

PROGRAM AT A GLANCE

Monday, 8th October, 2007

9:00 – 10:00	Keynote 1: Professor Margot Prior <i>Early intervention for children with autism: What is best practice?</i>		
10:00 – 10:20	Morning Tea		
10:20 – 11:40	Symposium 1.1 <i>Fear-Extinction & Childhood Anxiety Disorders</i>	Papers 2.1 <i>Prevention & Parenting</i>	Papers 3.1 <i>Substance Abuse</i>
11:40 – 12:40	Lunch		
12:40 – 13:40	Keynote 2: Professor Michelle Craske <i>Dissemination of treatments for anxiety disorders: Models, effectiveness, and issues</i>		
13:40 – 15:20	Symposium 1.2 <i>Treatment of Childhood Anxiety Disorders</i>	Symposium 2.2 <i>Attentional Biases & Pain</i>	Papers 3.2 <i>Anxiety Disorders</i>
15:20 – 15:40	Afternoon Tea		
15:40 – 16:40	Invited Speaker 1: Associate Professor Clare Roberts <i>The prevention of depression in children and adolescents</i>		
16:40 – 17:40	Presidential Address: Professor Ross Menzies		
17:45 – 19:15	Welcome Drinks		

Tuesday, 9th October, 2007

9:00 – 10:00	<p>Keynote 3: Professor Susan Mineka <i>An integrative perspective on the origins of emotional disorders: Time 1 and initial prospective results from a longitudinal study</i></p>		
10:00 – 10:20	Morning Tea		
10:20 – 11:40	<p>Symposium 1.3 <i>Internet / Multimedia Interventions</i></p>	<p>Papers 2.3 <i>Childhood Anxiety</i></p>	<p>Papers 3.3 <i>Depression / Suicide</i></p>
11:40 – 12:40	Lunch		
12:40 – 13:40	<p>Keynote 4: Dr Robert Leahy <i>Beyond rationality: The role of emotion and meaning in cognitive therapy</i></p>		
13:40 – 15:00	<p>Symposium 1.4 <i>Promotion of Positive Couple Relationships</i></p>	<p>Papers 2.4 <i>Health</i></p>	<p>Papers 3.4 <i>Eating, Appearance & Self-disclosure</i></p>
15:00 – 15:15	Afternoon Tea		
15:15 – 16:15	<p>Invited Speaker 2: Professor Sharon Dawe <i>Personality, impulsivity, and substance use: What should clinicians do?</i></p>		
16:15 – 17:15	<p>Keynote 5: Professor Paul Gilbert <i>Understanding and treating shame compassionately: an evolutionary approach</i></p>		
17:15 – 18:15	<p>Foundation Members' Celebration Poster Session</p>		
19:00 – 24:00	Conference Dinner		

Wednesday, 10th October, 2007

9:00 – 10:00	Keynote 6: Associate Professor Nick Allen <i>Adolescent emotional development and the emergence of depression: Implications for cognitive models and cognitive treatments</i>		
10:00 – 10:20	Morning Tea		
10:20 – 11:20	Invited Speaker 3: Professor Grant Devilly <i>Early intervention for workplace trauma</i>		
11:30 – 13:00	Lunch		
13:00 – 14:40	Symposium 1.5 <i>Determinants of Coping</i>	Papers 2.5 <i>Anxiety Disorders</i>	Papers 3.5 <i>Treatment Outcome</i>
14:40 – 15:30	The Panel		
15:30 – 15:45	Afternoon Tea		
15:45 – 16:30	Annual General Meeting		
16:30 – 17:30	Farewell & Book Launch		

DETAILED SCIENTIFIC PROGRAM & ABSTRACTS

Monday, 8th October, 2007

8:00 – 9:00	REGISTRATION		
9:00 – 10:00	Chair: Murray Dyck Keynote 1: Professor Margot Prior <i>Early intervention for children with autism: What is best practice?</i> Boulevard 2		
	<p>The development and provision of early intervention programs for children with Autism Spectrum Disorder (ASD) has proceeded rapidly over the past 2-3 decades. Autism is a severe and pervasive disorder with onset very early in life, hence beginning to treat the problems early in development is essential. A variety of programs is available including many based on behavioural and educational principles, but the evidence for effectiveness of interventions is scant. In this paper I will report on a recent comprehensive review of early intervention for autism which was commissioned by the Federal Department of Health and Aging, with the aim of identifying the most valuable programs for Australian children with ASD, and their families. While no single program can claim to be 'the best' option, and there are so far almost no cost benefit analyses, we have been able to develop guidelines or principles which should be integral to good intervention methods, which families can use in their search for intervention. Recent developments including CBT interventions will be highlighted.</p>		
10:00 – 10:20	Morning Tea		
10:20 – 11:40	Symposium 1.1 Chair: Adam Guastella Discussant: TBA Boulevard 2	Papers 2.1 Chair: Shirley Morrissey Boulevard 1	Papers 3.1 Chair: Michael Free Boulevard 3
	<i>Fear-Extinction & Childhood Anxiety Disorders</i>	<i>Prevention & Parenting</i>	<i>Substance Abuse</i>
	Rick Richardson & Jee H. Kim <i>Developmental differences in extinction of learned fear in rats</i>	Brie Malmgren & Clare Roberts <i>The impact of bullying on psychological health during transition from primary to secondary school</i>	Peter M. McEvoy & Fiona Shand <i>The effect of co-morbid substance use disorders on treatment outcome for anxiety disorders</i>
	<p>Extinction of learned fear is the empirical foundation for exposure-based therapies (ET) used in the treatment of anxiety disorders. In the past decade, substantial progress, at both the theoretical and neural levels, has been made in pre-clinical research on extinction. This work, with adult rats, has shown that extinction does not involve the unlearning of the association that underlies learned fear. Rather, extinction involves the learning of a second association that competes with the original, fear-eliciting association. However, we have recently completed a series of experiments in the developing rats that suggests that extinction early in development may lead to unlearning. These findings have a number of theoretical and practical implications because they suggest that fundamentally different processes mediate extinction across development.</p>	<p>The aim of this study was to examine changes in the psychological health of adolescents who were involved in bullying, as a victim, bully, or bully-victim, across the transition from primary to secondary school, to determine whether psychological health improves or declines. Participants were 941 students from 10 randomly selected Western Australian Catholic secondary schools. They were assessed at the end of their final year of primary school (Year 7) and at the beginning of their first year of secondary school (Year 8) on self-report measures of bullying involvement, internalising and externalising problems, self-esteem and stressful life events. Results showed that self-reported bullying involvement declined from 12.8% to 7.3% after transition. For the majority of adolescents, the transition to secondary school was associated with declines in aspects of psychological health. The deterioration was most apparent in internalising symptoms for those who were involved in bullying both pre- and post-transition. Adolescents who were involved in bullying pre-transition continued to experience poor self-esteem and internalising problems post-transition, despite no longer being involved. However they reported improvements in conduct problems. As involvement in bullying continues to negatively impact on</p>	<p>Few studies have examined the impact of concurrent substance use disorders (SUDs) on outcomes for psychotherapy targeting anxiety disorders. Study 1 sought to determine the prevalence of SUDs in a sample referred to a community anxiety disorders clinic, as well as the impact of comorbid SUDs on outcomes following cognitive behaviour therapy (CBT). Around one-fifth (22-29%) of patients with one or two anxiety disorders met criteria for at least one SUD, but this rate was substantially higher (46%) for patients with three anxiety disorders. Concurrent SUDs were associated with higher levels of anxiety and stress but not depression, compared to those without a SUD. Concurrent SUDs did not generally moderate treatment outcomes, with the exception of patients with social phobia alone or social phobia plus generalised anxiety disorder (GAD). Patients with social phobia plus a SUD did well in treatment, whereas those with social phobia, GAD, and a SUD did not. Study 2 focused on the impact of pre-treatment alcohol use on changes on diagnosis-specific symptom measures and generic measures of distress and disability, following a course of CBT for panic disorder or social phobia. Pre-treatment alcohol use did not predict changes in panic symptoms, performance</p>

		adolescents' self-esteem and internalising symptoms even when they are no longer involved, early detection and intervention to reduce initial exposure to bullying is essential. Teachers and school psychologists need to accurately identify these at-risk adolescents and provide them with appropriate interventions before their bullying involvement becomes entrenched and chronic psychological health problem occur.	anxiety, depression, distress or disability, but it did predict changes in social interaction anxiety. Problem drinking per se did not have any predictive power in terms of treatment outcome. These findings suggest that clinicians treating patients for a primary anxiety disorder and concurrent SUD can be relatively optimistic about treatment outcomes.
	Michelle Craske, Allison Waters, R. Lindsey Bergman, Edward Ornitz, & Ottmar Lipp <i>Aversive learning as a marker of risk for anxiety disorders</i>	Clare Roberts, Yolanda Pintabona, Rachael Williams, & Robert Kane <i>Cognitive behavioural strategies to promote mental health in school children: Outcomes of the Aussie Optimism Dissemination Project</i>	Hamzullah Khan & Mir Hassan Khan <i>Causes of initiation and promotion of cannabis among local transport drivers of Peshawar</i>
	This study aimed to evaluate the relationship between risk for, and manifestation of, anxiety disorders, and acquisition, extinction and spontaneous recovery of aversive associations. Three groups of 7-12 year olds are compared: anxiety disordered (generalized anxiety, social anxiety, panic or separation anxiety), n=23; high risk (anxious parents but non-anxious youths), n = 15; and controls (non-anxious parents and non-anxious youths), n = 12. After a series of habituation trials, youths undergo 16 trials of differential conditioning, including 8 trials in which a CS+ (geometric figure) is paired with a loud tone (US; 1 sec, 107db). Then, following a 5 minute rest, youths undergo 8 extinction trials. One week later, they are assessed for spontaneous recovery with another 8 extinction trials. Measures include skin conductance, startle blink magnitude and subjective ratings of valence and arousal. Preliminary results indicate that anxious youths, and to a certain degree, high risk youths, show elevated responding during acquisition, to both CS+ and CS- trials, and sustained elevation of responding relative to controls across extinction and spontaneous recovery, with poor discrimination between CS+ and CS-. The results are discussed within the context of abnormal sensitivity to contexts involving aversive events among youths with anxiety disorders and at risk for anxiety disorders.	Anxiety and depression are the most common childhood and adolescent mental health problems in Australia. This randomised controlled trial of a school- and family-based mental health promotion program, the Aussie Optimism Program, used cognitive and behavioural interventions adapted for school settings to prevent internalising problems and other health risk behaviours. Sixty-three schools were randomised to one of two active intervention conditions or a usual care condition. The active conditions received 20, 1-hour classroom lessons on interpersonal skills, self esteem, and self management of thoughts, feelings and behaviours, in primary school Grades 6 and 7. In Grade 7, their families received a self-directed program aimed at reducing risks and promoting protective factors for adolescent depression and anxiety. Teachers in both active conditions received 16 hours of training plus resources. Teachers in the second active intervention condition received up to 10 hours of additional coaching in the program. The control group received their usual Health Education lessons. One year after the intervention, 91.7% of depressed students in the teacher training group and 93.3% of depressed students in the training plus coaching group, were diagnosis free, compared to only 40% of the control group. There were no significant group differences for anxiety disorders, or the incidence of disorders for the whole sample. However, after transition to secondary school, Grade 8 students whose teachers received additional coaching and support were less likely to have smoked a cigarette or drunken alcohol in the last month, compared to students in the control group.	A descriptive observational study of cannabis use among transport workers was conducted. A questionnaire was designed in accordance with the objectives of the study. A total of 400 smoker drivers were included. 181(45.25%) were cannabis/marijuana smokers. The age range of the cannabis smokers was 16 years to 65 years with mean age of 35.5 years. The distribution of smoking habits recorded was: cigarette smoking alone 19%, snuffing 23%, cannabis smoking 42.25%, heroin and cannabis smoking 3% etc. Out of total cannabis smokers 43% were illiterate and 40% had primary education. 43% had more than ten pack years of cannabis smoking. The exposure state of the respondents was: to compensate fatigue 39.21%, inspiration from friends 31.49%, parents were smokers 11.6%, pleasure to smoke 8.83% etc. Ninety percent were agree that cannabis is easily available to them. Fifty seven percent had poor social background. Thirty four percent had faced road accidents. The effect of cannabis on respondents was: lack of interest 36.46%, decreased memory 19%, depression 16%, sedation 5.52% etc. Maximum number of the respondents (19.33%) wanted to quit cannabis smoking. Cannabis smoking is common in local transport drivers. The major causes that are involved in the initiation and progression of cannabis smoking are; driving in young age, poverty, lack of education, easy availability of cannabis, inspiration from colleagues and smoker parents.
	Allison Waters, Julie Henry, Michelle G. Craske, & Melanie Zimmer-Gembeck <i>Conditioning and extinction of fear responses in childhood anxiety disorders</i>	Alan Ralph, Raziye Salari, Helen Stallman & Matt Sanders <i>A multi-level system of intervention for parenting adolescents: Teen Triple P</i>	Genevieve Dingle, Libby Gleadhill & Felicity Baker <i>Can music therapy engage patients in group cognitive behaviour therapy for substance abuse treatment?</i>
	Phobias and anxiety disorders are among the most common psychological disorders in children and adolescents and affect significantly more numbers of girls than boys. However, the processes that underlie anxious responding in children and contribute to these gender differences in prevalence rates are unclear. Perturbations in the learning and extinction of aversive associations are thought to be important processes in the etiology and maintenance of phobias and anxiety disorders. Extending our investigation of aversive learning as a marker of risk for childhood anxiety disorders, the present study examined	Teen Triple P is multi-level system of intervention that is designed to provide parents with specific strategies to promote the positive development of their adolescent children as they make the transition into high school and through puberty. The program is based on a combination of education about the developmental needs of adolescents, skills training to improve communication and problem-solving skills, plus specific modules to deal with common problems encountered by parents and adolescents that can escalate into major conflict and	Despite the availability of effective treatments for substance use disorders, it remains a challenge to engage people in treatment. This clinical study describes a seven-week trial of music therapy as an adjunct to group cognitive behaviour therapy with the aim of increasing patient engagement in a private hospital open group program. Patient attendance rates and perceptions of the music therapy were collected at the end of each music therapy session by means of an anonymous survey, and only data from each patient's first survey were used in

