



E A C L I P T 2 0 2 2

C O N F E R E N C E

Clinical Psychology Now!

November 11-12, 2022 | Warsaw, Poland

BOOK
OF
ABSTRACTS



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ABOUT THE CONFERENCE

The goal of the Conference is to bring together clinical psychologists, academics, researchers and practitioners from around the world to share findings, experiences, best practices, and discuss the latest scientific discoveries and future directions to enable further developments in the field of clinical psychology.

It is especially important nowadays, when the field of Clinical Psychology has been changing rapidly. New research methods have been developed. New types of psychological interventions and therapies, enabled by new technologies, have been designed, implemented, and evaluated. At the same time, the need for mental health services has been steadily growing, due to the increased economic, ecological, and social pressures experienced by populations around the globe.

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- Andreas Maercker, University of Zurich
- Céline Douilliez, Université Catholique de Louvain
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E A C L I P T 2 0 2 2

TABLE OF CONTENTS



10 NOVEMBER

Pre-conference workshops.....	9
• Agnieszka Popiel, Ewa Pragłowska: <i>Evidence based treatment for PTSD.....</i>	10
• Stefan Hey: <i>Introduction and overview to the field of ambulatory assessment and just in time adaptive interventions.....</i>	11

11 NOVEMBER

Keynote lecture

- Gerhard Andersson: *Internet interventions in Europe. Progress and challenges.....***12**

Invited Symposium

Social interaction difficulties across mental disorders.....	13
• Giorgia Silani: <i>Disrupted social homeostasis? Comparable effects of social isolation and fasting on energy and fatigue: evidence from the lab and the field.....</i>	14
• Moniek Hutschemaekers: <i>Alleviating avoidance during exposure therapy in social anxiety disorder by means of testosterone enhancement.....</i>	15
• Pauline Favre: <i>Neurofunctional changes in emotional processes after cognitive training in psychiatric disorders.....</i>	16
• Cristina Ottaviani: <i>COVID-19 related consequences on motivational functioning: a combined laboratory and ecological study.....</i>	17
• Philipp Kanske: <i>The social brain and mental health: On empathy and mentalizing.....</i>	18

Round Table Discussion

The use of technology to target mental problems

- Claudi Bockting, Katharina Meyerbröcker, Ewelina Smoktunowicz, Maria Karekla.....20

Round Table Discussion

Training and Supervision in CBT

- Agnieszka Popiel, Christine Favre, Helen Macdonald, Pierre Philippot, Ewa Pragłowska.....22

Symposium

New technologies for psychological treatment Part 1.....23

- Noemi Walder: *SOPHIE: Online-intervention for the prevention and treatment of social anxiety in adolescents*.....24
- Noemi Seewer: *Efficacy of two Internet-based Self-help Interventions for Loneliness - A Three-arm Randomized Controlled Trial*.....25
- Stanisław Karkosz: *Development of a therapy chatbot*.....26
- Hanna Reich: *The use of smartphone and wearable data for idiographic monitoring and digital phenotyping in depressive disorders: results from an observational, two-year study*.....27

Symposium

Children, Adolescents and Adult Survivors.....28

- Shauna L. Rohner: *A socio-interpersonal perspective of childhood adversity and disclosure: A qualitative comparative study of adult survivors*.....29
- Myriam V. Thoma: *Physical and mental health of older adult survivors of compulsory social measures and/or placements in Switzerland in comparison to non-affected, age-matched control individuals*.....30
- Agnieszka Felińska: *Longitudinal study on video game and Internet addiction among school children - developmental trajectories and risk factors*.....31
- Egle Mazulyte-Rasytine: *The Relationship Between Adverse Childhood Experiences and Postpartum Mental Health in Women Who Gave Birth in Lithuania*.....32

Symposium

The impact of COVID-19 on mental health.....33

- Annett Lotzin: *Risk and protective factors for symptoms of posttraumatic stress disorder during the COVID-19 pandemic*.....34
- Leonie Von Hülsen: *Gender differences in the relationships between pandemic-specific stressors, risk factors and clinical symptoms during the COVID-19 pandemic: A network analysis*.....36
- Odeta Gelezelyte: *Changes in suicidal ideation amid the COVID-19 pandemic: results from a longitudinal study in Lithuania and Poland*.....37
- Stefanie J Schmidt: *Age-related cross-sectional and longitudinal effects of the COVID-19 pandemic on mental health of children and adolescents*.....38

Symposium

Emotional and cognitive processes.....	39
• Andrej Skoko: <i>Testing a Cognitive Model of Chronic Loneliness – Longitudinal Associations of Loneliness with Biased Interpretations in Social Situations and Social Avoidance.....</i>	40
• Angelika Kleszczewska-Albińska: <i>Repression and sensitization of emotional stimuli in laboratory situation.....</i>	41
• Zuzanna Molenda: <i>From poorly regulated emotions to searching for hidden enemies? Emotion dysregulation and belief in conspiracy theories.....</i>	42
• Monika Kornacka: <i>The role of inhibitory control in momentary task unrelated thoughts.....</i>	43

Symposium

Depression and PTSD.....	44
• Odeta Gelezelyte: <i>Associations Between Mental Health Indicators and Complex PTSD Measured with a Novel Clinician-Administered International Trauma Interview (ITI).....</i>	45
• Nadia Van Der Spek: <i>Attachment Based Family Therapy for Adolescents with Suicidality and Depression in a Specialized Mental Health Care Setting: an Open Trial.....</i>	46
• Ulrich Stangier: <i>Metta-based group meditation and individual CBT (Metta-CBT) for chronic depression.....</i>	47
• Jonas Eimontas: <i>Depression in older adults is related to unmet healthcare needs in the past: findings from a multinational longitudinal study.....</i>	48

Symposium

Psychopathology: Diagnosis and Mechanisms.....	49
• Nadia Barberis: <i>Reflective functioning and maladaptive eating behaviors: Alexithymia as mediator.....</i>	50
• Xenia Haefeli: <i>EMERGE: Understanding the transdiagnostic mechanisms of emerging psychopathology and mental health in adolescence: A 1-year prospective naturalistic study.....</i>	51
• Marta Jackowska: <i>Impact of daily transcutaneous vagal nerve stimulation on negative affect measures: results from a randomized placebo-controlled trial in non-clinical adults.....</i>	52

12 NOVEMBER

Keynote lecture

- Emily Holmes: *Mental Imagery and Mental Health Science.....* **53**

Invited Symposium

New developments for psychological treatment as seen from EACLIPT's journal 'Clinical Psychology in Europe'.....	55
• Tania Lincoln,: <i>What are the first-line psychological interventions for psychosis?.....</i>	56
• Maria Karekla: <i>The phenomenon of treatment dropouts in Acceptance and Commitment Therapy.....</i>	57
• Omer van den Bergh: <i>Negative affect-induced physical symptom reporting in patients with functional somatic syndromes: What happens in the brain?.....</i>	58
• Winfried Rief: <i>Selected trends in psychotherapy research: results of an index analysis of randomized clinical trials.....</i>	59

Invited Symposium

Making the most of existing data – a series of meta-analyses on psychotherapy for depression.....	60
• Pim Cuijpers: <i>45 Years of Research on Psychotherapy for Depression: Lessons for the Future.....</i>	61
• Yves Plessen: <i>What if...? A very short primer on conducting multiverse meta-analyses in R.....</i>	62
• Clara Miguel: <i>Umbrella reviews as a higher level of aggregation in clinical research: preliminary findings from the World Health Organization guidelines on mental health at work.....</i>	63
• Marketa Ciharova: <i>The Use of Scoping Review to Map Newly Emerging Fields, Find Research Gaps and Promote Understanding in Interdisciplinary Research.....</i>	64
• Eirini Karyotaki: <i>Internet based interventions for depression: Results of a series of individual patient data (network) meta-analyses.....</i>	65

Round Table Discussion

What are the innovations of the ICD-11 classification? Novelty and controversies

- Andreas Maercker, Natacha Carragher, Mateusz Gola, Winfried Rief **67**

Round Table Discussion

How can research on understanding mechanisms improve psychological interventions?

- Colette Hirsch, Michelle Moulds, Lusia Stopa, Emily Holmes, Claudi Bockting **69**

Symposium

Recovery and coping during the COVID-19 pandemic.....	70
• Laura Kenntemich: <i>Coping profiles and differences in well-being during the COVID-19 pandemic: A latent profile analysis.....</i>	71
• Irina Zrnic Novakovic: <i>Challenges and opportunities of the COVID-19 pandemic – A longitudinal mixed-methods study across five European countries.....</i>	72
• Austeja Dumarkaite: <i>The efficacy of internet-based stress recovery intervention FOREST for healthcare staff amid COVID-19 pandemic: Randomized Controlled Trial.....</i>	73
• Paweł Holas: <i>Determinants of adjustment disorder (AjD) and effectiveness of online mindfulness-based cognitive therapy (eMBCT) for AjD related to Covid-19 pandemic, an RCT study.....</i>	74

Symposium

New technologies for psychological treatment Part 2.....	75
• Teresa Bolzenkötter: <i>Assessing the short-term effects of detached mindfulness: A micro-intervention for repetitive negative thinking.....</i>	76
• Anja Hirsig: <i>Randomized controlled trial on the efficacy of a transdiagnostic online-prevention approach in adolescents (EMPATIA-study).....</i>	77
• Auguste Nomeikaite: <i>The role of therapist support on the efficacy of an internet-based stress recovery intervention for healthcare professionals.....</i>	78
• Anna Rogala: <i>The effect of internet-delivered cognitive behavioral therapy for depression and anxiety on quality of life: a meta-analysis.....</i>	79

Rapid presentations session.....	80
• Anna Seewald: <i>How to change negative outcome expectations in psychotherapy? – The role of the therapist’s warmth and competence.....</i>	82
• Zuhre Neslihan Icin: <i>How Common is the Dissociative Subtype of Post Traumatic Stress Disorder? Turkish Adaptation of the Scale.....</i>	83
• Markus Grill: <i>Out of control: The Role of Spider Movement and Intolerance of Uncertainty in Spider Phobia.....</i>	84
• Marieke Van Vugt: <i>Model-driven versus data-driven computational methods in psychiatry.....</i>	85
• Marlijn Besten: <i>The impact of mood-induction on maladaptive thinking in the vulnerability for depression.....</i>	86
• Jan Maciejewski: <i>Stressbot: a chat-bot based internet intervention - enhancing coping self-efficacy to reduce stress and improve quality of life in university students.....</i>	87
• Michał Skorupski: <i>Spontaneous Task-Unrelated Thoughts (STUTs), attentional disengagement from negative stimuli and psychophysiology.....</i>	88
Poster presentations session.....	89
• Saba Chopard: <i>Oncological patients, their relatives, and the medical staff: an evaluation of their Internet usage and satisfaction regarding the information found online.....</i>	92
• Anton Marx: <i>Empirical Studies on the Emotions of Psychotherapists: A Systematic Scoping Review.....</i>	93
• Romina Recabarren: <i>Impact of a multidimensional stress prevention program on daily hassles, social support, emotion regulation, reward indicators, and affective states in university students.....</i>	94
• Ye hoon Jeong: <i>Problematic Game Use and Literacy difference of Adolescents - Focusing the Biopsychological Approach.....</i>	95
• Christine Dworschak: <i>User-centered development of an internet-based cognitive behavioral therapy intervention for the treatment of loneliness in older individuals.....</i>	96
• Matea Sostaric: <i>Sexual health in your pocket: An overview of mobile applications for sexual disorders.....</i>	97
• Paulina Bagrowska: <i>Bridging the gap between body image and paranoia-like thoughts.....</i>	98
• Peter Halama: <i>Long termed consequences of COVID-19: A qualitative analysis of Slovak severe COVID-19 adult survivors’ post-covid experiences.....</i>	99
• Anna Kubiak: <i>Do we need a legal regulation of the psychotherapist profession? Research on the need of Polish psychotherapists for legal regulations of their professional activity.....</i>	100
• Selen Karakilic: <i>Perfectionistic Cognitions and Procrastination: The Mediating Role of Mistake Rumination.....</i>	101
• Doris Erbe: <i>Value of children in adults with and without depression.....</i>	102
• Olgierd Borowiecki: <i>Tower Tasks in clinical psychology research.....</i>	103
• Julia Bączek: <i>How to reduce the fear of failure using psychotherapeutic imagery techniques? - comparing imagery rescripting and imaginal exposure.....</i>	104
• Monika Kobędza: <i>Coping Strategies and PTSD Symptoms Among Polish Police Officers.....</i>	105
• Jolanta Czarnecka: <i>The impact of narrative structuring of own romantic relationship breakdown on ensuing functioning.....</i>	106
• Stanisław Karkosz: <i>Evidence for effective imagery rescripting of autobiographical childhood memories.....</i>	107
• Rozemarijn van Kleef: <i>Neurocognitive mechanisms of change following Preventive Cognitive Therapy for preventing relapse in depression: a randomized controlled trial.....</i>	108
• Joanna Gutral: <i>Climate change distress and climate action.....</i>	109



- Benedikt Langenbach: *Amygdala response towards emotional faces in autistic individuals with and without comorbidity*.....110
- Maciej Szala: *Music therapy with use of virtual reality*.....111
- Danielius Serapinas: *The impact of neuroeducational methods on depression level and telomere length*.....112



E A C L I P T 2 0 2 2

10 NOVEMBER 2022

Pre-conference workshops



EVIDENCE BASED TREATMENT FOR PTSD

Agnieszka Popiel, Cognitive-Behavioral Therapy Clinic, SWPS University of Social Sciences and Humanities

Ewa Pragłowska, Cognitive-Behavioral Therapy Clinic, SWPS University of Social Sciences and Humanities

INTRODUCTION AND OVERVIEW TO THE FIELD OF AMBULATORY ASSESSMENT AND JUST IN TIME ADAPTIVE INTERVENTIONS

Stefan Hey, movisens GmbH

Evidence based treatment for PTSD

Agnieszka Popiel¹, Ewa Pragłowska¹

¹ Outpatient Clinic and Postgraduate School of CBT at the SWPS University

In the 21st century, war has never been so close to Central Europe as in 2022. War nearly doubles the prevalence of PTSD in the victims of traumatic events. Any effort to treat and prevent PTSD, using evidence-based methods, is our obligation towards victims of trauma and professionals who are at increased risk of job-related traumatisation.

During the workshop we will focus on:

1. Diagnosis of PTSD and trauma-related disorders – main clinical tips.
2. Review of evidence-based treatments for PTSD with a Prolonged Exposure (PE) treatment as an example. (PE is a method of treatment with efficacy and effectiveness proven in numerous studies on PTSD, for example in rape victims, war veterans, and victims of road accidents – confirmed by a Polish study). The treatment consists of techniques that are most important for exposure therapy, including psychoeducation, in-vivo exposure, imagery exposure, and emotional processing. The principles of exposure are common in the treatment of many anxiety disorders. During the workshop, we will present the exposure techniques, using an example of PTSD, and discuss them in the light of findings concerning the enhancement their efficacy from the psychological and pharmacological perspective.
3. What if the Prolonged Exposure (PE) does not work or if people do not want to participate in this type of therapy? We will present a TRAKT protocol concerning “Process-based, self-efficacy-focused cognitive therapy for posttraumatic stress disorder”.
4. Can we prevent PTSD? To summarize, we will present the main assumptions and effectiveness results of an “Effective performance under stress” program designed to prevent PTSD in firefighters and other professionals.

Introduction and overview to the field of Ambulatory Assessment and Just in Time Adaptive Interventions

Stefan Hey¹

¹ movisens GmbH, Germany

Ambulatory Assessment and Experience Sampling are research methods, which allow to capture objective sensor data and subjective data about a person's state of mind and context in everyday life in real time. Integrated systems for Interactive Ambulatory Assessment also allow queries to be triggered on a smartphone by events measured by the sensor. For example, in studies that aim to record stress, a query about the subjective state of a person can be made precisely when a change in heart rate and heart rate variability has been measured by an ECG sensor. Also, an intervention, leading the person to implement a previously learned behavior for stress management or stress reduction, can be triggered.

When an intervention (instead of a questionnaire) is triggered, we speak of the so-called "Just in Time Adaptive Interventions" (JITAI).

JITAI is an intervention concept that, over time, adapts the provision of support (e.g., type, timing, and intensity) to a person's changing status and context, with the goal of providing support at the time, and in the context, when the person needs it most and is most likely to be receptive. For example, the proposed intervention may depend on whether the person is currently at work or engaged in a leisure activity. Elements of affective computing can also be used to adapt the intervention to a person's emotional state.

During the workshop, participants will gain insight into the method of Ambulatory Assessment and will learn about the possibilities that the Interactive Ambulatory Assessment offers, by using physiological data or information such as location data (GPS). In addition, we will present procedures for implementing feedback mechanisms and interventions. Content of the training will be demonstrated using actual case studies, as far as possible.



E A C L I P T 2 0 2 2

11 NOVEMBER 2022

Keynote Lecture

Internet interventions in Europe. Progress and challenges



KEYNOTE SPEAKER

Gerhard Andersson, Linköping University

Internet interventions in Europe. Progress and challenges

Gerhard Andersson¹

¹ Linköping University, Sweden

Internet interventions have been around now for about 20 years. While the field still suffers from a scattered terminology a dramatic number of programs and studies now exist. With a focus on research and implementations in Europe I will present an overview of internet-supported cognitive-behavior therapy (ICBT) and other approaches including the use of smartphones. I will cover transdiagnostic treatments and also applications in relation to the COVID-19 pandemic. Four questions will be addressed. What are the effects for different conditions?, Can ICBT be as effective as face-to-face therapy?, What are the long-term effects?, and does this treatment format work in real life? The talk will end with a discussion about future challenges and how we can disseminate internet interventions further across borders.



E A C L I P T 2 0 2 2

11 NOVEMBER 2022

Invited Symposium

Social interaction difficulties across mental disorders



CHAIR

Philipp Kanske, Technische Universität Dresden

SPEAKERS:

- **Giorgia Silani**, University of Vienna
Disrupted social homeostasis? Comparable effects of social isolation and fasting on energy and fatigue: evidence from the lab and the field
- **Moniek Hutschemaekers**, Pro Persona and Radboud University Nijmegen
Alleviating avoidance during exposure therapy in social anxiety disorder by means of testosterone enhancement
- **Pauline Favre**, NeuroSpin, Centre de recherche en neuro-imagerie
Neurofunctional changes in emotional processes after cognitive training in psychiatric disorders
- **Cristina Ottaviani**, Sapienza University of Rome
COVID-19 related consequences on motivational functioning: a combined laboratory and ecological study
- **Philipp Kanske**, Technische Universität Dresden
The social brain and mental health: On empathy and mentalizing

Disrupted social homeostasis? Comparable effects of social isolation and fasting on energy and fatigue: evidence from the lab and the field

Ana Stijovic¹, Paul A.G. Forbes¹, Livia Tomova², Nadine Skoluda¹, Anja A.C. Feneberg¹, Giulio Piperno³, Ekaterina Pronizius¹, Urs M. Nater¹, Claus Lamm¹, [Giorgia Silani](#)¹

¹ University of Vienna, Austria

² University of Cambridge, United Kingdom

³ University La Sapienza- Rome, Italy

Introduction: Social contact is a fundamental need of social mammals, and long-term social isolation predicts aversive health outcomes. However, human adaptive responses to short-term social isolation are less understood. The aim of this study was to test the effects of experimentally induced acute social isolation on psychological and physiological measures in humans and to assess the specificity of this deprived state against fasting. In order to test its ecological validity, data from the lab were compared to data gathered via ecological momentary assessment (EMA) in the field.

Methods: 30 female participants came to the lab on three separate days for 8 hours of social isolation, fasting or baseline condition. Conditions were highly comparable, with the only difference being whether food and social contact were provided. Salivary cortisol, alpha-amylase, heart rate and self-report measures of stress, mood, desire for social contact and food were collected regularly. For the field study, a subsample of individuals, participating in a large-scale EMA study during the first COVID-19 lockdown was examined on the same self-report measures collected in the lab. The outcome measures were then compared between isolation and non-isolation days within-participant.

