirement of the video case study, which trainees valued highly for enhancing their awareness of their clinical style and for facilitating new perspectives on their clinical work. The related theme of 'changed practice' concerns trainees' increased willingness following the video case study to video their practice, to discuss videos of clinical work within supervision and to focus more explicitly on formulation within sessions. The other main themes of 'ethical concerns' and 'problematic task' relate to ethical and practical difficulties that trainees experienced when completing the video case study.

Conclusions: The evaluation found the video case study to be a clinically useful assessment for enhancing trainees' reflexivity and shaping their clinical practice. Ethical and practical difficulties were also highlighted by the study, which are to be addressed in the development of the video case study for future cohorts of trainees. The study also has implications for the wider training community as other Programmes are also introducing similar forms of assessment, and the wider profession as there are currently no consistent National guidelines on the use of videotaped material of clinical practice.

Friday 15 December 2006

09.00–10.30 Congress Hall
Symposium: **Emotional dysfunction and developmental vulnerability in psychosis**
Convener: Maria Michail, University of Birmingham
Chair: Ruchika Gajwani, University of Birmingham
Discussant: Maria Michail, University of Birmingham

Introduction: The focus on studying emotions in psychosis has been limited because affective disturbances have been viewed to be secondary to the 'primary' symptoms of hallucinations and delusions. Another reason for overlooking emotionality from more severe psychotic disorders is the gradation of mental illnesses and the demarcation between neurosis and psychosis. However, important links between psychosis and emotional dysfunction are gaining ground based on substantial evidence from research and clinical practice showing that affective problems are observed not only throughout the course of psychosis but even before symptom formation.

This raises the need to investigate pathways that lead to the development and maintenance of emotional dysfunction in psychosis focusing on specific risk and protective factors that contribute to the course and prognosis of the illness.

Objectives: This symposium will highlight the relationship between emotional dysfunction and psychosis as it manifests at different phases of the illness. The significance of examining affective disturbance (i.e. depression/anxiety) as a foreground issue and not peripheral to positive and negative symptoms in the 'at risk group' for developing psychosis will be discussed. Additionally, specific risk and protective factors that have the most etiological impact on client distress and contribute to the symptom profile will be addressed.

One of the commonest emotional disorders encountered during and after the course of psychosis is social anxiety. Findings have stressed the elevated prevalence and highly impairing nature of social anxiety in people with first-episode psychosis; however, its pathogenesis still remains unclear. The symposium will explore the notion that social anxiety is a psychological response to mental illness and the shame that such a diagnosis entails. Developmental risk factors and adult attachment problems in people with psychosis and social anxiety will also be discussed.

Vulnerability to depression and suicidal thinking in psychosis will also be explored. The link between developmental vulnerabilities, shame in adulthood and perception of voices will be stressed as a potential pathway for the presence of depression in psychotic people with auditory hallucinations.

Furthermore, the symposium will present important findings on early experience and adult attachment patterns in psychosis, specifically in relation to psychological adjustment to the illness and service engagement.

Throughout the symposium there will be an overall focus on the psychological and developmental processes that underlie the emergence of emotional dysfunction in at risk and first-episode psychosis. Clinical implications in relation to psychological interventions and phase specific treatment will be discussed.

Paper 1: **Pathways to emotional dysfunction in young people at ultra-high risk (UHR) of developing psychosis**
RUCHIKA GAWJANI, MAX BIRCHWOOD & PAUL PATTERSON, University of Birmingham
Background: The significance of examining affective disturbance (i.e. depression/anxiety) as a foreground issue and not peripheral to positive and negative symptoms in the 'at risk group' for developing psychosis, is emphasised by the high level of distress in this client group. It is clear that the presence of isolate psychotic like symptoms (hallucinations and delusions) do not directly predict psychosis, as they are also reported amongst the normal population. The 'prediction power' for developing psychosis is enhanced through the presence of low-level psychotic symptoms over a length of time and significantly higher depression, nervous tension and situational anxiety.

Additionally, neuroticism, recent negative life events, childhood trauma are some of the specific factors that have been found to be strongly associated with transition to psychosis in the at-risk group.

Objectives: This research aims at examining levels of and pathways to emotional dysfunction in the 'at risk' group by studying specific risk factors that contribute to client distress and anxiety at intake to the service; such as trauma, attachment, neuroticism and life events.

Methodology: Fifty clients at high-risk of developing psychosis between the age of 16-35, screened using the Structured Interview of Prodromal Symptoms (Version 3), are being recruited for the current study. This research is part of a bigger project carried out by the Birmingham Early Detection and Intervention Team. Each client is assessed using a battery of measures. The initial screening assessment is used to rate symptoms of psychosis, depressive and anxiety symptoms on the Positive and Negative Symptom Scale. The self-report Beck Depression Inventory and Beck Anxiety Inventory are used to assess depression and anxiety respectively. Self report assessments include the Dissociative Experiences Scale, the neuroticism scale of the Eysenck Personality Inventory, Other as Shamer Scale, Social Comparison Scale, Social Interaction Anxiety Scale, the revised adult attachment scale and the Measure of Parental Style. Childhood trauma was assessed using a self-report measure. The Autobiographical Memory Test is used to assess autobiographical memory specificity.

Expected findings: This study proposes that increased levels of comorbid symptoms of anxiety and/or depression will be significantly associated with the occurrence of positive symptoms in the at-risk group of psychosis. With the aim of examining pathways to comorbid emotional problems, the difficulty in forming meaningful, secure attachment relations would show signs of elevated negative emotionality and increased vulnerability to psychosis. Adverse life events, specifically childhood trauma would have an impact on dissociative experiences. Furthermore, the study hypothesises that levels of neuroticism would have a significant association with client distress and positive symptoms.

Paper 2: **Anomalous interpersonal schemata among people with first-episode psychosis and co-morbid social anxiety**
MARIA MICHAIL & MAX BIRCHWOOD, University of Birmingham
Objective: Social anxiety is identified as a highly co-morbid diagnosis in psychosis. However, its pathogenesis remains unclear and attempts to investigate its course and phenomenology have been limited. This study explores the notion that social anxiety may be a psychological response to psychosis. Shame cognitions arising from a diagnosis of mental illness are suggested to contaminate social interaction leading to social avoidance and withdrawal. The developmental risk factors for social anxiety in psychosis and their impact upon the ability of individuals to form and maintain adult attachment bonds are also explored.

Methodology: Three groups of participants, aged 16-35, were sampled; non psychotic social anxiety group (n = 31); first-episode psychosis group (n = 61); control group (n = 25) which was recruited on the basis of the absence of any mental health problems and included age peers of patients and undergraduate students at the University of Birmingham. Participants were assessed using the SCAN clinical interview to establish diagnoses of social anxiety and/or schizophrenia based on the ICD-10 criteria. A battery of measures was administered to identify shame related cognitions, developmental risk factors for social anxiety in psychosis and adult attachment styles.

Results: Findings revealed the high prevalence of social anxiety in people with first-episode psychosis (26.2 per cent). Shame appraisals about the mental illness and being publicly 'put-down' by others were very prominent among psychotic people with social anxiety. Developmental adversities and specifically early traumatic experiences and dysfunctional parental bonding posed a great risk for the emergence of social anxiety in psychosis. The reported link between developmental anomalies and insecure adult attachment support the notion of a developmental continuity in attachment difficulties.

Conclusions: Social anxiety represents a significant problem in people with first-episode psychosis. This study provides insight into the genesis and maintenance of emotional dysfunction in psychosis. The psychological processes that underlie and differentiate the development of social anxiety in psychosis from that in non psychosis were identified facilitating the understanding of pathogenesis of interpersonal dysfunction in psychosis. The findings were also revealing of the developmental pathways that lead to the emergence of social anxiety in people with psychosis. Significant clinical implications for psychological interventions and treatments of social anxiety and associated distress in psychosis are discussed.

Paper 3: **Adapting to the challenge of psychosis: Personal resilience and the use of sealing-over recovery style**
LYNDA TAIT, MAX BIRCHWOOD & PETER TROWER, University of Birmingham
Background: Avoidance coping (e.g. sealing-over) is common in people recovering from psychosis. Sealing-over tends to be associated with poorer social functioning, quality of life and higher levels of depression. One promising line of investigation suggests that individuals who 'seal-over' are psychologically vulnerable, with little resilience to life change. However, it is not understood why some individual's 'seal-over' in adjusting to psychosis.

Objectives: The hypothesis that individuals who 'seal-over' do not have the personal resilience to withstand this major life event was examined.

Design: All patients who were receiving treatment for acute psychosis as in-patients or during home treatment were considered for recruitment from two urban mental health services. Patients had an ICD-10 chart diagnosis of schizophrenia or related disorders and a history of either multiple episodes or a first episode of psychosis. Patients

meeting inclusion criteria and providing written consent were interviewed. Fifty participants were interviewed during an acute episode of psychosis and reassessed at three-month and six-month follow-up. Measures included psychotic symptoms, insight, recovery style, service engagement, parental and adult attachment and self-evaluative beliefs.

Results: Sealing-over recovery styles are associated with negative early childhood experience, insecure adult attachment, negative self-evaluative beliefs and insecure identity. The clear shift from 'integration' to 'sealing-over' recovery styles within the first three months was independent of changes in symptoms or insight. Insecure adult attachment was associated with lower levels of engagement with services.

Conclusions: Sealing-over was associated with multiple signs of low personal resilience in adapting to psychosis. Recovery style appears to be dynamic in the short term and is orthogonal to insight. Overall, this study demonstrated the importance of addressing psychological adjustment to psychosis as well as illness status.

Paper 4: **Vulnerability to depression and suicidal thought in those who experience auditory hallucinations**
CHARLOTTE CONNOR & MAX BIRCHWOOD, University of Birmingham
Background to research: Depression in psychosis is a common and associated with increased risk of suicide. Fifty per cent of those diagnosed with schizophrenia experience depression with depressive symptoms being identified in up to 81 per cent of cases. Experiencing depression in psychosis can lead to poor outcome, increased medication use, higher relapse rates and suicide. Between 8 and 15 per cent of those with schizophrenia end their lives through suicide. However, not all who present with psychosis develop depression, but why this is so is still not understood.

Auditory hallucinations are a key symptom of schizophrenia. Evident in over 50 per cent of individuals diagnosed with schizophrenia they are also experienced by those who present with psychosis-like experiences and schizotypy. Voices heard are often perceived as critical, negative and abusive and those who hear malevolent and derogatory voices are more likely to be depressed.

Criticism of, and negativity about, the self form a fundamental part of the depressive experience. A depressed person's cognitions have been seen to revolve around negative thoughts about the self, the environment and the future. These form the basis of the primary triad in depression formulated by Beck. Negativity about the self or self-critical thoughts are now believed to be fundamental to the concept of shame. Shame is an emotion which incorporates negative evaluations about the whole self bringing with it feelings of being unloved and undesirable by the self and others. Fundamental to feeling shame is self-criticism, a key factor in depression.

Severe life events in childhood which involve feelings of shame have been linked with future adult psychopathology. Experiences ranging from inadequate parenting, involving

rejection, over-protection and lack of emotional warmth, through to specific experiences of childhood abuse, may all play a role in setting up specific vulnerabilities which go on to present themselves in adulthood.

Objectives: To identify the process through which developmental vulnerabilites, perceptions of self and perceptions of voices may open up a pathway to depression.

Sample: More than 70 participants, male and female, from community mental health teams in Birmingham & Solihull Mental Health Trust and Derbyshire Mental Health Trust have been recruited. All participants have heard voices for a minimum of past three months and have a current diagnosis of schizophrenia or a related illness.

Methodology: Participants were interviewed, using Positive and Negative Symptom Scale (PANSS) and Calgary Depression Scale, to rate symptoms of psychosis and depressive status. Several self-completion questionnaires were then completed providing information regarding developmental experiences, (Childhood Trauma Questionnaire and s-EMBU (Experience of parenting); internal shame, (Function Scale and Self-Attacking/Self-Reassuring Scale), external shame (Other as Shamer Scale), perception of voices, (Power Scale (Voices), Level of Expressed Emotion Scale (adapted for voice).

Expected findings: It is proposed that experiencing traumatic childhood life events may result in the development of internal and external shame in adulthood. On experiencing auditory hallucinations in adulthood the voice hearer will then perceive voices as critical and hostile, due to their own internal shame. It is this intensification of shame by an 'external voice' that then proves to be depressongenic.

