Abstracts

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Concurrent Session 1A, Room 210, Tuesday 13 September 2015, 9am – 12.30pm

Half-day Workshop 1: College of Counselling Psychologists (Paper #544)

Working with goals in counselling and psychotherapy: Principles and practices

Mick Cooper, Ph.D. (Professor of Counselling Psychology, University of Roehampton)

This interactive workshop provides participants with an opportunity to develop their understanding of, and skills at, working with goals in psychological interventions. The workshop looks at the teleological philosophical principles underlying working with goals, and what we can learn from the psychological evidence about what makes good goals for therapy, and how they should be established. The workshop will then provide a hands-on guide to setting goals with clients, including the use of a newly developed goals form. The workshop will include and live demonstration and be based around material for the forthcoming book: ‘Working with Goals in Counselling and Psychotherapy’ (Oxford University Press, eds. Law and Cooper)

Professional development hours: 3

Learning outcomes:

Upon completion of this workshop participants will be able to:

- Comprehend the philosophical principles underlying goal-focused work
- Define goals, in relation to counselling and psychotherapy
- Comprehend the core properties and dimensions of goals (such as approach vs avoidance goals), and how this relates to psychological wellbeing
- Critically understand the value of goal setting for counselling and psychotherapy
- Comprehend core principles of good practice with goals in counselling and psychotherapy
- Help clients to articulate their goals
- Use the Goals Form in their therapeutic practice

Workshop content:

- Personal reflection on your own goals
- The philosophy and psychology of goals
  - Goals and affect
  - The nature of goals
  - Value and limits of goal-setting in therapy
- Working with goals in therapy
• The Goals Form and its use in therapy

**Audience:**

• Psychological therapists from across orientations who are interested in developing their work and thinking around clients’ goals. The workshop may be of particular relevance to clinicians from humanistic or psychodynamic backgrounds who do not typically work in a highly goal-oriented way but are interested in, and open to, such practice.

**Concurrent Session 1B, 211, Tuesday 13 September 2016, 9am – 10am**

‘How-to’ Session – 60 minutes (Paper #134)

*Love, marriage and parenting in stepfamilies*

Bray, James

It is estimated that up to 50% of families will experience a divorce and the vast majority of adults from these families will remarry or re-partner. Consulting with stepfamilies requires special knowledge around the unique stresses and issues that are encountered during this process. This ‘How-to’ session will discuss the current research and clinical literature on remarriage and stepfamilies. An intergenerational-developmental model of family transitions will be presented to highlight a conceptual framework for understanding and treating stepfamilies. Therapeutic interventions will be presented and illustrated through case presentations.

**Concurrent Session 1B, Room 211, Tuesday 13 September 2016, 10.30am – 11.45am**

**Symposium – 75 minutes (Paper #319)**

*Community Neuropsychology: Interventions for Memory Difficulties in Middle and Older Age*

KINSELLA, Glynda (La Trobe University)
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**Summary and Rationale:**

Governments worldwide are promoting the importance of maintaining cognitive health from middle age into older age in order to minimise risk of cognitive decline and dementia. As a result, changes in memory performance (often identified during middle age) are frequently experienced in the community as cause for concern and many are now seeking guidance from psychologists about how best to manage memory challenges in daily activities. Neuropsychologists are well placed to respond to this increasing community demand, drawing on a knowledge-base of memory models and how memory performance can be impacted by aging and changes in health (both physical and emotional). However, the literature on knowledge translation remains limited. Therefore, the objective of this symposium is to evaluate different approaches to interventions for managing memory performance in middle-older age adults.

The first paper evaluates a memory group program for improving memory self-efficacy of women during the menopausal transition, when memory concerns are often reported. The second study focuses on evaluating whether specific memory strategies can positively address the subjective memory concerns of older people in everyday contexts. The popular approach of computerised
cognitive training is investigated in the next study in relation to the important question of the extent to which cognitive training can transfer to executive abilities that support memory and attention. Finally, the last paper presents findings from a personalised, goal-oriented intervention for people with mild cognitive impairment and early dementia. Each paper will reflect on the challenges in establishing effective interventions that are relevant to the everyday memory concerns of middle-older age people.

**Presentation 1:** Enhancing memory self-efficacy during the menopausal transition through a group memory strategies program.

**UNKENSTEIN, A.** (Royal Women’s Hospital, Melbourne), **BEI, B.** (Royal Women’s Hospital, Melbourne) & **BRYANT, C.** (University of Melbourne & Royal Women’s Hospital, Melbourne)
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**Aim:** Many women report memory difficulties during the menopausal transition, and concern and anxiety about memory can affect quality of life. Group interventions have been shown to enhance memory self-efficacy in older adults but have not been studied in menopausal women. This study aimed to improve subjective perceptions of memory during the menopausal transition using a group memory strategies program. **Design:** A multiple baseline design was employed, with questionnaire data collected from participants at four time points: one month prior to commencing the group (T1), in the first session of the program (T2), immediately post intervention (T3), and three months post intervention (T4). **Method:** The group was run on five separate occasions for a total of 32 peri- and postmenopausal women, aged 47-60, who were recruited from hospital menopause and gynaecology clinics. The four week intervention (modified LaTCH memory strategies program) consisted of weekly two hour sessions which covered information about how memory works, memory changes related to ageing, health and lifestyle factors and training in specific memory strategies. Depressive, anxiety and stress symptoms, attitude towards menopause, and self-reported memory contentment, frequency of memory lapses and use of memory strategies were measured. Change scores were calculated between T1 and T2, T2 and T3, and T3 and T4 for the outcome measures. Repeated-measures analysis of variance was used to compare differences between change scores. **Results:** Examination of the naturalistic changes in outcome measures from T1 to T2 revealed no significant changes in measures of well-being, attitude to menopause or subjective perceptions of memory. From T2 to T3, memory contentment improved and participants reported significantly fewer memory lapses and more frequent use of memory strategies. These intervention effects were found to be over and above the naturalistic changes from T1 to T2. Results for the three month follow up data are pending. Participants also reported high satisfaction with the LaTCH program. **Conclusion:** Given these results, the use of group interventions to improve memory self-efficacy during the menopausal transition warrants continued evaluation. Relationships between memory self-efficacy and attitude towards menopause and psychological well-being will be discussed.

**Presentation 2:** Memory interventions in Subjective Memory Decline

**PIKE, K.** (La Trobe University), **ONG, B.** (La Trobe University), & **KINSELLA, G.** (La Trobe University & Caulfield Hospital)
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**Aim:** Subjective memory decline (SMD) in older adults is increasingly recognised as a risk factor and even a possible preclinical stage of Alzheimer’s disease. It thus represents an ideal phase for memory training and interventions. Most memory training occurs in an office based setting, and translation to everyday settings is unknown. Our overarching aim is to determine if people with SMD can benefit from memory interventions, in both office and naturalistic settings, and whether this is to
the same extent as older adults without SMD. **Design:** Our study had 3 parts, all comparing older adults with SMD to those without: a pilot study examining elaborated learning; an office-based examination of spaced retrieval and semantic association memory training; followed by an examination of memory training in a naturalistic setting. **Method:** Participants were community volunteers, aged 60 years or over, with SMD or not as defined using the MAC-Q. In study 1, 22 SMD and 32 without completed a verbal paired associate task, with or without elaborated learning. In Study 2, 64 SMD and 123 completed an office-based face-name associative task after allocation to training (spaced retrieval, semantic association, no training). Study 3 followed on from Study 2, and 49 SMD, and 91 without continued to assessment of the training within a naturalistic setting, by learning the names of attendees at a morning tea. **Results:** A difference between SMD and those without emerged for the elaborated learning condition only, although performance of both groups was better with elaboration. Spaced retrieval training was superior to no training in the office setting (with semantic association sitting in between), and there was no difference between SMD and those without. In the naturalistic setting, however, training was not related to improved memory for names. **Conclusion:** People with SMD can benefit from memory training, sometimes to the same extent as those without SMD. Translation to the naturalistic setting is complex, and the different predictors of performance in the naturalistic setting (demographics, cognitive performance, and behavioural factors such as motivation, existing memory strategies, and adherence to the trained strategy) will be discussed.

**Presentation 3:** Transfer of training: A randomised controlled trial of computerised cognitive training in older adults.

**CASTELLANI, M.,** Ong, B., & Kinsella, G. (La Trobe University)

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**Aim:** There is interest in whether computerised cognitive training can maintain, or improve, cognitive function as we age, but many studies are criticised for poor research design (randomisation, active control groups, and equivalent expectations between the groups). This study aimed to address several design limitations and selectively train abilities known to decline with older age. The main hypothesis is that systematic training of different cognitive abilities will result in specific improvements in closely related abilities, and that transfer will differ among the intervention groups. **Design:** This was a double blind, randomised controlled trial with participants assigned to one of three groups: a spatial memory training group, a task-shifting training group, and an active control. All three groups experienced exactly the same experimental procedures and accessed an online computerised training program from their own home. The training protocols, including the control condition, consisted of adaptive games that increased in difficulty as the participants progressed. This aimed to equalise expectancy, social contact, and motivation between the groups. **Method:** The sample consisted of 120 independently living older adults, ranging in age from 60 to 88 years (75% female), who were self-selected volunteers. Data collection included an online survey of demographic information and subjective ratings of various psychosocial characteristics. Pre-post neuropsychological and experimental tests were individually administered to assess transfer of training. Participants completed an average of 39 daily sessions of online training, over 8-12 weeks. Training data, including frequency and performance indices, were made available by the online training organisation. **Results:** All three groups significantly improved on the training tasks, as expected. Data also revealed significant training related improvements in untrained measures of processing speed, spatial memory, choice reaction time, inhibition and working memory measures. Far transfer to broader measures of spatial navigation or different domains of working memory was not evident. **Conclusion:** A relatively short online intervention, with minimal supervision, can be undertaken by older adults in their own home that will result in improvement on related untrained tasks.
Presentation 4: Outcomes from the Maximising Cognition (MAXCOG) randomised controlled trial of goal oriented rehabilitation for people with Mild Cognitive Impairment and Early Dementia

REGAN, B (Lincoln Centre for Research on Ageing, La Trobe University), Wells, Y (Lincoln Centre for Research on Ageing, La Trobe University), Farrow, M (Wicking Dementia Research and Education Centre, University of Tasmania), O’Halloran, P (School of Psychology & Public Health, La Trobe University), & Workman, B (Monash Ageing Research Centre).

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Aim: To review the efficacy of a home-based four-session individualised face to face cognitive rehabilitation (MAXCOG) intervention for clients with mild cognitive impairment (MCI) or early dementia and their close supporters. Design: Randomised controlled trial comparing the intervention group (MAXCOG) with treatment as usual (control). Method: Eighty clients and their close supporters completed the study. Twenty five client-supporter dyads completed MAXCOG and 15 completed treatment as usual. Both control and MAXCOG groups included more MCI cases than dementia (12/3 and 22/3 respectively). The intervention consisted of four weekly individual sessions of MAXCOG with personalised interventions to address individually relevant goals, supported by the provision of the MAXCOG information resource. The primary outcomes were goal performance and satisfaction, assessed using the Canadian Occupational Performance Measure (COPM). Questionnaires assessing mood, illness adjustment, quality of life, and carer burden were also administered. Results: The intervention group displayed significantly higher performance and satisfaction with primary goals on the COPM post-intervention than the control group. Conclusion: The MAXCOG intervention is effective in improving goal performance and satisfaction in clients with MCI and early dementia.

Concurrent Session 1B, Room 211, Tuesday 13 September 2016, 11.45am – 12.30pm

Interest Group Session   - 45 minutes (Paper #547)

Dispute Resolution: Marriage of Psychology, Law, and Common Sense
Buchanan, Wendy; England, Mark; Kenny, Dianna and Kwok, Emily.

Background: Although rarely defined as such within therapeutic frameworks, dispute resolution underpins all forms of psychological practice. In individual therapy, the patient struggles to integrate competing self-states, in couple and family therapy, the “dispute” occurs between parties. Aims/objectives: This forum is run by nationally accredited mediators and Family Dispute Resolution Practitioners. It will develop psychologists’ understanding of dispute resolution in relation to both the psychological and legal aspects of dispute resolution practice. It will demonstrate how psychologists can integrate psychological skills and paradigms within mediation and legal frameworks in the resolution of disputes. Approach/Method: The forum is run by nationally accredited mediators and Family Dispute Resolution Practitioners with experience in both practice and research in mediation and dispute resolution. A general introduction to the origins of the dispute resolution and psychology interest group will be followed by an outline of the development of dispute resolution methodology. Presenters will then indicate as a panel how psychologists may apply dispute resolution practices within psychological practice. Questions from the floor may follow. Implications/conclusion: Participants will understand the basic principles, process and practice of dispute resolution.
‘How-to’ Session – 60 minutes (Paper #95)

**A team hypothetical: Psychologists to the rescue**

McEWEN, Kathryn (Working With Resilience)

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**Background:** Psychological practice within organisations can be complex. There may be changing briefs, multiple stakeholders, challenging issues and employment in a variety of roles such as HR/OD manager, consultant, coach, EAP provider, mediator, trainer, OH& S adviser or a clinician providing injured worker support. **Aims/objectives/learning outcomes:** The session will explore the complexities of organisational consulting work and the ethical dilemmas working in this arena presents. Participants will share their wisdom by working through a series of scenarios encountered by a fictitious dysfunctional team. They will also build an understanding of how psychologists can support each other in their respective internal and external organisational roles. **Approach:** The approach taken will be a highly interactive and humorous exploration of a serious topic. Participants will take on the psychologist role assigned to their group. They will contribute to the direction of the hypothetical through on-table discussion and decision-making around conflicts of interest and other practice dilemmas that arise as they are contracted to support the team through an unfortunate series of events.

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**Professional Forum – 60 minutes (Paper #340)**

*Coaching Psychology: a strategy enhancing outcomes across different domains of psychology*

O’CONNOR, Sean (University of Sydney) and GORDON, Sandy (University of Western Australia)

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**Abstract:** From the evidence based perspective of positive psychology, organizational psychology, counseling, cognitive science and neuropsychology; coaching psychology seeks to optimize the capabilities and performance of individuals and teams/systems. The relevance of coaching psychology in the workplace, in achieving better health outcomes, in education, through to sport and other high performance domains is now very apparent and well researched. **Background:** The Coaching Psychology Interest Group (CPIG) was formed over a decade ago to enable dialogue, information sharing and continuing education between APS members involved in this emerging area of practice. Since that time, coaching has become not only a major strategy in organizational development and individual L&D interventions; its value is now an integral tool in the pursuit of wellbeing and of educational success, along with the application of cognitive science and neuroscience insights to the quest of excellence and optimal performance. **Aims / objectives:** This forum will explore the unique contribution of coaching to enhancing health and wellbeing, of leadership development in an age of complexity and rapid change, and how coaching psychology contributes to an understanding of what drives us to achieve; how exploring cognitions, emotions and behaviour through a different lens bringing psychologist working across different domains into a space where a dialogue advancing the role of psychologist can thrive. **Approach / method:** The forum will be an interactive presentation with discussion between the panellists and the audience.
Implications / conclusion: In line with the Congress theme *Psychology United for the Future*, Psychologists, utilizing the skills, knowledge base and competencies that inform the process of coaching, are drawing on evidence from across a range psychological domains; building a united professional future.

Concurrent Session 1C, Room 212, Tuesday 13 September 2016, 11.30am – 12.30pm

Interest Group Session Professional Forum – 60 minutes (Paper #332)

*Coaching Psychology: responding to a challenging future*

CAVANAGH, Michael. (Sydney University); O’CONNOR, Sean. (University of Sydney); SPENCE, Gordon. (University of Wollongong) and McEWAN, Aaron. (CEB Global)

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Background: The Coaching Psychology Interest Group (CPIG) was formed over a decade ago to enable dialogue, information sharing and continuing education between APS members involved in this emerging area of practice. Since that time, coaching has become one of the major forms of employee and leadership development in organisations and the CPIG itself has grown to become one of the largest membership groups in the APS. The rapid rise of this area of practice suggests that coaching is an intervention that meeting a range of contemporary needs. However, we are also in a period of unprecedented social and organisational change. The rise of electronically mediated communication, artificial intelligence, connectivity and distributed knowledge is having, and will continue to have, profound implications for practice across a range of professions. Many of the assumptions we take for granted about leadership, evidence based practice and the role of professionals are being called into question. Similarly, the environmental and social challenges facing the planet is likely to increasingly shape the way work is organised and success is assessed. These challenges will call for new and emergent responses from leaders and organisations of all types. Psychology in general, and coaching psychology in particular, will not be exempt from this challenge.

Aims / objectives: This forum will explore the unique contribution of coaching to leadership development, and how coaching might develop to meet the new and emerging needs of leaders, organisations and society into the future. The role of systemic, developmental and multidisciplinary approaches to coaching will be considered. The implications for coach training, evidence based practice, and the development of knowledge and research will be discussed.

Approach / method: The forum will an interactive presentation and discussion between the panellists and the audience.

Implications / conclusion: In an uncertain, ambiguous and volatile world, the role of professional change agents as expert bearers of proprietary knowledge is likely to diminish. Rather, those involved in assisting others to meet complex challenges will need to be adept at collaboratively exploring novel problem landscapes, designing experimental interventions and assessing impact in an ongoing and iterative way.

Concurrent Session 1D, Room 213, Tuesday 13 September 2016, 9am – 9.45am

Interest Group Session Panel Discussion – 45 minutes (Paper #364)

*Advocate versus clinician: is it possible to be both?*

Conroy, Elizabeth (University of Western Sydney)
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Background: It has been argued that advocacy is essential to the profession of psychology not only because “public policy drives professional functioning” but also because social and political
discourses have a significant impact on client wellbeing (Heinowitz et al 2012). International research shows that psychologists are reticent to engage in advocacy for several reasons: lack of interest in advocacy, uncertainty about and lack of training in advocacy, lack of awareness of advocacy issues, perceived incongruence with the profession of psychology, and perceived high personal costs associated with advocacy efforts. For psychologists working with asylum seekers and refugees this can be a particularly vexing issue: current Australian policy on asylum seekers not only assails what we know about the psychosocial risks for mental illness, some policies directly challenge our code of ethical practice. Aims / objectives: This panel discussion aims to stimulate thinking about the ethical dilemma of working within a system that could be considered anti-therapeutic and whether one can be both ‘therapist’ and ‘advocate’. Issues of ‘when’ and ‘how’ to speak out will be discussed, as well as the potential impact on psychologists’ mental wellbeing. Approach / method: A 45 minute panel discussion on advocacy in the area of asylum seekers and refugees, potentially covering the following: 1) Defining advocacy within the profession of psychology; 2) Perspectives on advocacy when working with community-based asylum seekers; 3) Perspectives on advocacy as a member of a government advisory group; and 4) Limitations on advocacy for psychologists working in immigration detention centres. A discussant will introduce each panel member who will have 8 mins to present their ideas. The discussant will then facilitate a 10 minute discussion on the ideas presented including questions and comments from the audience. Implications / conclusion: Psychologists working with asylum seekers and refugees need to consider their role and responsibility in addressing risk factors for mental illness embedded within the political and social environments that their clients inhabit.

Concurrent Session 1D, Room 213, Tuesday 13 September 2016, 9.45am – 10am

Individual Oral Paper – 15 minutes (Paper #425)

Trait-Based Cue Utilisation in Diagnostic Settings

WIGGINS, Mark (Macquarie University), & Auton, Jaime (Macquarie University)

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Aim: Situation Assessment is skill required by operators across a range of industrial environments. It is referred to variously as diagnosis, sense making, or, more colloquially, ‘sizing up’ (Lipshitz, Klein, & Orasanu, 2001). In complex industrial environments like transportation and energy generation and transmission, successful and timely situation assessment is dependent upon the interpretation and integration of information derived from interfaces (Wiggins, 2014). These interfaces comprise features, the values for which provide cues pertaining to the orientation of the vehicle in the case of transportation, or the stability of the network in the case of electricity transmission. Previous research has revealed individual differences in the capacity for cue utilisation in paediatrics, power control, aviation piloting, and software engineering, which were associated different levels of diagnostic performance (Loveday, & Wiggins, 2014; Wiggins, Brouwers, Davies, & Loveday, 2014). This paper considers whether the capacity to acquire integrate and apply domain-specific cues referred to as ‘cue utilisation’ is a state-based or trait-based construct. Method The participants comprised 35 Transmission Power Controllers from three different organisations in Australia and New Zealand. They completed two versions of the EXPERT Intensive Skills Evaluation (EXPERTise 2.0) Situation Judgement test, one of which incorporated stimuli relating to power control and the other incorporating stimuli relating to way finding. Results: The results indicated that participants who displayed greater levels of cue utilisation in the context of power control also displayed greater
levels of cue utilisation in way finding. This was especially the case for the cue association and cue discrimination dimensions of cue utilisation. **Conclusion:** The results suggest that cue utilisation may constitute a trait and, if this is the case, then it may provide the basis for the selection of candidates who demonstrate a propensity for cue utilisation and, ultimately, diagnostic expertise.

**Concurrent Session 1D, Room 213, Tuesday 13 September 2016, 10.30am – 11.30am**

**Professional Forum – 60 minutes (Paper # )**

*Changes to the education of psychologists: How do we need to change our training?*

**Littlefield, Lyn** (The Australian Psychological Society)

Session details to come

**Concurrent Session 1D, Room 213, Tuesday 13 September 2016, 11.30am – 11.37am**

**Rapid presentation (Paper #154)**

*Evaluation of an arts-based resilience program for military personnel with service-related injuries*

**TEMBY, Philip** (Defence Science & Technology Group, DSTG), & Johnson, Kayla (DSTG)

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**Aim:** This study evaluated the effectiveness of an arts-based program to improve the psychological wellbeing and recovery of Australian military personnel with service-related injuries. The program was delivered as a residential workshop over four-weeks and comprised four streams (creative writing, music, drama and visual arts) run by expert tutors. **Design:** A within-subjects, repeated-measures design was employed with participants who completed the program. The study was approved by the Australian Defence Force (ADF) Human Research Ethics Committee prior to data collection. **Method:** Forty-four participants (32 males, 12 females: age range= 24 to 56 years) gave consent to take part in the study. All participants were serving members of the ADF. No exclusion criteria were applied. Participants had a range of diagnosed conditions including anxiety, depression, chronic pain, and post-traumatic stress disorder (PTSD). Self-report questionnaires (Rosenberg Self-Esteem Scale, Kessler Psychological Distress Scale, RAND Health Survey Physical Functioning Scale and Social Functioning Scale, Positive and Negative Affect Scale, Insomnia Severity Index, and PTSD Checklist) were administered to participants at the beginning and end of the program to assess changes in wellbeing levels and evaluate the efficacy of the program. Paired-samples t-tests were conducted to compare mean scores for all scales and Cohen’s $d$ effect sizes were calculated. P-values less than 0.05 were used to determine statistical significance. **Results:** The results showed that the program had significant benefits for participants. Compared to baseline levels, there were significant improvements in self-reported self-esteem ($t=4.10$, $p<0.001$, $d=0.67$), social functioning ($t=-6.50$, $p<0.001$, $d=1.05$), physical functioning ($t=-2.40$, $p=0.026$, $d=0.56$), and positive affect ($t=-6.49$, $p<0.001$, $d=1.46$), and significant reductions in psychological distress ($t=4.06$, $p<0.001$, $d=0.67$), insomnia ($t=2.39$, $p=0.022$, $d=0.39$), and post-traumatic stress ($t=4.13$, $p<0.001$, $d=0.86$) levels. There was no significant change in negative affect levels. **Conclusion:** The study findings are positive and provide empirical evidence that the program led to significant improvements in wellbeing; follow-up data will be collected to examine whether the benefits are maintained over time. The outcomes are consistent with research that has found benefits from arts-based rehabilitation programs, and with literature on building resilience in military personnel. The use of self-report measures, lack of a control group, and inability to isolate the benefits to specific components of the program are
limitations of the study. It is recommended that future research address these issues as well as the cost-benefit of arts programs for rehabilitation relative to other approaches.

Concurrent Session 1D, Room 213, Tuesday 13 September 2016, 11.37am – 11.44am

Rapid presentation (Paper #110)

Activity levels and attitudes towards exercise in adults with depressive symptoms
Clark, Annie (Macquarie University); Miller, Anthony (Macquarie University) & Wuthrich, Viviana
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Objective: Depression is a common psychological disorder that causes suffering. Exercise has been shown to be an effective treatment for depression. However, only a small percentage of depressed individuals exercise and there is a gap in the research on the attitudes and psychosocial correlates contributing to this apathy. Therefore, this study aimed to examine the relationship between depressive symptoms, attitudes towards exercise (barriers & benefits), exercise frequency, exercise self-efficacy and social support in male and female adults. It was hypothesised that: 1) greater depressive symptoms would be associated with a greater number of barriers to exercise, 2) depressive symptoms and barriers would be inversely related to exercise frequency, and 3) low exercise self-efficacy and poor social support would be associated with decreased exercise involvement in adults with depressive symptoms. Methods: 236 adults (193 females, 43 males) aged 17-57 years (M = 21.5, SD = 7.41) completed an online survey which included measures of depression, exercise frequency, attitudes towards exercise, self-efficacy and social support. Results: 68.4% of participants were suffering from moderately severe to severe levels of depressive symptoms. 25.8% reported that they rarely engaged in regular activity that worked up a sweat. Depressive symptoms were positively associated with barriers to exercise, and negatively associated with exercise frequency. Benefits of exercise and exercise self-efficacy were significant determinants of exercise. Conclusions: Perceived barriers to exercise, low exercise self-efficacy and poor social support decrease exercise involvement in adults with depressive symptoms, and these should be addressed when designing exercise programs for this population.

Concurrent Session 1D, Room 213, Tuesday 13 September 2016, 11.51am – 11.59am

Rapid presentation (Paper #265)

Internet-delivered psychological treatments at the Australian national MindSpot Clinic: an evaluation of outcomes and discussion of key learnings.
TITOV, Nickolai (MindSpot Clinic, Macquarie University, NSW 2109).
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Aim: Anxiety and depressive disorders are highly prevalent but many people have difficulty accessing mental health services. Research indicates that internet-delivered cognitive behavioural therapy (iCBT) can reduce clinically significant symptoms. This study describes the results of implementing iCBT interventions that were developed at the eCentreClinic research unit at Macquarie University Sydney, at an Australian national public mental health service, MindSpot Clinic (www.mindspot.org.au). MindSpot delivers these interventions as part of routine care to adults across Australia. Method: A prospective non-controlled cohort study was conducted of all patients who began transdiagnostic treatment for symptoms of anxiety or depression, at the MindSpot Clinic from January 2013 to December 2015. Interventions include the Wellbeing course (designed for adults aged 18 - 60 years), Wellbeing Plus (60+ years of age), and Mood Mechanic (adults aged 18-25 years). Primary outcome measures were the Patient Health Questionnaire 9-Item (PHQ-9) and the
Generalized Anxiety Disorder 7 Item Scales (GAD-7), to measure symptoms of depression and anxiety, respectively. Patients receive therapist guidance throughout treatment. **Results:** Over 6,000 Australian adults commenced treatment at the MindSpot Clinic within the timeframe. The clinic provided services to a broad cross-section of the population, the majority of whom were not concurrently using existing mental health services. Please note that the results are currently being collected and will be reported at the conference. Results will be described as effect sizes (Cohen’s d), reliable recovery and proportion change rates, and rates of deterioration. Amount of therapist time and satisfaction with treatment will also be reported. **Conclusion:** Please note that final conclusions will be available after the results are collected and analysed. However, based on published data from the first year of operations of the MindSpot Clinic, it is expected that treatment outcomes will be similar to those reported in the published clinical trials. Key learnings to be discussed include the challenges of moving empirically developed treatments from a research to a clinical environment, and management of patient safety.

**Concurrent Session 1D, Room 216, Tuesday 13 September 2016, 11.59am – 12.06pm**

**Rapid presentation (Paper #442)**

**Workplace bullying can be experienced as traumatic when trauma is conceptualised as the shattering of assumptions**  
**CONNELL, Shelley** (Swinburne), & **Knowles, Ann** (Swinburne)  
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**Aim:** Research has suggested that workplace bullying can be experienced as trauma and Posttraumatic Stress Disorder (PTSD) has been investigated as occurring in targets of workplace bullying. This study investigated workplace bullying as a traumatic experience using two conceptualisations of trauma. Trauma has been defined as a dismantling of one’s view of the world as in Janoff-Bulman’s (1992) “shattered assumptions” model. The second model investigated was that reflected in the diagnostic criteria for PTSD focussing on the physiological stress responses triggered by an inescapable threat. **Design:** An online survey was used to elicit anonymous narratives of workplace bullying and other stressful situations in the workplace. **Method:** Narratives and quantitative data were collected from 89 participants in a non-clinical sample as part of a wider study into stressful situations in the workplace. The data were subjected to mixed-method analyses to identify components of the Shattered Assumptions and PTSD conceptualisations of trauma. **Results:** The shattering of assumptions, particularly the assumptions of the world as just and the self as worthy, were present in narratives which were and were not appraised as workplace bullying. While some criteria of PTSD were present in the narratives, this was not found to be a useful description of participants’ experiences. The shattering of assumptions theory was a better fit to the data as it allowed for the experience of posttraumatic growth and positive self-transformation arising from this difficult life experience which was evident in a number of narratives. **Conclusion:** Workplace bullying and similar stressful situations could be experienced as traumatic in terms of the shattering of fundamental assumptions. The implications for psychological treatment of targeted individuals include the value of a narrative approach to therapy.

**Concurrent Session 1E, Room 2016, Tuesday 13 September 2016, 9am - 10am**

**Symposium - 60 minutes (Paper #101)**

**Social and Emotional Competence: Its Role and Relevance for ‘Mainstream’ Students, At-risk Students, and their Teachers**
Martin, Andrew (University of New South Wales)  
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**Summary and rationale of the symposium:** Practitioners and researchers are increasingly recognising the importance of addressing social and emotional competence alongside the academic focus that has typically been the central aim of schooling (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). Social and emotional competence (SEC) refers to capacities that support individuals’ effective responses to intrapersonal and interpersonal social and emotional experiences (Durlak et al., 2011). Curriculum designed to teach SEC is known as social and emotional learning (SEL). Although research is supporting the value of SEC and SEL for students, additional knowledge may be gained from considering constructs from the psycho-educational literature. Moreover, research has largely focused on mainstream students without considering different student populations within that (e.g., at-risk students) or the importance of SEC and SEL for teachers. The first objective of the symposium, therefore, is to harness research from the psycho-educational literature to extend understanding of SEC and how it manifests in students—including ‘mainstream’ and at-risk students—and teachers. The second objective is to discuss the importance of SEC for both students and teachers by highlighting its links with important academic and occupational outcomes. To achieve these objectives, three papers will be presented. In the first paper, attention is drawn to the student population as a whole (i.e., ‘mainstream’ students) and the importance of the classroom social and emotional climate for promoting SEC among all students. Drawing from the psycho-educational literature, links are made between students’ SEC and important academic outcomes. In the second paper, the relevance of SEC for at-risk students is discussed with a focus on ADHD, behaviour disorders, emotional disorders, and learning disabilities. In particular, the second paper will consider the important role of agency (both personal and interpersonal) for developing SEC among these students. In the third paper, the significance of SEC for teachers is considered. Understanding from a broad psycho-educational literature is harnessed to discuss how SEC manifests among teachers, why it is important for teachers and their students, and how it may be promoted. Together, the three papers have the potential to extend knowledge of SEC and its relevance to healthy and effective schools.

**Presentation 1: Social and emotional learning, social and emotional competence, and students’ academic outcomes**

TARBETSKY, Ana (University of New South Wales), MARTIN, Andrew (University of New South Wales), & COLLIE, Rebecca (University of New South Wales)  
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**Background:** Social and emotional learning (SEL) involves instructional approaches aimed at developing students’ social and emotional competence (SEC). In addition to fostering these via instruction, SEL also promotes students’ SEC though the establishment of positive classroom and school cultures. **Aims/objectives:** According to proponents of SEL and supported by empirical research, when SEC is effectively taught and learnt, this leads to positive student outcomes including motivation, engagement, and achievement. This presentation broadens the view on SEC by considering novel constructs from the psycho-educational literature as three such SECs: basic psychological need satisfaction (of autonomy, competence, and relatedness), adaptability (students’ ability to adjust cognitions, behaviours, and emotions to deal with new, changing, or uncertain situations), and academic buoyancy (students’ ability to successfully navigate academic challenges and setbacks; Martin & Marsh, 2008a). More precisely, the chapter looks at the impact of the
Method: Drawing on key elements of theory, research, and practice related to SEL, SDT (Deci & Ryan, 2012), and broaden-and-build theory of positive emotions (Fredrickson, 2001), the presentation will consider the extent to which autonomy-supportive learning and instruction is associated with psychological need satisfaction, adaptability, and academic buoyancy among students and, in turn, greater motivation, engagement, and achievement. Conclusion: Research suggests that in autonomy-supportive environments, students are more likely to feel a sense of autonomy, efficacy, and relatedness and are also more likely to be adaptable and academically buoyant. By implication, autonomy support is proposed to be an important foundational experience for the development of students’ SEC. Following from this, students whose basic psychological needs are met and who are adaptable and buoyant are also more likely to evince positive motivation, engagement, and achievement. To that end, SEL provides an informative foundation by which to consider factors and processes relevant to students’ basic psychological need satisfaction, adaptability, and academic buoyancy. Through this, it is possible to better promote students’ motivation, engagement, and achievement in school and beyond.

Presentation 2: The role of social and emotional competence in at-risk students’ academic wellbeing

MARTIN, Andrew (University of New South Wales), CUMMING, Terry (University of New South Wales), O’NEILL, Susan (University of New South Wales), & STRNADOVA, Iva (University of New South Wales)
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Background: Social and emotional competence (SEC) has attracted significant and increasing theoretical and research attention over the past decade. Drawing on Bandura’s (2001) social-cognitive theory, SEC is defined in this presentation in terms of students’ personal agency (e.g., competence beliefs, control) and interpersonal agency (e.g., peer relationships, teacher-student relationships, parent/carer-child relationships, social support). Personal agency and interpersonal agency are desirable ends in themselves and also important means to other desirable ends (e.g., academic engagement, achievement) (Marsh, 2007; Reeve, 2016). A bulk of research has investigated SEC among ‘mainstream’ student populations (e.g., using whole-class samples, whole-school samples, national and international samples). Relatively less systemic attention has been directed to ‘at-risk’ students. In this presentation, ‘at-risk’ status is operationalised in terms of the authors’ areas of speciality: ADHD (Martin), behaviour disorder (Cumming), emotional disorder (O’Neill), and learning disability (Strnadova). Aims/objectives: This presentation explores the role and relevance of personal and interpersonal agency in at-risk students’ academic wellbeing. Specifically, for each of the four at-risk statuses under focus, the presentation identifies personal and interpersonal agency factors that optimise these students’ academic wellbeing, including their academic engagement and achievement. Method: The presentation draws on social-cognitive theory to articulate key elements of personal and interpersonal agency suggested as important to at-risk students’ academic wellbeing. Each at-risk status (ADHD, behaviour disorder, emotional disorder, and learning disability) is unpacked with specific regards to the personal and interpersonal agency factors that are most salient to that condition and which most impact these students’ academic wellbeing. Recent research findings are summarised to support the arguments. Conclusion: Theory and research presented here clearly shows that SEC, by way of personal and interpersonal agency, play a fundamental role in at-risk students’ capacity to engage academically and achieve to potential. Following from this, directions for psycho-educational practice are discussed.
Presentation 3: Social and emotional learning and teachers: Implications for teachers’ wellbeing and instruction
COLLIE, Rebecca (University of New South Wales)
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Background: Social and emotional learning (SEL) is increasingly being recognised as an essential component of effective schooling and positive student development. SEL involves curriculum that aims to teach students social and emotional competence (SEC) via capacities such as relationship skills and self-management skills. Although the research case for the benefits of SEL is consistently gaining strength, this has overwhelmingly tended to focus on outcomes for students. Very little research has focused on teachers’ outcomes. Aims/objectives: The aim of this presentation, therefore, is to consider the relevance of SEL for teachers. More precisely, the presentation aims to draw together research that has, to date, remained quite disparate in an effort to highlight the significance of considering teachers’ SEC and the impact of SEL on teachers. Considering teachers is an important issue given that teachers’ SEC plays a central role in determining how they undertake their work, the nature of their social interactions at work, and their social and emotional wellbeing. Moreover, teachers are responsible for implementing SEL in the classroom. Thus, their experiences with and beliefs about SEL drive their instructional practices in the area. Further still, SEL programs also have the potential to affect teachers—including developing their SEC and improving their wellbeing. Method: A conceptual framework based on Jennings and Greenberg’s (2009) prosocial classroom model is introduced. The framework provides conceptual grounding for links between teachers’ SEC, their experiences of SEL programs, and outcomes for teachers and students. Next, research on teachers’ SEC is discussed with reference to the impact of teachers’ SEC for teachers’ and students’ outcomes. Following this, the relevance of SEL for teachers is discussed by considering the important roles played by teachers’ beliefs about SEL, along with the impact that SEL programs can have on teachers. Conclusion: When teachers have greater SEC, they tend to experience greater wellbeing and motivation, implement SEL more effectively, and promote positive academic, social, and emotional outcomes among their students. The research presented here indicates that teachers’ beliefs about SEL and their involvement in SEL programs can play an important role in influencing teachers’ SEC, psychological functioning, and instructional practices.

Concurrent Session 1E, Room 216, Tuesday 13 September 2016, 10.30am – 11.50am

Interest Group Session Symposium – 80 minutes (Paper #261)

Best Practice in School Psychology
Burns, John (Shore School, North Sydney and Centre for Emotional Health, Macquarie University)

There has never been a more exciting time to be alive than today and there has never been a more exciting time to be an Australian School Psychologist – with thanks to Mr Malcolm Turnbull. The past five years has have seen substantial growth in this sector. There are more psychologists working in schools than ever before. School Psychologists have established an Interest Group that has grown to be one of the largest within the APS. Interest in School Psychology spans various APS Colleges, with members being drawn from the College of Counselling Psychologists, the College of the Educational and Developmental Psychologists, the College of Clinical Psychologists, as well as from generalist psychologists. This year also sees a landmark in Australian School Psychology with the publication of the Handbook of Australian School Psychology: Bridging the Gaps in International Research, Practice, and Policy (Thielking and Terjesen, 2016). However, with such rapid growth comes some important challenges for school psychologists to face. Key amongst these is the formation of an identity as...
Australian school psychologists, rather than just being members of different colleges who share an employment sector. We need to be asking – and indeed answering – questions about the skills and competencies required in the practise of school psychology in Australia. We need to be defining the relationship between school psychologists and school counsellors. We need to define what we have in common with our international school psychology colleagues, as well as considering the unique factors of working in Australia. The 2016 APS Congress provides an ideal opportunity to consider what ‘best practice’ looks like for school psychologists in Australia – both now and in the future. This symposium brings together practitioners, researchers and managers to highlight best practice across a selection of some of the key matters facing school psychologists today.

**Presentation 1:** Best practice in early detection of mental health difficulties in schools.

**BURNS, John.** (Shore School, North Sydney and the Centre for Emotional Health, Macquarie University, Sydney)

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**Background:** It is estimated that as many as 1 in 5 young people will develop mental health difficulties. Moreover, there is often a significant lag between the first onset of symptoms and the time that a young person actually received treatment. Importantly, it is now well established that young people are not good at seeking help for themselves. Mental health professionals have the challenge of finding ways to ensure that young people are identified as early as possible and linked up with suitable mental health services. **Aims/objectives:** This paper puts the case that psychologists in schools have a significant role to play in enhancing the emotional health of young people. However, to ensure that all those who need help are identified, best practice in school psychology requires a more proactive approach to detection and early intervention than has traditionally been the case. **Method:** Mental health screening provides a key strategy in early detection of emotional health difficulties. This paper critically examines the reasons why proactive screening has not been widely used and presents data on a new mental health screener specifically developed for use in Australian Schools which directly addresses some of the barriers to the use of screeners. **Conclusion:** It is concluded that psychologists in schools can make a significant contribution to the management of emotional health difficulties in young people by incorporating mental health screening into their standard best practice.

**Presentation 2:** Best practice for school psychologists in countering radicalisation to violent extremism

**RIVERA, Anh** (School Psychology Service, Department of Education, Perth)

**Background:** Radicalisation to violent extremism is a growing community concern. Schools will play a vital role as agreed under recent COAG initiatives. School psychologists are strategically extremely well placed to be proactive in guiding thinking and their own practice in the emerging issue of radicalisation to violent extremism. **Aims/objectives:** This presentation will address the practical role school psychologists can occupy in working with schools, within Departmental policies and procedures and with inter-agency partners. Some of the key ethical and professional dilemmas will be outlined. **Method:** School psychologists are adept at working preventatively and responsively to support schools with complex issues. Their ability to case formulate, handle multiple clients (students, school staff and parents), support case management, work with inter-agency partners and encourage evidence-based practice are transferrable to this evolving issue. **Conclusion:** Through the application of familiar frameworks and theoretical approaches school psychologists can enhance student wellbeing, resilience, social inclusion and case management processes. Further, their ability to identify and problem solve ethical and professional issues will enable them to navigate the complexities of this new area and provide a highly valued perspective.
**Presentation 3: Best practice in supervision for school psychologists**

**SENEDIAK, Lydia** (The PsycheHealth Practice, Sydney)
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**Background:** Increasingly, school psychologists are confronted by a complex and diverse set of clinical, ethical and legal issues, presenting in a work environment which is marked by multiple, often conflicting expectations. In their day to day work, school psychologists often function as sole practitioners and consequently they may have limited access to timely advice, particularly in rural, remote or specialist settings. The need for planned and structured clinical supervision is therefore a high priority. However, the provision of either individual or group supervision for school psychologists varies considerably across educational systems, with even greater variability evident regarding the structure, frequency, duration and evaluation of supervisory experiences. Consistent with AHPRA guidelines, the provision of effective clinical supervision for school psychologists requires the development of appropriate training programs for potential supervisors, drawing on an evidence-based approach and focusing on specific supervisor and supervisee competencies.

**Aims/objectives:** This presentation explores the current literature regarding the training of clinical supervisors who provide supervision to school psychologists, highlighting best-practice frameworks and interventions. It aims to stimulate discussion around the specific needs of school psychology clinical supervisors and focuses on strategies to facilitate the development and evaluation of supervisee competencies.

**Approach:** Practical materials taken from the current AHPRA Masterclass training for supervision of school counsellors will be integrated into the presentation.

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**Presentation 4: Best practice in school psychology through the application of Ecological Systems Theory (EST)**

**SPENCER, Fiona** (Australian Capital Territory Education and Training Directorate, Canberra)
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**Background:** Bronfenbrenner’s Ecological Systems Theory (EST) can provide a valuable theoretical framework for Psychologists working with children and young people in schools. The theory views an individual as central in a nested group of sub-systems that support development. These five sub-systems are termed the Microsystem, Mesosystem, Exosystem, Macrosystem and the Chronosystem.

**Aims/objectives:** EST will be outlined and applied to the context of psychologists working in schools. An alternative to Bronfenbrenner’s model, proposed by Neal and Neal (2013), will be reviewed and applied to the work of psychologists in Australian school settings. This model considers the sub-systems in a network rather than a purely nested view.

**Method:** The proposed networked conceptualisation of EST shows the relationship of system participants in a precise and flexible way and argues, as with Bronfenbrenner’s view, that proximal process effects are the most powerful within the whole system.

**Conclusion:** The presentation concludes that EST is highly applicable to school psychologists and that consideration of the system to include a networked model will assist psychologists to consider a system wide approach to counselling, therapy and intervention within the school environment.

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**Presentation 5: Best Practice in Australian school psychology: Opportunities and challenges within an international context**

**THIELKING, Monica** (Department of Psychological Sciences, Swinburne University, Melbourne)
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**Background:** While psychologists in Australia have been working in schools for many decades, we are currently witnessing a significant increase in the number of psychologists employed in schools in some areas, as well as new models of practice emerging. This is an outstanding acknowledgement of the skills and competencies that psychologists have to offer. However, it remains the case that the
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Concurrent Session 1E, Room 216, Tuesday 13 September 2016, 11.50am – 12.30pm

Interest Group Session Panel Discussion – 40 minutes (Paper #366)

Psychology and Restrictive Practices: Lessons from research and clinical practice

Budisilik, Morag (Clinical Psychologist); Webber, Lynne. (Deakin University); Donley, Mandy (Department of Education & Training – Victoria); McVilly, Keith (University of Melbourne); Pearce, Ian (Southern Disability Support – South Australia) and Troller, Julian (University of New South Wales)

Background: Restrictive practices are continuing to be used in a range of human services (e.g. in schools, hospitals, psychiatric units, aged care facilities) across Australia and internationally, in spite of ongoing concerns in the literature about the actual and potential breaches of legal, ethical and human rights involved. Specifically, restrictive practices refer to interventions such as:

- Mechanical restraint – using devices such as splints, helmets, mittens or belts to restrain a person,
- Physical restraint - physically holding the person to prevent movement
- Seclusion – confining the person to a locked area, or locking areas to prevent the person having free access
- Psychosocial restraint - the use of verbal, non-verbal or physical intimidation, penalties or threats of penalties used in an attempt to restrict or modify a person’s behaviour.
- Chemical restraint - the use of medications (particularly psychotropics) to control or modify a person’s behaviour in the absence of a diagnosed medical or psychiatric condition

Aims: The aims of the Psychology of Intellectual Disability and Autism Interest Group’s Panel Discussion are to raise awareness of relevant legislation, the range of practices considered restrictive, to increase knowledge of available positive alternatives and to facilitate active participation in a wider discussion by Congress participants. Method: The Panel will review research, policy and practice which aim to reduce or eliminate the use of restrictive interventions in supporting people with intellectual disability and autism. Specific topics covered include:

- the range of practices considered restrictive
• groups of individuals who are especially vulnerable
• legislation, policy and practice issues
• positive strategies which can effectively replace or reduce restrictive interventions
• difficulties in practice for psychiatry – what happens at the coalface and why

Following the individual presentations, there will be opportunity for the audience to question and engage with the Panel in discussion and debate. **Conclusion:** Clinical research and experience have repeatedly demonstrated that the use of restrictive interventions often have a detrimental effect on the person, may not result in the desired behavioural outcome, and can jeopardise on-going therapeutic relationships. Evidence also confirms that positive strategies can have more enduring success in supporting a person to overcome behaviours which concern or challenge others.

**Concurrent Session 1F, Room 217, Tuesday 13 September 2016, 9am – 9.30am**

**Professional Forum – 30 minutes**

**APS Journal Editors Forum**

Session details to come

**Concurrent Session 1F, Room 217, Tuesday 13 September 2016, 9.30am – 9.45am**

**Individual Oral Paper – 15 minutes (Paper #434)**

**Making a contribution to Australian Psychologist via Special Sections and Review articles: Tips for Successful Publication**

**Kangas, Maria** (Macquarie University)

One of the flagship journals of the Australian Psychological Society is the *Australian Psychologist*. The objective is to keep psychologists informed about current issues in psychology, including recent advancements in the science, practice and policies in a broad range of applied topics relevant to psychologists within the Australian context in the fields of clinical, counselling, community, forensic, health, neuropsychological, organizational, sport and exercise psychology. To that end, the journal aims to meet this objective via the Society’s Colleges and Interest Groups. Current, ‘hot topics’ in specific applied areas of psychology lend themselves to Special Sections and Review article submissions. In this session, the presenter will provide suggestions as to what type of topics would be suitable for a Special Sections contribution to the journal. She will also provide suggestions as to the types of Review articles authors are encouraged to submit to the journal. A summary of the manuscript review process will also be discussed, to facilitate authors in securing the prospect of a successful publication in *Australian Psychologist*.