Results: Experimental induction of social isolation and fasting resulted in changes in self-reported motivation for the deprived stimulus, with need for social contact being higher in the isolation condition and need for food higher in the fasting condition, compared to the baseline. Social isolation and fasting comparably led to lower energetic arousal and higher fatigue, as well as a higher desire to avoid the situation. The change in energy after social isolation observed in the lab was replicated in the field study.

Conclusions: We propose that lowered energy could be part of a ‘social homeostatic’ response to isolation, which may share similarities with other homeostatic systems, such as the regulation of food intake.

Alleviating avoidance during exposure therapy in social anxiety disorder by means of testosterone enhancement

Moniek Hutschemaekers¹, Rianne de Kleine², Mirjam Kampman³, Jasper Smits⁴, Gert-Jan Hendriks³, Karin Roelofs⁵

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⁴ Department of Psychology and Institute for Mental Health Research, The University of Texas, United States

⁵ Behavioural Science Institute, Radboud University and Donders Institute for brain, Cognition and Behaviour, Netherlands

Background: Individuals with Social anxiety Disorder (SAD) show hypofunctioning of the hypothalamus–pituitary–gonadal (HPG) axis, which is linked to social fear and avoidance behavior (Giltay et al 2012). Testosterone administration has been shown to facilitate social-approach behavior in SAD within an experimental context (Enter et al, 2016). Moreover, the reactivity of endogenous testosterone has been linked to the efficacy of exposure for SAD (Hutschemaekers et al 2020). Therefore, adding testosterone to exposure treatment for SAD may have the potential to boost its efficacy.

Methods: In this proof-of-concept study, we performed a randomized clinical assay in which 55 women diagnosed with SAD received two exposure therapy sessions. Session 1 was supplemented with either testosterone (0.50 mg) or placebo. Next, transfer effects of testosterone augmentation on within session subjective fear responses and SAD symptom severity were assessed during a second, unenhanced exposure session (session 2) and at a 1-month follow-up, respectively. Moreover, pre- and post-treatment automatic avoidance behavior towards social stimuli was assessed.

Results: The participants having received testosterone showed higher peaks and steeper reductions in fear levels in both sessions. This pattern was specific for women with high basal testosterone. The participants with low endogenous testosterone showed reduced peak fear levels. Testosterone did not significantly affect self-reported anxiety. In addition, results confirmed that individuals with SAD showed automatic avoidance towards social stimuli. The relation between avoidance and exposure efficacy varied depending on treatment condition such that higher avoidance was associated with poorer outcomes in the placebo condition but greater outcomes in the testosterone condition (marginally significant, $p=0.051$ interaction).

Conclusions: Testosterone may act on important fear mechanisms during exposure. In addition, there is limited evidence for a link between pre-treatment avoidance biases and testosterone enhanced exposure efficacy. Overall, this study provides the empirical groundwork for further exploration of multi-session testosterone-enhanced exposure treatment for SAD.

Neurofunctional changes in emotional processes after cognitive training in psychiatric disorders

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² Radiology dept., Hôpital Fondation Rothschild, France

³ Psychiatry dept., Paris Est Créteil University, France

Faced with the increasing levels of stress and diseases related to depression and anxiety observed in our society, various cognitive training programs based on emotional regulation techniques have been developed. At the neural level, emotions regulation is underpinned by the functioning of cognitive frontal regions (ventral and dorsal lateral prefrontal cortex) and limbic regions involved in the perception/generation of emotions (amygdalo-hippocampal complex, ventral striatum). The dysfunction of these regions could be at the origin of certain mood disorders such as bipolar disorder, but the precise neurocognitive correlate of this disorder remains poorly understood. Many therapeutic techniques aiming at improving emotional control have been developed in recent years (e.g., psychoeducation, MBCT, CBT, etc.) without having yet precisely identified the neurocognitive mechanisms underlying symptoms improvement. In this talk, I will present the results of different functional MRI studies conducted in our team that aimed at better understanding these mechanisms. Specifically, I will present our latest results on (1) emotional dysregulation in bipolar disorder, studied both in well characterized and large-scale populations; (2) the impact of new therapeutic strategies that directly target brain activity to improve emotional regulation, such as real-time fMRI neurofeedback.

COVID-19 related consequences on motivational functioning: a combined laboratory and ecological study

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¹ Department of Psychology, Sapienza University of Rome, Italy

² Department of Social and Cognitive Computing, Institute of High Performance Computing, Agency for Science, Technology and Research, Singapore

³ Department of Psychiatry, Harvard Medical School, Belmont, MA, United States

Deficits in motivational functioning including impairments in reward learning or reward sensitivity are common in psychiatric disorders characterized by anhedonia, defined as the inability to experience pleasure in previously rewarding activities and stimuli. In the past few years, anhedonic symptoms have been exacerbated by the pandemic caused by Coronavirus disease 2019 (COVID-19) in the general population, also due to confinement measures aimed at preventing its spread. The present study examined whether two of the most disruptive consequences of COVID-19, namely loss of smell and taste sensitivity (anosmia and ageusia, respectively) and increased levels of social isolation, could predict anhedonia, measured by the Probabilistic Reward Task (PRT; Pizzagalli et al., 2005). The PRT is a well-validated signal-detection task developed to provide an objective measure of participants' ability to modify behaviour as a function of reward. Tonic heart rate variability (HRV) was also assessed as a potential moderator of the examined associations. The sample was composed by 114 healthy individuals (81 females; mean age 22.2 years), who underwent a laboratory session in which dispositional traits, resting HRV and performance on the PRT were assessed, followed by a 4-days ecological momentary assessment to obtain daily measures of anosmia, ageusia and social isolation. results show that lower resting HRV, lower momentary levels of smell and taste sensitivity, and higher levels of daily objective (but not perceived) social isolation predicted impaired performance on the PRT. Overall, the study provides insight into the general exacerbation of mental health issues worldwide due to the COVID-19 pandemic.

The social brain and mental health: On empathy and mentalizing

Philipp Kanske¹

¹ Institute of Clinical Psychology and Psychotherapy, Technische Universität Dresden, Germany

The neural networks associated with socio-affective (empathy, compassion) and socio-cognitive processes (mentalizing/Theory of Mind) have been well-characterized over the last years. The goals of the present talk are (1) to explore the separability of these functions during online social understanding on a subjective, behavioral and on a neural level, (2) to investigate the selectivity of impairments in these capacities in psychopathology and (3) to probe the potential for plasticity. To this end, I will present behavioral and neuroimaging data (fMRI) during a novel social video task participant and a large-scale meta-analysis, behavioral data from clinical populations and comprehensive, longitudinal data from a nine-month training study. We observed distinct neural networks during empathizing and Theory of Mind. Interestingly, the propensity to share others' affect and the capacity to mentalize were uncorrelated, both on a behavioral and neural level, suggesting independence. Similarly, we found selective impairment of empathy, but not Theory of Mind in a group of hyper-aggressive men. Separate training modules focusing on social affect or cognition also had distinct effects on either the reported compassion or Theory of Mind performance and structural markers of the underlying neural networks. The data argue against a general capacity for social cognition, but suggest distinct functions underlying our ability to feel with and understand others, which seems relevant for understanding deficits in social interaction and intervention studies.



E A C L I P T 2 0 2 2

11 NOVEMBER 2022

Round Table Discussion

The use of technology to target mental problems



MODERATOR

Claudi Bockting, Amsterdam University Medical Centers

PANELISTS:

- **Katharina Meyerbröker**, Utrecht University
- **Ewelina Smoktunowicz**, SWPS University
- **Maria Karekla**, University of Cyprus

The use of technology to target mental problems

Claudi Bockting¹, Katharina Meyerbröker², Ewelina Smoktunowicz³, Maria Karekla⁴

¹ Amsterdam University Medical Centers, Netherlands

² Utrecht University, Netherlands

³ SWPS University, Poland

⁴ University of Cyprus, Cyprus

This round table discussion will reflect on different types of technology to target mental health problems and mental health conditions globally. The panel will each briefly introduce the use of different technology to target mental health problems, such as online intervention, apps, chatbots and virtual reality, opening up to wider discussion regarding the state of the art of use of technology as stand alone intervention or as add on to the traditional treatments. For the discussion the audience will be invited to contribute.



E A C L I P T 2 0 2 2

11 NOVEMBER 2022

Round Table Discussion

Training and supervision in CBT



MODERATOR

Agnieszka Popiel, Outpatient Clinic and Postgraduate School of CBT at the SWPS University

PANELISTS

- **Christine Favre**, Swiss Association for Cognitive Psychotherapy and European Association for Behavioural and Cognitive Therapies
- **Helen MacDonald**, British Association for Behavioural and Cognitive Psychotherapies, European Association for Behavioural and Cognitive Therapies
- **Pierre Philippot**, Université Catholique de Louvain, European Association for Behavioural and Cognitive Therapies
- **Ewa Pragłowska**, Outpatient Clinic and Postgraduate School of CBT at the SWPS University

Training and Supervision in CBT

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Accompanying the development of psychotherapists during their training is an intellectual adventure, an honour, and a challenge for the supervisor. But the area of supervision is still one of the least researched. Rather than speaking about evidence-based supervision, we are at the point of supervision-based evidence. Therefore, the panel is to serve the purpose of getting to know the opinions of experts in the field - experienced clinicians, supervisors, and teachers of psychotherapy, who have international experience in teaching psychotherapy and supervision but entirely different CBT traditions in their own countries. 60 minutes discussion will focus on the following issues: 1. What are the advantages and disadvantages of existing regulations - training standards for therapists and for supervisors? 2. What are the essential skills of a supervisor? (Should each of the modern cognitive-behavioural therapies - DBT, schema therapy, ACT have their "own" supervisors, or are there supervisor skills (features) that allow therapists to help regardless of the specific form of treatment?) 3. What are the most important aspects of effective supervision? Each of the Panelists will briefly address these questions, and let the summary be an inspiration for the most appropriate use of the power of supervision in training, research and clinical practice.



E A C L I P T 2 0 2 2

11 NOVEMBER 2022

Symposium

New technologies for psychological treatment Part 1



CHAIR

Hanna Reich, University Hospital, Goethe University, Frankfurt

SPEAKERS:

- **Noemi Walder**, University of Bern
SOPHIE: Online-intervention for the prevention and treatment of social anxiety in adolescents
- **Noemi Seewer**, University of Bern
Efficacy of two Internet-based Self-help Interventions for Loneliness - A Three-arm Randomized Controlled Trial
- **Stanisław Karkosz**, SWPS University of Social Sciences and Humanities
Development of a therapy chatbot
- **Hanna Reich**, University Hospital, Goethe University, Frankfurt
The use of smartphone and wearable data for idiographic monitoring and digital phenotyping in depressive disorders: results from an observational, two-year study

SOPHIE: Online-intervention for the prevention and treatment of social anxiety in adolescents

Noemi Walder¹, Thomas Berger², Stefanie J Schmidt¹

¹ Clinical Child and Adolescent Psychology, University of Bern, Switzerland

² Clinical Psychology and Psychotherapy, University of Bern, Switzerland

Social anxiety (SA) is common in adolescence and associated with lower quality of life and psychosocial functioning. If untreated, SA often persists into adulthood, and increases the risk for comorbid disorders. Therefore, early interventions to prevent negative long-term consequences are critical. However, adolescents rarely seek help and often avoid face-to-face psychotherapeutic interventions due to the perceived lack of autonomy and anonymity. In this context, online-interventions represent a promising opportunity to reach adolescents who suffer from SA but do not seek out therapy services yet. Some studies have investigated the efficacy of such online-interventions for adolescents, but none have targeted both subclinical levels of social anxiety (i.e., indicated prevention) and full-blown social anxiety disorder (SAD). We aim to evaluate the efficacy of the online-intervention SOPHIE for adolescents aged 11-17 years with subclinical SA or with SAD diagnosis in a randomized controlled trial comparing the intervention group to a care-as-usual control group. The 8-week SOPHIE-intervention is based on the cognitive model of social phobia by Clark and Wells, adapted to the specific needs of adolescents, and evidence-based interventions for SA. Participants are assessed at baseline, after one month (mid-intervention), after two months (post-intervention), and after five months (follow-up) on SA and other outcomes (e.g., level of functioning). In an ecological momentary assessment procedure, the generalization of gained skills to adolescents' everyday life is examined and possible mediating processes of change in social anxiety derived from the cognitive model by Clark and Wells are assessed. Recruitment is currently ongoing. At the EACLIPT conference, we will present interim-results on the efficacy and potential mediators of change of the SOPHIE-program. Results are discussed considering the potential of online-interventions as a low-threshold prevention and treatment option. By identifying and then targeting possible change processes more directly, future interventions for adolescents with SA may be optimized.

Efficacy of two Internet-based Self-help Interventions for Loneliness - A Three-arm Randomized Controlled Trial

Noemi Seewer¹, Andrej Skoko¹, Anton Käll², Gerhard Andersson², Thomas Berger¹, Tobias Krieger¹

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² Behavioural Sciences and Learning, Linköping University, Sweden

Background: Loneliness is a common phenomenon both in the general population and in clinical practice. Furthermore, many studies show that loneliness predicts various mental and physical health outcomes. Yet, evidence-based interventions for effectively alleviating loneliness are still scarce. In addition, loneliness is highly stigmatized. Thus, low threshold interventions to effectively address loneliness are needed. The present study aims to evaluate the efficacy of two internet-based self-help interventions for loneliness.

Methods: In this 3-arm randomized controlled trial, 250 adults suffering from loneliness are randomized to either a 10-week internet-based self-help intervention with or without guidance or a waitlist control group (2:2:1 allocation ratio). The self-help program consists of nine modules based on cognitive-behavioral principles. The primary outcome is loneliness, assessed with a 9-item version of the UCLA Loneliness Scale. The efficacy of the interventions will be examined by assessing data at baseline, 5 weeks (intermediate), and 10 weeks (post). Secondary outcomes include depressive symptoms, social anxiety, size of the social network, and satisfaction with life, among others.

Results: Recruitment has started in May 2021 and is ongoing as of the submission of this abstract. We will present first results on the uptake, client satisfaction, and the efficacy of the internet-based interventions for loneliness.

Conclusion: results of the present study will expand knowledge on effective interventions for loneliness. Additionally, it will shed light on the role of guidance in internet-based self-help interventions for reducing loneliness.

Development of a therapy chatbot

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In recent years, the number of young people reporting depression and anxiety symptoms increased significantly. At the same time, the insufficient mental health system struggles to deliver basic and necessary support to those in need. Therefore, modern methods that are providing professional and easy accessible help are needed more than ever. These methods focus on providing support independent from or together with psychotherapy. Research shows that chatbots (apps that communicate via text interface) are a very promising tool for mental health care. However no chatbot-based apps have been developed in Poland yet.

In this presentation we would like to introduce Fido, which is the first-ever Polish e-health chatbot. It is using Natural Language Processing mechanisms to conduct a cognitive-behavioral psychotherapy techniques, such as socratic questioning, psychoeducation or gratitude practice and intervenes when suicidal thoughts are detected. In the presentation we will discuss the advantages of Fido as an independent mental health support tool and as a method aimed at improving the process of psychotherapy. Authors will present the line of Human-Chatbot Interaction studies that have been conducted during Fido's development in which subjects evaluated pragmatic language characteristics and user experience. These studies also verified the uncanny valley effect that was previously studied in the context of information-providing chatbots. During the presentation the preliminary results of subclinical effectiveness study will also be discussed.

Fido still requires further work, although first results are promising, as Fido was generally positively evaluated in our studies. Its further development is focused not only in the area of self-help but also as a tool supporting the protocol-based psychotherapy.

The use of smartphone and wearable data for idiographic monitoring and digital phenotyping in depressive disorders: results from an observational, two-year study

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Background: Patients generate daily a broad range of data, e.g., biosensor data from smartphones and wearables, smartphone usage data, self-ratings, environmental, and GPS data. The current contribution is going to explore the use of these data for the monitoring and digital phenotyping of patients with depressive disorders (DD).

Methods: A sensor-based system (STEADY), consisting of a smartphone, a smartphone-application, two wristbands, and a bed sensor, was developed to assess daily self-reported symptoms and behaviour (Ambulatory Assessment, AA) and continuous, objective behavioural and physiological parameters (e.g., heart rate, sleep, speech). An observational n-of-1 trial was conducted with N=23 participants with DD, providing data for 357±160 days (AA, 2017-2019). Participants answered self-report questionnaires in regular intervals during the study period, received regular calls from the study centre, and a financial compensation.

Results: Over 80% of participants found STEADY easy to use. Negative effects were reported rarely, with two participants reporting about shame and anxiety when using STEADY. First results show that idiographic symptom networks based on AA data could be estimated and visualized by time-varying vector autoregressive models. For sensor-based data, meaningful associations were found, e.g. between self-reported depression severity (PHQ-2) and voice parameters. In 5/ 5 participants with continuously recorded audio files (144±67 days), statistically significant time-lagged cross-correlations were observed between voice parameters and PHQ-2 ratings (time lag: +/- 0-3 days).

Conclusions: Intensive longitudinal assessment of self-report and sensor-based data over time spans of one year and more was viable in patients with DD. Analyses showed heterogenous symptom patterns over time for each participant. This encourages the idea of using individual smartphone and wearable data for the personalized monitoring of DD. Possible applications, e.g. for the (self-)management of DD or new therapeutic interventions (just-in-time adaptive interventions, JITAIs) will be discussed. Funding: German Federal Ministry for Education and Research (13GW0162 A-E).



E A C L I P T 2 0 2 2

11 NOVEMBER 2022

Symposium

Children, Adolescents and Adult Survivors



CHAIR

Shauna L. Rohner, University of Zurich

SPEAKERS

- **Shauna L. Rohner**, University of Zurich
A socio-interpersonal perspective of childhood adversity and disclosure: A qualitative comparative study of adult survivors
- **Myriam V. Thoma**, University of Zurich
Physical and mental health of older adult survivors of compulsory social measures and/or placements in Switzerland in comparison to non-affected, age-matched control individuals
- **Agnieszka Felińska**, Primary school No11
Longitudinal study on video game and Internet addiction among school children - developmental trajectories and risk factors
- **Egle Mazulyte-Rasytine**, Vilnius University
The Relationship Between Adverse Childhood Experiences and Postpartum Mental Health in Women Who Gave Birth in Lithuania

A socio-interpersonal perspective of childhood adversity and disclosure: A qualitative comparative study of adult survivors

Shauna L. Rohner¹, Jessica Michel¹, Andreas Maercker¹, Alan Carr², Myriam V. Thoma¹

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² School of Psychology, University College Dublin, Ireland

Background: Childhood adversity is a common and global phenomenon that includes experiences of abuse, neglect, and maltreatment, and is associated with long-term health consequences. While disclosure of such trauma can be important for recovery, findings are inconsistent and often lack consideration of wider social and interpersonal contexts. Therefore, this study aimed to examine trauma disclosure in an adult sample of childhood adversity survivors, by applying a socio-interpersonal framework perspective. Furthermore, to better understand the cultural and contextual influences on trauma disclosure, a comparative analysis was conducted with two groups of childhood trauma survivors.

Methods: Qualitative semi-structured interviews (60-120 minutes) were conducted with N = 29 (older) adults who experienced childhood adversity: n = 17 survivors of childhood institutional abuse, aged 50-77 years (mean age = 60.7 years); and n = 12 survivors of childhood familial abuse, aged 51-72 years (mean age = 57.4 years). Audio-recorded interviews were transcribed and analysed using the Framework Analysis Method.

Results: Disclosure themes revealed evidence of successful and unsuccessful disclosure across both groups, as well as cultural and context-specific influences on the socio-interpersonal disclosure interactions. In the familial group, non-disclosure was often linked to the social value of the family unit as untouchable, and engrained loyalty to keep the “family secret”. In the institutional group, non-disclosure was often influenced by feelings of stigma or shame, compounded by the power of the church in society, and the lack of societal acknowledgment.