09.00 – 10.30 Invision Suite
Symposium: **Why and how to examine self-esteem?**
Convenor & Chair: Anja Wittkowski, University of Manchester
Discussant: Peter Kinderman, University of Liverpool

This symposium consists of a range of different presentations exploring the importance of self-esteem and its assessment. Self-esteem is an important aspect of understanding individuals and has been linked with a range of mental health problems. Low self-esteem has been associated with a greater severity of psychiatric illness, including depression and anxiety, and it has been considered as a vulnerability factor in the development of depression and psychosis. Numerous measures have been developed to assess self-esteem and self-concept in different client groups. This symposium will introduce a number of different assessment methods and report findings from non-clinical as well as clinical groups.

Anja Wittkowski examined the validity and reliability of the Robson Self-Concept Questionnaire (RSCQ) as an alternative to the Rosenberg Self-Esteem Scale (RSE). This 30-item self-report scale provides an indication of self-

esteem based on the dimensions of self-worth, significance, attractiveness, competence and ability to satisfy aspirations. Contrary to previous findings, the results suggest that the RSCQ is a one-dimensional measure, which correlated highly with the RSE and both subscales of the Hospital Anxiety and Depression Scale. A stepwise multiple regression analysis revealed that 33.4 per cent of the variance in RSCQ scores was explained by anxiety and a family history of psychiatric problems. Furthermore, female participants appeared to be particularly vulnerable to experience lower self-esteem.

Continuing with the concept of measurement, Joanne Cater is currently examining the utility of a self-esteem measure based on Barrowclough *et al.'s* interview technique. She presents findings from her follow-up investigation into the stability of self-esteem and its effect on symptoms of schizophrenia. In addition, the Self-Esteem Assessment Questionnaire is described in relation to positive and negative symptoms of schizophrenia with the aim of emphasising the multi-dimensional nature of self-esteem and its long-term impact on symptom profiles and outcomes.

Anjali Kapur explored the stability of self-esteem and its relationship to self-concept in a non-clinical population. Using the Kernis method, her research examined the relationship between stability and level of global self-esteem and content/ rating of dynamic self-representations (i.e. self-concept) over time for individuals. In a sample of 64 students, she observed that high levels of instability of global self-esteem were associated with lower levels of levels of self-actual:self-ideal consistency as well as lower levels of self-actual synonyms and self-ideal synonyms at two time points.

Using a very different approach, Rebecca Swarbrick investigated the self-structure of individuals who experienced paranoid delusions. The structural qualities of self-schemata were determined in two experimental groups (15 acutely unwell paranoid patients and 29 non-clinical controls) by asking participants to endorse pre-selected self-attributes and to position their chosen elements into social roles or identities. Paranoid individuals displayed reduced unitary and positive self-complexity (using Linville's and Woolfolk's models). Against predictions, greater self-complexity did not buffer against the impact of stressful life events on psychological functioning.

Paper 1: **Self-esteem, anxiety and depression: validation and reliability of the Robson Self-Concept Questionnaire**
ANJA WITTKOWSKI & SARA TAI, University of Manchester
Introduction and background: Self-esteem is regarded as one of the most important aspects of understanding individuals. It is clearly implicated in a wide range of mental health problems. Despite this, the concept of self-esteem has remained poorly defined and difficult to measure. The Rosenberg Self-esteem Scale (RSE) is one of the most widely used measures but it has been criticised for being an oversimplistic measure of self-esteem, which

does not account for the more multi-dimensional nature of self-esteem. Robson devised the Robson Self-Concept Questionnaire (RSCQ), which intended to address some of these shortcomings. It assesses self-esteem in relation to the dimensions of self-worth and significance, attractiveness, competence and ability to satisfy. Robson claims that the RSCQ is more comprehensive and easier for patients to complete than other measures, whilst retaining its meaningful dimensions. We investigated the validity and reliability of the RSCQ as an alternative to the RSE. The aim of the present study was to examine the relationship between self-esteem (as measured by the RSCQ and RSE), anxiety and depression in a non-clinical population. We predicted that the RSCQ would be a valid measure of self-esteem, correlating highly with the RSE and the Hospital Anxiety and Depression Scale (HADS). As part of this study, the factor structure of the RSCQ was also explored.

Method: In this questionnaire survey, 290 Manchester University students completed the RSCQ, the RSE and the HADS.

Results: The results suggest the RSCQ is a one-dimensional measure of self-esteem with high internal consistency and acceptable test-retest reliability. Contrary to previous findings, a meaningful factor solution could not be identified. The RSCQ was highly correlated with the RSE and both subscales of the HADS. Anxiety was associated with lower self-esteem, while a link between poor self-esteem and depression was not supported. A stepwise multiple regression analysis revealed that 33.4 per cent of the variance in RSCQ scores was explained by anxiety and a family history of psychiatric problems. Furthermore, female participants appeared to be more vulnerable to experience lower self-esteem.

Discussion and conclusions: The findings are discussed in relation to the relationship between self-esteem, anxiety and depression, as well as the clinical implications of the findings. Interestingly, the current sample showed lower RSCQ scores compared to women who reported childhood sexual abuse. Salsali and Silverstone argue that self-esteem increased with age. Lowered self-esteem in students may reflect their current position in their life cycle in terms of financial security, respect, social position and prestige, which are known to impact on self-esteem. However, the results also highlight the need for further normative data on the RSCQ. Although gender along with anxiety were implicated in predicting the variance in RSCQ scores in this study further studies are needed to determine if this gender bias is an artefact of the RSCQ or reflects genuine gender difference in self-esteem.

Paper 2: **Self-esteem and schizophrenia**
JOANNE CATER, CHRISTINE BARROWCLOUGH & NICK TARRIER, University of Manchester
Introduction and background: Low self-esteem, or evaluation of self-worth, is common among individuals suffering from a wide range of mental health conditions and has recently become an area of research interest in schizophrenia, although as yet there have been relatively few empirical studies. The few available studies suggest that self-esteem is influential in many aspects of schizophrenia, including symptomatology, experience of illness, quality of life, and recovery. However, this field of study has been limited by a number of factors including a lack of longitudinal research, difficulties in interpreting the construct, and problematic measurement techniques. Barrowclough et al. used an interview-based method of self-esteem assessment (SESS-sv), which was found to be superior to past measures of this construct. Using this measure, the authors found a relationship between negative self-evaluation and positive symptom severity and an inverse relationship between positive self-evaluation and negative symptoms. The general aim of the current research is to investigate the relationship of self-esteem to aspects of psychopathology in a clinical and a non-clinical sample, using new measures that address past inconsistencies in the self-esteem literature.

Method: The relationship between self-esteem and psychopathology was assessed in three ways:
1. A follow-up investigation of Barrowclough and colleagues study was conducted to address the stability of self-esteem and its effect on symptoms, relapse, and suicidality over time.
2. A new self-report measure of self-esteem was developed based on an established interview to see if the benefits of the SESS-sv are due to its interview format or to its specific conceptualisation of the construct. The psychometric properties of the measure and its relationship to positive and negative symptoms of psychosis were tested in a clinical sample.
3. A web-based study was conducted to further assess the psychometric properties of the new self-report measure and to examine the relationship of self-esteem with positive and negative psychosis-like symptoms in a non-clinical sample.

Results: To date, recruitment numbers are as follows:
1. Follow-up study: 29 participants have been available for follow-up and 60 sets of casenotes have been reviewed.
2. Measure Development: 170 clinical participants have completed the new questionnaire. A symptom interview has also been completed with 65 participants to date. Participants have completed a 3-month follow-up assessment.
3. Online study: 330 university students and staff completed web-based questionnaires, with 110 participants completing the questionnaires at three-month follow-up.

Recruitment has been concluded and analysis has begun, due to be completed by July 2006.

Discussion and conclusions: The goals of this research were to emphasise the multi-dimensional nature of self-esteem and its long-term impact on symptom profiles and outcomes, as well as produce a useful new measure that would be appropriate for use in both research and practice settings. Results and their clinical implications will be discussed.

Paper 3: The relationship between instability of self-esteem and self-concept in a non-clinical population
ANJALI KAPUR & ANJA WITTKOWSKI, University of Manchester & PETER KINDERMAN, University of Liverpool
Introduction: Markus and Wurf suggest that an individual's working self-concept is composed of dynamic self-representations that are important in the regulation of mood and behaviour. Higgins' Self-Discrepancy Theory posits that self-representation discrepancies are held between domains of the self and standpoints on the self: that is, discrepancy between 'actual' and 'ideal' selves leads to depression and between 'actual' and 'ought' selves leads to anxiety.

One aspect of self-concept is self-esteem: the attitudinal, evaluative component of the self. Due to the lack of consistency in defining and assessing self-esteem, its measurement to date has been varied. Kernis and colleagues pioneered methodology for the measurement of instability of self-esteem. Research findings suggest that instability of self-esteem for some individuals is associated with less optimal psychological well-being, and that the measurement of both instability and level of self-esteem are important.

To date, no study has explored the relationship between instability and level of self-esteem (using the methodology devised by Kernis & colleagues) and self-concept (using a measure of self-representation discrepancies), for individuals within a non-clinical population; in order to provide further insight into clinical vulnerability to mental disorders.

Method: This study was exploratory. A within-group, repeated measures design was used. Using opportunistic sampling, 64 Manchester University students were recruited and completed the modified Selves Questionnaire and the Hospital Anxiety and Depression Scale at two time points. In addition, they completed the Rosenberg Self-Esteem Scale twice daily for a week to establish self-esteem level and stability.

Results: Instability of self-esteem was not associated with level of self-esteem at Time 1, consistent with findings by Kernis and colleagues within their research. High levels of self-esteem instability were significantly associated with more self-actual/self-ideal (self-representation) discrepancy. Whilst instability of self-esteem was not associated with 'self-concept difference' score (a score of the difference in self-representation discrepancy between Time 2 and Time 1), it was found to be significantly associated with less actual-self and ideal-self synonym use (different word use) at both time points.
Conclusions: Results and their clinical implications will be discussed.

Paper 4: Exploring the levels of self-complexity in individuals experiencing paranoid delusional beliefs
REBECCA SWARBRICK, RICHARD BENTALL & ANJA WITTKOWSKI, University of Manchester
Introduction and background: Self-complexity theory proposes that self-descriptive information is organised into ideographically generated categories and that complexity of the self-concept acts as a buffer to stress-related illness and depression. In fact, self-simplicity was seen as a diathesis for psychological disorders, such as depression and low self-esteem. Using a multiple free-sorting task, Linville observed that self-complexity moderated the impact of stress on psychological well-being. In their attempt to further clarify the nature of relationships between affect, self-esteem and self-complexity, Woolfolk and colleagues considered positive and negative self-complexity as opposed to unitary self-complexity. The present study examined the role of self-complexity and its structure in relation to paranoid symptoms.

Method: Using a multiple free-sorting task, the self-structure of individuals who experienced paranoid delusions was examined and compared to the self-structure of non-clinical, matched controls. The structural qualities of self-schemata were determined in two experimental groups (15 acutely unwell paranoid patients and 29 non-clinical controls) by asking participants to endorse pre-selected self-attributes (including illness-related attributes) and to position their chosen elements into social roles or identities.

Results and conclusions: Paranoid individuals displayed reduced unitary and positive self-complexity (using Linville's and Woolfolk's models). Their responses on the negative index mirrored those of controls. The clinical group exhibited less differentiation within endorsed attributes, no overlap of self-descriptive elements and reduced identified social roles. Psychological well-being was inversely related to negative self-complexity and directly associated with positive self-structure. Against predictions, greater self-complexity did not buffer against the impact of stressful life events on psychological functioning. A strong inverse trend was observed between negative self-structure and length of present admission. Schizotypy was consistently associated with increased negative self-complexity, indicating a possible vulnerability marker for high-risk populations.

11.00 – 12.30 Congress Hall
Symposium: **Treatment of Personality Disorders: Cure, care or control?**
Convenor & Chair: Henck Van Bilsen, Kneesworth House Hospital

Patients with a diagnosis of personality disorder are considered the most challenging. In recent years many position papers and research documents, among them the position paper of the British Psychological Society, have discussed the challenges and opportunities these patients offer clinicians. In this invited seminar three eminent researchers and clinicians will present their perspectives on the treatment of personality disorders. The focus of their information base is slightly different. Arnoud Arntz will present the hard data on a randomised controlled trial conduted in the Netherlands, Mary McMurran will present skills traning programmes as part of the solution for

personality disordered offenders, while Art Freeman applies his vast repertoire of clinical excellence to optimising psychological therapy for personality disorders. All attendees of this symposium will be given a free copy of the Society position paper on personality disorders.