**Concurrent Session 1F, Room 217, Tuesday 13 September 2016, 9.45am – 10am**

**Individual Oral Paper – 15 minutes (Paper #229)**
**ERA 2010, 2012 and 2015: The rising of the curate’s soufflé?**

**CROWE, Simon** (La Trobe University), & **WATT, Stephanie** (La Trobe University)

**Aim:** The Excellence in Research for Australia (ERA) assessment exercises undertaken in 2010, 2012 and 2015 were developed by the Australian Research Council (ARC) with the aim of identifying and promoting excellence in research across the full spectrum of research activity in Australia’s higher education institutions. Three fields of research (FoRs) are relevant to psychology and are denoted by the following codes: 1701 (Psychology), 1702 (Cognitive Sciences) and 1799 (Other Psychology and Cognitive Sciences), as well as the combination of these, 17 (Psychology and Other Cognitive Sciences). This analysis set out to compare the trends and performances of the Universities across the country with regard to each of the three data sets with a particular emphasis on the most recent data collection. **Design:** A repeated measures analysis was undertaken with each institution across the three data collections. Institutions were then analysed by state and by institutional cluster (e.g. Group of 8 (Go8), Intensive Research Universities etc.) to determine if there were unique variations.

**Method:** The data was drawn from the ERA website and compared by repeated measures ANOVA and appropriate post hoc testing. **Results:** The results reveal a significant trend in the improvement of the performance of the sector as a whole with 66% being deemed below world standard in 2010 but only 39% in 2015. Marked changes in the ranking of individual institutions was also noted, but with the Go8 continuing to outperform the rest of the sector. **Conclusion:** The comparison of the 2010, 2012 and 2015 data collections reveals an overall improvement in performance across the sector with many universities improving significantly. The issue as to whether this represents an improvement in actual performance or is an artefact of experience with the evaluation process is discussed. A discussion of the issue of gamesmanship and the response to this by the Panel is also highlighted.

**Concurrent Session 1F, Room 217, Tuesday 13 September 2016, 10.30am – 12.30pm**

**Interest Group Session Panel Discussion – 120 minutes (Paper #303)**

**Cross-cultural psychology: supporting existing and emerging communities**

**Li, Wendy.** (James Cook University); **Sliger, Jasmine** (JSA International Communications); **Tang, Judy.** (Jurmaine Health) and **Toohey, Monique.** (Nasihah Consulting Group)

**Background:** Cross-cultural psychology constitutes an important and growing area of psychological practice and research. Cultural Intelligence (CQ) is the measurable competency through which practitioners can appropriately respond to the challenges of working with clients in multicultural contexts and more specifically clients who are newly arrived to Australia as well as other clients from CALD backgrounds. Our unconscious bias influences us to minimize or exaggerate cultural differences and interpret each other’s thoughts, beliefs and behaviours through the narrow prism that is our own culture. **Aim/Objective:** How can we as a profession, improve their connections with the communities they work with? **Method:** The Psychology and Culture Interest Group (PCIG) invites you to a panel discussion of peers to discuss:

With 50% of clients from minority groups not returning after the first session (Sue & Sue, 2013), how do we improve client engagement and treatment outcomes so that they do not end up at the crisis point of care.

1. What are the mental health needs of our emerging & CALD communities?
2. Are people from diverse groups accessing psychological services, and if they are not, what can we do to facilitate better access?
3. What are the existing needs of Culturally and Linguistically Diverse (CALD) communities?
4. Is the Psychological workforce equipped with the Cultural Competencies needed to deal with current challenges faced by multicultural clients?
5. How can Psychologists gain experience and develop professional competence working with individuals, families and communities with whom they do not have much experience with?

Implication/Conclusion: Current training must take into consideration psychologists dealing with cross cultural/multicultural issues in order to raise the engagement within their communities.

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**Concurrent Session 1G, Room 218, Tuesday 13 September 2016, 9am – 10am**

**Symposium – 60 minutes (Paper #347)**

*The emergence of noncriminal psychopathy*

**Brooks, Nathan** (Bond University), Fritzon, Katarina, (Bond University), Croom, Simon (University of San Diego)

The symposium will address the emergence of noncriminal psychopathy. Psychopathy is a widely cited personality construct traditionally considered to be strongly associated with criminal behaviour. In recent years debate has emerged concerning the notion of successful psychopathy. The successful psychopath is characterised as residing in the community and being high on the interpersonal and affective features of psychopathy, yet low on criminal tendencies. The term ‘successful psychopath’ has emerged prominently since the 2008 Global Financial Crisis and has contributed to a number of new studies examining psychopathy in both business and the community. The presentation will explore a series of research projects investigating noncriminal psychopathy in the business sector. Current prevalence rates suggest that psychopathic traits are commonly found in the corporate domain, with prevalence rates ranging from 3% – 20% (Babiak, Neumann, & Hare, 2010; Fritzon, Bailey, Croom, & Brooks, in press). The manifestation of psychopathy in noncriminal settings will be examined, including comparing specific profiles of psychopathic individuals in the criminal, community and business contexts. The emotional and social information processing capabilities associated with noncriminal psychopathy will also be addressed. The presentation will review current assessment instruments and provide evidence for a newly devised corporate psychopathy measure. Recommendations for assessment, treatment and management will be discussed.

The Emergence of noncriminal psychopathy

Brooks, Nathan. (Bond University), Fritzon, Katarina. (Bond University) & Croom, Simon. (University of San Diego)

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**Aim:** The purpose of the current studies was to examine psychopathic traits in the business sector. The studies sought to develop an assessment tool for personality characteristics associated with psychopathic personality disorder in the corporate business environment. The research also aimed
to examine psychopathy in criminal and noncriminal samples in relation to emotional and social information processing capabilities. **Design:** A factorial design was employed to test the structure of the corporate personality inventory, while a correlational design was utilised to explore the ability of psychopathic traits to predict emotional and social information processing variables. **Method:** The research employed a series of samples to explore psychopathic traits in criminal and noncriminal contexts. A sample of 261 corporate professionals were utilised in to validate the corporate personality inventory, while a sample of 115 community participants, 50 business subjects and 40 criminal offenders were recruited to test hypotheses pertaining to emotional and social information processing abilities. The studies utilised self-report measures and was collected in person and via online survey methods. **Results:** Results were interpreted in accordance with the triarchic model of psychopathy (Patrick, Fowles & Krueger, 2009) and were also consistent with scales of the Psychopathic Personality Inventory-Revised (Lilienfeld & Widows, 2005). The factors were Boldness (α=.88), Social Desirability (α=.92), Disinhibition/ Social Influence (α=.73), and Meanness/ Egocentrism (α=.76). These subscales correlated as predicted with factors from the Psychopathic Personality Inventory-Revised and Paulhus Deception Scale. Evidence was also found to support unique clusters of psychopathy traits across the business, community and offender samples, suggesting specific profiles of psychopathic traits based on criminal and noncriminal contexts. **Conclusion:** Implications for the current studies lie within advancing empirical data on corporate non-criminal psychopathy and potential enhancement in the assessment and detection of psychopathic individuals within society. The research provides evidence of high level of psychopathic traits in noncriminal samples. Support is also found for the corporate personality inventory for the assessment of psychopathy in the business sector.

**Concurrent Session 1G, Room 218, Tuesday 13 September 2016, 10.30am – 11.45am**

**Symposium – 75 minutes (Paper #171)**

**The Wentworth Forensic Clinic: A forensic psychology training clinic**

Anita McGregor, Kevin O’Sullivan, Delphine Bostock, and Minh Nguyen-Hoan

**Learning objectives:** (1) Overview of the development of an Australian postgraduate forensic psychology training clinic and its collaborative relationship with a government corrective services organisation; (2) Learn about the service benefits for a diverse client population seen by the forensic clinic; (3) Outline of the education and training practices at the forensic clinic and professional outcomes for intern psychologists

The Wentworth Forensic Clinic (WFC) is a collaborative training facility established in 2011 as a joint project between University of New South Wales (based in Sydney Australia) and CSNSW (Correctional Services New South Wales). Housed in CSNSW’s City Community Corrections office in downtown Sydney Australia, the clinic provides psychological services to clients serving orders in the community, providing an opportunity for intern psychologists to develop a core set of forensic competencies in a forensic environment.

This symposium consists of three papers that outline the development of the WFC, the benefits and challenges of a collaborative relationship between university and corrections systems, and the outcomes for clients serviced by the clinic in the past four years. The application of a competency-based model for the education and training of intern psychologists will also be discussed.

**Paper 1: Characteristics of and outcomes for forensic clients serviced by a university-based training clinic**

Studies have consistently shown that the prevalence of mental health disorders among offenders is higher than the general population (e.g. Fazel & Danesh, 2002; Brink et al., 2001). An Australian study of mental disorders in prisoners reported the 12-month prevalence of any psychiatric illness was 80% in prisoners compared to 31% in the community (Butler et al., 2006). Substance use
disorders are also prevalent among prisoners and comorbidity with other mental disorders has been found to increase recidivism (Smith & Trimboli, 2010). Prisoner populations are often from disadvantaged backgrounds with low educational attainment; these clients are generally socially isolated, itinerant, and unemployed (Butler & Milner, 2001). Therefore, despite high need, prisoner populations often do not access therapeutic services. The Wentworth Forensic Clinic has offered more than 400 clients since 2012 access to free psychological services that are otherwise limited or unavailable. In this paper, findings from WFC are presented on the nature of client referrals, offence types, level of engagement with services, and recidivism.

**Paper 2: The Wentworth Forensic Clinic: A model of competency-based education and training for intern psychologists**

In its fifth year of operation, approximately 60 intern psychologists have completed placements at the Wentworth Forensic Clinic, which have involved delivering clinical services to forensic clients under the supervision of a team of senior psychologists. Placements are designed to promote students through the process of learning and practicing skills in role play (including administration of both standardized and Structured Professional Judgment tools), observation of senior supervising psychologists and/or senior interns conducting assessments and interventions, to more autonomous practice. The clinic provides additional learning and professional development opportunities for intern and qualified psychologists through hosting research projects, group skills and process group training, and accredited supervisor training. In this paper, we review the education and training practices employed at WFC in part by examining data obtained from intern psychologists and graduates who completed the Forensic Psychology program pre- and post-establishment of the clinic. Findings about their core competencies, professional readiness, attitudes towards supervision, and job outcomes will be presented. The way in which the training needs of interns have evolved will be evaluated in the context of changing times in forensic psychology, and future directions for effective training and supervision practice will be discussed.

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**Individual Oral Paper – 15 minutes (Paper #31)**

**Who does it better? Capacity assessment by psychologists and legal practitioners**

HELMES, Edward (James Cook University), & Walker, Natalie (James Cook University).

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**Aim:** With an aging population and resulting increasing prevalence of dementia, the psychological and legal professions will be faced with increased need for decision-making capacity assessments. The aim of this study was to compare differences between Australian legal practitioners and psychologists as to whether clients depicted in vignettes demonstrated adequate decision-making capacity. **Design:** A 2 x 2 (profession x capacity reservations: yes or no) design was used with qualitative methods used to understand better the reasoning behind the judgments of capacity. **Method:** Thirty-four legal practitioners and 41 psychologists completed an online survey containing four vignettes depicting various issues in client presentations relevant to decision-making capacity. Vignettes were pilot-tested with 13 law and psychology students. **Results:** Chi-square analyses showed no differences between the two professions; a majority of all participants judged all four clients to be lacking in the necessary capacity. Only about 30% of participants were able to correctly identify the clients with intact decision-making capacity. While some of the follow-up steps that were identified were consistent with guidelines for managing incapacitated clients, other comments were supportive of less effective methods. Several practitioners from both professions tended to use diagnostic or outcome-based approaches, which are not recommended in contemporary practice. **Conclusion:** The results suggest that there is no predominant practice identifying clients lacking in
decision-making capacity. Recommended practices were used less often than desirable in professional practice. Results of this study demonstrated the need for further training and support of practitioners in both professions in the assessment of decision-making capacity in their clients.

Concurrent Session 1G, Room 218, Tuesday 13 September 2016, 12pm - 12.30pm

Individual Oral Paper – 15 minutes (Paper #73)

Treating ice addiction in custody: Evaluating a suite of piloted ice-specific prison based group treatment programs for men
Hollows, Kerrilee (Caraniche), & Johnston, Alana (Caraniche), & Thorpe, Sally (Caraniche)
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Aim: A 2013-14 parliamentary inquiry into the supply and use of methamphetamines in the state of Victoria revealed a 600 percent increase in ice-related offences from 2009 to 2013. To address the treatment needs of the growing ice-using prison population, a suite of three ice-specific group treatment programs varying in dose and application were developed and piloted with incarcerated offenders across Victoria. The aim of this research was to evaluate the effectiveness of the piloted programs in achieving their intended objectives; to reduce the prevalence of ice use and level of related criminogenic risk in an incarcerated population. Design: Pre-post evaluations of the pilot intervention programs were performed, using a combination of qualitative and quantitative research methods. Focus groups and assessment packs were completed by facilitators and participants of the program, and included a set of outcome measures reflective of each of the theoretically derived factors considered important for assessing design appropriateness (e.g., facilitator feedback booklet) and implementation effectiveness (e.g., various psychometrics measures). Method: Participants in the pilot study were 200 males aged 18 years of age and above who completed one of 29 ice-specific treatment programs delivered across 7 Victorian prison sites. Results: Results indicated that attendance and program completion rates were high. Participants self-reported information pertaining to neurobiology and neurochemistry of ice use and coping strategies in high-risk situations to be most important, and expressed interest in covering more content with visual aids. Reductions were observed in levels of psychological distress and criminal thinking, while improvements were observed in emotion regulation and drug use patterns in custody post-treatment. Conclusion: These preliminary findings suggest that the programs may be effective in reducing risk of relapse and criminogenic risk. Key lessons learnt will be discussed.

Concurrent Session 1H, Room 219, Tuesday 13 September 2016, 9am – 12.30pm

Half-day Workshop 2: The Australian Psychological Society (Paper #281)

When it hurts so good: Understanding and responding to non-suicidal self-injury
Lee-Ellen Bresland (Openview Clinical Psychology)

Non-suicidal self-injury (NSSI) is an inexplicable, disturbing and hard to treat phenomenon in which people deliberately hurt themselves, by cutting, scratching, hitting, or burning their skin, without suicidal intent. Historically self-injury was associated with serious clinical disorders and studied among clinical populations. Now, researchers are reporting high prevalence rates of NSSI amongst young people from community samples. Many clinicians feel unprepared to address NSSI and perceive a lack of training and supervision to enable them to respond effectively to individuals who may be engaging in NSSI.
The primary aims of this workshop are to help participants develop knowledge and understanding about the motivations for NSSI and the context in which it occurs, and to utilise therapeutic approaches and strategies to respond to individuals who self-injure.

**Professional development hours:** 3

**Learning outcomes:**

Upon completion of this workshop participants will be able to:

- Demonstrate improved sensitivity and awareness of the needs of those people who self-injure.
- Be informed upon definitions, etiology and common myths about NSSI.
- Understand the prevalence of self-injury across different age groups and genders.
- Be familiar with the functions, motivations and meanings underlying self-injury.
- Recognise the risk and protective factors for NSSI.
- Understand the continuum of self-injurious behaviours.
- Understand the relationship with suicide and NSSI characteristics that may increase risk.
- Learn strategies to manage personal feelings about NSSI.
- Develop specific competencies in the assessment of NSSI
- Utilise therapeutic approaches and strategies in responding to individuals who self-injure.

**Workshop content:**

- A Brief History of NSSI
- Definitions of NSSI
- Epidemiology
- Functions of NSSI
- Interactive group exercise: *How do you feel about non-suicidal self-injury?*
- NSSI and suicide
- Risk and protective factors for NSSI
- Misconceptions about NSSI
- NSSI and the internet: *Awareness of YouTube videos and web-sites*
- Responding to NSSI
- Clinical Assessment of NSSI
- NSSI Assessment tools
- Treating NSSI
- Interactive group exercise: *A case vignette to explore attitudes, skills and confidence responding to individuals engaging in NSSI.*

**Audience:**

- Psychology
- Mental health
- General practice
- Psychiatry
- Allied health
• School psychology and counselling
• Participants should consider their personal experiences around the management of risk and NSSI.

Concurrent Session 1I, Room 220, Tuesday 13 September 2016, 9am – 12.30pm

Half-day Workshop 2: The Australian Psychological Society (Paper #299)
The WISC-V: Clinical use and interpretation
Tim Hannan (Charles Sturt University)

This workshop provides a comprehensive introduction to the use and interpretation of the new Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V). The 2016 version of the WISC incorporates a number of significant changes in structure, administration and scoring. On the basis of contemporary research in neuropsychology and cognitive information processing, the WISC-V has been designed to provide reliable and valid measures of aspects of cognitive functioning related to learning disabilities, language difficulties, and disorders of attention and executive functioning. The primary aim of the workshop is to equip participants with the knowledge and skills to use, interpret and report the results of the WISC-V. The major changes to the battery will be reviewed, with discussion of the new theoretical structure of the WISC-V, examination of the five new subtests, and changes to administration and scoring.

Professional development hours: 3

Learning outcomes:

This workshop is designed to help you:

• identify the major changes in the administration and scoring of the WISC-V
• apply a step-by-step approach to the analysis and interpretation of WISC-V profiles
• report the results of an assessment utilising the WISC-V accurately and effectively

Workshop content:

• Key features of the fifth edition of the Wechsler Intelligence Scales (WISC-V)
• Administration and scoring of the WISC-V
• Analysing WISC-V profiles
• Integrating WISC-V results with other assessments
• Reporting WISC-V results

Audience:

• Psychologists involved in the assessment of children and adolescents including psychologists in child assessment or diagnostic centres and clinics, school psychologists, psychologists in juvenile justice, and private practitioners

Concurrent Session 2A, Room 210, Tuesday 13 September 2016, 1.30pm – 3.30pm

‘How-to’ Session – 120 minutes (Paper #284)
**Practical ways of working with trauma using Emotion-Focused Therapy (EFT): Including processing painful/traumatic experiences using Focusing**

HARTE, Melissa (The Harte Felt Centre / The Emotion Focused Training Centre)

**Background:** Emotion-Focused Therapy (EFT) is one of the most rigorously researched forms of humanistic practice and has been shown to be efficacious in the treatment of depression, anxiety, and PTSD. In practice, this approach is about maintaining a creative tension between the client-centred emphasis on creating a genuinely empathic and respectful relationship while permitting a more active, task-focused process-directive style of engagement. A significant number of adults report being exposed to one or more traumatic event in their lifetimes and child abuse disturbingly common. Working with single event trauma or developmental trauma requires careful consideration around avoiding re-traumatisation and recognising dissociation. Knowing the signs of dissociation and how to deal with it is vital in trauma work. **Aim:** This 90-minute “How to” session will provide participants with introductory knowledge and theoretical understanding of the EFT model and exposure to some of the models therapeutic interventions applicable to trauma work. **Approach:** Practical skills taught include grounding, developing dual awareness as proposed by Barbette Rothschild, developing a safe place to promote self-soothing and simple but effective methods to assist with hyperarousal. In addition to the basic principles of working with trauma, a model of trauma processing will be briefly presented. This model proposes that if a traumatic memory is accessed via bodily felt-sense in conjunction with emotional arousal and activation of other schematic elements, it is possible to reprocess the event in such a way that the person is no longer plagued by the painful aspects of it and not re-traumatised by the re-remembering that occurs when asked to retell their story. If the person is able to express the appropriate primary emotion and articulate their needs within the remembered experience, the associated painful emotional charge is lessened. The event is remembered as having occurred but the emotional intensity is greatly reduced. This reprocessing of the traumatic event is more than a desensitising of that traumatic experience. **Conclusion:** Participants will be able to apply knowledge gained from this workshop and integrate into their work with their trauma and non-trauma clients immediately as no prior knowledge of EFT is required.

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**Concurrent Session 2A, Room 210, Tuesday 13 September 2016, 4pm – 5pm**

**Professional Forum – 60 minutes (Paper #58)**

**Current status and challenges of Counselling Psychology: A view from Australia and the United Kingdom**

DI MATTIA, Michael (APS College of Counselling Psychologists), & COOPER, Mick (University of Roehampton, London UK)

**Background:** As an applied branch of psychology, counselling psychology developed in the 1950s and is now established and practiced in many countries. In Australia, counselling psychology emerged in the 1970s and flourished over the subsequent three decades. In recent years, Australian counselling psychology is facing a number of challenges, including survival as an area of practice. Training programs have closed, tensions exist with the regulatory body’s definition and scope of practice for counselling psychology, and inequities in the funding of Medicare services continue to be issues for counselling psychologists. In contrast, counselling psychology in the United Kingdom continues to
thrive, with a range of programmes across the country, an emerging research profile, and a strong presence within the wider psychological field. **Aims:** The aim of this forum is to discuss the current status of counselling psychology, with a focus on Australia and the UK. Current challenges and issues facing counselling psychology will be contrasted and explored. **Approach / method:** A review of the status of counselling psychology through current training, employment trends and country specific issues will be explored to develop a picture of counselling psychology in Australia and the UK. **Implications / conclusion:** It is anticipated that the forum will assist in developing ideas and strategies to help sustain counselling psychology into the future.

**Concurrent Session 2B, Room 211, Tuesday 13 September 2016, 1.30pm – 5pm**

**Half-day Workshop 4: The Australian Psychological Society (Paper #291)**

*Using digital mental health technologies in your clinical practice: Practical strategies and ethical considerations*

**Julia Reynolds** (The Australian National University)

Clients and referrers increasingly expect psychologists to understand, advise upon and use high quality e-mental health (e-MH) resources in their practice. The use of these resources may also help psychologists to achieve more in the sessions they have available.

This workshop is designed for psychologists in clinical practice. It will provide practical skills and knowledge so psychologists can:

- assess and manage their clients’ spontaneous use of e-MH
- incorporate e-MH resources into their clinical practice safely and ethically.

The workshop will provide opportunities for case discussion and interaction with key Australian e-MH services.

**Professional development hours:** 3

**Learning outcomes:**

Upon completion of this workshop participants will be able to:

- explain the context in which e-MH has developed, its importance for psychologists and its role in reform including stepped care systems
- identify the key quality and safety indicators for e-MH resources and evaluate whether particular resources are suitable for use in their practice
- identify the potential risks associated with clients’ unguided use of e-MH and develop strategies for assessing and managing these risks
- identify models of clinical practice that incorporate e-MH, decide which models will be most relevant for their practice
- identify key ethical and practical considerations
- develop strategies for implementing e-MH in their practice

**Workshop content:**
• Definition of e-MH types, purpose and context
• Assessment and management of potentially risky uses of e-MH by clients
• Evaluation of safety, quality and suitability of e-MH resources for participants’ particular work setting
• Development of strategies and procedures for monitoring and mitigating key ethical and practical issues in implementing e-MH

Audience:
The workshop will be practical and designed for psychologists at any stage of their career who are in clinical practice.

Ideally, participants will have a basic understanding of e-MH resources. Participants who do not have this knowledge will be invited to gain it prior to the workshop by:

• viewing a free introductory webinar (recorded and available online on demand)
• exploring e-MH resources of interest to them. A list of key online sites and resources will be provided to all participants prior to the workshop
• interacting with the presenters and their peers in an online community of practice

Concurrent Session 2C, Room 212, Tuesday 13 September 2016, 1.30pm – 2.30pm

‘How-to’ Session – 60 minutes (Paper #323)

Create a coaching culture in the workplace, using a reflective practice model of group supervision
VELLEMAN, Kerryn. (Kru Consulting)
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Background: For psychologists, the process of supervision is fundamental to maintaining optimal professional competence and is an effective mechanism to manage self-care. Supervision establishes an environment of inquiry, guiding learners to honestly reflect on the personal, relational, professional and contextual demands of their practice. Using their experience as a springboard for growth, supervisees build skill and confidence to serve the needs of the client and remain committed to a program of continuing ethical and professional development throughout their years of practice. In an organisational context, developing workers as reflective practitioners is commonly known as ‘coaching’. For managers, change agents and team members who aim to support others to learn, the role of a coach is one of a catalyst: to provide a safe, reflective thinking space that fosters insight, identifies and re-shapes self-limiting beliefs and encourages action through exploration and inquiry. Even though leaders at all levels consistently rank coaching as the most powerful learning vehicle to improve interpersonal skills, establish enduring relationships and build sustainable workplace cultures, there are few organisations where coaching is embedded in leadership practice. Too often, organisations use traditional training and communication methods to get their message across. ‘Mentors’ typically share their storehouse of insights and experiences and attempts at building ‘communities of practice’ rely heavily on guest speakers with ‘subject matter expertise’. As a result, little airtime is available for coaching in the multitude of formal meetings and casual interactions held within the workplace. Without a strong coaching regimen to facilitate structured reflective practice, workers feel untethered, under-developed and fail to thrive. Those subject to the ‘my way or the highway’ injunctions are unlikely to feel heard, valued or trusted. In a culture where initiative is stifled because workers believe that their ideas will be overlooked, satisfaction and motivation are undermined, negatively impacting stress levels, performance, turnover and commitment. Organisations that do employ professional coaches report positive
outcomes. However, because the majority of coaching engagements operate in isolation, benefits are focused at an individual (or team) level. Accordingly, there is limited opportunity to harness systemic issues and critical leadership-culture-performance connections often remain undetected. In my experience, instituting a structured process to supervise coaching activities within the workplace helps create a coaching culture that produces higher levels of motivation, commitment and accountability throughout an organisation. Group supervision can benefit external professional coaches, internal change agents, leaders and team members as they are supported to observe, model, practise and share feedback on the very mindsets and skillsets that they are seeking to develop in their organisation. This is a highly interactive session designed for participants to experience the value of group supervised practice for the development of any professional for whom coaching may benefit learning, engagement and performance in their workplace.

Aim/objectives/learning outcomes:

The aim of this ‘how to’ session is to enable participants to:
• critically examine their own process for reflective practice,
• actively sample a reflective practice model of group supervised practice,
• explore the critical success factors to embedding group supervision to create a coaching culture, and
• identify how to practically implement group supervision within any team or organisation.

Approach: Session duration (45, 90 mins or 3 hours) can be flexible to the Congress programming need – the longer time available for practice, the deeper the learning experience. The room will be set up to encourage small group interactions in a safe space, supported by a combination of slides, handouts and group facilitation. Opportunities will be provided to debrief experiences and explore the critical success factors to establishing group supervision within any organisational context.

Concurrent Session 2D, Room 213, Tuesday 13 September 2016, 1.30pm – 5pm

Half-day Workshop 5: The Australian Psychological Society (Paper #162)

Best practice in intimate partner violence
Carmel O’Brien (Private Practice)

Intimate partner violence has always been present in a significant proportion of clients presenting for psychological services. In recent years there has been a greater community, political and professional awareness of the prevalence of intimate partner violence and the complexity of dealing with this issue. This workshop aims to provide an overview of what intimate partner violence looks like and how people who live with violence may be affected. It will provide a framework for assessment of risk, safety planning and a model for the best way to support the recovery of victims/survivors. It will also cover some basic understanding of the service system and how to work with this to benefit the client.

Professional development hours: 3

Learning outcomes:

Upon completion of this workshop participants will be able to:
• Have an accurate overview of current definitions and prevalence rates of Intimate Partner Violence (IPV)
• Understand the dynamics of Intimate Partner Violence
• Be able to explore concerns with clients and deal with disclosures
• Have an understanding of the impact on children and how they or their parents may present
• Have a framework for IPV Risk assessment
• Have tools to work with the client in relation to Safety Planning
• Have an understanding of possible presentations and a model to work towards psychological recovery.
• Receive an overview of the service system and how to work within it.

Workshop content:
• What is Intimate Partner Violence? Current legal definitions.
• How to talk about Intimate Partner Violence with your client if you or they have concerns
• What are some of the dynamics of Intimate Partner Violence
• Psychological Impact of IPV
• How are children affected? How do you ensure your practice is child-inclusive?
• IPV Risk assessment and Safety Planning
• Working with the service system
• Ethical Practice with Women
• Awareness of helpful and unhelpful community attitudes

Audience:
This workshop is most relevant to general counsellors in any setting, and particularly relevant to those who work in the areas of child protection, forensic, particularly court settings, with trauma and abuse and with families and couples.

It is suitable for entry level psychologists and psychology students, but also for practitioners whose work is not specifically with family violence but who see clients affected by this issue.

The presenter is hopeful that questions raised will deal with some of the many complexities that arise in relation to IPV.

Concurrent Session 2E, Room 216, Tuesday 13 September 2016, 1.30pm – 5pm

Half-day Workshop 6: The Australian Psychological Society (Paper #14)

Teaching and Assessing Critical Thinking: Helping College Students Become Better Thinkers
Halpern, Diane F. (Minerva Schools at KGI)

The twin abilities of knowing how to learn and knowing how to think clearly are the most important intellectual skills for the educated workforce of the future. The real question for academic staff is how to teach critical thinking so that the skills generalize across domains and last long into the future. Empirical research has shown that with appropriate instruction, university students and other adults can become better thinkers. A short sampler of applications from cognitive psychology designed to improve thinking skills will be presented in an interactive workshop.

Professional development hours: 3
Learning outcomes:

Upon completion of this workshop participants will be able to:

- Define critical thinking and explain why it is important
- Differentiate System 1 from System 2 thinking
- List skills of critical thinking that are important in a variety of contexts
- Describe a critical thinking disposition
- Provide examples for teaching each of the five facets of critical thinking

Workshop content:

- Definition of critical thinking
- Why critical thinking is important
- Comparison of System 1 and System 2 thinking
- How critical thinking differs from intelligence
- Evidence that better thinking can be learned with appropriate instruction
- Assumptions that underlie critical thinking instruction
- Examples of critical thinking skills
- What is a critical thinking disposition?
- Five Facets of critical thinking (with definitions and sample exercises)
  - verbal reasoning
  - argument analysis
  - thinking as hypothesis testing
  - using likelihood and uncertainty
  - decision making and problem solving
- Assessment of critical thinking

Audience:

- Academic staff (and high-school teachers) interested in enhancing the critical thinking skills of undergraduate students
- Researchers and professional supervisors interested in enhancing the critical thinking of their trainees
- Any psychological scientist, practitioner or spokesperson interested in improving (a) their own critical thinking skills or (b) those of the general public.

Concurrent Session 2F, Room 217, Tuesday 13 September 2016, 1.30pm – 3.30pm

Professional Forum – 120 minutes (Paper #362)

Psychology that matters: applying a social determinants of health approach in everyday psychological practice
GRIDLEY, H., SAMPSON, E., RADERMACHER, H. (Australian Psychological Society), O’BRIEN, C. (Psychrespect), KERCHEVAL, B. (Private Practice), MITCHELL, J. (Mindroom); Discussant: CICHELLO, A. (Private Practice) or SANSON, A. (University of Melbourne)

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**Background:** Mental health starts in our families, in our schools and workplaces, in our playgrounds and parks, and in the air we breathe and the water we drink. The more psychologists understand and take account of these social determinants of all aspects of health, the more opportunities we will have and the better equipped we will be to help people optimise their mental health. Psychologists make up the greatest proportion of mental health professionals in the Australian workforce today. We should therefore be making a large contribution to community mental health and wellbeing. Yet, levels of mental illness continue to rise. It’s time for Australian psychologists to lead the way in improving mental health and wellbeing, and proactively acknowledging the social determinants of health (SDoH) could provide a way. **Aims / objectives:** This forum aims to demonstrate the value of a Social Determinants of Health approach in everyday psychological practice, and to present applications of a resource developed by the APS Public Interest team to assist psychologists to incorporate an SDoH approach into their practice. **Approach / method:** A panel of practitioners will share their experiences of using the SDoH resource from their diverse practice perspectives, followed by a facilitated discussion in response to these presentations. **Implications / conclusion:** Individual mental health and wellbeing is affected by broader social, economic, political, environmental and cultural contexts. Adopting an SDoH approach and applying the SDoH resource can assist psychologists to expand the way we think about mental health to include how to help people keep it, not just how to get it back. Reflecting on diverse applications of an SDoH approach can assist psychologists to embed this framework in our everyday practice and improve outcomes for the clients and communities we serve.

Concurrent Session 2F, Room 217, Tuesday 13 September 2016, 4pm – 5pm

Professional Forum – 60 minutes (Paper #309)

*From Network to the Australian Community Psychologist: Unpacking the evolution and purpose of a peer reviewed journal*

Darlaston-Jones, Dawn (University of Notre Dame); McCarthy, Sharon. (University of Notre Dame); Sibbel, Anne (Reflective Practice); Cohen, Lynne (Edith Cowan University) and Breen, Lauren (Curtin University)

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**Background:** Over the past thirty years the College of Community Psychologists has seen the evolution of its original publication *Network* morph from a college newsletter into the internationally respected peer reviewed journal *Australian Community Psychologist*. Under the stewardship of successive editors, the identity and purpose of the journal has reflected the ethos and values of the College and serves as a primary vehicle for dissemination of community psychology research and theoretical papers. In this session, current and past editors discuss the challenges and successes of this journey as well as the global discourses around scholarly publication, the nature of knowledge, and what constitutes as evidence in a global neoliberal landscape. **Aims / objectives:** to discuss the processes and evolution of an academic peer reviewed journal and the role of publishing in the global neoliberal context. **Approach / method:** the authors will reflect on their contributions to the 30-year history and development of the journal. **Implications / conclusion:** the goal is to develop a conversation that stimulates innovation.

Concurrent Session 2G, Room 218, Tuesday 13 September 2016, 1.30pm – 2.45pm
When Intention to Commit Suicide Is Rational

Edelman, Sarah (Private practice, President of Dying with Dignity NSW.)

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**Background:** Preventing suicide is an overriding priority for all psychologists, but what if the client’s intention to end their life is based on rational appraisal in response to unrelievable suffering, rather than mental illness? As self-delivery methods are becoming more readily accessible via online sources and self-help workshops, this issue will occasionally present itself in our practice. How should we respond when a client suffering from an advanced medical illness discloses their intention to end their lives? **Aims/objectives:** To open up discussion regarding the ethical dilemmas that psychologists may face, when a client experiencing unrelievable suffering from an advanced medical illness discloses their intention to end their lives. Can the desire for suicide be rational? Should the usual suicide prevention protocol be applied? Are there alternative responses? **Method:** A historical background to this issue will be described, as well as case studies of individuals with advanced medical illness who presented with a plan to end their lives. A number of difficult ethical scenarios will be posed, and participants will be invited to reflect how they would respond. The broader issue of whether a separate term should be used to distinguish suicidality related to mental illness, from that based on rational judgement will be discussed. **Implications / Conclusion:** This session is intended to stimulate discussion and reflection on a complex ethical issue that is likely to present itself to some psychologists, and may become more common in the future. Hopefully it might prompt the APS to develop a position statement on this issue.

Concurrent Session 2G, Room 218, Tuesday 13 September 2016, 2.45pm – 3.30pm

‘How-to’ Session – 45 minutes (Paper #159)

How to monitor suicide risk in individuals with depression

HETRICK, Sarah E. (Orygen, The National Centre of Excellence in Youth Mental Health)

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**Background:** Implementing best practice is essential to ensure optimal recovery for young people with depression, including the amelioration of suicide risk. Clinical practice guidelines recommend routine monitoring of suicide risk for young people with depression, especially those initiated on antidepressant medication. However, limited information is available about how best to do this. A recent clinical research file audit at the Youth Mood Clinic at Orygen Youth Health Clinical Program highlights some areas for improvement, including how suicide risk is assessed and documented in an ongoing way. **Aim/objectives/learning outcomes:** The aim of this ‘How to’ session is to provide a useful guide for clinicians working with young people and adults for implementing ongoing monitoring of suicide risk in their own clinical practice. The following topic areas will be covered in detail:

1) The rationale for ongoing monitoring of suicide risk in people with depression (link between depression and suicide, antidepressants and suicide, issues around spontaneous reporting)
2) How to: a. Use a range of tools to undertake an assessment of suicide risk; b. Use a range of tools to understand treatment progress with regard to depression symptoms and suicide risk; c. Use the information from the monitoring tools clinically; d. Document suicide risk

3) The importance of ongoing monitoring for clinical outcomes. This includes ensuring you know about risk when it is there, facilitating feedback informed treatment and implementing targeted evidence based interventions for suicidal ideation.

4) The acceptability of ongoing monitoring from the perspective of clients and clinicians based on ongoing research being undertaken on monitoring of suicide risk in clinical settings.

The learning outcomes from the session include increased knowledge about the evidence base supporting the use of ongoing monitoring of suicide risk; increased knowledge of a range of tools for the assessment and monitoring of suicide risk; skills in using a tool for ongoing monitoring.

**Approach:** The ‘How to’ session will be conducted in an interactive seminar format that will include some didactic presentation as well as some experiential learning, and question and answer sections. Slide handouts and details of relevant resources will be made available for attendees.

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**Concurrent Session 2G, Room 218, Tuesday 13 September 2016, 4pm – 5pm**

‘How-to’ Session – 60 minutes (Paper #75)

**Addressing erasure, exclusion by inclusion and the absence of intersectionality: how to work with bisexual clients**

Pallotta-Chiarolli, Maria; School of Health and Social Development, Deakin

**Background:** Even though many health and counselling services and practitioners endorse anti-homophobic policies, programs and practices, there appears to be an absence of the affirmation of bisexuality, and minimal specific attention to bi-phobia and the specific needs of bisexual clients. Bisexuality continues to fall into the gap between the binary of heterosexuality and homosexuality across all health sectors. These absences and erasures leave bisexual clients, their family members and communities of care feeling invalidated, invisibilized and pathologized. Indeed, these absences and erasures have been considered a major factor in bisexual people of all ages, genders and social groups experiencing worse mental, emotional, sexual, and social health than their homosexual or heterosexual counterparts.

**Aims/ objectives/ learning outcomes:** Drawing from international and national research, including my own, this session will engage with and discuss strategies to address the three major impediments to effective work with bisexual clients: erasure, exclusion by inclusion into gay, lesbian or straight categories, and the absence of intersectionality (wherein other facets of identity and experience that interweave with sexuality are not taken into account, such as class, gender, Indigeneity/Aboriginality, ethnicity, geographical location, and religion). Attendees will come away with an understanding of the mental health experiences of bisexual people, the specific challenges that bisexual people face with regard to mental health, and some of the skills necessary to working with bisexual people. **Approach:** The session will include a) an information component within which I provide facts and strategies to the whole group followed by a whole group discussion; b) participatory learning approaches such as sharing/workshopping in small groups various case studies of participants’ own successful and challenging experiences as practitioners and then presenting the learnings to the whole group; and c) photocopied materials of the information component’s powerpoint presentation, readings, other resources and strategies, and resource-persons/groups available to support the work of practitioners in bisexual mental health.
Concurrent Session 2H, Room 219, Tuesday 13 September 2016, 1.30pm – 2.45pm

Interest Group Session Professional Forum – 75 minutes (Paper #232)

**Bringing the whole environment back into psychology (PIEG/PsyEd IGs)**

**RESER, Joseph** (Griffith University), **HINE, Don** (University of New England), **BHULLAR, Navjot** (University of New England), **SANSON, Ann** (University of Melbourne), **CRANNEY, Jacquelyn** (University of New South Wales), **BURKE, Susie** (Australian Psychological Society).

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**Background:** Environmental psychology has become an endangered species in Australia over the past decade. There are currently very few Departments or Schools offering such a subject in this country, though environmental psychology was alive and well in some Australian psychology departments from the latter 1970’s to the mid 1980’s, and thrives as a subject in North America and Europe. So what has happened in Australia, and how can this situation be redressed? Given grave threats to and of the natural environment and the dramatically changing nature of our global climate, human settings, cities, technologies, our information environment, biodiversity, sustainable ecosystems, and access to natural environments, all of which have potentially profound impacts on human health and wellbeing, it is clearly urgent that we bring ‘the environment’, both natural and designed, back into psychology. **Aims/objectives:** The aims of this forum are to examine and address the challenge of establishing, staffing, and offering a sustainable cross-institutional environmental psychology subject which can be offered in Australian undergraduate psychology programs, providing students with the opportunity to examine this exciting and crucially relevant area of applied research and professional practice, addressing the nature and psychological dimensions of human transactions with natural and human made environments and how these transactions influence our lives, experience, health and well-being. **Method:** This forum will consist of a panel of environmental and other psychologists with expertise in the history and teaching of environmental psychology overseas and/or in the Australian psychology curriculum. Discussion will focus on (1) the historical barriers to the inclusion of environmental psychology in Australian programs and how to address these; (2) consideration of essential and discretionary components of an environmental psychology subject; and (3) possible models and modes of presentation, including overseas examples of interesting and successful environmental psychology courses which have been also turned into MOOCs, or are hosted at university venues as intensives for credit for particular university courses. **Implications/conclusion:** Consideration will focus on the above models and other options with the forum proposing a concrete way forward in developing a national environmental psychology subject that can be taught in any psychology program in Australia.

Concurrent Session 2H, Room 219, Tuesday 13 September 2016, 2.45pm – 3.30pm

**Professional Forum – 45 minutes (Paper #321)**

**Coping with the psychological impacts of climate change (PEIG)**

**BHULLAR, Navjot** (University of New England), **BENDER, Lyn** (Private Practitioner), **WAUCHOPE, Lyn** (University of New South Wales), **CRANNEY, Jacquelyn** (University of New South Wales), **BURKE, Susie** (Australian Psychological Society).

**Background:** Environmental psychology has become an endangered species in Australia over the past decade. There are currently very few Departments or Schools offering such a subject in this country, though environmental psychology was alive and well in some Australian psychology departments from the latter 1970’s to the mid 1980’s, and thrives as a subject in North America and Europe. So what has happened in Australia, and how can this situation be redressed? Given grave threats to and of the natural environment and the dramatically changing nature of our global climate, human settings, cities, technologies, our information environment, biodiversity, sustainable ecosystems, and access to natural environments, all of which have potentially profound impacts on human health and wellbeing, it is clearly urgent that we bring ‘the environment’, both natural and designed, back into psychology. **Aims/objectives:** The aims of this forum are to examine and address the challenge of establishing, staffing, and offering a sustainable cross-institutional environmental psychology subject which can be offered in Australian undergraduate psychology programs, providing students with the opportunity to examine this exciting and crucially relevant area of applied research and professional practice, addressing the nature and psychological dimensions of human transactions with natural and human made environments and how these transactions influence our lives, experience, health and well-being. **Method:** This forum will consist of a panel of environmental and other psychologists with expertise in the history and teaching of environmental psychology overseas and/or in the Australian psychology curriculum. Discussion will focus on (1) the historical barriers to the inclusion of environmental psychology in Australian programs and how to address these; (2) consideration of essential and discretionary components of an environmental psychology subject; and (3) possible models and modes of presentation, including overseas examples of interesting and successful environmental psychology courses which have been also turned into MOOCs, or are hosted at university venues as intensives for credit for particular university courses. **Implications/conclusion:** Consideration will focus on the above models and other options with the forum proposing a concrete way forward in developing a national environmental psychology subject that can be taught in any psychology program in Australia.
Background: Climate change is arguably the largest health threat of this century. The latest reports from CSIRO and BOM forecast Australia to be on track for a temperature rise of more than 5°C by the end of the century, outstripping the rate of warming experienced by the rest of the world (Whetton, 2015). This would be a world of unprecedented heatwaves, severe drought, bushfires, flooding and major storms in many regions, with serious impacts on all human systems and ecosystems. Psychological and mental health impacts of climate change are among some of the most potentially devastating effects in terms of human suffering; climate change is as much a psychological and social problem, as it is an environmental or ecological catastrophe. Psychological impacts of climate change range from mild stress responses to chronic stress and significant mental health problems, including negative impacts on community health as well. Aim/Objective: This forum in the climate change stream aims to look at the mental health and psychosocial wellbeing impacts of climate change.

Method: This forum, comprising a panel of environment researchers and psychologists, will focus on: (1) a range of psychological and mental health impacts of climate change and why this is important to understand – providing evidence from Australian and overseas case studies; (2) thinking about climate change as an existential crisis and a changed narrative; and (3) the current work done by Psychology for a Safe Climate to help people really look at climate change and all the contingent feelings, so that they can deal with the feelings, grieve, and sustain connection with climate change action. Implications: An opportunity to discuss the importance of knowing how people are feeling, thinking and reacting to the threat of climate change. The more we know about how people are feeling, thinking and doing in relation to climate change, then the more we are able to help them respond in useful ways – in ways that both reduce the threats of climate change as well as prepare people to adapt to the changes that cannot be avoided.

Concurrent Session 2H, Room 219, Tuesday 13 September 2016, 4pm – 5pm

Interest Group Session Panel Discussion – 60 minutes (Paper #320)

Hot Topics in Psychology and Animal Welfare

ENGLAND, Mark (MAPS, Member College of Organisational Psychologists, Associate Member College of Forensic Psychologists, Convener PAWS Interest Group); KING, Samantha, (MAPS, Member PAWS Interest Group); YOXALL, Jacqueline, (MAPS, Member PAWS Interest Group); ROSE, Margaret (MAPS, Member College of Clinical Psychologists, Member PAWS Interest Group)

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Background: This APS Psychologists for the Promotion of Animal Welfare Interest Group (PAWS) Panel will introduce and explore a range of non-human animal welfare issues. Many of these will be seen to relate to and/or impact on human wellbeing and happiness.

Presenter 1 will speak generally about the range of issues that may be associated with human and non-human animal wellbeing and indicate the work of the PAWS Interest Group in doing so.
Presenter 2 will speak about ‘Companion Animals on Prozac and Other Psychotrophic Medication: Why?’ We will learn about inroads made by the pharmaceutical industry in the treatment of animal psychiatric disorders. These disorders range from Posttraumatic Stress Disorder (PTSD) through a range of identified mental illnesses in animals. Dr Andrew O’Shea, Sydney Veterinarian, estimates that as for humans, one in five companion animals have an anxiety disorder. Dr Rose’s presentation will outline for discussion similarities between human and nonhuman mental illness and causes of psychiatric conditions in animals.

Presenter 3 will speak from her practical experience as a psychologist working in the field of Animal Assisted Wellbeing. Samantha works with therapy dogs in providing animal assisted therapy for human animals, being ever mindful of the human-animal impacts. From her experience and insights, Samantha will cover matters associated with human-animal bonds and the growing body of research associated with animal assisted psychotherapy.

Presenter 4 will present on inks between human empathy and animal welfare/cruelty. This will be put into context with discussion of the relationship between interpersonal violence/empathy and cruelty to companion animals. Also discussed will be attitudes and beliefs towards different species and treatment of animals in different settings (e.g. rodeos etc).

**Aims:** The panel aims to expose attendees to the depth and range of ways in which humans and non-human animals interact and impact on wellbeing and happiness. **Method:** Presenter 1 will begin by giving a brief overview of the range of hot topics addressed by PAWS that are associated with human and non human animal wellbeing and happiness. The panel will then focus on some key emergent areas of interest. This will prepare participants for a lively and informative discussion. **Results:** Participants will gain practical and theoretical insights into issues and impacts humans and non-human animals have on each other’s wellbeing and happiness. **Conclusion:** The happiness and wellbeing of non-human animals is an emergent field of study and practice. The human-animal bond means that this field in turn impacts on human animal wellbeing and happiness.
measurement as well as those based on classical statistics can be used to examine profiles of strengths and weaknesses in individual test profiles and illustrate how this approach can be applied in clinical and educational settings. Presenter three will discuss a number of case studies to illustrate the concepts and approaches presented by the other two speakers. He will emphasise the use of test data in intervention planning.

**Concurrent Session 21, Room 220, Tuesday 13 September 2016, 2.30pm – 3.30pm**

**Symposium – 60 minutes (Paper #302)**

**Supervising Psychological Assessment**

Senior, Graeme. (University of Southern Queensland) and Dear, Greg. (Edith Cowan University)

Psychological assessment is one of the eight required areas by the Psychology Board of Australia in which all registrants must demonstrate competencies and capabilities. For those psychologists who work extensively in the roles of supervising, training, and performing psychological assessments, the standard supervision requirements do not reflect the tasks involved in the psychological assessment process, or the types of tests and testing that are most commonly employed in the diversity that is contemporary practice. This symposium explores the demands, requirements, and characteristics of supervising psychological assessments which differ substantially from those associated with treatment and intervention. These differences extend to the skills that must be developed and evaluated in supervisees in relation to test selection, administration, scoring, analysis, interpretation, and integration, as well as ethical and scope of practice issues. Challenges also abound with supervision of the enduring work product of a psychological assessment in the form of psychological reports. These issues will be presented and discussed in two presentations. The first will address those aspects of psychological assessment practise that impose unique or specific demands on supervisors in terms of their own skills, knowledge, and training in comprehensive psychological assessment with a particular emphasis on test selection, analysis, and integration of test findings in psychological reports. The second presentation focuses on the additional and distinct demands placed on supervisors and supervisees associated with forensic assessment and how these influence and alter the supervision process. Effective use is advocated for a combination of supervision methods, technologies, and approaches to evaluate and train supervisees. These same principles, practices, and procedures can also support and enhance the maintenance of assessment skills in practitioners, and may provide solutions for those practising in regional, rural, and remote areas of Australia.