	<p>the acquisition and extinction of fear responses using a Pavlovian conditioning experiment in anxious children (n=20 boys; n=20 girls) and gender-matched non-anxious peers aged between 8 and 12 years. Preliminary results indicate differential conditioning in non-anxious children, as evidenced by larger skin conductance responses (SCRs) on CS+ compared to CS- trials. However, anxious children failed to show differential conditioning, instead showing larger SCRs to both CS+ and CS- trials. Also, anxious girls, but not anxious boys and non-anxious children, showed retarded extinction of the conditioned fear response. The final results will be based on the full samples of anxious and non-anxious children. However, these preliminary results are consistent with theories suggesting that abnormalities in inhibitory fear mechanisms underlie pathological anxiety and may be contributory factors to gender differences in childhood anxiety.</p>	<p>violence. It is designed to increase the engagement of parents by identifying optimal options for delivering effective parenting advice and support to parents of adolescent and pre-adolescent children. First, analysis of the effectiveness of a group parenting delivery modality (Group Teen Triple P) with parents of first-year high school students revealed significant improvements in parenting efficacy and style, reductions in conflict between parent and adolescent, and reductions in parental depression and stress. Second, a family-based self-directed delivery modality (Self-directed Teen Triple P), which included a parent workbook and video, was compared with an enhanced program which included weekly telephone consultations. Significant improvements were reported for those parents who completed the telephone-assisted program relative to those parents who participated in the unassisted version of the program. Third, a more standard, clinical version was delivered individually to parents of adolescents with more severe difficulties. Implications of the findings for parent engagement and implementation of population-based early intervention parenting programs to reduce behavioural and emotional problems in adolescents will be discussed.</p>	<p>the analysis. Twenty-four surveys were analysed, representing feedback from 10 men and 14 women, aged between 17 and 52 years. The average attendance rate over the seven week trial was 75%. Results indicated that enjoyment and motivation to participate during the sessions was uniformly high (mean ratings of 4.3 and 4.0 out of 5 respectively). The majority (83%) of participants reported that they would attend another music therapy session, and almost a half (46%) endorsed that “(music therapy) would help them to feel more a part of the group”. Additional analyses revealed that music therapy was able to engage patients regardless of their age-group (25-years-and-under versus over-25 years) or substance (alcohol only versus other drugs). Music therapy is a promising approach to improving engagement in substance abuse treatment groups.</p>
	<p>Adam Gaustella, Mark R. Dadds, Peter F. Lovibond, Philip Mitchell, & Rick Richardson <i>D-cycloserine as an adjunct to exposure therapy to enhance treatment outcome for adults and children with social phobia</i></p>	<p>Nicola Kemp & Jonathan Gaston <i>Preliminary findings from a new program aimed at improving parenting confidence</i></p>	
	<p>Psychological treatment of anxiety disorders involves learning to overcome fear. The biochemistry of this process is now being identified and the use of biological agents to enhance treatment may be a major advance in treating anxiety disorders. This paper reviews evidence to support the use of D-Cycloserine (DCS) to treat social phobia in both adults and children. Two trials conducted at the University of New South Wales are described. Participants were recruited with a primary diagnosis of social phobia from the general community. Participants were treated using exposure-based group therapy. DCS was administered one hour before each of three or five sessions of exposure therapy. Results of these trials are presented. My experience in the daily practice of using biological agents, such as DCS, is discussed. Finally, a nation-wide community effectiveness trial is presented that aims to train clinicians and evaluate the use of DCS in the community.</p>	<p>Anxiety and depression are emotional problems that can develop in childhood. ‘Creating Confident Kids’ is a new group program designed for parents of 2-6 year olds and aims to give parents an understanding of how a child’s environment can shape the child’s view of him/herself. The program involves eight two hour group sessions over eight weeks. The content is drawn from Cognitive Behavioural Therapy and Acceptance and Commitment Therapy. In addition, a Strengths-based or Solution Focussed approach has been taken. We will present a preliminary evaluation of the effectiveness of the program. Participants have completed measures of strengths and difficulties as well as changes in parenting confidence and self-efficacy.</p>	
<p>11:40 – 12:40</p>	<p>Lunch</p>		

12:40 – 13:40	<p style="text-align: center;">Chair: Allison Waters Keynote 2: Professor Michelle Craske <i>Dissemination of treatments for anxiety disorders: Models, effectiveness, and issues</i> Boulevard 2</p>		
	<p>While treatments for anxiety disorders generally are highly efficacious in research settings, relatively little research has evaluated their effectiveness in non-research settings. This presentation will overview our current models for treating anxiety disorders in primary care settings. We have developed a collaborative care model, in which an anxiety clinical specialist, usually a nurse or social worker, delivers cognitive behavioural therapy and/or relays recommendations regarding medications, to patients who attend sessions within their primary care clinic. The anxiety clinical specialist is supervised by psychologists and psychiatrists and is in regular contact with the primary care physician. Our initial study, involving over 200 patients who met criteria for panic disorder, indicated that brief CBT and medication recommendations yielded substantially more improvement by 12 months than treatment as usual. In addition, the results appeared mostly attributable to CBT, with a dose response effect. Our current study, involving 1042 patients, addresses panic disorder, post traumatic stress disorder, social anxiety disorder and generalized anxiety disorder, using a computer assisted CBT and a step based treatment approach. The issues pertaining to dissemination, including training of clinic staff, use of clinic resources, screening and recruitment, and outcome as well as process measures, will be described along with preliminary process data from the CBT arm of this study.</p>		
13:40 – 15:20	<p style="text-align: center;">Symposium 1.2 Chair: Allison Waters Discussant: Michelle Craske Boulevard 2</p>	<p style="text-align: center;">Symposium 2.2 Chair: Louise Sharpe Boulevard 1</p>	<p style="text-align: center;">Papers 3.2 Chair: Mark Boschen Boulevard 3</p>
	<p style="text-align: center;"><i>Treatment of Childhood Anxiety Disorders</i></p>	<p style="text-align: center;"><i>Attentional Biases & Pain</i></p>	<p style="text-align: center;"><i>Anxiety Disorders</i></p>
	<p style="text-align: center;">Vanessa E. Cobham & Brett McDermott <i>Developing a cognitive-behavioural workbook for children with PTSD following Cyclone Larry: The process and the product</i></p>	<p style="text-align: center;">B.F. Dear, L. Sharpe, & S. Haggman <i>Does the dot-probe provide a reliable measure of attentional biases in the area of pain?</i></p>	<p style="text-align: center;">Adam Guastella <i>Oxytocin effects on fear and social-approach behaviour in humans</i></p>
	<p>This paper describes a recently developed intervention for children with PTSD following Cyclone Larry. The intervention grew from a point initiative between Education QLD, Catholic Education and QLD Health. Based on the cognitive model of Ehlers and Clark (2000), the intervention is cognitive-behavioural in nature and focuses on the trauma narrative. Approximately 250 children were identified as experiencing PTSD in a universal screen of school children living in the effected areas. These children and their parents were invited to make use of the intervention. Anecdotal feedback about the usefulness of the intervention will be presented. The authors are in the process of obtaining ethical approval to conduct a formal evaluation of the intervention and data available at the time of the conference will be presented. This paper will also discuss the process by which the intervention came into being, as well as the challenges faced by the authors in working across multiple systems and in responding in a timely and appropriate way to a natural disaster of significant magnitude.</p>	<p>Evidence continues to emerge supporting the role of biased attention in numerous clinical conditions. Recently, however, some question has arisen regarding the reliability of the dot-probe paradigm, which is commonly used to measure attentional biases. This study examined the internal-consistency of the dot-probe paradigm with three different clinical populations: 150 acute pain patients, 50 chronic pain patients and 100 rheumatoid arthritis patients. Further we tested test-retest reliability in a sample of 100 undergraduate students. Raw reaction time data showed very high reliabilities for internal-consistency in all three clinical populations. Further, there was also similarly impressive test-retest reliability. Reliabilities, however, dropped significantly when using calculations of the differences between contingent and non-contingent trials; and were virtually zero when applied to the attentional bias score frequently employed to interpret data. The results of this study suggest that that the dot-probe paradigm is internally consistent and stable across time, but that certain data transformations frequently employed to simplify dot-probe data is not. The reason for this unreliability and alternative methods for analysis are discussed.</p>	<p>Animal research has identified a critical role for the neuropeptide oxytocin (OT) in enhancing social recognition and approach behaviour, while also decreasing social avoidance and aggression (Lim and Young 2006). These findings have led some (Bartz and Hollander 2006) to suggest that OT may have an important role in the enhancement and treatment of bonds (i.e., parent-child bonds; couple distress), and the amelioration of disorders characterized by social deficits (i.e., social anxiety disorder; autism; schizophrenia). This paper presents a range of experiments conducted by the author to tease apart the effect of OT on human facial processing and the detection of social threat, as well as its use to enhance treatments for social anxiety. Results demonstrate the utility of OT in enhancing processes in clinically important ways. Results indicate potential applications for the treatment of a variety of psychiatric disorders.</p>
	<p style="text-align: center;">E.J. Macek, V.E. Cobham, N. Anger, & K. Eichmann <i>Making CBT accessible to children and adolescents with co-morbid anxiety and speech/language disorders</i></p>	<p style="text-align: center;">L. Sharpe, B.F. Dear & L. Schrieber <i>Attentional biases in chronic pain associated with rheumatoid arthritis: Hypervigilance or difficulties disengaging?</i></p>	<p style="text-align: center;">Richard O’Kearney & Cherie Nicholson <i>Do theory of mind abilities relate to obsessive-compulsive symptoms and thought action fusion?</i></p>
	<p>Anxiety is the most common category of childhood disorders. Another common category of childhood disorders are speech and language disorders. Due to the complex nature of these disorders, especially when co-occurring, it is</p>	<p>There is evidence that pain patients demonstrate attentional biases towards some pain-related stimuli (e.g. sensory words) and not others (e.g. affective words). However, whether individuals in chronic pain due to rheumatoid arthritis</p>	<p>People with OCD show problems in metacognitive abilities, particularly in reasoning about mental states like thoughts, images and impulses and in judging the accuracy of thoughts, memories or perceptions. One way to better understand these abilities is to see them as part of a person’s personal</p>