Conclusions: Results indicate unique patterns of socio-interpersonal disclosure interactions in two samples of childhood adversity survivors. This emphasises the need to consider the complex social, cultural, and interpersonal contexts within which an individual is embedded.

Physical and mental health of older adult survivors of compulsory social measures and/or placements in Switzerland in comparison to non-affected, age-matched control individuals

Myriam V. Thoma¹, Florence Bernays¹, Andreas Maercker¹, Shauna L. Rohner¹

¹ Institute of Psychology, University of Zurich, Switzerland

Background: Children and adolescents, who were affected by compulsory social measures and/or placements (CSMP) in Switzerland up to 1981, were exposed to a high risk for the experience of multiple and severe forms of childhood trauma and maltreatment.

Methods: With this study, the long-term physical and mental health correlates of CSMP survivors (risk group, RG; n = 125; mean age: 71 years) were systematically assessed and compared to those of non-affected, age-matched control individuals (control group, CG; n = 132). A broad set of physical illnesses and mental health disorders were assessed during two face-to-face assessments, with the use of various questionnaires and a structured clinical interview for DSM-5 disorders.

Results: Survivors reported higher levels of physical illnesses, more vascular risk factors and health symptoms in comparison to non-affected controls. Overall, the level of well-being was lower in the RG as compared to the CG. More than two thirds of the survivors (i.e., 70%) were diagnosed with at least one current or lifetime mental health disorder, compared to 57.6% of the CG.

Conclusion: The findings of this study support the notion that older adult survivors of childhood trauma and maltreatment have a higher risk for poorer physical and mental health correlates than non-affected, age-matched control individuals.

Longitudinal study on video game and Internet addiction among school children - developmental trajectories and risk factors

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¹ Primary school No11, Poland

² University of Zielona Góra, Poland

In a 2-year longitudinal study multidimensional factors (individual, family, school and technological) that influence video gaming and Internet addiction across time among children 8-12 years aged were examined. We hypothesized that Internet addiction increases from childhood to adolescence and that children develop different trajectories in pathological gaming. We also hypothesized that some biological, psychological and social features of children act as Internet gaming predictors. We followed the study from 2018 to 2020 using repeated measures. Sample of 453 children of primary schools and their parents participated in three waves of study with equal one-year intervals between assessments. We identified six latent developmental trajectories and predictors of pathological video gaming and Internet use.

The results show that Internet addiction increases in time. Low level of life satisfaction, use of MMORPGs and male gender were risk factors for developing video gaming and Internet addiction. The results are helpful in determining preventive and therapeutic measures.

The Relationship Between Adverse Childhood Experiences and Postpartum Mental Health in Women Who Gave Birth in Lithuania

Egle Mazulyte-Rasytine¹

¹ Institute of Psychology, Vilnius University, Lithuania

Background. Adverse childhood experiences (ACEs) can have negative lasting effects on health and well-being in adulthood. Studies suggest that ACEs can put women at risk for mental illness in the pregnancy and postpartum periods. The aim of this study was to evaluate the relationship between ACEs, subjective childbirth experience and postpartum mental health in women who gave birth in Lithuania.

Methods. The study sample consisted of 1602 women aged from 16 to 45 years ($M=29.56$, $SD=4.71$), up to 24 months postpartum ($M=10.63$, $SD=6.75$). Women were asked about their childbirth experiences, postpartum mental health (postpartum depression and post-traumatic stress reactions) and history of ACEs. This project was funded by EEA Grants through the Active Citizens Fund.

Results. Approximately half of the study sample reported history of at least one ACE, of them 95% were emotional abuse and/or neglect, 47% physical abuse and/or neglect and 18% sexual abuse. Higher ACE scores were associated with poorer subjective experience of childbirth and higher postpartum depression and posttraumatic stress reaction scores. ACEs significantly mediated the relationship between subjective experience of childbirth and postpartum mental health. There were significantly more women with probable postpartum depression among those who experienced all types of ACEs, except sexual abuse in childhood. In case of probable postpartum PTSD, a significantly higher rate was found only among those who experienced physical abuse and/or neglect in childhood, but not other types of ACEs.

Conclusions. The results showed that history of ACEs was related to postpartum depression and post-traumatic stress symptoms among Lithuanian women. Screenings for ACEs during prenatal checkups may help identify women at increased risk and facilitate timely prevention and treatment efforts. Also, employment of trauma-informed approaches to patient care is crucial for women with a history of ACEs.



E A C L I P T 2 0 2 2

11 NOVEMBER 2022

Symposium

The impact of COVID-19 on mental health



CHAIRS

Brigitte Lueger-Schuster, University of Vienna, Austria

Annett Lotzin, University Medical Center Hamburg-Eppendorf

SPEAKERS

- **Annett Lotzin**, University Medical Center Hamburg-Eppendorf
Risk and protective factors for symptoms of posttraumatic stress disorder during the COVID-19 pandemic
- **Leonie Von Hülsen**, University Medical Center Hamburg-Eppendorf
Gender differences in the relationships between pandemic-specific stressors, risk factors and clinical symptoms during the COVID-19 pandemic: A network analysis
- **Odetta Gelezelyte**, Vilnius University
Changes in suicidal ideation amid the COVID-19 pandemic: results from a longitudinal study in Lithuania and Poland
- **Stefanie J Schmidt**, University of Bern
Age-related cross-sectional and longitudinal effects of the COVID-19 pandemic on mental health of children and adolescents

Risk and protective factors for symptoms of posttraumatic stress disorder during the COVID-19 pandemic

Annett Lotzin¹, Linda Krause², Elena Acquarini³, Dean Ajdukovic⁴, Vittoria Ardino³, Filip Arnberg⁵, Maria Böttche⁶, Maria Bragesjö⁷, Małgorzata Dragan⁸, Margarida Figueiredo-Braga⁹, Odeta Gelezelyte¹⁰, Piotr Grajewski⁸, Xenia Anastassiou-Hadjicharalambous¹¹, Jana Darejan Javakhishvili¹², Evaldas Kazlauskas¹⁰, Lonneke Lenferink¹³, Chrysanthi Lioupi¹⁴, Brigitte Lueger-Schuster¹⁵, Lela Tsiskarishvili¹², Trudy Mooren¹⁶, Luisa Sales³, Aleksandra Stevanovic¹⁷, Irina Zrnić Novaković¹⁵, Ingo Schäfer¹

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Background: The COVID-19 pandemic has become a global health emergency resulting in multiple stressors, including quarantine, physical distancing, illnesses, unexpected deaths or threats of death which may cause or reactivate symptoms of posttraumatic stress disorder (PTSD). Objective: This cross-sectional study examined relationships between risk and protective factors, pandemic-related stressors, and PTSD symptom levels during the first year of the COVID-19 pandemic.

Methods: Data from the first wave of the European Society of Traumatic Stress Studies ADJUST Study were used. The final sample included N = 15,563 participants aged 18 years and above who were recruited in eleven countries from June to November 2020. Associations between a broad range of risk and protective factors (e.g., gender, diagnosis of a mental disorder), stressors (e.g., trauma exposure), and symptoms of PTSD Posttraumatic Stress Disorder (assessed using the PC-PTSD-5) were examined using linear regression.

Results: Risk factors associated with higher levels of symptoms of PTSD were female and diverse gender, younger age, very low income, being in training or study, more than three hours of daily COVID-19 related news consumption, a perceived good, satisfactory or bad health status (vs. a very good health status), a current or previous mental disorder, being at risk for severe COVID-19, and trauma exposure during or before

the pandemic. Protective factors associated with lower levels of symptoms of PTSD were older age, at least medium income, a very good health condition, less than 30 minutes of news consumption, and having 3-6 times a week or everyday face-to-face contact with others.

Conclusions: We identified stressors, risk, and protective factors that may help identify individuals at risk for PTSD, enabling a more efficient and rapid access to care.

Gender differences in the relationships between pandemic-specific stressors, risk factors and clinical symptoms during the COVID-19 pandemic: A network analysis

Leonie Von Hülsen¹, Laura Kenntemich¹, Ingo Schäfer¹, Jürgen Gallinat¹, Maria Böttche², Annett Lotzin¹

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Background: During the COVID-19 pandemic, female gender is one of the most robust factors associated with mental health problems. However, it is not yet clear why gender has such a strong influence. The study aims to investigate (1) associations between pandemic-related risk and protective factors, stressors and clinical symptoms in women and men and (2) gender differences in the relationships between these variables.

Methods: Participants aged 18 years and older were recruited from June to September 2020 through an online survey ESTSS ADJUST study. Propensity score matching was used to match samples of female (N=796) and male (N=796) participants on relevant variables. Symptoms of depression (PHQ-9), anxiety (PHQ-4), adjustment disorder (ADNM-8) and PTSD (PC-PTSD-5) were assessed. Pandemic-specific stressors (PaSS) and risk and protective factors were measured using self-constructed scales. Two network analyses were conducted separately for men and women and compared using a Network Comparison Test. Additionally, a joint network analysis of women and men was conducted, including gender as variable.

Results: Symptoms of depression ($U=245836.50$; $p<.001$), anxiety ($U=244049.50$, $p<.001$), adjustment disorder ($U=304417.00$; $p<.001$) and post-traumatic stress disorder ($U=274979.50$; $p<.05$) were significantly more prevalent in women than in men. Nonetheless, the gender-specific networks did not differ in their structure ($M=0.14$, $p=0.17$) or strength of associations ($S=1.22$, $p=0.13$). Few significant gender differences were found in individual connections, e.g., men showed higher psychological stress due to work-related problems.

Discussion: Men and women seem to show comparable networks of risk and protective factors, stressors, and psychological distress, although differences were found for individual connections. The higher psychological burden of women could therefore be explained mainly by the finding that women were more affected by pandemic-specific stressors compared to men. The stressors, risk and protective factors found as well as gender-specific differences should be considered in psychosocial support services to promote recovery from the pandemic.

Changes in suicidal ideation amid the COVID-19 pandemic: results from a longitudinal study in Lithuania and Poland

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³ Department of Psychiatry and Psychotherapy, University Medical Center Hamburg-Eppendorf, Germany

Background. There has been a great concern that the COVID-19 pandemic will have profound effects on mental health. Stressors caused by the pandemic have been previously known as related to increased suicide risk. The present study was a part of a larger pan-European ESTSS ADJUST study (Lotzin et al., 2020). Suicidal ideation was measured in Lithuania and Poland. The main aim of the current analysis was to evaluate the changes in suicidal ideation in the course of the COVID-19 pandemic. We also aimed to analyze how changes in suicidal ideation are associated with changes in psychological burden caused by COVID-19-related stressors.

Methods. The total sample was comprised of 1,684 participants in both countries (54.5% female; mean age 45.97 (SD=15.72)). We used latent class change analysis to identify the patterns in changes of suicidal ideation over a six-month period within the first year of the pandemic. Measures for suicidal ideation (SIDAS) and COVID-19-related stressors (PaSS) were used in the current analysis. Data were collected in June-August, 2020 (T1) and from December 2020 to February 2021 (T2).

Results. The majority of participants (no ideation group; 83.4%) had low suicidal ideation at the first assessment with no significant change over time. A high ideation group (11.9%) reported high levels of suicidal ideation at T1 and T2 with a significant decrease over time. Low suicidal ideation at baseline and a significantly high increase of suicide ideation over time were observed among 4.7% of participants (increased ideation group). Associations between changes in suicidal ideation and COVID-19 related stressors will also be presented.

Conclusions. A high increase in suicide risk was observed in 5% of the study sample in the first year of the COVID-19 pandemic. The analyses of factors related to these changes in suicide risk are very important for suicide prevention.

Age-related cross-sectional and longitudinal effects of the COVID-19 pandemic on mental health of children and adolescents

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¹ Department of Clinical Child and Adolescent Psychology, University of Bern, Switzerland

² Child and Adolescent Health Psychology, University of Zurich, Switzerland

Background: Children and adolescents were affected in various ways by the measures due to COVID-19 pandemic. The objective of this study was to investigate and compare the effects of the COVID-19 pandemic on mental health across age, to identify latent class trajectories of emotional and behavioral problems over 12-months and to examine the association of psychological problems and classes of trajectories with baseline demographic and clinical predictors.

Methods: Children (n=1854) and adolescents (n=1243) from the general population were assessed over one year: baseline, at 6-month, 9-month and 12-month follow-up. They were eligible if they were residents in Austria, Germany, Liechtenstein or Switzerland, were parents/caregivers of a child aged between 7 and 10 years or adolescents ≥ 11 years, had sufficient German language skills and provided informed consent.

Results: Significant age-effects were found regarding type and frequency of problems ($\chi^2(4) \geq 50.2$, $P \leq 0.001$). While children had the largest increase in aggressive behaviors, adolescents reported the largest increase in emotional problems. Sociodemographic variables, exposure to and appraisal of COVID-19, psychotherapy before COVID-19 and parental mental health significantly predicted change in problem-scores ($F \geq 3.69$, $P \leq 0.001$). Using growth mixture modeling, a one-class solution was detected for the trajectory of aggressive behaviors and a two- and three-class solution for withdrawn/depression and anxiety/depression.

Conclusions: A substantial proportion of children and adolescents experienced age-related mental health problems during the different stages of the COVID-19 pandemic. These results suggests that psychological problems of specific sub-groups should be monitored over the longer-term and interventions to improve communication, emotion regulation and appraisal style should be offered to risk-groups.



E A C L I P T 2 0 2 2

11 NOVEMBER 2022

Symposium

Emotional and cognitive processes



CHAIR

Monika Kornacka, SWPS University of Social Sciences and Humanities

SPEAKERS

- **Andrej Skoko**, University of Bern
Testing a Cognitive Model of Chronic Loneliness – Longitudinal Associations of Loneliness with Biased Interpretations in Social Situations and Social Avoidance
- **Angelika Kleszczewska-Albińska**, Warsaw Management University
Repression and sensitization of emotional stimuli in laboratory situation
- **Zuzanna Molenda**, Institute of Psychology, Polish Academy of Sciences
From poorly regulated emotions to searching for hidden enemies? Emotion dysregulation and belief in conspiracy theories
- **Monika Kornacka**, SWPS University of Social Sciences and Humanities
The role of inhibitory control in momentary task unrelated thoughts

Testing a Cognitive Model of Chronic Loneliness – Longitudinal Associations of Loneliness with Biased Interpretations in Social Situations and Social Avoidance

Andrej Skoko¹, Noëmi Seewer¹, Tobias Krieger¹

¹ Clinical Psychology & Psychotherapy , University of Bern, Switzerland

Background: Loneliness is known to be associated with numerous adverse physical outcomes, including increased risk of mortality and morbidity. Cross-sectional studies have shown that loneliness is positively associated with social avoidance and cognitive biases towards ambiguous social situations. Cognitive models of the development and maintenance of chronic loneliness suggest that the adaptive nature of loneliness diminishes in the case of chronic loneliness due to the increased attention to threatening social cues enhancing biased interpretations in social situations and social avoidance. To test these suggested pathways, we will examine whether social avoidance and biased interpretation of (ambiguous) social situations are a precursor and/or a consequence of loneliness.

Methods: In this longitudinal observational study, we will examine potential cross-lagged pathways between loneliness and interpretational bias as well as social avoidance controlling for social anxiety and depressive symptoms. Six hundred adults were recruited and completed online questionnaires at three time-points (i.e. at baseline and at 3- and 6-month follow-up).

Results: Data is yet to be analyzed since recruitment is still ongoing.

Conclusion: Findings of the present study will increase our understanding of chronic loneliness and some of its maintaining factors. In particular, how interpretation biases in social situations and social avoidance contribute to the maintenance and/or increase of feelings of loneliness. Potential implications for further research will be addressed.

Repression and sensitization of emotional stimuli in laboratory situation

Angelika Kleszczewska-Albińska¹

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Background: Weinberger and colleagues (1979) argued that there are discrepancies in functioning of people with low and high level of anxiety according to their level of defensiveness. The authors argued that it is possible to identify four independent groups of people: truly low anxious (low anxiety and low defensiveness), repressors (low anxiety, high defensiveness), truly high anxious (high anxiety, low defensiveness), and defensive high anxious (high anxiety, high defensiveness).

Methods: In the study participated a group of 80 respondents, including 59 women and 21 men, aged 20-43 ($M = 25.73$; $SD = 4.91$), selected from larger group of 244 participants who filled in State Trait Anxiety Inventory and Social Desirability Questionnaire, and scored in the lowest or the highest quartile on each survey. Based on their results respondents were divided into four groups: low anxious, repressors, high anxious, and defensive high anxious. All selected participants were asked to solve anagrams of positively and negatively emotionally valenced words. At the same time the physiological, behavioral and cognitive arousal of respondents was measured.

Results: According to the results, the highest differences in physiological arousal were observed between repressors and high anxious groups $F(3; 76) = 2.43$; $p = 0.07$; $\eta^2 = 0.09$. The highest differences in behavioral arousal were observed between low anxious and high anxious groups $F(3; 76) = 1.92$; $p = 0.1$; $\eta^2 = 0.07$. There were no differences in the level of cognitive arousal between the groups.

Conclusions: There are discrepancies in the functioning of repressors, high anxious and low anxious groups, but it is difficult to differentiate among others the group of defensive high anxious. It is also difficult to identify the statistically significant differences in the cognitive arousal of respondents, especially for those in defensive high anxious group. Further studies on that matter are needed.

From poorly regulated emotions to searching for hidden enemies? Emotion dysregulation and belief in conspiracy theories

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Purpose: The present research examined the extent to which emotion dysregulation is associated with belief in conspiracy theories.

Background: Conspiracy theories usually flourish when something threatening happens and seem to increase during situations that evoke negative emotions. Moreover, past theorizing suggested that endorsement of conspiracy theories can be considered as a maladaptive way of coping with psychological distress. Thus, we hypothesized that conspiracy beliefs may serve as a psychological response to difficulties in the domain of emotion regulation (i.e., dysregulation of emotional experiences, expressions, and responses).

Methods: This hypothesis was tested among American, British, and Polish participants and conceptually replicated across three cross-sectional studies. Specifically, we examined links between difficulties in emotion regulation and belief in general notions of conspiracy (Study 1, $n = 391$ and Study 2, $n = 411$) and belief in specific conspiracy theories in Study 3 ($n = 558$).

Results: Across all three studies, difficulties in emotion regulation positively predicted belief in diverse (general and specific) conspiracy theories.

Conclusions: These findings suggest that individuals having greater emotion dysregulation appear to adopt conspiracy theories more willingly. Moreover, previous research has revealed that emotion dysregulation leads to negative individual outcomes (e.g., decreased psychological well-being), and here we demonstrate that it may also have socio-political concomitants. Individuals who score high (vs. low) on difficulties with emotion regulation may exhibit more problems with processing emotional and threat-related stimuli, which in turn may lead to adopting conspiracy explanations to manage psychological threats and distress. Thus, a future challenge for researchers will be to examine whether improving emotion regulation skills results in a decrease in conspiracy beliefs.

The role of inhibitory control in momentary task unrelated thoughts

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Background: The Context Regulation Hypothesis (Kane & McVay, 2012) suggests that individuals with good cognitive control limit their Task unrelated thoughts (TUT) when the external task requires more cognitive resources; at the same time, they tend to produce more TUT when the environment is non-demanding. Thus, the maladaptive use of TUT might be linked to a failure in inhibitory control. The main aim of the present study was to test how momentary task demands and self-reported control over thoughts are linked to momentary TUT and negative affect and whether general inhibitory control moderates those links.

Methods: 209 participants filled in a series of self-reported questionnaires assessing a general tendency to use repetitive negative thinking (Perseverative Thinking Questionnaire, PTQ) and daydreaming (Daydreaming Frequency Scale, DDFS), they also underwent Sustained Attention to Response Task (SART) to assess inhibitory control abilities. Next, for 7 days they assessed their momentary task unrelated thoughts, affect, and current task characteristics in an ecological momentary assessment 7 times a day.