**Presentation 1: Supervising psychological assessment: principles, practices, perils, and pitfalls**

SENIOR, G. (School of Psychology and Counseling, University of Southern Queensland)

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Supervision of psychological assessment differs substantially from treatment and intervention. These differences stem from the different roles of assessment and intervention, the tasks that are undertaken, how the supervisee is expected to interact with the client, the nature and amount of information acquired in the course of a session, and the types of work-products that are generated. Additionally, the assessment role introduces both ethical and philosophical challenges that are different from treatment and can be confronting to those more accustomed to engaging in psychotherapy or implementing intervention strategies. This presentation examines the implications of these differences for psychologists undertaking supervision of psychological assessment. The additional training of supervisees that accompanies assessment supervision is extensive particularly in relation to the judicious selection of tests in assessment contexts that bear little resemblance to
the intelligence, memory, and spectrum personality focus of the Psychology Board’s competency requirements. Supervisors must also ensure that supervisees have correctly scored, and analysed test data, before the interpretative and integrative process can begin. In addition to the substantial time this process takes, the nature of assessment supervision is necessarily focused and directed to ensuring that supervisees do not make mistakes and do not engage in misattribution. Further demands are placed on the supervisor with the generation of the psychological report which cannot be permitted to fall below minimum professional standards and by necessity reflects the combined effort of the trainee and supervisor. These issues will be explored and illustrated with examples from a university-based psychological assessment centre providing psychological assessments by provisional registrants for the general community.

**Presentation 2: Supervising psychological assessment in forensic psychology**

DEAR, G (School of Arts and Humanities, Edith Cowan University)

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While many aspects of psychological assessment share a common core of skills and practices, each discipline or area of practice brings specific challenges and issues that have implications for supervision and supervisor training. This presentation explores the unique issues that face forensic supervisors and supervisees including: understanding who the client is; subpoena and cross-examination of supervisors; confidentiality provisions and legislated restrictions on the sharing of information that impact on supervision; the employment of behavioural observation methods in naturalistic settings; and seeking permission from the presiding judicial officer to enable proper supervision to occur. Forensic psychological assessments also include a variety of psychological tests and other assessment methods that are unique to the forensic setting including investigative interviewing, actuarial methods, risk-assessment procedures, and structured professional judgement tools. These will be reviewed and discussed in the context of both supervisors and supervisees.

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**Concurrent Session 2I, Room 220, Tuesday 13 September 2016, 4pm – 5pm**

**Professional Forum – 60 minutes (Paper #353)**

*Are all psychologists competent to administer psychological tests?*

PRATT, Chris (Navitas Professional Institute), DEAR, Greg (Edith Cowan University), MACQUEEN, Peter (Compass Consulting)

chris.pratt@navitas.com

**Background:** Access to psychological tests is generally restricted to registered psychologists, in Australia typically by the test publishers and suppliers, and in some overseas jurisdictions by law. Moreover within Australia the APS code of ethics adopted by the Psychology Board of Australia, places an ethical restriction on psychologists to ensure there are safeguards against access by persons not trained in psychological testing. There are two main reasons for this restriction. Firstly widespread access to tests would undermine their value with many tests relying on the test-taker not having had access to the content previously or at least not within a specified period. Secondly, it is claimed that only psychologists have the appropriate training to administer and interpret tests without the risk of harm to the public. It is this second reason that is the focus of this forum.
**Objectives:** The forum will consider first of all what constitutes a psychological test, what competencies are expected of psychologists engaging in psychological testing and whether all psychologists meet the required level to administer tests. Presenters will also give consideration to current training models in Australia and internationally drawing on recent activities associated with the International Test Commission. A practice guide for use of psychological tests and instruments prepared by the APS Test and Testing Expert Group will also be launched. The guide sets out good practice for psychologists working in this area; considers errors that can occur across all levels of experience, takes account of ethical issues associated with testing, and considers the rights of the test-taker. **Method:** There will be three short presentations addressing the above objectives and designed to stimulate discussion and interaction with the audience. The presentations will identify key issues generally about psychological testing and also with references to specific contexts in which psychological tests are used in order to stimulate discussion: **Implications** It is expected that the forum will give consideration to whether current training in Australia is sufficient to ensure the competencies required are met as learning outcomes of the training and also identify specific needs for training and ongoing professional development on psychological testing for psychologists.

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**Keynote Address, Plenary 2, Wednesday 14 September 2016, 9.45am – 10.45am**

**Keynote Address – 60 minutes (Paper #13)**

**Sex Differences in Cognitive Abilities: What We Know and Don’t Know and Why It Matters**

Halpern, Diane F. (Minerva Schools at KGI)

Almost everyone has an opinion about the ways in which females and males are similar and different. It is a common topic of discussion around family dinner tables, as parents prepare for the joys and travails of raising sons and daughters, on television talk shows and comedies, and in every sort of media. The topic is probably as old as humankind. Yet, it continues to fascinate and confound us.

But the topic of sex differences isn't just "hot" in the sense of fashionable; it is, in fact, inflammatory. The answers we provide to questions like,

"Which is the smarter sex?"

"Do girls have less mathematical ability than boys"

"Are boys unsuited for learning in traditional classrooms?"

“Are women naturally better parents?”

“Are men more violent than women because of their biology or their upbringing?”

have implications for present and future societies. The questions are important, and no one is taking the answers lightly. Few areas of study engender as much controversy and acrimony as the questions about sex differences.

In my presentation, I will provide an analysis of what I have learned in the over 30 years since I first started studying and writing about sex, gender, and cognition.
Maintaining a mentally healthy and productive workforce in a global competitive economy is a big challenge for Australia and other capitalist economies. Productivity improvement approaches emphasise reducing inefficiencies, increasing work pressure, reducing job security, and stabilising or reducing wages while bolstering CEO salaries and increasing profits and shareholder value. For workers these approaches are likely accompanied by reduced meaningfulness of work, decrements to worker health, increased psychological distress, increased workplace bullying, work-family conflict, and workers compensation costs. Yet these developments are at odds with health and safety as a fundamental human right, and the most basic ethic of “do no harm”. How critical has psychology been of these developments and in whose interests does the knowledge base and research of the discipline serve?

Psychosocial safety climate (PSC) is the organisational climate for worker psychological health and safety, that reflects a balance of productivity and worker health concerns. Estimates are that improving the PSC of Australian workplaces will reduce productivity costs by $6 billion pa. Taking the psychosocial safety climate as the focal point this keynote will explore the multilevel nature of influences on worker health. Evidence supporting the expansion of work health theories to include national (e.g., culture, societal beliefs, legislation and regulation, corruption, welfare regimes, union representation, values and the media), organisational (e.g., climate) and team level factors will be explored. The power and resource sharing and social coordination required between interest groups (policy makers, politicians, professionals, unions, managers, HR, WHS, workers) to develop the system, the policies, practices and procedures to enable worker health and meaningful liveable work will be examined. Psychology must be seen in a nested context; employers and employees, work in jobs in organisations and in society. Rethinking the goals of psychology, research and practice, and uncovering the driving values will help us to imagine and construct the kind of organisations we would like to live in, and work we would like to live with.
knowledge in the areas of individual and team based leadership development and coaching interventions will be assumed, as will prior experience of core psychometric standards. Prior knowledge of wellbeing theory is not a prerequisite as this will be covered during the session.

**Aims/objectives/learning outcomes:** The session will identify what factors have been shown to significantly impact the Subjective Wellbeing (SWB) of senior executives and managers in Australian based organisations and will offer participants a new way of conceptualizing and measuring subjective wellbeing (SWB) in an organisational context. **Method:** A model of wellbeing for an executive population was conceptualised and a purpose built measure of subjective wellbeing survey was developed to align with this model, and trialled on an initial group of 121 managers. The measure was subsequently reviewed and refined to comprise 125 items across 6 wellbeing domains reflective of key wellbeing concepts from an extensive literature review:

1. Authentic Relationships
2. Meaning, Purpose & Direction
3. Resilience & Equanimity
4. Vitality & Energy
5. Balance & Boundaries
6. Intellectual Engagement & Flow

**Results:** We will share a range of psychometric perspectives regarding the factors mostly highly correlated with SWB for this group; internal consistencies ranging from .70 to .85; scale inter-correlations ranging from .347 to .806; and a range of interesting differences based on gender, age and seniority. **Conclusion:** The significance of these findings has potential relevance for future research, may assist in policy development by human resources specialists, as well as promoting person-centred wellbeing interventions to senior executives. **Approach:** This session will be a combination of engaging and dynamic presentation style format allowing space for interested participants to ask questions as well as contribute insights and discuss emerging trends in relation to the topic. Copies of the presentation and speaker notes as well as the actual the wellbeing model and framework will be provided.

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**Concurrent Session 3B, Room 210, Wednesday 14 September 2016, 11.15am – 12pm**

‘How-to’ Session – 45 minutes (Paper #358)

**Narrative therapy in Practice: How to privilege insider knowledge and co-research preferred stories**

Taub, Rina
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The aim of this workshop is to give psychology practitioners an opportunity to experience the cultural sensitivity, flexibility and responsiveness endemic to the narrative approach pioneered by Michael White (2008). This presentation will explain narrative therapy’s link to anthropology, social constructionism and how problems are manufactured in social, cultural, and political contexts. Through a case example of a young woman we will demonstrate and reference elements of Michael White’s (2008) techniques for narrative practice. These include: i) externalising language; ii) ways of naming and deconstructing the problem, and; iii) exploring underlying values and principles that are meaningful for those who consult with us, which sustain them in the face of hardships. The process will develop participant’s understandings of the multi-storied nature of identity and direct
instruction on: i) how to access insider knowledge; ii) double listening for unique outcomes and; iii) facilitating re-authoring conversations. Practice-based examples and relevance to particular groups such as CALD populations, young people, families and communities will be set clear. This how-to session will allow participants to understand the position of curiosity/co-researcher and a respectful stance which privileges insider knowledge, cultural heritage and rituals which are influential in people’s lives.

Concurrent Session 3B, Room 210, Wednesday 14 September 2016, 12pm – 12.45pm

‘How-to’ Session – 45 minutes (Paper #286)

Supervision using Emotion-Focused Therapy (EFT) “in mode”

HARTE, Melissa (The Harte Felt Centre / The Emotion Focused Training Centre)
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Background: Emotion-Focused Therapy (EFT) is an integrative, evidenced-based, manualised, experiential therapy that emphasises the quality of the client-therapist relationship and offers efficient interventions/tasks to assist clients to deal with emotional experience in the present moment. The EFT approach employs a series of client markers as indicators of client constructed experience, to direct the therapist in the choice of effective process interventions/tasks. Supervision in this area has tended to focus on appropriate use of tasks, the analysis of client emotional processing and the relationship developing between the client and counsellor. An extension of this more standard approach to EFT supervision has seen the development of supervision “in-mode” by using the method’s markers, to inform a supervision practice that is parallel to the EFT process. Tasks such as empty chair and two-chair work are used to debrief the counsellor, bring the client more to life, and to clarify for the counsellor those blind spots and dilemmas they are experiencing in the relationship. Supervision becomes less concentrated on the unknown client’s story and more on the counsellor’s experiencing of the work. Aim: This “how to” session offers supervisors and would-be supervisors with an opportunity to explore this experiential mode of supervision.

Approach: Experiential exercises that involve participant involvement will highlight the process nature of EFT Supervision. Process markers will be presented both theoretically and experientially. These include: dealing with puzzling moments from past sessions; working through meaning protests where the therapist is challenged in practice to re-examine their own deepest convictions; managing unfinished business as in the experience of loss or disconnection from a client, and dealing with conflict splits seen as difficult choices of therapeutic action; or self-interruptive processes such as difficulty speaking the unspeakable. In this way it is possible to explore what happens when supervisor and supervisee are more present to the process in supervision, and allow there to be a flow between the work in therapy and subsequent reflection in supervision. Conclusion: Participants will be able to apply knowledge gained from this workshop and integrate into their supervision work immediately as no prior knowledge of EFT is required.

Concurrent Session 3C, Room 211, Wednesday 14 September 2016, 11.15am – 12.45pm

Symposium – 90 minutes (Paper #161)

Parental alienation in child custody disputes: From heartbreak to resolution
Parental alienation is a hotly debated topic in practice and research settings. Controversy exists about the existence of parental alienation and its conceptualisation. Due to these debates it can be difficult to assess and understand parental alienation when clients report experiencing it. Additionally there are some publications listing possible responses to parental alienation but there is no consensus on what constitutes best practice in this area. The aim of this symposium is to provide a clear definition and description of what parental alienation is. Clinicians can then use this information as a guide for identifying parental alienation (presentation 1). Often it is the targeted parent who presents for psychological assistance however there is a dearth of literature examining how best to help. An additional aim of this symposium is to present research on the characteristics and experiences of targeted parents (presentation 2). Presentation 3 offers insight into the reunification process and how this can inform practice. Presentation 4 is the first study that systematically reviews and synthesises existing parental alienation literature and provides recommendations for best practice in response to parental alienation. Collectively the presentations explain the journey of parental alienation from a description of what it is and the heartbreak experienced by families to how it can be resolved. This symposium will be of benefit to treating psychologists, family consultants and single experts working in this field.

**Presentation 1: Identifying parental alienation**

MATTHEWSON, Mandy. (University of Tasmania), & DEETH, Lilian. (University of Tasmania), & HAINES, Janet. (Salamanca Psychology)

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Background: The understanding of parental alienation has been complicated by the controversy surrounding parental alienation as a syndrome. Further some studies describe the behaviour and characteristics of the alienating parent, others describe the behaviour of targeted children and there is a small body of literature presenting the experience of targeted parents. **Aim:** The aim of this study was to systematically review and synthesise the literature pertaining to parental alienation to develop a comprehensive description of parental alienation as it presents in the alienating parent, targeted parent and targeted children. **Design:** A systematic literature search was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses methodology (PRISMA: Moher, Liberati, Tetzlaff, & Altman, 2009). **Method:** Literature searches were conducted using Embase, PsycINFO, Scopus and AGIS databases. Additionally, reference lists of all included full text literature were hand-searched. Included studies were peer reviewed journal articles or books published in English offering a description of parental alienation behaviours. **Conclusion:** A comprehensive description of parental alienation and how it presents in alienating parents, targeted parents and children is provided. This study offers clinicians information on how to identify parental alienation. The results of this study also form the basis of an assessment tool that can be used by clinicians to screen for parental alienation.

**Presentation 2: The forgotten parent: The alienated parent perspective**

BALMER, Sian. (University of Tasmania), & MATTHEWSON, Mandy. (University of Tasmania), POUSTIE, Clare (University of Tasmania) & HAINES, Janet (Salamanca Psychology)

Sian.Balmer@utas.edu.au

**Aim:** This study investigated the characteristics and experiences of parents targeted by parental alienation. The aims of the study were to determine targeted parent experiences of parental alienation post-separation and to investigate common targeted parent characteristics. **Design:** This
The present study utilised a 2 (target parent gender: male/female) x 2 (target child gender: male/female) x 1 (target child age) correlational design with qualitative analyses. **Method:** Researchers invited alienated parents to complete an online survey. The researchers approached non-government organisations, support groups and private practices providing assistance for parents experiencing parental alienation. The survey included measures of socio-demographic variables, exposure to parental alienating tactics, parent-child relationship factors, stress appraisal and affect. **Results:** Two hundred and twenty five targeted parents participated, 120 of whom were female ($M_{age} = 40.73$ years, $SD = 7.05$). The current study’s findings revealed that targeted parents who completed the survey were experiencing extremely high severity of exposure to parental alienation tactics at the hand of the alienating parent. Targeted parent gender and targeted child age were found to significantly predict variance in exposure to parental alienation. Targeted mothers experienced significantly higher severity of exposure to parental alienation compared to targeted fathers. Finally, the severity of exposure to parental alienation tactics significantly predicted increases in the appraisal of the parental alienation situation as threatening. **Conclusion:** The present findings contradicted previous literature showing that fathers are more commonly alienated than mothers, and offered new insights into targeted parent appraisals of their parental alienation experience. The results signified the seriousness of the impact of exposure to parental alienation for targeted parents, and highlighted a need for empirical research into the effectiveness of interventions and support services to assist targeted parents through the process of parental alienation.

**Presentation 3: The reunification experience: How can this inform practice?**

**WARD, Sophie.** (University of Tasmania), & **MATTHEWSON, Mandy.** (University of Tasmania)  
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**Aim:** the aim of this study was to investigate alienated parents’ and children’s experience of the reunification process following alienation. Specifically it aimed to explore their motivation for reunification, their description of what the reunification was like, their views as to what may have helped or hindered the reunification process and the impact that it has had on their lives. **Design:** A qualitative design using semi-structured interviews was employed. **Method:** Participants were adult children who had reunified with a targeted parent since turning 18 following parental alienation in childhood, as well as parents who had reunified with their adult children. Participants attended a semi-structured interview that explored the participants’ experience of parental alienation, their current parent-child relationship, the catalyst for reunification, what helped and hindered the reunification process and how reunification has impacted their lives. **Results:** Data was analysed using Interpretative Phenomenological Analysis (IPA) (Smith & Osborn, 2008) and common themes were identified using the NVivo-10 program (QSR International, 2014). **Conclusion:** The results provide insight into how mental health and legal professionals can better support individuals experiencing parental alienation. The results also provide information that can be incorporated into intervention programs.

**Presentation 4: Recommendations for best practice in response to parental alienation**

**TEMPLER, Kate.** (University of Tasmania), & **MATTHEWSON, Mandy.** (University of Tasmania), & **COX, Georgina** (University of Melbourne) & **HAINES, Janet** (Salamanca Psychology)  
K.Templer@alfred.org.au

**Aim:** Little is known about what practices are effective in aiding psychologists and legal practitioners in supporting the alienating parent, targeted parent and the involved child/children. This systematic literature review aimed to identify all available evidence based practices in response to parental
alienation and to develop best practice recommendations for clinicians working in this field. **Design:** This study was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses methodology (PRISMA: Moher, Liberati, Tetzlaff, & Altman, 2009). **Method:** Medline, Embase, and PsycINFO academic databases, as well as The Cochrane Central Register of Controlled Trials and conference abstracts were searched. Key authors in the literature on parental alienation were contacted for additional information regarding any unpublished research. Additionally, reference lists of all included full text literature were hand-searched. For inclusion in this review, studies had to be peer reviewed journal articles or books published in English pertaining to a psychological or legal intervention for parental alienation. Studies had to measure one of the following: the relationships of children with the targeted parent and/or alienating parent; attitudes or perceptions towards the alienating parent; changes of custody arrangements; or outcomes of therapy such as a reduction in psychological symptoms such as anxiety and distress. **Results:** Nine articles were included in the review. Five main intervention types were identified. These included: change in custody and individual or family therapy/mediation; custodial transfer only; multi-modal family intervention; parallel group therapy; and reunification programs. **Conclusion:** Changes in custodial arrangements in favour of the targeted parent are effective in ameliorating parental alienation. Specialised therapies specifically addressing the alienation are also effective in restoring parent-child relationships and co-parenting efforts. Additionally a coordinated approach from clinicians and legal practitioners is important in resolving parental alienation.

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**Concurrent Session 3D, Room 212, Wednesday 14 September 2016, 11.15am – 12.45pm**

**Professional Forum – 90 minutes (Paper #365)**

*Working in partnership with young people from diverse backgrounds in Melbourne’s western suburbs*

SHARPLES, Jenny (Victoria University), TURNER, Colleen (VICSEG New Futures), CURNOW Fletcher (Victoria University), BAKER, Alison (Victoria University), KEAST Sam (Victoria University) & AMBRY, Dallas (Victoria University)

cturner@vicsegnewfutures.org.au

**Background:** Social connectedness is positively associated with wellbeing and success in education and sporting endeavors. In Australia, sport has often been called the great equalizer, claiming to offer a space for belonging and inclusion regardless of cultural background. But young people from refugee and migrant backgrounds continue to face a number of challenges to social inclusion even in communities as diverse as Melbourne’s western suburbs. **Aim/objectives:** This forum explores innovative models of positive youth development addressing structural barriers faced by culturally diverse young people. The forum unpacks those challenges and considers two successful community responses in the areas of education and sport. The forum explores ways psychologists can work alongside young people and their families and communities to enhance social connectedness of immigrants and refugees in community settings. **Approach:** Two examples of university-community partnerships will be presented. The first is titled: *These boots represent our struggle*. An intercultural community soccer hub was formed in response to exclusion and discrimination in mainstream, competitive settings. This research traces participants’ experiences over a two-year period, and documents the model and structure that emerged. The soccer hub functions as a public homeplace, a democratic setting where young people from different cultural and faith communities have developed a shared vision for belonging through their love for soccer. The second example, *It makes me happy for school*, outlines the Refugee Student Engagement Project, conducted across 9 secondary schools involving 60 students of refugee and Pacific Nations backgrounds. Based on a group mentoring model with community development components, the program has been embraced by schools, parents, mentors, and students. The themes emerging include: achieving goals, developing confidence and enhancing social connection of young people within their schools,
communities and family. **Implications/conclusions:** These examples support practical approaches to developing social inclusion for young people. They demonstrate how working alongside young people can challenge dominant ideologies and build communities across cultural divides even within conservative institutional settings such as high schools and sporting clubs. Forum participants are invited to consider the structural barriers and systemic racism these culturally diverse young people experienced, and how communities of resistance can be built.

**Concurrent Session 3E, Room 213, Wednesday 14 September 2016, 11.15am – 12pm**

**Symposium – 45 minutes (Paper #213)**

**Military transition and wellbeing research**  
Van Hoof, Miranda Dr and Hodson, Stephanie

This symposium will provide an overview of the Transition and Wellbeing Research Programme, a comprehensive suite of studies examining the mental, physical and social health of current and ex-serving Australian Defence Force (ADF) members and their families. These three presentations will provide important contextual background to this programme of research as well as selected empirical findings relevant to the impact of military service on psychological health. The first presentation will provide a summary of the history of Australian military research in the context of the ADF, and discuss the background to, and the structure of the Transition and Wellbeing Research Programme. The second presentation will summarise selected key findings from analysis of data collected as part of the Military Health Outcomes Program (MilHOP) of research, the first phase of this research programme which was conducted in 2010. These findings will focus on the impacts of military service on, and risk and protective factors associated with, psychological health among ADF members. The final presentation will focus on the psycho-social health and wellbeing of family members of current and transitioned ADF members. The session will conclude with a discussion of the implications on service delivery both within Defence and following Transition.

These presentations will not only be of interest to the APS Military and Emergency Services interest group but clinicians, researchers, and policy makers working with other high risk occupations.

**Presentation 1: Military Service: the impacts of working in a high risk occupation**  
Van Hooff, Miranda. (Centre for Traumatic Stress Studies) McFarlane, Alexander. (Centre for Traumatic Stress Studies) Lawrence-Wood, Ellie. (Centre for Traumatic Stress Studies) Searle, Amelia. (Centre for Traumatic Stress Studies) Hodson, Stephanie. (Department of Veterans’ Affairs) Sadler, Nicole. (Department of Defence) Benassi, Helen. (Department of Defence) Bryant, Richard. (University of New South Wales) Sim, Malcom. (Monash) Forbes, David. (Phoenix Australia), Kelsall, Helen. (Monash) Rosenfeld, Jeff (Monash), Burns, Jane (Young and Well CRC) Harvey, Jacqui (Australian Institute of Family Studies)

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The Transition and Wellbeing Research Programme, comprising a suite of three studies, examines the impact of military service on the mental, physical and social health of serving and ex-serving personnel and their families. The three studies included in this program are: The Mental Health and Wellbeing Transition Study, The Impact of Combat Study, and the Family and Wellbeing Study. This presentation will provide the historical background and context to the development of this programme, including the first phase of this study which was conducted in 2010 (MilHOP), and give
an overview of each study. The Mental Health and Wellbeing Transition Study, targeted both serving and ex-serving personnel to determine their mental, physical and social health. It will provide a comprehensive picture of the mental health and wellbeing status of contemporary veterans as well as particular subgroups within the ADF (i.e. reservists and a representative sample of 2014 regular ADF personnel). The Impact of Combat Study has followed up all individuals who participated in the Middle East Area of Operations (MEAO) Prospective Health Study (including current and ex-serving ADF members), with the aim of examining the longitudinal trajectory and risk and protective factors for mental, physical, and social health and wellbeing. The Family Wellbeing Study aimed to investigate the psycho-social health and wellbeing of family members of current and transitioned ADF members.

**Presentation 2: Exploring the Impact of Deployment to a Combat Zone**
Authors: Van Hooff, Miranda. (Centre for Traumatic Stress Studies) McFarlane, Alexander. (Centre for Traumatic Stress Studies) Lawrence-Wood, Ellie. (Centre for Traumatic Stress Studies) Searle, Amelia. (Centre for Traumatic Stress Studies) Hodson, Stephanie (Department of Veterans’ Affairs) Hodson, Stephanie. (Department of Veterans’ Affairs) Sadler, Nicole. (Department of Defence) Benassi, Helen. (Department of Defence) Bryant, Richard. (University of New South Wales)

This paper will discuss key findings from the Military Health Outcomes Program of research, which includes a number of cohorts who have been followed up in the Transition and Wellbeing Research Programme. Specifically, findings relevant to the experience and impacts of military service on psychological health. The first analyses use data from the Mental Health Prevalence and Wellbeing Study to explore risk and resilience factors in relation to psychological symptoms and disorder among currently serving ADF members. This is followed by a more specific focus on the experience and impacts of deployment on psychological symptoms. This paper will conclude with an overview of key gaps in understanding regarding the experience and impacts of military service.

**Presentation 3: Impact of transition from military to civilian life on families**
Authors: Harvey, Jacqui. (Australian Institute of Family Studies) Daragovna, Galina. (Australian Institute of Family Studies), Heggie, Kyleigh. (Australian Department of Veterans’ Affairs)

The Transition and Wellbeing Research Programme examined the impact of contemporary military service on the health and wellbeing of serving and ex-serving Australian Defence Force (ADF) personnel. One of the goals of the Program is to enhance the evidence base that informs policy and support services for ADF families, in both the Department of Defence and the Department of Veterans’ Affairs. The Family Wellbeing Study, one of the three studies comprising this program, is investigating the psycho-social health and wellbeing of family members of current and transitioned ADF members. This paper describes the research methods used in this study as well as highlights how the results, particularly in relation to support services, may be used to inform new directions toward improving outcomes for the families of current and transitioned ADF members.
Working with First Responders and those who approach Trauma

This session provides professional input from clinicians currently working with serving or ex-servicing first responder personnel (police, fire, emergency services or journalists) on topics of interest to our member group. The objective is to increase the knowledge of our member base in how to assist this client group.

**Presentation 1: Trauma in policing: A clinical group treatment program to prevent PTSD**

WEST, Alexandra (Victoria Police)
alexandra.west@police.vic.gov.au

**Aim:** Emergency services workers are at increased risk of PTSD due to ongoing exposure to critical incidents. Those who traumatic reactions are not recognised and remain untreated may experience impairment caused by their symptoms. This group are at particular risk of developing PTSD and other conditions, however there are currently no services that adequately meets their needs.

**Method:** This project developed a group intervention program for current serving police members experiencing trauma symptoms, and who are still at work, but whose symptoms do not meet diagnostic criteria for PTSD. The primary aim was to reduce trauma symptoms and improve psychological health. A single group pre-post test design was used. Eight male police officers were included in the group. **Results:** Participants have completed pre-intervention and post-intervention psychological measures, which will be further administered at three, six and 12 months post-intervention. More data will be available closer to the Congress date. Initial results demonstrate a decrease in psychological symptoms associated with trauma, with gains maintained at two-months post-intervention. **Conclusion:** Group members report positive feedback about the program on their psychological health, relationships, work participation, and life satisfaction, decreased cynicism and improved work engagement. Further results will be discussed as they are analysed, with implications for early intervention in emergency services workers addressed.

**Presentation 2: Navigating through trauma syndromes and institutional betrayal to help first responders**

VAN HAEFTEN, Bruce (Northern Territory Police, Fire, and Emergency Services)
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**Background:** First responder personnel generally expect exposure to psychological hazards in their duties. The possibility of frequent and cumulative exposure to psychological hazards creates complexity with regard to anticipation of re-exposure and maintenance of baseline resilience. **Aims:** As health practitioners assisting first responder personnel, it is essential to develop an understanding of the type institutional experiences that may contribute to or reinforce perceptions of institutional betrayal. **Method:** This presentation discusses the features of trauma syndromes relating to self-perception, relationships with others and meaning. The impact of trauma upon this subset of features has the potential to shape the attitudes and behaviours of first responders, especially with regard to help seeking and engagement with treatment. **Conclusion:** The significance of perceived victimisation through institutional betrayal can be viewed in the impact upon a person’s previously sustaining values. The presentation informs about the benefit of a holistic model of allied health, peer support and pastoral care to address first responder trauma.
**Presentation 3:** What clinicians need to know when working therapeutically with journalists

McMAHON, Cait OAM (Dart Centre)
cait.mcmahon@dartaspac.org

**Background:** The Dart Centre for Journalism and Trauma creates and sustains interdisciplinary collaboration and communication among news professionals, clinicians, academic researchers and others concerned with violence, conflict and tragedy. **Aim:** This is a how-to session from the Dart Centre. Cait McMahon, OAM will talk about challenges faced by journalists in their work, the resilience variables involved, and how clinicians can approach the impact of trauma on journalists from a relevant positivistic framework. **Conclusion:** Psychologist will learn how they can collaborate with the important work of media rather than 'manage the media'.

**Presentation 4:** Addressing capacity as a critical precursor to engaging Ex-service personnel in trauma focused treatment

BEVIS, Scott (Private Practice)
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**Aim:** Exposure to traumatic events and situations that conflict with an individuals’ sense of morality are regular occurrences in the context of uniform work and both are identified as antecedents for psychological disturbances. Conceptualising such presentations in terms of PTSD potentially neglects consideration with such cases in terms of broader and more relevant diagnostic options. The enveloped risk here is that appropriate treatments for PTSD are administered only to result in poor therapeutic outcomes, as the recipient does not yet have capacity to engage with trauma processing. A recognisable platform for facilitating stabilisation and capacity building emerges from the paradigm of Dialectical Behavioural Therapy (DBT) skills training, where affect regulation, distress tolerance, mindfulness, interpersonal effectiveness skills are taught to clients prior to trauma focus treatment. **Method:** Under investigation is how a modified DBT skills training group may be used specifically with ex-service personal to effect meaningful outcomes including improved psychological functioning and readiness for engagement with the gold standard treatments for PTSD. **Results:** Results of the pilot program will be available closer to the Congress. **Conclusion:** Implications for how in- and out-patient treatment programs for PTSD are implemented will be discussed.

**Concurrent Session 3F, Room 216, Wednesday 14 September 2016, 11.15am – 12.45pm**

**Interest Group Session Professional Forum – 90 minutes (Paper #371)**

**Beyond Seligman: Innovations in Positive Psychology Across Clinical, Applied and Research Settings**
BUCHHOLZ, Judith Dr (Simply Psychology, ACT), GARRO, Sharon (Melbourne University, VIC) & RAYMOND, Ivan (Flinders University, SA).
judith_buchholz@yahoo.com

**Background:** The field of positive psychology has developed from a movement led by Seligman in the 1990s. Positive psychology encompasses the positive aspects of human behaviour and functioning; aspects of life that make it happier, more peaceful, and more worthwhile. In response to an increasing body of evidence, applications of positive psychology interventions have grown. In addition to the clinical setting, positive psychology is being applied in diverse and innovative contexts such as: educational settings, workplaces, parenting and relationships, the military, health.
rehabilitation programs, and more. Positive psychology scholars have helped shift attention from correlational to randomised controlled studies in the development and evaluation of positive interventions for enhancing wellbeing and resilience. Findings of positive psychology research encourage the development of more rigorous and controlled studies seeking to understand the underlying mechanisms of positive interventions. **Aims:** To provide participants with a) an understanding of positive psychology including interventions and their application within the clinical setting, b) an understanding of the variety of settings in which positive psychology can be applied to enhance outcomes, and c) an understanding of current areas of research and the possibilities of future directions for research in positive psychology. **Approach:** In the first part of this presentation a brief background on the positive psychology movement will be presented. This will be followed by a discussion of the practical application of positive psychology interventions in clinical practice, with contributions to various therapeutic approaches illustrated by case examples. In the second part of the presentation the application of positive psychology in the school setting will be discussed. The development of character and positive identity in adolescents will be examined. Finally, research is presented that examines the relationship between intrinsic value orientation and flourishing life outcomes. This will be followed by participant discussion. **Conclusion:** The science of positive psychology contributes new insights and proven strategies to increase wellbeing. While there is increasing evidence in support of the efficacy of positive psychology interventions in varied contexts, rigorous evaluation of positive interventions is still needed. Health professionals are encouraged to introduce evidence-based positive psychology interventions into their practice.

**Concurrent Session 3G, Room 217, Wednesday 14 September 2016, 11.15am – 12.45pm**

**Interest Group Session Symposium – 90 minutes (Paper #224)**

**The importance of inclusion for people of diverse gender and sexualities**

**RIGGS, Damien W.** (Flinders University)

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Marking its name change, the *Psychology of Diverse Bodies, Genders, and Sexualities* interest group presents a symposium featuring some of the latest research findings that highlight why the question of inclusion is so vital. Whilst it has long been established that marginalisation has negative mental health sequelae, all too often the focus of attempts at inclusion have been on those groups most visible within society more broadly. This symposium reminds us that inclusion must be targeted at all groups who experience marginalisation on the basis of their bodies, gender, or sexualities. Specifically, McLaren focuses on the experiences of older gay men, and demonstrates the relationship between suicidal ideation and sense of belonging amongst this population. Riggs reports on findings from a workshop undertaken with domestic violence sector staff focused on working with transgender women, drawing attention to the importance of concerted efforts at ensuring the inclusion of this group of women. Finally, Nic Giolla Easpaig and Fox explore the limitations of existing ethical concepts and tools for working with young people who experience intersecting forms of marginalisation in relation to youth, rurality, diverse gender and sexual identities, and thus advocate for the ongoing development of meaningful forms of engagement with these young people. As a whole, the papers in this symposium contribute to our understanding of what it means to offer or advocate for inclusion, and suggest the importance of ensuring that our efforts at inclusion focus on those who are the most marginalised within what are already marginalised groups of people.
**Presentation 1:** The relationship between living alone and suicidal ideation among older gay men: The moderating role of sense of belonging with gay friends

**MCLAREN, Suzanne.** (Federation University)
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**Aim:** Living alone is a risk factor for suicide among older adults. Sense of belonging to community is protective, and may compensate for living alone. **Design:** This research investigated whether sense of belonging with gay friends weakened the relationship between living alone and suicidal ideation among older gay men. **Method:** A community sample of 164 Australian gay men, aged 65 to 92 years, completed the suicide subscale of the General Health Questionnaire and two visual analogue scales assessing sense of belonging with gay friends. **Results:** Findings supported a moderation model, with living alone being associated with suicidal ideation among older gay men with low or average, but not high, levels of belonging with gay friends. **Conclusion:** Findings suggest that enhancing sense of belonging with gay friends among older gay men who live alone is likely to be protective in relation to suicidal ideation.

**Presentation 2:** Domestic violence service providers’ capacity for supporting transgender women: Findings from an Australian workshop

**RIGGS, Damien W.** (Flinders University), & **FRASER, Heather.** (Flinders University) & **TAYLOR, Nik.** (Flinders University), & **SIGNAL, Tania.** (Central Queensland University)
damien.riggs@flinders.edu.au

**Aim:** Previous research has consistently found that transgender women experience high levels of domestic violence. Yet to date there has been no published research exploring the capacity of domestic violence services for responding to transgender women who access services. This paper reports on findings from one such workshop developed and run in South Australia. **Design:** The workshop covered 1) terminology, 2) rates of domestic violence as experienced by transgender women, 3) the needs of specific groups of transgender women (i.e., those in relationships with cisgender women or cisgender men; young transgender women; refugee transgender women; and Indigenous sistergirls), 4) barriers to accessing services, and 5) what makes for an inclusive service (including the need to support transgender women who may have experienced both human- and animal-directed violence from intimate partners). **Method:** Workshop attendees (n=25) from one domestic violence service completed both pre- and post-workshop measures that included measures of attitudes towards transgender women and domestic violence, comfort in working with transgender women, and confidence in providing services to transgender women. **Results:** Statistically significant changes were identified on all measures, with workshop attendees reporting more positive attitudes, greater comfort, and greater confidence after completing the workshop. Content analysis of qualitative responses also suggests that attendees developed a better understanding of appropriate terminology and referrals specific to animal cruelty. **Conclusion:** The findings highlighting the importance of ongoing training across the public sector, in order to ensure the full inclusion of transgender women within domestic violence services.

**Presentation 3:** Ethical tensions of engaging in community research with young people with a diverse range of gender and sexual identities in rural and regional contexts: The limitations of existing research concepts and tools

**NIC GIOLLA EASPAIG, Brona** (Charles Sturt University), & **FOX, Rachael** (Charles Sturt University)
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**Background:** The paper presents ethical matters encountered in research with a community of young people who identify with a range of gender and sexual identities, who reside in regional and rural NSW. The research examines the intersecting forms of marginalisation (youth, rurality, diverse
gender and sexual identities) that contribute to inadequate access to services which leads to poorer health and wellbeing outcomes for these young people. **Aims/objectives:** This paper considers the way in which traditional research assumptions and systems create ethical dilemmas when they meet these intersections. **Method:** The theoretical framework through which we engage with these issues is grounded in poststructural understandings of gender and sexuality, and the understanding that young people should be meaningfully included in knowledge production. As part of a community psychology approach, participatory research methods were employed where possible to capture young people’s experiences and promote their voices. Our analysis of ethical issues draws upon challenges negotiated in our research project fieldwork including; consent-giving practices, assumptions relating to participation; formulation of research tools, and facilitating ‘safer’ research spaces, and subsequently considers emerging implications for existing research policy and practice. **Conclusion:** We posit that despite substantial challenges, our ethical concepts and tools are enriched through ongoing processes of critiquing, examining and developing meaningful forms of engagement with the young people we work with.

## Concurrent Session 3H, Room 218, Wednesday 14 September 2016, 11.15am – 12.45pm

**Professional Forum – 90 minutes (Paper #93)**

**Innovation in psychology education and training: opportunities, barriers and solutions**

**MORRISSEY, Shirley** (Griffith University), **CRANNEY, Jacquelyn** (UNSW), **HALPERN, Diane** (Claremont College, USA), **CROWE, Simon** (La Trobe), **LODGE, Jason** (University of Melbourne), **PEARSON, Elissa** (UniSA).

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**Background:** Psychology education and training is currently under review. Accreditation Standards are out of date and consensus by key stakeholders regarding pathways to education and training in psychology appears to be impossible. Meanwhile psychology is still in high demand from school leavers and mature aged students, yet unfortunately large numbers of undergraduate psychology students are continuing to be educated with a model of training that is no longer a good fit for them on graduation. Furthermore opportunities for postgraduate training for the purpose of registration as a psychologist remain very limited. Psychology education and training in Australia needs to meet the challenges of the changing environment for psychology graduates. **Aims/objectives:** This forum will present a number of different perspectives from national and international leaders in psychology education (all national award winners), in order to provide an opportunity for discussion of the barriers to, and innovation needed, to update and reinvent psychology education in Australia. **Method/Approach:** Shirley Morrissey will open the forum with an overview of strengths, weaknesses, barriers and opportunities regarding innovation in psychology education in the current Australian context. Diane Halpern (former APA president) will present a similar analysis for psychology education in the USA. Brief presentations will also be given by: Jacquelyn Cranney on the relevance of psychological literacy; Jason Lodge from the broader higher education perspective; Elissa Pearson from the early career psychology educator perspective, and Simon Crowe (former APS president) from the high school psychology education perspective. **Implications/conclusions:** Key stakeholders in psychology education will be invited to comment briefly on these presentations. The floor will then be open for positive recommendations on how to update and refresh psychology education and training in Australia.

## Concurrent Session 3I, Room 219, Wednesday 14 September 2016, 11.15am – 12.15pm

**Interest Group Session Symposium – 60 minutes (Paper #181)**
New horizons for research in Australian peace psychology

LOUIS, Winnifred R. (The University of Queensland)

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This symposium brings together five papers concerning contemporary research in peace and conflict in Australia and abroad. In the Australian context, Azam presents a field study of non-Muslim women in action avoiding or approaching a hijab stall, speaking more broadly to the literatures on intergroup contact and prejudice. Mabin describes the impact of group discussion and apology on aggression toward an outgroup transgressor, showing the power of collective rumination to exacerbate aggression, while collective empathetic discussion was similar to individual empathy in lowering aggression. Miletic examine the conceptualisation of conflict in China and explore the implications for theories of conflict resolution more broadly. Bretherton interrogates the implications of methodological choices for peace research. Quantitative and qualitative approaches are critically examined, with an eye to unpacking the elements that make research truly peaceful versus violent. Finally, Louis and colleagues describe a program of research that examines the group processes that facilitate violence and killing of animals and humans. This symposium is thus integrative in bringing together theoretical, empirical, and methodological papers, with speakers from political science and psychology, and data from Australia, China, and the US. The speakers seek to analyse factors that promote conflict resolution and tolerance, versus escalation and violence, from diverse perspectives and with an aim to transformative social change as well as theoretical enlightenment and audience entertainment.

Predictors of Approach/Avoidance of Diversity in Non-Muslims: A Hijab Stall Field Test

AZAM, Fatima (University of Newcastle), PAOLINI, Stefania (University of Newcastle), HARWOOD, Jake (University of Arizona, USA), and HEWSTONE, Miles (University of Oxford, UK)

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Aim: Positive intergroup contact improves intergroup relations (Allport, 1954). Given worsening relations between Muslim and non-Muslims, this research studied ways to encourage positive contact between them. Past research has focused on determinants of contact avoidance (e.g. intergroup anxiety), rather than contact approach using either lab-based interventions lacking ecological validity or larger correlational datasets with a focus on individual determinants. Design: The current field study assessed the predictive power of multiple contact approach/avoidance determinants organized in five multi-level clusters (1. Non-social, 2. Social, 3. Partner/interaction, 4. Intergroup, 5. Environmental/contextual). Method: A 2-way typology classified non-Muslim women (N = 566) for their approach-avoidance of a Muslim-driven initiative (a hijab stall) and for their subjective apprehension/concerns, as intergroup ‘Fearless’ (approached without concerns), ‘Brave’ (approached with concerns), ‘Fearful’ (avoided with concerns), and ‘Indifferent’ (avoided without concerns). They were then surveyed along the clustered variables in an on-line questionnaire. Results: MANOVAs and Discriminant Function Analysis identified systematic patterns of differences between the four Types suggesting they differed in their psychological profiles at least on 4 of the 5 clusters. Conclusion: These results validate the 2-way behavioral typology of determinants of intergroup contact approach vs. avoidance and demonstrate the merits of an integrated theoretical and empirical framework to the investigation of this novel area of enquiry.

The Effects of Mitigating Information and Ruminative versus Empathic Group Discussions on Aggression

MABIN, Emma, and DENSON, Tom. (University of New South Wales)

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Aim: Research suggests that angry rumination with an ingroup member increases aggression toward an outgroup member to a greater extent that ruminating alone. The novel contribution of the present research is to examine the impact of mitigating information (i.e., an apology) followed by group discussion on aggression. Design: All participants were provoked and then either received an apology or no-apology. Half of the participants subsequently engaged in a group discussion and half engaged in individual tasks. The content of the group discussion and individual tasks was either anger-related or empathic. Method: Hence there were four conditions: collective rumination, individual rumination, empathic group discussion or empathic thinking alone. All participants had the opportunity to aggress. Results: There was an interaction between group discussion and mitigating information on aggression. Replicating prior research, collective rumination augmented aggression compared to individual rumination. Apologies reduced aggression relative to no-apology in both the discussion and no-discussion conditions. State empathy and annoyance toward the experimenter mediated the interaction. Conclusion: These findings have implications for understanding the role of collective rumination in group-based aggression, such as riots, hate-crimes and decisions to go to war. Furthermore, present findings have implications for designing and implementing strategies to reduce group-based aggression through the introduction of mitigating information.

Perspectives of conflict in emerging leaders in China
MILETIC, Tania (School of Social and Political Sciences, University of Melbourne), and BRETHERTON, D. (School of Politics and International Studies, University of Queensland)
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Background: China plays an increasingly prominent role in the world and how we understand international relations. However, studies of conflict from the Chinese perspective are infrequent in the research literature and when they occur tend to be either cultural or political in their orientation, although in practice these intertwine in a complex way. Aims/objectives: This paper will report on a study of the perspectives of conflict in emerging leaders in the People’s Republic of China. The findings have many implications not only for the practical purpose of negotiating with the Chinese but also for reviewing some of the assumptions made by Western theories of conflict analysis and resolution. Method: Qualitative analyses of leaders’ discourse are conducted and presented in this paper. Conclusions: In this presentation we will discuss the practical and theoretical implications of the finding that respondents tended to approach conflict in a centripetal fashion, starting with the macro-system periphery and working inward to smaller scale organizational and interpersonal conflicts.

Peace research by peaceful means
BRETHERTON, Di (University of Queensland), and LAW, Siew Fang (Victoria University)
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Background: Psychologists have long been aware of the relevance of applying research findings to help reduce violence and promote peaceful relationships. Aims/objectives: Using Galtung’s idea of “peace by peaceful means” this presentation will explore not only how research can yield findings that can be applied to peace building but also how each stage of a research project may be seen as part of a peace building process. Method: We will briefly review established methods in peace psychology, dealing with questions such as “How can quantitative research advance peace psychology?” and “Is qualitative research necessarily peaceful? Conclusions: We will conclude by describing some innovative and imaginative psychological peace research projects in different parts
of the world that are designed to reduce the power distance between the researcher and the researched, engage participants in the research process and support the efforts of communities to find solutions to their own problems.

Learning to Kill? The role of group processes in the acceptance of killing

LOUIS, Winnifred R. (School of Psychology, the University of Queensland), AMIOT, Catherine E. (Universite du Quebec a Montreal), THOMAS, Emma (Murdoch University), MOLENBERGHS, Pascal (Monash University) and CRANE, Monique (Macquarie University)
w.louis@uq.edu.au

Background: While killing of animals or humans may be associated culturally with pathology, there are many contexts in which it is supported by social norms, from veterinary euthanasia to combat in war. Aims/objectives: The present talk describes a program of research on accepting norms for killing and taking them on board, from reluctance to acquiescence to enthusiasm. The theoretical framework is an integration of social identity and self-determination theories, which we call collective self-determination. Method: We will briefly review initial studies in this area, including experimental data and surveys. Conclusions: This project explores the antecedents, mechanisms, and consequences of social norms to kill animals and humans.