<p>imperative that affected children are provided with appropriate interventions in order to reduce or prevent long term negative outcomes. Anecdotal evidence suggests that not only do these disorders tend to co-occur at higher than expected rates, but furthermore, the affected children are not provided with the treatment of choice for their anxiety disorders (i.e., cognitive-behavioural therapy) due to the highly verbal nature of existing cognitive-behavioural interventions for anxious children. Therefore, it is the aim of the present study to modify a standard group cognitive-behavioural anxiety intervention for children with co-morbid anxiety and speech and/or language disorders in order to treat the participants' anxiety disorder. This study is currently being conducted and as such there are no results/outcomes currently available. It is anticipated that by demonstrating the effectiveness of the modified program, this program can be adopted by the wider psychological community. Furthermore it is also hoped that via the adoption of this modified program, clinicians will have available to them a more clinically appropriate therapeutic intervention for this specific population of children and adolescents.</p>	<p>(RA) also demonstrate this bias has not been investigated. Further, within the pain literature, whether these biases reflect hypervigilance or difficulty disengaging from stimuli remains contentious. The present study aimed to determine: a) whether RA patients demonstrate an attentional bias to sensory pain words; and b) whether this bias is a result of hypervigilance or failure to disengage from the stimuli. RA patients showed a bias towards sensory words and away from threat-related words. The effect for sensory words resulted from slowed performance on incongruent trials (i.e. difficulty disengaging), while the bias away from threat words resulted from faster responding on incongruent trials (i.e. avoidance of threat). The pattern of attention biases in RA patients is very similar to those found in patients with chronic pain, calling into question the hypothesized causal role of attentional biases towards sensory pain words in the development of chronic pain. At least in RA, attentional biases appear to be related to a failure to disengage from pain-related words, rather than hypervigilance.</p>	<p>epistemology or theory of mind. We investigated whether individual differences in obsessive-compulsive symptoms and in thought-action fusion (a key metacognitive problem in OCD) are related to theory of mind abilities. <i>Method:</i> One hundred and ninety-two participants aged 18 to 51 completed self-report measures of obsessive-compulsive symptoms (OCI-R), thought-action function (TAFS), mentalising (ToM) ability (PSC), anxiety and depression (DASS). In addition, a non-introspective method examining the participants' implicit structure of their lexicon for "knowing" verbs was used to assess theory of mind. <i>Results:</i> Controlling for depression and anxiety, OCD symptoms and likelihood other-TAF scores were related to higher self-reflectiveness and to lower internal state awareness on the PSC. In their implicit organisation of "knowing" verbs participants high in thought-action fusion gave a greater emphasis to the certainty/uncertainty dimension of the mental lexicon (<i>know, guess</i>) and placed lesser importance on the information processing dimension i.e., on the distinction between conceptual and perceptual aspects (<i>invent, notice</i>), than those low in TAF. <i>Discussion:</i> Our results provide preliminary evidence of a particular relationship between theory of mind abilities and obsessive-compulsive problems and thought-action fusion. Specifically, people disposed to thought-action fusion are more likely to make a significance judgment about a particular "knowing" verb based on the degree of certainty that the word offers rather than on the basic of the verb's reference to internal or external sources of knowledge. <i>Conclusion:</i> Understanding the nature of any disruption to theory of mind abilities in OCD may be an important in providing a broader perspective to current cognitive accounts of OCD. It also may help integrate cognitive information processing models and cognitive appraisal accounts of OCD and provide important clues for uncovering critical developmental factors in OCD.</p>
<p>Trisha Wharton & Allison Waters <i>The role of threat-based interpretations in anxious children: Comparison with non-anxious children and the effects of cognitive-behavioural treatment.</i></p>	<p>S. Haggman, L Sharpe, K. Refshaug & M.K. Nicholas <i>Attentional biases and chronic low back pain: Cause or consequence?</i></p>	<p>VM Deshmukh, CR Jenkins, BJ O'Grady, BG Toelle, & T Usherwood <i>Anxiety, adult asthma and asthma quality of life: A cognitive behavioural perspective</i></p>
<p>Anxious children have been reported to display disproportionate vigilance for threat stimuli, interpret ambiguous situations in a more threatening way and choose more avoidant solutions compared with non-anxious children. The present study examined attentional and interpretation biases in anxious and non-anxious children between 8 and 12 years of age (both N = 25). It was also explored whether anxious children's biases were modified following cognitive behavioural therapy (CBT) to within levels comparable to non-anxious children (both N = 19). Attentional bias was assessed using a picture-based visual probe task with threat, neutral and positive pictures. Interpretation bias was assessed using (1) a homographs task, in which children used words in a sentence, and their neutral or threatening meaning was assessed, and (2) a stories task, in which ambiguous situations were described and children rated their negative emotion, danger judgements, and ability to influence these situations. The results showed that in comparison to non-anxious children, anxious children displayed stronger threat-based attentional and interpretation biases at pre-treatment. Following CBT</p>	<p>Theories of chronic pain suggest that hypervigilance to pain following an acute injury has a causal role in the development of chronic pain. Although there is emerging evidence that hypervigilance is associated with chronic pain, there is no evidence that hypervigilance precedes the development of chronic pain. The present study aimed to determine: a) whether acute pain patients who are hypervigilant to pain-related stimuli are more likely to develop chronic pain; OR b) whether chronicity predicts subsequent hypervigilance to pain-related stimuli. One hundred patients with acute low back pain were assessed on the Dot-Probe task and other clinical variables. Participants were followed-up after three months to determine whether they were continuing to experience pain that was now chronic. At six months, participants were re-administered the Dot-Probe task. Those participants who subsequently developed chronic pain showed biases towards all pain words in comparison to those participants who recovered. However, chronic pain status at three months did not predict subsequent biases towards pain words. This study suggests that those patients</p>	<p>This research study evaluated 110 (38 male) adult asthma patients (mean age = 41 years), with an emergency department (ED) visit in the previous 18 months. The study expanded on previous limited data, which suggest that co-morbid anxiety has a detrimental impact on asthma outcome, and asthma quality of life (AQOL). Patients with clinically significant anxiety ($n = 68$) had significantly decreased scores ($p < 0.01$), compared with those without clinically significant anxiety ($n = 42$), on all domains of AQOL. The difference in AQOL scores remained significant ($p < 0.05$) after controlling for the number of asthma-related ED visits in the previous 12 months. Patients with anxiety also had significantly increased scores ($p < 0.01$) on perceived symptoms of asthma specific fear and hyperventilation during an asthma attack. This study also evaluated the impact of mild anxiety levels, as compared to moderate to severe anxiety levels, on AQOL. The observed significant impact of co-morbid anxiety symptomatology highlights the role for cognitive behavioural interventions, addressing this co-morbidity. The paper also addresses clinical implications of these results, by critically examining the role of anxiety management strategies like systematic desensitisation, breathing control and interoceptive exposure, in individuals with comorbid asthma and anxiety.</p>

	<p>treatment, anxious children's attentional vigilance for threat persisted and remained significantly different to non-anxious children. However, anxious children's threat-based interpretation biases reduced significantly on both tasks to within levels comparable to non-anxious children. The results indicate that CBT can improve anxious children's ability to exert control and cope with ambiguous situations</p>	<p>who develop chronic pain three months after onset of the pain episode had significantly greater attentional biases towards pain-related stimuli than those who recovered. These findings support the claim that attentional biases have a causal role in the development of chronic pain. The clinical implications of these findings for preventative strategies for chronic LBP are discussed.</p>	
	<p>Allison Waters <i>Cognitive-behavioural treatment of anxiety disorders in young children: A comparison of child and parent versus parent only treatment</i></p>	<p>M. Mondello & L. Sharpe <i>The effect of attentional training as an adjunct to Cognitive Behavioural Therapy (CBT) in chronic pain</i></p>	<p>S. Dhachayani, C. Suganthi, H.J. Tan, M.M. Rizal, T. Maniam, S.K. Pillay & A.A. Raymond <i>Depression, suicidal ideation and anxiety among migraine patients in Malaysia: A case control study</i></p>
	<p>Previous research points to the importance of including parents in the treatment of childhood anxiety disorders, particularly in younger children. Indeed studies have shown that cognitive-behavioural therapy (CBT) which included both child and parent components produced significantly better effects than child only CBT, particularly in terms of maintenance of long-term treatment gains. Recently researchers have begun searching for alternative forms of treatment delivery so that childhood anxiety disorders can be effectively treated with reduced therapist contact. Bibliotherapy and internet based treatments have been explored and findings from these studies have suggested that at least some amount of therapist contact is required for effective treatment outcomes. Parent-focused treatment is another alternative, however, only one published paper exists on the efficacy of group CBT directed at the parents of anxious children. The current investigation examines whether clinically significant reductions in young children's anxiety status can be achieved when treatment is carried out with parents only. Specifically the study examines the efficacy of group CBT for children aged four to eight years of age that consists of both parent and child components in comparison with group CBT that includes only the parent component. Results indicate that clinical severity ratings derived from the Anxiety Disorders Interview Schedule for Children and the Spence Children's Anxiety Scale reduced significantly for both groups from pre- to post-treatment. The significance of the research is far-reaching in that the findings may support that these common and debilitating childhood disorders can be effectively treated with reduced therapist contact, which in turn is more cost effective and permits greater access to treatment.</p>	<p>There is increasing evidence that attentional biases may have a causal role in the development of chronic pain. Studies show that re-training attentional bias reduces the pain that people experience in acute experimental paradigms. This pilot study aims to discover whether reducing attentional biases enhances the efficacy of cognitive-behavioural therapy (CBT) for chronic pain patients. The present study aims to determine a) whether an experimental computer task, the Dot Probe Task, will be effective in re-training attentional biases displayed by chronic pain patients AND b) whether attentional training combined with CBT will be more effective than a placebo attentional training task combined with CBT. Patients with chronic or recurrent pain will be randomly allocated to receive either dot-probe attentional training or a placebo training on four weekly occasions prior to CBT. The impact of attentional training on selective attention and other clinical variables during the study will be assessed. This study will report the results of a case series of patients treated with adjuvant attention training plus CBT, compared to those treated using a placebo training plus CBT on attentional bias and clinical outcome. The implications for future research and treatment of chronic pain patients will be discussed.</p>	<p>Migraine is known to be associated with depression, suicidal ideation and anxiety. The frequency of migraine headaches has been reported to be strongly associated with higher self-rating of depression, anxiety and intention to die among both men and women. The objective of this study was to look at the association between migraine and suicidal ideation/anxiety/depression in a sample of Malaysian patients attending a neurology specialist clinic. 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 analyze scores on suicidal ideation, anxiety and depression scales. Data were analyzed using the SPSS version 11 and the chi-square test was used to test for significance. The migraine patients showed a higher MMPI score on suicidal ideation ($p < 0.0005$), anxiety ($p < 0.011$) and depression ($p < 0.005$). Migraine patients appeared to be at higher risk for depression, suicidal ideation and anxiety. All migraine patients should be screened for their psychopathology especially for depression, suicidal ideation and anxiety.</p>
	<p>Julie Henry & Allison Waters <i>Parent rearing practices in anxious and non-anxious children</i></p>		<p>Robert Hodgson, Rosemary Webster, & Mike Startup <i>The mediating role of peritraumatic dissociation on psychological distress following a motor vehicle accident</i></p>
	<p>Anxiety disorders are the most common form of psychological disorder among children and adolescents. Moreover, these disorders are significantly more common in girls than boys. Parental rearing behaviours are believed to play a</p>		<p>The aim of this study was to explore the mediating role of peritraumatic dissociation on psychological distress following a motor vehicle accident. Participants were recruited from the Accident and Emergency departments of two hospitals in the Hunter Region of NSW, Australia. The sample ($N =$</p>

	<p>role in the development of anxiety disorders, and numerous studies have shown a strong relationship between parental overprotection, rejection, and emotional warmth in the development of anxiety in children. Studies have consistently shown that rejection and overprotection (or control) are particularly related to child anxiety. A number of studies have also investigated the construct of 'anxious rearing behaviours' and their impact on a number of areas of child psychopathology. Studies of non-clinical children utilizing this 'anxious rearing' construct have found positive relationships between anxious rearing and child anxiety symptoms in addition to the expected relationships with rejection and overprotection. It remains unknown to what extent these parental rearing practices play a contributory role to the greater prevalence of anxiety disorders among girls than boys. This study seeks to address this limitation by investigating the rearing practices of parents of anxious (n=25) and non-anxious (n=25) boys and girls between 8 and 12 years of age. Parental rearing practices were assessed via child- and parent-report EMBU (Castro, Pablo & Gomez, 1997; Muris, Meesters & Brakel, 2003). Both EMBU scales provide total and subscale scores of parental overprotection, rejection, emotional warmth, and anxious rearing. Children's anxiety status was assessed via the ADIS C/P and child- and parent-report SCAS-C/P (Spence, 1997). Data collection is currently ongoing. However, preliminary analyses indicate that parent-report EMBU anxious rearing subscale scores are associated with higher levels of child anxiety. In addition, parent-report EMBU overprotection and rejection subscale scores are significantly higher in anxious girls than anxious boys.</p>		<p>337) comprised 157 male (47%) and 180 (53%) females ranging in age from 18 years to 81 years of age ($M = 39.4$, $SD = 17.73$). A screening survey was conducted within 1 month of the accident and assessed gender, age, past emotional problems, level of alertness immediately prior to the accident, fear of dying and peritraumatic dissociation during the accident and whether they felt anxious (fearful) or sad (depressed) at the time of the study. Path analysis revealed that gender, age, alertness and fear of dying impacted on dissociation which impacted on psychological distress. There were also direct effects of gender on anxiety, past emotional problems, peritraumatic dissociation and fear of dying on both anxious and depressive symptoms. The findings highlight the complex interrelationships between pre and peritraumatic pathways and post-accident psychological distress. Therapists need to assess dissociation experienced at the time of the accident and consider the impact of this on posttraumatic stress and depression symptoms.</p>
15:20 – 15:40	Afternoon Tea		
15:40 – 16:40	Chair: Murray Dyck Invited Speaker 1: Associate Professor Clare Roberts <i>The prevention of depression in children and adolescents</i> Boulevard 2		
	<p>Since the release of the Global Burden of Disease studies, the prevention of depression has been seen as a mental health imperative to reduce the burden and morbidity of mental illness in Australia and worldwide. Research has focused on children and adolescents in an effort to stem the development of new cases of depression. A risk and protective factor approach has been utilized to target relevant developmental periods, and specific causal mechanisms in the social, cognitive and family domains. Group, family, and school-based interventions have been developed and aimed at various groups of children and adolescents. The majority of these programs have used cognitive and behavioural strategies to build resilience in children and adolescents, in order to reduce the prevalence and incidence of depressive disorders in our community. This paper examines the research on the prevention of depression in children and adolescents and attempts to answer three important questions about the current state of the field; What works? What does not work? and What looks promising? In doing this, the presentation will consider the format and structure of interventions, implementation issues, developmental considerations, and mediators and moderators of outcomes. Barriers to the dissemination and maintenance of interventions over time will be discussed and future challenges for researchers and those engaged in service delivery will be presented</p>		
16:40 – 17:40	Chair: Heather Green Presidential Address: Professor Ross Menzies Boulevard 2		
17:45 – 19:15	Welcome Drinks Level 4 Function Area		