Paper 1: **Schema-focused vs transference-focused psychotherapy for Borderline Personality Disorder: Results of a multicenter trial**
ARNOUD ARNTZ, JOSEPHINE GIESEN-BLOO, RICHARD VAN DYCK, PHILIP SPINHOVEN, WILLEM VAN TILBURG, CARMEN DIRKSEN, THEA VAN ASSELT, ISMAY KREMERS & MARION NADORT, Mastricht University
Although there is general consensus that only prolonged and intensive psychotherapy can provide real recovery from Borderline Personality Disorder (BPD), almost nothing is known about the relative effectiveness of different approaches. The present study compared the (cost-) effectiveness of two psychotherapies for BPD aiming at a fundamental change: a modern psychodynamic approach (Transference-Focused Psychotherapy, TFP) and a schema-focused cognitive approach (SFT). In a multicenter trial 88 patients were randomised to either TFP or SFT and treated for a maximum of three years.

Results indicate a differential dropout, with TFP having more (early) drop-outs than SFT. Results indicate positive effects of treatment on all BPD criteria, on indices of psychopathology, on personality, as well as on quality of life. Significant differences between the two approaches as to treatment effects will be presented, focusing on number of recovered patients, symptoms, personality, quality of life, and cost-effectiveness. The results indicate that it is possible to successfully treat these difficult patients by prolonged psychotherapeutic treatment. Assessment of attentional bias to threat cues indicates that 'symptomatic' cure is accompanied by normalising of these automatic information processing characteristic, suggesting a deep and fundamental change. Moreover, results of a one-year follow-up indicate that recovery continues.

Paper 2: **Social problem solving therapy for people with personality disorders in forensic settings: Giving personality disordered offenders control of their own cure**
MARY McMURRAN, Nottingham University
The development of social problem solving therapy as a core component of a treatment programme for personality disordered offenders in a UK medium secure unit will be described. The success of this therapy will be described in terms of its appeal to offenders, its adoption by practitioners, pre- and post-intervention evaluations, and a randomised controlled treatment trial. Theoretical developments in understanding personality disorder in terms of social problem solving will be presented. A case will be made for giving personality disordered offenders the skills and the confidence to control their own cure, consistent with notions of empowerment and positive psychology.

Paper 3: **Treatment of patients with Personality Disorder**
ARTHUR FREEMAN, The Freeman Institute for Cognitive Therapy, Fort Wayne, Indiana
The patient with a Personality Disorder is often among the most difficult in the therapist's caseload. They may require more time in therapy and greater therapist energy than other patients while making less progress or change. They usually enter therapy for issues other than the personality disorder, notably depression and anxiety. Progress in these clients may be slowed or stopped by the personality problems. Depending on the disorder and the severity and manifestation of the disorder, these patients can become the individuals that therapists 'love to hate', in that they frequently arouse intense negative countertransference. Using narcissistic personality disorder as an example, this presentation will briefly review the theoretical, conceptual, and developmental issues in the etiology and treatment of NPD described in the Diagnostic and Statistical Manual, Fourth Edition-Text Revision.

Among the topics to be covered in the presentation will be: assessment and diagnostic criteria; concomitant psychological problems; treatment planning using Freeman's Diagnostic Profile System; issues of non-compliance with therapeutic regimen; treatment success and failure, and therapist response.

Presentation objectives: At the conclusion of this presentation, participants will be able to:
- identify and describe the steps required to develop a cognitive behavioural treatment conceptualisation for treating patients with NPD;
- use the Diagnostic Profiling System (DPS) to gather data and direct the therapy plan;
- describe the rationale for using cognitive and behavioural interventions;
- identify five cognitive interventions for treating patients with NPD;
- identify five behavioural interventions for treating patients NPD.

11.00–12.30 Invision Suite
Symposium: **Child-centric research: joining with the world of childhood**
Convener, Chair & Discussant: Corinne Reid, Murdoch University, Western Australia

Undertaking research with children has long been acknowledged as a challenging occupation. Traditional laboratory-based experiments often evoke boredom and even fear in young participants which arguably effects their performance. Schools are becoming increasingly restricted for space reducing access to school-based testing options. In terms of applied intervention research, structured treatment frameworks, such as those typically associated with randomised controlled trials are also of questionable ethical standing given the necessary inflexibility (standardisation) of treatment delivery, the lack of contextual validity associated with extremely restrictive

participant selection and testing, and the vulnerability of this population. This symposium will consider a new framework for conducting research with children: a child-centric research framework. This framework capitalises on the 'work' of childhood, that is, the commitment to play, in designing the research activity. It has been developed in Western Australia over the past decade and has proven productive with both intervention research and more experimental, basic developmental research. The papers in this symposium will discuss this framework, and present two quite different case examples of the application of child-centric research.

Paper 1: A person-centric research framework for practitioners committed to evidence-based practice

CORINNE REID, School of Psychology, Murdoch University, Western Australia

Evidence-based practice has, recently, become more inclusively defined by the APA as 'the integration of the best available research with clinical expertise in the context of the patient characteristics, culture and preferences'. This more encompassing definition offers new opportunities for practitioners to participate more fully in the wider discourse about what is likely to work for clients in therapy.

Introducing our trainees to client-responsive, practice-based, research methodologies is an important step in engaging in this conversation. Nowhere is this issue of contextual validity more important than when working with vulnerable populations such as children. This paper will present a person-centric research framework that is responsive to issues of contextual validity and highlights the unique contribution that can be made by practitioners.

To illustrate this point, this paper will be followed by two diverse case studies that have utilised this framework: the first an evaluation of a group treatment programme for children aged 4–7 years who have experienced sexual abuse; the second a basic research program called PROJECT KIDS which explores the markers of social, cognitive and emotional development in children aged 7-11 years. These examples will illuminate the potential of this framework to enhance both experimental (traditionally laboratory based) research as well as intervention research, the latter by drawing upon such approaches as Action Research, Developmental Intervention Research, Time Series Case Studies, Extended Mixed Method Research and Accountability (Evaluation) Research – approaches that are accessible to the ordinary practitioner.

I will argue that the person-centric research framework better equips practitioners to contribute to conversations about developmental issues in practice and to direct conversations about therapeutic effectiveness, without 'losing the person' in the data. In training our next generation of practitioners, this model offer new flexibility as well as the potential for new types of insight.

Paper 2: Early protective intervention: An action research, mixed–method study of a group treatment program for children who have experienced sexual abuse and their non-offending parent

CATHERINE CAMPBELL, School of Psychology, Murdoch University, Western Australia

Children who have experienced sexual abuse are at greater risk for the development of later psychological distress. For many children, the experience has a 'sleeper effect' that emerges at later life stages, often where sexual development is a salient feature (such as adolescence or parenthood). This program was designed as an early intervention or preventative programme for very young children (aged 4-7 years) who have experienced sexual abuse, to assist them in processing their experience and learning protective skills for the future whilst being vigilant to the possibility of retraumatisation. In developing a program for such a vulnerable group, and in the absence of solid research literature focusing on non-clinical samples, accountability in research design was critical. The person-centric research framework facilitated a decision to use a mixed method, action research approach, building a research strategy based upon iterative programme development and close collaboration with expert practitioners, parents and programme facilitators at all stages. These collaborative partnerships informed the development, evaluation and redevelopment of a unique programme that involved both parent and child in a supportive groupwork context. A mixed method approach to program evaluation involved triangulation of multiple quantitative and qualitative measures to develop a rich, contextualised appreciation of each child as they entered the program and as they progressed through it, and then as they moved into life beyond the programme. Individual case analysis provided accountability for each child and family, whilst cross-case analysis, using both summative and formative data, contributed to the overall sense of how the programme was progressing. An overview of this research process and programme outcomes will be provided.

Paper 3: PROJECT K.I.D.S: Exploring the cognitive, social and emotional development of 7–11 year old children

MIKE ANDERSON, School of Psychology, University of Western Australia & CORINNE REID, School of Psychology, Murdoch University, Western Australia

PROJECT K.I.D.S. is a unique research program that has involved over 2000 children between the ages of 7-11, over the past 12 years. PROJECT K.I.D.S. began as an innovative attempt at trying to make data gathering with children a less austere experience so as to improve task motivation and performance. It has evolved into something much more. PROJECT K.I.D.S. currently involves a team of 24 researchers, including postgraduate students, academic staff and practitioners. Each day during the school holidays, 24 children arrive for two consecutive, full days of a 'Holiday Activity Program' which has been built around a space theme and which is underpinned by a token economy system that rewards participation in a range of tasks. Over

the two week school holiday period, we have a total of 120 children at PROJECT K.I.D.S. Tasks range from inspection time computer 'games' to ERP brain recordings, to subtests of the WISC, the WCST, and various measures of personality, social and emotional development. However, each task has an additional PROJECT KIDS storyline that links it to the space theme so that all efforts during the day contribute to the building of a papier mache space ship and planet. Children complete each activity in 30 minute sessions interspersed with games and craft activities to preserve their attention and motivation. We have found that children seem to be additionally motivated in their performance by the presence of other children participating in the same tasks. For postgraduate students, PROJECT K.I.D.S. is a unique introduction to the world of working with children and to being part of a research team. For staff it offers rich datasets gathered in an ethical and contextually informed way – all 'tests' are built into the 'work' of childhood, that is, play. This paper will present some of the data from PROJECT K.I.D.S, including a 10-year follow-up of our first cohort. It will also explore key elements of this unique approach to developmental research.

13.30–14.30 Congress Hall
Keynote speaker
Evidence-based parenting interventions: Towards an empirically supported public health approach
MATT SANDERS, Parenting and Family Support Centre, The University of Queensland
As evidence accumulates showing the important role of parenting programs in both the prevention and treatment of child psychopathology, this presentation argues that the adoption of a public health perspective adds value to this work. Research evidence examining the impact of a multilevel system of parenting interventions known as the Triple P-Positive Parenting Program, is used to illustrate the opportunities, challenges and frustrations involved in moving from a clinical treatment model that reaches few parents to a wider preventive system that has wide population reach. The importance of using evidence to influence policy and practice is discussed.

Strategies for making this evidence more accessible to policy makers, service providers and consumers are presented.

14.30–16.00 Congress Hall
Symposium: **Triple P Positive Parenting Interventions: Facilitating uptake and engaging families and services**
Convenor: Rachel Calam, University of Manchester
Discussant: Mathew Sanders, University of Queensland

While parenting programmes have a strong evidence base as a way of helping families change, and are advocated in the NICE guidelines, their reach is often limited due to the very small proportion of parents who would be likely to benefit attending services. The papers included in this symposium look at ways of reaching parents through a range of strategies using the multi-level Triple P Positive Parenting Programme. The papers describe tests of media-based, universal strategies and self-directed approaches through to specific facilitative interventions with individual families to increase engagement. Issues for professionals, agencies and national policy will be discussed.

Paper 1: **Does self-directed and web-based support for parents enhance the effects of viewing a reality television series based on Triple P?**
RACHEL CALAM, University of Manchester, & MATT SANDERS, University of Queensland
Objectives: Concern about the limited reach of parenting programmes has prompted development of a public health approach to parenting support in an effort to improve the participation rates of families and thereby increase the population level impact of parenting interventions. Only a small number of studies have examined the impact of parenting programmes delivered within the context of a public health strategy. This study examined the effects of providing self-directed parenting materials and access to a web site designed to complement a television series based on the Triple P-Positive Parenting Program.

Design: Parents with a child between the age of 2 and 9 (N=454) were randomly assigned to either a standard, television alone viewing condition where they watched a six episode weekly television series *Driving Mum and Dad Mad* or an enhanced television viewing condition that included a self help workbook, extra web support involving downloadable parenting tip sheets, audio and video streaming of positive parenting messages and e-mail support.

Methods: On-line questionnaires, including Eyberg Child Behaviour Inventory, Depression, Anxiety and Stress Scale and a range of parenting and programme evaluation measures.

Results: Parents in both conditions reported significant improvements in their child's disruptive behaviour and improvements in dysfunctional parenting practices, and parental affect (anger, depression and stress). The effects were greatest for the enhanced condition who in addition reported decreased partner conflict over parenting and higher overall levels of programme satisfaction. Intervention effects were maintained at six-month follow up.