Concurrent Session 3I, Room 219, Wednesday 14 September 2016, 12.15pm – 12.22pm

Rapid presentation (Paper #465)

The role of individual differences in relation to the prevalence of effort-reward imbalance

Williams, Cameron (Murdoch University)
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Introduction: Since its development, Siegrist’s effort-reward imbalance (ERI) model has extensively demonstrated that discrepancies between efforts expended and rewards obtained result in detrimental outcomes (e.g., depression). However, despite the strength of Siegrist’s stress-model, very few intrinsic factors have been considered in relation to ERI prevalence. Similarly, although this model suggests that ‘overcommitment’ exacerbates/moderates the effects of ERIs, only one previous study has considered whether overcommitment increases an individual’s risk of experiencing an ERI. Therefore, to replicate this finding and expand on the existing literature, this study investigated several unexplored individual differences. These factors were specifically chosen as they appear to influence both an individual’s level of effort expenditure, and/or their ability to internalise success/reward. Design: As questionnaires are cost/time efficient, and appropriate for use with large samples, a quantitative e-survey was used. To eliminate alternate interpretations, age, gender, SES, and average academic grade, were also controlled. Method: Convenience sampling was employed via Facebook/poster advertising. Ultimately, 2,570 tertiary students, representing 15 courses/disciplines and all Australian universities, were sampled. Given that no existing student-based study has investigated intrinsic ERI predictors, the use of a student sample was beneficial. To control for time-of-testing (e.g., examination stress), participants were sampled in 16 weeks of the typical 17-week semester (spread over two semesters). Hierarchical linear regression was employed. Results: Preliminary analyses suggested that higher levels of overcommitment, maladaptive perfectionism, and/or extrinsic motivation were associated with higher ERI levels ($p < .001$).
Overcommitment accounted for 17.89% of ERI variance, whilst maladaptive-perfectionism and extrinsic-motivation accounted for less than 1%. Higher levels of work-related self-efficacy were found to be protective ($p < .001$; accounting for 6.76% of ERI variance). **Conclusion:** Although longitudinal replications are required for causal confirmation, this study has highlighted novel intrinsic factors that may place individuals in need of ERI interventions. By identifying ‘at-risk’ individuals, early ERI prevention/management may be possible. On the other hand, programs designed to increase self-efficacy may be beneficial. Ultimately, as the individual differences considered in this study are not specific to student samples, this research may offer benefits for both student and employee physical/mental health, and workplace/educational outcomes.

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**Concurrent Session 3I, Room 219, Wednesday 14 September 2016, 12.22pm – 12.29pm**

**Rapid presentation (Paper #443)**

**Snakes, spiders, crime, oh my! Gender differences when assessing crime and threat.**

NOON, Michelle (Swinburne University of Technology), KNOWLES, Ann (Swinburne University of Technology) & BEAUDRY, Jennifer (Swinburne University of Technology). mnoon@sdu.au

**Aim:** Research findings suggest a fear of crime gender paradox with women reporting higher rates of fear than men, despite men’s higher risk of stranger victimisation. This research examined whether this gender paradox was unique to crime, whether the crime portrayed needed to also be threatening, and if this paradox could be generalised to other stressful stimuli (e.g. snakes). **Design:** In this $2 \times 2$ within-subjects design, participants viewed 80 images that—as shown in a pilot study—varied in terms of threat (high vs. low) and crime (high vs. low). **Method:** Men ($n = 81$) and women ($n = 95$) were recruited from a psychology program ($M=31$ years). Participants rated the 80 images in terms of threat, relation to crime, and level of fear. Participants also rated their levels of generalised anxiety, social desirability of responses, experiences of victimisation and general fear of crime using traditional survey methods (e.g. Report on Government Services and Jackson’s [2006] measure). **Results:** Participants’ ratings of threat and crime replicated our pilot study and confirmed our image classification into the four groups. Regarding fear ratings, there were two two-way interactions: between threat and crime, and between threat and gender. Women reported more fear than men when responding to high threat images and high crime images. This supports the fear of crime gender paradox, yet also suggests that the paradox is not unique to crime but can be generalised to non-crime-related threatening stimuli. Further, women reported significantly greater fear than men when rating non-threatening but crime-related images. Further details of these results will be discussed. **Conclusion:** The results suggest that men and women are responding differently to crime and threat. A limitation of this study is the use of non-clinical populations and a tertiary educated sample. There are implications for how men and women are supported in their reporting of emotions in the context of stressful situations.

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**Concurrent Session 3I, Room 219, Wednesday 14 September 2016, 12.29pm – 12.36pm**

**Rapid presentation (Paper #404)**
Resilience vs Anxiety: an exploratory study of Iranian refugees in Australia

Aim: Resilience and anxiety among Iranian refugees living in Australia were investigated. Design: To understand the role of resilience in contributing to the mental health of Iranian refugees this study employed an exploratory mixed methods design. Method: First data were collected from Iranian refugees using an online questionnaire that included questions from the Migration and Settlement Questionnaire (MSQ), the anxiety subscale of the Depression Anxiety Stress Scale (DASS-21) and the Resilience Scale for Adults (RSA). A subset of individuals, who completed the questionnaire, were then invited to a semi-structured interviews to complement the findings of the questionnaire. Results: Higher levels of anxiety correlated with lower levels of resilience ($r = -0.61, p = 0.000$). The main risk factors associated with high anxiety score were: being unemployed, cultural differences, discrimination, and difficulties with social cohesion in the Iranian community. In contrast, access to social support and services, spiritual faith, and personal and social competencies were found to be the main factors associated with a lower anxiety score. Being married and employed were also associated with lower anxiety score mediated by resilience. Conclusion: This study suggests approaches aimed at reducing vulnerability to anxiety among refugees, including setting up community support groups that strengthen social cooperation; creating strategies to enhance employment opportunities; and raising awareness of Iranian culture in the larger Australian community to reduce discrimination. This research also highlights the need for further study to assess whether interventions that strengthen resilience will reduce anxiety in refugee populations. Limitation, the methodology employed to recruit participants relied on the active involvement of Iranian community organizations and a genuine interest from Iranians in Australia voluntarily participating in the study. Therefore, people who are isolated and may have lower resilience and/or anxiety may be under-represented. Moreover, the causality of findings could not be assumed because of the cross-sectional nature of study design.
Choir for people living with dementia: a case study and methodological questions

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Aim: The aim of this project was to evaluate the impact of a choir intervention on people with dementia living in a residential aged care facility. The specific objectives included: To measure changes in BPSD, including depression, for participants of the choir; To measure changes in quality of life for choir participants; and To assess additional subjective effects of choir participation on participants and on the staff of the aged care facility. Method: Design - A mixed methods, single group pre-post test design was used with the choir acting as the intervention. Standardised instruments were used to collect quantitative data prior to the implementation of the choir, and these were re-administered at the end of the choir. Qualitative staff interviews were conducted at the end of the choir intervention. Measures included demographic information; Global Deterioration Scale, Cornell Scale for Depression in Dementia; choir attendance and participation; Dementia Behaviour Disturbance Scale; Dementia Quality of Life Instrument; qualitative feedback from residential care staff. Results: Three male and nine female residents participated in the choir; All participants attended for at least six of the eight choir sessions. Many participants needed encouragement and/or assistance to attend each of the sessions. Staff perceptions of the impact of the choir on participants were particularly positive with respect to some individual participants, reflecting individual differences in reactions to the intervention. Staff did not observe extended benefits of the intervention for most participants. Conclusion: Overall there was some limited evidence to suggest that the choir intervention had positive benefits for participants in terms of their levels of depression and other BPSD. No large effects were noticed by staff for the majority of participants, nevertheless staff were surprised at the significant impact the choir had on one or two participants, and this reflects the differing effects the intervention had on participants. In future alternative methods for describing the impact of choir interventions might be more appropriate than the methodological approach used here.

Promoting emotional wellbeing in older adults using music

WELLS, Yvonne (La Trobe University)

Background: In 2014, beyondblue contracted a team led by La Trobe University, to complete a literature review and provide content for a new booklet on what works to address anxiety and depression in older people who live in residential care or receive community services. This paper focuses on interventions that rely on use of music and describes selected research evidence on a range of music-based approaches. Objectives: The aim of the project was to encourage staff to try out evidence-based strategies to improve the wellbeing of clients and residents. Methods: A literature review was conducted to identify psychosocial interventions for depression and anxiety used in Australia or overseas with older people. The evidence base for each intervention was described, along with groups for whom the approach might be effective and necessary conditions for
effectiveness, including staff training. The booklet was pilot-tested and revised in light of feedback from staff working in aged care settings.

**Results:** Early on, the project expanded to include emotional wellbeing, as well as anxiety and depression, and supporting evidence was widened to include documented case studies. Forty-seven interventions with any level of evidence to support their use were identified and grouped into 11 categories. The strength of evidence varied between strategies, but the strongest included music and singing. Evidence on anxiety was weaker for anxiety than for depression. **Conclusions:** Interventions and activities that rely on the use of music are well-supported by the research literature.

“Music Always”: Promoting the wellbeing of older people with quality live music

**THOMAS, Cindy** (Melbourne Recital Centre)

**Background:** Music Always, a project initiative of the Melbourne Recital Centre, facilitates access to its concert programs for older people who are dependent upon community or residential aged care support. In 2014 the Music Always program was introduced to the NARI/RMH (RPC) seminar. The program was delivered in aged care residential centres during 2015. **Objectives:** Key elements of the program are that it provides: access to music via both “in-centre” and “in-resi” concert performances; a diversity of musical styles and genres; a strong intergenerational component; a pre-performance orientation program for the musicians; the audience with the opportunity for post-performance discussion with the musicians. NARI was assigned the role of conducting a study of the effect of the program. This paper reviews the development of procedures associated with access and participation, including the essential contributions of care organisations and the response of stakeholders / participants. **Methods:** The outcomes of the Music Always program are indicated by quantitative and qualitative data gathered from: the audience of interest, their carers and the musicians. Data was collected on factors of: emotional engagement, cultural and aesthetic enrichment, social engagement and shared sense of inclusiveness, reflections upon personal identity and musical diversity. **Results:** Key features of the responses from various stakeholders and participants, as collected and analysed by NARI, will be reported. **Conclusions:** The provision of quality live music, together with musical and social interaction with artists and intergenerational activities, has received positive support from stakeholders and participants. Finally there will be a brief discussion of Music Always in the global context of comparable initiatives being undertaken by arts organisations.

**Reasons for Becoming a Psychologist and Choosing the 5 + 1 Pathway.**

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**Aim:** Reasons for becoming a psychologist have long been suspected to relate to practitioner effectiveness, although previous research has been descriptive rather than causal. The choice of training pathway may also be related to effectiveness, yet this remains under-researched. In Australia, the psychology profession is entering a paradigm shift towards generalist training, particularly the 5 + 1 pathway consistent with the European model. The aim of this research was to examine the reasons for becoming a psychologist, and the choice of training pathway, amongst those entering a Master of Professional Psychology (5 + 1) program. **Design:** This study reports preliminary qualitative findings from a larger, ongoing, longitudinal study examining relationships.
between motivation for entering counselling and psychology programs and later professional outcomes using a mixed methods design. A survey captures variables such as demographic information, academic achievement, reasons for career choice, career aspirations, perceptions of the profession, professional self-efficacy (confidence), wellbeing and personality. Exploratory interviews complement survey responses with rich, descriptive data. **Method:** New enrollees to our postgraduate psychology and counselling programs were invited. A subset of 8 from successive cohorts (2015-6) of the 5 + 1 course (n = 16) were invited by email to in-depth 30 minute interviews which were transcribed and thematic analysis conducted. **Results:** Reasons for becoming a psychologist, including “wanting to help” and “good listener”, were largely consistent with extant literature. Reasons for choosing the 5 + 1 pathway included relative emphasis on professional practice compared with research, short duration, and academic grades insufficient for specialist masters programs. The 5 + 1 was the training of choice for some; for others it was as a “fallback” option compared with courses perceived as “better”, particularly clinical psychology. **Conclusions:** Interview responses were concordant with existing literature, indicating that a scale tapping reasons for choosing psychology as a career could be developed and validated. This preliminary interview data provides mixed conclusions about the desirability of the 5 + 1 pathway from trainees’ perspectives. Ensuring high quality in 5 + 1 programs, and ongoing evaluation of professional outcomes, will be essential.

**Poster (Paper #50)**

**Barriers to Clinical Psychology Placement**
Shires, Alice (University of Technology Sydney); Vrklevski, Lil (Concord Centre for Mental Health); Hyde, Judy (University of Sydney); Bliokas, Vida (Wollongon University)

**Aim:** With an increasing focus on treatment of mental health problems the need for clinical psychologists is expanding, driving strong demand for post-graduate clinical psychology training programs that incorporate extended practical training in field placements. Although the number of postgraduate training places has increased in response to this need, the availability of external field placements has not. Using a survey of clinical psychologists within the current mental health workforce, this study explored issues that may impact on the clinical psychology student placement capacity within New South Wales, Australia. **Design:** This exploratory study aimed to provide recommendations that will result in increased and enhanced clinical placement opportunities for post-graduate clinical psychology students. Identifying major barriers to providing clinical placements and supervision can lead to the development of strategies to manage such barriers, and to the identification of factors that encourage provision of clinical placements. **Method:** An electronic survey of 16 questions was developed to identify factors that hinder potential supervisors from offering clinical placements to students and administered via Qualtrics online survey software. The survey was distributed through the Australian Clinical Psychology Association (ACPA) email list serve and the District Heads of Psychology in the Local Health Districts of NSW. All data was collected anonymously and compiled using SPSS predictive analytics software. **Results:** One-hundred-and-forty clinical psychologists completed the survey, of which 42% stated that they felt unable to offer field placements to students at the current time. Common barriers to offering placements included lack of time (21%); not being a Psychology Board of Australia approved supervisor (18%); being employed part-time (18%) and for those employed in NSW Health, the fact that supervision time did not attract funding under the current funding model (16%). **Conclusion:** This article provides insight into clinical field placement capacity in NSW. The results point to a potential underutilisation of the current clinical psychology workforce with respect to the training
and development of the future workforce. The authors provide possible strategies for addressing this. The results of this survey may also inform other states and cross-disciplinary post-graduate training courses.

**Poster (Paper #247)**

*Overcoming the Distance in Statistical Teaching: The Effect of Instructional Control Mode in Online Environments*

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**Aim:** The rapid growth in online education calls for concerted efforts in researching the efficacy of specific delivery techniques, such as instructional multimedia. Using undergraduate level statistics as a learning context, the current study aimed to investigate the extent to which users’ control impacted on learning when engaging multimedia instructional presentations. **Design:** The research design featured two conditions: 1) learner-controlled, where users were permitted to pause the presentation; and 2) system-controlled, where users did not have this option. **Method:** Extending on previous research endeavors, the current study recruited participants (N = 93) from undergraduate psychology classes in order for motivation to be a feature in the design. Collected data included: participants’ learning performance (immediate and delayed); their perceived cognitive load when using the system; and their perceived confidence in learning. **Results:** Although no significant difference in learning, cognitive load, or confidence was found between the two control modes, the multimedia presentation was successful in teaching users; a noteworthy outcome considering the traditionally difficult subject matter. Further, despite an overall increase in accuracy for questions containing low to high element interactivity material (supporting an element interactivity effect), there was no main effect or interaction with control mode. Interestingly, despite its availability, only a minority of participants within the learner-controlled condition used the pause feature, and no significant differences in learning, cognitive load or confidence were found between participants who did and did not use the feature. **Conclusion:** Future research may examine more subtle variations in user control, and incorporate qualitative usability data, which may deepen our understanding of users’ system interactions and preferences. The current study builds on limited research in an area of paramount importance to the future of learning and teaching, offering a framework for systematically testing attributes of online learning techniques. Future directions and implications to current educational practices and instructional design will be discussed.

**Poster (Paper #331)**

*Getting Clear About Movement: University Students’ Perceptions of What Constitutes Healthy Physical Activity*

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**Aim:** Physical activity (PA) is essential for health. However, approximately half the population in developed countries, including Australia, fails to achieve minimum daily thresholds of PA for health (World Health Organisation, WHO, 2010). Young adult university students are one particularly ‘at risk’ group, with previous studies evidencing a decrease in PA at university entry. Perceptions of PA and reasons for uptake influence PA behaviour, but are largely unknown amongst young adult
university students. Understanding these is foundational to developing interventions to increase their PA levels. Therefore the aim of this study was to examine young adult university students’ perceptions of what constitutes adequate PA for health, and the factors that influence their PA behaviour. **Design:** An exploratory survey design with an online survey via Qualtrics. **Method:** The survey comprised fixed and open-ended questions tapping 11 domains: perceptions, barriers and facilitators, cues to action, social support, enjoyment, intentions to engage, perceived control, environment, amount of PA undertaken, and readiness for change. Recruitment was via poster and social media. Surveys required 20 minutes; respondents were 51 (35 female; 19 male) students (M = 22.43 years) from 8 Australian universities. **Results:** On average, PA was sub-optimal for health, despite participants understanding the need for and benefits of PA. The three most commonly perceived barriers to PA were: university workload, lack of motivation and wanting to do other things with their time. Strenuous activity (e.g., sweating, running) was perceived as the most beneficial, lighter forms (e.g., walking) as less beneficial. The results reflect inadequate understanding of recommended WHO guidelines amongst this sample of university students. Findings require confirmation with a larger survey sample. **Conclusion:** Universities, as environments of education, would do well to educate their students about the minimum levels of PA required for health, and the types of PA that can be undertaken. Education could be through on-campus advertising (e.g., posters about balancing PA against sedentary time) and interventions (e.g., "walk and talk" meetings). Promotion could increase awareness of the importance of PA for health, motivate increased PA among the insufficiently active, and encourage those who are already sufficiently active to continue.

**Poster (Paper #417)**

*Does a regulatory framework for psychologists’ practice improve the outcomes for injured workers with low back pain and the practice of treating psychologists?*

**Tahira Haider, A/Prof. Debra Dunstan**

**Objectives:** In 2010, the workers compensation authority in New South Wales (NSW) Australia introduced a regulatory framework for psychologists’ practice. Under this framework, eligibility to provide services to injured workers (IWs) requires completion of a 2-day training course on evidence-based clinical principles and standardised reporting. The aims of this study were to determine 1) if this initiative has reduced claims costs and improved return-to-work (RTW) outcomes for injured workers (IW) with low back pain (LBP); and, 2) resulted in psychologists’ using evidence-based practice (EBP). **Methods:** A mixed method sequential explanatory design was employed. A total of 26,492 administrative records of IWs with LBP Pre- and Post-2010 were extracted from the NSW workers compensation database and subjected to quantitative analysis. Of these, 238 LBP claimants (58.4% male; 41.6% females) had a ‘secondary psychological injury’ (SPI) for which psychology treatment had been provided. A follow-up multiple case study strategy was used and involved thematic analysis of 6 post-2010 case-level files. **Results:** For IWs with LBP and SPI, there was no significant difference in total claims costs or time lost from work following the introduction of the regulatory framework: total costs = $55,053.41 Pre-2010 vs $45,712.13 Post-2010 ($\chi^2=1.20, p = .273$ SPI Pre-2010 i.e. no gender differences); time lost from work = 34.34 weeks Pre-2010 vs 33.32 weeks Post-2010 ($\chi^2=10.3, p = .001$ SPI Post-2010 i.e. increase in the ratio of females). Of the analysed cases (n = 6), none showed full adherence to EBP and reporting requirements; 3 cases showed partial adherence, and 3 cases showed no adherence. Identified barriers to adherence included non-compliance by IWs and delay in referral for psychological treatment (range 4–162 weeks). **Conclusion:** The regulatory framework for psychologists’ practice has not produced a
reduction in claims costs or time lost from work by IWs with LBP and SPI. Evidence from case studies indicate low adherence by psychologists to the prescribed EBP principles. Some barriers external to the psychologists’ have been identified, but further study is required to understand why they are not providing a sufficient ‘dose’ of evidence-based treatment for the theooretical benefits to be experienced by IWs.

Poster (Paper #148)
A metaanalysis of perceptual organization in schizophrenia, schizotypy, and other high-risk groups based on variants of the Embedded Figures Task.
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Background: Current research on perceptual organization (PO) in schizophrenia largely focuses on fragmented stimuli with regularly sampled contours. However, the multi-factorial nature of perceptual organization prompted us to re-assess tasks using shapes with continuous contours. 

Aim: To explore PO abilities for tasks involving non-fragmented stimuli in schizophrenia and at-risk groups (healthy schizotypes and relatives), a systematic review and meta-analysis of the Embedded Figures Test (EFT) and its variants was conducted.

Method: Eleven studies met the selection criteria for the study, comprised of six studies using a between-groups design (performance of schizophrenia/at-risk groups compared to healthy or clinical controls), and five studies which used schizophrenia symptoms, schizotypy traits and EFT task performance as continuous variables.

Results: No significant correlation was observed in studies treating schizophrenia symptoms or schizotypy traits as continuous variables (r = .012, p = .825). In contrast, for those studies that compared EFT performance between schizophrenia/at-risk groups and healthy/clinical controls a significant, moderate effect was found (d = -.523, p <.001), indicating impaired performance in individuals with, or at increased risk for, schizophrenia. Significant heterogeneity was also found for schizotypy (but not schizophrenia) studies and tasks using accuracy (but not reaction time) as a measure of performance.

Conclusion: The results indicate a common impairment in performance on the EFT and its variants in people with, or at increased risk for, schizophrenia compared to controls, when group differences are maximised. They also suggest that PO difficulties in these groups are not limited to fragmented stimuli and that further research examining the perception of closed contour stimuli may be informative about the etiological processes involved.

Poster (Paper #339)
Analysis of personal attitude construct on discomfort against Japanese nonverbal - communication which was perceived by an Iraqi student
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A scheme of communication style, especially common cultural part of its nonverbal side, is subtle and implicit. On the contrast, when we come into contact with a foreigner, we notice cultural differences. But we can hardly find out the total structure. So, we need a technique for assembling information. The aim of this study was to search characteristics of discomfort against Japanese NVC qualitatively and quantitatively at the same time by personal attitude construct (PAC) analysis (Naito, 1993). We are maybe able to find differences of NVC, if we ask some foreign student in Japan. The subject was a male 30’s graduate student at Japanese University who came from Iraq.
The procedure was as follows; 1) presented the stimulus sentences about uncomfortable feeling against Japanese NVC style for free association, 2) required to order the cards of association according to importance, 3) instructed to estimate the distance of similarity intuitively, comparing all pairs of cards, 4) Cluster Analysis by Ward was done, 5) asked to describe the image about each cluster, and 6) required to answer single item image (plus, minus or zero). Result showed three clusters. 1) Japanese keep silent and use gesture instead of direct answer. 2) Foreign language causes miscommunication. When we use mixed language (English and Japanese), gesture is effective. 3) Reading the hidden message is important. For instance, we need to decode eye contact and they always bow even while talking with mobile. Learning Japanese language makes easier to understand the Japanese society. They repeat greeting a number of times. Japanese conversation is non-assertive and ambiguous even in NVC. The subject is a single person. We cannot affirm the general tendency, though we are able to guess the conclusion more objectively because of operational procedure and statistical data. Nevertheless, we can find one of typical schemes of Japanese NVC style. At the same, we may conclude these results reveal that PAC Analysis is effective at research of naïve and implicit schemes which are found at intercultural communication.

Poster (Paper #463)

Rethinking pornography and healthy adolescent sexual wellbeing
Chua, Andrew (Australian Catholic University)

Background: Each generation of Australian adolescents is increasingly encountering more pornography, or Sexually Explicit Media (SEM) with usage mirroring behavioural patterns of adolescents and adults in other countries. Global research into adolescent use of SEM has tended to emphasise speculated negative effects, minimise any positive effects, as well as side-stepping design and methodological weaknesses that challenge the majority of the conclusions regarding negative impacts. Aims/objectives: SEM needs to be considered within the broader context of wider contemporary media reflecting or influencing societal attitudes towards sex, sexuality, body image, gender relations, violence or broader ideas of wellbeing. Additionally the narrow focus on the behavioural use of SEM often ignored a more holistic psychology of adolescent sexual wellbeing, beyond sexual innocence and virginity. Method: Review of a variety of research, examining more critically the negative effects proposed, and adopting a more holistic positive approach to adolescent sexuality. Conclusion: When motives and pre-existing characteristics of users of SEM are considered, strong positive effects are found for the sexually diverse, with some positive effects still for heterosexuals of both genders. Longitudinal research into the widespread voluntary consumption of SEM by Australian adolescents, showed adolescents approach SEM with critical media literacy; perceived it as a valued source of positive sexuality information to improve sexual relations, representing a more realistic diversity of sexual tastes, experience and orientations, with usage having positive effects on adolescent sexual wellbeing and sexual relationships into adulthood.

Poster (Paper #382)

BaseCamp: A creative, solution focused program for children experiencing anxiety and worry
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Background: This poster introduces ‘BaseCamp’, an innovative anxiety-management program for children aged 5-13 years, currently under development by Quirky Kid Clinic. Objectives: BaseCamp applies an evidence-based Cognitive Behavioural approach to help children develop effective anxiety-management strategies. It engages children by appealing to their sense of adventure, imagination and creative energy. The program features a National Park theme where children
embark on an adventure with their group, equipped with a workbook containing maps, activities and destinations. The activities aim to teach, model and support children in utilising specific anxiety-management skills and to normalise their feelings and experiences. **Implications:** In a home and school setting, BaseCamp provides parents and carers with practical information about childhood anxiety and equips them with fieldwork tasks for ongoing learning. In a clinical setting, BaseCamp meets the needs of clinicians and other service providers working with childhood anxiety. The manualised format allows clinicians, children and parents to access the same information to ensure treatment integrity and support evidence-informed practice. In addition, the treatment remains targeted and specific to meet individual needs by drawing on children's personal experiences. The program includes the following clinical components: Psychoeducation, Cognitive Restructuring, Graded Exposure and Relaxation, all aimed at supporting the development of children's understanding of anxiety, modifying unhelpful thinking patterns, managing avoidance patterns, tension and rumination commonly associated with anxiety. **Conclusion:** Initial survey-based parent evaluation over the last 18 months has yielded promising results, with 83% of parents reporting overall improvement in their child’s ability to manage their anxiety after attending workshops. BaseCamp draws on decades of clinical experience, combining a sound theoretical approach with effective, engaging and child-centred activities and is undergoing rigorous evaluation to support existing qualitative research.

**Poster (Paper #410)**

**Use of the RBANS in Adult and Older Adult Psychiatric Settings: Strengths and Weaknesses**

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**Background:** Previous research has outlined the utility of the updated Repeatable Battery for the Assessment of Neuropsychological Status (RBANS; Randolph 2012) in diagnosing and differentiating Mild Cognitive Impairment, Alzheimer’s disease, and Vascular dementia in older adults with and without depressive symptoms. However, the RBANS normative sample specifically excluded people with mental health conditions and/or those taking psychotropic medications. In the Peel and Rockingham-Kwinana Older Adult Mental Health Service (PaRK OAMHS), clients are commonly referred to Psychology for cognitive screening to characterise cognitive functioning and/or aid in differential diagnosis in the presence of a co-morbid mental health condition. **Aim:** The current project aimed to examine the clinical utility of the RBANS in an older adult Psychiatric inpatient and community setting. Improved knowledge of clients cognitive functioning can inform a client’s care, including treatment decisions, and allow for future planning. **Implications:** Following approval by the WA Department of Health as a ‘Quality Improvement’ activity, the RBANS was administered to all clients referred to Psychology for cognitive screening excluding clients with known co-morbidities (e.g., drug or alcohol abuse) or pre-existing neurological conditions (e.g., TBI/ABI or stroke) A case study is presented to demonstrate the clinical utility of the RBANS in diagnosing previously unrecognised dementia in a client with a mental health diagnosis. In addition to the initial aims of implementation, the RBANS has also been used to rule out cognitive impairment in clients with poor psychotherapeutic treatment progress and significant difficulty implementing coping strategies. However, there are limitations on the use of the RBANS, with poor reliability between forms, difficulty calculating reliable change, and ongoing queries about the clinical utility of index scores. Administration of the RBANS was also supplemented by other measures to assess working memory and facets of executive functioning (e.g., mental flexibility, verbal and non-verbal reasoning skills). **Conclusion:** Within the limitations outlined above, In the PaRK OAMHS there has been preliminary
demonstration of the clinical utility of the RBANS as a screening measure in an older-adult psychiatric population to characterise cognitive functioning.

Poster (Paper #256)

*Coping with pain- A matter of attachment?*

**Pfeifer, Ann-Christin** (University Hospital Heidelberg), Neubauer, Eva (University Hospital Heidelberg) & Schiltenwolf, Marcus (University Hospital Heidelberg)

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**Background:** The concept of attachment has been successfully linked to chronic pain conditions. According to the Attachment-Diathesis Model of chronic pain, dysfunctional behavioral responses to acute pain lead to complication and chronification of conditions regardless of diagnosis (Meredith et al., 2008). In addition to being a risk factor for development of chronic diseases, attachment is also a predictor for the success of medical interventions, and aspects of the physician-patient relationship. However, it is not clear how insecurely and securely attached patients differ in their coping behavior and how this affects the treatment outcomes. To test this, we compared the short- and long-term outcomes for pain patients who will receive multidisciplinary pain treatment.

**Methods:** N= 92

Patients were assessed before treatment, after treatment, and at a 6 month follow-up. The study was conducted in a longitudinal design. Pain intensity as measured with visual analogue scales as well as physical functioning served as the primary outcome measures. For the assessment of the coping behavior the Coping Strategies Questionnaire (CSQ-D) was used. Moreover, to evaluate the therapeutic treatment process the Working Alliance Inventory (WAI) was also included in the post-treatment questionnaire.

**Results:** The study showed that the patients differed significantly in coping with the pain. Patients with higher attachment avoidance reached higher scores in passive coping strategies. There was no significant difference in the course of the pain over the three measurement points between securely and insecurely attached patients. However, in terms of physical functioning, all patients regardless of their attachment style reported a significant reduction in disability score compared to T1. From T2 to T3 (6 month follow-up) the disability score further declined only for securely attached chronic pain patients while for the insecurely attached patients the disability score went up again. The therapeutic working alliance significantly correlated with current pain intensity at T3 showing that a higher rated therapeutic relationship is associated with lower pain intensity at the 6-month follow-up.

**Conclusion:** The therapeutic relationship seems to be an important predictor for treatment outcomes such as pain intensity and disability for chronic pain patients.

Poster (Paper #295)

*An Evaluation of the Efficacy of a Trans-diagnostic Bibliotherapy Program for Anxiety Disorders: A Pilot Study*

**Czerniawski, Alana** (University of Tasmania), Wotton, Bethany Dr. and Norris, Kimberley Dr.

**Aim:** The aim of the present study is to test the efficacy and acceptability of trans-diagnostic bibliotherapy cognitive behaviour therapy (bCBT) for patients with various anxiety disorders. It is hypothesised that participants will; 1) show a significant reduction in symptoms from pre- to post-treatment with large effect sizes; 2) rate the bCBT treatment administration as acceptable; and 3)
maintain improvements up to 3-month follow-up. The final aim is exploratory, and that is to explore whether any of the selected variables (i.e., self-efficacy, life events, social supports etc.) can predict treatment success or failure with bCBT. **Design and Analysis:** This study is a single group pilot open trial. All post-treatment and follow-up analyses will be analysed using both a conservative intention to treat (ITT) methodology as well as a completer analysis. Pre- to post-treatment changes in questionnaire scores will be analysed using paired-sample t-tests and within-group effect sizes (Cohen’s d). Acceptability of the treatment will be assessed using descriptive statistics. In order to measure the final exploratory aim, participants will be classed into a dichotomous variable based on their post-treatment status (improved or not improved). A forced entry binary logistic regression will be performed to determine whether any of the hypothesised variables predict treatment outcome. Forced entry analyses will be used for the regression due to the exploratory nature of this hypothesis. **Method:** Fourteen participants were recruited to complete the study and were informed from flyers located around the university and via community noticeboards. Participants were eligible for inclusion in the study if they were aged 18 and over and met criteria for panic disorder, social anxiety disorder, or generalised anxiety disorder. The initial assessment was conducted at the University Psychology Clinic in Hobart. Participants were required to complete a series of self-report questionnaires online before, during and 3-months after treatment. Participants who met criteria for study inclusion were provided with the self-help trans-diagnostic workbook ‘Face Your Fears’ (Author: D.F. Tolin) and were required to follow a schedule of reading over an 8 week period. **Results and Conclusion:** Data collection is ongoing and results and implications for treatment will be discussed.

**Poster (Paper #86)**

**The Impact of Mood Inducement Procedures Upon Decision-Making in a Simulated Gambling Scenario**

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**Aim:** This study aimed to identify the impact that differing mood states would have on the quality of decisions made in a simulated gambling environment in emerging adults. **Design:** This study utilized a between-groups experimental methodology to compare differences between the dependent variable (mean number of disadvantageous decisions made) and independent variable (mood). There were three levels of the independent variable (mood) which were operationalized as positive, neutral and negative mood. These levels were adopted in line with the current forms of emotions identified to increase impulsivity. **Method:** Participants were a convenient sample of emerging adults from a local university with a sample size of 25 after data was cleaned and outliers removed. The remaining sample consisted of 7 males and 18 females aged between 18-29 years. Gambling history and baseline mood were measured via an online questionnaire before a mood inducement task was used to elicit positive, negative or neutral (control) mood prior to completion of a modified Iowa Gambling Task Mood. Data was collated and analyzed using a simple one-way between groups ANOVA to compare differences in the mean disadvantageous decisions made between each of the three groups. Further planned contrasts were used to compare each of the groups independently of one another. **Results:** ANOVA analysis revealed that both mood manipulations increased the amount of disadvantageous decision when compared to the control $t(22) = -3.25, p = .004$. In addition, the planned contrasts revealed significantly more disadvantageous decisions made in both
the mood conditions when assessed independently against the control; positive against control results were \( t(22) = -2.18, p = .040 \), negative against control results were \( t(22) = -3.35, p = .003 \). However, there were no significant differences between the mood conditions when compared against each other \( t(22) = 1.31, p = .205 \). **Conclusions:** This indicates that any mood state, regardless of valence, would reduce the decision-making capabilities of emerging adults in a gambling task. This suggests that mood recognition and regulation training may be an effective intervention and prevention tool for emerging adult gamblers.

**Poster (Paper #308)**

**The effectiveness of transdiagnostic clinician guided iCBT as a routine part of stepped care model in a University Counselling Service**

Bailey, Steve.

**Background:** More than 25% of the university student population experience anxiety and depression and other mental disorders in any given year. University students also have higher rates of more serious disorders and lower rates of help seeking than are found in the community. The rising demand for university counselling services has often led to increased wait times due to limited resources and there is now a recognition that traditional models of service will not meet the growing demand. **Aims/ objectives/ learning outcomes:** To meet the growing demand for services by students the Macquarie University Student Counselling Service introduced a stepped care model of treatment that provides the most effective yet least resource-intensive treatment first. Three key changes were made to the service to deliver the stepped care model; the first was to provide a triage or walk in service so that students could be seen on the same day, often immediately. More than 50% of students seen through triage have their needs met immediately with no need for another appointment. Secondly an online self-referral and assessment form was introduced which increased the accessibility and reach of the service resulting in a doubling of the number of referrals. Finally, in partnership with the Macquarie University eCentre Clinic, students presenting with anxiety and depression were routinely treated with a four-lesson clinician guided transdiagnostic internet delivered CBT treatment called Uniwellbeing. Uniwellbeing significantly reduces anxiety and depression symptoms and these reductions are sustained three months after treatment ends. Uniwellbeing also requires less than one sixth the clinician time of traditional face-to-face treatment. Adherence and effectiveness for Uniwellbeing are high with more than 85% of students who enrol in the course completing it, large effect sizes for both anxiety and depression and only 16% of students who enrol seeking a face-to-face appointment within three months of completing the treatment. Stepped care has delivered faster access to treatment, increased reach and less clinician time per student. **Approach:** Details of the service model and outcome data will be provided through a presentation that includes practical examples of the forms and processes used by the service.

**Poster (Paper #375)**

**A systematic review to identify the prevalence and antecedents of self-harm, suicidal ideation and suicide in Australian Aboriginal and Torres Strait Islander youth**

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Background: The health gap between Aboriginal and non-Aboriginal Australians has contributed to the reduced life expectancy of over 10 years for the Aboriginal and Torres Strait Islander population of Australia. Of considerable significance is the suggestion of a disproportionately high prevalence of self-harm and suicide in Aboriginal and Torres Strait Islander people, particularly in those 25 years of age and under. Aim: Therefore, this systematic review aims to: (i) establish the prevalence of suicide and self-harm in Aboriginal and non-Aboriginal Australian youth, (ii) identify factors that may contribute to the increased prevalence of suicide and self-harm, and (iii) to explore the implications of the findings. Method: A systematic search of four electronic databases (PsycINFO, Web of Knowledge, PubMed, and CINAHL) was conducted up to December 2015 to find full-text empirical research papers in English. Papers were included if they: (i) created new data concerning suicide, suicide ideation, or self-harm, (ii) concerned those 25 years of age and under, and (iii) considered people of Australian Aboriginal or Torres Strait Islander descent. An adapted version of the Agency for Healthcare Research and Quality Measure was used to assess the quality of the research conducted to date. Conclusion: The review findings highlight a relative paucity of empirical research into suicide, suicide ideation and self-harm among Aboriginal and Torres Strait Islander youth. Compared to non-Aboriginal populations, the findings show significantly higher prevalence of suicide, suicide ideation, and self-harm, and these prevalence rates were higher for young males relative to young females. The presentation reviews the correlates of suicide, suicide ideation, and self-harm and explores the potential implications. The systematic review highlights the urgent need for further research development and policy development and investment to promote mental health for Aboriginal and Torres Strait Islander youth to more effectively address these serious mental health issues.

Concurrent Session 4A, Plenary 2, Wednesday 14 September 2016, 1.45pm – 2.45pm

Division of General Psychological Practice Keynote Address – 60 minutes (Paper #545)

Autism in Australia: We can do better

Dissanayake, Cheryl (La Trobe University)

An overview of the current status of Autism in Australia from early identification and diagnosis to employment and well-being in those affected will be presented. In doing so, I will outline how our current research efforts are aimed at addressing the gap between what is possible and the reality for many individuals with Autism and their families. With increasing awareness and acceptance, and the necessary policies allowing equal and timely access to best practice for all those who fit within the broad spectrum that is Autism, there should be a climate of optimism for better outcomes. The 1 – 2 percent of Australians who meet criteria for an Autism Spectrum Diagnosis deserve no less.

Concurrent Session 4A, Plenary 2, Wednesday 14 September 2016, 2.45pm – 2.52pm

Rapid presentation (Paper #448)

“Feelin’ that no one wants you in the world anymore”: Constructions and experiences of loneliness by people experiencing homelessness

BOWER, M. (WSU), Conroy, E. (WSU)
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Aim: Loneliness is a multi-dimensional construct, distinct from the constructs of social isolation and social support. Loneliness is experienced as psychologically distressing and is associated with
increased risk of physical and mental health disorders. One population likely to be highly susceptible to loneliness are individuals who are homeless. Yet, loneliness has rarely been studied in this group despite their high rates of mental disorder and relationship breakdown. Recent government policy focused on providing permanent housing for the chronically homeless, particularly those with rough sleeping histories. Emerging research suggests loneliness may interfere with an individual’s capacity to sustain their tenancy, as some individuals relinquish their housing to return to old friends, networks and habits on the streets. It is imperative that the social experiences of the homeless are incorporated into our conceptualisation of loneliness for this population if we are to ensure supported-housing models meet both their housing and psychosocial needs. Hence this study set out to explore how loneliness is experienced and constructed among individuals who are homeless.

**Design:** A critical realist approach was adopted and in-depth, semi-structured interviews were used to get a nuanced understanding of how loneliness is experienced and understood by individuals experiencing homelessness.

**Method:** Sixteen participants (6 men, 7 women, 3 transgender) who were either homeless (n=11) or previously homeless (n=5) were purposively sampled for different genders, age and living circumstances. Participants completed one-off interviews that were audio-recorded and transcribed. Data was analysed using thematic analysis, drawing on intersectionality theory.

**Results:** Participants understood loneliness in several ways. Firstly, participant’s loneliness was driven by social networks, through the experience of rejection and lost companionship from pre-homeless networks and the precarious, superficial nature of relationships formed within the homeless community. Secondly, loneliness was experienced as part of the experience of marginalisation, being stigmatised by and ‘feeling invisible’ to mainstream society, which led to engagement in self-stigmatising and isolating practices. Some participants overcame this by cultivating their own community membership.

**Conclusion:** This study was the first to document how the homeless understand and experience loneliness during and after homelessness, with important implications for future homelessness policy and service provision.

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**Rapid presentation (Paper #453)**

**Mindfulness and self-compassion as therapeutic targets for depression relapse prevention in young people**

**RICE, Simon** (Orygen, The National Centre of Excellence in Youth Mental Health), **ALVAREZ-JIMENEZ, Mario** (Orygen, The National Centre of Excellence in Youth Mental Health), **GLEESON, John** (Australian Catholic University).

**Aim:** Major depressive disorder (MDD) typically first manifests during adolescence or young adulthood and tends to display a worsening pattern over the course of repeated episodes, including a lack of responsiveness to initially effective treatments. With the aim of identifying new therapeutic targets, this study explored whether mindfulness and self-compassion predicted depression, both at baseline and 12-weeks, in a sample of young people approaching remission for MDD. **Design:** A series of three indicative regression analyses were undertaken with a sample of young people who had participated in an uncontrolled single group pilot study of an online social networking relapse prevention intervention. Participants had access to the intervention for at least 12-weeks, including the social networking, peer and clinical moderator, and therapy components. **Method:** Participants were 42 young people (15-25 years) (50% male; mean age=18.5 years) in partial or full remission for MDD recruited from three early intervention clinics in Melbourne; the Youth Mood Clinic at Orygen Youth Health and two headspace centres in the Western suburbs. All participants were required to
have achieved an adequate clinical response to specialised treatment for MDD. The dependent variable in the present set of analyses was interviewer-rated depression (MADRS scores), either at baseline (analysis 1), or 12-weeks (analyses 2 and 3). Predictors variables were self-reported mindfulness and self-compassion, either at baseline (analysis 1 and 2) or 12-weeks (analysis 3).

**Results:** A consistent pattern was observed across the three analyses. All three models were significant in predicting interviewer-rated depression scores ($p < .001$). Highlighting the potential importance of these variables for relapse prevention, in the three models, self-compassion and mindfulness accounted for 37.9%, 32.9% and 37.5% of variance in interviewer-rated depression respectively. In each model, both self-compassion and mindfulness scores were significant predictors of depression ($p’s < .05$).

**Conclusion:** Given the small sample size, findings must be interpreted with caution, and as indicative. Nonetheless, based on the regression analyses, a strong predictive relationship may exist between self-compassion, mindfulness and depression in young people accessing relapse prevention treatment. Next-generation relapse prevention interventions may benefit from targeting (i.e., enhancing) young people’s skills in self-compassion and mindfulness.

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**Concurrent Session 4A, Plenary 2, Wednesday 14 September 2016, 12.59pm – 1.06pm**

**Rapid presentation (Paper #414)**

**Not so different: Exploring how young adults who self-injure and those who do not react to emotional images**

Tatnell, Ruth.

ruth.tatnell@monash.edu

**AIM:** The presented research comprises two studies examining emotional responses in young adults reporting non-suicidal self-injury (NSSI) and non-self-injuring comparison groups. **DESIGN:** Both studies utilised student volunteers aged 17-25, who attended a one-on-one testing session involving questionnaires, and pre-post experimental design where emotional images were rated before and after an intervention. **METHOD 1:** Study one (N= 51; 21 NSSI; 44 female) was conducted to examine differences in participants’ responses to emotional images, and whether people who self-injure differed from those who do not on their ability to reappraise negative stimuli when instructed. **RESULTS 1:** There was no difference in reaction to images between the groups, and no difference in ability to reappraise emotion. **METHOD 2:** To examine whether stress might highlight differences between participants with and without NSSI, the second study included the Trier Social Stress Test (TSST) to induce stress (N=78; 25 NSSI; 52 female). We then examined whether emotional stimuli were perceived differently pre and post stress. In addition to individual ratings of emotional images, we recorded skin conductance before, during and after the TSST to assess implicit emotional responding. **RESULTS 2:** Participants reporting NSSI were more likely to rate images more neutrally post-stress, when controlling for baseline ratings, with no effect of group on skin conductance across any phase of the TSST including baseline. There was a direct effect of reported use of expressive suppression as an emotion regulation strategy, which served to increase arousal during the speech phase of the TSST for all participants. **CONCLUSIONS:** These findings suggest that while individuals who engage in NSSI report heightened emotional responding, they do not differ as expected in response to emotive images even when under stress. Individuals who engage in NSSI for emotion regulation seem to appraise emotional images similarly to individuals who do not self-injure, in general, under stress and when directed to reappraise. While individuals who engage in NSSI tend to believe that they experience stronger and more frequent negative emotions in response to stress,
this may be a perception, or it may be that these emotions only occur in conjunction with negative self cognitions.

Concurrent Session 4A, Plenary 2, Wednesday 14 September 2016, 1.06pm – 1.13pm

Rapid presentation (Paper #120)

**Reactivity and perseveration: Independent dimensions of emotion and differential relationships with mental health?**

BOYES, Mark (Curtin University), & Hasking, Penelope (Curtin University).
mark.boyes@curtin.edu.au

**Aim:** Relationships between affect and mental health are often examined using trait affect measures. Theoretically, two different types of affective responding could underlie trait emotional experience: 1) a disposition reflecting increased probability of experiencing positive or negative emotions in response to situations/stimuli (*emotional reactivity*), and 2) a disposition to experience prolonged emotional reactions once elicited (*emotional perseveration*). Either of these dispositions would increase the amount of time spent experiencing a given emotion, and should therefore be associated with higher trait affect scores. This study aimed to 1) determine if reactivity and perseveration represent independent dimensions of trait affect, and 2) given established associations between positive and negative affect and psychological problems, examine associations between these hypothesized dimensions and symptoms of depression, anxiety, and stress. **Design:** Cross-sectional online survey. **Method:** Participants were undergraduate students and a community-based sample recruited through social media (*n* = 204, 69% Female, *M* <em>age</em> = 20.80). Participants completed the Positive and Negative Affect Schedule (PANAS), measures of emotional reactivity and perseveration (adapted from the PANAS), and the Depression Anxiety Stress Scales (DASS21). **Results:** Emotional reactivity and perseveration subscales demonstrated excellent internal consistency and were independently associated with negative and positive affect. Surprisingly negative emotionality was not associated with depression scores. However, positive emotional reactivity (*β* = -.32, *p* = .001) and perseveration of positive emotion (*β* = -.19, *p* = .037) were associated with lower depression scores. Only emotional reactivity was related to anxiety, with positive reactivity associated with lower anxiety scores (*β* = -.26, *p* = .013) and negative reactivity associated with higher scores (*β* = .28, *p* = .012). Finally, perseveration of negative affect was associated with higher stress scores (*β* = .25, *p* = .013), while reactivity to positive emotions was negatively associated with stress (*β* = -.20, *p* = .047). **Conclusion:** Emotional reactivity and perseveration are independently associated with trait negative and positive affect and are differentially associated with symptoms of depression, anxiety, and stress. Incorporating this novel distinction into future research may improve capacity to predict emotion-related outcomes in both typical samples and transdiagnostic clinical samples.

Concurrent Session 4B, Room 210, Wednesday 14 September 2016, 1.45pm – 3.15pm

Professional Forum – 90 minutes

**The impact of the mental health services review**

Littlefield, Lyn (The Australian Psychological Society)

Session details to come
BeyondNow: Applying Safety Planning for Suicide Prevention using an Australian Smartphone Application and Website.
Melvin, Glenn. (Monash University Centre for Developmental Psychiatry & Psychology); Beaton, Susan. (Suicide Prevention Consultant); Shepherd, Catherine. (beyondblue) and Gresham, Daniel. (Monash University Centre for Developmental Psychiatry & Psychology)

Background: Safety Planning is a systematic and comprehensive approach to maintaining safety for a suicidal client. Safety plans are a hierarchically organised list of coping strategies that are designed to help an individual at-risk of suicide manage with suicidal thoughts. Typically, a safety plan is developed collaboratively between the psychologist and client while the client is not in crisis. Plans are traditionally documented on paper however these are vulnerable to being lost or otherwise unavailable at the time of need. In this context, a smartphone application and web-based safety plan known as ‘BeyondNow’ has been developed by beyondblue and Monash University. Session participants will be expected to have at least basic knowledge of the presentation of an individual with suicidal ideation or behaviour. Aims/Objectives: This “How to” session will provide attendees with:

- An understanding of the rationale behind safety planning;
- Knowledge of the steps involved in safety planning;
- An introductory experience in developing a safety plan;
- Familiarity with the Beyond Now Safety Planning Smartphone application and website.