Tuesday, 9th October, 2007

8:00 – 9:00	REGISTRATION		
9:00 – 10:00	Chair: Allison Waters Keynote 3: Professor Susan Mineka <i>An integrative perspective on the origins of emotional disorders: Time 1 and initial prospective results from a longitudinal study</i> Boulevard 2		
	Anxiety and mood disorders frequently begin in adolescence and may leave lasting scars into adulthood. My colleagues and I (Michelle Craske, Richard Zinbarg and Emma Adam) are conducting an 8 year longitudinal prospective study of over 500 adolescents at risk for mood and anxiety disorders which examines personality, cognitive, information processing, and biological concomitants of these disorders and their comorbidity. We are also examining the relative predictive utility of the many different measures of vulnerability that we have included. Many interesting findings have emerged from initial cross-sectional results and provocative initial results from the first 24 month follow-up will also be presented.		
10:00 – 10:20	Morning Tea		
10:20 – 11:40	Symposium 1.3 Chair: Michael Free <i>Internet / Multimedia Interventions</i> Boulevard 2	Papers 2.3 Chair: Alina Morawska <i>Childhood Anxiety</i> Boulevard 1	Papers 3.3 Chair: Shirley Morrissey <i>Depression / Suicide</i> Boulevard 3
	Sonja March, Susan H. Spence, Caroline Donovan, & Justin Kenardy <i>The efficacy of an internet-based CBT program (The BRAVE Program) for child anxiety disorders</i>	Peter M. McEvoy, Alison Mahoney, Sarah J. Perini, & Patrick Kingsep <i>Changes in post-event processing and meta-cognitions during cognitive behavioural group therapy for social phobia</i>	Gerrie Earley & Mari Molloy <i>The SHADES facilitator training program: Expanding the practice of evidence-based treatment in the primary care sector</i>
	<p>Despite the fact that Cognitive-Behavioural Therapy (CBT) has demonstrated to be effective in the treatment of childhood anxiety, many children remain untreated. The aim of this study was to develop and examine an internet-based cognitive-behavioural therapy (CBT) program for childhood anxiety (The BRAVE Program). Such internet-based interventions have the potential to assist children who would otherwise be unable to receive assistance. A randomized controlled trial was conducted to examine the efficacy of The BRAVE Program compared to a wait-list control condition (WLC). Sixty children aged between 7 and 12 years who met DSM-IV diagnostic criteria for an anxiety disorder were randomly allocated to one of the two conditions. The internet CBT program comprised 10 child sessions and 6 parent sessions followed by booster sessions at 1- and 3-months post-treatment. Treatment effects will be evaluated at post-treatment, 6-month and 12-month follow-up, using diagnostic interviews and parent and child questionnaires. Follow-up data is currently being collected. Preliminary pre to post data suggest a reduction in indicators of anxiety following the internet-based intervention. Qualitative reports also indicate high consumer satisfaction with the program. Preliminary results will be presented and implications for internet-based treatments of child anxiety will be discussed.</p>	<p>Current cognitive behavioural models propose that post-event processing (PEP) contributes to the maintenance of social phobia. This study examined changes in PEP, metacognitions, and symptoms of social anxiety and depression following cognitive behavioural group therapy for social phobia (N = 86). PEP reduced following treatment and these reductions were associated with reductions in symptoms of social anxiety and depression. Metacognitions were also less strongly endorsed following treatment, with the exception of positive metacognitions. However, metacognitions were only associated with depression and not social anxiety. Uncontrollability and danger metacognitions fully mediated the relationship between PEP and depression symptoms. In contrast, metacognitions did not mediate the relationship between PEP and social anxiety symptoms. Theoretical and clinical implications and future research directions are discussed.</p>	<p>MindlinX Primary Mental Health Team at Barwon Health, Geelong has been in operation for 4 years, with a workforce of 2.6 EFT. The Primary Mental Health Team brief is to build the capacity of primary care providers in delivering evidence-based treatment for high prevalence mental health disorders. This paper will present the MindlinX teams' development of facilitator training for the delivery of an evidence-based group Cognitive-Behaviour Therapy (CBT) treatment program for these disorders. The SHADES (Self Help Anxiety & Depression Education Sessions) Program is a CBT based group run for two hours weekly over 8 weeks. The facilitator-training program was developed to enable clinicians to establish their own groups, and introduces the theory and practice of Cognitive Behaviour Therapy together with instruction in group therapy and adult learning principles. This is a weeklong training program totalling 40 hours. Facilitators receive manuals and all the materials and resources, including PowerPoint, CD's, DVD's required to conduct the program. Sixty-eight allied health and psychiatric nursing staff from a variety of agencies, including public mental health, drug & alcohol services, general counselling, community health, NGO's and private practice have now completed this training. Many have used the material with individual clients; others are regularly running SHADES groups with their own clients.</p>
	SJ Prosser, S March, S, SH Spence, C Donovan, & R Anderson <i>Family factors as predictors of parent</i>	Catherine Udy & Jennifer Hudson <i>Parental cognitions and affective states in relation to childhood anxiety and co-</i>	Carmen Stewart <i>Comparing cognitive behaviour therapy, problem solving therapy and treatment as</i>

	<i>involvement in an internet-based cognitive-behavioural treatment program for child anxiety</i>	<i>morbid depression</i>	<i>usual in a high risk population</i>
	<p>Patterns of interaction within the family and individual characteristics of family members, have been firmly established as factors contributing to the development and maintenance of child anxiety. However, the influence of such factors on the process and outcome of childhood anxiety treatment, remains unclear. This study examined the role of factors within the family, including parental support, level of parental control, parents' own anxiety, marital relationship quality and severity of child anxiety, as predictors of parent involvement and assistance <i>during</i> an internet-based, Cognitive-Behaviour Therapy (CBT) program for child anxiety. It was expected that families characterised by over-involvement, over-control, high parental anxiety, marital distress and high child anxiety, would also show high levels of parental involvement and control behaviours while their child completed the online treatment sessions. Fifty children aged 7 to 12 years, meeting DSM-IV criteria for separation anxiety disorder, social phobia, generalised anxiety disorder or specific phobia, and their parent(s) completed the program. The program included 10 weekly sessions for children and 6 sessions for parents, with 2 additional booster sessions completed at 1 and 3 months post treatment. On completion of each session children rated the extent of parental assistance provided with the exercises. The number of activities completed during sessions and for homework was also recorded. Preliminary data illustrating the relationship between pre-existing family factors and subsequent parent involvement and helping behaviours throughout the treatment, will be presented.</p>	<p>Recent reviews suggest that parents of anxious children are more controlling and critical than parents of non-anxious children. The relationship between parental cognitions and affective states, and observed parent-child interactions, has not been explored. Three groups of 8 to 14-year-old children (controls, anxious and anxious/ depressed, N=116) and their parents participated in a study of parental affect and cognitions which included an anxiety-provoking task for their child. Parents were presented with 26 self-statements regarding their experience of specific emotions, cognitive evaluations of the meaning of the situation for the parent, and parents' affective responses to children's displays of anxiety. Parent/child interactions were observer-rated for levels of parental control and negativity. Analyses will include between group analyses of parental control and negativity. Groups will be compared on parent-reported cognitions and emotions. Regression analyses will be used to examine relationships of parental cognitions and emotions to parental behaviours.</p>	<p>This research evaluates two standardised, empirically based interventions, CBT (n=11) and problem solving therapy (PST, n=12), that could be used to decrease the likelihood of completed suicide in persons that have made a recent suicide attempt. Participants allocated to the control group TAU (n=9) were given routine Acute Care Team intervention. Both experimental groups were manualised and treatment was administered individually, the PST group over 4 sessions, the CBT group over eight sessions. Participants, once medically cleared for a suicide attempt within the Royal Brisbane and Women's Department of Emergency Medicine, were admitted to the Psychiatric Emergency Centre for clinical assessment. Clinicians who completed the clinical assessment recruited potential participants by asking them complete the trial questionnaire pack before discharge. Participants completed the Beck Hopelessness Scale, Beck Scale for Suicidal Ideation, Social Problem Solving Inventory and Client Satisfaction Questionnaire again at post treatment within the treatment groups, and at two months following initial recruitment, for the TAU control group. Analysis indicated that participants reported significant improvement over time for the majority of the measured variables within the experimental groups. When compared to TAU both CBT and PST groups showed significant differences on the Client Satisfaction Questionnaire. There was also a significant result when PST was compared to TAU on the Beck Scale for Suicidal Ideation. These results lend further weight for the use of brief therapies with suicide attempters.</p>
	<p>R Anderson, C Donovan, SH Spence, S Prosser, A Gamble, & S March <i>Internet-based CBT for anxious adolescents: An investigation into working alliance</i></p>	<p>Lynne Mason, Kristine Moxley, & Susan Kerr <i>SPOONFULS: A toddler feeding workshop that uses a multidisciplinary approach to support healthy feeding and eating in children aged 1-3 years</i></p>	<p>Alishia Williams & Michelle Moulds <i>The impact of ruminative processing on the development of intrusive memories</i></p>
	<p>The BRAVE Program for Teenagers is a 10-session CBT treatment program for clinically anxious in teenagers. This study will examine the strength of working alliance in adolescents involved in an internet-based version of BRAVE compared to adolescents involved in the clinic-based version of BRAVE. It is expected that adolescents involved in the internet-version of BRAVE will develop sound working alliance with their online-therapist, but that the working alliance developed in the clinic-version of BRAVE will be stronger. Sixty adolescents aged between 13 and 17 years who met DSM-IV diagnostic criteria for an anxiety disorder (SAD, GAD, SP, or Specific Phobia), were randomly allocated into two groups. One group received the internet-version of BRAVE whilst the other received the clinic-version. Participants in both conditions were given a modified version of the Working Alliance Inventory-Short Form (WAI-S) after session 3 of the 10-session treatment program. Preliminary data comparing the differences in the strength of working alliance formed in the internet-version of BRAVE compared to the clinic-version of BRAVE will be presented.</p>	<p>Toddler feeding difficulties represent a significant source of concern and distress for parents, with children's feeding and eating problems often being felt to be a reflection of a parent's core identity. Eating is more than deciding what and how much to feed a child and feeding is more than choosing food and getting it into the child. The toddler years are a time where parents experience a void when it comes to reliable, expert advice about feeding and managing food refusal. This creates a gap in information during the toddler years, at a time when emerging feeding patterns become intriguing, challenging and frustrating. The result of parental anxiety and distress is usually mismanagement of mealtimes, with parents focussing only upon how to get their toddler to eat more. 'Spoonfuls' is a group program offered as a parent workshop, and run by a Paediatric Dietitian, Speech Pathologist and Psychologist. It addresses educational and behaviour management strategies parents can use to encourage their toddler to become confident healthy eaters. It supports parents in relinquishing strategies that aim only at</p>	<p>Despite evidence of the detrimental effects of ruminative self-focus, under some circumstances self-focused attention can actually promote well-being and confer benefits. We sought to replicate the findings of Watkins (2004) that adopting an abstract/analytical mode of processing following a negative event results in increased spontaneous intrusions of the event; i.e., results in poor emotional processing. In Study 1 57 low (BDI-II ≤ 7) and 59 high (BDI-II ≥ 12) dysphoric undergraduate participants viewed a 4 min. emotion-eliciting video, were randomly assigned to an analytical, experiential, or distraction processing condition, then monitored the frequency of video-related intrusions. Results indicated the effectiveness of the video in inducing moderately distressing intrusions, and suggest that the effects of ruminative self-focus on intrusion severity may depend on the self-referential nature of the material to be processed. Study 2 addressed this concern by assessing the effects of ruminative processing on participants' own intrusive memories. 121 low and high dysphoric participants reporting a negative intrusive memory within the past week</p>

		getting toddlers to eat more, which inevitably backfire, exacerbating feeding problems and creating meal environments that are negative, punitive and upsetting for all involved. This workshop aims to educate parents in developmentally normal eating patterns and healthy food choices using an approach that stems from behaviour management while supporting parents through this challenging time of transition.	were randomly assigned to an analytical or distraction condition. Results indicated a main effect for condition. Results supported previous findings that intrusion-related distress is not merely a function of intrusion frequency.
			Theona Bustos, Deborah Chisholm, Lavina D'Silva, Anne Nguyen, Judy Tong & Ann Soo <i>Doing what works: Engaging adolescents within a DBT framework</i>
			Establishing collaborative goals around reducing suicidal behaviours is particularly challenging when working with acutely suicidal patients. The Acute Adolescent Unit at Redbank House has adopted a modified DBT program for adolescents who present for inpatient treatment. The ward accepts patients ranging from 12 – 18 years of age. Patients typically participate in a ward-based DBT program that includes individual therapy, group therapy and ward- and phone-based coaching. Approximately 60% of patients are hospitalized under mental health legislation. This paper will explore the intersection of motivational interviewing and DBT with adolescents and the importance of “doing what works” during the process of establishing treatment targets. Two case studies will be used to describe application and adaptation of DBT with adolescents who are ambivalent about committing to a DBT Program. Particular emphasis will be placed on (1) the assessment of behavioural skills, (2) identifying reinforcement contingencies, and (3) the management of risk issues.
11:40 – 12:40	Lunch		
12:40 – 13:40	Chair: Heather Green Keynote 4: Dr Robert Leahy <i>Beyond rationality: The role of emotion and meaning in cognitive therapy</i> Boulevard 2		
	Cognitive therapy has often been criticized for giving inadequate attention to the role of emotion in psychotherapy. Although this criticism may be overly general, there is a need to expand the importance of emotion in understanding psychopathology within the cognitive therapy tradition. Various approaches converge on this issue – including emotion focused therapy, acceptance and commitment, DBT, existential theory, positive psychology and emotional schema therapy. The dialectic between emotion and rationality has a long history since Plato and is often viewed as a theme that distinguishes cognitive from psychodynamic approaches. Yet, painful emotions may be an inevitable part of a meaningful life – contrary to the goal of simply “feeling good” – a meaningful life is based on the capacity to “feel everything”. I will propose a model of the role of emotional schemas that delineates how people differ in their response to painful emotions – in themselves and in relationships. I will also review several studies on emotional schemas showing how this model helps us understand why validation is helpful, how emotional schemas are expressed in intimate relationships, and how these schemas are related to worry, personality disorders, substance abuse and post-traumatic stress. Furthermore, both the private and the interpersonal nature of crying – and its mutual interpretation – will be described. Finally, I will suggest how compassion for painful emotions can help transform suffering into meaning, help establish a sense of community based on the needs of strangers, and help in the appreciation of a life that is limited by mortality.		