Conclusions: Using the media offers opportunities to reach families who have not enrolled in conventional parenting interventions, but who have substantial difficulties with their children. Implications for combining self-directed technology and media approaches as part of a public health approach to providing parenting support will be discussed.

Paper 2: **Self-help Triple P for conduct problems in children on CAMHS waiting lists: A pilot study**
GRETCHEN BJORNSTAD & PAUL MONTGOMERY, University of Oxford
Objectives: To measure the acceptability and suitability of a self-help parenting programme in the UK for families

referred for mental health services for their child's behaviour and conduct problems.

Design: A small cohort study of families from waiting lists for mental health services who received self-help Triple P. Outcome measures were administered before and after treatment followed by a qualitative study to assess the suitability of the intervention for this population.

Methods: Families were recruited from waiting lists for Tier Two psychology services in Oxfordshire and Buckinghamshire CAMHS teams, based on referrals for behaviour problems and scores above the clinical cut-off on the Eyberg Child Behavior Inventory. Ten families participated in the study and all participants received the intervention. Child behaviour problems, parental mental health, and parenting strategies were measured to assess changes over the course of the intervention. Weekly parental reports of child behaviour were also collected by telephone contact. Qualitative interviews were used to collect parents' feedback on the intervention.

Results: The preliminary results are promising and indicate that child behaviour improves over time with this programme and that parents have positive views of the intervention, although compliance with treatment varies greatly. As this is an ongoing study, up-to-date results will be presented on the day.

Conclusions: This exploratory research introduces a type of parenting intervention for children with conduct problems that is low-cost and requires fewer resources than standard treatment through the NHS. Parents generally see it as an appropriate and acceptable form of treatment that they can use immediately after referral while waiting for treatment. It could therefore be considered and tested as a way to reduce costs and waiting lists lengths in child psychology services within the NHS. A randomised controlled trial is needed to test the effectiveness of this intervention for this population.

Paper 3: **Hard to reach or just left out? Is there more we can do to engage parents into services?**
CLAIRE HALSEY, North Staffordshire Combined Healthcare NHS Trust
Objective: This paper reports on the most recent thinking on increasing attendance at clinical services and parenting services in particular. Outcomes of research designed to raise attendance at a group parenting intervention - Positive Parenting Programme (Triple P) - will be discussed.

Design: This paper describes an RCT testing a brief intervention delivered prior to involvement in a parenting programme and designed to increase attendance and subsequent clinical outcomes. Hypotheses 1 was that a brief intervention using cognitive and other strategies would affect attendance. A second hypothesis concerned parental mental health, ie that parents with greater mental health difficulties would be less likely to attend overall and would achieve fewer clinical benefits.

Methods: Parents referred to our Triple P service were invited to participate in the research. Eighty-two parents were allocated into experimental or control groups and received a pre-group experimental intervention or a control intervention of child observation. They then attended a Triple P group delivered by a group leader blind to the participants' status as control or experimental. Attendance and outcome data were then collected, measures used included the Strengths and Difficulties Questionnaire and the Depression, Anxiety, Stress Scale.

Parents in the experimental group received a brief intervention considering and resolving barriers to attendance using cognitive and other strategies.

Results: The intervention did increase attendance and it doubled the number of parents who attended the full intervention of eight sessions compared to the control group. The primary issues hindering attendance were practical issues of childcare and social issues such as anxiety and interpersonal stress.

Conclusions: Parenting is increasingly the focus of psychological work and receives substantial government emphasis (e.g. the Respect agenda). Backing up, or prompting, this emphasis is the availability of work identifying the potential reduction in human distress, and savings in public expenditure, made by addressing conduct disorder through parenting interventions. Drezke *et al.* state: 'The cost of conduct disorder is high with costs incurred by many agencies. A recent study suggested that by age 28, costs for individuals with conduct disorder were around 10 times higher than for those with no problems, with a mean cost of £70,019. Criminality incurs the greatest cost, followed by education provision, foster and residential care and state benefits.' Parenting programmes, the intervention of choice where conduct difficulties are concerned, are therefore of prime importance in achieving change for children and families. Yet, anecdotally, the attendance rate is low and drop out high.

This paper recommends some evidence based suggestions for increasing engagement and attendance including a brief pre-group intervention using cognitive and other strategies to reduce barriers to attendance. The linkage between parental mental health/stress and attendance and outcomes will also be considered. Finally 'hard to reach' families will be considered and suggestions made to revisit the usefulness of this label – do we really mean 'just left out' and what can we do to increase our efforts in this area?

Paper 4: **Teen Triple P in multi-agency practice: What are the outcomes for professionals and for parents?**
CHARLOTTE WILSON, University of East Anglia, BRIGITTE SQUIRES & TOM JEFFORD, Youth Offending Service, Cambridgeshire
Background and objectives: Triple P is a multi-level parenting programme that has been widely evaluated and researched, and has shown to be beneficial to many different kinds of families with different kinds of problems. However, there is little research showing that Teen Triple P has beneficial effects for clinically referred families in the UK.

In Cambridgeshire, professionals working across different agencies and different geographical areas were trained in individual and group Teen Triple P. This talk describes the initial stages of setting up Teen Triple P across the different agencies in Cambridgeshire and provides data on the learning outcomes for professionals across training, accreditation and practice and also the initial outcome and satisfaction data from parents accessing the programme.

Design: Data from nineteen professionals were collected before and after training, after accreditation and two months after accreditation. Qualitative data were also collected using interviews. Data from parents were collected before and after their involvement in a Teen Triple P Programme.

Methods: A questionnaire assessing professional self-efficacy and confidence was administered before Teen Triple P training, after training, immediately after accreditation (three months after training) and two months after accreditation. Measures of child behaviour, parenting behaviour, parent-child conflict, conflict between parents, parental mental health and parental relationship quality were taken at the start and end of every Teen Triple P programme conducted by a professional and a satisfaction measure was also taken at the end. Professionals were interviewed for their views of the programme and key learning points extracted.

Results: Preliminary results from both the professionals and the parents will be presented.

Conclusions: The results will be discussed in light of the the NICE guidelines for parenting interventions for children with conduct disorder, and the professionals' qualitative interview data. This will include discussion of barriers to implementation of Teen Triple P, decision making with regards group vs individual programmes and the wider service impacts of multi-agency working on a specific project.

14.30–16.00 Invision Suite
Rapid communication session
Chair: Sarah Newton, Plymouth Teaching Primary Care Trust

A study of the recommendation outcomes of females seeking NHS funded plastic surgery
STEPHEN KELLETT, Barnsley PCT NHS Trust & SUZANNE CLARKE
Objectives: The central aim of this study was to assess the relationship between the clinical and psychometric details of women seeking plastic surgery and the subsequent decision to recommend either physical or psychological intervention.

Design: Clients seeking plastic surgery from Primary Care were referred for routine psychological assessment as part of a care pathway. An outcome decision was made based on assessment details to either recommend surgical intervention, psychological intervention or psychological intervention prior to surgical intervention. All assessments were completed by a female consultant clinical psychologist.

Methods: During the study period 64 women attended seeking breast augmentation (n = 23), breast reduction (n = 23) or adominoplasty (n = 18). Clients were assessed via collection of biographical and clinical information, with each client completing the Beck Depression Inventory-II, Brief Symptom Inventory, Inventory of Interpersonal Problems, Body Dissatisfaction Scale and the Experience of Shame Scale.

Results: Results indicate that women seeking breast augmentation were least likely to be recommended for future surgical intervention and most likely to be recommended to receive psychological intervention. An association between psychological distress and non-recommendation across all clients was found, with higher levels of distress on measures likely to predict recommendation for subsequent psychological as opposed to a physical intervention.

Conclusions: The study is discussed in terms of methodological limitations, the factors that may identify clients seeking inappropriate surgery and the need for developing national care pathways for the psychological assessment of clients seeking plastic surgery.

Mental disorders in Chronic Obstructive Pulmonary Disease (COPD)
CLAUS VÖGELE, Clinical & Health Psychology Research Centre, School of Human and Life Sciences, Roehampton University
Objectives: To assess mental disorders in patients with COPD and to identify moderating factors explaining any mental co-morbidity.

Methods: We used a standardised clinical interview and compared results with a clinical control group (CCG) in order to test for specificity of mental disorders in COPD. Study participants included 20 patients with COPD and 20 patients with orthopaedic conditions. All were hospitalised at the time of investigation. COPD patients underwent lung function testing in order to assess levels of disease severity (FEV1/VC, rtot, Pa,O2). CCG participants were free of any pulmonary dysfunction. Patients were assessed using a semi-structured clinical interview (DIPS) designed to assess mental disorders on Axis I of the DSM-IV. In addition, participants completed a range of questionnaires assessing agoraphobic and panic cognitions, perception of bodily sensations and perceived level of medical information provided.

Results: More than half of COPD patients (55 per cent) received a primary diagnosis for a mental disorder compared to 30 per cent in the CCG group. All principal diagnoses in the COPD group were anxiety disorders with the most common subtype being Panic Disorder with Agoraphobia. No systematic association was found between anxiety levels and respiratory function. COPD patients reported higher levels of perceived bodily sensations compared with persons in the control group.

Conclusions: Panic Disorder with Agoraphobia is common among COPD patients, although this is unrelated to objective measures of lung function impairment. Instead, the results suggest that anxiety in COPD patients may be

mediated by cognitive processes. It is concluded that cognitive-behavioural treatments need to be adjusted so as to take into account the tenuous balance between proper monitoring of physical symptoms that could signal actual danger while reducing catastrophic misinterpretation of benign physical sensations. Perhaps helpful in finding this equilibrium between appropriate monitoring and hypervigilance while also improving mobility could be targeting the agoraphobic avoidance that seems to be prevalent among anxiety disordered COPD patients.

Going beyond the tip of the iceberg. STEPS: A multi-level/ multi-purpose service for common mental health problems
JIM WHITE, STEPS Primary Care Mental Health Team, Glasgow & Clyde NHS
While CBT approaches are strongly recommended for the treatment of common mental health problems, the reality is that these services are scarce on the ground, relatively low volume, involve high drop-out and significantly poorer outcomes at the routine clinic level than at the research centre level. Indeed, it is hard to find good evidence that CBT is better than GP treatment as usual at follow-up. Long waiting lists are the rule in the National Health Service. Services, even at the primary care level, tend to focus on well-entrenched problems and little preventative or early intervention work is carried out. In addition, these approaches often fail to take into account the adverse social realities experienced by many service users.

As we, on the whole, rely on passively waiting for GPs to refer to us, we are unable to help the large number of people with these conditions who do not seek help those missed or misdiagnosed at the primary care level. Most CBT approaches are based on a 'cure' model when, for many, a 'containment' model may be more realistic. Those with common mental health problems, at the primary care level, are more likely to be offered person-centred counselling or complementary therapy than CBT while there is growing concern at the amount of anti-depressant prescribing. In part, this is due to GPs having a lack of viable referral options. While the Layard proposals appear to be gathering influence, they amount only to 'more of the same' where the 'same' has not proven to be either particularly effective or efficient. There is a need to look at radically altering the way we provide services.

Stepped-care CBT models have the ability to greatly expand the options at the primary care level – not only to improve individual therapy but to develop more population-based approaches. 'STEPS' is a CBT primary care mental health team in a deprived area in Glasgow. We have developed a high volume multi-level/multi-purpose service that attempts to tackle the above problems. At the clinic level, we can offer individual therapy and a range of 'rapid access services' (RAS) that offer a real alternative to prescribing and allow user choice. Individuals, not referrers, are responsible for choosing the RAS. Currently, these RAS include 'stress control' large group (100+) evening classes, advice clinics and advice lines, Mental health sections in public libraries, 'book prescribing' schemes, support groups

run by an 'expert patient', self-help book series, website (www.glasgowsteps.com) and exercise options. At the community level, we are working with, and training, others, going into schools and developing awareness raising approaches (Good Mood Week, DVD, 'StressMaster' days, etc). We are a Scottish Executive Exemplar site. This paper will describe the service and look critically at the evaluation of our first year.

The psychological impacts of domestic violence
ROXANE AGNEW-DAVIES, Institute of Primary Care & Public Health, London South Bank University (formerly Head of Psychological Services for Women, Refuge)
Objectives: To provide normative data on psychological impacts of domestic violence on women living in UK refuges using standardised measures.