Implications: Safety planning is designed to focus on strategies and plans that an individual at-risk of suicide can utilise when he/she experiences a suicidal crisis. The strategies contained in the plan start with internal strategies to help develop self-reliance, and progress to external coping strategies such as contacting family and friends and subsequently clinicians, agencies and helplines. Safety planning can be incorporated into clinical practice in a variety of settings in which psychologists practice. Conclusions: This session provides an overview of safety planning, a technique that psychologists can apply to help clients identified as being at risk of suicide. Safety planning provides clients with the “how” to manage with suicide thoughts in contrast to no-harm contracts which place emphasis on not acting on suicidal thoughts but don’t explain how. Initial empirical evidence supports the use of safety planning, and further trials are currently underway that will provide firmer evidence of the efficacy of safety planning and app technology.
Background: Researchers and health professionals have long been curious about the potential of electronic games for purposes beyond entertainment – a topic of particular importance given the rapid growth of the game industry, whose products are enjoyed by over 1.5 billion people worldwide, many of them on mobile devices. Yet, gamification and serious games have fallen short of their potential, with 80% of gamification initiatives failing to meet long-term objectives, and the vast majority of serious games finding little acceptance outside the clinical environment, with this lack of success usually attributed to a poor understanding of design. Objectives: This paper examines the principles of game design through the lens of positive psychology, positioning Seligman’s Well-Being Theory and Antonovsky’s Salutogenic approach as frameworks through which healthcare professionals and researchers can understand the role of play and interaction in games. Implications: With a better understanding of how game design – particularly system design – informs player motivation, engagement, and behaviour, those seeking to create game-based interventions can learn to recognize the factors that make a user experiences both clinically and commercially effective. SPARX – a game using cognitive-behavioral therapy to treat mild to moderate depression in adolescents, with a 44 percent remission rate (as compared to 26 percent through conventional therapy), Nevermind – which uses biofeedback to develop mindfulness and stress management, and Journey – an experience designed as an exploration of the psyche and collaboration, will be looked at as examples of how this framework has or has not been applied, with expected consequences. Conclusions: This framework establishes a point of reference that maps the therapeutic to the entertaining, creating a “common language” between developers, academics, health professionals and others to improve inter-professional collaboration, though it is largely limited to traditional single-player experiences. Further work is required to explore how social systems in online play affect the growth and characterization of game communities and the well-being of their players, as well as how this can help, hinder, or be used for therapeutic approaches.

Concurrent Session 4D, Room 212, Wednesday 14 September 2016, 1.45pm – 3.15pm

‘How-to’ Session - 90 minutes (Paper #266)

How to work with men who have been violent against women
STREKER, Peter (Community Stars)
peter@communitystars.com.au

Background: Psychologists are expected to make a series of complex therapeutic, ethical and legal judgments when they work with some of the thousands of Australian families affected by family violence every year. It can be particularly confronting to work with men who have histories of violence, as the clients’ behaviour can not only be dangerous, damaging and ethically abhorrent, but also unlawful. Male clients who have been violent against women may range from those who are deeply motivated to change to those who present as heavily guarded, dishonest and manipulative. How can psychologists provide the best possible service to these men while also protecting the safety of other family members? This workshop helps psychologists work with men who have been
physically, sexually or psychoemotionally violent against women. It focuses on the gendered pattern of male violence against women, even though it is acknowledged that other patterns of violence exist.

**Aim:** To help participants learn how to work more confidently and effectively with men who have been violent against women. **Objectives:** Participants will work together to

1. Explore the functions of violence
2. Discuss effective strategies of managing ethical, therapeutic and legal dilemmas
3. Gain more insight into the importance of connecting individual work with broader social change

**Learning Outcomes:** Participants will learn how to:

- Address the main drivers of violence against women
- Debunk myths and misunderstandings of the main causes of violence against women
- Deal with uncertainty when working directly with men who have been violent (e.g., lies and distortions in the client’s presenting story)
- Identify clients’ tactics of manipulation
- Increase the prospects of assisting the men to implement sustainable behaviour change
- Contribute to long-term cultural change that aims to prevent future waves of violence

**Approach:** The workshop will be highly participatory and include a mixture of presentation and activities to elicit the best knowledge and experience from the room.

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**Concurrent Session 4E, Room 213, Wednesday 14 September 2016, 1.45pm – 2.30pm**

‘How-to’ Session – 30 minutes (Paper #183)

**Organisational Surveys: Key Steps for Running Successful and Impactful Survey Projects**

DOUGALL, Cameron (IBM Smarter Workforce)

Cameron.dougall@au1.ibm.com

**Background:** Surveys are one of the primary tools psychologists use in the workplace to help create meaningful change. However, done wrong they can be at best a waste of time and money, and at worst cause frustration for or between management and employees when change does not occur. This practical ‘how-to’ session covers the key steps you need to know for conducting successful organisational surveys (e.g., employee surveys; 360-degree feedback) from beginning to end of the survey process. The session is useful both for consulting psychologists and psychologists working internally within an organisational development/HR role. **Aim/objectives/learning outcomes:** Attendees will gain practical skills involving survey planning and design, technology requirements, increasing response rates, analytical and reporting methods, results interpretation, action-planning and re-surveying. These techniques will help you roll out effective survey programs that help facilitate meaningful change within organisations. **Approach:** Drawing from the presenter’s practical experience working in consulting organisations and the principles of psychometric assessment, the session will include hands-on learning activities, real-life examples/case-studies and on-going Q&A.

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**Concurrent Session 4E, Room 213, Wednesday 14 September 2016, 2.30pm – 3.15pm**

‘How-to’ Session – 30 minutes (Paper #187)
LEGO & Psychology: Using play to explore ideas

HOUSTON, Luke (Lixivium Consulting), & FEARNE, Michael (Pivotal Play)
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**Background:** The use of play is a fundamental attribute of human development, although often the amount that we play reduces as adults. However, even as adults, there are a number of benefits to engaging in play activities. Using play in a ‘serious’ context such as the business world can be a novel approach to encourage group participation, draw out creative ideas, and identify issues that would normally have remained beneath the surface. One particularly engaging use of play is via the medium of LEGO bricks. This session focuses on using LEGO bricks in a structured process to improve group meeting dynamics and outcomes. Although the session mainly uses an organisational context to demonstrate this technique, it could also be applied in many areas of psychology such as education, counselling, or clinical contexts. No prior knowledge is required for this session.

**Aim/objectives/learning outcomes:** This session aims to introduce the use of ‘serious’ play as a group facilitation and exploration technique, with a particular emphasis on using LEGO bricks to metaphorically represent ideas. By the end of the session, participants should have an understanding of the range of situations this approach can be used in, as well as a basic practical process that can be applied using LEGO bricks. **Approach:** Although there will be a theoretical component in the presentation, this session will place emphasis on a practical explanation of the steps that can be used with LEGO bricks in a facilitated session.

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*Concurrent Session 4F, Room 216, Wednesday 14 September 2016, 1.45pm – 2.45pm*

Book Club Session – 60 minutes (Paper #298)

*We’re All Going to Die*

KAMINSKY, Leah Dr M.B.,B.S, B.A., MFA
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**Background:** About the Book An inspiring and joyful book about celebrating life in the face of death. The one certainty about life is that everybody is going to die. Yet we have come to deny this central fact. We ignore it, hoping it will go away, putting our heads in the sand. Ours is an aging society, where we are all living longer, healthier lives, yet we find ourselves less and less prepared for our inevitable end. Leah Kaminsky is an award-winning writer and GP, who is confronted by death and mortality on a daily basis. She sees - and shares - our fears of death and dying. But she also sees some people whose response to their imminent death is to choose, instead, to consciously embrace life. Like 90 year old Julia, a great-great-grandmother, officially an LOL in Leah’s medical terminology (little old lady), who wants to compete in the Senior Olympics. Or a dying friend, who throws himself a ‘pre-funeral’ gig, to say goodbye to everyone he loves. As Leah says, 'If we truly open ourselves up to the experiences of those directly confronted with their own mortality, maybe we will overcome our own tunnel vision and decide to live our lives more fully.' **WE’RE ALL GOING TO DIE** is an engaging, compassionate and compelling book about death - or more specifically, about how, by facing and accepting our coming death, we can all learn to live in a more vital, fearless and truthful way, embracing life. **Aim/objectives/learning outcomes:** Participants will be afforded the opportunity to voice personal attitudes towards death and dying. Open, informal discussion around current societal attitudes to various interrelated topics – child mortality, miscarriage, stillbirth and fear of childbirth, end-of-life issues, risk-taking behaviours, suicide, near-death experiences, care of the elderly. Thought-provoking discussion will raise participants’ awareness of these crucial issues and current trends in increasing public awareness of societal tendency towards ingrained attitudes.
of death denial. **Approach:** Small group (8-10 people) informal 45 minute lunchtime discussion with facilitator, centred around topics raised in Kaminsky’s book *WE’RE ALL GOING TO DIE*, which has been distributed/offered to participants of the conference in advance.

**Concurrent Session 4F, Room 216, Wednesday 14 September 2016, 2.45pm – 2.52pm**

**Rapid presentation (Paper #449)**

*Into the Woods or a Stroll in the Park: How wilderness and urban nature differentially influence mood*

**Bhullar, Navjot** (University of New England) & **McALLISTER, Elizabeth** (University of New England)  
navjot.bhullar@une.edu.au

**Aim:** Humans have an innate appreciation of close contact with nature, which can be in the form of urban nature, natural forests or wilderness. The *biophilia hypothesis* (Wilson, 1984) suggests that humans possess an inclination to affiliate with nature and other living things and, therefore, report positive outcomes from experiencing this connection. **Design:** The present study examined the effects of contact with wild nature and urban nature on mood, and used mediation analysis to investigate two possible mechanisms for these effects: attention restoration and connectedness to nature. **Method:** Australian residents (*N* = 220, *M*<sub>age</sub>=49.07 years, *SD*=14.34, 72% female) completed an online survey, including random allocation to view a brief video corresponding to one of three experimental conditions: (1) wild nature, (2) urban nature and (3) control. Participants completed self-report measures of connectedness to nature, restorativeness, and mood. **Results:** Contact with nature improved respondents’ mood. Specifically, wild nature elevated positive mood, whereas urban nature alleviated negative mood. Both attention restoration and connectedness to nature were significant mediators in the effect of wild nature on positive mood; and restorativeness was the only significant mediator for the relationship between urban nature and negative mood. **Conclusion:** Findings have implications for nature contact as a positive psychology intervention, and for urban planning.

**Concurrent Session 4F, Room 216, Wednesday 14 September 2016, 2.52pm – 2.59pm**

**Rapid presentation (Paper #305)**

*Improving counselling room environments: A systematic review*

**Lea, Helen Sophie** (Woodleigh School) and **Snell, Tristan** (Monash University),  
tristan.snell@monash.edu

**Background:** The physical environment of counselling is often overlooked by researchers and practitioners in favour of therapist effects and therapeutic techniques. However, a number of previous studies have identified a variety of features of mental health and counselling environments that predict positive outcomes for clients. Understanding and applying these features may result in better designed counselling environments that enhance therapeutic outcomes. **Aim:** The aim of this study was to review the relevant empirical research on the physical features of health and counselling room environments and how these features relate to client outcomes. Commensurate with this aim, two research questions were developed: How does the counselling room environment impact on client outcomes? What aspects of counselling room environments result in positive client outcomes? **Method:** A search of relevant literature was conducted over the last 30 years across the
following databases: Google Scholar, Ovid MEDLINE, Proquest, PsychINFO, SAGE Research Methods Online, Science Direct, and Scopus. Studies were included if they were concerned with the relationship between physical features of mental health and counselling environments (light, sound, images, seating, room size etc.) and client outcomes (Symptom reduction, therapist relationship, self-disclosure, etc.). Both mental health and counselling environments were considered due to the limited volume of research solely focusing on counselling room settings. **Conclusion:** Preliminary results of this systematic review will be reported in this paper. Features of counselling environments that are related to positive client outcomes will be discussed, including lighting, images, decoration, and seating arrangements. The presentation will include images of poorly designed and ideal counselling room environments based on empirical research, as well as a handout with recommendations for improving counselling room settings. This review will lead to practical recommendations for psychologists to improve the physical environment of counselling so that better client outcomes can be achieved.

**Concurrent Session 4F, Room 216, Wednesday 14 September 2016, 2.59pm – 3.06pm**

**Rapid presentation (Paper #329)**

**Psychology as a Nexus for Global Change: Can Psychological Sciences Help Save the Reefs?**

SIMMONS, Erik. (The University of Queensland)
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**Background:** Creating a more methodological approach to designing and implementing population scaled evidence based behaviour change programs. Using systems dynamics, along with clinical methods of stimulating change, we have developed an innovative way to apply psychological principles to create behaviour change programs that are sustainable, reproducible, and impactful. Using coastal communities of Indonesia as a case study and holding psychological sciences as the nexus for enacting global change. **Aim:** Discussing the viability of using an interdisciplinary approach to tackling global issues. Taking the stance it is possible to use the principles of psychology to address complex problems—we propose how to optimally do so using systems dynamics—a science that breaks down complexity. The aim of this project is multi-fold— to integrate psychology with other disciplines, to reduce rates of unsafe fishing practices, and to improve other variables of wellbeing that may mediate interactions with the environment more systemically. Furthermore, it is to discuss how to make these applications sustainable and simple. The future of psychological sciences is taking theories and models to scale in ways that better humanity. This example is a prototype for how to decipher underlying psychological mechanisms of change, and how to generalise said mechanisms to other global issues. **Method:** This method takes established procedure used by psychologists, epidemiologist, intervention designers, and systems scientists to conceptualise a hybrid protocol that uses the advantages of each. This method also brings a technological advantage of using computational modelling to assess and target the points of significance in complex systems of variables. **Conclusion:** Early results suggest that communities are receptive to these programs, and that they value their ecosystems. However, reinforcers continue to perpetuate unwanted behaviour. Elaborating on how multiple disciplines can be integrated to ameliorate complex problems like individuals’ interactions with the environment, psychological sciences need to be on the frontier of these collaborative change efforts. The implications of this research could alter the consensus on psychological application at scale.
Rapid presentation (Paper #176)

Connection to Nature predicts Flourishing

YERBURY Rachel (Southern Cross University)
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Aim: Understanding factors influencing human flourishing is of theoretical and practical importance to psychology. Seligman (2011) defines flourishing as the highest level of human wellbeing, which involves thriving and moving forward - more than happiness and the absence of psychological illness. Practical implications relate to capacity to promote and enhance individuals’ overall mental health and wellbeing. Using the Biophilia framework (Wilson, 1984), this study aims to contribute to research suggesting a positive relationship between nature connectedness and psychological wellbeing (e.g., Howell, Dopko, Passmore, & Buro, 2011; Nisbet, Zelenski, & Murphy, 2011; Wolsko & Lindberg, 2013). In a novel adaptation of previous work, the current study used a Facebook survey collector, to ascertain whether social media was a valid form of data collection in investigating these associations. 

Design: This study involved a self-report questionnaire using established, quantitative scales. A subset of the larger research study is discussed in this paper, and measures include The Connectedness to Nature scale (Mayer & Frantz, 2004) and the Flourishing Scale (Diener et al., 2010).

Method: Using a snowball sampling method via social media, (Facebook www.facebook.com), 213 participants from a variety of ages and geographical areas completed the questionnaire anonymously via “Survey Monkey” (www.surveymonkey.com). 

Results: Using SPSS, correlations were examined with significant relationships manifesting between connectedness to nature and flourishing. A Simple linear regression analysis was conducted, revealing that nature connectedness accounted for a small but significant 11.6% of the variance in flourishing (R²=.116, F(1, 183)=23.91, p<0.01). 

Conclusion: Many aspects of an individual’s life can influence wellbeing (Seligman, 2011). Nature has been shown to be one of those factors (Bowler, Buyung-Ali, Knight, & Pullin, 2010). This study contributes to existing evidence linking nature and wellbeing, by demonstrating that the more connected people feel to nature, the greater their levels of flourishing. Additionally, the social media data collection technique appears, on the basis of present data, a viable method via which to investigate this research question. Present findings have implications for the future of psychological treatment planning and intervention practice in terms of the importance of nature as a vital part of psychological wellbeing and flourishing.
Psychologists regularly work with mothers to support and enhance their mental health and wellbeing, however psychologists, along with the broader health system, have not always worked in partnership with mothers to achieve this aim. This symposium showcases three projects which aim to foreground mothers’ experiences, voices and agency as central to achieving optimal health and wellbeing. Based on feminist principles, these initiatives highlight the role of broader structural factors that impact on both mothers’ experiences and the ways local communities and the health system are set up to support mothers (or not). The first two papers focus on women’s experiences of birth and in particular their interaction with and experience of maternity services. The first presentation explores women’s lived experiences of maternity services in the medical system, with particular reference to gaps between women’s preference for a natural birth versus the privileging of medical advice and intervention. It unpacks identity constructions which draw on a ‘good mothering’ discourse that rationalise medical interventions in childbirth by aligning ‘good mothering’ with being a ‘compliant patient’. The second paper presents a social determinants of health approach as a way of advocating for wider policy implementation in maternity services reform and contributing to improving women’s perinatal health outcomes. This presentation will share lessons about organisational and systems-level change in order to foreground women and their preferences for and experiences of birth. It discusses how psychologists and others can implement multi-level advocacy in partnership with consumers and other health professionals. The third paper discusses a community arts based program which aims to value mothers and mothering. It highlights mothers’ individual and collective strengths, and points to the importance of better valuing their experiences and including their voices in policy development. Collectively, these papers point to the importance of working in partnership with mothers in all their diversity to enable them to be involved in decisions around pregnancy, birth and mothering on their own terms, and to ensure their voices are foregrounded, given they have the most stake in, and are the most powerful voice for, changes in policy, practice and public discourses around motherhood.

**Presentation 1: The Delivery Driver: Attributions of accountability for medical interventions in childbirth**

**COLE, Lindsay.** (School of Psychology, The University of Adelaide)

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**Background:** Almost all women in Australia give birth in hospital maternity systems that encourage women’s active involvement in care, including choices about medical interventions during pregnancy, labour and birth. There is considerable debate about the risks and benefits associated with rising use of medical interventions in childbirth, however. Questions of how decisions about the use of interventions during childbirth are experienced and accounted for are of particular interest.  

**Aim:** This study examines women’s unsolicited accounts of hospital birth experiences, analysing for patterns in descriptions of medical intervention during labour and birth.  

**Method:** Discourse analysis was used to examine 106 unsolicited birth narratives obtained from four of Australia’s most visited pregnancy, birth and baby websites. Analysis focussed on accounts of the use of medical interventions.  

**Results:** Attributions of accountability for medical intervention during birth were
identified and theorized for the actions performed in the descriptions. Two broad types of repertoire were identified that construed medical intervention as either necessary for birth, or as inhibiting the process of natural birth. Maternal identity constructions functioned strategically to rationalise the role of medical interventions. Women routinely reported desiring a birth with minimal medical intervention, yet reported privileging medical advice to introduce interventions such as pharmacological induction, pain relief, and assisted or surgical deliveries. Narratives that reported pursuing intervention-free births against medical advice were observed to require strategic identity management to protect a ‘good mothering’ discourse. **Conclusion:** This study supports previous research that suggests the existence of a disjuncture between a woman-centred philosophy espoused by maternity services and the lived experience of birthing in the medical system. Attributions of accountability indicate that women’s unsolicited narratives privilege medical advice over a reported preference for natural birth. Often such identity constructions draw on a ‘good mothering’ discourse to rationalise medical interventions in childbirth that aligns ‘good mothering’ with being a ‘compliant patient’.

**Presentation 2: The perinatal is political: Using a social determinants of health approach to enhance women’s perinatal health outcomes**

**BARNETT, Belinda** (Maternity Choices Australia & University of Queensland)

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**Background:** Giving birth and becoming a mother in 21st century Australia can be a critical life transition, with significant physical, social, emotional and financial implications for many women. Further, pregnant women and new mothers often encounter multiple challenges relating to their paid and unpaid work contexts as they navigate the perinatal period. One of these challenges often involves accessing respectful, woman-centred and evidence-based maternity services, which can significantly impact on women’s physical and emotional health and wellbeing, as well as their babies’ health. Given the complexity of the systemic and structural challenges that many women encounter during the perinatal transition, the social determinants of health approach offers a useful framework for psychologists to adopt when working to facilitate women’s perinatal health and wellbeing. **Aims:** This paper aims to demonstrate how using a social determinants of health approach and implementing multi-level advocacy can contribute to achieving changes in the organisation and provision of maternity services, with subsequent improvements in women’s physical and emotional health outcomes. The voluntary work performed by maternity consumers, psychologists, and other professionals for Maternity Choices Australia (MCA), a not-for-profit, community organisation, to advocate for maternity services reform and the implementation of the National Maternity Services Plan will be discussed. **Key findings:** Adopting a social determinants of health approach to advocate for maternity services reform has enabled MCA members, including psychologists and other health professionals, to contribute to improving the quality of maternity care options available to women, with positive impacts on women’s holistic health and wellbeing during the perinatal period. **Conclusion:** Adopting a social determinants of health approach to advocate for wider policy implementation has been effective for contributing to maternity services reform and contributing to improving women’s perinatal health outcomes. As this presentation will demonstrate, achieving organisational and cultural change can be a gruelling and slow process, so to be successful in influencing for change over the longer term, it is recommended that psychologists implement multi-level advocacy in partnership with consumers and other health professionals.
Presentation 3: Motherhood Unmasked: A community arts based approach to valuing mothers and mothering
SAMPSON, Emma (Motherhood Unmasked), & McSOLVIN, Shannon (Motherhood Unmasked) sampsonemma3@gmail.com

Background: While having children can bring immense joy and fulfilment, it can be also one of the most vulnerable and isolating times in a woman’s life. Despite a growing awareness of the importance of supporting mothers (particularly new mothers), there remains a gap in locally delivered, non-judgmental supports that offer women the opportunity to come together and share their experiences. Motherhood Unmasked (MUM) was founded in 2009 as a community arts project aimed at engaging new mothers within a local community in Melbourne. The program is designed for mothers to engage in arts-based activities to express and share their experiences of being mothers, with each other and through a community exhibition which aims to value mothers and mothering more broadly. Aim: The aim of this presentation is to provide an overview of the MUM program and to share the ways in which MUM valued the roles and experiences of mothers themselves, both at an individual and broader social level. A small-scale exhibition of some of the creative outcomes of the MUM program will accompany the presentation. Key findings: Feedback from the program indicates the importance of focusing on mothers and their experiences independently of their children, and points to the potential of art as a powerful medium to engage mothers in expressing and sharing mothering experiences, in particular the psychological aspects of that experience. By providing a setting which enables experiences to be shared openly and critically, the MUM program demonstrates the importance of social connection and mutual support during this important life stage. Conclusion: Learnings from MUM point to the need to better value mothers individually and collectively, and highlight the promise of community arts based approaches to do this locally. Themes that have emerged both in terms of implementation of the project within local communities and for the participants themselves as a result of their involvement will be discussed, and the session will incorporate an opportunity for conference participants to respond to the art works on display in addition to the themes identified during the session.

Concurrent Session 4H, Room 218, Wednesday 14 September 2016, 1.45pm – 3.15pm

Interest Group Session Symposium – 90 minutes (Paper #334)

Innovation in psychology education: Innovations in practice
LODGE, Jason M. (University of Melbourne), NORRIS, Kimberley (University of Tasmania), TALSMA, Kate (University of Tasmania), SCHÜZ Benjamin (University of Tasmania), SCHWARZER, Ralf, DARLASTON-JONES, Dawn (University of Notre Dame), MATTHEWSON, Mandy (University of Tasmania) jason.lodge@unimelb.edu.au

Practice in the teaching of psychology is undergoing change as demand for more flexible and integrated learning experiences become more pressing over time. Global competition, massification of higher education, the increasing impact of technology and the increasing demands of employers and industry are necessitating more sophisticated approaches to curriculum design and teaching practice. In this symposium, four presentations will cover a diverse range of practice areas as a showcase of innovative scholarly practice in teaching. The first two presentations focus on self-efficacy in relation to academic performance, particularly in relation to the performance of
postgraduate psychology students. The third presentation will see a shift in focus to work integrated learning (WIL). WIL is becoming an important element of a rounded degree program across many disciplines and is thus representative of innovations in psychology education. The final presentation is about the implementation of viva voce assessment items. Innovative forms of assessment are particularly critical when considering the future of psychology education given discussion around broader assessment issues such as validity of assessment and academic integrity. The aim of this symposium is to provide attendees with a snapshot of scholarly work currently underway on innovative approaches in psychology education in Australia.

**Presentation 1:** Examining academic self-efficacy and performance in postgraduate psychology students

**NORRIS, Kimberley** (University of Tasmania), **TALSMA, Kate** (University of Tasmania), and **SCHUEZ, Benjamin** (University of Tasmania)

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It has been reported that students within postgraduate psychology programs experience a degree of culture shock in the transition to this professional training environment. However, the impact of this shift on mood, academic self-efficacy and performance remains poorly understood – as does the relationship between these constructs. This study will follow first-year postgraduate psychology students to examine the relationships between their mood, academic self-efficacy and performance as well as fluctuations in these across their professional training. Measures will be taken at the commencement of semester; prior to submission of assessment pieces; following return of marked assessment pieces; and end-of-semester for each study period. Results may have implications for the understanding of the learning experience, as well as curriculum design.

**Presentation 2:** I believe, therefore I achieve (or vice versa, or both)? A meta-analytic cross-lagged path analysis of self-efficacy and academic performance

**TALSMA, Kate** (University of Tasmania), **SCHÜZ Benjamin** (University of Tasmania), **SCHWARZER, Ralf**, **NORRIS, Kimberley** (University of Tasmania),

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**Background:** The non-intellective determinants of student performance have been of interest to educators and education researchers for many years, and findings from research in this area are important determinants of education policy. One construct which has received a great deal of research attention in this regard is perceived self-efficacy – a core dimension of human agency which is widely believed to be positively related to academic success. Most previous research, however, is unclear about the direction of the relationship between self-efficacy and academic success: The question of whether stronger self-efficacy beliefs lead to better academic performance, or vice versa, or both, remains unresolved – a classic chicken-and-egg conundrum. Most research rests on an a priori assumption of self-efficacy as antecedent and performance success as outcome, but no systematic review has tested this supposition, and its alternatives, directly. **Aims/objectives:** To address this chicken-and-egg question, a systematic review with meta-analysis was conducted. The review drew on studies providing panel data, that is, measurements of both self-efficacy and academic performance on two occasions, which were meta-analysed and subjected to cross-lagged path analysis. Such models can demonstrate the unique effect of self-efficacy on subsequent performance, and vice versa, while holding baseline scores on these constructs constant, leveraging
observed variables to explain potential causality within dynamic relationships. **Method:** A systematic literature search identified 22 studies \((N=6,914)\) with repeated measurements of both self-efficacy and academic performance. Fischer’s z-transformed pooled correlations were subjected to a cross-lagged panel analysis that provided support for a reciprocal effects model. **Conclusions:** Within the identified reciprocal effects model, performance positively influenced subsequent self-efficacy \((\beta=.107, p<.001)\); this was a significantly larger effect than that of self-efficacy on subsequent performance \((\beta=.078, p<.001)\). While traditional wisdom advocates improving self-efficacy in order to influence subsequent performance, these findings suggest that greater consideration of the reverse effect, of performance on self-efficacy, is warranted. The relationships were moderated by a range of variables, including several related to the measurement of self-efficacy (e.g., degree of specificity, level of match with the performance variable). Findings were further interpreted with respect to implications for theory and practice.

**Presentation 3: Achieving Praxis: the pedagogical practice associated with WIL in a community engagement partnership**

DARLASTON-JONES, Dawn (University of Notre Dame);
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It has been argued that cultural competence is a critical component of psychological literacy and that this should be the lens through which all other knowledge is interpreted. In the context of Australia and its history of colonisation, cultural competence is applied most importantly in the context of relationships between Aboriginal and Torres Strait Islander peoples and the wider Australian community. Providing undergraduate students with the opportunity to work with an Aboriginal organisation in mutually beneficial and respectful partnerships enables them to enact the theoretical and philosophical frameworks they have been taught. Furthermore, it offers the opportunity to experience the importance of strong relationships as the foundation for reconciliation and active citizenship in order to effect social change. In this session, I will discuss the partnership between the Bachelor of Behavioural Science at the University of Notre Dame’s Fremantle campus and Coolabaroo, an Aboriginal community organisation that offers a range of services to support the local Nyungar community. Specifically, I will articulate the pedagogical framework that facilitates the learning outcomes derived from building experiential learning opportunities into an undergraduate degree structure and the mutual benefits derived from this experience for the students and the partner agency.

**Presentation 4: Short and Long-Term Learning Outcomes Associated with Viva Voce Assessment in Postgraduate Psychology Units**

NORRIS, Kimberley (University of Tasmania), MATTHEWSON, Mandy (University of Tasmania)
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With the shift to competency-based assessment within the National Australian Postgraduate Psychology curriculum, increasing numbers of postgraduate training programs are incorporating viva-voce assessments. Preliminary studies examining the efficacy of such assessment have been favourable, suggesting this approach is highly ecologically valid and has been positively received by students despite increased anxiety associated with this assessment method. The current study adds to this literature by examining the short and long-term learning outcomes for students exposed to viva-voce assessment. Student learning styles, study behaviours, and competencies will be assessed...
pre and post viva assessment. Students and staff will also provide qualitative data regarding the efficacy of viva-voce assessment in assessing competency.

**Concurrent Session 4I, Room 219, Wednesday 14 September 2016, 1.45pm – 3.15pm**

**Interest Group Session Professional Forum – 90 minutes (Paper #381)**

**Straight out of the Bush: Innovations from rural and remote psychology**

Lutkin, Sarah (James Cook University), Buckby, Beryl (James Cook University), Olley, Jacqueline (Headspace Mount Isa) & Bridgman, Heather (University of Tasmania)

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**Background**: Rural and remote locations in Australia typically have fewer psychologists per population when compared to metropolitan areas (AIHW, 2012). However, the rates of mental health concerns in rural and remote areas remain similar to, or above those in major cities (ABS, 2011). These factors, along with other factors such as isolation, funding limitations, and vast distances to cover have meant that psychologist living and working in rural and remote locations need to be creative and innovative in their delivery of services and encouragement of other psychologist to work in rural and remote locations. **Aims / objectives**: The aim of this forum is to showcase some of the examples of creative and innovative ways psychologists working in rural and remote locations provide psychological services to meet the needs of their communities and encourage psychologists to consider working rural and remote in the future. **Method**: This panel based forum will discuss how community connectedness, support systems, communication methodologies, and the diversity found in rural and remote locations can be used to improve the knowledge and wellbeing in communities and encourage future psychologists to consider employment in a rural and remote location. **Implications / conclusions**: To identify innovative methodologies that could be transferred to other locations and therefore improve access of services and increase psychologist numbers in rural and remote locations.

**Concurrent Session 4J, Room 220, Wednesday 14 September 2016, 1.45pm – 3.15pm**

**Interest Group Session Professional Forum – 90 minutes (Paper #177)**

**Psychodynamically oriented psychology: The evidence is in**

Timothy Keogh PhD (University of Sydney); Robert King PhD, FAPS (Queensland University of Technology); Elizabeth King, BA (Hons), MClin Psych, MAPS (Queensland University of Technology) and Anasha Kumar BPsysc (Hons), DPsy (Clin) Candidate (Queensland University of Technology)

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**Background**: An ongoing controversy concerning psychodynamically oriented psychological interventions has centred around claims of a lack of an evidence base for their effectiveness as interventions, as well a lack of proof and relevance for some of the central concepts of psychoanalytic theory. Outcome studies, empirically based conceptual studies and other forms of evidence have challenged these assumptions and to a large extent vindicated the utility of contemporary forms of psychodynamically oriented interventions, even their potential for self-help based interventions. **Aims / objectives**: The Forum will review the evidence for the
effectiveness of psychoanalytically oriented interventions and provide examples of the importance and utility of psychoanalytic concepts to clinical practice. In particular, it will be argued that Freud’s concept of a dynamic unconscious is a specific and unique theoretical contribution to understanding psychopathology and theory of change. Implications for comparative psychotherapy process research will also be considered and results of a qualitative study of psychodynamic and CBT therapists will offer practice-based examples of how therapists themselves view unconscious processes. Discussion will involve the extent to which psychodynamic therapists share theoretical frameworks and clinical formulations with those of practitioners of other evidence-based interventions such as CBT. It will also be suggested that some forms of psychodynamic therapy can be adapted for delivery in a self-help environment and could be especially valuable in the treatment of conditions, such as personality disorders, which are characterised by limited or inaccurate self-awareness and dysfunctional relationship patterns. **Methods:** The presentations in the forum will provide details of studies examining the construct of the unconscious. It will also examine meta-analytic reviews of studies into the effectiveness of psychoanalytic interventions including the recently released *Open Door Review – III*. **Implications and conclusions:** The Psychoanalytically Oriented Interest Group (POPIG), with the support of the Australian Psychological Society, needs to promote the extant database about the conceptual and outcome research concerning psychoanalytically oriented psychological interventions and psychoanalytical theory. This will help to promote the recognition of such interventions as evidence-based and a legitimate component of the suite of psychological services available to the public in Australia.

**President’s Address, Plenary 2, Wednesday 14 September 2016, 3.45pm – 4.45pm**

**President’s Address – 60 minutes (Paper #543)**

**Currents and Undercurrents in Psychology (after Joseph Jastrow, President, APA, 1900).**

*Professor Michael Kyrios,* Director, Research School of Psychology, The Australian National University; President, Australian Psychological Society (2014-2016).

During the 50th anniversary of the Australian Psychological Society (APS), it seems pertinent to take stock of where Psychology is at. In 1900, Joseph Jastrow observed in his APA Presidential Address that Psychology was in “a period of transition from immaturity to a developed science” and that antagonism between various areas of psychology was resolving. We appear to maintain some of those same dynamics 116 years later. Psychology is at a crossroad, facing challenges as a discipline, within the practice domain and from an organisational perspective. However, given our underlying strengths, inclusive of our evidence base and diversity, there are opportunities for Psychology and psychologists due to our ongoing relevance to the big issues of our times (e.g., wellbeing, social cohesion, climate change). There is no area of human endeavour that does not relate to Psychology and this is increasingly acknowledged. For instance, US President Barak Obama has recently called for all executive departments and agencies to use behavioral science insights to better serve the community.

Despite such optimistic signs, numerous currents and undercurrents give rise to concerns that Psychology may fragment as has already happened in some contexts. Within Australia, one of our strengths has been our unity. Practitioners, educators and researchers with different frameworks all unite under the banner of the APS which advocates for Psychology and psychologists in order to
enhance the wellbeing of the communities we serve. Our integration within the one member-based organisation allows us to maintain healthy regard for excellence in evidence, practice and advocacy across multiple domains and minimises the risk of losing the strength and influence that our 22,000 members offer. We can take much pride in our achievements over the past fifty years and be optimistic about the next fifty.

Keynote Address, Plenary 2, Wednesday 14 September 2016, 4.50pm – 5.50pm

Keynote Address – 60 minutes (Paper #483)

Targeting Early Interventions for High-Risk Occupations
Adler, Amy B. Dr (Center for Military Psychiatry and Neuroscience, Walter Reed Army Institute of Research)

Disclaimer: The views expressed are those of the author and do not reflect the official position of the Walter Reed Army Institute of Research, the U.S. Army, or U.S. Department of Defense.

Much research has been conducted identifying potential mental health problems associated with serving in high-risk occupations like the military. These health concerns range from posttraumatic stress disorder to anger and risk-taking behaviors. In parallel, numerous organizations have examined ways to prevent these negative health consequences through the implementation of universal training programs. To date, these training interventions have largely focused on building resilience skills. While several studies have demonstrated the efficacy of such an approach, the effect of these training programs is relatively modest. This modest effect challenges us to consider methods for boosting the support provided within the occupational health context. As a result, we have begun to examine emerging constructs that might provide a way to enhance intervention efficacy. First, we consider the concept of “behavior health leadership” and how leaders can engage in specific behaviors that result in better outcomes for team members. Second, we adapt the literature on stages of change and consider how attitudes toward resilience training may provide a way-ahead for tailoring training content depending on employee readiness for change. By broadening our conceptualization of delivering support, our goal is optimize the resilience of employees in these high-risk occupational contexts.

Concurrent Session 5A, Plenary 2, Thursday 15 September 2016, 8.30am – 9.30am

Invited Address ‘Distinguished contribution to Psychological Education Award’ – 60 minutes (Paper #489)

A collision of ideas, ideals, expectations, and outcomes
Morrissey, Shirley (Griffith University)
Distinguished Contribution to Psychological Education Award

Some would say that psychology education and training in Australia is in a crisis. Thousands of students graduate from three year sequences in psychology with little if any real idea of what they can do with their psychology degree. A psychology education that encourages undergraduate students to apply the discipline of psychology to self and to real world issues is often resisted and considered to be better situated at the postgraduate level by some academics. Furthermore, the relative absence of coverage of areas of applied psychology at the undergraduate level, and
resistance against increasing the amount of required psychology in undergraduate programs is resulting in a very limited understanding of psychology, and a devaluing of undergraduate psychology degrees.

Postgraduate psychology programs other than clinical psychology have almost disappeared, and currently very few opportunities exist for students to progress into postgraduate studies in areas other than clinical psychology. The combination of the lack of emphasis on applied psychology at the undergraduate level, very limited opportunities for psychology graduates to complete postgraduate training in areas of applied psychology such as health, sport, forensic, education, counselling, organisational, neuropsychology, or environmental psychology results in a model of education and training that is not a good fit with what students expect, nor is it a good fit for employers of psychology graduates. Psychology is also at risk of becoming extremely narrowly defined.

This presentation will present the inherent polarities across the classic idea of a university, current liberal arts programs (North America, University of Melbourne), more contemporary professional training programs leading to registration as a health practitioner, and the current university context reflecting profound societal and technological changes including the interrelationships between information technologies and the delivery of educational programs at university level.

I will provide examples from my own experiences as a senior academic and will argue that the challenges for psychology education and training require solutions that allow for more flexible and responsive educational models, a better match with student expectations, and ensuring that psychology has a prominent place within the multidisciplinary, interdiscipliary, and transdisciplinary contexts in which contemporary psychology must engage.

Concurrent Session 5A, Plenary 2, Thursday 15 September 2016, 9.30am – 10.30am

Invited Address ‘APS President’s Award for Distinguished Contribution to Psychology in Australia’ – 60 minutes (Paper #488)

**Can we prevent posttraumatic stress disorder?**

**Kenardy, Justin** (University of Queensland)

**APS President’s Award for Distinguished Contribution to Psychology in Australia**

Posttraumatic Stress Disorder (PTSD) is a unique psychological disorder in that it is defined by its inception. So unlike so many other psychological disorders we pretty much know when it starts. It follows then that we should be able to act to prevent its development, or at very least prevent it from becoming chronic. Despite this assertion, the prevention of what should be the most preventable psychological disorder is problematic. I will present my attempts to grapple with the issues that surround prevention of PTSD. I will describe a career pathway from the only urban earthquake in Australian history, to whiplash in motor vehicle crash victims, to traumatized preschool children and toddlers, and to the challenging environment of the intensive care unit. In the process I will describe the knowledge gained and lessons learnt about how to prevent PTSD, and what challenges we still have to overcome.

Concurrent Session 5A, Plenary 2, Thursday 15 September 2016, 11am – 12pm

College of Sport and Exercise Psychologists Keynote Address – 60 minutes (Paper #534)
To infinity and beyond - The importance of creativity in leadership and how performance psychology is shaping the future of the creative economy.

Associate Professor Gene Moyle ARAD, MAPS, MCSEP, MAICD (Head of Discipline – Dance, QUT Creative Industries Faculty)

The rapidly changing pace of technological development and its resulting impact upon human endeavours, means that we are currently preparing people for jobs that do not yet exist, using technology that has not been invented, to solve problems we do not yet know are problems. One of the key qualities identified as crucial to effective leadership in the 21st Century, is creativity of thinking. The growing role of the creative industries and creative people within the economy and society more broadly (i.e. the ‘creative economy’) is underpinned by the need for effective leadership. Whilst performance psychology, with its origins in sport and exercise psychology, has been a significant contributor across many high performance settings in terms of leadership development, its growing contribution and embedding within the creative industries is signalling the need for a new age of innovation in practical application.

Half-day Workshop 7: College of Clinical Psychologists (Paper #487)

Building Body Acceptance – Therapeutic Techniques for Body Image Problems

Susan J Paxton PhD (Professor, School of Psychology and Public Health); Beth Shelton PhD (Senior Clinician, Victorian Centre for Excellence for Eating Disorders, President of the Australian and New Zealand Academy for Eating Disorders)

Body dissatisfaction causes distress and frequently plays a role in the development and maintenance of low self-esteem, depressive symptoms and eating disorders. Despite recognition of problems associated with body image concerns for many clients, therapists often believe they lack skills and strategies to successfully treat them. This workshop will first explore the evidence base for intervention programs and the rationale for addressing specific risk and maintaining factors in therapy. Using group activities and experiential approaches, workshop participants will learn skills and strategies to build body acceptance in their clients, including using cognitive behavioural, mindfulness and movement techniques. Participants will be provided with relevant resources and program manuals for evaluated body image treatment programs for different age groups will be made available.
Learning outcomes:

Upon completion of this workshop participants will be able to:

- Understand and assess clients’ body image problems;
- Identify appropriate risk and maintaining factors to target in a body image intervention;
- Apply CBT interventions that assist in reduction of body dissatisfaction;
- Conduct mindfulness and movement based activities that enhance body satisfaction.

Workshop content:

- Discussion of theoretical and empirical basis for addressing specific risk and maintaining factors for body image problems;
- Participants will describe their observations about influences on their clients of social media on body image – a new form of influence
- Exploration of assessment considerations, history and development of body image problems
- Group and experiential work to: enhancing motivation for change; reduce over-evaluation of shape and weight using cognitive-behavioural and values-based approaches; challenging fat talk and coping with environmental pressures; behavioural experiments to challenge body comparison; and exposure techniques for avoidance, response prevention for checking.
- Finally, participants will learn ways to help clients broaden their relationship with their body through acceptance of emotion and sensation (mindfulness approaches), and engender positive experiences of their body in action through movement and self-care.

Audience:

- Psychologists working with any groups experiencing body image problems.

Concurrent Session 5C, Room 211, Thursday 15 September 2016, 8.30am – 12pm

Half-day Workshop 8: College of Health Psychologists (Paper #)

*Achieving lasting improvements within health services: Key concepts of implementation science*

Sevdalis, Nick (King’s College London)

Session details to come

Concurrent Session 5D, Room 212, Thursday 15 September 2016, 8.30am – 12pm

Half-day Workshop 9: College of Clinical Neuropsychologists (Paper #485)

*Neuropsychological Intervention: An analysis of efficacy, clinical utility and techniques*

Prof Sharon L. Naismith (Leonard P Ullman Chair in Psychology & Head, Healthy Brain Ageing Program, Brain and Mind Centre & Charles Perkins Centre, University of Sydney; NHMRC Career Development Fellow, Clinical Neuropsychologist)
Neuropsychological interventions have long been utilised to remediate cognitive and psychosocial impairment associated with a range of neuropsychological conditions. Recently however, such interventions have gained increasing widespread interest amongst health professionals, researchers and consumers alike, perhaps in relation to the proliferation of commercialised ‘brain training’ products. This workshop will comprise: 1) a review of the empirical literature regarding evidence for the efficacy of computer-based and strategy-based cognitive training in paediatric as well as ageing populations; 2) interactive demonstration of cognitive training techniques, including presentation of a group-based, multi-faceted program and an individual case study; 3) a panel discussion with opportunity for audience participation and questions.

Professional development hours: 3

Learning outcomes:
Upon completion of this workshop participants will be able to:

- Define cognitive training and understand how it differs from other aspects of neuropsychological intervention
- Differentiate between computerised and strategy-based approaches to cognitive training
- Describe and critically evaluate the empirical evidence base for cognitive training in both paediatric and ageing populations
- Appreciate the clinical utility of cognitive training within a variety of contexts (i.e. research vs. clinical settings; group-based vs. individual programs)
- Describe and recognise examples of cognitive training techniques

Workshop content:
- Definition of cognitive training within the context of neuropsychological intervention, including explanation of various cognitive training approaches
- Review of empirical evidence for the use of cognitive training in youth
- Review of empirical evidence for the use of computerised and strategy-based cognitive training in ageing
- Demonstration of computerised and strategy-based cognitive training techniques
- Practical examples of cognitive training programs – group-based and individual
- Panel discussion with audience participation

Audience:
Clinical Neuropsychologists, Psychologists in other disciplines, Allied Health Professionals interested in the evidence and application of cognitive training techniques to their clinical practice

Researchers and academics interested in neuropsychological intervention

Psychology students interested in rehabilitation of cognitive and psychosocial impairment

Concurrent Session 5E, Room 213, Thursday 15 September 2016, 8.30am – 9.45am

Professional Forum – 75 minutes (Paper #342)

Issues Facing Psychologists working in schools to foster inclusive practice
McKenzie, Vicki

Background: Psychologists working in educational settings encounter high demand for assessment, adjustments, advocacy and guidance for students with disabilities and learning difficulties.

Aims/objectives: This session will provide the opportunity for Educational and Developmental Psychologists and Psychologists working in schools to discuss issues faced in different states in fostering excellent practice and progress in the inclusion and effective teaching of students with disabilities and learning difficulties. Reflection and comparison on practice across the states of Australia is rarely achieved but valuable, given common purposes and social mobility. Shifting philosophy on categorisation versus need would be addressed. Approach / method: The forum will be led by Vicki McKenzie of the CEDP National Committee. A panel of four or five informed practitioners and policy makers will each comment on state practices and initiatives. Dr Vicki McKenzie (Discussant) will facilitate interaction with audience members by means of questions and comments from the floor. A set format of areas of commentary will be provided for each speaker. The speakers have not as yet been engaged. Implications / conclusion: The discussant will facilitate the final 10 minutes of collation of key positives in the presentations and key areas that need follow up. The usefulness of the session will be in its capacity to encourage consideration and debate on constructive inclusive practice and the opportunity to challenge psychologists to expand their knowledge base and their area of practice.

Concurrent Session 5E, Room 213, Thursday 15 September 2016, 9.45am – 10am

Individual Oral Paper – 15 minutes (Paper #113)

Culture and learning in international schools: Are trait differences in students' personalities attenuated or amplified?
Wurf, Gerald (Charles Sturt University)
gwurf@csu.edu.au

Aim: Historically there has been long standing speculation about the degree to which culture can influence personality. Considerable evidence from studies of cultural identity suggest that an immersive experience in a new culture promotes the development of a more distinctive, intensified national identity. Paradoxically, when personality traits have been examined, it has been found that acculturation of personality occurs. Individuals who are the most highly acculturated exhibit personality traits more consistent with the new culture rather than with their culture of origin.
International schools provide a unique context for considering the influence of culture on adolescent students’ identity, personality and learning. The purpose of this research was to investigate whether known personality trait differences between students from Chinese, North American and mixed (Chinese/Asian-North American) cultural backgrounds are attenuated or amplified. **Method:** Eighty-one senior secondary students attending a large international American high school in Hong Kong participated in the study. Personality trait data was analysed for students who had a Chinese, a North American or a mixed (Chinese/Asian-North American) cultural background. To assess personality all students completed an online version of a Five Factor Model (FFM) personality inventory. **Results:** In order to examine cultural differences in the personality trait scores of adolescent participants a between-subjects multivariate analysis of variance (MANOVA) was used. Results from the MANOVA showed that the difference between the groups was not statistically significant (Wilks’ lambda (.82),\( F(10, 148) = 1.537 p > .05 \)). The hypothesis that cultural differences would be found in the FFM personality traits between students from different cultural backgrounds was not supported. **Conclusion:** The results from the current study are consistent with the hypothesis that an attenuation or acculturation of personality occurs in new cultural settings. Further, students educated in diverse, international cultural contexts are increasingly being shown to develop complex transnational identities. Given the above findings it is argued that international (and other schools) that foster the traits of conscientiousness and openness among all students are likely to achieve better learning outcomes than schools that focus on perceived differences in the personality, identity and learning styles of culturally diverse students.