13:40 – 15:00	<p align="center">Symposium 1.4 Chair: Kim Halford</p>	<p align="center">Papers 2.4 Chair: Heather Green</p>	<p align="center">Papers 3.4 Chair: Michael Free</p>
	<p align="center"><i>Promotion of positive couple relationships</i> Boulevard 2</p>	<p align="center"><i>Health</i> Boulevard 1</p>	<p align="center"><i>Eating, appearance & self-disclosure</i> Boulevard 3</p>
	<p align="center">DK Creedy, KW Halford, & J Petch <i>Prevalence and correlates of intimate partner violence in couples expecting their first child</i></p>	<p align="center">Sandy Hutchison <i>Dissemination and integration of psychological services in cancer care</i></p>	<p align="center">Melanie Newton & Werner Stritzke <i>Hasten deliberately: Double dissociation pattern of prediction of the same high-fat food choice behaviour by implicit and explicit measures</i></p>
	<p>Male-to-female partner violence is believed to often begin or escalate during pregnancy and postpartum and is associated with poor general health, obstetric and reproductive outcomes for women. However, there has been little investigation of female-to-male violence and its association with male-to-female violence. We investigated each partner's report on the Conflict Tactics Scale-II of the extent of reported violence in 246 couples expecting their first child who were recruited for a controlled trial of relationship education. 42% of couples reported at least one incident of physical aggression in the past year. The vast majority of violence was of lower severity (pushing, slapping, or shoving), rates of male-to-female and female-to-male violence were approximately equal, and the most common pattern was of reciprocal aggression between the partners. Even less severe aggression is associated with significant risk of injury – particularly for women, and predicts relationship deterioration and separation. The high rates of aggression in pregnant couples are a significant problem that needs addressing.</p>	<p>Cancer has a significant emotional and psychological impact on those diagnosed and their families. Empirical evidence supports a variety of psychological interventions. In practice, however, there are numerous barriers to accessing psychological services, which means that psychological interventions are only available to the lucky few. Improving the availability of and access to psychosocial services is an important healthcare priority. To overcome the multiple barriers to access, the Cancer Council Queensland developed the Tiered Model of Psychosocial Care and established the Cancer Counselling Service (CCS). The CCS is a free state-wide telephone-based psycho-oncology service, specifically designed to overcome as many barriers as possible. The CCS is embedded within the Tiered Model of Care, a stepped care approach to service delivery that incorporates screening and triage processes to match client needs to services and ensure those with greater need are directed to services of higher intensity. This paper provides a detailed description of the Tiered Model of Care and the CCS, with data from over 1500 people referred to the service, and demonstrates how greater dissemination and integration of psychological services can be achieved.</p>	<p>Eating high-fat foods is often associated with attitudinal ambivalence. Inclinations to indulge in high-fat food may be in conflict with simultaneous inclinations to avoid consumption due to the stigma associated with weight gain and obesity. Implicit measures such as the Implicit Association Test (IAT) are thought to tap into less conscious and more automatically activated attitudes. It has been suggested that discordance between implicit attitudes and behaviour toward substances may be due to not accounting for ambivalence. However, previously, ambivalence was not assessed at both implicit and explicit levels in accordance with contemporary theories of attitudinal ambivalence, which requires the <i>independent</i> assessment of approach and avoidance inclinations (cf. Cacioppo & Berntson, 1994). Therefore, the aim of this study was to account for motivational ambivalence at both the explicit and implicit level by examining eating-related associations in participants ($n = 106$) that differed in their explicit inclinations toward high-fat food. Results confirmed that individuals hold an implicit avoidance inclination toward high-fat food, regardless of self-reported preference. It appears that the proximal rewards of consuming high-fat foods may override self-regulation and the negative distal consequences associated with indulging in these foods. These findings have implications for weight management programs and health campaigns.</p>
	<p align="center">Bronwyn Watson & Kim Halford <i>Echoes of the past: The association of a history of child sexual abuse with women's adult couple relationships</i></p>	<p align="center">Jane Nearhos <i>Success and home haemodialysis</i></p>	<p align="center">Caroline Donovan, Susan H Spence, & Jeanie Sheffield <i>A test of the continuum hypothesis of eating pathology with an anorexic sample</i></p>
	<p>Child sexual abuse of girls is associated with a range of negative adult relationship outcomes, but many survivors experience good relationship functioning. We sought to determine whether women with a history of child sexual abuse could be meaningfully classified based on their abuse experiences and whether these classes were associated with adult relationship outcomes. 1335 women randomly selected from the electoral roll completed a questionnaire examining childhood experiences and adult relationship functioning. Child sexual abuse was reported by 45% of the sample. Child sexual abuse survivors were divided into three classes using latent class analysis: the family, friend, and stranger abuse classes. Women in these abuse classes differed on many aspects of their abuse experiences, and class of abuse was associated with a range of negative adult relationship outcomes including relationship and sexual dissatisfaction, violence, and risk of divorce. Child sexual abuse is not homogeneous, rather abuse perpetrated by a family member, friend, or stranger represent clearly different phenomena.</p>	<p>This study attempted to identify some of the psychosocial factors that are associated with patients and carers who continue successfully with home haemodialysis compared with those who withdraw. A sample of 92 prospective patients and their carers, referred since July 2004, were surveyed for their levels of anxiety, depression, self-efficacy, coping strategies, and locus of control. Respondents were compared according to their progress learning home dialysis and maintaining home dialysis for more than 180 days. Those who completed the training and maintained home dialysis for more than 6 months had profiles suggesting higher levels of self-efficacy and perceived internal control over health. They reported using more adaptive coping strategies. The active participation of a carer with a similar profile also was associated with success.</p>	<p>This study tested the proposition that although some risk factors are common to both sub-clinical weight restriction practices and Anorexia Nervosa (AN), others are more uniquely associated with AN. Specifically, it was hypothesized that body dissatisfaction (BD), weight preoccupation (WP), depressive symptoms, ineffectiveness, and upset induced by teasing about weight are common, while 'self-control as self-esteem' are specific to AN. The role of perfectionism in the debate, was also investigated. Participants comprised 40 female anorexics, 40 high-level weight restrictors, and 40 low-level weight restrictors, who were matched for age and socioeconomic status. Participants completed self-report questionnaires assessing level of weight restriction, BD, WP, depressive symptoms, upset induced by teasing, 'self-control as self-esteem', perfectionism and ineffectiveness. Support for the continuum hypothesis was found for some variables, support for discontinuity was found for other variables, and yet other variables did not demonstrate clear support for either continuity or discontinuity. The implications of the results for treatment and prevention strategies are</p>

			discussed, together with suggestions for future research.
	Jemima Petch, Kim Halford & Debra Creedy <i>The Couple CARE for Parents Program: Enhancing couple relationships across the transition to parenthood</i>		RM Roberts <i>Adolescents coping with appearance-related stressors: Predictors of adjustment</i>
	Most couples eagerly anticipate the birth of their first child. However, approximately 50% of couples report a moderate to severe decline in relationship satisfaction across the transition to parenthood. Low relationship satisfaction has been associated with increased couple conflict, individual psychological distress, and negative parent-child relationships outcomes. 'Couple CARE for Parents' (CCP) is the first randomized controlled trial evaluating the effectiveness of a flexible delivery psycho-education program. 71 pregnant couples (CCP $n = 35$; comparison couples $n = 36$) were assessed on self-report and observational measures of couple relationship and individual functioning. Among intervention couples, decline in female relationship satisfaction and self-regulation was prevented. Specifically, only 17% of CCP females report a decline in relationship satisfaction from pregnancy to 12 months postpartum, compared to 49% of comparison females. Observed couple communication also improved as a result of the intervention, with CCP couples showing reliably lower rates of negative communication skills at post-intervention relative to comparison couples. Providing cost-effective couple relationship education to expectant and new parent couples opens another window of opportunity for health professionals and governments to minimize the rates of relationship distress and their associated negative effects on family functioning.		This research aims to provide evidence for the relationship between the use of coping strategies and adjustment. This research also examines the causal role of coping strategy use in later adjustment difficulties. Fifty adolescents with a craniofacial condition completed the Youth Self Report (YSR). Their parents completed the Child Behavior Checklist (CBCL) and the Behavioral and Emotional Rating Scale (BERS). Adolescents and parents also completed a measure of coping strategy use in response to two stressful situations and a measure of the efficacy of the strategies used. These measures were repeated after 12 months. Use of Active Coping strategies was related to better adjustment, while parent report of adolescent use of Avoidance Coping was related to poorer adjustment. Use of Distraction Coping was unrelated to adjustment measures. The YSR Total T score at 12 months was predicted by initial efficacy and coping strategy factor scores. Recommendations have been made for a cognitive behavioural approach as a way of developing coping skills in young people with a craniofacial condition and these findings provide an evidence base upon which this work can be built.
	Kim Halford, Keithia Wilson, Bronwyn Watson, DBJ Larson, & Thomas Holman <i>Taking relationship education to the people: Evaluation of RELATE with Couple CARE a web and self-directed relationship education program.</i>		Samantha Cuming & Ron Rapee <i>Social anxiety and self-protective behavioural style in close relationships</i>
	Couple relationship education holds out considerable promise to enhance couple relationship satisfaction and stability, but the population impact of relationship education is limited by the low reach of education programs. Our team has developed a web-based assessment of couple relationship strengths and challenges called RELATE Australia that identifies couple relationship strengths and challenges. This assessment is used within a motivational interviewing procedure done via telephone to help couples develop specific relationship enhancement goals. We also developed a DVD-based relationship skill training program called Couple CARE, in which couples undertake structured exercises at home complemented with telephone-based relationship coaching. We recruited 56 newlywed couples and randomly assigned them to receive either RELATE, or RELATE plus Couple CARE. Couples were assessed on their relationship satisfaction, stability, and communication before and after the program. In this paper we report on the findings as well as consumer satisfaction with the two approaches.		This research examined the extent to which social anxiety is associated with a self-protective behavioural style (i.e. low self-disclosure and emotional expression) in both close friendships and romantic relationships. It also investigated the ways in which the quality (i.e. support, depth, conflict) of close relationships was related to social anxiety, and whether differences in relationship quality were mediated by differences in behavioural style. Over 200 individuals currently involved in a committed heterosexual relationship were recruited to complete a series of online questionnaires. Participants completed the Self-Disclosure Inventory, a shortened version of the Emotional Self-Disclosure Scale, and the Quality of Relationships Inventory in relation to their closest friendship and romantic relationship. The Social Interaction Anxiety Scale and Depression Anxiety and Stress Scale were also completed.
15:00 – 15:15	Afternoon Tea		

15:15 – 16:15	<p style="text-align: center;">Chair: Murray Dyck Invited Speaker 2: Professor Sharon Dawe <i>Personality, impulsivity, and substance use: What should clinicians do?</i> Boulevard 2</p>
	<p>There is considerable evidence linking the personality trait of impulsivity with the initiation of substance abuse. It has also been a key variable distinguishing those with a substance use disorder from those who are non problematic substance users. However, it would appear that what was previously thought of as a broad general trait of impulsivity may be better thought of as two separate and distinct traits. The first of these relates to an individual propensity to be attracted to reward – and this trait may be termed reward drive. The second dimension appears to tap into behaviours that involve rash, impetuous action where there is little regard for the consequences: this is probably a better and more narrow definition of the trait “impulsiveness”. Despite a large literature documenting the importance of temperament, especially impulsiveness, in substance use there has been almost no attempt to integrate such findings within treatment approaches. In this talk I will consider ways in which universal and targeted approaches to substance misuse prevention could incorporate findings from the personality literature.</p>
16:15 – 17:15	<p style="text-align: center;">Chair: Shirley Morrissey Keynote 5: Professor Paul Gilbert <i>Understanding and treating shame compassionately: An evolutionary approach</i> Boulevard 2</p>
	<p>This talk will explore our approach to shame, distinguishing between internal and external shame, and humiliation. The talk will then focus on self-criticism as a form of internal shame. Self-criticism will be linked to threat processing and safety strategies and problems in being self-soothing and/or self-reassuring. The talk will also discuss new neuroscience ideas on the structure of positive affect that may underpin abilities to feel reassurance. Many people with high shame can be fearful of feelings of warmth and self-reassurance and seem unable to access soothing affect systems. Compassion focused therapy was developed for people who have high shame and self-criticisms and are unable to self-soothe. The talk will outline how compassionate mind training seeks to activate positive affects related to soothing. I will also note some recent data on its effectiveness.</p>
17:15 – 18:15	<p style="text-align: center;">Foundation Members Celebration Poster Session (see p. 26 for details) Level 4 Function Area</p>
19:00 – 24:00	<p style="text-align: center;">Conference Dinner Boulevard Ballroom</p>