Results Multilevel models were used to analyze the data. SART predicted momentary TUT frequency, but this link was not significant anymore when PTQ and DDFS were included in the model (only PTQ was a significant predictor of TUT frequency). At the momentary level, control over one's TUT, the effort required by the current task, and their interaction predicted TUT frequency. However, only control and effort, but not the interaction between the two predicted negative affect measured at the subsequent measure time point. SART score did not moderate any of those slopes.

Conclusions: The results suggest that although inhibitory control might be involved in the TUT maladaptive, this role might depend also on other factors, e.g. tendency to ruminate. Additionally, it seems important to further explore the role of momentary control over TUT beyond the self-reported momentary measures or a general inhibitory control assessment.



E A C L I P T 2 0 2 2

11 NOVEMBER 2022

Symposium

Depression and PTSD



CHAIR

Jonas Eimontas, Vilnius University

SPEAKERS

- **Odeta Gelezelyte**, Vilnius University
Associations Between Mental Health Indicators and Complex PTSD Measured with a Novel Clinician-Administered International Trauma Interview (ITI)
- **Nadia Van Der Spek**, Amsterdam UMC
Attachment Based Family Therapy for Adolescents with Suicidality and Depression in a Specialized Mental Health Care Setting: an Open Trial
- **Ulrich Stangier**, Goethe University Frankfurt
Metta-based group meditation and individual CBT (Metta-CBT) for chronic depression
- **Jonas Eimontas**, Vilnius University
Depression in older adults is related to unmet healthcare needs in the past: findings from a multinational longitudinal study

Associations Between Mental Health Indicators and Complex PTSD Measured with a Novel Clinician-Administered International Trauma Interview (ITI)

Odeta Gelezelyte¹, Monika Kvedaraitė¹, Jonathan Bisson², Agniete Kairyte¹, Neil Roberts², Evaldas Kazlauskas¹

¹ Centre for Psychotraumatology, Institute of Psychology, Vilnius University, Lithuania

² National Centre for Mental Health (NCMH), Division of Psychological Medicine and Clinical Neurosciences, Cardiff University School of Medicine, United Kingdom

Background. The 11th revision of the International Classification of Diseases (ICD-11) in addition to posttraumatic stress disorder (PTSD) also included a new diagnosis of complex (CPTSD). CPTSD encompasses all symptoms of posttraumatic stress disorder (PTSD) and additional symptoms of disturbances in self-organization (DSO). The ICD-11 has been planned to come into effect in different countries from 2022. However, there is a significant lack of valid tools for the clinical assessment of CPTSD. The aim of the current study was to explore the associations between CPTSD and various mental health indicators using the International Trauma Interview (ITI; Roberts et al., 2019), which is a novel diagnostic tool for the clinical assessment of the ICD-11 PTSD and CPTSD.

Methods. In total, 103 adults (Mage = 32.64 years; SDage = 9.36; 83.5% female) with a lifetime history of traumatic experiences were included in the study. The ITI and other mental health measures (anxiety, depression, dissociation, etc.) were used. We applied structural equation modelling (SEM) for the analysis of associations between PTSD, DSO factors, and other assessed mental health indicators.

Results. A two-factor second-order model of PTSD and DSO symptoms measured with the ITI was supported in the CFA analysis. The ITI PTSD latent factor was significantly positively associated with depression, generalized anxiety, symptoms of borderline personality pattern, and dissociative symptoms. The ITI DSO factor was significantly positively associated with depression, borderline personality pattern symptoms, difficulties in emotion regulation, as well as problems in relationships. It was negatively associated with self-esteem and general well-being.

Conclusion. The ITI is a valid diagnostic tool for the clinical assessment of the ICD-11 PTSD and CPTSD.

Attachment Based Family Therapy for Adolescents with Suicidality and Depression in a Specialized Mental Health Care Setting: an Open Trial

Nadia Van Der Spek¹, Willemieke Dekker², Jaap Peen², Pim Cuijpers³, Tara Santens⁴, Guy Bosmans⁴, Jack Dekker⁵

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Rationale: Suicide is one of the leading causes of death among adolescents, yet the symptoms of suicidality remain difficult to treat. Attachment Based Family Therapy (ABFT) is an evidence based family intervention developed to decrease depressive symptoms and suicidality among adolescents.

Objective: This non-randomized pragmatic open trial aims to assess the feasibility of ABFT for adolescents (12 to 23 years old) with suicidality and depression in an outpatient center for specialized mental health care in the Netherlands, by monitoring treatment delivery, patient adherence and satisfaction, and symptom reduction.

Methods: Eligible patients and their caregiver(s) were referred by their appointed clinician at any time during their standard treatment. Treatment delivery was monitored by the therapist. Depression (CDI-2), family functioning (SRFF), and Strengths and Difficulties (SDQ) were assessed online before intervention, and at 3, 6 and 9 months after baseline. Suicidality was assessed at each therapy session, and a client satisfaction evaluation form was administered after intervention. The therapists were at beginners level of ABFT, and working under supervision during the trial.

Results: The treatment delivery was feasible, and treatment adherence was 81%. About half of the patients received ABFT alone, the other half received additional psychotherapeutic intervention. Patients were on average satisfied with ABFT, with both very high and very low satisfaction scores. There was a significant decrease on suicidality at all timepoints compared to baseline ($d = .69$ at 9 months after baseline). There were also significant effects found on the CDI-2, SRFF, and SDQ, at follow-up with medium to large effect sizes.

Conclusion: ABFT is a feasible intervention for suicidal adolescents, and can be delivered both as a stand alone and an add on intervention. Implications for future research are provided.

Metta-based group meditation and individual CBT (Metta-CBT) for chronic depression

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² Goethe University Frankfurt, Germany

³ Psychology, Marburg University, Germany

Chronic depression is a highly prevalent and disabling mental disorder. Current treatments have focused primarily on reducing interpersonal problems and negative affect, but paid little attention to promoting prosocial motivation and positive affect. This pilot study was designed to determine whether the combination of Metta (Loving kindness) meditation in group and tailored individual cognitive-behavioral therapy focusing on benevolence towards oneself and others (Metta-based CBT) may achieve greater improvements in depressive symptoms than a wait-list control group (WLC) in patients with chronic depression. Forty-eight patients with DSM-5 persistent depressive disorder were randomly assigned to combined group and individual treatment or a wait-list control condition. Outcome was assessed after group meditation, after subsequent individual CBT, and at 6-month follow-up. Primary outcome measure was independent and blind rating of depressive symptoms at post-assessment, using the Quick Inventory of Depressive Symptomatology. Secondary outcome included changes in self-reported depression, behavioral activation, rumination, social functioning, mindfulness, compassion, and a clinical rating of emotion regulation. Mixed-design analyses showed significant changes at post-assessment in clinician-rated and self-reported depression, behavioral activation, rumination, social functioning, mindfulness, and emotion regulation, but not compassion. Most of the changes occurred during group meditation and were associated with large effect sizes. Improvements were maintained at 6-month follow-up. Concomitant antidepressive medication was associated with less favorable outcome.

These preliminary results support the effectiveness of Group Metta meditation combined with individual CBT in the treatment of chronic depression. Targeted Mechanisms and processes involved in Metta-based CBT will be highlighted.

Depression in older adults is related to unmet healthcare needs in the past: findings from a multinational longitudinal study

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Depression is the most prevalent mental health issue among older adults and it can intervene in successful ageing. Depression among older adults is often viewed as a consequence of such prolonged stressors as termination of vocational activities, increasing social isolation, significant interpersonal losses, deteriorating health, loss of income and physical abilities. Although there were studies that showed how previously unmet needs were related to depression later in life, these studies focused on a very broad definition of unmet needs that included medical, social and other needs. Therefore, in this study we aimed to explore the relationship between unmet healthcare needs in the past and symptoms of depression in older adults.

Methods. Data from a multinational longitudinal ageing study SHARE (The Survey of Health, Ageing and Retirement in Europe) was used to explore relationships between depression symptoms and unmet health care needs in adults above 50 years of age. Depressive symptoms were measured with the EURO-D scale which covers 12 symptoms that include sadness, pessimism, suicidality, self-blame, trouble sleeping, loss of interest, irritability, appetite changes, fatigue, difficulty concentrating, loss of enjoyment, and tearfulness. Unmet healthcare needs over the course of life were measured using six indicators.

Results. All models fitted the data well. Confirmatory factor analysis confirmed the latent factor of unmet health care needs. Further two path analysis models showed that unmet healthcare needs increased the chance later in life to use medication for sleep problems and anxiety or depression and also increased the possibility of higher depressive symptoms later in life.

Discussion. Our study demonstrated that unmet healthcare needs significantly affected symptoms of depression in older age. This was true even after controlling for financial situation: even those participants who reported having a satisfactory financial situation had worse symptoms of depression.



E A C L I P T 2 0 2 2

11 NOVEMBER 2022

Symposium

Psychopathology: Diagnosis and Mechanisms



CHAIR

Marta Jackowska, SWPS University of Social Sciences and Humanities

SPEAKERS:

- **Nadia Barberis**, Università degli studi Magna Graecia di Catanzaro
Reflective functioning and maladaptive eating behaviors: Alexithymia as mediator
- **Xenia Haefeli**, University Bern, Institute of Psychology
EMERGE: Understanding the transdiagnostic mechanisms of emerging psychopathology and mental health in adolescence: A 1-year prospective naturalistic study
- **Marta Jackowska**, SWPS University of Social Sciences and Humanities
Impact of daily transcutaneous vagal nerve stimulation on negative affect measures: results from a randomized placebo-controlled trial in non-clinical adults

Reflective functioning and maladaptive eating behaviors: Alexithymia as mediator

Nadia Barberis¹, Marco Cannavò¹, Stefania Cella², Valeria Verrastro¹

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² Università degli studi “Luigi Vanvitelli” di Caserta, Italy

Background: Several studies highlighted the presence of maladaptive eating patterns and attitudes in individuals with higher eating disorder symptomatology (EDs), whilst previous findings shown that both Reflective Functioning and Alexithymia are relevant aspects of EDs, thus suggesting that these dimensions should be assessed conjointly. This preliminary study sought to test a mediation model of Alexithymia in the relationship between reflective functioning and problematic eating behaviors (namely, emotional eating, restrained eating, external eating, and eating attitudes).

Method: Questionnaires were administered to 200 community-dwelling individuals aged between 18 and 30 years ($M=22.77$, $DS= 2.97$) to assess Reflective Functioning (Reflective Functioning Questionnaire-8), Alexithymia (Toronto Alexithymia Scale-20), Emotional Eating, Restrained Eating, External Eating (Dutch Eating Behavior Questionnaire), and Eating Attitudes (Eating Attitudes Test-26).

Results: Path analysis was conducted to test a model with Reflective Functioning as predictor variable, Alexithymia as mediator, and problematic eating behaviors (emotional eating, restrained eating, external eating, and eating attitudes) as outcomes. Age and gender variables were included as background variables. The model showed acceptable fit indices, $\chi^2(1) = 2.76$; $p < .01$, $CFI = .99$, $RMSEA = .09$ (90% CI = $.00 - .23$). Significant paths were found from Reflective Functioning to Emotional Eating ($\beta = -.20$), Alexithymia ($\beta = -.53$) and External Eating ($\beta = -.27$). Moreover, Alexithymia was related to Restrained Eating ($\beta = .27$) and Eating Attitudes ($\beta = .20$). Furthermore, a significant indirect effect from Reflective Functioning to Restrained Eating ($\beta = -.14$) by Alexithymia.

Conclusions: Results highlighted how Alexithymia may determine maladaptive eating patterns. Impaired Reflective Functioning may be related to poor awareness of mental states, which may lead to low self- and other-awareness of emotions and thus the development of EDs as compensatory mechanisms to deal with emotions. Clinical interventions for EDs should thus foster reflective functioning and target one's alexithymic traits.

EMERGE: Understanding the transdiagnostic mechanisms of emerging psychopathology and mental health in adolescence: A 1-year prospective naturalistic study

Xenia Haefeli¹, Anja Hirsig¹, Stefanie J. Schmidt¹

¹ Clinical psychology in childhood and adolescence, University Bern, Institute of Psychology, Switzerland

Background: Most mental disorders in adolescence have a high likelihood of persistence or recurrence. Therefore, it is critical to better understand how patterns of subclinical symptoms develop over time and how they are influenced by transdiagnostic mechanisms. There is an increasing recognition of emerging psychopathology as a complex system characterized by rapid shifts in subclinical symptoms that cut across diagnostic categories and interact with each other over time.

Methods: The epidemiological EMERGE-study uses a longitudinal design with a 1-year follow-up. A sample of 1386 adolescents between 11 and 17 years will be recruited in the general population. Main assessments of subclinical symptoms of several mental disorders and transdiagnostic mechanisms will be carried out at baseline, 3-, 6-, 9-, and 12-month follow-up. Diagnostic clinical interviews on current and past mental disorders and level of functioning will be conducted at baseline and 12-month follow-up. Dynamic structural modeling will be used to identify the temporal pattern and dynamic interactions between subclinical symptoms and their longitudinal associations with transdiagnostic mechanisms.

Results: In this talk, the interim-results of the EMERGE-study will be presented. The data of around 1000 participants will be analyzed, including the first three assessment points, which will provide first insights into the stability and cross-lagged effects of subclinical symptoms over time. Additionally, an overview of the sociodemographic background and its relationship to the expression of subclinical symptoms and transdiagnostic mechanisms will be provided.

Conclusions: The results of the EMERGE-study will be an important step towards a personalized, dynamic, and risk-adapted indicated prevention approach for adolescents. The shift from a static, disorder-specific to a transdiagnostic network-approach will also have important implications for both future prevention research and clinical practice. Thereby, this project has a substantial social and scientific value relative to the burden and time effort of the participants.

Impact of daily transcutaneous vagal nerve stimulation on negative affect measures: results from a randomized placebo-controlled trial in non-clinical adults

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³ Department of Epidemiology and Public Health; Department of Human Movement Studies, University of Ostrava, Czech Republic

Depression and anxiety are prevalent in the general population, yet for many people effective treatment or access to treatment are a barrier to an optimal mental health. There is a growing interest in non-invasive and portable devices acting on vagus nerve, which stimulation can produce, among others, antidepressant and anti-seizure effects. However, the utility of daily transcutaneous vagal nerve stimulation (tVNS), which can be achieved with a fairly inexpensive, non-invasive and portable device, in alleviating negative mood complaints in the general population remains uncertain. This trial aims to establish if tVNS administered for 2 weeks would lead to a reduction in anxiety and depressive symptoms. Seventy eight men and women aged 18 to 75 years (mean age 48 years), who were recruited from the general population, were randomised into four groups: early actual and sham tVNS and late actual and sham tVNS. Early groups underwent daily 4hr stimulation between Day 0 and 13, while late groups underwent daily 4hr stimulation between Day 14 and 28. Depression symptoms were measured with the Center for Epidemiologic Studies Depression Scale (CES-D), while anxiety with the brief generalized anxiety disorder scale (GAD-7). Across the 4 groups there were no baseline differences in sociodemographic data, medical conditions or other confounding variables relevant to these analyses. Follow-up data of affective measures are still being analysed and will be presented at the conference in November 2022. Funding: This study was funded by the Czech Science Foundation (registration number: GACR17-22346Y).



E A C L I P T 2 0 2 2

12 NOVEMBER 2022

Keynote Lecture

Mental Imagery and Mental Health Science



KEYNOTE SPEAKER

Emily Holmes, Uppsala University, Karolinska Institutet

Mental Imagery and Mental Health Science

Emily Holmes¹

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Mental imagery allows us to time travel. So doing can have a powerful impact on our emotions, motivation and behaviour. Intrusive image-based memories can “flash backwards” to past trauma. Mental imagery can “flash forwards” to the future, such as in suicidal thinking or goals in hypomania. Although images can seem fleeting and elusive, our research methods to investigate imagery are advancing. Better understanding mental imagery offers insights to improve interventions.

Mental health science is an umbrella term to cover the many different disciplines, including psychology, psychiatry, clinical medicine, social sciences, and neuroscience, that will need to work together and with people with lived experience of mental health problems to improve interventions. We will discuss mental health science priorities and a broader vision for science-informed psychological treatment innovation will be explored.

More broadly, there is great potential for adaptations and innovations in psychological treatments now. Experimental therapeutics could help fuel disruptive innovations that are useful in new ways to more diverse groups, and globally.

Reducing intrusive memories after trauma. Our team has been interested in the interplay between mental imagery and science-driven treatment innovation. We explore a single symptom approach - intrusive, emotional mental imagery after psychological trauma. This generated a novel intervention approach - the idea of working with intrusive mental images of trauma using concurrent tasks, while moving ideas between the lab and the clinic. This experimental approach is being used to develop a remotely delivered intervention innovation. For example, a brief and repeatable intervention approach under pandemic conditions for healthcare staff facing repeated and ongoing trauma working with COVID-19 patients. We will also explore the relevance for intrusive memories after other forms of repeated traumatic exposure such as war-related trauma. Developments will be discussed.



E A C L I P T 2 0 2 2

12 NOVEMBER 2022

Invited Symposium

New developments for psychological treatment as seen from EACLIPT's journal 'Clinical Psychology in Europe'



CHAIRS

Winfried Rief, University of Marburg

Cornelia Weise, University of Marburg

SPEAKERS

- **Tania Lincoln**, Universitaet Hamburg
What are the first-line psychological interventions for psychosis?
- **Maria Karekla**, University of Cyprus
The phenomenon of treatment dropouts in Acceptance and Commitment Therapy
- **Omer van den Bergh**, University of Leuven
Negative affect-induced physical symptom reporting in patients with functional somatic syndromes: What happens in the brain?
- **Winfried Rief**, University of Marburg and **Cornelia Weise**, University of Marburg:
Selected trends in psychotherapy research: results of an index analysis of randomized clinical trials

What are the first-line psychological interventions for psychosis?

Tania Lincoln¹

¹ Universitaet Hamburg, Germany

Background: There are numerous psychological approaches for psychosis that are generally provided in addition to antipsychotic medication and differ in their focus, specificity and format. These include psychodynamic, humanistic, cognitive-behavioural and third-wave-approaches, psychoeducation, various types of training-based approaches and family interventions.

Method: In the context of several recent guideline initiatives, the evidence-base for each of these approaches was reviewed in regard to short- and long-term improvement in symptoms, relapse and functioning in order to provide a helpful basis for treatment decisions.

Results: The review of the evidence points to convincing short- and long-term evidence for cognitive behavioural approaches in reducing overall psychopathology, and in particular positive symptoms of psychosis. The evidence is also strong for family interventions that include psycho-education and skills training if the focus is on reducing relapse and rehospitalization. Acceptance and commitment therapy, mindfulness-based approaches, meta-cognitive and social skills training as well as systemic family interventions were also found to be efficacious, depending on the outcome of interest, but significantly fewer outcome studies have tested the efficacy of these approaches. There is no convincing evidence for psychodynamic approaches, humanistic approaches or patient-directed psychoeducation that does not include the family.

Conclusions: An array of evidence-based psychological therapies is available for psychotic disorders from which clinicians and patients can select, guided by the strength of the evidence and depending on the outcome area the intend to focus on. CBT and behaviourally-oriented family interventions can be considered as first-line interventions. More research is needed to test the effectiveness of interventions as an alternative to anti-psychotic medication. Increased effort is needed in terms of dissemination and implementation of these therapies into clinical practice.

The phenomenon of treatment dropouts in Acceptance and Commitment Therapy

Maria Karekla¹

¹ Department of Psychology, University of Cyprus, Cyprus

Background: Treatment dropout is one of the most crucial issues that a therapist has to face on a daily basis. The negative effects of premature termination impact the client who is usually found to demonstrate poorer treatment outcomes. This meta-analysis reviewed and systematically examined dropout effects of Acceptance and Commitment Therapy (ACT) as compared to other active treatments. The goals of this study were to compare treatment dropout rates and dropout reasons, examine the influence of demographic variables and identify possible therapy moderators associated with dropout.