**Concurrent Session 5E, Room 213, Thursday 15 September 2016, 10am – 10.15am**

**Individual Oral Paper – 15 minutes (Paper #451)**

**The effect of school support and PLT work on the planning of teacher professional development**

**Crigan, Judith** (University Of Melbourne)

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**Aim:** This study set out to examine how professional learning teams (PLTs) influence the planning of professional learning opportunities for teachers. PLTs are seen as a positive and effective way to improve both teaching practice through peer support and focused professional development and student learning through collaborative planning based on student learning needs (van Garderen, Stormont, & Goel, 2012). As part of a larger study which developed a framework through which to measure the effectiveness of PLTs, this presentation explores the relationship between the support that school leadership provides the PLT, the commitment of PLT members in working in a PLT and the planning of teacher professional development. **Design:** 452 teachers from 68 PLT teams (in 54 schools) completed self-report questionnaires examining the extent to which the variables of interest are manifest in their teams. The three variables of interest in this study were school support (measured by 6 items), workload share (measured by 3 items) and facilitate teacher professional development (measured by 7 items). **Method:** Multilevel structural equation modelling (Muthén, 1991, 1994) was applied to examine the relationships between the three constructs at the team level. **Results:** The hypothesized model fitted the data well (\( \chi^2 = 216.922, df = 81; \text{CFI} = .972; \text{TLI} = .966; \text{RMSEA} = .023 \)). The results demonstrated the partial mediation effect of workload share on the prediction of school support to the factor facilitate teacher professional development. This suggests that school support can influence the factor facilitate teacher professional development directly and indirectly through its influence on the factor workload share. The factor workload share mediated the prediction of the factor school support to the factor facilitate teacher learning and professional development.
Conclusion: School leadership plays a direct critical role in enabling and empowering teachers to determine appropriate professional development opportunities for themselves and their team members. Further the dedication of the team to the PLT also plays an important role and mediates the relationship between school support and the activities that the team completes to facilitate teacher professional development.

The Resilience Doughnut. Connecting ordinary, everyday moments to build resilience

Worsley, Lyn (The Resilience Centre Australia); Hjemdal, Odin (Department of Psychology, Norwegian University of Science and Technology)
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Aim: The Resilience Doughnut is a simple model showing seven contexts where a child can experience the everyday ordinary magic that builds social competence and a resilient response to adversity. To date the model has been used practically to guide programs, and interventions as well as to consider a child’s level of support in order to develop resiliency. Design: In order to test this model a comprehensive scale has been developed and trialled across educational settings in Australia with over 1200 students. The validation of the model involved testing this scale using an exploratory and confirmatory factor analysis, and conducting extensive correlations with established measures of resilience. Method: Participants were introduced to the model in their school, in regular class time, by teachers trained in the model and a set of three measures, the Resilience Scale for Adolescents(READ), and the Strength and Difficulties questionnaire (SDQ), and the Resilience Doughnut (RD) were administered online. The use of on line reporting gave individual self informed feedback to enable classroom conversations about building social competence through enhancing their strong connections. Results: Treating each context as a separate scale, confirmatory factor analysis’ indicated a good fit of each of the seven contexts of the RD with the criteria for each context. 9 items in total were removed to achieve a 61 item scale. Internal consistency for each of the scales was examined using Cronbach’s alpha indicating a good fit ranging from .61 to .87. A significant positive correlation was noted with each of the contexts and the five subscales on the READ (p<.01) and a negative correlation with the difficulties subscales (p<.01) and positive correlation with the strength subscale (p<.01) on the SDQ. Conclusions: These results indicate the value of working with the existing strong contexts to build a child’s social competence to develop resilience, however further testing would be recommended to investigate the number and degree of strength of the contexts in order to influence a resilient response to adversity as well as the effect of interventions that strengthen the external contexts.

How to Foster School Belonging
Allen, Kelly (The University of Melbourne); Vella-Brodrick, Dianne (The University of Melbourne) and Waters, Lea (The University of Melbourne).
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Background: Belonging is an essential aspect of psychological functioning positively associated with student wellbeing, academic outcomes, and prosocial behaviours. Schools offer unique opportunities to improve belonging for school-aged children. This how to aims to address the question, ‘What are the main themes that influence perceptions of school belonging in a secondary school setting?’ The findings derived from a meta-analysis will be presented around six themes that influence school belonging: academic motivation, emotional instability, personal characteristics, parent support, peer support, and teacher support. Examination of the effect sizes of the six themes revealed that all themes reported medium to large effect sizes, indicating that the themes identified are relevant and important factors with respect to fostering school belonging. These six themes could be conceptualised into individual level themes (e.g., academic motivation, emotional instability, and personal characteristics) and relational level themes (e.g., parent support, peer support, and teacher support), and thus form the basis of a preliminary socio-ecological framework of school belonging.

Aims and Learning Outcomes: Based on empirical research, the session will present the essential themes found to influence school belonging during adolescence in educational settings. This practical, strategy-based workshop will specifically discuss what school leaders and psychologists working in schools can do to increase perceptions of student school belonging.

Approach: During the first half of the workshop, participants will receive information and handouts related to how school belonging may be fostered within a secondary school based on key findings derived from recent research. For the second half of the workshop, participants will have an opportunity to talk, reflect, brainstorm, and share strategies aimed at fostering school belonging that are relevant to their own work settings.

Concurrent Session 5E, Room 213, Thursday 15 September 2016, 11.45am – 12pm

Individual Oral Paper – 15 minutes (Paper #144)

Belonging and Socioemotional Wellbeing Among Students in Transition from Primary to Secondary School
O'BRIEN, Kimberley Maree (Monash University / Quirky Kid Clinic)
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Aim: This study aims to explore school belonging and socioemotional wellbeing among students in K–12 schools navigating the transition from primary to secondary school. Specifically, the current study explores a within-context transition from the students’ perspective. Design: The study addresses two central research questions: 1) What is the role of school belonging in influencing socioemotional wellbeing, and what changes occur in: a) school belonging, and b) dimensions of socioemotional wellbeing over time? And 2) How do these differ according to a) school, and b) gender? To answer these questions, continuing Year 6 to 7 students complete a pre- and post-transition survey, and twenty per cent also participate in an Individual Interview post-transition. The quantitative data is statistically analyzed to determine changes overtime and between socioemotional wellbeing and belonging to identify school-level and gender differences. A thematic analysis of the qualitative data further illustrates the quantitative results. Method: The participants were 231 students, aged 11–13 years from seven non-government independent schools in Sydney’s Inner West and Eastern suburbs. The pre- and post-transition survey used existing measures of school belonging, self esteem, friendship quality, and loneliness. Individual interviews (N = 48) were
conducted in Term 4 of Year 7 to gain greater insight into gender and school-level differences. **Results:** The results indicated a significant association between belonging and each of the socioemotional dimensions. There was no significant change over time in school belonging or self esteem, however friendship quality increased and loneliness declined from Years 6 to 7. Significant differences between schools in terms of students’ sense of belonging were evident, while girls moreso than boys, experienced a shift towards closer friendships post-transition. **Conclusion:** This study provides implications for schools from all sectors, including the need for professional development for educators, aimed at: 1) Building students’ sense of belonging at school, and 2) Offering boys more support to build friendships and positive teacher-student relations in Year 7.

**Concurrent Session 5F, Room 216, Thursday 15 September 2016, 8.30am – 10.30am**

**Symposium – 120 minutes (Paper # 352)**

**Sport Psychology in Australia: Challenges and issues past, present and future**

BOND, Jeff (College of Sport & Exercise Psychologists), & VEIVERS, Tracey (College of Sport & Exercise Psychologists), & CRAMPTON, John (College of Sport & Exercise Psychologists) AIDMAN, E (College of Sport & Exercise Psychologists)
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One of the more “high profile” if not relatively small in number sub-groups of the APS are the members of the College of Sport and Exercise Psychologists (CoSEP). This group is charged with the responsibility of providing support for the athletes, coaches, administrators and associated support staff who operate in the high visibility, high expectation environment that is the elite performance/sport industry. Australian sport psychologists have provided significant leadership to the sport and exercise psychology movement over the last 30 years. This symposium aims to provide an insight into the issues surrounding the work done by Australian sport psychologists in a wide range of competition and performance environments. The speakers will also discuss the strategies that have been developed by the profession to ensure the protection of all involved. These strategies evidence the concerns of CoSEP to guarantee that the standards of psychological practice in the sport and exercise environment are exemplary. The speakers will provide further insights into the logic and reasoning behind the recommended practice standards for Australian sport psychology and the links with established ethics of operation. This symposium will showcase the ability of CoSEP to provide ongoing leadership to the international high performance industry in the light of expectations of the Australian Psychological Society, the Psychology Board of Australia and the Australian Health Practitioners Registration Authority, and in the light of other industry regulatory bodies such as the International Olympic Committee and the World Anti-Doping Authority. We will begin with a review of the issues faced by our profession’s early leaders, move to a discussion of the current operating environment, systems and infrastructure, and finish with a look to the issues that will require effective strategies as our profession grows into the future.

**Presentation 1: Sport Psychology in Australia: historical issues**

BOND, J (College of Sport & Exercise Psychologists)
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Background: This review of the key challenges facing sport psychology comes from the perspective of the first sport psychologist to delve into the world of private practice in the mid-1970’s, who subsequently was Head of Sport Psychology at the Australian Institute of Sport (AIS) from 1982 through 2004. This perspective offers a unique and broad view of the organizational, professional, administration and client issues facing the profession in those early years. Aim: The presentation aims to provide an historical context for the subsequent discussions on the current and future issues and challenges facing the ongoing development of the Sport and Exercise Psychology profession. 

Method: The development of Australian sport psychology can be viewed historically through a number of periods. Prior to 1982 sport psychology in Australia was practically non-existent. There were no tertiary training institutions, no registration for practitioners, no identity within the APS, and there was significant suspicion and cynicism about psychology in general and sport psychology in particular. There were very few avenues for the professional recognition and practice of sport psychology. Those claiming to be sport psychologists were typically untrained, unregistered and typically offered “magical” solutions to performance issues. In 1981 the AIS was established and with the appointment of the first official position for a sport psychologist in 1982 a new era for the fledgling profession began. The AIS provided strong legitimacy for the practice of sport psychology, including opportunities for the involvement with AIS and national teams in preparation for competition at domestic and major international sporting events. The APS recognized the importance of the public/media profile gained by sport psychology and encouraged the establishment of first the Board and later the College of Sport and Exercise Psychologists. The APS accredited several tertiary training programs. By the Sydney Olympic Games sport psychology was firmly entrenched in Australian Olympic sports and growing in its development amongst high profile professional sports. Conclusion: Post 2000 there were challenges on the horizon: the acceptance of sport psychology at the Olympic level was waning, the AIS underwent significant changes, the new funding model for Australian sport provided serious challenges to the engagement of sport psychologists, and client groups faced several exceptional challenges brought about by the proliferation of performance enhancing drugs and the rapid development of social media. The persistent forays of the unqualified, unregistered “sport psychologists” remained.

Presentation 2: Sport psychology in Australia: contemporary practice issues

VEIVERS, T (College of Sport & Exercise Psychologists)
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Background: This review of the current challenges facing sport psychology is presented by the immediate past Chair of CoSEP. The author’s personal practice includes working extensively in the world of professional sport. Aim: This presentation builds on the historical understanding of the issues facing the Sport and Exercise Psychology profession. The high performance sport environment is typified by rapid change and development and the issues faced by our profession have grown at an exponential rate. These issues will become challenges throughout the next decade. Method: Australian sport psychology is an industry operating in an environment continually looking for a “competitive edge”. Often the approaches adopted by competitive groups come from strategies developed in un-regulated environments, and unfortunately the application of these strategies can occur in contexts that are not driven by a concern for the individual. Performance or result driven strategies can often conflict with the ethical standards required by our profession. The issues raised in government funded institutes of sport can be significantly different in interpretation and execution in privately funded organisations. The AIS is now a part of a network of state level
institutes and academies of sport, underpinned by a regional academy of sport system. Athlete welfare officers have gained traction in areas that often verge on clinical involvement. The 4 main football codes, netball, basketball, cricket, horse racing, motor sport, tennis and golf all operate at a significant level of professionalism in Australia. The opportunity for sport psychology professionals to work full-time in elite and developmental sport has grown significantly. So also has the potential for unqualified and unethical practice to gain traction in private organisations often unaware of the need for professional structures and regulatory controls. The Australian Senate has conducted a review into the practice of sports science in Australia. The university programs producing sport psychology graduates have been affected by changes to tertiary funding. PsyBA and AHPRA have added regulatory controls to the guidance and standards provided by APS and CoSEP. Conclusion: In 2016 there are many challenges to the practice of Sport Psychology in Australia. The status and profile of the profession must remain relevant in the contemporary “branded” environment that is professional sport. Unregistered and often unqualified practitioners persist. Federal funding for sport has been re-structured under a program titled “Australia’s Winning Edge”. Sport Psychology needs to plan its future strategies carefully.

Presentation 3: Sport psychology in Australia: challenges and issues still to come
CRAMPTON, J (College of Sport & Exercise Psychologists)
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Background: This presenter has worked in both the institute of sport and professional sport environments, and has an extensive background in the development of technology applications that have the potential to integrate the sport sciences. Aim: This presentation builds on the discussion of the strategies being adopted by the sport psychology profession to deal with the issues and challenges presented by the contemporary high performance sport environment. It will challenge perceptions of the role and practice of the psychologist in sport and present options for future practice positioning. Method: Australian sport psychology is at an important stage in its development as an industry. Athletes, coaches, administrators and support staff are increasingly being challenged to perform in high expectation, high visibility environments. The responsibility for the management of the human factors involved in competitive performance is becoming blurred, with technology providing traditionally “psychological data” packaged with other information to non-psychologist groups. Issues relating to privacy, personalization and relevance are not being matched by education of unregistered professions. The new concepts of “profession creep” and “digital disruption” to plan for. The value of the psychologist in proactive roles is still not adequately accepted. The positioning of psychology as a hard science dressed in a humanist track-suit is not understood. Professional education in the use of contemporary psycho-physiological and performance analysis tools is still in its infancy, along with the widespread recognition and acceptance of the new testing and monitoring protocols. Traditional counseling, education and training inputs are facing challenge by non-sport groups, non-psychologist groups, and increasing lack of concern for regulatory bodies. Ongoing professional development must be considered in the light of the needs of lower-level industry training. Conclusion: Sport Psychology is an industry ready to move ahead into many new areas of professional contribution to the welfare of sport industry professionals and to their enhanced performances. There are many key issues requiring planning and prioritization that remain as potential road-blocks to this evolution. The possible “re-branding” of sport and exercise psychology remains heavily influenced by both regulatory bodies and the
responsibilities and ethics of the profession. Potential alignments with professional groups such as the coaching industry need to be explored.

**Concurrent Session 5F, Room 216, Thursday 15 September 2016, 11am – 12pm**

**Professional Forum – 60 minutes (Paper #550)**

**Human rights as a determinant of mental health**

**Astbury, Jill** (Victoria University)

**Background:** Human rights promote human happiness and wellbeing because they protect people’s vital needs and fundamental interests. Violations of human rights cause serious harm to individuals and also more generally undermine the community’s expectations that they can count on having their own human rights respected. According to the APS Code of Ethics, psychologists ‘engage in conduct which promotes equity and the protection of people’s human rights, legal rights, and moral rights’. Hosted by the APS College of Community Psychologists, this forum explores the relationships between human rights violations and mental health. **Aim/objectives:** The forum begins with an invited presentation of an international research study on the relationship between human rights violations and women’s health in Cambodia, taking the experience of forced sex by an intimate partner in relation to psychological distress as an example. The presentation will be followed by a facilitated discussion of how human rights might be applicable to mental health and illness closer to home in Australia, where society is presumed to be more equal and less susceptible to gross human rights violations. **Approach:** The AusAID-funded, mixed-method ‘Triple Jeopardy’ study in Cambodia examined links between gender-based violence and other human rights violations, disability and health (including mental health). A cross-sectional survey was conducted with a broadly representative sample of 354 Cambodian women using a shortened version of the questionnaire employed in the WHO study of Women’s Health and Domestic Violence. Psychological distress was measured with the Self Report Questionnaire (SRQ). **Implications/conclusions:** High overall rates of agreement with cultural norms antithetical to gender equality were found, but women who reported forced sex by an intimate partner were significantly more likely than other women to agree that a wife has an obligation to have sex with her husband and that refusal gave their husband reason to hit them. Women who felt obliged to have unwanted sex endorsed thoughts of ending one’s life significantly more often. The findings suggest that repudiation of beliefs that condone the violation of one’s human rights and dignity is associated with significantly lower levels of psychological distress than is their acceptance. The promotion of human rights is thus not only intrinsically important but has powerful mental health benefits. Addressing these social determinants of mental health and wellbeing needs to extend beyond the scope of interpersonal and individual interventions. This forum will discuss some ways psychologists in Australia can learn to identify and work effectively with people whose human rights have been violated.

**Concurrent Session 5G, Room 217, Thursday 15 September 2016, 8.30am – 10am**

**Professional Forum – 90 minutes (Paper #373)**

**Excellence and diversity of psychology in the public health sector**

**Phillips, Rachel.** (West Moreton Hospital and Health Service)

Psychologists working in the public sector context have a critical role to play in shaping mental health care and support for their patients, at all stages of the health care system. With increasingly
limited resources available, it is necessary to do ‘less with more’ and to design and implement, novel, cost and time-effective approaches to the delivery of psychological services. This symposium aims to illuminate the role psychologist’s play in improving client access to evidence based psychological services psychology in the public sector through the translation of research into practice. It will include three presentations, each describing a different ‘target group’ and the role of psychology. Areas that will be covered include: i) Neuropsychologists supporting access for people with young onset dementia; ii) Improving rural access to specialist child and youth mental health services and iii) Supporting sustainable implementation of DBT programs.

**Presentation 1: Young Onset Dementia: Centres of excellence in the Victorian Public Health Sector.**
Kelso, W (Neuropsychiatry Unit, Royal Melbourne Hospital, Melbourne Health), Fischer, F. (Statewide Progressive Neurological Disease Service, Calvary Health Care Bethlehem), Mullaly, E. (Cognitive Dementia and Memory Service, Caulfield Hospital) & Tijs, E. (Eastern Cognitive Disorders Centre, Eastern Health).
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**Aims:** Dementia is the second leading cause of death in Australia. There are approximately 342,800 Australians living with dementia, with 25,100 having Young Onset Dementia (under 65 years). This paper will outline the development and growth of specialist diagnostic and treatment services for people with Young Onset Dementia in Victoria, It will showcase why the public service is best suited to providing state of the art, person-centered dementia care.

**Method:** Four centres of excellence were chosen to examine the various models of service provision for people with Young Onset Dementia in Victoria. Data collection included demographics, referral base, dementia incidence, prevalence and subtype, models of assessment and treatment and future care needs. The role of the Neuropsychologist in dementia assessment, treatment, education and training was examined.

**Results:** Key referrers to specialist Young Onset Dementia clinics were General Practitioners, Psychiatrists and Neurologists. A high proportion of individuals with Young Onset Dementia were initially misdiagnosed with depression, due to a lack of public awareness of dementia occurring in younger people. The delay to diagnosis was approximately 5 years. The most common cause of dementia in people under 65 years was Alzheimer’s disease, followed closely by fronto-temporal dementia. Earliest age of diagnosis was late 20’s. Gold standard diagnosis required multi-disciplinary assessment, including neuropsychological assessment, neuroimaging and genetic testing. Neuropsychologists were uniquely qualified to provide specialised services in the field of dementia and were integral to the diagnostic process. Education and counselling were vital to assist the family unit in navigating issues such as employment, driving, grief and loss, genetics, financial and legal matters, advanced care planning, respite and residential care. Each service had a pivotal role in providing education, training and capacity building to external service providers. **Conclusions:** People with Young Onset Dementia have complex diagnostic and psychosocial needs that require dedicated specialist multi-disciplinary services. Further professional and community education is needed to reduce the delay in diagnosis and allow for earlier treatment. Once the diagnosis of dementia is made, few services are available to provide ongoing management and support due to funding limitations. Future treatment options and care directions are discussed.

**Presentation 2: Improving access to child and youth mental health services for rural communities through working in partnership and the use of Telehealth.**
James, B, Maltby, R., Phillips, R., and Wescombe, K. (West Moreton Hospital and Health Service).
Rachel.Phillips@health.qld.gov.au
Background: West Moreton Hospital and Health Service (WMHHS) is a regional health service encompassing both metropolitan and rural communities. West Moreton is the fastest growing HHS in Queensland, with a significant population increase in the 0-14 year age group as well as being the only HHS in Queensland with a growing rural community. It is well accepted that prognosis is dependent on residential location, with better outcomes associated with living in urban areas. The current CYMHS model of service access requires consumers to travel to the urban hub, which can require travel of in excess of 80-100 kilometres. By exception assessments can be organised at one of four rural facilities or in a school. Securing a time and location for rural appointments can result in delayed response time and high labour costs associated with clinician travel. Telehealth is a widely used method to improve access to specialist services, but is generally used within the same organisation (e.g., Headspace; eCYMHS) requiring the consumer to go to their local agency site.

Aims/objectives: This project therefore aimed to evaluate the feasibility and client satisfaction of embedding access to specialist mental health services within the education sector through the use of Telehealth.

Design/Method: The project focussed on utilising existing health partnerships with the education sector (School Based Youth Health Nurses) to facilitate referrals for mild to moderate risk referrals. Telehealth screening appointments were embedded within the current CYMHS screening model and supported by the SBYHN at the receiver site.

Results/Conclusions: Baseline measures of response time (time between receiving a referral and making a decision regarding care) and overall rural referral numbers were collected. The changes in outcome measures as well as measuring client satisfaction were compared between the pilot site and care as usual group. Important differences were observed and will be discussed.

Presentation 3: Dialectical Behavior Therapy in Public Mental Health.
Schluter, S. (Latrobe Regional Hospital), James, C. (Alfred Health), Yardley, P. (Peninsula Health), Lee-Hill, T. (Latrobe Regional Hospital Mental Health Services & Bradley, P. (Spectrum).
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Background: Comprehensive Dialectical Behavioural Therapy (DBT) programs are the recommended, evidence based intervention for women with Borderline Personality Disorder (BPD), for whom reduction in self-harm, anger, anxiety or depression are treatment goals. DBT is a broad based CBT intervention, consisting of; skills group, individual therapy, phone coaching and consultation team. Australian research has shown it to be effective at reducing suicidal behaviour, psychiatric admissions and Emergency department presentations. It is estimated that the prevalence of BPD is up to 23% in outpatient psychiatric settings and up to 50% within inpatient settings.

Aims/objectives: This presentation will outline the rationale for Dialectical Behavior Therapy (DBT) to be provided within Public Mental Health Services. Perspectives and experiences from three hospital networks will be presented. Each of the Services will discuss how DBT developed within their own organisations, as well as future visions for the use of the therapy within the Services.

Design/Method: It discusses methods of implementation and includes an overview of the outcomes, benefits and challenges of delivering DBT programs within the constraints of a public setting. There will be a brief history of DBT, and an overview of the evidence base. 

Results/Conclusions: The evidence presented will include an overview of Australian and international research surrounding comparison of key indicators including presentations to emergency departments, when comparing DBT with treatment as usual. Some of the new training pathways for clinicians to become competent in DBT will be discussed. An introduction to some of the new DBT skills will be given, as well as an outline of new developments within DBT as a therapy

Presentation 4: Making Sense: A social cognition group program for forensic psychiatric inpatients
McMahon, E., Walford, K., & Black, F. (The Park)
Background: Impairments in social functioning are among the hallmarks of schizophrenia. These impairments affect theory of mind, social perception, social knowledge, attributional biases, and emotional and facial expression processing. A number of programs targeting social cognition and interaction training have been developed internationally and locally. These programs have been implemented in varied settings, with varying results. Some promising evidence has included improvements in participants’ social cognition, relationships, cognitive flexibility, and reduced aggression. However, the evidence base is still developing, and one of the main difficulties has been high rates of attrition. The High Security Inpatient Service (HSIS) of The Park Centre for Mental Health is a 70-bed state-wide forensic psychiatric hospital. The majority of patients are being treated under a Forensic Order after having been found of unsound mind in relation to a serious violent offence. Patients’ primary diagnoses are psychotic illnesses, with co-morbidities often including brain injury, history of substance misuse, trauma, and personality pathology. During their stay at HSIS, patients receive comprehensive multidisciplinary assessment and treatment, including individual and group-based psychological interventions. Objectives: A number of psychologists together with occupational therapy, social work, and speech pathology colleagues, worked on the adaptation of existing material to the specific needs of the forensic inpatient population in HSIS. The aims were threefold: to enhance emotional intelligence including ability to label/identify common emotions and increase capacity to recognise others’ emotion (including the conceptualisation of paranoia as emotive); to support the modification of distorted social cognitions by increasing awareness of existing cognitive distortions and challenging same; and to promote generalisation of skills to real world social interactions. Method: The pilot program “Making Sense” was developed and implemented with a group of six participants from HSIS. The group had 90 minute sessions, weekly, for 15 sessions. Assessment measures were administered pre- and post- program, and are planned for follow up. These measures are: Empathy Quotient - 8; Cognitive Bias Questionnaire for psychosis; Advanced Clinical Solutions (social perception subscale); and the Symptom Checklist 90-R. Participant feedback was gathered weekly through the use of the Group Session Rating Scale. Additionally, facilitators completed the Cooperation, Attention and Performance Rating Scale for each participant after each session. Conclusions: Qualitative feedback suggests the program was worthwhile. Participants reported enjoying the group and participation rates were high. The successes and challenges of this pilot program, including the findings from quantitative assessment measures, will be discussed and recommendations made for similar services.

Concurrent Session 5G, Room 217, Thursday 15 September 2016, 10am – 10.30am

‘How-to’ Session – 30 minutes (Paper #127)

‘Just Tooling Around’: A ‘how-to’ session on identifying and using e-mental health resources with Aboriginal and Torres Strait Islander people

ROGERS, Carla (Queensland University of Technology: QUT), STURK, Heidi (QUT), BIRD, Jenny (University Centre for Rural Health), BENNETT-LEVY, James (University Centre for Rural Health), KAVANAGH, David (QUT), NAGEL, Tricia (Menzies School of Health Research), WHITE, Angela (QUT). carla.rogers@qut.edu.au

Background: E-mental health (eMH) comprises services, programs or applications that may be self-driven or involve real-time or delayed interaction with a clinician or other support person. eMH interventions are an appropriate option for a) people who have an increased risk of developing mental health issues, or b) who are already experiencing mild to moderate mental health issues. There are arguments for prioritising eMH training for those who work with Aboriginal and Torres Strait Islander people including higher rates of mental health issues among Indigenous Australians.
than other Australians. While eMH is still in its infancy, early evidence suggests that eMH initiatives are responding to the following opportunities within Aboriginal and Torres Strait Islander communities:

- The rapid uptake of mobile devices amongst youth across urban and remote settings
- The high frequency of use of social media
- The opportunistic nature of mental health interventions
- The preference for interventions that are conducted in ‘informal spaces’

Aim/objectives/learning outcomes: This session aims to introduce resources currently available and under development that are culturally relevant eMH resources. The presentation will examine features of cultural relevance in relation to eMH resources for Aboriginal and Torres Strait Islander people and showcase key eMH resources designed for use with Aboriginal and Torres Strait Islander people.

Concurrent Session 5G, Room 217, Thursday 15 September 2016, 11am – 12pm

Professional Forum – 60 minutes (Paper #541)

The outcomes and future of AIPEP - increasing cultural competence and Indigenous representation in psychology

DUDGEON, P. (University of Western Australia), CRANNEY, J. (University of NSW), DARLASTON-JONES, D. (University of Notre Dame), HAMMOND, S. (Australian Psychological Society), HARRIS, J. (Charles Sturt University), HERBERT, J. (Charles Sturt University), HOMEWOOD, J. (Macquarie University), NEWNHAM, K. (Australian Psychological Society), Aboriginal and/or Torres Strait Islander psychology student(s) (TBA)

aipep@psychology.org.au

Background: The Australian Indigenous Psychology Education Project (AIPEP) was funded by the federal Office for Learning and Teaching to develop recommendations and guidance for increasing the capability of psychology graduates to work appropriately and effectively with Aboriginal and Torres Strait Islander students, and increasing the recruitment, retention and graduation of Aboriginal and Torres Strait Islander psychology students. This three year project emerged in recognition of psychology’s vital role and responsibilities in addressing the mental health crisis facing Aboriginal and Torres Strait Islander Australians, and the determinant being faced by psychology through the exclusion of Indigenous knowledges and participation. Aims/objectives: The aim of this presentation is to present the key outcomes of the AIPEP and discuss how key stakeholders, leaders, practitioners and educators can implement and collaborate to move psychology towards our national and professional objectives. Method: AIPEP involved a multi-pronged approach that gathered information, insights and experiences from a range of key stakeholders and data sources to inform the development of a curriculum framework, best practice examples and professional development. AIPEP was informed by a multi-disciplinary national reference committee and guided by Indigenous governance, values and partnership. Implications/conclusion: The AIPEP research found great interest and support for change. This forum will provide resources for educators and students in relation to curriculum, recruitment and retention, and workforce capability. The notion of the ‘Yarning Circle’ will also be introduced including how this traditional Indigenous approach to culturally safe conversation can be an important tool in supporting and mentoring students and in creating change in attitudes and behaviour.
Concurrent Session 5H, Room 218, Thursday 15 September 2016, 8.30am – 9.45am

‘How-to’ Session – 75 minutes (Paper # 167)

**Internet Gaming Addiction: Understanding the interplay between the virtual and the real context**

*Dr Vasileios Stavropoulos* (Federation University)

The appendix of the Diagnostic and Statistical Manual for Mental Disorders V (American Psychiatric Association [APA], 2013) suggested Internet Gaming Disorder (IGD) as a condition requiring further research. Within this context, the present workshop will describe the conceptual and therapeutic framework of internet addiction and in particular excessive online gaming phenomenology. Internet concepts associated with the above behaviours such as “Telepresence”, “Online Flow” and “Augmented Reality-Virtuality” will also be discussed. Specifically, the role of the above concepts as risk factors for excessive use of MMORPG (Massively Multiplayer Online Role Playing Games) will be described. Finally, the present study group aims to present the associations between the user and his avatar (virtual persona) and how these could be utilized in therapy.

This ‘How-to’ session is designed for psychologists treating online gamers, researchers and tutors in the field of clinical psychology.

Concurrent Session 5H, Room 218, Thursday 15 September 2016, 9.45am – 10.30am

Symposium – 45 minutes (Paper #158)

**Outcomes for children with ADHD and novel interventions approaches**

*Emma Sciberras*¹³, Nardia Zendarski²³, Melissa Mulraney⁴, Sherryn Tobin², Jan M Nicholson²⁴, Vicki Anderson²⁵, Philip Hazell⁶, Brad Jongeling⁸, Tim Silk²³, Obioha Ukoumunne⁹, Daryl Efron²³⁶, Fiona Mensah²³⁶, Harriet Hiscock²³⁶, Honey Heussler¹⁰, Nicole Rinehart¹

1. School of Psychology, Deakin University
2. Murdoch Childrens Research Institute
3. Department of Paediatrics, The University of Melbourne
4. Judith Lumley Centre, La Trobe University
5. School of Psychological Sciences, University of Melbourne
6. The Royal Children’s Hospital, Melbourne
7. Sydney Medical School, The University of Sydney
8. School of Paediatrics and Child Health, The University of Western Australia
9. Medical School, University of Exeter
10. Mater Research Institute, University of Queensland

**Summary and rationale of the symposium:** Attention-Deficit/Hyperactivity Disorder (ADHD) is a highly prevalent neurodevelopmental disorder affecting approximately 7% of Australian children. The condition is associated with serious impairments in educational, social, vocational and mental health status. The mainstay of treatment for ADHD is stimulant medication, prescribed for 80% of Australian children with ADHD. Although stimulant medication improves the core symptoms of ADHD, namely inattention, hyperactivity and impulsivity, children with ADHD taking medication continue to have poorer long-term outcomes than non-ADHD peers. Thus there is a need to develop additional evidence-based interventions to improve outcomes for these children. One approach is to develop novel interventions which target modifiable factors that contribute to poorer outcomes.
Two such factors identified in previous research are sleep problems and anxiety disorders. This symposium will report on two connected streams of research, which ultimately aim to improve outcomes for children with ADHD over time: 1) longitudinal studies of the childhood and adolescent outcomes associated with ADHD and their antecedents; and 2) the development and trialling of novel interventions to improve these outcomes. We will report on three year findings from the NHMRC-funded Children’s Attention Project, which aims to map developmental trajectories for children with ADHD from early to late primary school. We will also report on results from the Moving Up cohort study examining the high school transition outcomes for children with ADHD and key predictors of outcomes. We will then report preliminary data from two NHMRC-funded intervention trials, which aim to improve outcomes for children with ADHD. The Sleeping Sound with ADHD study aims to examine whether effectively managing sleep problems in children with ADHD leads to broader improvements in child and family wellbeing. The Calm Kids study aims to test the efficacy of an adapted cognitive behavioural therapy program in children with both ADHD and anxiety.

Presentation 1: Diagnostic stability and functional outcomes of children with ADHD at age 10 years: Findings from the Children’s Attention Project cohort

SCIBERRAS, Emma. (Deakin University, Murdoch Childrens Research Institute), NICHOLSON, Jan M. (La Trobe University, Deakin University), ANDERSON, Vicki (Murdoch Childrens Research Institute, The University of Melbourne, The Royal Children’s Hospital), HAZELL, Philip. (The University of Sydney), JONGELING, Brad. (University of Western Australia), SILK, Tim. (Murdoch Childrens Research Institute, The University of Melbourne), UKOUMUNNE, Obioha. (University of Exeter), EFRON, Daryl. (Murdoch Childrens Research Institute, The University of Melbourne, The Royal Children’s Hospital).

Aim: Most of what we know about the outcomes for youth with Attention-Deficit/Hyperactivity Disorder (ADHD) is from clinical cohorts, which over-represent boys and children with more severe symptoms. Existing studies often sample a broad age range at baseline (6-18 years) precluding the measurement of developmentally sensitive outcomes. To address these limitations, we established the community-based Children’s Attention Project, which aims to map outcomes for children with ADHD over the primary school years. This presentation will report on the three year outcomes (diagnostic stability, mental health, academic performance) of children with ADHD and non-ADHD controls recruited at age 7, and to investigate differences in outcomes by ADHD persistence and gender. Design: Longitudinal cohort study. Method: Children with ADHD (n=179) and non-ADHD controls (n=212) were recruited through 43 Melbourne schools at age 7, using an ADHD screening and case confirmation (Diagnostic Interview Schedule for Children, Version IV; [DISC-IV]) procedure. Children were re-assessed 3 years later (mean age: 10.5; SD=.5) to assess diagnostic persistence and mental health disorders (DISC-IV) and academic performance (Wide Range Achievement Test 4). Preliminary outcome data is included below based on assessments completed with 68% of the original sample. Results: Sixty-seven percent of children with ADHD met full diagnostic criteria for ADHD three years later. Children with ADHD at age 7 had elevated externalizing (47% vs 10%, p<0.001), anxiety (24% vs 6%, p<0.001) and mood (4% versus 0%, p=0.005) disorders at follow-up, as well as poorer reading (mean difference [MD]: 10.8, 95% CI 7.3, 14.2, p<0.001) and maths outcomes (MD: 11.7, 95% CI 8.4, 14.9, p<0.001) compared to non-ADHD controls. Children with persistent ADHD had increased odds of externalizing disorders compared to children with remitted ADHD (OR: 2.7, 95% CI 1.2, 6.0, p=0.013), however, there were no differences in internalizing disorders and academic performance. Outcomes were similar for girls and boys with ADHD. Conclusions: Although one-third of children with ADHD at age 7 do not continue to meet ADHD criteria 3 years later, functional outcomes are similar or poorer for children with persistent and remitted ADHD, relative to controls.

Presentation 2: School Engagement in Students with ADHD in the Early Years of High School
ZENDARSKI, N. (Centre for Community Child Health, The Murdoch Children’s Research Institute, Melbourne, Australia, University of Melbourne, Melbourne Australia), SCIBERRAS, E. (School of Psychology, Deakin University, Melbourne, Australia; Centre for Community Child Health, The Royal Children’s Hospital, Melbourne, Australia; The Murdoch Children’s Research Institute, Melbourne Australia), MENSAAH, F. (Centre for Community Child Health, The Royal Children’s Hospital, Melbourne, Australia; The Murdoch Children’s Research Institute, Melbourne, Australia; Department of Paediatrics, University of Melbourne, Melbourne Australia), HISCOCK, H. (Centre for Community Child Health, The Royal Children’s Hospital, Melbourne, Australia; The Murdoch Children’s Research Institute, Melbourne, Australia; Department of Paediatrics, University of Melbourne, Melbourne Australia).

Aim: Children with Attention/Deficit Hyperactivity Disorder (ADHD) are at risk of poorer student engagement than typically developing peers. We aimed to quantify this risk and identify potentially modifiable student, school and family factors associated with poor student engagement in students with ADHD in early high school. Design: Cross-sectional study. Methods: Students with ADHD (n=130) in the first and third year of high school (12-15 years) were recruited from 21 Victorian paediatric practices. Data were collected through direct assessment and child, parent and teacher surveys. Outcomes were attitudes to school and suspension. Multivariable regression analyses was used to examine whether poor student engagement was associated with factors including academic functioning, ADHD symptom severity, emotional and behavioural problems, and family, school and socio-demographic characteristics. Results: Students with ADHD in the first year of high school were less motivated (p = .008) and connected to peers (p =.007) in comparison to state benchmarks. Suspension rates for students with ADHD were well above state benchmarks (20% vs 8%, p<.0001). The most salient factors associated with attitudes to school were child depression (b=4.64, 95% CI -6.21,-3.28, p<0.01), valuing education (b=6.27, 95% CI 3.23, 9.30, p<0.01) and family management practices (b=-3.21 95% CI 4.69,-1.74, p<0.01). The odds of being suspend increased for students with lower intelligence, higher levels of hyperactivity and conduct problems, and for students from lower SES background and government schools. Conclusion: Keeping students with ADHD more engaged with school during the early high school period may ultimately improve the poor academic outcomes of children with ADHD. Interventions targeting modifiable factors associated with student engagement may improve outcomes over the transition to high school.

Presentation 3: Sleeping Sound with ADHD: a randomised controlled trial of a behavioural sleep intervention
MULRANEY, M. (Centre for Community Child Health, The Murdoch Children’s Research Institute, Melbourne, Australia), SCIBERRAS, E. (School of Psychology, Deakin University, Melbourne, Australia; Centre for Community Child Health, The Royal Children’s Hospital, Melbourne, Australia; The Murdoch Children’s Research Institute, Melbourne, Australia; Department of Paediatrics, University of Melbourne, Melbourne Australia), HEUSSLER, H. (Mater Health Services, Brisbane, Queensland; Faculty of Medicine and Biomedical Sciences, University of Queensland, Brisbane, Australia), RINEHART, N. (School of Psychology, Deakin University, Melbourne, Australia), HISCOCK, H. (Centre for Community Child Health, The Royal Children’s Hospital, Melbourne, Australia; The Murdoch Children’s Research Institute, Melbourne, Australia; Department of Paediatrics, University of Melbourne, Melbourne Australia).

Aim: Up to 70% of children with Attention-Deficit/Hyperactivity Disorder (ADHD) suffer from behavioural sleep problems. A brief behavioural intervention has previously been shown to be efficacious and to have wide reaching effects on ADHD symptom severity, quality of life, and daily functioning as well as sleep when administered under tightly controlled conditions (Hiscock et al...
2015). The aim of this presentation is to discuss the feasibility and acceptability of recruiting and training paediatricians and psychologists in the community to deliver the intervention to their patients. **Design:** Randomised Controlled Trial (RCT). **Method:** Children aged 5-13 years with ADHD were identified through paediatric practices in Victoria & Queensland, Australia and invited into the study. Eligible children met DSM-IV criteria for ADHD, had a parent-reported moderate/severe sleep problem, and met American Academy of Sleep Medicine criteria for a behavioural sleep disorder. Paediatricians were recruited through the Australian Paediatric Research Network, and through ties with the research team. Paediatricians then recommended psychologists to whom they refer patients to be invited into the trial. A member of the study team trained enrolled paediatricians and psychologists in the intervention. The intervention comprised two consultations and a follow-up phone call covering sleep hygiene and standardized behavioural strategies. **Results:** This presentation will discuss the processes involved in conducting a translational RCT with paediatricians and psychologists in the community. Aspects covered will include study protocols (e.g. recruitment of clinicians and participants), training of clinicians, change in knowledge from pre to post training, and the challenges involved in conducting such a trial. **Conclusion:** This trial is an important next step in determining the effectiveness of the intervention when delivered by trained practitioners in the community. To date this style of translational trial has been positively received by both paediatricians and psychologists.

**Presentation 4: Managing anxiety in children with ADHD using cognitive-behavioural therapy: a randomised controlled trial.**

TOBIN S. (Centre for Community Child Health, The Murdoch Children’s Research Institute, Melbourne, Australia). MULRANEY, M. (Centre for Community Child Health, The Murdoch Children’s Research Institute, Melbourne, Australia), & ANDERSON, V. (RCH Mental Health, The Royal Children’s Hospital, Melbourne, Australia; The Murdoch Children’s Research Institute, Melbourne, Australia; Department of Psychological Sciences & Paediatrics, University of Melbourne, Melbourne, Australia), & RAPEE, R. (Centre for Emotional Health, Macquarie University, New South Wales, Australia), & NICHOLSON, J. (Judith Lumley Centre, La Trobe University, Melbourne, Australia), EFRON, D. (The Royal Children’s Hospital, Melbourne, Australia; The Murdoch Children’s Research Institute, Melbourne, Australia; Department of Paediatrics, University of Melbourne, Melbourne, Australia), & LEE, C. (The Murdoch Children’s Research Institute, Melbourne, Australia), & TOBIN, S. (Centre for Community Child Health, The Murdoch Children’s Research Institute, Melbourne, Australia), & Hiscock, H. (Centre for Community Child Health, The Royal Children’s Hospital, Melbourne, Australia; The Murdoch Children’s Research Institute, Melbourne, Australia; Department of Paediatrics, University of Melbourne, Melbourne Australia). SCIBERRAS, E. (School of Psychology, Deakin University, Melbourne, Australia; Centre for Community Child Health, The Royal Children’s Hospital, Melbourne, Australia; The Murdoch Children’s Research Institute, Melbourne, Australia; Department of Paediatrics, University of Melbourne, Melbourne, Australia),

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**Aim:** Approximately 25% of children with Attention-Deficit/Hyperactivity Disorder (ADHD) meet criteria for at least one anxiety disorder, however, their anxiety usually goes undetected and thus untreated. A previous pilot study demonstrated that a psychological intervention to treat anxiety in children with ADHD was feasible, acceptable to parents and provided preliminary evidence that the intervention was associated with improvements across child and parent wellbeing domains. The purpose of this presentation is to describe a world-first randomised controlled trial, 'Calm Kids', that aims to rigorously evaluate the efficacy of cognitive behavioural therapy (CBT) to treat anxiety and to improve inattention symptoms, and to improve broader child and family wellbeing in ADHD. **Method:** Children aged 8-12 years with ADHD are identified through paediatric practices in
Melbourne. To be eligible for the RCT, children also need to meet diagnostic criteria for separation, generalised, and/or social anxiety disorder as assessed by the Anxiety Disorders Interview Schedule for Children 5 (ADIS-C 5). Eligible and consenting families complete baseline measures including direct assessment of child executive functioning (National Institutes of Health Toolbox - Cognition Battery), and child, parent and teacher reported anxiety symptoms (ADIS-C; Spence Children’s Anxiety Scale), ADHD Symptom Severity (ADHD Rating Scale IV), quality of life (QoL, Pediatric Quality of Life Inventory 4.0) and parent wellbeing (Depression, Anxiety Street Scales, parenting anger and consistency, work attendance). Children and families are then randomised to receive usual clinical care (n=114) or the Calm Kids intervention (n=114). The intervention is a modified version of the ‘Cool Kids’ CBT program and consists of 10 sessions over 12 weeks, delivered by a psychologist to the child and their parent(s). 

Results: All families will be followed up 5 and 12 months post-randomisation. The primary outcome of anxiety diagnosis will be assessed through the completion of the ADIS-C 5 with parents by a researcher blinded to group allocation. Blinded direct assessments of child’s executive function, and parent and blinded teachers’ surveys to assess broader functional outcomes will also be completed. 

Conclusion: Data on the progress of the large-scale RCT which commenced in September 2015, will be available to present in September 2016.

Concurrent Session 5H, Room 218, Thursday 15 September 2016, 11am – 11.45am

‘How-to’ Session – 45 minutes (Paper #192)

How to engage men in managing their mental health

Kafer, Kristine (Black Dog Institute)
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Background: One in eight men experience depression and men account for 75% of suicides. Men’s depression can be “hidden” or underdiagnosed as they present differently to women and traditional assessment measures are more weighted to detect depression in women. Men are less likely to seek help, or delay seeking help for psychological distress and depression. 

Aim: This “how to” session presents research from the Black Dog Institute’s men’s project that explored the experiences of male depression and the strategies used by men to cope with depression, stress and suicidal behaviour. This session will explore engaging men in management of their mental health at a number of levels:

• How to understand and intervene more effectively when treating men in distress
• How to help family members support men who are distressed and suicidal
• How to access evidence based online self help programs for men in distress

Topics addressed include the language men use around depression and suicidal ideation, working with barriers to acting on suicidal thoughts, and coping strategies men find most helpful for prevention and during a crisis. The implications of this research for family members is also addressed in terms of how to interpret behaviour and intervene in ways men find more acceptable. Participants will also be introduced to the new men’s module of the evidence based self-help program mycompass. 

Approach: Didactic presentation of material with small and large group discussion.

Concurrent Session 5H, Room 218, Thursday 15 September 2016, 11.45am – 12pm
Individual Oral Paper – 15 minutes (Paper #415)

Working with internalized ageism in older clients
Knight, Bob (University Of Southern Queensland)
DrBobKnightGero@gmail.com

Many of the negative thoughts and self schema that underlie depression and anxiety in older clients are the result of internalized ageism. Negative social stereotypes regarding ageing and older adults are prevalent in many countries and cultures. The older adult has grown up in this milieu and has often internalized some of these messages when younger, and then realizes in later life that they are now a part of the group they have had stereotypes about. Older adults also hear negative messages about age and can be mistreated and discriminated against based on age.

This session uses the Contextual Adult Lifespan Model for Adapting Psychotherapy (CALTAP) to explain insights from scientific gerontology and life span developmental psychology that contradict many of the stereotypes of aging and provide alternative ways to understand differences between younger and older adults. These alternatives include cohort/generational differences and social contexts. Using case examples and specific examples of negative thoughts based in internalized ageism, the session explores ways to use these concepts to help older clients discover a more positive interpretation of their own ageing experiences.

Concurrent Session 5I, Room 219, Thursday 15 September 2016, 8.30am – 12pm

Half-day Workshop 10: The Australian Psychological Society (Paper #22)

Psychopathic Personality: Contemporary Scientific Controversies
Scott O Lilienfeld, Ph.D. (Samuel Candler Dobbs Professor of Psychology, Emory University, Atlanta, USA)

This workshop will acquaint audience members with current scientific controversies concerning the assessment, diagnosis, correlates, causes, and treatment of psychopathic personality (psychopathy). Particular emphasis will be placed on ongoing debates regarding (a) nature and boundaries of psychopathy, (b) role, if any, of psychologically adaptive traits in psychopathy, (c) scientific support for the construct of childhood psychopathy, (d) advantages and disadvantages of competing approaches to assessing psychopathy, and (e) treatment of psychopathy. In addition, the presenter will dispel widespread misconceptions and myths regarding psychopathy.