Design: One in four women experience domestic violence at some point in their lives and one in nine report assault in the preceding 12 months sufficiently severe to require medical attention. Bridges into Mental Health was a three-year research programme funded by the Department of Health to explore women's self-reported experiences of domestic violence, the consequences for their psychological well-being and the efficacy of specialist support.

Method: Some 380–508 women living in UK Refuges completed a demographic questionnaire, CORE (Clinical Outcomes of Routine Evaluation), Beck Depression Inventory, Beck Anxiety Inventory, Trauma Symptom Inventory, Impact of Events Scale and the Inventory of Interpersonal Relationships. They also completed The Experience of Abuse Questionnaire (EAQ), a 99-item measure derived from the Psychological Maltreatment of Women Inventory and Severity of Violence Against Women scales to rate the frequency of behaviours typical of an abuser over the course of the relationship. 103 women provided data following repeated administration of CORE to explore the efficacy of Refuge support for women escaping domestic violence.

Results: A total of 88 per cent women were abused by their partner or ex-partner; 77 per cent for over one year. 63 per cent of women were fleeing from a cohabiting partner and 26 per cent a partner from whom they had previously separated. Thirty-one per cent of respondents were under 25; 49 per cent were white. Factor analyses suggest eight distinct aspects of abusive behaviours: dominance (abuse of power), violence/intimidation, isolation tactics, severe violence, sexual abuse, abuse of children, and financial control. EAQ prevalence and frequency scores (summing the total scale and factors scales) were associated with victims' psychological symptoms on a variety of measures; 67-74 per cent obtained clinically significant scores across multiple measures of psychological well-being. Scale scores were highly correlated across measures.

Conclusions: The first large-scale UK study of victims of domestic violence provides normative information about the psychological impacts of domestic violence. Over various measures, 70 per cent women suffer clinically

significant mental distress indicating the need for specialist support within refuge settings. Inter-relationships between measures are examined for implications in practice and to identify assessment tools that can inform practitioners planning therapeutic support to clients who experience abuse.

'Mind Yourself': Can a strengths-based community intervention model contribute to adolescent suicide prevention?

PAUL GAFFNEY, KIERA COSGROVE & VINCENT RUSSELL, Health Service Executive, Ireland/National Suicide Research Foundation, Ireland.

Objectives: To examine if a strengths based community intervention group model can positively enhance emotional intelligence and depressive thinking and in an adolescent sample.

Design: Randomised control study using pre and post intervention quantitative measures and also including qualitative self-report measures.

Methods: Participants were recruited through secondary schools and assigned to either a control (277 participants) or experimental (336 participants) group. Questionnaires (Birleson Depression Inventory and Bar On Emotional Intelligence Scale – Youth Version) and a qualitative self-report measure were distributed pre and post the two session intervention. The intervention involves a strengths based group process using cognitive behavioural and solution focused strategies and exercises covering problem solving in session one and allowing for participants to select particular items for the second session (such as bullying, peer relations and sexuality).

Results: Statistical analysis included both qualitative and quantitative analysis, and the use of parametric and non-parametric tests. The qualitative analysis considered the responses to the individual qualitative questionnaire, while quantitative analysis of variance examined the emotional intelligence and depression measures. Preliminary results suggest that the intervention produced positive findings in terms of emotional intelligence.

Conclusions: The findings suggest that this intervention may have potential merit as a community strategy due to the number of participants able to receive the intervention and the focus on developing existing personal strengths and not focusing exclusively on pathological items.

16.30–17.30 Congress Hall
Keynote speaker
Cognition in depression and mania
BARBARA SAHAKIAN, Professor of Clinical Neuropsychology and Honorary Consultant Clinical Psychologist, Department of Psychiatry, University of Cambridge School of Clinical Medicine, Addenbrooke's Hospital, Cambridge
The inclusion of cognitive symptoms in the DSM-IV criteria for major depressive and manic episodes highlight the importance of cognition in both of these psychiatric disorders. For example, criteria for diagnosis of depression includes a diminished ability to think or concentrate and indecisiveness nearly every day and for mania includes distractibility. In addition, numerous studies have demonstrated wide-ranging cognitive deficits in depression and mania, affecting for example psychomotor slowing and memory and executive function. Some residual cognitive deficits are also evident in a proportion of remitted subjects, even when controlling for mood.

Residual deficits indicate that some cognitive deficits persist across mood episodes and occur independently of mood state. Consistent with this evidence, several studies have suggested that during remission patients with bipolar disorder may not achieve functional recovery. Therefore, particularly in bipolar patients, cognitive problems may impair performance of everyday functioning and prove the biggest barrier for rehabilitation, as well as affect patients' ability to engage with psychological treatment.

Recent studies have shown that there may be core underlying psychological concepts that might explain the pattern of cognitive deficits obtained, such as an abnormal response to negative feedback or narrowing of attentional focus. An abnormal response to negative feedback has been found in depression, particularly in the elderly, and it appears to differentiate patients with depression from other patient populations. In false-feedback studies, performance in depressed subjects is especially affected by misleading 'emotional' negative feedback. These studies point to an underlying process, an abnormal response to negative feedback, which may explain deficits across a broad range of tasks. Further understanding of the dysfunctional reward system in depression may also help to explain the key symptom of anhedonia. Other recent studies have shown that in an emotional go/no go task depressed subjects show an attentional bias for the negatively valenced stimuli (sad words). Importantly, in contrast to this, patients with mania have an attentional bias for positively valenced material (happy words).

Differences in the performances of patients with depression and mania have also been shown in tasks of decision-making. Therefore, as would be expected from the symptomatology of the two disorders, patients do appear to have differences in cognitive profile, for example, with depressed patients with negative biases and unimpaired quality of decision-making in contrast with manic patients exhibiting positive biases and suboptimal decision making. The differential pattern of performance of patients with depression and mania appears especially evident on 'hot' cognitive tasks with an emotional component subserved by neural networks including the orbitofrontal/ventromedial prefrontal cortex, regions of interest previously identified in neuroimaging studies of subjects in depressive or manic states.

The evidence presented provides good grounds for believing that cognitive deficits are a core component of depression. The key to understanding these debilitating and distressing mood disorders, and to developing and providing both preventative health measures and novel effective

treatments, lies in a thorough understand of cognition and emotion, and their neural substrates.

16.30–17.30 Invision Suite
MB Shapiro Award lecture
Dementia: the final frontier?
BOB WOODS, Professor of Clinical Psychology of Older People, University of Wales Bangor
One of the consequences of a society where increasing numbers of people are over 80 years of age is a growth in the number of people experiencing changes related to a dementia. Dementia is a major challenge to health and social care systems and few families now do not have personal experience of the care needs of a member with dementia. Alzheimer's and the other forms of dementia make headline news relatively often, and are represented in literature, TV soap operas, dramas and films. Yet, for all this exposure, dementia remains for many a cause of disquiet and fear, rated by many as a state worse than death. The involvement of clinical psychology in the dementia field has been relatively slow to develop, in relation to the extent of the disorder. However, the involvement can be charted over at least a 50-year period, moving from a focus on assessment to an approach which includes evidence-based psychological interventions, recognised in the recent NICE-SCIE guideline on the management of dementia. Fundamental to the psychological approach has been the 'rediscovery' of the person with dementia, alongside a recognition of the needs of family and other care-givers. The focus on the perspective of the person with dementia has led to reconsideration of concepts such as 'personhood' and 'awareness' and attempts to evaluate the quality of life experienced by the person with dementia. Psychological interventions are now being developed aiming to support relationships between people with dementia and those providing care, with promising initial results. There remain many aspects of dementia which are difficult and debilitating, but a fuller picture of dementia and its consequences, including some areas of hope and the potential for development, can now be envisaged.

Posters

1. Theory of mind in children who are deaf
SARAH A. KENT & EVE KNIGHT, University of Coventry & University of Warwick
This study investigated theory of mind in children who are deaf. Atypical theory of mind development can have serious clinical implications. Previous results have shown that deaf children perform poorly on theory of mind tests. However, many studies in this area failed to use adequate control groups or used poorly matched groups. Using a well matched control group, this study tested whether deaf children have impaired theory of mind compared with hearing children. Sixteen deaf children, 8 to 11 years old, were pair-wise matched with hearing children on gender, chronological age, and non-verbal abilities (Raven's Colored Matrices). Theory of mind was assessed using three false belief tests: a standard first-order false belief test, a first-order false belief test with reduced language demand, and a second-order false belief test. Deaf children were impaired on the first-order false belief test with reduced language demand, but not on the standard first-order false belief test or the second-order false belief test. It was unexpected that deaf children performed worse on the reduced language demand test than the standard version of the test. One possible reason for this is the increased complexity of the reduced language demand test. The results from the other false belief tests are in contrast to previous findings, and suggest that deaf children do not have impaired theory of mind when compared to hearing children. The methodological implications of the use of different false belief tests and well-matched control groups were considered. The findings were discussed with regard to clinical implications of atypical theory of mind development.

2. Yoga a magic wand for the physically challenged
ARVIND MALIK, Dyal Singh College, & BALVINDER, District Institute of Education and Training, Shahpur
According to a latest UN report 700 million people in the world have a significant disability. About 10 per cet of the population, that is, about 70 million of the disabled are children of school going age. Dependence creates a negative attitude among these children. The best way to eliminate negative attitudes is to empower the child to the maximum extent by using appropriate aids, giving education, exercise and training. Yoga developed in India thousands of year ago, is recognised as a form of mind-body medicine. In yoga, physical postures and breathing exercises improve muscle strength, flexibility, blood circulation and oxygen uptake as well as hormone function and neuromuscular co-ordination. A study was conducted to investigate the effect of yogic exercise on the physical and mental well being, and social implication of Yoga on 53 children with disabilities (14 had hearing, 18 visual and 11 locomotor impairment and 10 were mentally retarded) between 12 to 17 years of age. All children performed yogic exercises which included simple physical postures and 'pranayam' for 30 minutes per day, six days a week for three months. In two different groups (the first group having hearing and visual impairments and the second group include locomotor impairment and mentally retarded children). The yogic training produced significant improvement in the general health of these children in terms of body weight, blood pressure reduction, improved lung function, strength and flexibility in all children. But better results were found in the children participating in the second group. Further, after yogic training, significant improvement in various parameters of mental and social health such as better sense of well being, improved concentration, self-confidence, improved efficiency, good interpersonal relationships, increased attentiveness and lowered irritability levels were indicated by feedback score.

3. Association between infants' and toddlers' television viewing and language development

NICHARA RUANGDARANON, Ramathibodi Hospital, Mahidol University, Bangkok, JARIYA CHUTHAPISITH, Division of Psychiatry, Duncan Macmillan House, Nottingham, LADDA MO-SUWAN, Department of Paediatrics, Prince of Songkla University, Thailand, SUNTHAREE KRAIVERADECHACHAI, Ramathibodi Hospital, Mahidol University, Bangkok, UMAPORN UDOMSUBPAYAKUL, Ramathibodi Hospital, Mahidol University, Bangkok, CHANPEN CHOPRAPAWON, Ministry of Public Health, Bangkok

Objectives: This study had three purposes: (a) To study the amount of time children age 6 months, 1 year and 2 years, spent on watching television (b) to investigate the relationship between television viewing time and language development of children at age 2 and (c) to study parental perception on the association between television viewing and their children's language development.

Design: Prospective birth cohort study.

Methods: Data obtained from the Prospective Cohort Study of Thai Children (PCTC), Health System Research Institute, Bangkok, Thailand. Study members were followed at the age of 6 months, 1 year and 2 years (N = 260, 245 and 203 respectively). Parents were asked to fill out a questionnaire about television viewing time and were phone interviewed on their perception to television viewing. Every child was assessed language development at the age of 2 by using pictures from the Clinical Linguistic Auditory Milestone Scale (CLAMS) and their parents report. Association between television viewing time and delayed language development was determined.

Results: Ninety six per cent of 6-month-olds was reported to watch television. Ninety-two per cent and 77 per cent continued watching television at 1 year old and 2 years old respectively. The mean viewing time was 1.23+1.42 h/day at 1 year old and 1.69+1.56 h/day at 2 years old. Six months old children who 'often' (four or more days per week) watched television had significant increase in the number of viewing time >2 h/day at the age of 2. Among 203 two-year-old children, 16 children had delayed language development. However, this study found no association between television viewing and delayed language development. Three fourth of parents believed that television viewing yielded benefits to their children's cognitive, language and social development. Mothers who had educational level <12 years significantly believed that television viewing improved their children's cognitive development.