Method: The current meta-analysis reviewed 76 studies of ACT reporting dropout rates for various psychological and health-related conditions.

Results: Across reviewed studies (N = 76), the overall weighted mean dropout rate was 17.95% (ACT = 17.35% vs. comparison conditions = 18.62%). Type of disorder, recruitment setting and therapists' experience level were significant moderators of dropout. The most frequently reported reasons for dropout from ACT were lost contact, personal and transportation difficulties, whereas for comparative treatments they were lost contact, therapy factors and time demands.

Conclusion: Given that most moderators of influence are not amenable to direct changes by clinicians, mediation variables should also be explored. Overall, results suggest that ACT appears to present some benefits in dropout rates for specific disorders, settings and therapists.

Negative affect-induced physical symptom reporting in patients with functional somatic syndromes: What happens in the brain?

Omer Van Den Bergh¹, Maaïke Van Den Houte², Katleen Bogaerts³, Lukas Van Oudenhove²

¹ University of Leuven, Belgium

² TARGID, University of Leuven, Belgium

³ Rehabilitation Sciences, University of Hasselt, Belgium

Background: Functional somatic syndromes (FSS) include fibromyalgia, irritable bowel syndrome (IBS), and others. In FSS patients, merely viewing negative affective pictures can elicit increased physical symptoms. Our aim was to investigate the neural mechanisms underlying such negative affect-induced physical symptoms in FSS patients.

Methods: Thirty patients with fibromyalgia and/or IBS and 30 healthy controls (all women) watched neutral, positive and negative affective picture blocks during functional MRI scanning and rated negative affect and physical (respiratory, cardiovascular, gastrointestinal, cerebral, fatigue, and pain) symptoms after every block. We compared brain-wide activation during negative versus neutral picture viewing in FSS patients versus controls using robust general linear model analysis. Further, we compared neurologic pain signature (NPS), stimulus intensity-independent pain signature (SIIPS) and picture-induced negative emotion signature (PINES) responses to the negative versus neutral affect contrast and investigated whether they mediated between-group differences in affective picture-induced physical symptom reporting.

Results: More physical symptoms were reported after viewing negative compared to neutral pictures, and this effect was larger in patients than controls ($p=0.025$). Accordingly, patients showed stronger activation in somatosensory regions during negative versus neutral pictures. NPS, but not SIIPS nor PINES, responses were higher in patients than controls during negative versus neutral pictures ($p=0.026$). These differential NPS responses partially mediated between-group differences in physical symptoms.

Conclusion: Picture-induced negative affect elicits physical symptoms in FSS patients as a result of activation of somatosensory and nociceptive brain patterns, supporting the idea that affect-driven alterations in interoceptive processing of somatic signals is a critical mechanism underlying FSS.

Selected trends in psychotherapy research: results of an index analysis of randomized clinical trials

Winfried Rief¹, Cornelia Weise¹

¹ Dept. of Psychology, Philipps-University of Marburg, Germany

Background: We wanted to analyze trends in psychotherapy research to better understand developments during the last decade. We used published RCTs that are cited in Web of Science (WoS) as an index for these activities.

Methods: Based on WoS, we searched for randomized clinical trials published between the years 2010 and 2019. Search criteria included cognitive-behavioral treatments (CBT), e-mental health, Acceptance and Commitment Therapy (ACT), psychodynamic treatments, interpersonal therapy (IPT), schema therapy, systemic therapy, mindfulness treatments, and emotion-focused therapy (EFT). The number of publications was accumulated for 5-year blocks (2010 to 2014; 2015 to 2019).

Results: In total, the search revealed 4,523 hits for the selected treatment options, of which 1,605 were finally included in the analysis. There was a continuous increase in published RCTs, with 68% more trials during the second five-year block. CBT (68%) and eHealth interventions (18 %) continue to show an increase of number of studies, but non-significant changes of its percentage. The next frequent treatments are ACT (4%), psychodynamic treatments (2%), IPT (2 %), and mindfulness interventions (2%), with a significant increase of the percentage of mindfulness interventions ($p=0.008$) and a significant decline of the percentage of psychodynamic treatments ($p=0.02$). Systemic therapy (1.1 %), emotion-focused treatments (0.7%) and schema therapy (0.6%) represent smaller parts of published RCTs.

Conclusion: A continuous increase of published RCTs underlines an active field of research on psychological interventions. Third wave treatments such as mindfulness increased their representation in research, while the part of psychodynamic treatments decreased.



E A C L I P T 2 0 2 2

12 NOVEMBER 2022

Invited Symposium

Making the most of existing data – a series of meta-analyses on psychotherapy for depression



CHAIR

Eirini Karyotaki, Vrije Universiteit Amsterdam

SPEAKERS

- **Pim Cuijpers**, Vrije Universiteit Amsterdam
45 Years of Research on Psychotherapy for Depression: Lessons for the Future
- **Yves Plessen**, Vrije Universiteit Amsterdam, Charité – University Medicine, Berlin
What if...? A very short primer on conducting multiverse meta-analyses in R
- **Clara Miguel**, Vrije Universiteit Amsterdam
Umbrella reviews as a higher level of aggregation in clinical research: preliminary findings from the World Health Organization guidelines on mental health at work
- **Marketa Ciharova**, Vrije Universiteit Amsterdam
The Use of Scoping Review to Map Newly Emerging Fields, Find Research Gaps and Promote Understanding in Interdisciplinary Research
- **Eirini Karyotaki**, Vrije Universiteit Amsterdam:
Internet based interventions for depression: Results of a series of individual patient data (network) meta-analyses

45 Years of Research on Psychotherapy for Depression: Lessons for the Future

Pim Cuijpers¹

¹ Department of Clinical, Neuro-, and Developmental Psychology, Vrije Universiteit Amsterdam, Netherlands

Background: More than 800 randomized controlled trials have examined the effects of psychotherapies for depression and compared psychotherapies with control conditions, with each other, with pharmacotherapy and with combined treatments. These trials have also examined the effects of therapies in specific target groups, such as women with perinatal depression, children and adolescents, older adults, people with general medical disorders and many others.

Methods: Over the past 15 years we have worked on a “meta-analytic research domain” covering searches for all randomized trials on psychological interventions for depression that are updated every year. We have published more than 100 meta-analyses over the years covering all available comparisons. In this presentation a narrative overview will be given of all meta-analyses conducted in this domain.

Results: All major types of psychotherapy are effective in the treatment of depression, with no significant difference between them. Psychotherapy has comparable effects as pharmacotherapy at the short term, but probably better outcomes at the longer term. Combined treatment is better than either psychotherapy or pharmacotherapy. Psychotherapy also has significant effects on quality of life, social functioning, social support and several other secondary outcomes. It is also effective in a broad range of target groups and can be delivered effectively in individual, group, telephone-based and as guided self-help through the internet. The effects are comparable across age groups, except that they are smaller in children and adolescents. Meta-analyses should also be considered with caution, because they overestimate the effects of therapies, because of publication bias and risk of bias.

Conclusions: This project shows that “meta-analytic research domains” are a next level of aggregation of data from randomized trials in a specific field. Expanding to other domains within the psychotherapy field is the next step.

What if...? A very short primer on conducting multiverse meta-analyses in R

Yves Plessen¹

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Background: At several stages in any meta-analysis, researchers must decide between multiple equally defensible choices (e.g., different study inclusion criteria, different ways of dealing with low-quality studies, different choices of methods, etc.). These different analytical decisions frequently result in various meta-analyses with overlapping research questions reaching different conclusions—resulting in ambiguous recommendations for clinicians, researchers, and funding agencies.

Methods: In a multiverse meta-analysis, researchers identify all these possible stages for analytical decisions, determine alternative analysis steps at each stage, and implement them simultaneously. As a result, a multiverse meta-analysis reports the outcomes of all possible meta-analyses resulting from all of these possible combinations. Therefore, this method is a promising tool to help answer why some of these meta-analyses diverged, whether the meta-analytical method and exclusion criteria were decisive for these differences, or whether we would reach similar results with most analytical strategies.

Results: We present the preliminary results of multiverse meta-analyses to evaluate the influence different analytical decisions might have had on two research questions, namely 1) the efficacy of psychological treatments for depression and 2) the efficacy of digital interventions for anxiety disorders.

Conclusion: We could identify several analytical decisions that consistently lead to inflated effect size estimates (e.g., the comparison with wait-list control groups, the inclusion of high risk of bias studies, and sometimes ignoring effect size dependency). However, we also identified many decisions that did not disproportionately influence the resulting summary effect size estimates, suggesting the overall robustness of meta-analytical findings on psychological treatments for depression and digital mental health research for anxiety.

Umbrella reviews as a higher level of aggregation in clinical research: preliminary findings from the World Health Organization guidelines on mental health at work

Clara Miguel¹

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Background: Over the past years, the number of randomized trials and meta-analyses in the field of mental health has increased exponentially. This explosion in research might not always be positive, since it has been observed that meta-analyses on the same research question sometimes reach different conclusions, even if published in the same year.

Methods: Umbrella reviews are powerful tools that can help with addressing the need for integration of diverging findings. Umbrella reviews are “systematic reviews of systematic reviews”, which allow for a higher level of evidence synthesis and a better identification of uncertainties, biases and knowledge gaps than conventional meta-analyses.

Results: We will present the preliminary results of an umbrella review aimed to assess and summarize the evidence of universal, selective, and indicated interventions for mental health at the workplace. This umbrella review forms one of the evidence reviews which were commissioned for a World Health Organization Guideline Development Group to develop global guidelines on mental health at work. We identified 16 meta-analyses producing 66 effect sizes of the examined interventions on mental health symptoms, quality of life, positive mental health, and work-related outcomes.

Conclusion: Most of the evidence on universal, selective and indicated interventions was focused on psychosocial interventions, showing small to moderate effects across the various outcomes. The results of existing meta-analyses are promising for the use of preventative interventions in the workplace. However, the quality and certainty of the evidence were very modest, and there was limited evidence on highly relevant outcomes (i.e. work-related outcomes). Further research addressing knowledge gaps on the effectiveness of these interventions is warranted.

The Use of Scoping Review to Map Newly Emerging Fields, Find Research Gaps and Promote Understanding in Interdisciplinary Research

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Background: Systematic reviews and meta-analyses are powerful tools to synthesize results of biomedical studies published in scientific journals, whose number is increasing rapidly every year. However, clearly defined research questions and eligibility criteria, inherent to these methodologies, are not always suitable to map newly emerging fields. Such research areas often stand on the border of multiple disciplines, their conceptual boundaries are not delineated and working definitions are not clarified.

Methods: A scoping review is a type of systematic review, whose research question, eligibility criteria and stages are adjusted to the breadth and heterogeneity of under-researched topics. Therefore, this methodology is convenient for rapid mapping of the extent, range and nature of given research activity, as well as identifying research gaps. As a result, scoping reviews have the power to outline research areas on the border of two fields, promoting thus interdisciplinary understanding.

Results: We present preliminary results of a scoping review of the use of machine learning algorithms in recognition of symptoms of anxiety and post-traumatic stress disorder (PTSD) in text, audio and video recordings. We aimed to map the field, explain the usefulness of the algorithms of interest for clinical practice, and translate the knowledge to a narrative understandable by mental health professionals.

Conclusion: The current presentation will describe how scoping review methodology may help bridge a research gap like the one identified in the current study, where the vast majority of studies were of a highly technical nature, and thus not accessible to psychologists, creating a gap between research and practice. It is expected that such interdisciplinary endeavour can contribute to more precise, personalized and predictive diagnostics, monitoring and treatment of individuals suffering from common mental disorders by better real-time assessment of symptoms of these disorders.

Internet based interventions for depression: Results of a series of individual patient data (network) meta-analyses

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Background: Depression affects hundreds of millions of people worldwide. Effective treatment may be more widely accessible at lower costs by digital treatments (e-health). Such interventions are delivered either with therapeutic guidance (guided) or purely self-guided (unguided). Given that not all patients respond to e-health, targeting the e-health interventions to those who are more likely to benefit will maximize treatment's outcomes and scalability. We thus aimed to examine predictors and moderators of treatment outcomes and adherence to e-health interventions. Further, we investigated the relative effectiveness of guided and unguided interventions.

Methods: We have gathered and synthesized 14088 individual patient data (IPD) derived from 62 randomized trials on e-health interventions for depression. Based on this dataset, we have conducted a series of IPD (network) meta-analyses using either conventional IPD meta-analytic approaches (i.e., mixed models with patient nested within studies) or network meta-analytic techniques.

Results: Unguided interventions are more effective and lead to significantly lower symptom deterioration rates than controls. Overall, adherence rates are low in unguided interventions, while gender, age, educational level, and comorbid anxiety symptoms are associated with treatment dropout. Guided interventions result in greater response and remission rates than controls. While guided interventions have better outcomes than unguided interventions at post-test, treatment benefits are more substantial in individuals with moderate to severe depression. Unguided interventions are associated with similar effects to guided interventions among individuals with mild/subthreshold depression symptoms.

Conclusion: Personalized treatment selection is possible and necessary to ensure the best allocation of e-health resources.



E A C L I P T 2 0 2 2

12 NOVEMBER 2022

Round Table Discussion

What are the innovations of the ICD-11 classification?
Novelties and controversies



MODERATOR

Andreas Maercker, University of Zurich

PANELISTS

- **Natacha Carragher**, University of New South Wales
- **Mateusz Gola**, University of California San Diego, Polish Academy of Sciences
- **Winfried Rief**, Philipps-Universität Marburg

What are the innovations of the ICD-11 classification? Novelties and controversies

Andreas Maercker¹, Natacha Carragher², Mateusz Gola³, Winfried Rief⁴

¹ University of Zurich, Switzerland

² University of New South Wales, Australia

³ University of California San Diego, United States; Polish Academy of Sciences, Poland

⁴ University of Marburg, Germany

Since 2019, the ICD-11 has been officially adopted by the WHO as its classification system. It is thus part of the state-of-the-art for our profession as clinicians, expert assessors and researchers. The ICD-11 can be implemented into the respective national law of individual countries within the next eight years (i.e., only then will diagnoses have to be coded accordingly). The panel will feature experts on four clinical topics that are particularly new to ICD-11 compared to the previous version: Dr. Natacha Carragher (University of New South Wales) will talk about Addictive Behaviour Disorders, where Gaming Disorder has been introduced for the first time. Dr. Mateusz Gola (Warsaw & UC San Diego, US) will report on Compulsive Sexual Behavior Disorder, which is also a completely new - and quite controversial - addition to ICD-11. Dr. Winfried Rief (University of Marburg, Germany) will report on the new diagnostic formulations in the area of Disorders of Bodily Distress, formerly called Somatoform Disorders. Dr. Andreas Maercker (University of Zurich, Switzerland) will explain the many innovations in Trauma and Stress-related disorders (including Complex PTSD, Prolonged Grief Disorder) and the controversies surrounding them. The audience will have the opportunity to ask their own questions to the speakers.



E A C L I P T 2 0 2 2

12 NOVEMBER 2022

Round Table Discussion

How can research on understanding mechanisms improve psychological interventions?



MODERATOR

Colette Hirsch, King's College London

SPEAKERS

- **Claudi Bockting**, Amsterdam University Medical Centers
- **Emily Holmes**, Uppsala University, Karolinska Institutet
- **Michelle Moulds**, University of New South Wales
- **Lusia Stopa**, University of Southampton

How can research on understanding mechanisms improve psychological interventions?

Colette Hirsch¹, Michelle Moulds², Lusia Stopa³, Emily Holmes⁴, Claudi Bockting⁵

¹ Kings College London, United Kingdom

² University of New South Wales, Australia

³ University of Southampton, United Kingdom

⁴ Uppsala University, Sweden

⁵ Amsterdam University Medical Centers, Netherlands

This round table discussion will reflect on different modifiable mechanisms that maintain psychological problems. The panel will each briefly introduce different psychological mechanisms such as repetitive negative thinking, imagery, negative interpretations before opening up to wider discussion regarding how the transdiagnostic processes are modified via psychological interventions, that in turn leads to reductions in symptoms. We will also consider different ways in which these mechanisms can be targeted in treatment. The audience will be invited to contribute their thoughts and ideas during the discussion.



E A C L I P T 2 0 2 2

12 NOVEMBER 2022

Symposium

Recovery and coping during the COVID-19 pandemic



CHAIRS

Brigitte Lueger-Schuster, University of Vienna, Austria

Annett Lotzin, University Medical Center Hamburg-Eppendorf

SPEAKERS

- **Laura Kenntemich**, University Medical Center Hamburg Eppendorf
Coping profiles and differences in well-being during the COVID-19 pandemic: A latent profile analysis
- **Irina Zrnic Novakovic**, University of Vienna
Challenges and opportunities of the COVID-19 pandemic – A longitudinal mixed-methods study across five European countries
- **Austeja Dumarkaite**, Vilnius University
The efficacy of internet-based stress recovery intervention FOREST for healthcare staff amid COVID-19 pandemic: Randomized Controlled Trial
- **Paweł Holas**, University of Warsaw
Determinants of adjustment disorder (AjD) and effectiveness of online mindfulness-based cognitive therapy (eMBCT) for AjD related to Covid-19 pandemic, an RCT study

Coping profiles and differences in well-being during the COVID-19 pandemic: A latent profile analysis

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Background: During the current COVID-19 pandemic, people need to cope with multiple stressors which may affect their well-being. Coping strategies can be functional (e.g., active problem-solving, acceptance), but also dysfunctional (e.g., substance use, denial). This study aimed (1) to identify latent coping profiles in the German general population, and (2) to investigate differences between these profiles in well-being.

Methods: N = 2,326 German participants were recruited as part of the European Society of Traumatic Stress Studies (ESTSS) ADJUST study from June to September 2020 using an online survey. Coping strategies were assessed using the Brief-COPE and the Pandemic Coping Scale (PCS); well-being was assessed using the WHO-5 Well-Being Index. Coping profiles were identified using latent profile analysis; differences between profiles were examined using multiple regression analysis.

Results: Five coping profiles could be identified by latent profile analysis that included different types and numbers of coping strategies: (1) High functional coping (17.84%), (2) Moderate functional coping (40.63%), (3) High functional and religious coping (9.07%), (4) Low functional coping (22.06%), (5) Moderate functional and dysfunctional coping (10.40%). The identified profiles significantly differed in well-being. Coping profiles indicating high functional coping were associated with greater well-being, while coping profiles indicating low ($b = -13.91$, $p < .001$, 95 % CI [-16.62; -11.21]) or primarily dysfunctional coping ($b = -28.45$, $p < .001$, 95 % CI [-31.72; -25.19]) were related to lower well-being.

Conclusion: These results provide insight into how people differ in their coping strategies when dealing with stressors in an early phase of the COVID 19 pandemic. Furthermore, the study indicates higher levels of well-being in coping profiles with more frequent use of functional strategies. To promote well-being in the general population, it might be beneficial to train functional coping strategies in appropriate interventions that are associated with increased well-being.

Challenges and opportunities of the COVID-19 pandemic – A longitudinal mixed-methods study across five European countries

Irina Zrnic Novakovic¹, Brigitte Lueger-Schuster¹, Lucia Verginer¹, Helena Bakic², Dean Ajdukovic², Camila Borges³, Margarida Figueiredo-Braga³, Jana Javakhishvili⁴, Lela Tsiskarishvili⁵, Xenia Anastassiou-Hadjicharalambous⁶, Chrysanthi Lioupi⁶, Annett Lotzin⁷

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⁴ Institute of Addiction Studies, Ilia State University, Georgia

⁵ Faculty of Arts and Science, Ilia State University, Georgia

⁶ School of Humanities, Social Sciences and Law, University of Nicosia, Cyprus

⁷ Department of Psychiatry and Psychotherapy, University Medical Center Hamburg-Eppendorf, Germany

Background: The COVID-19 pandemic has affected people differently. Whereas some have managed to find a silver lining, others have experienced mental health problems. Although numerous studies have investigated the mental health impact of COVID-19, the mechanisms of adjustment to the pandemic are not yet fully understood.