Wednesday, 10th October, 2007

8:00 – 9:00	REGISTRATION		
9:00 – 10:00	Chair: Alina Morawska Keynote 6: Associate Professor Nick Allen <i>Adolescent emotional development and the emergence of depression: Implications for cognitive models and cognitive treatments</i> Boulevard 2		
	<p>One of the most striking aspects of the epidemiology of depressive disorders across the lifespan is the rapid rise in the incidence of depression that is observed in early adolescence. Further, longitudinal data indicate that an episode of depression is a substantial risk factor for subsequent episodes, both within adolescence and into adulthood. This increased vulnerability likely reflects the adverse impact of depressive episodes on neurobiological and cognitive development as well as on emotional, social, and occupational functioning. These data indicate the important public health significance of adolescent depressive syndromes. Moreover, they direct our attention to the likelihood that some causative mechanism, or mechanisms, underlie this population-wide increase in vulnerability. In doing so they highlight the need to understand the relationships between early adolescent development and the psychopathological processes that give rise to depressive conditions. Explicating these relationships will yield important insights not only for understanding depressive disorders during adolescence (a critically important life stage if we are to provide effective prevention and early intervention), but likely also for understanding vulnerability throughout the life span. In this presentation I will outline a model of how adolescent development in biological, psychological and social domains can contribute to vulnerability to depression, and how this understanding suggests important new directions for prevention, early intervention, and our understanding of the nature of depressive disorders.</p>		
10:00 – 10:20	Morning Tea		
10:20 – 11:20	Chair: Heather Green Invited Speaker 3: Professor Grant Devilly <i>Early intervention for workplace trauma</i> Boulevard 2		
	<p>The use of trauma focused cognitive-behavioural treatments has led to unprecedented success rates in the treatment of PTSD. However, the focus has more recently moved to early interventions and preventative strategies. This talk will present currently recommended strategies following trauma and subsequent pathology, and will also present currently researched models for the prevention of pathology for trauma exposed personnel.</p>		
11:30 – 13:00	Lunch	National Executive Meeting	
13:00 – 14:40	Symposium 1.5 Chair: Mervyn Jackson Discussant: Greg Murphy	Papers 2.5 Chair: Mark Boschen	Papers 3.5 Chair: Michael Free
	<i>Determinants of Coping</i> Boulevard 2	<i>Anxiety Disorders</i> Boulevard 1	<i>Treatment Outcome</i> Boulevard 3
	Mervyn Jackson, Greg Murphy, & Jessica Murphy <i>Individual versus environmental determinants with problem gambling</i>	MJ Boschen, DL Neumann, L Pischek, & I Parker <i>Acquisition of cognitive and behavioural phobic responses are asynchronous</i>	Ying-tzu Chang, Shoa-jen Perng, Hsiou-chien Teng, & Rose MacMaster <i>Evaluating cognitive therapy used in modifying beliefs towards medication: Case studies of four Taiwanese with schizophrenia</i>
	<p>Gambling behaviour has always been a popular pastime and is deeply entrenched in the Australian culture. The recent legislative changes to gaming laws have resulted in a dramatic expansion in gambling. This widespread accessibility combined with powerful marketing has made gambling an even more attractive and socially sanctioned form of entertainment. This expansion in gambling venues has resulted in a dramatic increase in community participation rates and the potential for negative psychological and social outcomes. This paper juxtaposes traditional individual indicators (demographics and psychographics) with social environmental variables. The results of this research indicated that individual variables account for less five</p>	<p>Phobic anxiety is known to present with behavioural symptoms, such as conditioned arousal responses to phobic stimuli, as well as cognitive symptoms such as implicit associations and attentional biases. However, it is not clear whether these responses are acquired simultaneously in the anxiety acquisition process, or whether they are acquired independently. We report on two studies that suggest the behavioural and cognitive symptoms of anxiety are acquired at different stages in phobia acquisition. Both studies utilise a differential Pavlovian conditioning paradigm to pair a conditional stimulus with an angry facial stimulus. Study 1 contrasts the skin conductance conditioned response with changes in implicit associations developed between</p>	<p>Over the past few decades, the related literature has recognized negative beliefs towards medication as a major contributing factor in the failure of prescribed antipsychotic regimens. Interventions of non-compliance generally involve treatment education, behaviour shaping and emotional support. However, these interventions have not effectively modified patients' negative beliefs towards medication. The purpose of this case study intends to examine the efficacy of Beck's Cognitive therapy in modifying negative beliefs towards medication of schizophrenia clients. The four Taiwanese participants received an 8-week cognitive therapy program, in which the strategies and the processes were slightly modified with consideration of the illness deficits of</p>

	<p>percent of the variance and predicted less than 70% of problem gamblers in the wider community. In contrast, social environmental factors explained more than 40% of the variance and correctly identified nearly 90% of problem gamblers within the general community sample. While it is apparent that individual demographics and psychographics are not predicting either gambling behaviour or problem gambling, these variables continue to be researched and reported in the scientific literature. This paper concludes that while key environmental variables have been identified and shown to be valid predictors of problem behaviours, they will not be routinely used for assessment and become targets of interventions until behavioural psychologists develop and evaluate reliable and valid assessments of these environmental determinants.</p>	<p>the facial stimuli and concepts of safety and danger. Study 2 contrasts the conditioned skin conductance response with a measure of attentional bias. In each case, discrepancies between the physiological and cognitive changes are contrasted. Potential explanations for this asynchrony such as two-stage acquisition, and acquisition involving different brain structures are suggested.</p>	<p>schizophrenia. The change of the participants' beliefs towards medication over the program was assessed by a 14-items scale designed by the researchers. The results of each participant were analyzed using a simplified version of the Reliability Change Index. The results showed that one of the four participants enhanced his positive belief towards medication significantly, but no significant differences were found among the other three. The efficacy of the cognitive therapy program may be influenced by the therapist-client relationship, the length of the program, lack of family support, the severity of symptoms and stigma. This study may offer health providers a new orientation in dealing with medication compliance. Recommendations for a larger comparison study are therefore suggested.</p>
	<p>Jessica Murphy <i>Predicting residential care worker stress from personal and environmental characteristics</i></p>	<p>David Berle, Vladan Starcevic, Anthony Hannan, Denise Milicevic, Claire Lamplugh & Pauline Fenech <i>Do cognitive factors distinguish between panic disorder with and without agoraphobia?</i></p>	<p>JO Osiki & OO Ilesanmi <i>Two psychotherapies in the management of dysphoria in girls with late luteal phases in three secondary schools in Oyo State, Nigeria</i></p>
	<p>Using a sample of 149 Residential Care Workers (RCWs), this cross-sectional survey examined three indices of workers' psychological morbidity (depression, anxiety and stress) and these variables' associations with various personal characteristics (e.g., coping style) and environmental characteristics (e.g., the number of social supports). Personal attributes of the individual played a comparatively greater role than that played by the set of environmental factors, in that the set of environmental factors (whilst significant on their own), did not significantly add to the explained variance of psychological morbidity above that afforded by personal factors alone. Despite this, environmental factors had strong predictive powers, where three environmental factors (program clarity, order and organization and unit support) contributed significantly to the prediction of who would be at risk for developing depression (as were two personal variables, maladaptive coping and satisfaction with social supports). Practical implications of the study findings are discussed.</p>	<p>The degree of the fear of anxiety symptoms and anticipation of catastrophic consequences of anxiety symptoms may distinguish people with panic disorder (PD) alone from those with panic disorder with agoraphobia (PDA). The aim of this study was to investigate this hypothesis using three self-report instruments that measure relevant cognitive constructs. 75 patients with PDA and 26 with PD were compared on the Anxiety Sensitivity Index (ASI), Agoraphobic Cognitions Questionnaire (ACQ), and Anxious Thoughts and Tendencies Scale (AT&T). The results show no significant differences were found between participants with PD and PDA on total ACQ scores, scores on the ACQ subscales, total ASI scores, scores on the ASI subscales, and AT&T scores. These findings suggest that cognitive variables do not distinguish clearly between PD and PDA. Secondly, the degree of anxiety sensitivity and a tendency to catastrophise may not necessarily be associated with the development of clinically significant agoraphobia among PD patients.</p>	<p>The study investigated the relative effectiveness of Psychoanalysis (PAP) and cognitive-behavioural (CBT) psychotherapies in ameliorating the effects of dysphoria in menstruating subjects. A 3 x 3 factorial matrix experimental pre-test post-test control group design was adopted. Thirty-nine subjects {age19-22, mean age= 20.22, SD= 1.27} who were screened from three randomly selected secondary schools in three Local Government areas of Oyo State were blindly assigned to the two experimental groups {PAP n= 14 & CBT n = 13} and the control group {n=12}. The Premenstrual Assessment Scale {PAS I-III} was the research measure. Major findings showed that there was significant main treatment effect when the three groups were compared. It further showed that the participants exposed to the CBT did better than those with PAP and the Control group respectively in the management of dysphoria. Considering the effectiveness of the adopted psychotherapies particularly in mitigating the effect of dysphoria on the academic potentiality of the students, the study therefore recommend that psychological benefits could be harnessed to facilitate the females' adjustment especially during disturbing menstruations.</p>
	<p>Kate Reid, James Canty & Greg Murphy <i>Examining the influence of compensation eligibility on labour-force participation following traumatic spinal cord injury</i></p>	<p>Ciaran Pier <i>Interoceptive accuracy and body vigilance in people with panic disorder</i></p>	<p>Sara Olsen, Simon Smith, Tian Oei, & James Douglas <i>Motivation and outcome expectancies predict treatment adherence in patients with obstructive sleep apnoea</i></p>
	<p>Numerous studies have examined the simple effect of receipt of accident or illness compensation on post-injury achievements in key areas of living such as latency of return to work or frequency of use of primary care health services post injury (see, for example, Greenough & Fraser, 1989). The present study involved 233 traumatic spinal cord injury patients who were followed up within 12 years of injury to ascertain their post-injury employment achievements, and</p>	<p>Clinical observation, research and theory indicate an association between spontaneous panic attacks and heightened body vigilance. Research also suggests that people who experience spontaneous panic may have an enhanced ability to detect symptoms of autonomic arousal. This enhanced ability may increase the frequency or magnitude of perceived bodily sensations and thereby exacerbate panic symptoms. The aim of this study was to compare interoceptive accuracy</p>	<p>Continuous Positive Airway Pressure (CPAP) can be an effective therapy for Obstructive Sleep Apnoea (OSA), but like most medical and treatment regimes, adherence is often poor. This study specifically tested a motivational / psychological model of adherence. 77 consecutive patients (61% male, Mean age=55.25) newly diagnosed with OSA who had never tried CPAP, completed questionnaires assessing: outcome expectancy with treatment, self-efficacy,</p>

	any associations between these achievements and various characteristics of the individual, of the injury and, particularly, of compensation status. Multivariate analysis enabled the identification of independent predictors of post-injury labour force status, particularly the relative influence of a key environmental variable – the availability of accident compensation. Implications of the results for rehabilitation service delivery will be addressed.	among people with panic disorder and people with non-clinical panic attacks, other anxiety disorders and healthy controls. Accuracy for perceiving levels of autonomic arousal was measured by the relationships between pulse transit time and self-reported arousal levels during two laboratory tasks. A questionnaire measure of body vigilance was used. Comparisons were made between people with panic disorder (n=15), non-clinical panic attacks (n=15), general anxiety disorder or social phobia (n=15) and healthy controls (n=15). People with panic disorder had higher body vigilance scores than all other groups however there were no group differences in interoceptive accuracy. Results confirmed that people with panic disorder are highly vigilant to symptoms of anxiety.	functional outcomes of sleepiness and perceived risk of negative health outcomes without treatment. Physiological data from standard clinical diagnostic sleep study were obtained. Objective CPAP adherence (mean hours per night) was assessed at 3 month follow-up. Patients used CPAP an average 4.57 hours per night. Physiological indices explained 10.4% of the variance in CPAP adherence, whilst risk and self-efficacy uniquely explained an additional 6.3% of the variance. Outcome expectancies and functional outcomes of sleep added in the final model explained an additional significant unique proportion of the variance (15.3%), and in combination with the above steps explained a total of 32% of the variance in CPAP adherence. This data suggest that psychological indices are most important in patients' adherence to effective therapy..
		Chris Mackey <i>Outcome evaluation of individual therapy for trauma victims seen in private practice</i>	Balan Rathakrishnan <i>The effects of cognitive therapy and yoga on stress and anger</i>
		This paper presents outcome data on the effectiveness of therapy offered in general clinical practice, which may be generalizable to a range of other clinical settings. Treatment outcome data were collected for 120 clients offered individual therapy for trauma reactions in a clinical psychology private practice. Client groups included victims of crime and those who had suffered from motor vehicle or industrial accidents. Evaluation measures included the Impact of Event Scale, Beck Anxiety Inventory, and the Beck Depression Inventory. Treatment interventions offered within a cognitive-behavioural framework included psychoeducation, relaxation techniques, and EMDR or exposure. Clients showed both statistically and clinically significant reductions in post-traumatic stress, anxiety and depressive symptoms. Clients typically experienced no more than mild symptomatic distress following psychological treatment. These results might also offer comparative data for other private practitioners who wish to gauge the severity of their clients' trauma reactions and degree of symptomatic improvement using objective measures.	Beck's cognitive therapy (CT) was compared to a no-treatment control in the reduction of anger in multicultural college students. CT lowered trait anger, anger reactivity to many potential provocations, anger in the individual's most angering ongoing situation, daily anger, anger-related physiological arousal, anger suppression, and outward negative expression. CT also enhanced positive forms of anger expression. Treatment effect sizes were medium to large, with many being quite large, and significantly more CT participants met an index of clinically significant change. Moreover, CT lowered trait anxiety and depression. Reductions of anger and trait anxiety were maintained at 15-month follow-up. CT was judged an effective, promising treatment for anger reduction.
		EP Belling & Mark Boschen <i>Deteriorating memory confidence under cognitive load: Implications for compulsive checking behaviour</i>	Firdaus Mukhtar & Tian Oei <i>Predictors of group cognitive behaviour therapy outcomes for mood disorders in Malaysia</i>
		Previous research has examined the effect of repeated checking on memory accuracy and confidence. The act of repeatedly checking the same stimulus has been associated with declines in memory vividness, detail and confidence, without associated declines in memory accuracy. This has been demonstrated in both student and OCD samples. Unfortunately, research conducted to date has only examined these changes in situations where participants are able to focus their entire attention on the experimental task. The ecological validity of such an approach must be questioned, when actual checking behaviour often occurs under conditions	The present study investigated the active mechanisms of change in treatments for depression in Malaysia. Malay patients (N = 113) diagnosed with a major depressive disorder were provided either with the TAU (n = 55), or TAU plus eight sessions of Group Cognitive Behaviour Therapy (GCBT; n = 58). Three pre-treatment cognitive measures, the Beck Hopelessness Scale (BHS), the Automatic Thoughts Questionnaire-Malay (ATQ-Malay), the Dysfunctional Attitude Scale-Malay (DAS-Malay) and a quality of life scale (WHOQOL-BREF) including demographic characteristics were assessed in a series of multiple regression models as potential predictors