Conclusions: Television watching habits in infants had an influence on television watching habits in toddlers. This study cannot determine the correlation between television viewing and language development. However, parents should be encouraged to be aware of their children's television viewing and should be informed about the recommendations of AAP in order to help children to become better television viewers.

4. Families and mental health: Exploring the need for a service to support children whose parents have a diagnosed mental health problem

REBECCA LUNT, ENNO KUTTNER & FAY COOK, Wolverhampton Child & Adolescent Mental Health Service

Objectives: To explore the potential level of need for a specialist service to support children whose parents have a diagnosed mental health problem by identifying the number of patients who are parents in Wolverhampton. To gather baseline audit data to determine whether Wolverhampton Adult Mental Health Services are currently recording information regarding the parenting status of patients and welfare of their children in accordance with good practice guidelines published by the Royal College of Psychiatrists.

Design: A checklist style questionnaire was used allowing a large amount of information to be obtained in a form that could be analysed with ease.

Method: 100 case files open to Adult Mental Health Services in the South East sector of Wolverhampton were audited. Inclusion criterion required patients to have a primary diagnosis of schizophrenia, depression or anxiety disorder. Files were then chosen randomly to be audited. The audit tool was based on the recommendations made in the 2002 report *Patients as Parents* published by the Royal College of Psychiatrists. These included a series of questions that all adult mental health workers (in particular Psychiatrists) should ask of any adult service user to ascertain their parental status and any associated issues that this may cause.

Results: The audit revealed that information on the patient and their role as a parent was well documented in files, with 70 per cent of files indicating that the patient was a parent. Where a patient was found to be a parent, information regarding the number of children was recorded in the majority of files, with the gender and ages of the children recorded in at least two thirds of cases. Very little information was recorded regarding sources of support for the patient within their parenting role, how the parent's specific diagnosis may influence their role as a parent, and any concerns for the child's emotional and physical welfare.

Conclusions: Whilst it can be concluded that adult mental health services do routinely record information regarding whether their patient is a parent or not, it is not done so in a systematic way. Where information was collected regarding the parenting status of patients and welfare of the children, it was found distributed throughout the file, and did not appear to be collected as standard practice through an initial assessment tool or the Care Programme Approach. Such findings support a growing body of evidence suggesting that Adult Mental Health Services take an individualised approach to care planning without incorporating the needs and resources of all family members. The audit completed was the first phase of a project funded by the Children's Fund to assess and address the needs of children and families where there is one or more parent with a diagnosed mental health problem. A Voluntary sector agency has

now been commissioned to work in collaboration with CAMHS and Adult Mental Health to deliver an innovative service to support children and families in these circumstances.

5. Exploring explanation, metacognitive belief and thought control strategies in a spiritual and non-spiritual group

JATIN PATTNI, Lincolnshire Partnership NHS Trust, & NOELLE ROBERTSON, Leicester University

Objectives: According to the Metacognitive model hallucinations are normal events arising from dissonance between metacognitive beliefs and intrusive thoughts. Distress occurs when the absence of a culturally acceptable explanation evokes a threatening appraisal of the hallucination. This is marked by the use of unhelpful thought control strategies including punishment, reappraisal and worry.

The hypothesised relationship between culturally acceptable explanations and use of unhelpful strategies has not been explored in the research literature despite being central to the metacognitive model. The present study tested this hypothesis by comparing a spiritual and non-spiritual group.

Design: A between and within-subjects design was deployed with spiritual belief as the independent variable. Predisposition to hallucination (LSHS), metacognitive beliefs (MCQ), thought control (TCQ) and anxiety (STAI) comprised dependent variables. Demographic information including age and gender were also collected.

Method: Participants were recruited from local adult education colleges and the Spiritualist National Union register of mediums. A convenience sample of 60 participants (32 non-spiritual and 28 spiritual) was accessed.

Results: Both groups showed significant positive associations between hallucinatory disposition and self-consciousness. However only the non-spiritual group showed significant positive associations between hallucinatory predisposition and worry, punishment and reappraisal thought control strategiess.

Conclusions: The results upheld a metacognitive interpretation: that holding culturally acceptable explanations for hallucinatory experiences mitigated distress by not activating unhelpful strategies. Mechanisms underpinning the phenomena are discussed and suggestions made to increase sample size by grouping beliefs according to 'threat' or 'mastery' rather than content.

6. The challenge of a psychological therapies service in an acute inpatient setting: A pilot study to assess the effectiveness of a brief CBT delivered in an acute inpatient setting

HANNAH WILSON & ISABEL CLARKE, Hampshire Partnership NHS Trust

Introduction: The poster describes the provision of general psychological therapies services for a new acute psychiatric inpatient unit. The aim of this service is to combine brief CBT individual client work with input to the psychological

thinking of the team, in the form of consultation, supervision, reflective practice and a DBT service. The pilot evaluation of the brief form of CBT, especially devised to meet the challenges of the in-patient setting is presented.

Method: The intervention comprised: simple formulation, management of arousal, emotional coping techniques and discussion of general lifestyle management. Number of therapy intervention sessions ranged from one to six. Data is presented on 14 clients.

Pre and post therapy measurement concentrated on self efficacy and management of emotions, and goal achievement, (as opposed to symptom change). Measures employed were:
■   CORE;
■   The Mental Health Confidence Scale and Locus of Control of Behaviour Scale;
■   A specially devised scale for measuring emotional coping;
■   An individual goal setting measure.

Results: Differences in the pre and post therapy scores suggest that service users felt:
■   more able to cope with emotions;
■   had a greater internal sense of control;
■   felt more confident in dealing with their emotions;
■   felt more confident in employing strategies to deal with strong emotions.

Conclusions: The evaluation data on a small number of cases suggests the effectiveness of the approach, the usefulness of the specially devised scale, and the need for wider testing of the model. Psychological services can contribute to developing a therapeutic milieu in an in-patient acute setting in a number of ways:
■   staff support and training;
■   reflective practice;
■   ongoing supervision;
■   group and individual therapy.

7. The effect of dysphoria on memory for autobiographical and non-autobiographical material

GEORGINA COX, AISLING MANNION & PETER CHAPMAN, University of Nottingham

Objectives: Depression and dysphoria have been shown to affect the retrieval of autobiographical memories. In addition, dysphoria also affects the recall of experimentally presented stimuli; however, few studies have investigated these two types of memory deficits within a single study.

Design: The Autobiographical Memory Test (AMT) was used to assess autobiographical memory specificity in response to positive, neutral and negative cue words. In order to assess memory for experimentally presented material, positive, neutral and negative pictures and words from the International Affective Picture System (IAPS) and Affective Norms for English Words (ANEW) respectively were selected and memory assess via free, cued and recognition memory tests.

Method: 47 female participants who scored high (>20, N=24) and low (<12, N=23) on the Beck Depression Inventory Second Edition (BDI-II) were selected to take part

in the study. The study took place over two testing sessions two weeks apart. In the first testing session, participants were exposed to the experimental stimuli. In the second session the free, cued and recognition memory tests were undertaken for the previously viewed stimuli. The AMT was completed in the second testing session and was administered verbally by the researcher.

Results: Chi-squared tests indicate that there is a significant relationship between memory specificity and dysphoria, with dysphoric individuals recalling proportionally more non-specific memories than non-dysphoric individuals. The Linguistic Inquiry and Word Count program used to analyse the proportion of positive and negative affective content contained in the autobiographical memories and revealed that the dysphoric group recalled memories significantly higher in negative affective content in response to negative cue words compared to the non-dysphoric group. There were no group differences concerning recall or recognition for experimentally presented stimuli.

Conclusions: The study shows that dysphoria affects the recall of autobiographical memory but does not affect memory for experimentally presented emotional material, suggesting a specific rather than global impairment in emotional memory processes in this population. The high level of negative content contained in memories retrieved in response to negative cue words by dysphoric individuals suggests the presence of a pervasive negative schema which is likely to exacerbate and prolong depressive symptoms. Finally, the current study indicates that deficits in memory specificity are prevalent within sub-clinically depressed individuals, making this population important to study in order to shed light on the function of such memory style retrieval.

8. More than just 'beds and meds': using Weekly Activity Planning (WAP) to improve activity levels and therapeutic engagement in psychiatric in-patients

SUSAN GREY, PHILIPPA EAST, ALISON GRACIE, ROSIE MOORE & SOPHIE BELLRINGER, Institute of Psychiatry and South London & Maudsley NHS Trust

Objectives: With the shift of mental health care into the outpatient setting, inpatient provision has become more focussed on the short-term management of acute patients, prioritising medication adjustment, symptom stabilisation and return to the community. Without the assertive promotion of activity and engagement, patients can easily become vulnerable to apathy and boredom and miss out on the broader therapeutic support provided by the ward. In an effort to address this problem, the present study evaluated the impact of individual Weekly Activity Planning (WAP) on levels of patient activity on an 18-bedded male psychiatric ward.

Design: Patients' attendance at group activities were compared during a six-week baseline period and six-week WAP intervention period.

Methods: All patients on the ward were considered for inclusion in the Weekly Planning programme. This intervention consisted of one-to-one sessions delivered by a psychologist. In each session the psychologist and patient collaboratively drew up a written activity plan for the coming week. Planned activities could include personal errands or pursuits, as well as structured activities such as open access ward groups or groups in the Occupational Therapy Centre (OTC) requiring formal referral. The outcome of the weekly plan was reviewed at the next session. Group attendance data were collected from group registers covering both baseline and intervention. Data on other activities were obtained from patients' written plans.

Results: On average, 13 out of 18 patients (72 per cent) were engaged in activity planning each week. The main reason for exclusion was that nursing staff considered the patient too unwell; only in two cases were patients not interested in taking part. T-tests were used to compare patient attendance rates during baseline with attendance rates during the intervention. Significantly more ward groups took place during the intervention phase, and the average number of attendees per group increased. Attendance rates at OT groups also significantly increased from baseline to intervention.

Conclusions: The results of this study suggest that Weekly Activity Planning with male inpatients is useful in promoting a regular ward group schedule and in improving attendance rates at ward-based and OT activities. This project therefore represents an important step in the development of evidence-based practices in inpatient care. It would be useful to replicate these findings under more tightly controlled conditions, using longer baseline and intervention periods. Consideration can then also be given as to whether and how Weekly Activity Planning can most efficiently and effectively be delivered within the inpatient environment on a regular and ongoing basis.

9. Are alcohol use disorders categorical, dimensional or both?

ORLA McBRIDE, University of Ulster

Objectives: The Diagnostic and Statistical Manual Fourth Edition (DSM-IV) proposes that mental disorders, such as alcohol use disorders, form discrete categories. A categorical approach to diagnosis permits clinicians to decide upon which treatment would be most effective for clients. DSM-IV defines two categorical alcohol use disorders known as alcohol abuse and alcohol dependence. Recently however, there has been widespread recognition of the problems associated with adopting a purely categorical approach to diagnosis. In fact, several investigators have demonstrated that a dimensional approach to diagnosis is essential for predicting treatment needs and clinical outcome. In terms of alcohol use disorders, a dimensional viewpoint would posit a continuous degree of alcohol problems with users located at various points along a continuum. The aim of the current investigation therefore is to examine, using latent class factor analysis (LCFA), the dimensions and categories of DSM-IV alcohol use disorders.

Design: This study utilised data from the 2001-2002 National Epidemiologic Survey on Alcohol and Related

Conditions (NESARC) in the United States, in which nationally representative data were collected in personal interviews conducted with one randomly selected adult in each sample household. The analysis in the current investigation was conducted using a subset of respondents (n = 34827) who had reported drinking one or more alcoholic beverages in their lifetime. A set of 32-symptom item questions designed to operationalise DSM-IV were used as indicators of alcohol abuse and dependence prior to the past year. These items, which were drawn from the Alcohol Use Disorder and Associated Disabilities Schedule (AUDADIS), can be collapsed into 11 criteria to represent DSM-IV alcohol abuse and dependence. The reliability and validity of the AUDADIS alcohol abuse and dependence criteria and diagnoses have been shown to be good to excellent in general population studies.