Methods: To better understand the interplay of individual, contextual and situational factors affecting the adjustment to COVID-19, the present study applied a longitudinal, mixed-methods design. The sample included $N \approx 1018$ participants from Austria, Croatia, Georgia, Greece and Portugal who responded to open-ended questions of the ESTSS ADJUST study at baseline (summer-autumn 2020) and follow-up assessment (summer-autumn 2021). We used qualitative content analysis by Mayring to analyse open-ended questions regarding straining events, positive and negative aspects of the pandemic and recommendations for coping. Selected risk and resilience factors (e.g., age, gender, health condition), pandemic-related stressors (e.g., income loss) and objective indexes (e.g., stringency indexes in five countries) were also included in the analysis. MAXQDA software was used for data management and analysis.

Results: Preliminary analyses indicated that the participants' accounts were moderately consistent across countries, reflecting various individual and country-specific particularities. Frequency distributions of themes per four questions changed over time. However, some themes (e.g., Restrictions and changes in daily life as straining aspects, and Reflection and growth as positive aspects) were relevant in both assessment waves. Notably, several new themes emerged in the follow-up assessment, with theme Vaccination being mentioned both as positive and negative aspect of the pandemic.

Conclusions: The perceived challenges and opportunities amidst COVID-19 mirror the shifting context of the pandemic. Individual, contextual and situational factors need to be acknowledged when providing psychosocial support peri and post COVID-19.

The efficacy of internet-based stress recovery intervention FOREST for healthcare staff amid COVID-19 pandemic: Randomized Controlled Trial

Austeja Dumarkaitė¹, Inga Truskauskaitė¹, Gerhard Andersson², Lina Jovarauskaite¹, Ieva Jovaisiene³, Auguste Nomeikaite¹, Evaldas Kazlauskas¹

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² Department of Behavioural Sciences and Learning, Department of Biomedical and Clinical Sciences, Linköping University, Sweden

³ Clinic of Anesthesiology and Intensive Care, Institute of Clinical Medicine, Vilnius University, Lithuania

Background: The COVID-19 pandemic demanded exceptional physical and mental effort from healthcare workers worldwide. Since healthcare workers often refrain from seeking professional psychological support, internet-delivered interventions could serve as a viable alternative option. We aimed to investigate the effects of an internet-based stress recovery intervention among medical nurses using an RCT design. We also aimed to assess program usability.

Methods: 168 nurses working in a healthcare setting (Mage = 42.12, SDage = 11.38; 97% female) were included in the study. The intervention group included 77 participants, and the waiting list control group had 91 participants. Self-report data were collected at three timepoints: pre-test, post-test, and three-month follow-up. The primary outcome was stress recovery. Secondary outcomes included measures of perceived stress, anxiety, depression, psychological well-being, posttraumatic stress disorder (PTSD), complex PTSD, and moral injury.

Results: We found that the stress recovery intervention FOREST improved stress recovery, including psychological detachment ($d=0.83$ [0.52; 1.15]), relaxation ($d=0.93$ [0.61; 1.25]), mastery ($d=0.64$ [0.33; 0.95]), and control ($d=0.46$ [0.15; 0.76]). Most of the effects remained stable at three months follow-up. The intervention was also effective in reducing its users' stress ($d=-0.49$ [-0.80; -0.18]), anxiety symptoms ($d=-0.31$ [-0.62; -0.01]), depression symptoms ($d=-0.49$ [-0.80; -0.18]) and increasing psychological well-being ($d=0.53$ [0.23; 0.84]) with most of the effects remaining stable at three-month follow-up. High user satisfaction and good usability of the intervention were also reported.

Conclusions: The present study demonstrated that an internet-based intervention for healthcare staff could increase stress recovery skills, promote psychological well-being, as well as reduce stress, anxiety, and depression symptoms, with most of the effects being stable over three months.

Determinants of adjustment disorder (AjD) and effectiveness of online mindfulness-based cognitive therapy (eMBCT) for AjD related to Covid-19 pandemic, an RCT study

Pawel Holas¹

¹ Faculty of Psychology, University of Warsaw, Poland

Introduction: The COVID-19 pandemic was a major health crisis associated with adverse mental health consequences including adjustment disorder (AjD). In spite of the fact, the AjD is a prevalent mental health problem, little research has been done both evaluating its determinants factors, and the effectiveness of its treatment. Mindfulness-based cognitive therapy (MBCT) is an evidence based intervention for emotional disorders, little is known, however, about its effectiveness for AjD. Objectives: The goal was threefold: i. to evaluate the factors contributing to the severity of AjD due to Covid pandemic; ii. to assess possible moderators of the association between perceived threat due to pandemic and the severity of AjD; and iii. to evaluate effectiveness of a modified online MBCT for AjD, depression and anxiety related to pandemic.

Methods: 564 individuals were screened with questionnaires assessing adjustment disorder, depression, anxiety, experiential avoidance, self-compassion and covid-19 perceived threat. In the next phase, 438 individuals with a diagnosis of AjD were randomly assigned to eMBCT, e-progressive muscle relaxation training (ePMR), and Waiting List. Assessments with questionnaires were conducted at baseline, post-intervention, and at 1-month follow-up.

Results: Our results revealed a moderating effect of self-compassion and experiential avoidance on the relationship between perceived threat and the severity of AjD. We found significant reduction in AjD symptoms following the eMBCT group and the reduction of depression and anxiety in both active conditions. Positive effects of eMBCT and ePMR were maintained at follow-up. Cognitive defusion was the mediator of relationship between eMBCT and symptoms reduction.

Conclusions: Individuals with high experiential avoidance and low self-compassion had the most severe symptoms of AjD. Our findings suggest that eMBCT is effective intervention for AjD, depression and anxiety symptoms related to Covid pandemic and indicate that cognitive defusion is an important mechanisms of change of the mindfulness training.



E A C L I P T 2 0 2 2

12 NOVEMBER 2022

Symposium

New technologies for psychological treatment Part 2



CHAIR

Anna Rogala, SWPS University of Social Sciences and Humanities

SPEAKERS

- **Teresa Bolzenkötter**, Freie Universität Berlin
Assessing the short-term effects of detached mindfulness: A micro-intervention for repetitive negative thinking
- **Anja Hirsig**, Universität Bern
Randomized controlled trial on the efficacy of a transdiagnostic online-prevention approach in adolescents (EMPATIA-study)
- **Auguste Nomeikaite**, Vilnius University
The role of therapist support on the efficacy of an internet-based stress recovery intervention for healthcare professionals
- **Anna Rogala**, SWPS University of Social Sciences and Humanities
The effect of internet-delivered cognitive behavioral therapy for depression and anxiety on quality of life: a meta-analysis

Assessing the short-term effects of detached mindfulness: A micro-intervention for repetitive negative thinking

Teresa Bolzenkötter¹, Ulrike Zetsche¹, Babette Renneberg¹, Lars Schulze¹

¹ Clinical Psychology and Psychotherapy, Freie Universität Berlin, Germany

Ruminating and worrying is often reported by individuals suffering from psychological disorders. These thinking patterns can be subsumed under the term of repetitive negative thinking (RNT). RNT is defined as repetitively thinking about something negative and experiencing these thoughts as intrusive and difficult to disentangle from (Ehring & Watkins, 2008). RNT is about the “how” of the thinking, the process. RNT predicts the onset and persistence of different psychological disorders such as depression or anxiety disorders (Ehring & Watkins, 2008; Struijs et al., 2021; Spinhoven, Drost, Rooij, Hemert, & Penninx, 2016). Therefore, RNT has been described as a transdiagnostic risk factor for mental health (Wahl et al., 2019). The idea of specifically intervening on observable and changeable processes has become more present in recent years (compare process-based therapy; Hayes, Hofmann, & Ciarrochi, 2020). One intervention that explicitly tackles RNT as a transdiagnostic process is metacognitive therapy (Wells, 2011). While preliminary evidence shows that metacognitive therapy as a multi-component intervention can be helpful (Normann & Morina, 2018), less is known if its individual components are effective in themselves. Therefore, we aim to investigate if the metacognitive technique “detached mindfulness” can be helpful as a stand-alone intervention in reducing RNT and improving affect. To do so, we are conducting an experience sampling study in participants with high levels of trait RNT. The study comprising two phases: a baseline phase and an intervention phase. During the 5-day baseline phase, participants rate their momentary levels of RNT and affect multiple times per day. During the 5-day intervention phase, participants additionally engage in either a detached mindfulness or an active control intervention. We will present data on the effectiveness of detached mindfulness as a stand-alone intervention and its feasibility in the form of a smartphone-based micro-intervention that is integrated into daily life.

Randomized controlled trial on the efficacy of a transdiagnostic online-prevention approach in adolescents (EMPATIA-study)

Anja Hirsig¹, Xenia Häfeli¹, Stefanie Julia Schmidt¹

¹ Department of Clinical Psychology of Childhood and Adolescence, Universität Bern, Switzerland

Background: Most mental disorders have their onset in adolescence. Therefore, preventive interventions during this period are promising. Indicated prevention-approaches for individuals experiencing symptoms below the diagnostic threshold may be especially effective as they address those in need and are perceived as more satisfying than universal interventions. Current indicated prevention-approaches are relatively scarce and often focus on one specific mental disorder. The EMPATIA prevention-program offers a new approach by targeting subclinical psychopathology through transdiagnostic mechanisms, which are functionally related to the development of several mental disorders. EMPATIA is delivered as an online-intervention, offering adolescents from the general population a low-threshold prevention-program supporting their mental health. Its efficacy is evaluated in a randomized controlled trial in a non-help-seeking sample of adolescents with subclinical psychopathology.

Methods: 152 adolescents (12-18 years) from the general population with subclinical symptoms are randomized to either the intervention group or care-as-usual control group. The EMPATIA-program consists of eight sessions and one booster session, each addressing transdiagnostic mechanisms (e.g., behavioral avoidance, emotion regulation). Participants are offered psychoeducational videos, audios, and text information. To enhance adherence, participants receive e-guidance. The primary outcome general psychopathology is assessed at post-intervention (after 2 months) and at follow-up assessments (after 6, 9, 12 months). Secondary outcomes include intervention effects on disorder specific subclinical symptoms and onset of mental disorder. Onset of mental disorder and level of functioning is assessed at 12-month follow-up in a clinical interview.

Results: As EMPATIA is an ongoing study, in this talk we present interim-results on the recruitment process along with the usability and the efficacy of the online-program.

Conclusion: Developing a transdiagnostic online-prevention program may have positive effects on general psychopathology and shed light on the transdiagnostic mechanisms that are of special importance for indicated prevention. Thereby, it may contribute to reducing the onset of mental disorders in adolescents.

The role of therapist support on the efficacy of an internet-based stress recovery intervention for healthcare professionals

Auguste Nomeikaite¹, Austeja Dumarkaite¹, Inga Truskauskaite¹, Odeta Gelezelyte¹, Gerhard Andersson², Evaldas Kazlauskas¹

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² Department of Behavioural Sciences and Learning, Linköping University, Sweden

Background. The current study aimed to evaluate the role of therapist support intensity in an internet-based intervention for improving stress recovery skills for healthcare professionals. We compared stress levels and recovery skills between a therapist-supported intervention group and a group that used the same intervention as a self-help unguided program with on-demand therapist support.

Methods. To investigate the effects of the 6-week FOREST+ stress recovery program, we conducted an RCT at two-time points (pre- and post-intervention). A total of 166 healthcare professionals (Mage = 41.92, SDage = 12.30; 94% female) participated in this study: 83 in the therapist-supported intervention group (IG) and 83 in the control group (CG). The CG used the intervention as a self-help program with limited on-demand therapist support. The FOREST+ intervention is a CBT-based program targeting four stress recovery skills (i.e., Psychological detachment, Relaxation, Mastery, and Control as measured by the Recovery Experience Questionnaire (REQ; Sonnentag & Fritz, 2007)). Stress was measured with the Perceived Stress Scale (PSS-10; Cohen, Kamarck, & Mermelstein, 1983).

Results. The overall within-group effect size for stress recovery skills in the therapist support IG was $d=0.63$ [C.I. 95% 0.32; 0.94], while in the CG, it was $d=0.30$ [C.I. 95% 0.00; 0.61], with a between-group effect size of $d=0.40$ [C.I. 95% 0.10; 0.71], $p=.005$. The IG ($d=-0.63$ [C.I. 95% -0.94; -0.31]) and CG ($d=-0.62$ [C.I. 95% -0.94; -0.31]) groups had similar pre- and post-intervention stress levels, with no statistically significant difference between groups, $p=.296$.

Conclusions. The present study supported the efficacy of the FOREST+ intervention both as a guided, and unguided self-help intervention. However, our results also indicated that therapist support in internet-based intervention could play an important role in developing stress recovery skills among healthcare professionals in comparison to the same program delivered as self-help intervention.

The effect of internet-delivered cognitive behavioral therapy for depression and anxiety on quality of life: a meta-analysis

Anna Rogala¹, Natalia Michalak¹, Agata Kozłowska², Gerhard Andersson³

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³ Department of Behavioural Sciences and Learning, Linköping University; Department of Clinical Neuroscience, Karolinska Institutet, Sweden

Internet-delivered cognitive behavioral therapy (ICBT) has been tested in many randomized controlled trials. However, little is known about the effect of ICBT for depression and anxiety on quality of life. The present meta-analysis, which included 4585 participants, synthesized the evidence from 40 randomized controlled trials. We included studies that met the following inclusion criteria: 1) randomized controlled trials, 2) patients allocated to some form of the control condition (e.g. waitlist, active waitlist, treatment as usual), 3) patients receiving some type of treatment for anxiety and/or depression involving ICBT, 4) use of a validated outcome measure assessing the level of quality of life, 5) sample of adults at or above the age of 18 diagnosed with anxiety and/or unipolar depression, 6) papers written in English. Results showed a pooled effect size at post-treatment of Hedges $g = 0.273$ (95% CI: .125 – .421). This small but significant between-group effect favors ICBT over control conditions. The test for heterogeneity revealed a significant between-study variation ($Q(46) = 261.189$, $p = .000$, $I^2 = 82.388$). Because of high heterogeneity, the results should be interpreted cautiously.

Data analysis is still in progress as of the submission of this abstract. We will present the final results during the conference, including moderator analyses.



E A C L I P T 2 0 2 2

12 NOVEMBER 2022

Rapid presentations session



CHAIR

Marta Jackowska, SWPS University of Social Sciences and Humanities

SPEAKERS

- **Anna Seewald**, University of Marburg
How to change negative outcome expectations in psychotherapy? – The role of the therapist’s warmth and competence
- **Zuhre Neslihan Icin**, Istanbul University-Cerrahpasa
How Common is the Dissociative Subtype of Post Traumatic Stress Disorder? Turkish Adaptation of the Scale
- **Markus Grill**, Philipps University Marburg
Out of control: The Role of Spider Movement and Intolerance of Uncertainty in Spider Phobia
- **Marieke Van Vugt**, University of Groningen
Model-driven versus data-driven computational methods in psychiatry
- **Marlijn Besten**, University Medical Center Groningen
The impact of mood-induction on maladaptive thinking in the vulnerability for depression

- **Jan Maciejewski**, SWPS University of Social Sciences and Humanities
Stressbot: a chat-bot based internet intervention - enhancing coping self-efficacy to reduce stress and improve quality of life in university students
- **Michał Skorupski**, SWPS University of Social Sciences and Humanities
Spontaneous Task-Unrelated Thoughts (STUTs), attentional disengagement from negative stimuli and psychophysiology

How to change negative outcome expectations in psychotherapy? – The role of the therapist’s warmth and competence

Anna Seewald¹, Winfried Rief¹

¹ Clinical Psychology and Psychotherapy, University of Marburg, Germany

Background: Negative outcome expectations of psychological treatments predict unfavorable treatment outcomes. Therefore, therapists should approach negative outcome expectations and ideally transform them into more positive outcome expectations. This study investigated the therapist’s interpersonal behavior to optimize the modification of negative outcome expectations.

Methods: After inducing negative expectations in an online experiment, we presented different videos of therapist-patient interactions to violate the induced negative outcome expectations. While we kept the expectation-violating information constant, we manipulated the therapist’s warmth and competence.

Results: Results confirmed a significant influence of the therapist’s warmth and competence on expectation violation, which led to the most positive outcome expectations when the therapist was both warm and competent.

Conclusion: In contrast to former correlational analyses, our experimental study confirms the causal role of the therapist’s interpersonal behavior and its impact on changing patients’ negative outcome expectations. Based on these findings, more powerful approaches to optimize critical outcome expectations can be developed.

How Common is the Dissociative Subtype of Post Traumatic Stress Disorder? Turkish Adaptation of the Scale

Zuhre Neslihan Icin¹, Cigdem Kose²

¹ Psychology, Istanbul University-Cerrahpasa, Turkey

² independent researcher, Turkey

After the changes in DSM-5, dissociative subtype was added to post traumatic stress disorder. A scale named Dissociative Subtype of Post Traumatic Stress Disorder (DSPS) was developed to measure this subtype and help the diagnosis. The purpose of this study is to adapt the Dissociative Subtype of Post Traumatic Stress Disorder to Turkish, examine its reliability and validity. The Dissociative Subtype of PTSD (DSPS) was translated into Turkish. DSPS, Turkish forms of The Posttraumatic Diagnostic Scale and Dissociative Experiences Scale were given to participants and data from 278 people were analyzed. Reliability tests and factor analysis were conducted. Factor analysis showed that scale has good model fit scores and items were loaded to the factors the same as the original study. Scales internal consistency was examined and a good score was obtained ($\alpha=.84$). Fit index values of confirmatory factor analysis were found as $\chi^2/df=2.51$, $GFI=.90$, $RMSEA=.07$, $RMR=.02$. As a result of the high reliability scores and sufficient model fit scores, this scale is considered as a dependable measure to evaluate the dissociative subtype of PTSD. When the values obtained from DSPS are analyzed in terms of gender variable, no significant difference is observed between women and men. However, past research show that among adolescents, women were more prone to the dissociative subtype of PTSD compared to men. This suggests that the obtained values may differ when compared to wider age groups such as children, adolescents and adults. The data were divided into groups according to age groups and reanalyzed in terms of gender variables. As a result of the analysis of the data in terms of the age variable, it was seen that the dissociation values were higher in the younger age group. To summarize, it is possible to say that within "normal" population, DSPS scores are significantly high.

Out of control: The Role of Spider Movement and Intolerance of Uncertainty in Spider Phobia

Markus Grill¹, Anke Haberkamp¹

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Background: Compared to other arthropods, spiders elicit stronger fear and disgust responses in humans. Previous research suggested that the perception of spiders' movement characteristics as uncontrollable and unpredictable plays an important role in this regard. We tested the effects of spider movements on fear, disgust, arousal, valence, perceived uncontrollability and unpredictability in spider-fearful and non-fearful individuals. Additionally, we measured whether spider-fearful individuals displayed higher intolerance of uncertainty (IU) than non-fearful individuals.

Methods: In an online experiment, 120 individuals (55 spider-fearful) viewed realistic 3D-animated videos of spiders and non-aversive ladybugs. Animals either moved on a curvy or a straight path and with different speeds (slow vs. medium vs. fast). We used linear-mixed-effects models and correlations to analyse our data.

Results: We found that spider-fearful individuals perceived spiders as more uncontrollable and unpredictable than ladybugs and non-fearful individuals. Notably, this perception was independent of whether the spiders moved on a straight or curvy path. Spider-fearful individuals also reported higher fear and disgust in response to spiders compared to ladybugs and non-fearful individuals. This effect was enhanced when spiders moved on a curvy compared to a straight path. Finally, spider-fearful individuals showed higher IU levels compared to non-fearful individuals, and IU correlated with fear and arousal ratings.