		<p>of distraction and competing attentional demands. We sought to examine the effect of increased cognitive load on declining memory confidence in a virtual stovetop checking task used by previous researchers. Student participants were asked to repeatedly check that a 3D virtual stovetop was turned off. During this procedure they were also required to listen for and tally the occurrence of a target series of high and low 'beeps' played through headphones. One-third was asked to monitor for the occurrence of a complex series of beeps. One-third was asked to tally a shorter, less complex series. The remaining third were not required to record monitor for any particular audio series, but were exposed to the same audio recording. Our results replicated those of previous authors, showing declines in memory confidence with repeated checking.</p>	<p>of treatment response. Treatment outcomes measures were evaluated using the Beck Depression Inventory-Malay (BDI-Malay) immediately post-treatment and at a six-month follow-up. Results revealed that both of the Dysfunctional Attitude Scale-Malay subscales (performance evaluation and self-control) and gender significantly predicted BDI-Malay post-treatment and six-month score. By using total score, the pre-treatment total scores of the WHOQOL-BREF, the Beck Hopelessness Scale, the age, and the ATQ-Malay were both significant predictors of outcomes in the GCBT group. In summary, implication of significant predictors of treatment outcomes in term of research and clinical practice were discussed with some limitation of this study and suggestions on future research were included.</p>
14:40 – 15:30	The Panel Boulevard 2		
15:30 – 15:45	Afternoon Tea		
15:45 – 16:30	National Annual General Meeting Boulevard 2		
16:30 – 17:30	Farewell & Book Launch Level 2 Function Area		

POSTER ABSTRACTS

1. **Huat Bin Ang**

Evaluating the job and life attitudes of farm managers: A comparative study of horticulture and dairy farm managers in New Zealand

This study will compare the job and life attitudes of dairy and horticultural farm managers in order to examine the extent of occupational stress in the primary sector and to determine if farm managers who report positive core self-evaluations are more resilient towards stressors and therefore less prone to stress. The core self-evaluations is a recently-developed personality trait that comprises four sub-traits: self-esteem, locus of control, generalized self-efficacy, and emotional instability. The New Zealand primary sector has one of the highest rates of job-related injuries and illness, for which Accident Compensation Corporation has paid one of the highest claims in 2004 and 2005 (ACC, 2006). The consequences of working harder and longer amongst farm managers have come about in part because of an increase in the number of cases involving fatalities, injuries and ill health where stress and fatigue are major contributors. The stress-related illnesses, in particular attempted and successful suicides, are now some of the major concerns and have attracted increased interest from academics abroad (Page & Fragar, 2002; Hawton, Fagg, Simkin, Harriss, Malmberg & Smith, 1999; Fragar & Franklin, 2000). Although there have been recent endeavours to understand why psychologically healthy farmers choose to take their lives, the empirical research is still underdeveloped, in particularly relating to farmers' *personality traits*. Due to the continuing changes in farming practices and the external environment, occupational stress may be predicted to continue in the foreseeable future (Booth & Lloyd, 2000). A study by Wallis, Dollard and Ranzijin (2003) on dairy farmers in South Australia has revealed that 30% of dairy farmers showed a high level of distress that would justify assistance from a mental health professional. Also, Walker & Walker (1987) reported that Canadian farmers are experiencing a variety of occupational stressors that can lead to mentally distress state. In an attempt to address this situation, this study has developed and tests a psychological model to understand the attitudes and personality of managers in the *farming community*. This study is an original contribution to knowledge and has not been investigated in previous research. The study of stressors (such as, Edinburgh Farm Survey Inventory) among farm managers in UK, Australia and New Zealand has not incorporated with personality factors.

2. **Angie McCarthy, Helen White, Catherine Hollingworth, Rebecca Jamieson, & Rosemary Skinner**

Life Skills Program: A collaborative approach to prevention and early intervention of mental health conditions in middle school students

The Life Skills Program was developed by clinician's within North Metropolitan Child and Adolescent Mental Health Services (CAMHS) with the aim of implementing a collaborative preventative mental health program targeting Year 8 and 9 students identified as at risk of developing mental health conditions such as anxiety and depression. The program was also developed in response to an increase of referrals from school psychologists for students who were self-harming. The aim of the program was not only to improve the well-being of students at risk but to also increase the capacity and confidence of student services staff to manage sub-clinical mental health difficulties. Student services staff together with CAMHS clinicians co-facilitated the program which ran for 50-minutes per week over 8-weeks. The program utilises principles of Cognitive Behaviour Therapy such as relaxation, thought challenging, problem solving and role-plays to increase the young persons resilience and coping resources. In addition, the program has incorporated skills from the Dialectic Behaviour Therapy research and included mindfulness and distress tolerance strategies to increase management of unregulated emotion. Students identified as at-risk by teaching and student services staff were invited to attend the group. The participants were assessed on the Child Depression Inventory and the Adolescent Coping Scale at pre- and post-group participation. Post-group responses show that students who participated in the group reported reduced levels of depression and improvements in coping strategies.

3. **Vivienne Lewis**

Body image and cognitive behavioural intervention: A perspective on prevention and intervention

Body image includes a person's perceptions of, attitudes and emotions towards their physical body. This can range from extremely positive to extremely negative and can affect some people to the point where their behaviour, affect and cognitions are negatively effected. Much research has been conducted on body image mostly concentrating on it's relationship to the well-being of adolescent and adult females partially due to it's links with dangerous dieting and exercising behaviours. However, limited research has been conducted on the impact of body image on men and effective intervention for those with body image concerns. Dr Lewis is a body image researcher and clinician in Australia and will be presenting her research on body image in particular the success of a recent cognitive behavioural intervention workshop series run with men and women from the Canberra community with body image concerns. Dr Lewis will discuss directions for prevention and intervention in regards to body image and its effect on people's well being. This will include individual, government and community change.

4. **Jonathan Gaston & Lorna Peters**

The relationship between burnout and depression, anxiety and stress in health professionals

Job burnout is an increasingly recognised issue facing many professionals, especially those who work in the area of health care. Burnout rates traditionally range from 6-11% in caregiving professions, with many potentially serious associated costs at an individual, organisational, and profession-based level. While burnout can globally be seen as resulting from prolonged response to chronic emotional and interpersonal stressors on the job, Maslach has suggested that there are three distinct dimensions that uniquely characterise the burnout process. She has labelled these dimensions 'emotional exhaustion' (a state of physical, emotional & mental exhaustion marked by a lack of enthusiasm), 'depersonalisation' (negative, callous or excessively detached responses to other people), and 'reduced personal accomplishment' (a decline in one's feelings of competence & successful achievement in one's work). While Maslach's conceptualisation has been dominant in the burnout literature for the past 20 years, a number of recent authors have begun to question whether burnout is necessarily a distinct syndrome, especially in terms of other emotional experiences such as depression, anxiety and stress. The aim of the current study was to more specifically examine the relationship between the three dimensions of burnout and depression, anxiety and stress, and to establish if, and to what extent, burnout is necessarily a distinct process. Four hundred and eighty seven allied health professional recently completed a questionnaire battery that contained both the Maslach Burnout Inventory and the Depression, Anxiety & Stress Scales. The structure of the emotional experiences will be examined using a confirmatory factor analysis approach. The results will be discussed in relation to the question of whether burnout is a syndrome distinct from other emotional experiences and the implications for clinical treatment of burnout will be addressed.

5. **A.R. Boostanipoor & A. M. Nazari**

Measurement of irrational beliefs in Type A and B personality: A comparative study

The aim of this research is to compare the measurement of irrational beliefs between Types A and B personality. This kind of comparison can suggest the role of irrational beliefs in performance of stressful behaviour pattern among type A personalities. First, Type A and B Personality Scale, was performed among volunteer students of Teacher Training University of Tehran. According to the scores, Participants (N = 40) were divided in two groups (nA = 20, nB = 20), indicating Type A personality group and type B personality group. Then, Irrational Beliefs Test (IBT) was performed among the participants of each group. At last, the scores of participants, in both groups, were compared. The Findings, $T = 0.014$ ($\alpha = 0.989$), suggests that there is no meaningful difference between measurement of irrational beliefs in Type A and B personality.

6. **Boschen, M.J. & Vuksanovic, D.**

Memory confidence and responsibility perceptions in compulsive checkers

Repeated checking has been repeatedly associated with memory distrust. We sought to extend previous research using a computer-based checking task by incorporating a group of 15 individuals with OCD, and examining the effect of increased perceived responsibility. Participants were asked to repeatedly check a virtual stovetop, with half the participants also placed under a condition of high-perceived responsibility. Our observations replicated previous research showing that the act of repeatedly checking leads to reductions in memory vividness, detail and confidence, without accompanying reductions in memory accuracy. Furthermore, while a sense of increased personal responsibility had little effect on a student control sample, it led to a significant further deterioration in memory confidence in individuals with OCD. These results suggest that in people with OCD, normal reductions in memory confidence over repeated trials are exacerbated and intensified by inflated responsibility perceptions.

7. **Murray Dyck & Jan Piek**

Using cluster analysis to group children with one or more of six developmental disorders

Developmental disorders seldom occur in isolation: any given disorder is typically accompanied by some other disorder. The aim of this study was to identify groups of children who share an ability profile and to assess whether these groups also share clinical diagnoses. 163 children with confirmed diagnoses of Autistic Disorder or Asperger's Disorder, Mixed Receptive-Expressive Language Disorder, mild Mental Retardation, Developmental Coordination Disorder, ADHD inattentive or combined subtype and 449 typical children were assessed with age-standardised measures of perceptual organisation, verbal comprehension, receptive and expressive language, fine and gross motor skills, theory of mind, emotion understanding and recognition abilities, response inhibition, and verbal working memory. In our cluster analysis, we specified a 7-cluster solution to correspond with the 7 different samples. The empirically derived groups did not closely correspond to the diagnostic groups. Rather, there were 2 clusters that mainly consisted of typical children with average or above average ability, 2 clusters that consisted of both disordered and typical children with markedly poorer motor coordination or language abilities, and 3 clusters that mainly consisted of children with a disorder. These clusters grouped children with very low scores on all abilities (Mental Retardation), markedly low motor coordination and markedly high response inhibition scores (Autistic Disorder), and moderately low scores on all abilities, but with especially low language scores (Mixed Language Disorder). Ability profiles of children with a developmental disorder mainly do not correspond to the profiles used to define disorders. Relatively poorer language or motor skills in children with low average general ability are associated with increased risk of disorder.

8. **Michael Free & Marian Free**

What did Jesus really teach and how does that relate to cognitive therapy?

Cognitive Therapists often find themselves treating people with a commitment to the Christian religion and/or belief system. In these cases the beliefs derived from the Christian belief system frequently appear to be integral to the process and content of therapy. It is potentially useful to therapists to have a working knowledge of the Christian belief system to treat such clients, however the Christian belief system is full of inconsistencies and confusion. One approach to the confusion is to use the "authentic" teachings of the historical Jesus, as much as they can be ascertained using the methods of biblical scholarship. The paper uses the authentic teachings of Jesus as promulgated by the Jesus Seminar, and interpretations of those passages by standard authoritative commentaries to estimate the main themes of Jesus teaching. Implications are then drawn for the use of those teachings in cognitive of therapy with persons with a commitment to the Christian religion and/or belief system. The main themes found include the following: the nature of the kingdom of God, the value of extravagant commitment, the value of the lost, reversal of worldly values, satan has fallen/new age has broken in, but don't look for it, enjoy life while you can, relationship to God, the value of persistence, respect the system, God treats us as we treat others, be open and transparent, be on guard, prepare rationally/be rational, anti-legalism, worth of thing shown by outcomes, accept hospitality, value of subversion. Many of these themes are consistent with, and relevant to, issues and approaches discussed in cognitive therapy, included with worth of persons, taking an empirical approach to issues, being logical, and living for the process rather than the outcome. Ways in which the teachings of Jesus can be used in cognitive therapy are introduced.