Methods: Recent methodological developments have made efforts to use a combination of categorical and continuous latent variables to better understand various substantive phenomena such as alcohol use disorders. LCFA was used to combine the strengths of both latent class analysis (LCA) and factor analysis (FA), hence providing a categorical and dimensional representation of alcohol use disorders.

Results: The results from FA demonstrated that a single factor model is an appropriate fit to the data. In addition to uni-dimensionality, the results of LCA suggested that a 4-class model is a good fit to the data. The LCFA provided not only information on dimensionality but also on the classification of individuals.

Conclusions: The results from this and other previous studies recommend that the forth-coming edition of DSM-V should provide both categorical and dimensional options for its diagnostic entities. The continuous nature of alcohol problems can, and should, be integrated with clinical assessment. The addition of a dimensional approach to classification offers many advantages for both clinical and research efforts.

10. Insecure attachment and depressiogenic cognition
ANTIGONOS SOCHOS, University of Bedfordshire, & ASSI TSALTA, Tavistick & Portman NHS Trust
Objective: The aim of the study was to investigate whether and how insecure attachment was related to dysfunctional depressiogenic cognition. In particular, the hypothesis that negative overgeneralisation may be related to negative attachment models of the self and a variety of interpersonal difficulties was investigated.

Design: A cross-sectional correlational design was adopted, assessing depressive symptomatology, three types of dysfunctional cognition (generalisation, self-criticism, and high-standards), and interpersonal difficulties in a student sample. Partial correlations were used to investigate whether a relationship among depressiogenic cognition, attachment, and interpersonal dysfunction exists irrespective of depressive symptomatology.

Method: A sample of 172 mature undergraduates were recruited (34 men and 138 women) in London and

Roehampton Universities (M = 29.8, sd = 8). Mature undergraduates were chosen so that the mean age of the sample was similar to the typical age for depression onset. The following questionnaires were used: the Relationship Questionnaire, the Attitudes Toward Self - Revised, the Inventory of Interpersonal Problems-32 and the Beck Depression Inventory. Students were recruited by the researchers in the university premises and asked to fill out the questionnaires on the spot after being informed about the study and given a consent from.

Results: It was found that preoccupied and fearful attachment, as well as a variety of interpersonal difficulties were significantly correlated with generalisation and the other types of dysfunctional cognition, even when depressive symptomatology was partialled out (Pearson rs ranged between .41 and .11).

Conclusions: The expectation that generalisation, as well as the other two forms of dysfunctional cognition, would be related to an attachment style defined by a negative conscious model of the self and to a number of interpersonal difficulties was confirmed. As such associations still stood after partialling out depressive symptomatology, these findings invited hypotheses about the nature of the link between these types of dysfunctional cognition, particularly generalisation, and insecure attachment. As both negative overgeneralisation and insecure attachment styles defined by a negative model of the self have been associated with liable self-esteem in the literature, the motivational hypothesis that overgeneralisation may indicate a suboptimal attempt of the self to experience a stable inter- and intra-personal world may be tentatively discussed.

11. 'When I look at the photograph I wish he was here with me.' The experience of bereavement for adults with learning disabilities: A qualitative study
MARGARITA KARAVELLA & DEBORAH RAFALIN, City University, London
Objectives: Although a variety of research studies have been conducted in the area of grief for people with learning disabilities, many have not directly involved this client group. Consequently, there is a gap in our understanding regarding the experience of bereavement for this client group and the potentially emerging issues. The primary objective of this study was to investigate the experience of bereavement for adults with learning disabilities and to enable them to explore the feelings often associated with grief. This gave the participants the opportunity to discuss bereavement from a personal perspective as well as share their stories in more depth, exploring the quality and the intensity of their experience. In addition, this research aimed to identify coping mechanisms and personal support mechanisms that assisted the participants through their process of grief.

Design: This was a qualitative study using grounded theory, one of the most widely used qualitative analysis methods in bereavement research. The strength of this method, in line with the research objectives, is that it

regards the participant as the expert and allows them the maximum opportunity to tell his or her story.

Methods: Seven semi-structured interviews were conducted with adults with learning disabilities (four males and three females) who had experienced a bereavement of a close relationship. The participants ranged in age from 33 to 66 (mean = 44.28 with SD = 13.65) and the time passed since their bereavement ranged from three years to 30 years (mean = 7.4 with SD = 10). For recruitment purposes, all materials (advertising leaflet, demographics form, information sheet, consent form, resources list) were created specifically for the needs of individuals with learning disabilities. Interviews lasted approximately 35 minutes each and they were all audio recorded. The procedure was conducted sensitively with considerable attention paid to ethics.

Results: Employing grounded theory as an analytic strategy, six key interconnected themes emerged from participants' shared experiences: Loss, emotions, change, memories, coping and moving on. A model of bereavement for individuals with learning disabilities was subsequently developed.

Conclusions: From the analysis of participants' accounts, it seems that the experience of bereavement for people with learning disabilities shares similarities to that of the general population. However, there were additional experiences that seemed to be specific to this client group e.g. change of home and issues connecting to the withholding of information. This paper will also consider the clinical implications of these emergent themes and suggest areas for further research.

12. Collaborative development of behavioural case formulations for individuals with intellectual disabilities and challenging behaviour: A pilot study on the use of staff workshops

B.J. INGHAM & J. SHANNON, Tyne & Wear NHS Trust

Objectives: Case formulation is purported to be a key element of behavioural approaches to managing challenging behaviour in people with intellectual disabilities (ID). One of the important features of case formulation is collaborative development of the formulation with those involved in managing the behaviour, often direct care staff. To this end, a series of case formulation development workshops involving direct care staff teams across individuals with challenging behaviour and ID was designed. This study aimed to pilot the use of these workshops to evaluate the following: whether valid case formulations could be collaboratively produced using this approach; whether they were an effective way of training staff in the use of case formulations; and whether care staff perceived this as a useful approach.

Design: A pilot study using a case series design.

Method: A series of three case formulation development workshops was designed. The workshops aimed to develop participants' knowledge of case formulation alongside the collaborative development of a case formulation for the individual they were caring for. These were delivered to three groups of direct care staff (combined n = 19) responsible for

the care of three different individuals with challenging behaviour and ID referred to a specialist community challenging behaviour team. The care staff had no prior formal training in formulation or behavioural approaches. The planned outcome of the workshop series was the production of a behavioural formulation rated as 'good enough' with an agreed key hypothesis relating to challenging behaviour that could be tested through a behavioural intervention. A previously developed case formulation measure was presented to participants before and after training to measure changes in the participants' ability to critically appraise the content of a formulation. A workshop evaluation questionnaire was also presented at the end of the workshop.

Results: The workshop series were completed across all three staff groups. Behavioural formulations rated as 'good enough' and with an agreed key hypothesis were produced at the end of the workshop series by each staff team. Participants showed differences in their critical appraisal of a case formulation after they had received training in formulation. Participants found the workshop very satisfactory and felt that it had increased their mastery of formulation.

Conclusions: The case formulation development workshops were shown to be feasible. They also resulted in the collaborative development of agreed behavioural formulations with direct care staff teams supporting individuals with challenging behaviour and ID. The workshops also had some effect on awareness of behavioural case formulation in direct care staff. This pilot study supported the further evaluation of case formulation development workshops. In particular, this evaluation could include examining the impact of the workshops on incidence of challenging behaviour and staff perception of the individual and their challenging behaviour.

13. Adherence to pharmacological treatment of non-malignant chronic pain: The role of illness perceptions and medication beliefs

LEEANNE RAMSAY, MARTIN DUNBAR, MATT WILD, University of Glasgow

Objective: To identify the degree to which illness perceptions and medication beliefs explain variations in reported adherence to medication prescribed for the treatment of non-malignant chronic pain and to test the applicability of an extended version of the self-regulatory model (SRM) to the chronic pain population.

Design and method. A cross-sectional design of 217 patients attending a chronic pain clinic, who completed validated questionnaires assessing their illness perceptions, medication beliefs and reported adherence to medication.

Results: Perceptions of illness (pain) as chronic, uncontrollable and unremitting (not cyclical) were associated with greater adherence to medication, fewer concerns about medication and a belief that treatment was necessary. Structural equation modelling supports an extended SRM for chronic pain. It suggests that patients holding perceptions of serious consequences of pain and high levels of emotion have more concerns about

medication and are less adherent. Perceptions of serious consequences of illness are also associated with stronger beliefs about the necessity of medicines and greater adherence.

Conclusions: Beliefs about illness and medication are associated with adherence to treatment in chronic pain and this can be explained by an extended SRM. These results are preliminary and require replication. Further studies should further explore the role that emotion has on coping strategies in chronic pain. Clinical interventions should focus on altering unhelpful beliefs that reduce adherence.

14. The role of beliefs about medicines in adherence to pharmacological treatment of chronic illness: A systematic review of the literature

LEEANNE RAMSAY, MARTIN DUNBAR, MATT WILD, University of Glasgow

Objectives: This paper reviews the psychometric properties of the BMQ, with a particular focus on the strength of the relationship between BMQ scales and adherence to medicines in chronic illness populations.

Data sources: Electronic searches of the databases: CDSR, MEDLINE, PsychINFO, EMBASE, CINAHL and Google Scholar were conducted. Hand searches were also conducted on three key journals and reference lists of related articles.

Study selection and data extraction: Studies were included when participants were reported as suffering from a chronic illness, were taking medication for that illness and were adults. Studies were published in a peer-reviewed journal, adopted the Beliefs about Medicines Questionnaire to measure treatment beliefs and employed a measure of adherence. Information on reliability, validity and relationship to adherence in bivariate and multivariate analyses were extracted. Methodological issues that may impact on findings were also extracted.

Results: Seventeen studies were included in this review. Studies were too heterogeneous to warrant meta-analysis. The Necessity Scale was significant in 71 per cent of bivariate analyses, had the largest effect sizes and remained a significant predictor in all but one of the multivariate analyses it was entered into. The Concerns Scale was significant in fewer bivariate analyses (58 per cent), had smaller effect sizes and remained significant in fewer regression analyses (43 per cent). The general scales were less strongly associated with adherence in bivariate and multivariate analyses than the specific scales. Conclusions: Specific scales in the BMQ were found to be associated with adherence in theoretically valid and reliable ways. The Necessity Scale was more strongly related to adherence than the Concerns Scale although there were differences between illness populations. The BMQ general scales were less strongly associated with adherence but have been adopted in fewer studies so limited conclusions regarding their association with adherence can be drawn. The results suggest that peoples' beliefs about medicines are related to adherence. Research now needs to focus on investigating if adherence can be improved by interventions designed to restructure beliefs about medicines.

15. The visual analogue self-esteem scale: A measure of self-esteem, or global psychosocial well-being?

CAROLINE TAYLOR, JOLYON MEARA & PETER HOBSON, Cardiff University School of Medicine, Rhyl

Objectives: Individuals who survive a stroke are often left with not only its physical manifestations, but also psychological consequences. These include disorders of mood, cognition, and self esteem, and self efficacy which may be predicative factors in an individual's rehabilitation. Self-esteem for example, is thought to be an important motivator, and predictor of recovery in stroke survivors, where higher levels are thought to promote effective coping strategies. A recent investigation revealed that mild language impairment was the strongest predictor of depression; as such it is vital to measure psychosocial functioning in aphasic speakers with confidence. Despite this, the psychological assessment of stroke survivors with and without language difficulties is complicated, due to the limited number of validated instruments that are available. The present study aims to assess the value of the visual analogue self-esteem scale (VASES) as an index of self-esteem, in a sample of stroke survivors, with and without language impairments.

Design: Correlational and factor analysis between the VASES, the Rosenberg's Self-Esteem Scale (RSE), the Generalised Self-Efficacy Scale (GSE), the shortened Geriatric Depression Scale (GDS-15), the Dartmouth COOP feelings chart and the visual analogue health related quality of life scale (HRQoL).

Methods: Thirty-six stroke survivors completed the measures of self-esteem, self-efficacy, mood and quality of life.

Results: The VASES correlated significantly with the RSE ($r = 0.372$, $p< 0.05$), GDS-15 ($r = -.565$, $p<0.01$), and HRQoL ($r = 0.409$, $p<0.05$) measures. However, between group analysis of the dysphasic and non-dysphasic stroke survivors revealed no significant correlations between the VASES and the RSE. Though the VASES correlates with the GDS ($r = -0.679$, $p<0.01$), and the HRQoL scale ($r = .581$, $p>0.01$). The factor analysis of the items contained in the VASES, RSE, GSE, and GDS, revealed 4 clusters, the clearest 2, contained 8 items of the RSE and another other contained 8 items of the GSE, the remaining 2 clusters contained items relating to the GDS, and the VASES, though items relating to the VASES were distributed throughout the analysis.