Discussion: Our study provides first experimental evidence of the effects of spider movement characteristics and IU on spider fear. Spider fearful individuals apparently perceive spiders in a cognitively biased way, such that they underestimate the degree of control they have over the spiders' movements and the degree to which the spiders' movement are predictable. This may play an important role in the maintenance of spider phobia. Furthermore, the perceived uncontrollability and unpredictability of spider encounters may be especially aversive for spider-fearful individuals high in IU.

Model-driven versus data-driven computational methods in psychiatry

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Introduction: Computational psychiatry is an emerging field. Mostly, computational psychiatry restricts itself to a relatively narrow focus on reward learning models to explain psychiatric problems.

Methods: In this presentation, I will review how computational tools can be used much more broadly.

Results: On the one hand, model-based computational approaches can formalize the mechanisms underlying a psychiatric disorder and make testable predictions. An example of this is work from my lab in which we showed how a single mechanism--the tendency to persist in a negative thinking pattern--can be used to explain performance deficits across a range of tasks including sustained attention, working memory and free recall. On the other hand, computational tools are increasingly powerful in finding patterns in data. I will demonstrate how in my lab we used EEG and fMRI to distinguish between healthy and depressed individuals, and use the machine to find the data patterns to distinguish them.

Discussion: Although usually kept separate, combining model-based and data-driven methods for understanding psychiatric disorders can allow for a deeper understanding of the data, because data-driven approaches allow us to find patterns we may never have expected, while model-based approaches force us to think carefully about the mechanisms that drive these disorders. In my lab we are working to bring these approaches closer together by applying both types of methods to datasets from the same individuals (in this case, with depression), which gives a much richer understanding of depressive phenomenology.

The impact of mood-induction on maladaptive thinking in the vulnerability for depression

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Background: Repetitive negative thinking and rumination (i.e. perseverative cognition, PC) are key characteristics of Major Depressive Disorder. Maladaptive PCs are associated with a high risk of developing and maintaining depression. Targeting PC may effectively prevent the recurrence of depression. Mood-induction techniques are successful in adjusting the content and characteristics of mind-wandering, which are typically examined with novel task-based assays. In clinical research, self-relevant therapeutic techniques are often studied using retrospective self-report questionnaires or experience sampling methods. The current study aims to combine forces between psychiatry and cognitive sciences to investigate the adjustability of mind-wandering in individuals with varying vulnerability for depression using positive and negative mood-induction techniques.

Methods: Groups scoring either high (n=40) or low (n=40) on neuroticism and worrying (NEO Neuroticism scale, PSWQ) to index their vulnerability for depression, performed a Sustained Attention to Response Task (SART); after a single session of positive fantasizing and a single session of stress induction in a cross-over design. SART is a boring go-/no-go task with self-report questions about the content of thoughts. Affective states were measured before and after the interventions using the PANAS.

Results: A paired t-test showed increased negative affect after stress and increased positive and reduced negative affect after fantasizing compared to baseline. Thoughts were more on-task and future-related, and less negative after fantasizing compared to after stress. Compared to individuals with low vulnerability for depression, those with high vulnerability showed more off-task thinking after stress than after fantasizing about negative affect.

Conclusion: Mood-induction techniques can adjust the frequency, valence, and temporal orientation of mind-wandering in individuals varying in vulnerability to depression.

Stressbot: a chat-bot based internet intervention - enhancing coping self-efficacy to reduce stress and improve quality of life in university students

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Background: University students experience elevated stress levels and mental health risks. Research shows that stress can be reduced through increasing resources such as coping self-efficacy. Internet interventions can be successfully employed to deliver programs for improving university students' mental health. Chat-bot delivered interventions are a new and promising approach to delivering e-health programs.

Research question and hypothesis: The primary objective of this randomized controlled trial is to evaluate short- and long-term efficacy of coping self-efficacy enhancing intervention in reducing university students' stress and improving quality of life. The intervention will be delivered through a Facebook Messenger based chat-bot. The secondary goal is to investigate acceptability of a chat-bot delivered intervention.

Hypothesis: In comparison to the control group, stress will be lower, and quality of life will be higher in the experimental group immediately after the intervention (T2 posttest), 1 month after (T3) and 6 months after (T4).

Methods: Participants (N = 300) will be recruited via social media and randomized to 1 of 2 groups: (1) experimental condition increasing coping self-efficacy through 7 daily exercises delivered through chat-bot system, or (2) waitlist control group. Outcomes include perceived stress and quality of life. Measurements will be taken at baseline (T1), immediately after intervention (T2), 1 month after (T3) and 6 months after (T4). Linear mixed effects model will be used to analyze the data.

Conclusions: The current study aims to assess Stressbot's potential benefit for improving university students' well-being. Moreover, it intends to provide insight into the potential of using chat-bot technology for delivering smartphone-based e-health treatments.

Spontaneous Task-Unrelated Thoughts (STUTs), attentional disengagement from negative stimuli and psychophysiology

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Background: The present study examines the relationship between STUTs and difficulty in disengaging attention from negative stimuli in laboratory conditions and close-to-ecological virtual reality (VR) task. Attentional disengagement, particularly from negative self-referent stimuli, might be the mechanism underlying maladaptive outcomes of STUTs. We explore not only the relationship between maladaptive outcomes and self-reported STUTs, but also Heart Rate Variability (HRV) previously shown as a physiological measure of STUTs in the laboratory. We hypothesise that self-reported STUTs, and decrease in HRV are positively related to difficulty in disengaging attention from negative stimuli and to the maladaptivity of STUTs (higher self-reported negative affect and Galvanic Skin Reaction - GSR).

Methods: 120 adult participants will undergo a public speaking VR training, with 3 experimental phases: 1. Baseline measures of trait-like propensity to use STUTs, public speaking anxiety and attentional functioning. 2. STUT induction task; participants will see a series of photographs to elicit STUTs, during performing low-involvement tasks. Attentional disengagement will be measured with a stationary eye-tracker. 3. VR public speaking; participants will deliver speech in a VR environment mimicking an auditorium. The audience will express positive, neutral or negative facial expressions enabling us to measure attentional indicators for different types of stimuli through VR integrated eye-tracker. The occurrence of STUTs, their characteristics and affect will be measured during each stage of the study through self-reported thought probes. HRV and GSR will also be measured continually throughout the study.

Conclusions: The study aims to examine the psychophysiological and attentional STUTs correlates in conditions simulating an ecological task, consolidating the discoveries made so far and going beyond self-descriptive data and psychophysiological data measured under purely laboratory task conditions.



E A C L I P T 2 0 2 2

12 NOVEMBER 2022

Poster presentations session



SPEAKERS

- **Saba Chopard**, University of Fribourg
Oncological patients, their relatives, and the medical staff: an evaluation of their Internet usage and satisfaction regarding the information found online
- **Anton Marx**, University of Munich LMU
Empirical Studies on the Emotions of Psychotherapists: A Systematic Scoping Review
- **Romina Recabarren**, University of Fribourg
Impact of a multidimensional stress prevention program on daily hassles, social support, emotion regulation, reward indicators, and affective states in university students.
- **Ye hoon Jeong**, Handong Global University
Problematic Game Use and Literacy difference of Adolescents - Focusing the Biopsychological Approach
- **Christine Dworschak**, University of Zurich
User-centered development of an internet-based cognitive behavioral therapy intervention for the treatment of loneliness in older individuals
- **Matea Sostaric**, University of Zagreb
Sexual health in your pocket: An overview of mobile applications for sexual disorders

- **Paulina Bagrowska**, Polish Academy of Sciences
Bridging the gap between body image and paranoia-like thoughts
- **Peter Halama**, Centre of Social and Psychological Sciences, Slovak Academy of Sciences
Long termed consequences of COVID-19: A qualitative analysis of Slovak severe COVID-19 adult survivors' post-covid experiences
- **Anna Kubiak**, SWPS University of Social Sciences and Humanities
Do we need a legal regulation of the psychotherapist profession? Research on the need of Polish psychotherapists for legal regulations of their professional activity
- **Selen Karakilic**, Koc University
Perfectionistic Cognitions and Procrastination: The Mediating Role of Mistake Rumination
- **Doris Erbe**, University of Cologne
Value of children in adults with and without depression
- **Olgierd Borowiecki**, Nicolaus Copernicus University
Tower Tasks in clinical psychology research
- **Julia Bączek**, SWPS University of Social Sciences and Humanities
How to reduce the fear of failure using psychotherapeutic imagery techniques? - comparing imagery rescripting and imaginal exposure.
- **Monika Kobędzka**, SWPS University of Social Sciences and Humanities Faculty of Psychology in Katowice
Coping Strategies and PTSD Symptoms Among Polish Police Officers
- **Jolanta Czarnecka**, SWPS University of Social Sciences and Humanities
The impact of narrative structuring of own romantic relationship breakdown on ensuing functioning
- **Stanisław Karkosz**, SWPS University of Social Sciences and Humanities
Evidence for effective imagery rescripting of autobiographical childhood memories
- **Rozemarijn van Kleef**, University Medical Center Groningen
Neurocognitive mechanisms of change following Preventive Cognitive Therapy for preventing relapse in depression: a randomized controlled trial
- **Joanna Gutral**, SWPS University of Social Sciences and Humanities
Climate change distress and climate action

- **Benedikt Langenbach**, University of Duisburg-Essen
Amygdala response towards emotional faces in autistic individuals with and without comorbidity
- **Maciej Szala**, University of Lower Silesia
Amygdala response towards emotional faces in autistic individuals with and without comorbidity
- **Danielius Serapinas**, Mykolas Romeris University
The impact of neuroeducational methods on depression level and telomere length

Oncological patients, their relatives, and the medical staff: an evaluation of their Internet usage and satisfaction regarding the information found online

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Although oncological patients and their relatives have an important information need, the literature indicates that this need for information is often unmet. Internet has become one of the main sources for health-related information, and cancer patients and their relatives have been shown to use this tool for searching cancer-related information. Little is known about the use of the Internet to find cancer-related information among oncological patients and their relatives in Switzerland, in particular about the websites they visit, and their satisfaction with the information found online. Moreover, there is little knowledge about the Internet use of the medical staff and how they react to the online searching behavior of their patients. Here, we investigated the need and the search of Internet cancer-related information by oncological patients, their relatives, and the medical staff using an online survey specifically created for this study and a cross-sectional retrospective design. We tested 3 groups of participants: cancer patients (N=60), relatives (N=48) and medical staff working in oncology (N=37). Preliminary results indicate that patients and their relatives have a strong need for information about cancer in general, diagnostic and prognostic and regarding the different treatments' options. A large part of them use non-certified websites. Their reported satisfaction with online information is generally low. Health professionals reported often using the Internet to search for information about cancer, using certified and non-certified websites. They also report that the information found on Internet could affect patients in a negative manner and in general do not recommending Internet to search for information. The main reported reason being a lack of knowledge regarding qualified websites to suggest. These findings underline the importance of improving the quality of online cancer information for patients and the need for specific training or information transmission for the health professionals about reliable websites to recommend.

Empirical Studies on the Emotions of Psychotherapists: A Systematic Scoping Review

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Background: In psychotherapy, there is broad agreement on the crucial role of emotions and countless studies have been conducted on patients' emotional experiences. Although the emotions of psychotherapists themselves have been of great theoretical and practical interest as well, there seems to be a lack of empirical research on this topic. Therefore, this study aims to provide a systematic review on published empirical studies focusing on psychotherapists' emotional experiences.

Methods: Following established guidelines, we conducted an extensive literature search and screened 8588 publications from different databases. Based on preregistered inclusion criteria, we then selected 60 articles for further data extraction and analysis.

Results: Overall, the number of studies appeared to increase steadily per year (earliest in 1969) and they were conducted in different countries worldwide (50% either USA or Israel). Their data collection methods included self-report questionnaires, interviews, video/audio recordings (e.g., for facial expression analysis), physiological measures (e.g., heart rate variability) or a combination of these methods. Their sample sizes were rather small and showed great variability (Min = 1, Max = 684, M = 80.2, SD = 140.5) with 17 studies under 10 participants and 12 over 100, respectively. Additionally, the studies highly differed in their definitions of psychotherapy, the type of psychotherapy under study (e.g. psychodynamic therapies or cognitive-behavioral therapy), and their specific research questions or topics (e.g., empathy, countertransference, or reactions to patients' suicidal behaviors).

Conclusions: Our findings suggest that, while there seems to be growing scientific interest in psychotherapists' emotional experiences, more studies seem to be needed to systematically shed light on their clinical and practical implications (e.g. therapeutic alliance, treatment outcome, therapist effects, or therapists' emotion regulation and well-being).

Impact of a multidimensional stress prevention program on daily hassles, social support, emotion regulation, reward indicators, and affective states in university students

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University students experience high levels of stress, which is related to decreased psychological resources, and increased mental and physical disorders. Research have evidenced that daily hassles significantly affects emotional behavior, relationships, and reward perception. Here, we examined how a validated multidimensional stress prevention program might foster social support, adaptive emotion regulation, rewards indicators, positive affects while alleviating negative affect in daily life among university students. Sixty-four university students from the University of Fribourg ($M = 21, 34$ years, $SD = 2.53$), were randomly allocated to either an intervention group or a waiting-list control group. The multidimensional stress prevention program consists of eight 2-hour weekly sessions, integrating social skills, emotional regulation strategies, mindfulness-based exercises, and cognitive behavioral techniques. Daily social support, emotion regulation strategies, reward indicators, and positive and negative affect were assessed 5 times a day during one week before and after the program. Results indicated a significant increase of positive affect and reduced expressive suppression during stressful situations in daily life after participating in the program in the intervention group, compared to the waiting-list control group. Lower perceived criticism, and increased perceived support from friends and colleagues, but not from family members or partners, was also reported. These findings suggest that participating to a preventive intervention, targeting resources, might positively foster perception of social support, adaptive emotion regulation strategies, reward indicators, and positive affect, in daily life in university students. This highlights the importance of developing interventions that not only reduce stress, but also increase resources

Problematic Game Use and Literacy difference of Adolescents - Focusing the Biopsychological Approach

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This study attempted to find the characteristics of adolescent game users that reduce the negative effect and increase the positive effect of game use, unlike the perspective of previous studies that viewed game use only negatively. For this purpose, the adolescent game users were classified into latent groups according to basic motivation (sense of autonomy, competence, belonging, goal), motivation balance, and physiological stress level. Furthermore, the difference between the game literacy level and problematic game use level among the classified latent groups was examined.

The subjects of this study were 414 adolescents aged 13 to 18 who used games, and the instruments of this study were the Problematic Game Use Scale, Adolescent Internet Gaming Literacy Scale, Motivation Balancing Scale, the Body Perception Questionnaire Very Short Form.

The results showed that four latent groups were the most appropriate (AIC=13725.059, BIC=13857.913, SABIC=13753.196, LMR-LRT: $p < .05$, BLRT: $p < .001$, Entropy=.826). Four latent groups were named as 'bio-psychological healthy group'(n=49, highest basic motivation and motivation balance lowest physiological stress), 'bio-psychological general group'(n=208, slightly higher than the average of basic motivation and slightly lower than the average of motivation balance and physiological stress), 'psychological risk group'(n=46, lowest level of competence, goal, motivation balance, lower than the average of autonomy, belonging and slightly lower than the average of physiological stress), and 'bio-psychological risk group'(n=111, lowest autonomy, belonging, lower than the average of competence, goal and higher than the average of motivation balance, and highest level of physiological stress). In addition, as a result of Wald χ^2 (DU3STEP), the difference between game literacy($\chi^2=204.659$, $p < .001$) and problematic game use($\chi^2=836.880$, $p < .001$) level between the derived four latent groups was found to be significant. Game literacy was high in the order of 'bio-psychological healthy', 'bio-psychological general', 'psychological risk', and 'bio-psychological risk' group. However, problematic game use was high in the order of 'bio-psychological risk', 'psychological risk', 'bio-psychological general', and 'bio-psychological healthy' group.

The implication of this study is as follows. Firstly, this study is meaningful as it examines both the negative and positive experiences of game use. Secondly, it is meaningful by providing an intervention plan to reduce the negative impact of game use and increase the positive impact by understanding adolescent game users according to basic motivation, motivation balance, physiological stress. Thirdly, this study is significant by verifying the perspective of bio-psychological balance with the Motivational Balancing Theory by using the Motivation Balance Scale and Body Perception Questionnaire Very Short Form.

User-centered development of an internet-based cognitive behavioral therapy intervention for the treatment of loneliness in older individuals

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Loneliness has been described as one of the main risk factors for both physical and mental illness. Although loneliness is evident across the lifespan, it is more likely in populations who are at risk for social isolation, such as older individuals. Interestingly, a recently published meta-analysis revealed that the most effective intervention strategy to reduce loneliness is cognitive restructuring (which is a core element of cognitive behavioral therapy). However, although effective interventions exist, only a small number of older individuals seek face-to-face treatment. Internet-based interventions have the potential to bridge this treatment gap. Therefore, the aim of this project is to develop the first internet-based cognitive behavioral therapy intervention for the treatment of loneliness in older individuals. As it has been shown that the involvement of end users in the development of an intervention increases usability, uptake and user satisfaction, we applied a user-centered approach during the development process. In this poster presentation, I would like to elaborate on the study design, present first study results and provide insights into content as well as features of the planned intervention.

Sexual health in your pocket: An overview of mobile applications for sexual disorders

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Background: The number of mobile applications for mental health is rising. People dealing with sexual difficulties often turn to advice provided by applications, which may not contain correct information or effective therapeutic techniques. Therefore, the aim of this research was to study the mobile applications in the field of sexual health and to find out which content and therapeutic techniques they include, with emphasis on cognitive-behavioral interventions frequently used in therapy.

Method: To achieve the research goal, three databases with mobile applications were searched (Google Play, Apple store and Microsoft Windows), using keywords "sex", "sexual health", "sexual dysfunctions", "sexual problem", "sexual intimacy", "sexual pleasure", "sexual treatment" and "sex therapy". Only applications that stated in the title or description that they are focused on sexual disorders or the improvement of sexual functioning were downloaded and studied in detail.

Results: Out of a total of 3685 identified applications, 47 of them met the agreed criteria. The results showed that more applications have been developed for men and were rarely adapted to older age groups. Most applications did not consider the sexual orientation of the user. A large number of them was developed for users with erectile dysfunction, and only one for women with vaginismus. Only 15 of applications contained elements of gamification. 83% of them included techniques to work on the symptoms. Most apps included sexuality tips and Kegel exercises. A small number of them included effective techniques such as a training of sexual fantasies, sensate focus, guided masturbation, relaxation, mindfulness and mirror exercise, and only one included cognitive restructuring.

Conclusion: Several mobile applications have been developed to enhance sexual functioning, but none of them cover all the techniques that are used in sex therapy. It is necessary to develop applications that would focus on multiple users and include quality cognitive-behavioral techniques.

Bridging the gap between body image and paranoia-like thoughts

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Background: A feeling of vulnerability is believed to be the foundation upon which paranoia is built. Factors that may increase vulnerability include negative affective states, low self-esteem and high social rejection sensitivity. Body image, which is one aspect of overall self-esteem, has recently been shown to be associated with paranoia, and this relationship is likewise thought to be based on increased feeling of vulnerability. However, little is known about factors underlying this association.

Methods: In this online study conducted on a non-clinical sample, self-report data assessing paranoia-like thoughts, body image, self-esteem, negative emotions, rejection sensitivity as well as various attitudes and beliefs related to body appearance were collected.

Results: The results revealed a significant serial mediation effect of negative emotions, self-esteem and rejection sensitivity in the relationship between body image and paranoia-like thoughts. Parallel mediation analysis showed an effect of social criticism as the only one of four studied groups of beliefs related to body appearance in the relationship between paranoia-like thoughts and body image. Paranoia-like thoughts were increased in people who were not satisfied with their body, both as a result of feeling too thin and overweight.