Professional development hours: 3

Learning outcomes:

- Recognise the key clinical features of psychopathy
- Identify current controversies regarding the description and boundaries of psychopathy
- Recognise major assessment approaches to psychopathy, and their potential advantages and disadvantages
- Identify influential theoretical models of the causes of psychopathy, and their strengths and weaknesses
• Describe recent findings bearing on the construct of successful psychopathy, as well as criticisms of these findings
• Describe recent research on the construct of childhood psychopathy, and criticisms of this research
• Identify recent approaches to the treatment of psychopathy, and explain why they are controversial

Workshop content:

• Description of the key features of psychopathy according to classic and more recent scholars.
• Discussion of controversies concerning which of these features are, and are not, relevant to psychopathy
• Description of key assessment/diagnosis approaches, and their potential advantages and disadvantages
• Discussion and explanation of major models of the causes of psychopathy, and scientific criticisms of these models
• Description of recent research on the construct of successful psychopathy and potentially adaptive implications of psychopathy for the business world, political world, and other venues
• Discussion of recent research on the construct of successful psychopathy, as well as criticisms of this research
• Description of recent preliminary approaches to the treatment of psychopathy, as well as scientific controversies regarding the treatability of this condition.

Audience:

• Researchers, clinicians, instructors, and postgraduate students who have a basic knowledge of mental illness and its treatment, but who are not necessarily familiar with classic or recent research or theorizing on psychopathic personality (psychopathy).
• No prior knowledge of writing on psychopathy will be expected or assumed.

Concurrent Session SJ, Room 220, Thursday 15 September 2016, 8.30am – 8.37am

Rapid presentation (Paper #188)

Employee safety motivation and safety behaviour: How are they related?
ADCOCK, John. (Queensland Urban Utilities), & Machin, M. Anthony. (University of Southern Queensland)
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Aim: This research sought to distinguish between controlled and autonomous safety motivation and assess their differential relationships with compliance and participatory safety behaviours. Design: The conceptual model for the project is clearly derived from Self-Determination Theory (SDT) and the previous work of Australian researchers (Neal and Griffin) and was assessed with a self-report questionnaire that captured six constructs. Method: Two hundred and twenty-seven employees of a large Queensland water utility were sampled. Data collected between July and September 2015 were analysed using Exploratory Factor Analysis (EFA) and Structural Equation Modelling (SEM). Results: From the EFA, reliable subscales reflecting management safety engagement (α = .86), amotivated (α = .75), autonomous (α = .71) and controlled (α= .80) safety motivation types as well as compliance (α = .82) and participatory (α = .83) safety behaviours were identified. Fit indices of Chi-
square ($\chi^2$) = 276.15 ($p = 0.000$), degrees of freedom (df) = 143, $\chi^2$/df = 1.93, CFI = 0.93, RMSEA = 0.06, 90 % CI [.05, .08] indicated a good fit for the structural model. Together, management safety engagement, autonomous and controlled safety motivation accounted for 45% of the variance in safety compliance signifying a large effect ($R^2 = .45$), while these three factors accounted for 35% of the variance for safety participation ($R^2 = .35$), signifying a medium effect. **Conclusion:** This research has confirmed that the differences between types of motivation are critical in understanding the potential impact of motivation on employees’ safety behaviour. It improves our understanding of the best way to evaluate the QUU safety campaign and will allow for monitoring over time of perceptions of management safety engagement perceptions, employees’ autonomous and controlled motivation and safety compliance and participation.

**Concurrent Session SJ, Room 220, Thursday 15 September 2016, 8.37am – 8.44am**

**Rapid presentation (Paper #455)**

**Harnessing modern technology to broaden the reach of Psychologists in the workplace**

BANKS, Tamara D. (Wesley Medical Research), & Lacey, Sarah J. (Wesley Medical Research).

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**Background:** Providing workplace health support that meets the needs of a diverse workforce can be challenging. In the workplace, Psychologists need to be able to efficiently deliver services that will support employees who are operating in geographically dispersed areas and working alternating shift schedules. Modern technology provides an opportunity for Psychologists to broaden their potential reach by providing assistance at a location and time that is accessible for employees. The psychological principles of behaviour change are able to be applied and delivered through semi-tailored mobile phone messages to efficiently support employees at varying stages of readiness.

**Aims/objectives:** This paper will explain how to apply psychological models to assess the readiness of individual employees for healthy behavioural change, how to structure a group level intervention to efficiently deliver semi-tailored health support through mobile phone technology; and how to evaluate the effectiveness of the intervention. **Implications:** The method discussed was designed to maximise the reach of support services that could be provided simultaneously to a large workforce within a restricted budget. **Although** feedback from employees who have received assistance through mobile phone messages indicates that they have felt personally supported and motivated for health behaviour change, it is recommended that high risk employees consider seeking more intensive psychological support. **Conclusion:** Psychologists can harness modern technology to maximise the support they can offer in the workplace. Mobile phones provide Psychologists with a tool to efficiently and consistently deliver health communication that is grounded in behavioural change techniques and matched to the readiness of individual employees.

**Concurrent Session SJ, Room 220, Thursday 15 September 2016, 8.44am – 8.51am**

**Rapid presentation (Paper #376)**

**Addressing alcohol and drug impaired driving behaviour: Screening, assessment, and treatment options for Psychologists**

WILSON, Hollie (Queensland University of Technology, Centre for Accident Research & Road Safety [CARRS-Q]); WATLING, Hanna (Queensland University of Technology, Centre for Accident Research & Road Safety [CARRS-Q]); PALK, Gavan (Queensland University of Technology, Centre for Accident Research & Road Safety [CARRS-Q])

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**Aim:** Impaired driving, one of the most common illegal behaviours in Australian, is associated with substantial financial and human costs and represents a major resource allocation for the police and the criminal justice system. To help combat impaired driving, the current study examined the feasibility of psychologist delivered brief interventions for at-risk individuals before they cause a crash or become involved with the legal system. **Design:** A qualitative semi-structured interview study was conducted to investigate facilitators and barriers associated with the assessment and treatment of impaired driving among individuals who present with substance use issues in a primary care setting. To this end, eight practicing psychologists were recruited using convenience sampling techniques. **Method:** Interviews were transcribed and thematically analysed by two independent researchers using a deductive approach to identify key themes. As an exploratory study, themes were generated from the data to reflect the open ended nature of the study questions. **Results:** Results of the analysis indicated that both the assessment and treatment of impaired driving were relatively common among the participants; five of eight psychologists routinely addressed this behaviour as part of their broader substance use assessment. Among those that addressed impaired driving, the utilisation of existing therapeutic knowledge and techniques was identified as a common theme. For instance, treatment of impaired driving was achieved by drawing techniques such as identifying and addressing triggers for impaired driving, formulating contingency plans with clients, and by elucidating the underlying decisional balance associated with impaired driving behaviour. The analysis of barriers to treatment revealed three key themes; addressing impaired driving when other competing issues (e.g., suicidality) are present, non-compliance among disenfranchised clients, and time constraints. **Conclusion:** Brief interventions for impaired driving in primary care environments have the potential to prevent impaired driving by alcohol and other drug users before an offence is detected. While psychologists have the tools to address impaired driving in practice, they also face barriers. This research forms part of an ongoing investigation that will result in a large scale quantitative study and a training package aimed at psychologists to deliver evidence based methods of assessing and treating impaired driving in practice.

**Concurrent Session 5J, Room 220, Thursday 15 September 2016, 8.51am – 8.58am**

**Rapid presentation (Paper #488)**

*Simulation-based driver/co-driver tasking and the effects of sleep deprivation on salivary cortisol in Army personnel*

**TOOLEY, Katie** (1,2), Hoggan, Benjamin (3), Johnson, Kayla (1), Pajcin, Maja (1,2), Della Vedova, Chris (2), Fidock, Justin (1) & Pomeroy, Diane (1).

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1 Land Division, Defence Science and Technology Group, Edinburgh, SA.
2 School of Pharmacy and Medical Sciences, University of South Australia, SA.
3 Monash University Accident Research Centre, Monash University, Victoria

**Aim:** During military operations, Army personnel will often face situations where obtaining sleep will be difficult. This study investigated whether sleep deprivation affects salivary cortisol (SC) when undertaking military driver/co-driver roles in a simulated driving environment. **Design:** A cross-over repeated measures study. Participants performed tasks analogous to those required in military field vehicles after a normal night’s sleep (baseline) and during sleep deprivation (total 43h) within a driving simulator. Each sleep condition involved two sessions, with personnel switching roles (driver/co-driver) between sessions. Drivers were to maintain a central left-hand lane position and 80 km/h through a non-urban environment. Co-drivers were to complete different tasks on a Battle
Management System emulator as quickly and accurately as possible. **Methods:** 11 healthy male regular Australian Army personnel (24±3y) were recruited for this study. Salivary samples were collected using Salivettes™ pre and post each simulation session/role for each day and analysed using a Salimetrics® kinetic enzyme assay kit. Post- minus pre- event levels reflected changes in SC and expressed as nmol/L. Analysis of changes (mean±95%CI) was conducted using a marginal model to determine significance and the effect of sleep deprivation, session order and role (p<.05). **Results:** Sleep deprivation significantly impacted SC across sessions (F(1,38)=46.24, p<.001); where sleep deprivation resulted in a higher change (+0.38 [-0.04, 0.72]) from baseline (-0.65 [-0.91, -0.39], p<.001). Session order also significantly impacted SC across sleep conditions (F(1,6)=8.10, p=.028); where session 1 SC was significantly greater (+0.50 [-0.15, 1.14]) than session 2 (-0.76 [-1.24, -0.29], p=.028). Role did not have a significant effect on SC across the study (F(1,6)=0.59, p=.469). **Conclusion:** Cortisol levels increased in response to sleep deprivation in driver and co-driver roles, indicating SC is a candidate objective measure of sleep deprivation in both vehicle roles. This study also found an effect of time-on-task, with a trend for cortisol levels to drop in the second session. Further studies employing manipulation of relevant tasks, clear performance measures, and de-confliction of fatigue and sleep deprivation are required to enable better investigation of the relationships between cortisol levels, task demands, performance and sleep deprivation in a military context.

**Concurrent Session SJ, Room 220, Thursday 15 September 2016, 8.58am – 9.05am**

**Rapid presentation (Paper #402)**

**When believing leads to achieving: How individual differences variables moderate the reciprocal relationship between self-efficacy and academic performance**

**Talsma, Kate.** (University of Tasmania), Norris, Kimberley Dr. (University of Tasmania) and Schüz, Benjamin Dr. (University of Tasmania)

**Background:** The non-intellective determinants of student performance have been of interest to educators and education researchers for many years, and findings from research in this area are important determinants of education policy. One construct which has received a great deal of research attention in this regard is perceived self-efficacy – a core dimension of human agency which is widely believed to be positively related to academic success. While the majority of research looks at self-efficacy as a predictor of academic success, recent research suggests that the relationship between self-efficacy and academic performance is reciprocal; that is, self-efficacy influences subsequent performance, but performance also influences subsequent self-efficacy. Little is yet known, however, about the individual differences variables which may affect this reciprocal relationship. **Aims/objectives:** The purpose of the present research is to explore how factors such as personality traits, grade expectations, mood, positive and negative affect, and other types of self-beliefs impact the reciprocal relationship between self-efficacy and academic performance. **Method:** Participants were 160 undergraduate psychology students who completed online questionnaires on two occasions, providing panel data for cross-lagged modelling. Cross-lagged panel analysis provides a unique approach to exploring potential causality over time within dynamic relationships. Questionnaire items related to self-efficacy, personality, mood, affect, grade expectations, and other types of self-beliefs, and these responses were collated anonymously with participants’ academic results. **Expected results:** It is anticipated that the overall path model will be reflective of reciprocal effects between self-efficacy and academic performance. It is also expected that the other variables under investigation will moderate this relationship. For example, it is anticipated that students whose performance expectations are met at time 1 will show different patterns of influence between self-efficacy and performance than students whose performance expectations were not met at time 1. Data are currently being analysed and findings are expected to be ready for discussion at the 2016 Congress.
Rapid presentation (Paper #49)

**Distractions and workplace angst: Are shared workspaces all they’re cracked up to be?**

**Morrison, Rachel** (Auckland University of Technology), MacKay, Keith (Tai Poutini Polytechnic)

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**Aim:** The advent of easily portable computers and smart phones has brought about a significant change in the physical spaces and places that many types of work are now carried out. Up until the turn of the century most white collar office workers remained bound to their office and their desk, simply because the tools to do their job were not portable. The expense of office space and the ease with which an electronic work station can be moved has brought about a desire in many organisations to encourage tele-work or to use physical office space a great deal more flexibly. Thus the prevalence of flexible and shared work spaces is increasing significantly, yet the socioemotional outcomes associated with these environments are under researched. Using the job demands-resources (JD-R) model of stress and well-being, we investigate both the demands and resources that can accrue to workers as a result of shared work environments and hot-desking.

**Design/Method:** Using the Qualtrics platform, online survey data were collected from Australian work experienced respondents (n=1000) assessing the extent to which respondents shared their work space with others, along with demands including distractions, uncooperative behaviours, and negative relationships, and resources including co-worker friendships and supervisor support.

**Results:** We found that, as work environments became more shared (with hot-desking being at the extreme end of the continuum), not only were there significant increases in demands ($p<0.001$) but in terms of resources, co-worker friendships were not improved ($p=0.42$) and the perceived availability of supervisor support actually decreased ($p<0.001$). **Conclusion:** Shared work environments, and in particular hot-desking arrangements, were found to be associated with increases in distraction, negative relationships, uncooperative behaviours and distrust, with no increase in social resources or support. Implications of these findings will be discussed in relation to employee well-being, and recommendations will be made regarding how best to ameliorate negative consequences of shared work environments. A limitation of the study is that, although we measured both demands and potential resources as they relate to shared work environments, we had no direct measure of stress.

Rapid presentation (Paper #114)

**Demographic predictors of employment status and job satisfaction in school leavers**

**Winefield, Anthony** (University of Adelaide); Delfabbro, Paul. H (University of Adelaide) & Winefield, Helen. R (University of South Australia)

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**Aim:** To determine whether demographic variables would predict later employment status and job satisfaction in a longitudinal study of school leavers. **Design:** School leavers were surveyed annually over 10 years. **Method:** A representative sample of 2500 school leavers was selected from South Australian schools. All were in the final year of compulsory schooling (Year 10) at Time 1. The school leavers aged from 15 to 25 were classified into 4 target groups: full-time students, satisfied
employed, dissatisfied employed, and unemployed in each of five times of annual data collection: Times 3, 4, 5, and 6. Their average ages at each time were 17, 18, 19, 20, and years respectively. The classification of the satisfied and dissatisfied employed was based on their responses to the final item in the 16-item Warr, Cook and Wall (1979) job satisfaction scale: “Now, taking everything into consideration, how do you feel about your job as a whole?” Demographic predictors measured at Time 1, included gender, school area (metropolitan or rural), school type (private or public), whether parents were living together, and family unemployment. Results: At Time 3 unemployed respondents were less likely to be male; satisfied employed and full-time students were more likely to be from intact families. At Time 4 the dissatisfied employed and the unemployed were more likely to be female; the full-time students were more less likely to come from the metropolitan area; the unemployed were more likely to come from broken homes and to have reported unemployed people in the family; full-time students were more likely to have attended private schools. At Time 5, full-time students were more likely to have come from the metropolitan area and to have attended private schools; the unemployed were more likely to have come from broken homes. At Time 6, the unemployed were more likely to have come from rural areas and to have reported other unemployed family members; full-time students were more likely to have attended private schools. Conclusion: The results show that the following demographic variables reliably predict later employment status and job satisfaction: gender, school area; school type, and family unemployment.

Concurrent Session 5J, Room 220, Thursday 15 September 2016, 9.19am – 9.26am

Rapid presentation (Paper #222)

Toowoomba Clubhouse: Building confidence and making connections
Lane, Rebecca (University of Southern Queensland), Burton, Lorelle (University of Southern Queensland), Beccaria, Gavin (University of Southern Queensland), rebeccalane@live.com.au; lorelle.burton@usq.edu.au; gavin.beccaria@usq.edu.au

Work assumes a central role in our daily lives, however people with a lived experience of mental illness often struggle to return to work and/or remain employed. Participation in meaningful activities is shown to be beneficial where paid employment is not available or possible; it also supports recovery. Vocationally oriented community mental health services such as the Toowoomba Clubhouse operate on a recovery model framework to support individuals living with mental illness find meaningful work. Aim: Research focussed on the efficacy of such community based services is limited and the current study aimed to investigate Toowoomba Clubhouse members’ experiences with its programs. To this end, the research specifically examined how Toowoomba Clubhouse is helping members to engage with meaningful work, both paid and unpaid and to examine the impact on their wellbeing. Design: To gain the deepest possible exploration of members’ experiences at Toowoomba Clubhouse, the current study followed a qualitative thematic analysis design. Specifically, the study examined participants’ experiences at Toowoomba Clubhouse, skills learned and their utility in external employment. Additionally, participants’ perceptions of the most beneficial aspects of the Toowoomba Clubhouse program in gaining employment were explored and recommendations for improving the Toowoomba Clubhouse program were provided. Method: Four participants who had gone on to gain paid employment as a result of membership with the Toowoomba Clubhouse volunteered to participate in a focus group. They discussed their experiences at the Toowoomba Clubhouse and their focus group data was audio recorded, transcribed and qualitative thematic analysis was completed. Results: Thematic
analysis of focus group data indicated six key themes regarding members’ experiences of Toowoomba Clubhouse: social connectedness, acceptance, personal development, practical employment support, employment readiness and confidence. These six themes are discussed in the paper. **Conclusion:** The current findings support the efficacy of Clubhouses in supporting people with a lived experience of mental illness to find meaningful work in recovery.

### Concurrent Session 5J, Room 220, Thursday 15 September 2016, 9.30am – 10.30am

**Professional Forum – 60 minutes (Paper #100)**

The first year of Primary Health Networks (PHNs): What have we learned and preparing for the future

**HARRINGTON, Jillian** (Wentworth Healthcare Ltd, T/as Nepean Blue Mountains PHN) and **ROUFEIL, Louise** (Australian Psychological Society) and **Campos, William**

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The 31 Primary Health Networks (PHNs) commenced operation in July 2015 replacing Medicare Locals. PHNs have been given a key role by the Australian Government in the reform of mental health service delivery through the planning and commissioning of primary mental health services at a regional level. **Aims:** The aim of this forum is to provide participants with an overview of the progress of the PHNs towards planning and commissioning primary mental health services, highlighting both the achievements and obstacles encountered in the implementation process. The forum will also focus on key learnings from the sector that can assist psychologists to effectively engage with PHNs. **Method:** The forum will begin with an overview of progress in the PHN sector and be followed by presentations from a range of psychologists who are currently in key governance roles in PHNs across Australia. The forum will highlight the variability in approaches adopted by PHNs across Australia and each presenter will describe practical steps that psychologists can adopt to assist them to engage with their local PHN. There will be ample time for participants to ask questions of the panel and engage in discussion. **Implications and Conclusions:** The PHNs have been tasked with leading primary mental health care reform. This forum will provide participants with the opportunity to hear from and engage with psychologists who have leadership roles in PHNs. This shared learning will enable attendees to better understand the PHN sector and hence inform their business plans.

### Concurrent Session 5J, Room 220, Thursday 15 September 2016, 11am – 12pm

**Symposium – 60 minutes (Paper #307)**

**Excellence and innovation in psychology in the public health system**

**Anderson, Vicki.** (Murdoch Children’s Research Institute)

Psychologists working in the public health context have a critical role to play in shaping mental health care and support for their patients, at all stages of the health care system. At various points across the Australian health care system, psychology is experiencing significant challenge. With increasingly limited resources available, it is necessary to do ‘less with more’ and to design and implement, novel, cost and time-effective approaches to the delivery of psychological services. With a breadth of skills (e.g., teaching, research, clinical), psychologists are key contributors are involved
in a wide variety of activities, both within their discipline and as participants in multidisciplinary endeavours. This symposium aims to illuminate innovative practice in psychology within the public sector that has improved the lives of clients and their associates and has demonstrated the important of well-validated, clinically grounded and evidence informed practice. It will include three presentations, each describing a different ‘target group’ and psychological skill. Areas that will be covered include: i) the use of novel, digital technology to improve patient access to evidence-informed psychological treatments; ii) innovative approaches to streamlining pathways to psychological care within the community; and iii) the development of a successful cross-sector collaboration to improve quality and access to psychological services.

Presentation 1: Take a Breath: Increasing psychological flexibility and reducing traumatic emotional response in parents of a child with a life threatening illness or injury
Muscara, F (Murdoch Children’s Research Institute) & Rayner, M (Murdoch Children’s Research Institute).
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Background: The diagnosis of a child with a life threatening injury or illness places severe stresses on parents and has been linked to high parental risk of Acute Stress Disorder and Post Traumatic Stress symptoms. Research findings indicate that such psychological distress causes substantial impairment for parents, the recovering child and other family members, and may result in significantly poorer long-term adjustment of the ill child. Aims/objectives: Targeting parental distress has therefore been identified as critical to reduce parental suffering and child psychological morbidity associated with serious childhood illness. This presentation presents preliminary data from an RCT of a group intervention based on ACT principles at the Royal Children Hospital in Melbourne. Design/Method: The parent groups are delivered online using web-conferencing to increase accessibility for this population of parents who have illness and treatment related barriers to attendance. The aim of this intervention is to increase parental flexibility and reduce the long term traumatic emotional responses to the child’s illness in parents of children diagnosed with a life threatening illness or injury. Results/Conclusions: Significant outcomes have been achieved through this intervention with this parent group. The implications of such outcomes will be discussed, as well as implications for the treatment of parent distress reactions more generally across the wider hospital setting.

Presentation 2: Implementing a Hoarding/Squalor Treatment Pathway at Peninsula Health
Yardley, P., Church, S., and Lunt, A. (Peninsula Health)
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Background: Hoarding has a prevalence rate of between two and five per cent and is a diagnosable mental health disorder under DSM-5. Those living with severe hoarding or squalor may be exposed to multiple risks such as fire, neglect, abuse and illness. The Department of Health’s Discussion Presentation; Hoarding and Squalor (2012) identified the need for health services to develop a uniform, consistent, clinical and practical service framework which will provide information on a general service response to hoarding and squalor. Aims/objectives: In 2015, the Psychology Department of Peninsula Health initiated collaboration with its fellow Social Work and Occupational Therapy Departments in the establishment of a Hoarding/Squalor Pathway designed to assist clinicians working at Peninsula Health to deliver an effective intervention to clients identified as being a severe hoarder and/or living in squalor. Design/Method: This presentation outlines the development of the virtual team, provision of education to clinicians, implementation of the Pathway and provisional outcomes of this intervention. The Pathway includes a virtual team, which provides support and direction and assist the clinician to respond in a consistent collaborative and informed way with the goal to enable clients to manage their behaviour and live
safely. **Results/Conclusions:** Early outcome data highlights the value of this project. The implications of such outcomes will be discussed, as well as implications for the treatment of hoarding more generally across the wider health system.

**Presentation 3:** Developing the Psychology Workforce through effective partnerships between University, Public Health and Primary Care: An examination of a novel psychology placement program embedded with a new primary Mental Health Platform

Langbein, A. (Mental Health, Drugs and Alcohol Services, Barwon Health), O’Shea, M. (School of Psychology, Deakin University), King, R. (School of Psychology, Deakin University) & Tooley, G. (School of Psychology, Deakin University).

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**Background:** Commonwealth government investment in ‘Better Access’ and ‘Access to Allied Psychological Services (ATAPS)’ has had the unintended consequence of depleting the pool of professionals available to work within public mental health, particularly psychologists. This has become problematic in some regional and remote areas of Australia. **Aims:** In recognition of the need for collaborative solutions to workforce challenges, Barwon Health partnered with the Deakin University School of Psychology and the Western Victorian Primary Health Network (previously Barwon Medicare Local) to explore opportunities offered by meaningful collaboration between Health and Education to attract, develop and retain psychologists and other mental health professionals in a regional context. This presentation will discuss the development and sustainability of a Psychology Clinic jointly developed by this partnership in the large regional city of Geelong in response to this problem. This resulted in the establishment of a jointly auspiced primary mental health Psychology Clinic in 2011 and a dedicated first placement for all trainees in public health.

**Design/Method:** The success of this program is based on genuine academic and health partnership with clear mutual benefits. These experiences integrate academic learning with the complexities of the mental health system from the outset. Under the direction of four senior clinical psychologists, three of whom are joint academic appointments with the Deakin University Psychology School, the Clinic provides group and individual Cognitive Behavioural Therapy (CBT) for Anxiety and mood disorders, a full Dialectical Behaviour Therapy (DBT) program for Borderline Personality, and individual-based CBT-E for adults with Eating Disorders. **Results/Conclusion:** Data illustrating a range of key outcomes will be presented pertaining to: (a) increased client access to psychological intervention(s), (b) improved clinical outcomes and consumer satisfaction, (c) consumer-led development of self-sustaining support groups, (d) development of clinical practice including leading a regional working party on BPD treatment, the development of a pilot group treatment program on hoarding disorder and (e) notable increases in training placements and threefold increase in employment of graduates within the service and region. The opportunity to integrate clinical psychology training within public mental health has brought about significant gains for clients while enhancing the health industry readiness of clinical psychology graduates as well as providing a successful model for partnership between the academic and health sectors.

**Keynote Address, Plenary Room 2, Thursday 15 September 2016, 12.05pm - 1.05pm**

**Keynote Address – 60 minutes (Paper #482)**

**Emerging Aboriginal and Torres Strait Islander Psychology in Australia**

DUDGEON P. (School of Indigenous Studies, University of Western Australia, and Australian Indigenous Psychologists Association)

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Indigenous psychology is an emerging global movement. This keynote paper explores an emerging Indigenous Australian psychology. In 1977, Indigenous Scholar Kevin Gilbert described overcoming the colonising experience as one of the major challenges for Aboriginal and Torres Strait Islander people. There is increasing recognition today of how fundamentally this colonising experience has affected Australia’s First People. This presentation focuses on the role of psychology by examining firstly how the imposition of western psychology has impacted on Indigenous peoples. A brief historical overview will chart various landmark moments in Indigenous Australian psychology. Emerging Indigenous paradigms will be presented. In particular, the relationship between social and emotional wellbeing, mental health and mental health disorders from an Aboriginal and Torres Strait Islander perspective will be explored, and how the social determinants of wellbeing are multiple, interconnected, and develop and act across the life course from conception to late life. While it is acknowledged that the discipline and profession of psychology has been part of the colonising process, there is reason for optimism in current times. The presentation will conclude with an overview of how Australian psychologists and the Australian Psychological Society can play a significant role in decolonising psychology in partnership with the Australian Indigenous Psychologists Association and work together to improve the social, emotional and spiritual wellbeing of Indigenous Australians.
leadership and trust were central components for building a supportive learning culture. **Conclusion:** The Australian Army was provided with a profile of their learning capability, and a mechanism to measure and monitor their progress in the future. Also, by highlighting main enablers/inhibitors of Army’s learning culture this research assists Army to identify points of leverage to improve its learning organisational performance.

**Poster (Paper #160)**

**Young Graduate’s Great Expectations: Identifying Newcomers Perceptions About Their Future Jobs**  
Cedeño Bustos, Viviana  
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This research will address the following questions: What are the expectations/perceptions of newcomers/graduates for their first professional job? How can these expectations be measured? Commencing professional life after completing a university degree can be both exciting and frightening, and graduates have had enough time to build up certain expectations that might or not be fulfilled when performing for the first time in their professions. The purpose of this research is to create a scale that can be used to measure and investigate newcomers’ expectations of the organizational context they’re about to enter. That is, a measure of what they expect of the job organization and colleagues before they start the new job. The measure will allow for a diagnosis of perceptions, expectations, and ideas that are acting upon the mind of the newcomer before they enter a job/organization. Such diagnosis can provide key information for the newcomer’s socialization process. Initially this scale is meant to apply to new graduates, but has the potential to be expanded to apply to any type of newcomer. This scale, named Organizational Reality Perception Scale is currently under development, having undergone the first stage of validation that involved examining the factorial structure through Exploratory Factor Analysis (EFA) in a sample of 101 participants that consisted of students in their final year of university. The participants were 3rd and 4th year students in degrees with the following subjects: law, accounting, economics, finance, management, marketing, computer sciences, geological sciences, engineering, psychology and political science. Students were recruited at the University of Canterbury and the University of Otago in New Zealand, and data was collected online using the Qualtrics survey platform. The results of the first phase of scale development have produced 20 items distributed in 4 factors. The factors’ output have identified four types of expectations of the future organizational reality: expectations on employee’s well-being, expectations on career support, expectations on learning options and expectations on supervisor’s support. Next steps in the validation procedure involve investigating the stability of the factorial structure using Confirmatory Factor Analysis (CFA) on data from a different sample with the same characteristics.

**Poster (Paper # 36)**

**Comparitive Institutional Analysis of Italy and Australia with respect to opportunities for strategic employee participation**  
Tortia, E. University of Trento, Knox-Haly, M. Doctoral graduate of University of Sydney, Jensen, A. University of Sydney  
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**Background:** The current paper is a comparative analysis of employee participation in organisational governance in Italy and Australia. Cultural values determine the expression of institutional configurations and varieties of capitalism This perspective represents Italy as a hybrid economy, and Australia as a liberal market lead economy. **Aims/Objective:** The contribution of our paper is twofold. First, we hypothesize that the Australian liberal market economic configuration offers fewer
opportunities for employee participation in organisational governance than the Italian hybrid economy. Second, we critique mainstream Theory of the Firm on the ground that it is inadequate in explaining the phenomenon of employee participation across both economic configurations. **Method:** We tested our hypotheses on some crucial institutional dimensions: (i) the role of the industrial relations system; (ii) the nature of corporate law; (iii) and the relative diffusion of alternative organisational forms with participative vis à vis exclusionary governance, with special focus on worker cooperatives and employee owned companies. **Conclusion:** That institutional arrangements are culturally located, and clearly impact the opportunity for employee participation in both organisational governance and the type of organisations which flourish. The policy implications are that Australian corporate governance offers little or no opportunity for strategic employee participation; whilst Italian institutional arrangements are more supportive of employee owned and managed organisational structures. The chief study limitation is its cross sectional view of institutional arrangements (which are rapidly changing within the Italian economy).

**Poster (Paper #87)**

*Knowledge and use of self-care behaviours in Australian psychologists: Relationship with stress, distress, and impairment*

McCLEAVE, Katrina (RMIT University), & Di Benedetto, Mirella (RMIT University)
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**Aim:** A heightened awareness of distress and impairment in psychologists, has recently led to a growing body of literature, promoting self-care as a protective strategy to cope with stressors in the profession. **Design:** This study used a mixed-method approach to investigate the extent to which Australian psychologists engage in self-care behaviours, and its relationships with stress, psychological distress, and perceived impairment. **Method:** The sample consisted of 105 females and 10 males psychologists registered with the Psychology Board of Australia. Participants completed an online survey containing a demographic questionnaire that included questions about years in professional practice, the Depression Anxiety and Stress Scales, the Life Change Index Scale, eight open-ended questions about self-care, and a single question about perceived impairment. **Results:** Low levels of psychological distress were found in the current sample. Engagement in maintaining balance, interpersonal work, and recreational activities was associated with less symptoms of psychological distress. Furthermore, more years spent in professional practice were linked to lower levels of stress. **Conclusion:** The findings suggest that registered psychologists, and early career psychologists in particular, should engage in self-care behaviours to manage stress and prevent impairment. Australian psychology trainee programs would benefit from incorporating self-care management skills as part of standardised coursework.

**Poster (Paper #409)**

*The influence of provisional psychologists’ attachment on preferred and least-preferred clients.*

GALE, Angela (La Trobe University), & Monfries, Dr. Melissa (La Trobe University).
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**Aim:** Psychologists and clients project their own attachment patterns (internal working models) onto each other, which can affect the therapeutic relationship and outcome (Bowlby, 1988). Countertransference reactions to client characteristics can hinder or aid the therapeutic process. This study aimed to qualitatively investigate the relationship between provisional psychologists’ attachment experiences and their preferred and least-preferred clients. **Design:** A qualitative phenomenological approach was taken to extensively examine provisional psychologists’ attachment
and its influence on their client preferences. **Method:** Fifteen provisional psychologists (13 female & 2 male) from differing postgraduate psychology streams, who had completed one or more placements were purposively selected to participate in the interview. The interview contained questions on their preferred and least-preferred clients, as well as their childhood experiences; based on the Adult Attachment Interview (George, Kaplan, & Main 1985). Interviews were digitally audio recorded and transcribed. A thematic analysis was conducted to draw out themes. **Results:** Patterns of themes in client preferences emerged. Participants were predominantly in agreement on preferred clients’ Age, Race, Sexual Orientation, Presenting Issues or Diagnoses, Personality Traits, Level of Insight, and whether clients resembled a Significant Other or themselves. However, half of the participants did not have a preference for Gender, Culture, Religious Beliefs, Socioeconomic Status, Experience of Similar Issues, Affect or Emotion, and Habits or Activities and half did have a preference. The least-preferred client themes followed a similar pattern with the exception of Religious Beliefs, Sexual Orientation, Affect or Emotion, and Habits or Activities, where a least-preferred client characteristic was identified more often than a preferred. Reports on attachment revealed some provisional psychologists freely identified a link between an insecure attachment figure and least-preferred client characteristics. The majority of participants indicated perpetrators of violence as a least-preferred client and half discussed their personal experience of family violence. **Conclusion:** The research has practical implications for psychologist-client therapeutic alliance and outcome, as well as supervision considerations, and awareness of provisional psychologists’ susceptibility for burnout. A key limitation of the study was that provisional psychologists may have self-selected to participate in the study knowing their attachment experiences may affect their client preferences.

**Poster (Paper # 124)**

**MoodMission: Development of a new evidence-based smartphone app for low moods and anxiety**

**BAKKER, David** (Doctor of Psychology (Clinical Psychology) Candidate at Monash University)
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**Background:** The number of mental health apps (MHapps) developed and now available to smartphone users has increased in recent years. MHapps and other technology-based solutions have the potential to play an important part in the future of mental health care. However, many currently available MHapps lack features that would greatly improve their functionality, or include features that are not optimized. Furthermore, MHapp developers rarely conduct or publish trial-based experimental validation of their apps. **Aims/objective:** We aimed to build a new cognitive behavioural therapy based MHapp called MoodMission using evidence-based recommendations drawing on research across diverse fields including mental health interventions, preventative health, mobile health, and mobile app design. **Method:** A literature review established sixteen core recommendations for MHapp design. A detailed behavioural plan was formulated to establish how users may learn about MoodMission, how they initially access it, what triggers start their engagement with the intervention, and what systems encourage future engagement. MoodMission is designed for smartphone users of all ages to be accessed when users feel down or anxious. They report their distress via a series of simple and quick selections before MoodMission provides them with 5 possible activities they can do to reduce their distress. All activities are evidence-based and are tailored to the user’s unique needs. For example, behavioural activation activities may be recommended for behavioural problems associated with low mood and relaxation strategies may be
recommended for physiological arousal associated with anxiety. Users choose their “mission” from the list of 5 and, after completing it, report to MoodMission their new levels of lowered distress. Using this data MoodMission is able to learn the coping styles of different users and enhance mission suggestions in the future. **Conclusion:** MoodMission is built using evidence-based principles and a randomized controlled trial is planned to investigate its utility in reducing anxious and depressive symptomatology and enhancing coping self-efficacy. Results will be available in August/September. Effective MHapps, like MoodMission, are required to help prevent mental health problems and to ease the burden on health systems. MoodMission can also be used by psychologists with their clients as a way to encourage between-session work.

**Poster (Paper # 350)**

*The future of Clinical Neuropsychology graduates in Australia*

CONNELLAN, Madeleine (APS College of Clinical Neuropsychologists)

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**Aim:** To identify the challenges and opportunities facing recent graduates of Clinical Neuropsychology training courses in Australia. **Design:** An audit was circulated in May 2015 and again in May 2016. Quantitative and qualitative data was gathered to obtain a picture of the current employment status of recent graduates since the introduction of the registrar program. **Method:** The audit was circulated to recent graduates of Australian Clinical Neuropsychology training programs (2010-2015) in May 2015. 110 participants completed the audit. A subsection of these participants were contacted again in May 2016 to measure change over the intervening 12-month period. The second audit obtained data regarding employment type and EFT, progress through the registrar program and professional body membership status. Participants were also asked to describe factors that assisted them in finding employment, challenges they faced and suggestions of how to support recent graduates. **Results:** Initial findings from the 2015 audit were presented at the 2015 APS CCN conference. At that time, 75% of respondents were employed in Clinical Neuropsychology roles, however the majority of these were in part-time, fixed-term roles. The proportion of participants who were enrolled in a registrar program were generally receiving adequate supervision. The proportion of were not cited insufficient work hours and financial position. Participants reported current challenges and concerns including the lack of flexibility of the registrar program, the volume of current graduates and competition for employment opportunities with low job security. Participants made suggestions as to how the APS and CCN could support new graduates, including advocacy for the need for Clinical Neuropsychology services, supporting Medicare funding of neuropsychology services, and CPD events targeted to recent graduates. The 2016 audit will follow-up on changes in employment status since May 2015 and these findings will be presented at the 2016 APS Congress. **Conclusion:** Clinical Neuropsychology graduates face challenges obtaining permanent employment and identify opportunities for the APS and CCN to support the growth of this field in Australia.

**Poster (Paper #207)**

*The relationship competitive, violent, and multiplayer video games have with trait aggression*

Dowsett, Andre (PhD Student, RMIT)

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**Aim:** With such a large percentage of the population playing video games the effect of these games on aggression continues to be an important and debated area of research. While violent video games have been shown to increase aggression there has been little exploration of competitive and
multiplayer video games. The aim of this study is to assess whether trait aggression has a relationship with exposure to and preference for competitive, multiplayer, and violent video games. **Design:** Few studies have looked at competitive and multiplayer video games outside a laboratory setting. Therefore an online survey was used to assess trait aggression and real world violent, competitive, and multiplayer video game exposure and preference. **Method:** Participants (male = 51, female = 48) were primarily university students with an age range of 18 to 64 ($M = 23.45$, $SD = 6.50$). Participants stated how often in the last year they played video games, how violent and competitive the games were, and whether they played multiplayer games. They were also asked these questions relating to when they were in high school. Their current trait aggression was also measured using the Buss-Perry aggression questionnaire (1992). **Results:** Trait aggression had a significant positive correlation with competitive video game exposure and percentage of time playing multiplayer games, for both the last year and in high school. However, contrary to the majority of previous research, violent video game exposure was not significantly correlated. In addition, a regression analysis revealed that a preference for competitive video games in the last year significantly predicted trait aggression while preference for violent video games did not. **Conclusion:** While limited to relying on participants to accurately report video game exposure, this study demonstrates that competitive and multiplayer aspects within video games may have a stronger link to aggression than violence within video games. Therefore future experimental and longitudinal studies need to include all these variables so we can further understand the causal relationship between video games and aggression. If competitive and multiplayer aspects continue to be significant factors it may change our perception of what games are suitable for different age groups.

**Poster (Paper # 175)**

*A randomised control trial of MindExpress™: a tailored online prevention, resilience-building and mentoring tool for young people at elevated risk for affective disorders*

Wilde, Alex (Aftercare)
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**Background:** Targeted preventive psychological interventions show a reduction in the incidence of major depressive disorder of around 25 percent. The use of e-technology tailored to individual risk factors in young people has not been explored as a preventive intervention for affective disorders. **Methods/design:** MindExpress™ *the skills to build resilience* is a tailored preventive online program consisting of a validated depression risk assessment across eight evidence-based risk factor domains which correspond to tailored interactive education and cognitive behavioural modules. Pilot data found MindExpress™ to be acceptable, helpful and useful among young adults aged 18-to-25 years. The Coping Styles module yielded a significant mean change with large effect size (N=30, p=0.01, Cohen’s $d=0.88$) on Prochaska’s Stages of Change measure from Preparation (‘I am thinking about making this change, but not in the next fortnight’) to Action (‘I am trying to make this change at the moment’). Among completers (N=10), mean depression scores showed a decrease from 7.6 (mild) at baseline to 5.1 (minimal-mild) at endpoint (non-significant). MindExpress™ will now be evaluated in the community mental health setting in a large randomised control trial with the addition of a mentoring component. Participants will be randomised to the MindExpress™ intervention or an online attention-control program consisting of generic health information. Eligibility criteria will include being aged 12-to-25 years and a client of one of Aftercare’s youth mental health services such as headspace. Aftercare is Australia’s longest serving community mental health organisation. Primary outcome measures will be i) ‘Readiness to change personal risk factors’ and ii) ‘Risk factor status’. Secondary outcome measures will include iii) ‘Depression symptom status’, iv) ‘Resilience status’ and v) ‘Knowledge of resilience-building strategies’. Participants will complete online questionnaires at baseline, immediately post-intervention or control program, and at 3-months, 6-months and 12-months. **Discussion:** If proven effective in a randomised control trial, MindExpress™
will provide individuals at increased risk of depression with skills and strategies to build resilience to depressive disorders, thereby reducing risk, recurrence and chronicity of depression. MindExpress™ can be developed as a “support-in-your-pocket” App and adapted to a range of community settings such as primary health care and schools.

**Poster (Paper #454)**

**The mental health of elite athletes competing at the highest levels: A systematic review**


**Aim:** The physical impacts of elite sport participation have been well documented, however there is comparatively less research on the mental health and psychological wellbeing of elite athletes. This review appraises the evidence base regarding the mental health and wellbeing of elite level athletes.

**Design:** A systematic search of the PubMed, EMBASE, SPORTDiscus, PsycINFO, Cochrane and Google Scholar databases, up to and including May 2015, was conducted.

**Method:** Included studies meet the following criteria: (i) athletes competing at the elite level, as able-bodied athletes, where elite level was defined to be competitive at the Olympic, international, national or professional level, (ii) reporting quantitative data on a mental health, wellbeing, or coping outcome, and (iii) published in English. Studies were excluded if (i) mean age <18 years, (ii) participants competing at a school or collegiate level, (iii) studies undertaken with a heterogeneous sample (i.e., a mixed sample of elite and non-elite athletes) without reporting group findings separately, (iv) studies assessed only physiological wellbeing or stress responses without assessing or reporting psychological wellbeing.

**Results:** The search yielded a total of 2,279 records. Following double screening, 60 studies were included. Findings suggest that elite athletes experience a broadly comparable risk of high prevalence mental disorders (i.e., anxiety, depression) relative to the general population. Evidence regarding other mental health domains (i.e., eating disorders, substance use, stress and coping) is less consistent. These results are prefaced, however, by the outcome of the quality assessment of included studies, which demonstrated that relatively few (25%) were well reported or methodologically rigorous. Furthermore there is a lack of intervention-based research on this topic.

**Conclusion:** The evidence base regarding the mental health and wellbeing of elite athletes is limited by a paucity of high quality, systematic studies. Nonetheless, research demonstrates that this population is vulnerable to a range of mental health problems (including substance misuse), which may be related to both sporting (e.g. injury, overtraining and burnout) and non-sporting factors. More high-quality epidemiological and intervention studies are needed to inform optimal strategies to identify and respond to player mental health needs.

**Poster (Paper #380)**

**Sleep properties as risk factors for chronic migraine and chronic non-migraine headache diagnosis**

Sullivan, Daniel P (School of Applied Psychology, Griffith University), & Martin, Paul R (School of Applied Psychology, Griffith University).

**Aim:** Headaches are among the most common neurological complaints worldwide, with varying types of headache disorders and triggers identified in the literature. Sleep and headaches have increasingly been researched in recent years as evidence continues to implicate properties of sleep
in headache aetiology such as sleep duration and quality, chronotype (morningness/eveningness), and sleep breathing pathologies, such as Obstructive Sleep Apnoea (OSA). Within the context of a wider headache trigger research programme, this study sought to establish the strength of various sleep properties and other known factors as a risk for chronic migraine and chronic non-migraine headache disorders. **Design:** A convenience sample was recruited using institutional recruitment channels and headache and pain advocacy websites. The study design was a correlational online survey administered on one occasion. **Method:** Participants (N = 403, 85.2% female, mean age = 28.92 years) completed the study. Participants completed an online survey measuring sleep duration and quality, chronotype, and OSA risk. Descriptive statistics and relative risk (RR) ratios (proportionally weighted) were conducted. **Results:** Rates of chronic migraine diagnosis were significantly higher in those with insufficient sleep duration (RR = 2.21, 95% CI = 1.14, 4.31), and morning chronotype (RR = 2.21, 95% CI = 1.15, 4.23) than those without chronic migraine diagnosis. For those with insufficient sleep duration (RR = 2.21, 95% CI = 1.15, 4.23), poor sleep quality (RR = 2.36, 95% CI = 1.23, 4.5), and evening chronotype (RR = 1.69, 95% CI = 1.01, 2.82) there was significantly increased risk for chronic non-migraine headache diagnosis. **Conclusion:** This study has found trends of sleep properties in chronic headaches that are consistent with the literature. Some variables and covariates studied however, did not reach expected significance thresholds for increased risk of chronic headaches (e.g., female gender). The authors posit that this may be due to the recruited sample not being a simple random sample of the general population. The results show that when some sleep properties fall outside what is considered ‘normal’, that there is increased prevalence of chronic headache disorders.

**Poster (Paper #413)**

**Hoarding disorder and Acceptance and Commitment Therapy: A psychological inflexibility model**

Eppingstall, Jan (RMIT University)
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**Aim:** Hoarding disorder (HD) is intractable to treatment. Current treatment gold standard is the hoarding specific Cognitive-Behavioural Therapy (CBT) protocol (Steketee & Frost, 2007, 2014) and while treatment results are encouraging, rates of clinically significant change are between 25-45% across total hoarding severity clutter, saving, acquiring and functional impairment (Tolin, Frost, Steketee, & Muroff, 2015), there is room for improvement. In most cases post treatment scores remained closer to the HD range and follow-up studies indicate symptoms do not continue to reduce post treatment, intimating some of the C-B strategies employed in the HD treatment protocol may not promote the permanent behavioural changes required for symptom remission in HD. Researchers point to a number of potential moderators or mediators of treatment outcomes, which may be contributing to treatment resistance in HD including comorbidity, poor insight, and poor emotion regulation. New and illuminating research in the area of cognitive and behavioural theory, particularly in the mindfulness-based acceptance therapies such as Acceptance and Commitment Therapy, offer alternative conceptualisations of HD. The aim of this exploratory research, conducted as part of a Ph.D. project, was to develop and test a psychological inflexibility model of HD consistent with Acceptance and commitment Therapy’s (ACT) hexaflex model. **Design:** A cross-sectional exploratory study was conducted to obtain an impression of HD sufferer’s psychological inflexibility profile compared with that of a community sample. **Method:** 530 participants have completed the online survey, which included measures of hoarding disorder and psychological flexibility. The current sample has a mean age of 49.69 years (SD=9.79) with 94% female. Social media channels such as Facebook and Twitter were used to recruit individuals; HD Facebook support groups and HD
online forums were targeted as an oversampling method to ensure the participation of HD sufferers. **Results:** Data collection is ongoing and results from structural equation modelling analyses will be presented. **Conclusion:** Implications of findings, including assessment and treatment techniques consistent with a psychological inflexibility model of hoarding disorder, will be discussed.

**Poster (Paper #464)**

*Feeling like a fraud: The relationship between university-student impostorism, burnout, and withdrawal*

**Williams, Cameron** (Murdoch University)
Cameronwilliams93@hotmail.com

**Aim:** Although more than one third of individuals experience impostor feelings (i.e., inaccurate beliefs of intellectual fraudulence and inadequacy), few studies have examined the consequences of impostorism. To address this gap, this study investigated whether impostorism is related to withdrawal intentions, through burnout. Whilst impostorism has been linked to employee turnover or burnout in a select few studies, these relationships have not been assessed with students, or in a mediatory manner. Resilience was also assessed as a moderator, because impostorism research has not considered this factor. **Design:** As questionnaires are cost/time efficient, and appropriate for use with large samples, a quantitative e-survey was used. To eliminate alternate interpretations, age, gender, SES, and average academic grade, were controlled. **Method:** Convenience sampling was employed via Facebook/poster advertising, and 2,397 tertiary students (representing 15 courses/disciplines and all Australian universities) were sampled. To control for time-of-testing (e.g., examination stress), participants were sampled in 16 weeks of the typical 17-week semester, spread over two semesters. Data was analysed through ‘PROCESS’ to overcome the limitations of traditional moderation/mediation approaches. **Results:** Preliminary analyses suggested that whilst impostorism was directly related to withdrawal intentions in a standard regression/correlational analysis ($p < .001$), full mediation was found after including burnout as a mediator. Thus, only an indirect effect remained, 95% CI [.10, .14], which accounted for 11.72% of the variance in withdrawal intentions. Counter to hypotheses, resilience did not significantly moderate the relationship between impostorism with burnout and with withdrawal intentions (suggesting that even high resilience levels do not buffer the effects of impostorism). **Conclusion:** Whilst longitudinal studies are required for causal interpretation, this study has expanded the limited impostorism literature, and further highlights the detrimental effects of this syndrome. Based on this study, if ‘impostors’ are offered early counselling, the psychological/reputational and financial costs of student withdrawal - for individuals, universities, and societies - may be minimised. Indeed, impostorism may be especially important to consider, as this syndrome often affects the highest-performing individuals (who arguably are the most important to retain/graduate). Furthermore, whilst a student sample was used, the resulting insights may generalise to employee-based research and policy.