9. **Michael Free**

A generic cognitive-behavioural model of emotional and behavioural disorders

There are a number of reasons why a generic model of predisposing, precipitating and perpetuating factors is desirable in the cognitive and cognitive-behavioural treatment of emotional and behavioural disorders. Three of the most important are: there is a tension between diagnostic and functional approaches to case formulation; models are currently specific to each disorder, making for a multiplicity of models covering very similar phenomena and processes; and there is a realisation that disorders do not present in "pure" forms but with aspects of two or more disorders, making it difficult to apply the disorder-specific models. In addition there is increasing acceptance of Young's Schema Therapy and the associated developmental model of psychopathology in mainstream cognitive and cognitive behavioural therapy. Schema theory is not frequently incorporated into the existing disorder-specific models. There are many potential advantages to a generic model that integrates the common factors of the major cognitive and cognitive-behavioural models of emotional and behavioural disorders: such a model would provide for a more integrated approach to assessment; it would allow clinicians to work from case formulation both to a treatment plan and also to a DSM diagnosis; and it would allow for greater subtlety in treatment planning. It would also be beneficial to neophyte therapists and their trainers to be able to work from, and learn within, an integrative approach with a few generic principles and processes rather than a fragmented approach using multiple models, with multiple processes, and multiple and complex concepts. A generic cognitive model of emotional and behavioural disorders would have to fulfil a number of criteria. It would have to encompass major models within cognitive therapy, account for varying presentations, summarise data without losing richness and subtlety, and be able to accommodate complex cases. The paper presents an attempt at defining such a generic model. The model is presented, and is evaluated in terms of how well it accommodates major disorder specific models and major theoretical constructs in cognitive and cognitive behavioural theories of psychopathology, and how well it is able to accommodate a case of moderate complexity. The model is shown to accommodate diverse individual models of anxiety, mood and behavioural disorders. When applied to representative cases, no data relevant to treatment planning is lost, in fact it is demonstrated that the generic model leads to consideration of factors not included in some disorder-specific models to the overall enrichment of the formulation and the treatment plan. The model is also shown to accommodate adequately a case of moderate complexity. The generic model is a potentially useful tool in general treatment planning for psychological treatment of emotional and behavioural disorders, and hence a potentially useful device in the training of psychologists.

10. Heather Green

One to six sessions of cognitive-behavioural therapy in a mental health acute care team: outcomes

This project evaluated the uptake and effectiveness of adding brief cognitive-behavioural therapy (CBT) to mental health acute care team practice. Forty-two therapy clients during 2004 were evaluated in a pre-post design using the Health of the Nation Outcome Scale (HONOS), Depression, Anxiety, Stress Scales (DASS), and post-treatment client satisfaction. They were compared with 19 clients who were referred but did not attend therapy due to refusal, referral to another service, or loss to follow-up. Individual CBT was provided by two registered psychologists and one probationary psychologist. Clients attended a mean of 3.2 sessions (range 1-6). HONOS scores showed a mean improvement of 1.02 SD in CBT clients compared with 0.72 SD in clients who were referred to CBT but did not attend. DASS results showed a mean reduction of 0.55 SD in symptoms of depression, anxiety and stress in those who attended. Client satisfaction was high (global mean satisfaction 4.7/5). Only 130/350 available therapist hours were used, due to low numbers of referrals within the team. Brief CBT was feasible in this setting, with high client satisfaction and some evidence of improved outcomes compared with usual care. Further research would help to identify clients most likely to benefit from such an intervention.

11. Ian Platt & Shirley Morrissey

Adherence to treatment in Coronary Heart Disease: Illness representations, Affect and Readiness for Change

Recent advances in acute medical care have improved survival rates for sufferers of Coronary Heart Disease (CHD), however poor adherence to medication, exercise, and dietary recommendations compromises survivors' long-term recovery prospects. With a view to informing clinical interventions targeting CHD patient treatment adherence, this study aimed to investigate the respective contributions of the Self-Regulatory Model (SRM) and the Transtheoretical (or stage of change) Model (TM) to CHD patients' self-reported adherence to treatment regimens. The hypothesised moderating influence of patient level of affect on the relationship between specific illness attributes (within the SRM) and treatment adherence was also explored. Results from a sample of 154 CHD outpatients ($M = 65$ years) indicated that stage of change, in conjunction with a domain-specific measure of self-efficacy, made consistent contributions to self-reported medication, diet, and exercise adherence. In comparison, the SRM's contribution to adherence was less consistent: illness perceptions only impacted on adherence to exercise. In addition, level of positive affect was found to moderate the relationship between perceived illness consequences and adherence to exercise. The implications for clinical intervention were discussed.

12. Danielle M. Ellis, Jennifer L. Hudson, Carolyn M. Schniering, & Ronald M. Rapee

Psychometric evaluation of the social phobia and anxiety inventory for children (SPAI-C) in an Australian clinical population

This study evaluated the psychometric properties of the Social Anxiety Scale for Children (SPAI-C) in an Australian clinical sample. Participants were 138 children aged 8 – 14 years (72 female) who were recruited from the Macquarie University Anxiety Research Unit (MUARU). Confirmatory factor analysis will be conducted to evaluate the fit of three- and five-factor models that have been identified in previous research. Convergent validity will be determined by correlating the SPAI-C with other measures of anxiety, including the Revised Children's Manifest Anxiety Scale (RCMAS), Fear Survey Schedule – Revised (FSSC-R), Internalising scale of the Child Behaviour Checklist (CBCL), and parental reports of social anxiety (SPAI-C-P). Discriminant validity will be determined by assessing the ability of the SPAI-C to differentiate children with social phobia from those with other anxiety disorders, externalizing difficulties, and no disorders. Finally, age and gender effects and internal consistency will be assessed. The findings will be used to determine whether the SPAI-C is a valid measure of childhood social anxiety in an Australian population.

13. Christine Phillips & Shirley Morrissey

Barriers, motivators and predictors of screening mammography in older women

This study has investigated the barriers, motivating factors and predictors of attendance for screening mammography in older women in the Gold Coast region. In addition, the project has examined the influence of several factors (self efficacy, locus of control, worry and knowledge) on the intentions and behaviour of older women regarding breast screening mammography. The effects of an intervention letter, based on the principles of motivational interviewing in combination with strategies aimed at advancing movement through the stages of change and promoting mammography attendance has been tested. The major barriers to regular attendance in this group of women were found to be lack of time, inconvenience, cost and the painfulness of the procedure. Women reported that major motivators for attendance were a reminder letter, finding a breast lump, the availability of early detection and treatment, peace of mind, control over health, shorter waiting period for appointments and more screening centres. The motivational style intervention was found to advance the stage of change and promote mammography attendance. Participation in the study alone (the control group) also produced a positive effect on mammography attendance. The implications of the study are discussed and some recommendations made in terms of increasing the uptake of screening mammography in older women and restoring regular attendance in women who relapse.

WORKSHOP PROGRAM

Saturday, 6th October

Paul Gilbert: *An Introduction To The Therapy & Practice Of Compassionate Mind Training For Shame Based Difficulties*

**Two day workshop, both Saturday and Sunday
Boulevard 3**

Shame and high levels of self-criticism occur in a variety of difficulties, including depression, social anxiety, eating disorders, personality difficulties, and post-traumatic stress disorder. Shame and self-criticism can accentuate and maintain such disorders, and can be difficult to work with. One of the reasons for such difficulties is that people may not have developed abilities to be, and experience, self-soothing. Compassionate mind training (CMT) has been developed with, and especially for, people with chronic problems associated with shame and self-criticism. Compassionate mind training evolved from recognising that some people, who came from difficult backgrounds, could not self-soothe or feel inner warmth for the self.

This workshop will help participants recognise the many aspects and functions of shame and self-criticism. We will distinguish between internal shame, external shame and humiliation, and explore how to formulate client difficulties in terms of key fears and safety strategies. The second part of the workshop will focus on the core components of compassion and how to create compassion in a therapeutic relationship and teach people self-compassion skills. This workshop will draw on new research on the neuroscience of emotion, attachment theory, studies of self-conscious emotion and also a variety of interventions, developed by various schools of therapy.

Michelle Craske: *Advances in CBT for Panic and Phobias*

**Full day workshop
Boulevard 2**

The latest developments in cognitive behavioural therapy for panic disorder and phobias will be discussed, based on advances in learning theory, cognitive science and empirical findings. Topics will include tailoring CBT for nocturnal panic attacks, management of comorbidity, and computer assisted treatment for panic disorder. Also included will be discussion of ways to maximize learning during exposure therapy for feared stimuli (bodily sensations or phobic objects or situations): including sustained excitation and toleration of distress; variability; violation of outcome expectancies; removal of safety signals; strategies for offsetting context renewal; spacing of sessions; and follow-up booster sessions. The workshop will consist of lecture and video vignettes.

Jessica Grainger: *Managing Anger Problems and Handling Conflict Situations*

**Half day workshop, Saturday morning
Boulevard 1**

This workshop will use a CBT skill based approach to deal with anger problems with children, adolescents and adults. A number of scenarios will be used to examine the underlying cognitions that produce a schema of angry beliefs and cognitive rules that create angry episodes. Initial assessment and motivational skills are introduced to assist the client to commit to making behaviour change and then the program focuses on developing an awareness of the internal dialogue that drives the emotional and behavioural responses. Program elements demonstrated and practised in this interactive workshop include cognitive restructuring, cue based rehearsal, analysis of angry episodes, role plays designed to develop adaptive and coping self talk, behaviour inhibition approaches and “barb exposure”. In addition the workshop will also teach skills relevant to working with and managing angry clients or conflict situations which might emerge within a number of possible settings (e.g. residential or mental health treatment settings). These skills will also be useful when teaching a range of professionals (e.g. teachers, youth workers, police, nurses, emergency services and managers dealing with angry employees) methods of approaching and calming an angry individual and preventing an exacerbation of a difficult or dangerous situation. The workshop will teach many of these key anger management skills using video/DVD based training modules that have been developed specifically for working with angry and aggressive individuals and families.

Sunday, 7th October

Nick Allen & Wendy Knight: *Using MBCT With Depressed Adolescents*

Full day workshop

Boulevard 1

Mindfulness based cognitive therapy (MBCT) has proven to be an effective intervention to prevent relapse in adults with a history of depression. However adolescents who are experiencing their first episode of depression also represent a group who are at high risk for relapse, and are therefore an important population to whom relapse prevention efforts should be directed. One of the difficulties here, however, is providing relapse prevention interventions for adolescents that are engaging and acceptable. MBCT has many advantages in this regard, as it is group based, emphasises generic skills for mental health and well being, as is based on meditation techniques. Accordingly, as part of the services provided at ORYGEN Youth Health in Melbourne we have developed and conducted an initial research project on the use of MBCT as a “booster” intervention to be offered to young people after the acute phase of their depressive disorder has passed. In this workshop we will describe the basic theory behind MBCT, review some of the relevant literature on mindfulness, adolescent development, and adolescent psychopathology, and then describe the application of MBCT to an Australian adolescent public mental health population. The adolescent MBCT program will be described and a number of experiential exercises will be run in order to allow participants to gain greater insight into the nature of the program. We will also address the appropriate requirements for training and personal practice in order to successfully implement these programs.

Julie Fox & Winnie Lau: *Managing Feelings: Cognitive Behaviour Therapy to Manage Anxiety, Sadness and Anger*

Full day workshop

Paradise 2 & 3

This presentation explains why children and adults with Asperger’s syndrome are more prone to develop mood disorders and also explains strategies that can help such individuals learn about and manage emotions. The Cognitive Behaviour Therapy approach includes affective education and cognitive restructuring, i.e. improving the understanding of emotions and changing the way the person perceives and responds to emotions. The concept of an emotional toolbox is used to provide a greater range of strategies to manage feelings. These strategies are applicable for all children, not just those with Asperger’s syndrome. This presentation is suitable for professionals, teachers and parents working with children experiencing emotional difficulties.

Kim Halford: *Preventing Couple Relationship Problems: Relationship Education as a Practice Opportunity for Psychologists*

Full day workshop

Palm 1

Couple relationship problems are associated with great distress, high rates of psychological disorder in partners and children, relationship aggression, and relationship breakdown. Moreover, marital problems and divorce have substantial social and economic costs. Conversely, strong and mutually satisfying relationships promote partners’ and children’s resilience and well being. Professionals (e.g., psychologists, social workers, psychiatrists, marriage and family therapists), can help couples to have positive relationships through education and early intervention to promote positive relationships as well as through couple therapy to assist relationship problems. Couple relationship education teaches couples key knowledge and skills that assist currently satisfied couples to strengthen their relationship, and enhance their chances of sustaining a life-long mutually satisfying relationship. Such education can assist couples greatly at key points of change in their lives, such as when marrying, becoming parents or when facing major crisis like serious illness. The purpose of this workshop is to provide information, demonstration, and opportunity to practice and discuss evidence-based approaches to couple relationship education, which also can be used to structure couple therapy. The workshop will combine some didactic presentation, videotaped demonstration of key skills, opportunity for practice of skills, and case-based discussion of the approach. You will learn: (a) The current evidence on couple relationship education and couple therapy effectiveness, and their limitations, and how the evidence based approaches to working with couples can be integrated; (b) how to select and use assessment to determine key relationship strengths and weaknesses, and to help partners appraise their relationship functioning in ways that promote change; (c) how to determine whether couple relationship education or couple therapy is appropriate; (d) a range of strategies for promoting a collaborative, change-focus in partners; (e) how to discuss with couples the results of assessment and develop agreed on couple and individual goals to promote better relationships; (f) how to promote individual relationship commitment and capacity for self-change.

Robert Leahy: *An Integrative Cognitive Behavioural Treatment of Chronic Worry*

Full day workshop

Boulevard 2

Worry is often a persistent and sometimes debilitating problem in all of the anxiety disorders. Chronic worry has a high likelihood of leading to depression and can contribute to increased risk of substance abuse. In this workshop we will overview an empirically based approach to worry that incorporates a variety of cognitive-behavioural models. These include the meta-cognitive model, intolerance of uncertainty, acceptance and commitment, schematic issues, fear of failure, risk aversion, emotional avoidance and looming vulnerability. An integrative sevenstep modular program for reversing the negative effects of worry will be described. Didactic, experiential and role-play modalities will be employed. Key objectives of the workshop are: 1) Distinguish productive from unproductive worry; 2) Accept reality and commit to action; 3) Challenge worried thinking; 4) Identify and modify core beliefs underlying worry; 5) Turn failure into opportunity; 6) Use emotions rather than worry about them; and 7) Put time on your side.