Conclusions: Body image is an important factor related to paranoia-like thoughts, through its association with increased vulnerability and negative general self-view. The importance of negative emotions, low self-esteem and high rejection sensitivity, as well as the role of critical comments and lack of perceived acceptance was emphasized as a potential (socially-focused) mechanisms paving the way from negative body image to paranoia-like thoughts.

Long termed consequences of COVID-19: A qualitative analysis of Slovak severe COVID-19 adult survivors' post-covid experiences

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Background: Post-COVID-19 syndrome is a condition characterized by long-term symptoms and complications that continue or develop after acute COVID-19. It has been found the majority (up to 80%) of patients admitted to hospital with severe COVID-19 disease experience long-term physical and/or psychological symptoms. The study aims to qualitatively explore the experience of severe and critical COVID-19 adult (age 18+) survivors throughout the post-acute period (within 1-year post hospital discharge) in Central European countries of Slovakia.

Methods: 10 severe or critical COVID-19 adult (age 18+, 5 men, 5 women) was interviewed about their experiences in the post-COVID-19 period. The questions were related to long-term COVID effects on their mental well-being, post-traumatic stress, social functioning etc. The data was analysed by thematic analysis which is a qualitative analytic method that search for themes or patterns within data (Braun & Clarke, 2006).

Results: The generated themes described several important issues that Covid-19 survivors deal with in the short and long-period after infection. Physiological issues included such themes as fatigue, headache, loss of smell etc., the psychological issues included anxiety, sleep problems, etc. The participants perceived these issues as affecting their psychosocial functioning as ability to work, personal relationships and their social life. Although the participants differed in the intensity and severity of these issues, overall they reported decrease of their overall quality of life.

Conclusions: The analysis of participants' statements confirmed the variety of long-termed effects of COVID-19 on both physiological and psychological level. Our study also highlights the importance of qualitative methods in COVID-19 research to better understand not only what long term physical and/or psychological symptoms these patients report, but also how they experience it subjectively.

Do we need a legal regulation of the psychotherapist profession? Research on the need of Polish psychotherapists for legal regulations of their professional activity

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The aim of the study was to investigate what are the needs of Polish psychotherapists regarding the legal regulation of their professional activity. Despite the ongoing discussions on the law that would regulate psychotherapy as a profession, it has still not been regulated by the legislator. Overall 630 psychotherapists completed the study. An original questionnaire was used capturing the benefits and disadvantages of regulating the psychotherapist profession. The items referred to the patient's and therapist's rights, ethical issues, and other criteria that are discussed to be important when practicing and supervising the profession. We also investigated if there is a need to establish a professional self-government. The participants were asked to express their opinions on individual items on a 5-point Likert scale. The questionnaire also contained open questions about participants' suggestions regarding the regulation of different aspects of their psychotherapeutic activity. As many as 90% of participants indicate that the psychotherapist profession should be regulated by law. The most beneficial effects of the legal regulation, equally important for representatives of various psychotherapeutic orientations were: (1) the right of professional confidentiality guaranteed in relations with state authorities as well as (2) clarification of the criteria for its disclosure. The participants were also almost completely unanimous that the risk of control over the psychotherapists exercised by state institutions would be the most unfavorable effect of regulation. The study showed that depending on the psychotherapeutic orientation, psychotherapists differ in terms of perceiving whether a certain effect is a benefit or a disadvantage. For example, verifying competences of certified psychotherapists and supervisors as well as supervising lifelong learning appeared to be more important for cognitive-behavioral and psychodynamic psychotherapists in comparison with integrative psychotherapists. Despite several differences in views between representatives of various orientations, Polish psychotherapists see the need for legal regulation of their profession.

Perfectionistic Cognitions and Procrastination: The Mediating Role of Mistake Rumination

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Perfectionistic cognitions (PCs), which are characterized by recurrent and automatic thoughts regarding the need to be perfect, have been found to be associated with adjustment difficulties such as depression and anxiety as well as the tendency to postpone anxiety provoking and difficult tasks (procrastination), which may further lead to psychological distress. However, less is known regarding the mechanisms through which PCs are associated with negative outcomes such as depression, anxiety, and procrastination. Previous evidence also suggests that individuals with PCs are more likely to ruminate over past personal mistakes, which is also known to increase the vulnerability for depression, anxiety, and procrastination. Thus, it is reasonable to expect mistake rumination to mediate the association of PCs with both anxiety, depression, and procrastination, since both perfectionistic cognitions and mistake rumination had been documented as transdiagnostic patterns. A sample of 237 (213 women) Turkish individuals between ages 18 and 68 ($M=33$, $SD=15$) completed scales assessing PCs, mistake rumination, procrastination, and psychological distress. Consistent with the hypothesis model, mistake rumination mediated the relationship of PCs with procrastination, depression and anxiety. Results demonstrated that PCs are associated with both procrastination and psychological distress through increasing both the level and intensity of mistake rumination. In other words, perfectionistic cognitions increase the tendency of entertaining ruminative thoughts following mistakes, which in turn are linked to increases in psychological distress. However, although mistake rumination continued to mediate the relationship of PCs with anxiety even when the level of depression is controlled, the mediator role of mistake rumination was not significant for depression when the level of anxiety is controlled. The results indicate that mistake rumination is more closely associated with anxiety rather than depression. The findings will be discussed under the light of current literature.

Value of children in adults with and without depression

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Objective: Value of children (VOC) as individually perceived costs and benefits of children may partly explain fertility behavior (Hoffman, L. W., & Hoffman, 1973; Nauck, 2007). Depressive cognitive styles may influence these perceptions.

Method: Based on the data of waves two, four, six, eight, and ten of the large-scale German Family Panel (pairfam) (Brüderl et al., 2021), this study examined the differences between childless adults with and without depression concerning various aspects of their value of children by means of hierarchical regression analyses. The sample consisted of N = 5648 adults aged 18-47 either with depression (STDS \geq 25) or without depression (STDS < 25) who did not have children yet.

Results: All aspects of perceived costs were significantly higher in subjects with depression. Concerning benefits, persons with depression showed significantly lower values in affection, stimulation, and comfort. There was no significant difference concerning esteem as a possible benefit. Discussion: Depression seems to negatively influence the value of children in almost all aspects except for the benefit in esteem. This might be a cause for the intergenerational transmission of depression.

Conclusion: To support individuals in the childbearing age with depression in therapy, more research about the influence of depressive cognitions on value of children and fertility intentions is needed. References: Brüderl, J., Drobnič, S., Hank, K., Neyer, F. J., Walper, S., Alt, P., ... Wetzel, M. (2021). Beziehungs- und Familienpanel (pairfam). <https://doi.org/doi.org/10.4232/pairfam.5678.12.0.0> Hoffman, L. W., & Hoffman, M. L. (1973). The value of children to parents. In *Psychological Perspectives on Population* (pp. 19-26.). Nauck, B. (2007). Value of of children and the framing of fertility: results from a cross-cultural comparative survey in 10 societies. *European Sociological Review*, 23(5), 615–629. <https://doi.org/10.1093/esr/jcm028>

Tower Tasks in clinical psychology research

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Research in clinical psychology involve administrating tasks categorised as representative of either cognitive or sensorimotor skills. One of the leading means for testing the former are Tower Tasks (TT). However, plurality of versions of TT and difficulties in operationalisation of planning and counterfactual thinking makes using TT difficult. The aim of this presentation is to show the results of meta-analysis performed on research papers reporting the results of studies conducted on neurodegenerative patients with usage of TT. The articles were analysed with regards to characteristics of dysfunctions of the patients and version of the TT. Based on this analysis, two crucial observations have been made. Firstly, plurality of solving strategies implies that TT does not always test recursive problem solving and planning. Secondly, differences in the structure of the problem imply that puzzles which require an equal number of movements to solve vary in difficulty. Concluding, these nuances indicate heterogeneity of cognitive functions which are tested with TT. The version of the task and arrangement of the initial and goal states in a given trial has to be taken into account when assessing abilities of planning and recursive problem solving.

How to reduce the fear of failure using psychotherapeutic imagery techniques? - comparing imagery rescripting and imaginal exposure

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Background: Using imagery techniques arouses more and more interest among psychotherapists and researchers. Two of these techniques are most popular - imagery rescripting (IR) and imagery exposure (IE). The purpose of the first one is to modify the content of preexisting unpleasant memories into positive images. In the second technique individuals are asked to imagine being in contact with fear-inducing people, objects, situations, or sensations which leads to a gradual decrease of fear response to these stimuli. In the present randomized controlled trial (RCT), we assessed and compared the benefits of IR and IE for people with high fear of failure.

Method: Individuals (18-35 years of age) with high fear of failure participated in the study. Participants were excluded if they had a current diagnosis of serious psychopathology. The selected subjects participated in two sessions aimed to get information about their autobiographical memories. Based on that, several standardized scenarios of different events were audiotaped. In the next step participants were randomly assigned to the IR group or to IE group. One of these scenarios that presented a situation where the participant was criticized was modified in accordance with IR or IE. The treatment phase took 2 weeks and consisted of 6 sessions: pre-treatment assessment, 4 treatment sessions where the scenario modified in accordance with IR or IE was listened to by the participant, and post-treatment assessment (TP6). The treatment phase was followed by 3-months and 6-months follow-up. During each session, skin-conductance levels (SCLs) and several psychological variables were measured.

Results: For all participants, initial effects at post-treatment were sustained at 3- and 6-months follow-up. Participants in the IR group showed less arousal in response to the criticism scenario.

Conclusion: This study provides guidance that imaging techniques can help in the overall treatment of fear of failure. These results require discussion.

Coping Strategies and PTSD Symptoms Among Polish Police Officers

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The work of a police officer involves a high degree of risk and danger. Police officers are often exposed to extremely traumatic situations, such as seeing other people suffer and die. Sometimes police officers risk their own health or even life. Such situations may consequently take part in developing post-traumatic stress disorder (PTSD), which manifests in intrusive thoughts, avoidance or hyperactivity (Ogińska-Bulik, 2007; Butcher J.N. et al., 2020; Królikowska, 2012). Research conducted in Poland and around the world suggests that post-traumatic stress symptoms affect 5 to 49% of officers (Sitko-Dominik and Jakubowski, 2021). Due to such large differences in the obtained results, the issue of PTSD among police officers requires further research. Thus the authors have developed a research model that has regard to severity of PTSD symptoms and coping strategies in which the choice of the particular coping strategy is the cause of the symptoms severity. We hypothesize that the relationship is moderated by institutional and non-institutional support. The research will be conducted in a sample of 350 Polish police officers in June and July 2022. Initial data will be provided in September of the same year. Our research project will let us explore the extent of influence of the adaptive strategies of coping with traumatic stress on the PTSD symptoms severity as a result of the experience of trauma on duty. At the same time, based on the collected results, we will be able to estimate the importance of social and institutional support in psychological functioning of police officers. The knowledge obtained by this study will indicate the scale of the problem of maladaptive ways of coping, which may be helpful to design preventive actions and workshops about various ways to develop adaptive strategies of coping after experiencing a traumatic situation.

The impact of narrative structuring of own romantic relationship breakdown on ensuing functioning

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Writing or talking about the events narratively is an intuitive approach to dealing with difficult life experiences. Various studies prove the beneficial effects of this costless self-help activity in dealing with trauma and other struggles. However, its role in the domain of close personal relationships is understudied. The study explores the influence of a romantic breakdown's narrative structuring on the after-breakup functioning. Possible changes in affect (PANAS), general health (GHQ), felt meaning in life (MIL), self-efficacy in romantic relationships (SERR), characteristics of understanding reasons for the breakdown, and plans for future relationships (qualitative analyses with trained coders, linguistic analyses in LIWC 2015) are a point of interest. Participants of a three-stage experiment are women (22-29 years old) after the recent breakdown (up to one year) of at least a six-month-long important romantic relationship. Additionally, they remained single since the breakup and were never married. In the first stage after the pretest, participants are randomly assigned to study conditions - narrative (describing the story of their broken relationship) or control (answering structured open questions about it). Subsequent measurements are taken on one or both following phrases (ten and thirty days after manipulation). As the project is ongoing, we cannot present its final results. However, current findings based on over 100 participants suggest that the results of narrative structuring are mainly visible in the areas connected with mental processes observed in open generative tasks (in contrast to general characteristics) and strongly connected with a role in the breakup (dumper vs. dumpee).

Evidence for effective imagery rescripting of autobiographical childhood memories

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Imagery rescripting is an efficient form of schema therapy, although its foundations are still undergoing research. Some studies provided evidence of beneficial effects by including a memory alteration paradigm called disruption of reconsolidation. Most studies are adapting therapy protocols to conduct experiments using fear-inducing videos or recent autobiographical memories; however, there is still lack of evidence from controlled experiments that include intervention on childhood memories. In our study we conducted a series of experiments that researched the effectiveness of imagery rescripting of autobiographical childhood memories using a framework for turning memories into structured scenarios. We studied this technique in two group conditions, with and without involvement of a paradigm studying the beneficial effect of disrupting reconsolidation.

Participants with high fear of failure were invited to take part in the experiment. It started at the baseline with scenarios presenting parental criticism, memory and neutral situation. Afterwards they participated in 4 intervention sessions during 2 weeks. In both groups they listened to imagery rescripting intervention, with only difference that in memory alteration paradigm they have a 10 minutes (“reconsolidation window”) break between activation of memory and rescripting. After two weeks they took part in measurement after intervention they once again listened to criticism and neutral scenarios. Follow up sessions were conducted after 3 and 6 months (first and second follow-up). We measured change in hot beliefs and rating of emotions for each scenario. Preliminary results provide evidence for effectiveness of imagery rescripting, however there is no satisfactory evidence for the beneficial effect of disrupting reconsolidation.

Neurocognitive mechanisms of change following Preventive Cognitive Therapy for preventing relapse in depression: a randomized controlled trial

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Background: Major Depressive Disorder (MDD) is a highly recurrent psychiatric disorder. With every episode the risk for relapse increases, making relapse prevention an important clinical goal. Understanding mechanisms of effective preventive therapies provide a window to identify critical targets for relapse prevention. We studied the neurocognitive mechanisms of Preventive Cognitive Therapy (PCT).

Methods: Fifty medication-free remitted MDD-patients at high risk for recurrence were randomized to PCT (8 sessions; n=25) or a waiting-list (WL; n=25) as part of the NEWPRIDE-study (TrialNL5219)¹. Patients were assessed at baseline and three-months follow-up. Primary outcomes were changes in i) prefrontal cortex activation during effortful emotion regulation and ii) biased automatic processing, covering both positive and negative affective dimensions. Secondary outcomes included changes in symptomatology, cognitive- and affective reactivity, and emotion regulation styles. Linear-Mixed-Models and Repeated-Measures-ANOVAs were conducted to objectify PCT induced changes.

Results: Following PCT (vs. WL), patients showed 1) decreased dorso-medial prefrontal activation during effortful upregulation of positive affect; 2) increased reactivity of positive self-related thinking; 3) lower increase of depressive symptomatology; 4) lower negative affect responsivity, and 5) increased successful application of cognitive reappraisal.

Conclusions: PCT appears to prevent relapse by targeting mechanisms underpinning the regulation of mood. Results indicate that changes in regulating positive affect and content of positive thinking lower negative mood and affect. This supports the compensatory skill-account of cognitive therapy in that strengthening cognition and affect to more positive content may guard against the activation of negative cognitions and affect in the face of daily negative events. 1. van Kleef ea. BMC Psychiatry 2019;19;409. doi.org/10.1186/s12888-019-2384-0.

Climate change distress and climate action

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The poster presents a summary of the results and conclusions of three studies that examined relationships between climate change distress (CCD) and behaviors to mitigate climate change (BMCC). The research was carried out on national samples in Poland: Study 1 in the year of 2019 (N = 454), Study 2 in the year of 2020 (N = 1028), and Study 3 in the year of 2021 (N = 1320). The main outcomes were the frequency of BMCC such as limiting meat consumption, limiting general consumption, and support for energy transformation. In all studies, CCD was positively related to BMCC and CCD mediated the relationship between climate risk assessment and BMCC. CCD was also positively related to support for energy transition. The results of these studies indicate that although the distress related to climate change can be a source of mental suffering, it can also play an adaptive role as a source of motivation for climate action. The poster will also summarize the results of analyses of the relationship between climate change distress and indicators of mental health such as depression and anxiety.

Amygdala response towards emotional faces in autistic individuals with and without comorbidity

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Background: Individuals on the autism spectrum typically show pronounced alterations in emotion recognition and display of emotion compared to neurotypical individuals. Influential theories, like the amygdala theory of autism proposed by Baron-Cohen, assume that altered functioning and structure of the amygdala cause these autistic traits. Thus far, however, evidence from brain imaging studies has been mixed, and many past studies had to rely on small sample sizes. Additionally, common comorbidities (like depression, anxiety, or ADHD) have rarely been taken into account, but are both common in autistic individuals and known to affect amygdala functioning.

Methods: We here tested whether emotional faces elicit different amygdala responses in autistic participants compared to neurotypical participants, analysing fMRI data of 72 autistic and 80 neurotypical individuals. Because our sample consisted of autistic participants without comorbidities as well as autistic participants with depression, anxiety, or ADHD, we were able to test whether results might be affected by these disorders.

Results: We found no significant differences between autistic and neurotypical participants, and no changes to these results when controlling for comorbidities.

Conclusions: Our results raise doubts about the common assumptions of amygdala alterations as the source of autistic traits and call for a more complex explanation for differences between emotion processing in neurotypical and autistic people.

Music therapy with use of virtual reality

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Background: Music therapy can reduce stress and improve the quality of life. Receptive methods include music-assisted relaxation and use of music and imagery to enhance mood and reduce anxiety/stress. The Virtual Reality is a multi-factor computer simulated environment created with the help of modern technology that can cause immersion. The aim of the study was to compare the impact of music therapy with and without VR technology on stress reduction in the psychiatric patients and healthy controls.

Methods: A total of 40 participants were randomly assigned to: 1) classical music therapy (11 patients, 10 healthy controls) and 2) music therapy with VR (10 patients, 9 healthy controls). Stress was measured by 10-point VAS (visual analogue scale) after music therapy.

Results: A two-way ANOVA with bootstrapping was conducted examining the effects of the intervention and mental health on the severity of stress. There were a significant main effects of the interventions and mental health status on stress level. It was found that the group without VR was more stressed than the group with VR. Patients reported higher stress level than healthy controls. There was also a significant interaction between the intervention and mental health status on stress severity. It was found that the level of stress in the VR group was lower than in the group without VR, whereas in the healthy controls no group difference in stress level was found.

Conclusions: Music therapy with VR can be effective in reducing stress in people, especially in disturbed people.

The impact of neuroeducational methods on depression level and telomere length

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Background: Telomeres and telomerase are basic molecular features of cells genetic senescence, that also contributes to various diseases. The aim of this study is to investigate the effect of neuroeducational methods on the level of depression and telomere length shortening.

Method: The study data summarizes the findings on telomere length of neuroeducational group (20 hours sessions /month) (n=10) and controls (n=10) at baseline and after 6 month post-intervention. HT-Q-FISH (LifeLenght, Spain) was used to measure the median telomere length (TL). Hospital Anxiety and Depression Scale (HADS) was used to evaluate the patient's tendency to depression.

Results: In neuroeducational group individuals, median TL over the 6 months period decreased 100 ± 27 base pairs (bp) - from 10480 bp to 10380 bp, whereas subjects in the control group lost 420 ± 80 bp telomeres - from 10920 bp to 10500 bp. The subjects of control group lost telomeres statistically significantly ($p=0.02$). The median of HADS depression scores of the experimental group was 4 before the study and after the study 1.5 . The change of the sum of scores over six months was statistically significant ($p<0.05$). The median of HADS depression scores of the control group was 3 before the study, and after the study – 4. The change in the sum of scores over six months was not statistically significant ($p>0.05$)

Discussion: We hypothesize that neuroeducation can impact some biochemical pathways involved coping depression mechanisms and may contribute to an "remain younger" phenotype.



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