Conclusions: In this sample of stroke survivors, the VASES did not appear to be a reliable measure of Self-Esteem, more a measure of global psychosocial wellbeing. Our study supports some findings from previous investigation. The face validity of the tool is also uncertain; the items of the VASES could subjectively be seen to contribute to an individual's level of self-esteem, but not self-esteem per se. There are stronger and more significant associations with the depression scale and HRQoL scale than with the RSE.

16. Can early maladaptive schemas predict coping with chronic back pain

SHOMA KHAN & ANDREW KUCZMIERCZYK, City University, London

Objectives: The main objective of the research was to explore the relationship between Young's early maladaptive schemas (1990, 1991) and chronic back pain coping strategies. Young suggests early maladaptive schemas can be activated at times of trauma and thus result in maladaptive behaviours (Young et al., 2003). If this is the case there could be maladaptive effects on coping strategies used for chronic back pain if pain is considered to be a schema-activating trauma. The relationships, between schemas and pain coping strategies, were investigated by testing six hypotheses, and by using four multiple regression analyses and two independent sample T-Tests. Differences between back pain group and control group schemas and coping strategies are also investigated.

Design: The investigation took a cross sectional survey of chronic back pain participants and control group participants. Control group participants reported recalled pain experiences. Self-report questionnaires were used so participants experiencing pain could complete them in their own time. Dependent variables in both back pain and control groups were; gender, age, pain duration, and diagnosis/recalled pain. Independent variables were; coping strategies, early maladaptive schemas, and pain reports (assessed with back pain participants only). The survey provided quantitative data measuring the aforementioned variables. Data was collected to test research hypotheses relevant within the chronic back pain group, and between control and back pain groups.

Methods: On receipt of the necessary ethical approval, 72 chronic back pain participants were recruited from Back Care and National Ankylosing Spondilytis Society support groups in and around London. The research was introduced by attending support group meetings. 51 Control group participants were recruited from various postgraduate programmes at City University. A battery of self-report measures included: Young Schema Questionnaire-Short form (YSQ-S2), Pain Coping Strategies Questionnaire (CSQ), McGill Pain Questionnaire (MPQ) and finally demographic forms. All back pain participants completed each of the aforementioned questionnaires and control participants also completed one of each except the MPQ. Analyses were carried out using SPSS procedures.

Results: The four multiple regression analyses significantly showed: Vulnerability to Harm/illness (VH) and Abandonment/ Instability (AB) schemas to be contributory predictors to Catastrophising pain, Dependence/Incompetence (DI) schema to be contributory to Praying/hoping, and Entitlement/grandiosity (ET) schema to be contributory to Ignoring sensations and using Coping Self-Statements to cope with chronic back pain. Independent T-test results also indicated significant differences in mean YSQ-S2 and CSQ scores between back pain and control group participants. Control group participants scored higher means on all but one schema out of the six compared back pain participants.

Conclusions: The results indicate that there are indeed conceptual and empirical links between early maladaptive schemas and coping strategies in chronic back pain in this study's sample. The study also provides evidence the YSQ-S2 can be used for chronic pain populations. The findings suggest it may be useful to assess early maladaptive schemas during pain management psychotherapy, to help in identifying coping strategies.

17. An ambulatory monitoring study of old people's daily affectivity and its relationship to quality of life

CHRISTIAN MAGGIORI, VIRGINIE SALAMIN, KARL PAULS & MICHAEL REICHERTS, University of Fribourg, Switzerland

Objectives: This study, being part of the NCCR project 'Affective Sciences', follows an approach embracing clinical psychology, health psychology and affective sciences. It investigates emotional/affective states of young-olds using a new computer-based monitoring system (the Learning Affect Monitor - LAM) and the dimensions of the Quality of Life (QoL). Another aim is to evaluate the feasibility and validity of the LAM with older people as a 'therapeutic assessment tool'.

As argued by Thompson, emotions and affective life are candidates for life span changes, and in the last decade more attention has been paid to the developmental course of emotion from adulthood into old age. However, a number of questions on emotional experience and its links with general QoL, subjective health and loneliness, for example, remains open. Such knowledge is essential, among other, to create a tailored psychological prevention and/or treatment interventions. In the study, affective states were related to QoL, personality and other measures of affectivity. We also compared young-olds with adults to assess possible age differences in affective life. The LAM represent an ambulatory self-monitoring system for the daily assessment of affective experiences, which integrates a quantitative approach based on three basic dimensions (intensity, physiological activation and valence) with a more qualitative approach according to basic emotions (a list of 30 descriptors). The setting (i.e. social context and activity) is also recorded together with affect.

Design and methods: This longitudinal study presents a pre-post-monitoring design. N= 60 young-olds (age: 60–75) and n = 51 adults (age: 20–50). Monitoring takes place during seven consecutive days, with 6 recordings per day. Participants also answer a number of self-report questionnaires, e.g., on QoL (WHOQOL-Bref) and loneliness (LS), personality (NEO-60), alexithymia (TAS-20), emotional openness (DOE; Reicherts, 1999) and depression (GDS).

Results: Based on c.2300 recordings, LAM's dimensions seem to indicate a well-preserved daily affective experience in young-olds.

Reliability indicators like signal obedience, total response rate, split-half reliability of the basic affect dimensions are highly satisfying and very similar to results of adults. Subject's acceptance of the instrument (method) and the usability of the system are excellent. Concerning

the QoL, the first results show a pattern of well-being dimensions and affect variability. The more negative the subject evaluated their physical and psychological dimension of QoL the higher was the variability of valence and activation in everyday affectivity experience.

Conclusion: Affective life reported by adults and young-olds is globally comparable; however, older subjects evaluated their affective daily life as being more positive and more intense. Young-old subjects are able to monitor themselves with a learning computer device and their recorded data are highly reliable and plausible. The LAM seem be able to reflect part of the relationship between QoL daily life affectivity.

18. Do social comparisons effect older adults' cognitive performance and psychological well-being?

JOANNE PERSSON & CLARE CASSIDY, University of St Andrews

Objectives: Social psychological research has identified social comparison (comparing your attributes and abilities to those of other people) as a major coping strategy used by devalued groups. Like other groups that are devalued in society, older adults are often exposed to prejudice and discrimination. The way individuals respond to this negative, age-related experience could therefore be influenced by social comparisons. This study consequently examined whether comparisons with ingroup (other older adults) and outgroup members (younger adults) influenced older adults' memory performance and psychological well-being. We hypothesised that upwards comparisons with ingroup members would promote both memory performance and psychological well-being, whereas the same effect would occur for downwards comparisons with outgroup members.

Design: A between subjects, 2 (comparison direction: upwards or downwards) by 2 (comparison target; younger or older adult) factorial design was employed. Comparison targets (confederates) were either a member of the same age group as the participant (60-75 years), or a younger age group (20-30 years). The dependent variables were participants' self-ratings of affect, self-esteem, and memory performance on two memory tasks.

Methods: In a laboratory experimental study, 106 participants aged 60-75 were given bogus feedback on the Dot Location memory task, indicating that they had performed either better (downwards comparison) or worse (upwards comparison) than a confederate. Subsequent memory performance was then assessed using the Photo Recall Task and a delayed recall trial of the Dot Task. State self-esteem and affect were assessed using questionnaire measures.

Results: A series of 2 (comparison direction) x 2 (confederate age) ANCOVAs were conducted on the memory and affective measures, with participants' gender and competitiveness entered as covariates. A main effect of comparison target was observed on the delayed recall task, such that participants performed significantly better when paired with an older adult, than when paired with a

younger adult (p = 0.05). A contrast effect was also observed when the target was a younger adult, such that participants performed significantly better on the delayed recall task (p<0.005), reported higher state self-esteem (p<0.05), and higher positive affect (p<0.05) in the downwards comparison condition than in the upwards condition. No significant differences were obtained when the confederate was an older adult.

Conclusions: These results clearly demonstrate that social comparisons can effect older adults' cognitive performance and psychological well-being. While considerable research has investigated the impact of such comparisons, few studies have addressed this issue systematically in older adulthood, a time when people can experience negative stereotypes. This work suggests that the types of comparisons individuals make can enhance both self-esteem, affect and memory performance. As older adulthood is often associated with both age-related cognitive decline and mental health issues, further work examining the social processes of aging is required, in addition to the biological processes, if we hope to improve the quality of live of our aging society.

19. Spatial associative memory and semantic memory in mild cognitive impairment

SAMRAH AHMED & KIM S. GRAHAM, Medical Research Council, Cognition & Brain Sciences Unit, & JOHN R. HODGES, Medical Research Council, Cognition and Brain Sciences Unit, University Neurology Unit, Addenbrooke's Hospital, University of Cambridge

Objectives: Previous research reports that formation of an association between a stimulus and its location (essential for establishing episodic memory) is impaired in mild cognitive impairment (MCI), the proposed amnestic prodrome of AD. There are also consistent reports of an early but subtle semantic deficit in MCI, particularly deficits in proper names. A novel associative learning battery was developed with the aim of combining these elements to develop a sensitive measure for early diagnosis of Alzheimer's disease.

Design: The novel battery incorporated four stimuli. Famous buildings and famous faces are familiar stimuli requiring semantic processing. Patterns and unfamiliar faces are novel with no semantic content.

Methods: twenty-three amnestic MCI patients and 25 controls took part. Administration of the four stimuli was counterbalanced under the following procedure: Six stimuli were presented in an array. The subject was asked to recall which stimuli was associated with which location. A battery of neuropsychological tests covering executive functioning, episodic and semantic memory was also administered.

Results: MCI patients made significantly more errors on all four tasks compared to controls. Novel stimuli were recalled significantly less accurately than familiar stimuli. Pertaining to task demand, we hypothesised that MCI performance may be due to a semantic or executive deficit. Scores on the novel battery significantly correlated with executive function, episodic and semantic memory.

Discriminant analysis based on the four tasks successfully predicted outcome for 90 per cent of cases, accurately classifying 78 per cent of MCI cases and 100 per cent of controls.

Conclusions: The results suggest spatial associative learning and specific semantic deficits are of clinical relevance in defining those at an increased risk of developing AD. Better performance with familiar stimuli suggests semantic elements support episodic learning. Recall of novel stimuli relies on episodic memory, and recall was worse here in agreement with the hallmark episodic deficit in AD.

20. Predicting adherence to treatment in outpatient stroke patients: A framework for studies using brain damaged patients

N. COETZEE, L. JENKINS, University of Melbourne, D.G. ANDREWES, University of Melbourne & The Royal Melbourne Hospital, F. KHAN, T. HALE, The Royal Melbourne Hospital, N. LINCOLN, University of Nottingham, & P. DISLER, Bendigo Hospital

Objectives: Adherence to medication is fundamental to optimal health recovery yet compliance to medication rates is lower than 50 per cent in most studies. This investigation aimed at investigating the contributing factors to poor adherence in stroke patients.

Design: A control group of amputee patients was chosen as a comparison since this group has many of the features associated with stroke (e.g. diabetes, physical handicap), but without the burden of brain damage.

Method: Twenty-six stroke patients and 29 amputee patients who had completed a rehabilitation program at Melbourne Rehabilitation Centre were investigated. Medical adherence was determined from computed adherence metrics based on pill counts and subjective reports of patient knowledge of medication use. Model components believed to contribute to poor adherence, including emotional and cognitive dysfunction, beliefs about medication, and social support, were assessed by patient and partner self-rating questionnaires.

Results: A comparison of the two groups using a MANOVA indicated that Stroke patients had a lower level of adherence compared to amputee patients. Using a multiple regression model, cognitive and emotional dysfunction, beliefs about medication, and the level of care were found to significantly contribute to low adherence to medicine regimes in stroke patients. Level of cognitive impairment and emotional impairment, and not beliefs about the importance of medication or level of care received at home, significantly contributed to low adherence to medicines in amputee patients. Emotional dysfunction was the best predictor of poor adherence in both patient groups.

Conclusion: These findings suggest that a special approach is warranted when investigating the reasons for poor compliance in brain damaged populations. A framework for research is described which identifies emotional, cognitive, and social issues as important factors in adherence for these patients.