**Poster (Paper #51)**

*Utility of TASIT for understanding social cognitive deficits in manifest Huntington’s disease*
PHILPOTT, April (Calvary Health Care Bethlehem), ANDREWS, Sophie (Calvary Health Care Bethlehem; Monash University), STAIOs, Mathew (Calvary Health Care Bethlehem), CHURCHYARD, Andrew (Calvary Health Care Bethlehem) & FISHER, Fiona (Calvary Health Care Bethlehem)
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Aim: Huntington’s disease (HD) is a neurodegenerative disorder characterised by motor, cognitive and neuropsychiatric symptoms. It is well-established that individuals with HD display reduced discrimination of facial expressions early in disease progression, particularly for ‘negative’ emotions. Recent research has also established that HD individuals exhibit impairments in higher-order social cognitive skills, including ‘theory of mind’. However, the functional consequences of such deficits in everyday life have not been ascertained. This study aimed to characterise emotion evaluation and theory of mind deficits in HD in an ecologically-valid context, and determine their impact on socially-relevant functional abilities. Design: A cross-sectional non-randomised design was employed. Data were analysed using independent-measures t-tests and Pearson’s correlations. Method: A sample of 17 HD participants (9 males; Mean age=61, SDage=12 years), who were recruited from a specialist service and had genetic confirmation, and 24 healthy controls (9 males; Mage=62, SDage=9) were assessed using The Awareness of Social Inference Test (TASIT). Participants nominated a ‘close other’ to take part in the study as an informant. Primary participants and informants completed several measures assessing cognition, neuropsychiatric symptoms, social communication and empathy. Results: Participants with HD showed significant difficulties evaluating negative emotions (p<.01), compared with controls, but not positive emotions (p=.07). HD individuals were also significantly impaired in understanding sincere (p=.02), sarcastic (p<.01) and ‘paradoxical sarcastic’ statements (p<.01). The ability to evaluate positive emotions was negatively correlated with behavioural problems (r=-.51). No further correlations between TASIT subscales and behavioural measures were found to be significant. Conclusion: These findings suggest that social cognitive difficulties in symptomatic HD may be underpinned by generalised impairments, related to deciphering social exchanges, as opposed to a selective theory of mind deficit. Such difficulties could arise from an inability to integrate complex verbal, paralinguistic, non-verbal and contextual cues simultaneously. Further research is necessary to identify the functional consequences of social cognitive difficulties for people living with HD. These impairments have the potential to place significant strain on interpersonal relationships, and thus warrant thorough clinical assessment using ecologically-valid tools, such as TASIT, in order to promote early detection and development of person-centred interventions.

Poster (Paper #178)
A pilot study of an emotional support intervention for MND caregivers
Gluyas, Cathy (Calvary Healthcare Bethlehem)
cathy.gluyas@calvarycare.org.au

Aim: Motor Neurone Disease (MND) is a progressive, degenerative neurological disease characterised by increasing weakness of limbs and muscles of speech, swallowing and breathing, with death generally 3-5 years from symptom onset. The impact on caregivers is substantial. Yet despite well-documented adverse psychological effects including increased levels of depression, demoralisation, anxiety and carer burden, and reduced quality of life, no intervention studies specific to MND caregivers have been reported. This pilot study is based on a literature review and qualitative phase and aimed to evaluate the feasibility, acceptability and potential efficacy of an intervention to support MND caregivers. Design: A single armed pre- and post-test design was adopted. Acceptability was evaluated via participant questionnaires, and paired samples t-tests.
assessed changes pre- to post-intervention. **Method:** Adult primary caregivers of people with MND diagnosed in the past year and attending the Statewide Progressive Neurological Disease Service in Melbourne were eligible. Thirteen caregivers were recruited to attend one of three single-session emotional support groups. The 2½ hour sessions focused on caregivers’ experience of loss, mindfulness exercises, the importance of caregiver self-care, teaching strategic problem-solving and providing options for future emotional support. Measures included acceptability of the intervention, psychological distress (Brief Symptom Inventory-18), caregiver burden (Caregiver Reaction Assessment) and preparedness (Preparedness for Caregiving Scales) were administered before and 6 weeks after the group. **Results:** Participants found the session were extremely favourable. They positively endorsed the length of the session, the group format, the relevance, comprehensibility and usefulness of the content, the opportunity and degree of comfort in speaking of their own experience. Follow-up sessions were requested, but the high degree of difficulty in taking time away from their carer role was noted. No significant differences were found on the pre-/post-test scales. **Conclusion:** An emotional support intervention that was specific to the needs of MND caregivers was strongly supported by participant feedback in this pilot study. Reasons for the lack of significant difference on selected outcome measures are potentially the brevity of the intervention or small sample size. Future research is planned with larger samples and increased number of sessions, possibly using videoconferencing technologies.

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**Concurrent Session 6A, Plenary 2, Thursday 15 September 2016, 2pm – 3pm**

**College of Clinical Psychologists Keynote Address – 60 minutes (Paper #486)**

**New directions in the prevention of body image concerns**  
**Paxton, Susan** (La Trobe University)

Body image concerns are frequently very distressing and can underpin the development of low self-esteem, depressive symptoms, health risk behaviours and clinical eating disorders. This talk will review risk and maintaining factors for body dissatisfaction and ways in which this information has been used to inform the development of prevention, early intervention and treatment. Prevention efforts still face many challenges and, consequently, novel approaches to prevention at different points across the lifespan are being trialled, including internet-delivered interventions. In this presentation, a new resource for parents of young children which builds on recent research into relationships between young children’s body image attitudes and social influences, will be described. In addition, ways in which recent advances in understanding the impact of social media use on body image in adolescence may be used to enhance school-based prevention will be explored.

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**Concurrent Session 6A, Plenary 2, Thursday 15 September 2016, 3pm – 3.30pm**

**‘How-to’ Session – 30 minutes (Paper #45)**

**Treating Chronically Traumatized Children. Don’t let sleeping dogs lie!**  
**Struik, Arianne,** Director of the Institute for Chronically Traumatized Children (ICTC), Perth, Australia  
ariannestruik@hotmail.com

**Background:** Some chronically traumatized children are resistant and not motivated for trauma treatment. Within their families they often have witnessed violence, have been abused and
neglected. Some have been placed in foster families or residential facilities by Child Protection. These children can be avoidant or deny, ‘forget’ or dissociate their traumatic memories. Trauma treatment does not seem to have an effect or trauma processing seems impossible. For these children the temptation to ‘let sleeping dogs lie’ and not focus on processing the traumatic memories can be strong. But all children deserve a chance to heal and recover. If practitioners struggle ‘how to’, this workshop provides a method to analyse these cases and develop a phased treatment plan to help them process their traumatic memories. **Aims:** In this workshop the Sleeping Dogs method will be explained. The Sleeping Dogs model has been developed to motivate these children and their families and to help them prepare and process traumatic memories. Participants will learn to analyze cases by considering six items (safety, daily life, attachment, emotion regulation, cognitive shift and nutshell) to discover why the child is resistant and which interventions are needed. Then the trauma-processing phase with the use of EMDR and the integration phase will be demonstrated. Participants will get an understanding of how to set up interventions to support the families of these children to reconnect and heal from trauma. **Approach:** In this workshop the Sleeping Dogs theory will be combined with case examples and exercises to enable participants to apply this method to their own practice. Participant will receive the Six Test Form and practice the use of these tests to analyze cases. The Sleeping Dogs method is described in: Struik, A. (2014) *Treating Chronically Traumatized Children: Don’t let sleeping dogs lie!* London: Routledge.

**Concurrent Session 6B, Room 210, Thursday 15 September 2016, 2pm – 3.30pm**

**Professional Forum – 90 minutes (Paper #490)**

**Critical incidents in sport**

**STEVENS, L** (Racing Victoria, Victorian Jockey Association, Australian Jockey Association); **LOUDER, J** (Olympic Park Sports Medicine Centre); **McGREGOR, M** (South Australian Cricket Association); **JONES, R** (Queensland Racing & Queensland Jockey Association)

The tragic death of Australian cricketer Phillip Hughes raised the awareness of the nation about the extent of the risks that elite athletes take on a daily basis. Unfortunately, there are similar stories from horse racing, motor racing and rugby league. These incidents affect many people and require specialist skills and planning to properly manage both the immediate trauma or crisis and the ensuing aftermath.

Critical or traumatic incidents place the sporting organisation’s communication, action, and support structures under extreme pressure. The effects of such incidents are compounded by the complexity of the relationships found between members of sporting clubs, organisations and codes. Professional and personal relationships tend to cross hierarchical, socio economic, age, expertise, and cultural divides due to the members shared passion for their sport. A consequence is that those in leadership roles are often under emotional stress at the time when they must act and provide support for others in their organisation. When a death or serious injury occurs during competition, the whole industry may be significantly affected. Often those whose role requires them to investigate a critical incident and lead a response must manage their own shock or grief while discharging their duties.

In this forum, leading sport psychologists will discuss their experiences of critical incidents in sport, and will explore the development and implementation of protocols for managing these incidents within sporting teams and organisations.
Professional Forum – 45 minutes (Paper #142)

Communication between medical and mental health professionals: improving patient outcomes
MATHEWS, Rebecca (General Practice Mental Health Standards Collaboration [GPMHSC]) and HARDCASTLE, Fran
R.Mathews@psychology.org.au

Background: In 2006, the Federal Government introduced the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative which aims to improve outcomes for people with a clinically-diagnosed mental disorder through evidence-based treatment. As this initiative often involves a shared care approach; where patients are referred by a GP, Psychiatrist or Paediatrician to another mental health professional for focussed psychological services, it is imperative that communication between the referring and treating professionals is strong and direct; ensuring continuity of mental health care and a stronger collaborative relationship between medical and mental health care. Evaluation of the Better Access initiative has indicated that allied health professionals do not always receive adequate referral information from GPs and similarly GPs do not receive sufficient feedback from treating professional regarding patients’ progress. The General Practice Mental Health Standards Collaboration (GPMHSC) is a federally funded Government project responsible for standards and accreditation of GP mental health education and training. As GPs are the most common referring professional for Better Access and see more than 80% of the population each year, the GPMHSC has identified the need for a more proactive approach to improving communication between GPs and treating mental health professionals in the context of the Better Access initiative. Aims / objectives: To improve communication processes between referring and treating professionals in the context of Better Access. Approach / method: Professional forum where key principles of effective professional communication between GPs and other mental health professionals will be discussed by a panel of experts from the GPMHSC. Participants will be introduced to the GPMHSC publication Practice Guide: Communication between medical and mental health professionals which will form the basis of the panel presentation; and will have the opportunity to contribute to the discussion via a Q and A session with the panel. Implications / conclusion: After attending this forum, participants will have a greater understanding and awareness of the need for strong and direct communication between referring and treating professionals; take away some useful strategies for improving their communication methods and styles; and be able to model more effective communication to their colleagues.

Symposium – 45 minutes (Paper #262)

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Theoretical, empirical and clinical advances in persistent pain management
Day, M. (The University of Queensland); Geffen, Gina. (The University of Queensland) and Sullivan, Michael. (The University of Queensland).

Summary and Rationale: Persistent pain affects an estimated 3.2 million Australians, which translates into a cost of $34.4 billion annually in direct healthcare expenses, disease burden and lost productivity. However, these statistics do not reflect the incalculable human costs of persistent pain; many individuals experience downward socioeconomic drift over time, and develop co-morbid depression, anxiety and sleep problems. The complex, multifaceted nature of chronic pain is intractable to biomedically-based treatment alone. Hence, optimal treatment should be interdisciplinary in nature, recognizing that pain is influenced by a variety of biological, psychological and social contextual factors. The first paper, will present empirical findings from a community-based interdisciplinary pain management program (IPMP) showing the significant and clinically meaningful benefits of this approach for heterogeneous chronic pain conditions. Considerations for streamlining and optimizing the most active treatment components of IPMPs will be discussed.

Typically, IPMPs include a cognitive-behavioural therapy (CBT) component. However, Mindfulness-Based Cognitive Therapy (MBCT) may represent a feasible efficacious alternative for clients not adequately responding to CBT. The second paper, will discuss and contrast CBT and MBCT and will compare their theoretical perspectives. She will describe the challenges to demonstrating their value and translating them in to mainstream healthcare.

An alternative approach to translating psychological interventions into healthcare will be presented by presenter three, who will discuss the influence of disability insurers and the pressure to match clinical practice to reimbursement procedures. This presentation will discuss the benefits of delivering innovative risk-targeted activity interventions to address market pressures and improve pain outcomes. A recurring theme will be the efforts that have been made to meet the unique challenges that chronic pain presents. Over the last several decades, new medications have been developed, surgical procedures refined, sophisticated rehabilitation protocols formulated, and psychological approaches successfully applied. Despite this, persistent pain continues to be a major healthcare concern and continued advancement is needed; directions for this advancement will be proposed for discussion and questions.

Presentation 1 (Empirical Paper): Predictors of responsiveness to interdisciplinary pain management

Geffen G, Day M, Craig N, Brinums M, Pearson L & Geffen S (School of Psychology, The University of Queensland & Brisbane Pain Rehabilitation Service)
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Aim: Previous hospital based research has identified that interdisciplinary pain management programs (IPMP) result in significant group improvements in a range of persistent pain related outcomes, despite wide individual variability. The present study investigated whether clinically reliable measures of group and individual responsiveness could be identified in a community-based IPMP. Design: This study reports on a repeated measures prospective study of consecutive admissions to a 2-week IPMP program conducted at the Brisbane Pain and Rehabilitation Service. Method: Self-report questionnaires and measures of physical performance were obtained pre- and post-treatment from 358 adults with heterogeneous persistent pain conditions. Group analyses using standard parametric statistics and individual responder analyses were performed. Results: At a group level, two-tailed Fisher’s t-tests showed statistically significant (p<.001) pre- to post-treatment improvement in standardised measures of pain intensity, pain catastrophizing, depression, anxiety, stress, physical alacrity, grip strength, and walking capacity. Individual Responder (>25%
Improvement analyses showed that 93% of patients had reduced anxiety and stress, 66% reduced depression, 51% climbed more stairs, 53% reduced pain catastrophizing, 39% walked further, 35% got up faster, 32% reported less intense pain, and ~25% reported better psychosocial adjustment and increased grip strength. **Conclusion:** This translational research study demonstrated that a community-based IPMP is effective in improving physical, psychological and psychosocial outcomes for persistent pain sufferers despite their demographic and clinical heterogeneity. Our ongoing research aims to identify individual patient characteristics that predict positive outcomes and to identify, streamline and optimize the most active treatment components of our IPMP.

**Presentation 2 (Theoretical/review paper): Demonstrating the value of psychological treatments for chronic pain: Theoretical and empirical considerations**

**Day, M.** (School of Psychology, The University of Queensland); **Thorn, B.E.** (Department of Psychology, The University of Alabama)
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**Background.** Cognitive-behavioural therapy (CBT) is considered the gold standard of psychological treatment approaches for chronic pain and is typically included as the psychological component within interdisciplinary programs. However, effect sizes for CBT are modest and not all patients respond well to this approach. A promising recent development for the management of chronic pain is the application of Mindfulness-Based Cognitive Therapy (MBCT). MBCT integrates cognitive therapy and mindfulness theoretical principles, and may provide a valuable complementary or alternative approach for patients not responding to first-line treatments. Preliminary results show MBCT produces significant and clinically meaningful improvements across multiple pain-related outcomes. However, it is not known whether MBCT, CBT, and other approaches exert beneficial effects through the unique mechanisms specified by their respective theories or through shared common factors. Further, it is not known for whom particular approaches are best suited.

**Objectives.** This presentation will describe the empirical and clinical advances made in the application of psychological treatments for chronic pain and the remaining challenges to demonstrate the value of MBCT, CBT, and other therapies. **Methods.** The MBCT model as applied to chronic pain will be described and contrasted with CBT and other dominant psychological models, and the theoretical premises of the mechanisms purported to underlie their effects will be examined. The empirical evidence supporting the theoretical tenets of MBCT will be reviewed and data from our ongoing research on MBCT for pain, including the long-term maintenance of gains, will be discussed in relation to other approaches. Finally, data related to our proposed meta-theoretical model, the “Limit, Activate and Enhance” theory of the moderators of psychological treatments will be discussed, and its potential for evaluating patient-treatment matching algorithms across treatments with different theoretical bases considered. **Conclusion.** Documenting the efficacy of psychological treatments is not enough. Critical to demonstrating the value of (new and old) psychological treatments is evaluation of whether these approaches work via the unique reasons specified by theory and determining for whom the treatment is most likely to benefit. Healthcare resources are scarce and streamlining treatments and patient-treatment matching are critical steps in getting these interventions incorporated into mainstream healthcare.

**Presentation 3 (Theoretical/review paper): Evolving paradigms in the psychosocial management of debilitating pain conditions**

**Sullivan, M.** (Recovery Injury Research Centre, The University of Queensland)
**Background.** Rehabilitation as a health discipline evolved in the early 1900s, originally to deal with injured soldiers returning from combat. In early rehabilitation institutions, disabled combat veterans were provided with palliative interventions, they were sheltered and they were absolved of further responsibilities. Research would eventually reveal that such protective and palliative approaches to rehabilitation would be more likely to augment rather than reduce disability. Vestiges of the protective and palliative orientations of early rehabilitation models continue to influence current clinical practice patterns for individuals suffering from pain conditions. Back schools, stress management interventions, and cognitive-behavioural interventions have dominated psychosocial pain management approaches for the past 4 decades. Examination of the techniques included within these pain management approaches reveals an over-representation of passive and palliative techniques. Although papers describing positive outcomes of pain management interventions continue to appear in clinical and scientific literature, they have been fading from the landscape of ‘insured’ services offered to clients with debilitating pain conditions. It has become increasingly clear that disability insurers have not been satisfied with the results of traditional pain management interventions. **Aims/objectives.** This presentation will compare and contrast how tradition, conceptual models and market pressures influence both the orientation of pain management interventions as well as the desired outcomes of pain management interventions. **Method.** A review of the literature will be presented to show that emerging trends in psychosocial pain management reveal a move away from passive and palliative pain management interventions. Examination of the repertoire of private sector services offered to individuals with debilitating pain conditions reveals increased use of risk-targeted activity re-integration approaches. The theoretical rationale for these interventions and preliminary evidence supporting their application will be discussed. **Conclusions.** This presentation will address how the superior performance of risk-targeted activity re-integration interventions invites reconsideration of some of the assumptions that have guided the development of traditional approaches to pain management. Increasingly, return to work is considered to be a central goal of pain intervention. Although clinical trials of these new approaches are few, there are indications that risk-targeted activity re-integration interventions might outperform traditional pain management approaches.

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**Professional Forum – 90 minutes (Paper #471)**

**Nocebo effects in mild TBI**

**Vanderploeg, Rodney Dr.** (James A. Haley Veterans Hospital, University of South Florida and Defense and Veterans Brain Injury Center)

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**Background:** Expectations may play a large role in health-related outcomes, but may not be fully addressed or considered in the area of mild traumatic brain injury (mTBI) and postconcussive symptoms (PCS). With placebos the mere expectation that treatment will help brings a diminution of symptoms. With nocebos, negative expectations lead to poor outcomes. In terms of PCS, although some individuals with concussion report symptoms months and even years afterward even though the available longitudinal literature indicates that these symptoms are less likely to be related to the concussion as time goes by and that the natural course of concussion is recovery. In this Professional Forum various nocebo effects will be discussed as contributing to or accounting for these adverse outcomes. **Aims/Objectives:** Discuss various contextual factors can influence a patient’s expectations for recovery following a concussion. These different nocebo effects include...
explicit or implicit messages from (1) the media, (2) healthcare providers and systems of care (including stereotype or “diagnosis threat”, and population screening), and (3) the legal/forensic arena. **Approach:** The forum will consist of a lecture followed by a question and answer period. **Implications/Conclusions:** The implication of nocebo effects in the areas of PCS and mild TBI suggest that healthcare systems and the media need to be very careful in the messages they convey. Alternative narratives to interacting with patients will be discussed.

**Symposium – 90 minutes (Paper #165)**

**Social and emotional development in the early years: Building empathy skills for a promising future using COPE-R**

**Frydenberg, Erica**

This symposium presents the culmination of a five-phase program that focuses on Social Emotional Learning in the early years. The five-phase early years coping research has engaged preschool children and their teachers and parents to understand and facilitate the development of everyday coping skills for healthy social and emotional development in young children aged 4-6 years. The COPE-R Program, is an outcome of long-term research that identified preschool children’s coping responses and matched these with parents’ understandings of their children’s coping responses, This resulted in the development of the Early Years Coping Cards as a tool that depicts a range of visual representations of challenging situations that stimulate children’s verbal responses about their coping strategies (Frydenberg & Deans, 2011). The COPE-R program was specifically designed to support the development of care and empathy for others.

This symposium represents Phase Five of the program in which, the children’s coping skills tool was validated, correlates of children’s coping were considered and the COPE-R program was developed, implemented and evaluated utilising parents and children’s responses.

The first study Kiernan (2015), established the three-component structure of the Children’s Coping Scales-Revised (CCS-R) through principal components analysis. The study also examined the relationship between different coping patterns and mental health (as measured by the Strengths and Difficulties Questionnaire [SDQ]). The second study (Cornell, 2015) utilised mothers’ responses to investigate the relationship between coping and anxiety in pre-schoolers, in particular whether the situation and the anxiety type makes a difference in two specific-situations (saying goodbye; doing something s/he does not like). The third study (Dobee, 2015) assessed the responses of 46 mother and father dyads in order to investigate the difference in mothers’ and fathers’ perceptions of their children’s coping behaviour through the COPE-R Program. The final study (Kaufman, 2015), reviewed the effectiveness of the COPE-R Program in promoting empathy and pro-social skills in preschool aged children.

**Presentation 1: The Relationship between coping, stress and mental health in a preschool population.**

**KIERNAN, Neisha.** (University of Melbourne)

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Aim: The present study explored the component structure of coping in preschoolers as measured by the Children’s Coping Scale – Revised (CCS-R; Yeo, Frydenberg, Northam, & Deans, 2014) through principal component analysis (PCA). The study also examined the relationship between different coping patterns and mental health (as measured by the Strengths and Difficulties Questionnaire [SDQ]; Goodman, 2001) in preschoolers. Method: One hundred and thirty two parents (mothers = 73, fathers = 59) of preschoolers (mean age = 55 months, SD = 4 months) enrolled at a university-affiliated Early Learning Centre in Melbourne, Australia completed the CCS-R and the SDQ as part of a larger project. Results: The PCAs found that a three-component structure of coping in preschoolers best fit the data for all forms of the CCS-R (one x general coping, two x situation specific coping i.e. when saying goodbye and when a child dislikes something). The majority of the forms for both mothers and fathers resulted in the components of: (1) Positive Coping, (2) Negative Coping – Emotional Inhibition, and (3) Negative Coping – Emotional Expression. The Situation Specific Coping forms resulted in the most reliable components and the items that loaded on each component were the most consistent with previous research; underscoring a need to focus on situation specific, as opposed to general, coping in preschoolers. Results for the relationship between the CCS-R and the SDQ found associations between positive coping and positive mental health, and negative coping was associated with some aspects of poor mental health. The patterns of associations found provide evidence of construct validity for the component structure of the CCS-R and also highlight opportunities for intervention for this age group. Conclusion: Understanding the processes involved in managing and adapting to stress provides the opportunity to develop prevention and intervention approaches targeted at healthy adaption. Coping in preschoolers, and the degree to which preschoolers’ coping is associated with mental health, is largely under-studied in comparison to other life stages. The present study contributes to this small body of research in an effort to help inform teaching and therapeutic approaches for preschoolers.

Presentation 2: The relationship between coping and anxiety in preschoolers: Does situation and anxiety types make a difference?
CORNELL, Chelsea (University of Melbourne)
chelseajcornell@gmail.com

Aim: Due to the nature of anxiety, research has suggested that highly anxious children are likely to engage in more negative coping and less positive coping. The present study aimed to investigate the relationship between coping and anxiety in preschoolers, in particular whether the situation and the anxiety type makes a difference. Design: To investigate this relationship, a correlational/regression design was employed. Based on past research, the Children’s Coping Scale -Revised: Parent Rating Form measured children’s positive and negative coping styles (emotional inhibition/emotional expression) in general and in two specific-situations (saying goodbye; doing something s/he does not like). The Preschool Anxiety Scale: Parent Rating Form measured children’s total level of anxiety along with their generalised anxiety, social anxiety, obsessive-compulsive anxiety, specific fears, and separation anxiety. Method: Seventy-two mothers of preschoolers attending an early learning centre volunteered to be part of the study and were asked to complete the two parent forms. Correlations were conducted between the coping styles and anxiety types and were supplemented by a series of standard regression analyses. Results: It was found that as preschoolers’ total anxiety increased so did their negative coping however different styles were used across specific situations. The relationship between coping and generalised anxiety was variable across the situations, however a clear pattern emerged for social anxiety with children engaging in more negative coping-
emotional inhibition. For separation anxiety, the relationship between coping and anxiety was only found in the goodbye specific-situation with children engaging in more negative coping-emotional expression. **Conclusion:** The study's findings suggest that coping styles used by anxious preschoolers can vary according to the situation and the anxiety experienced, suggesting it is important to go beyond children's general coping and overall anxiety. A recommended intervention for anxious children is one that focuses on teaching effective coping skills: if a child is able to cope effectively and believes they have strategies to cope then the impact of their anxiety on normal functioning may be lowered.

**Presentation 3: Early years coping cards: Operationalizing social and emotional competencies in preschool children.**

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**Aim:** The identification and understanding of children’s coping skills in the early years can assist parents in supporting their children to achieve positive outcomes. This study investigated the difference in mothers’ and fathers’ perceptions of their children’s coping behaviour through an empathy and pro-social skills pilot program called Caring Open communication Politeness Empathic Sharing – Review (COPE-R). The aim of the program was to enhance empathy and pro-social behaviours in children aged three to five years old. **Method:** Participants were 46 mothers and fathers of pre-schoolers enrolled at the Early Learning Centre of the University of Melbourne. A mixed methods design was adopted in order to evaluate the effectiveness of the program. Mothers and fathers were invited to fill out questionnaires and provide written responses about any changes they have noticed in their children’s behaviour pre and post the program. **Results:** Results indicated that there was a reduced use of negative coping strategies in relation to emotional inhibition such as doing nothing about a situation or giving up. Additionally, there was a decreased use of negative coping strategies in relation to emotional expression such as crying and screaming when the child did not like something. There was also a significant effect for mothers’ and fathers’ perceptions of their children’s use of pro-social behaviours. Qualitative data suggested that mothers and fathers have noticed an increased empathy for others and an improvement in their children’s communication skills. **Conclusion:** The findings are considered helpful in providing and understanding of mothers’ and fathers’ perceptions of their children’s behaviour that may provide critical information to help tailor effective coping interventions along with developing effective parenting practices.

**Presentation 4: Promoting empathy in preschool aged children: Evaluation of the COPE-R Program**

KAUFMAN, Danielle (University of Melbourne)   
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**Aim:** The present study aimed to evaluate a five-week pilot program, focusing on the development of empathy and prosocial skills in preschool aged children. **Design:** The COPE-R program was developed at the University of Melbourne, as part of an ongoing body of research in the early years. The program was designed to employ the Early Years Coping Cards (Frydenberg & Deans, 2011), as well as draw upon music, drawing and drama activities in order to engage preschool children in the program to facilitate learning. The COPE-R program was delivered by classroom teachers at the Melbourne University Early Learning Centre. All students attending the 4-5 year old classrooms at
the ELC participated in the program. **Method:** A total of 31 parents (24 mothers, 7 fathers) of 20 boys and 11 girls, completed questionnaires before and after the implementation of the program, providing quantitative and qualitative data for the purposes of evaluating the program. Additional qualitative data, in the form of drawings and comments made by preschool participants during the program were collected to contribute to the program evaluation. **Results:** Qualitative responses from parents indicated they noticed positive differences in their children post program. A thematic analysis of parent’s responses was conducted, revealing two major themes in the differences parents noticed; an ‘increase in pro-social behaviour’ and ‘enhanced communication skills’. Drawings and comments made by preschool participants provide further support for the efficacy of the program. While paired sample t-tests revealed a significant reduction in emotional problems post program, unexpectedly, a significant reduction in peer problems and increase in pro-social behaviour was not evident. **Conclusion:** This study provides initial evidence of the efficacy of the COPE-R program in promoting empathy and pro-social skills in preschool aged children.

**Concurrent Session 6F, Room 216, Thursday 15 September 2016, 2pm – 2.07pm**

**Rapid presentation (Paper #444)**

**Working with refugees: A relational lens**

MELVILLE, Fritha (MPSych (Clinical), MAPS) & O’BRIEN, Jennifer (BOT, MOT)

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**Background:** The Syrian refugee crisis has highlighted how the public and political responses to the plight of refugees are often polarised. The tragedy is that these responses reinforce the themes that already dominate the trauma narratives of refugees, that is, vulnerability, disconnection, discrimination, disempowerment and being devalued. Concomitantly, health and welfare sectors in countries of re-settlement struggle to engage and meet the complex set of psychiatric and psychosocial needs that refugees present with. The contemporary and crucial question, therefore, given the current political and economic climate, is how do practitioners and services respond humanely and effectively to the needs of refugees, either directly or indirectly? **Aim:** The aim of this presentation is to explore how the relational framework of Cognitive Analytic Therapy (CAT, Ryle & Kerr, 2002) can be used when working with refugees. **Method:** This presentation takes a CAT relational lens and maps it onto an existing trauma framework (Silove, 1999; VFST, 1998). In doing so it provides a relational ‘mirror’, which highlights the dominant relational patterns in the refugee experience. The narratives of survivors, practitioners and services are drawn upon to illustrate these relationship patterns. **Implications:** There is real potential for the CAT framework to be of value in supporting existing frameworks and services in better understanding, assessing, engaging and supporting refugees in a manner that enhances engagement and the recovery process. We also argue that the CAT framework is valuable not only as a therapeutic framework but also as a conceptual framework for indirect work with practitioners and services and has potential as a tool for advocacy. **Conclusion:** CAT provides a relational framework that allows services and practitioners to hold the intrapersonal, interpersonal and social contextual dynamics that shape the experience of refugees. CAT’s relational framework takes an acknowledging position of the importance of socio-cultural context, past, present and future. A relational stance draws attention to the need of not only implementing specific intervention strategies but also to the power of relational positions in the recovery process for survivors.
Rapid presentation (Paper #420)

Investigating the wellbeing of young Hazara refugees in Australia
COPOLOV, Carly (PhD candidate), & Knowles, Ann (Associate Professor)
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Aim: The Hazara people have historically been persecuted in Afghanistan because they follow the Shi’a Islam religion and they form a visible minority descended from Mongolian peoples. While there has been research into wellbeing and settlement among refugees from other ethnic backgrounds, very little research has focused on the subjective wellbeing of the Hazara. This study investigated predictors of wellbeing in a young Hazara refugee sample in Australia. The first aim was to investigate the degree to which sex, age, measures of trauma, family factors, spirituality, resilience and acculturation predicted scores on the Personal Wellbeing Index-Adult (International Wellbeing Group, 2013). A further aim was to determine the feasibility of using an anonymous online survey with a vulnerable refugee sample. Design: An anonymous online survey was administered in two languages. Method: Eighty-seven Hazara refugees, 62 males and 25 females, aged 16 - 30 years (M = 21.57, SD = 4.07) who had spent an average of 5.15 years (SD = 3.33) in Australia completed the online survey in either English or Dari. Participants were recruited through influential members of the Hazara community followed by convenience and snowball sampling. Participants provided demographic information and completed three questionnaires: The Personal Wellbeing Index-Adult, the Acculturation and Resilience Scale (Khawaja, Moïscuc, & Ramirez, 2014) and the Reactions of Adolescents to Traumatic Stress Questionnaire (Bean, 2000; Bean, Eurelings-Bontekoe, Derluyn, & Spinhoven, 2004). Results: A hierarchical regression indicated that scores on posttraumatic stress, spirituality and resilience were initially significant predictors of wellbeing however adding Acculturation in the final step resulted in Acculturation being the only significant predictor of scores on the Personal Wellbeing Index-Adult. Conclusion: The survey instruments and anonymous online methodology provide a promising way of obtaining valuable information regarding factors related to the wellbeing of a vulnerable Australian refugee sample. Particularly, the importance of successful acculturation to the wellbeing of young refugees. Policy implications of these findings include informing the development of programs and community services which encourage interactions between refugees and the wider Australian community.

Rapid presentation (Paper #393)

“We don’t talk about it” - Perceptions of mental illness in Arabic-speaking Australians
Smith, Brooke (Charles Sturt University), & Roufeil, Louise (Charles Sturt University).
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Aim: The mental health service utilisation of Arabic-speaking communities in Australia is much lower than in their English speaking counterparts despite evidence that levels of psychological distress are higher. Differences in cultural language, or explanatory models of mental illness, between Westernised health professions and their multi-cultural clients, has been shown to create a gap in understanding that contributes to service under-utilisation. The current study explored the particular cultural language of mental illness of Arabic-speaking Australians. Design: A qualitative methodology using Semi-structured interviews was employed. A social constructionist perspective was adopted as the most appropriate framework to explore the jointly constructed and shared understandings of mental illness of Arabic-speaking Australians. Method: Snowball sampling was used to recruit ten second-generation Arabic-speaking Australians. Semi-structured interviews were
audio-recorded, transcribed verbatim and analysed for themes. **Results:** Situational explanations of mental illness, somatisation of symptoms and the role of religion as an explanation of cause and cure were ways to normalise the perceived abnormal experience of mental illness. **Conclusion:** The findings of the current study speak to the need for mental health professionals working with Arabic-speaking Australians to be aware of the nature of the stigma associated with mental illness among this cohort. Mental health education for religious and community leaders with an emphasis on normalising mental illness could also encourage and facilitate help-seeking behaviours among Arabic-speaking Australians.

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**Concurrent Session 6F, Room 216, Thursday 15 September 2016, 2.21pm – 2.27pm**

**Rapid presentation (Paper #428)**

**Mediation of difficult memories in post-war Bosnia-Herzegovina and possibilities for reconciliation**  
**Jeftic, Alma** (Psychology Program, International University of Sarajevo)  
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**Background:** In contemporary Bosnia-Herzegovina implicit prejudice and stereotype among three ethnic groups have led to the formation of different (and difficult) memories of the 1992-1995 war events. These memories have been complicating the process of reconciliation during the last twenty years. Social cognition research contributes to the understanding that prejudice and stereotypes affect the way people remember and report on the same events. It is believed that old-fashioned prejudice has given way to a modern bias that is implicit, subtle, and often unintended. However, implicit prejudice can easily become integral part of both individual and collective memory and therefore transmitted to the next generations. **Aims/objectives:** The aim of this paper is to propose the elements of the mediation model of difficult memories based on the process of remembrance and the transmission of prejudice integrated in both individual and collective memory. **Method:** The divisions of memory errors given by Daniel Schacter and Daniel Bar Tal’s rules of formation of conflicting narratives were used in order to establish the elements of model for mediation of difficult memories of 1992-1995 war that exist among war survivors in contemporary Bosnia-Herzegovina. The theoretical contributions were combined with the results of the empirical research on war memories in divided post-war Bosnia-Herzegovina on the basis of which characteristics of biased memories for in-group wrongdoings were proposed (Jeftic, 2015/16). **Conclusions:** Biased memories and socially induced forgetting disabled process of reconciliation and led to the formation of “places of amnesia” in contemporary Bosnia-Herzegovina. Based on the literature review and analysis of the formation of difficult memories, elements for the mediation model for “remembrance for peace” were established. These elements are related to the characteristics that contribute to the formation of biased collective memories of war events and include: collective in-group image, prejudice and stereotypes towards out-group, set of collective emotions (positive and negative emotions towards out-group), attribution of guilt, attribution of responsibility, victimization of the in-group, attitudes towards memorialization of specific war events and phenomenological aspects of memories (time perspective, intensity of emotions, retelling, distancing). The implications for further development of model and possibilities of its application will be discussed.

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**Concurrent Session 6F, Room 216, Thursday 15 September 2016, 2.34pm – 2.41pm**

**Rapid presentation (Paper #477)**
Emotional Regulation and Religious Coping Responses by Australian Muslims in the face of Islamophobia and Counter-Terrorism Policies

Dover, Hanan (Psychcentral)

After the 9/11 attacks, various Australian law enforcement and intelligence agencies increased their monitoring and surveillance of Australian Muslims. Notwithstanding, this was equally met with a significant increase in Islamophobic media reporting. The objective of the study was to determine the level of religious behavioural or belief styles used by Muslims to cope with emotional regulation responses related to the impact of the politicised Islamophobia by counter-terrorism policies and media reporting. These external pressures have inadvertently resulted in increased levels of mistrust by the Australian Muslim community towards law enforcement and the mainstream media. The anti-Muslim media reporting, the increased monitoring, surveillance, and counter-terrorism responses have resulted in a heightened sense of anxiety, anger, and vulnerability that is deemed extremely intrusive and Islamophobic by the Muslim community. Many Muslims in Australia feel disproportionately impacted by the counter-terrorism laws and negative media reporting. The results show significantly high levels of religious coping methods demonstrated by Australian Muslims in attempting to deal with politicised Islamophobia. Strategies to reduce alienation and marginalisation, of the Australian Muslims and to increase social cohesion will be discussed.

Concurrent Session 6F, Room 216, Thursday 15 September 2016, 2.41pm – 2.47pm

Rapid presentation (Paper #220)

A qualitative evaluation of a civic curriculum to increase global citizenship competences in high-school students in the Netherlands

Park, Eri. (University College Roosevelt (UCR); Sklad, Marcin. (University College Roosevelt (UCR) and Tsirogianni, Stavroula. (Canterbury Christ University)

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Aim: In a world where there is increasing exchange and movement of populations groups, there are plenty of opportunities for mutual cultural enrichment. However, in everyday life, relations between different cultural groups do not go that smoothly often resulting in discrimination, radicalization and violence. The increasing differentiation of roles, values and worldviews raises a lot of tensions and dilemmas for the state and people-especially in western liberal societies-about issues of acceptance, autonomy, differentiation, freedom, equality and cohesion. The development of global citizenship skills and an appreciation for others is vital to prevent violence and processes of radicalization and increase understanding of the roots, meaning and consequences of intergroup differences.

Design/Method: In 2006, in the Netherlands, the legislation made compulsory for schools to cover active citizenship topics. A group of University College Roosevelt psychology students receives training on topics, including: 1) mindfulness and emotional control, 2) prejudice and stereotypes, 3) perspective taking, 4) critical thinking, 5) ‘us’ versus ‘them’ thinking and social exclusion, 6) conflict negotiation skills, 7) positive, multiple identity and self-esteem, and 8) political efficacy and engagement in action. Students themselves develop teaching material on these topics and then go to local (high-)schools to share their knowledge with pupils and work with them on these topics.

Results: Drawing on critical dialogue programmes (see Zuñiga 2003) and critical pedagogy, the exercises that students have been developing have helped them build links between
issues of privilege, justice and dominance and their own lives and to give them the tools to break
behavioural patterns, which may have under certain circumstances detrimental for themselves,
others and social cohesion. **Discussion:** In this paper we provide an evaluation of the methodology
used through a qualitative analysis of the students’ experiences of the programme. We discuss
implications for future critical dialogue programmes.

**Concurrent Session 6F, Room 216, Thursday 15 September 2016, 2.47pm – 2.54pm**

**Rapid presentation (Paper #143)**

**Impact of same-sex partner bereavement on subsequent relationships**

**PATLAMAZOGLOU, Lefteris** (Monash University), Simmonds, Janette (Monash University), & Snell,
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**Aim:** Although substantial knowledge exists regarding the repartnering patterns of bereaved
heterosexual spouses, the experiences of same-sex-attracted individuals remain insufficiently
explored. The research reported here sought to redress a considerable gap in the existing literature
regarding the ways that the bereavement experiences of same-sex partners influence later
relationships. This research investigates the experiences of death caused by reasons other than HIV,
due to the limited research attention they have previously received. **Design:** A qualitative design was
used, facilitating an in-depth exploration of the ways that the bereavement experience impacted on
the seeking, formation, and quality of subsequent sexual and romantic relationships. A
phenomenological approach was adopted in order to allow the relatively muted voices of the
grieving LGBTIQ community to be heard. **Method:** Participants were selected across Australia via
purposive sampling and snowballing strategies. The sample consisted of 7 female and 7 male
individuals who experienced the death of a same-sex partner to non-HIV-related causes. Data were
collected using semi-structured interviews of 60 minutes with participants who had been bereaved
for 12 months or more. Interviews were then transcribed and analysed using Interpretative
Phenomenological Analysis (IPA) in order to identify commonalities and differences in the
participants’ experiences. **Results:** Initial findings from the research have indicated a number of
common themes in the experiences of the participants, including legal discrimination,
 disenfranchised grief, self-reflection, and protectiveness toward the new relationship and the
partner. These findings complement existing knowledge and provide some new insights regarding
same-sex partner bereavement. Comparisons are also made to previous research findings
concerning the experiences of bereaved heterosexual partners and HIV-related losses of same-sex-attracted partners. **Conclusion:** Implications for the counselling of bereaved same-sex-attracted individuals are discussed and recommendations for future psychological research on the experience
of bereavement and intimate relationships are made. The research also highlights a number of ways
that might contribute to further social acknowledgement and legal recognition of the bereavement
experiences of same-sex partners.

**Concurrent Session 6F, Room 216, Thursday 15 September 2016, 2.54pm – 3.01pm**

**Rapid presentation (Paper #431)**

**A Comparison Between Transsexuals Who Have Had SRS and Those Who Have Not and Who Are
Living in Their Preferred Gender**

**Van Houten, Ashley** (Van Houten & Associates)
**Background**: Previous studies have emphasised the validity, reliability and importance of SRS for an individual with Gender Dysphoria (GD). Much of the research in transsexualism has been based on clinical samples. They have investigated whether the surgical outcomes in SRS have been successful, which has been equated with satisfaction with surgery rather than subsequent amelioration of the symptoms of mental health. Studies that did investigate mental health pre and post SRS and found high satisfaction with SRS found no significant difference between pre and post SRS regarding levels of depression and anxiety or were unclear whether transsexuals were psychologically better off post SRS. This would imply that SRS while being satisfactory may not be the strategy that ameliorates the dysphoria. We know very little about transsexuals who don’t have SRS but who consider themselves living in their preferred gender (LPG) and therefore no longer feel dysphoric. This knowledge would be useful in light of the broader diagnostic criteria of Gender Dysphoria contained in the DSM-5. Three studies sought to compare those who had SRS with those who had not had SRS but who considered themselves LPG. **Method**: Quantitative and qualitative analyses were used in 3 studies to make comparisons of a total of 135 transsexuals who self-defined as LPG. Results: The current study found that the transsexuals did not, as a whole, experience an affective disorder such as major depression. The participants’ mean DASS and WEMWBS were in the normal range. In both qualitative studies, although some participants had had SRS none of them reported this to be the defining marker at which they believed they were now (LPG). Participants who had SRS engaged in more social behaviours in their preferred gender prior to LPG than those who had not had SRS. Those who had SRS had a higher mean number of behaviours ($M = 6.26, SD = 2.41$) than those who did not undergo SRS ($M = 5.48, SD = 1.97$). The results were significant, $t (133) = 1.91 (n = 135), p = .06, d = 0.93$. Those who had had SRS had a significantly greater mean number of supports, $t (132) = -1.78, p = .08, d = -0.33$. There was no significant difference between the total number of unique supports between the two groups. There was no significant differences between the two groups for number of years LPG, $t (134) = .42, p = .68$. There was a significant effect showing less discrepancy among those who had SRS, $t (124) = 2.61, (n=126), p = .01. d = -.05$. **Conclusion**: Most participants had not undergone SRS and approximately one-quarter never intended to do so. This finding illustrates the imbalance in the research into transsexualism. The medical model with its focus on SRS and satisfaction with surgery does not reflect the life experiences of many transsexuals. SRS was not identified as a marker in commencing LPG. This included those who had had SRS and those who proposed to have SRS in the future.

**Concurrent Session 6F, Room 216, Thursday 15 September 2016, 3.01pm – 3.08pm**

Rapid presentation (Paper #459)

*An Integrated Community Health Care Model for Transsexual Well-being*

Van Houten, Ashley Dr (Van Houten & Associates)
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**Background**: This paper provides an integrated model of care for transsexual well-being based on the expertise of Dr Stuart Aitken a specialist sexual health physician who provides medical support and Dr Ashley Van Houten a Clinical Psychologist who provides psychological assessment and support for transsexuals who are in transition to living in their preferred gender. Dr. Aitken and Dr. Van Houten work collaboratively in providing a comprehensive model of care for transsexuals seeking to transition to living in their preferred gender. This model provides evidenced based interventions in addressing the complex process of transition. **Aim**: The aim of the paper is to provide psychologists wishing to develop skills and expertise in this area a useful model of practice that takes into consideration the biopsychosocial process of transition. The aim is to emphasise the
importance of an integrated model of care to lessen risks, and reduce stress associated with such a complex process such as transition. **Method:** The psychological aspects of assessment and diagnosis will be discussed. The social aspects of transition which requires ongoing monitoring and support will be highlighted. Dr Aitken will discuss the biological aspects of hormone therapy; including risks, and benefits. **Conclusion:** Transsexuals experience a great deal of mental health distress with being gender dysphoric. The integrated primary health care model is aimed at working collaboratively to reduce the mental health distress and enable the transition to living in their preferred gender to take place within a supported and safe context. Professionals involved in the delivery of services to transsexuals can provide expertise that supports interdisciplinary ethical guidelines together with the guidelines provided by the World Professional Association of Transgender Health.

**Concurrent Session 6F, Room 216, Thursday 15 September 2016, 3.08pm - 3.15pm**

Rapid presentation (Paper #221)

**Complex Trauma Recovery for Young Mothers in a Residential Out-Of-Home Care Setting**  
Thorpe, Serena (Lighthouse Foundation)  
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Lighthouse Foundation is a trauma-informed, therapeutic family model of care that provides long-term treatment and accommodation for young people aged 15 – 25, recovering from backgrounds of abuse or neglect. Lighthouse has also adapted their therapeutic model to effectively support young people who have recently become mothers. The aim of this session is to present what we have learned from our literature review on trauma recovery and developmental needs of young mothers. I will also present our learnings from applying the research to practice for young mothers in our residential, family model of care program. Ideas for future research and practice will be also be presented. The home environment of Lighthouse is grounded in attachment and object relations theory, therapeutic community, and trauma-informed practices. This framework is supported by a united, multidisciplinary care team including trained carers, social workers and psychologists with clinical, counselling and community psychology training. This holistic approach is an opportunity for young people to experience safety and predictability in relationships, providing a solid base for trauma recovery and learning of healthy attachments, life skills and social skills. Applying this setting to young mothers requires applicable knowledge of how complex trauma and attachment disruption can manifest throughout the pregnancy, birth and parenting processes. Key findings from the literature include what we can expect from a young mother in terms of coping with newfound parenthood, and how different types of abuse histories can impact their parenting and attachment styles with their child. We will apply these findings to our intake and screening process, including consideration of the Parental Attachment Questionnaire. We will also show how the findings support Lighthouse in making informed formulation and treatment plans for young mothers in the therapeutic home. We will conclude on the importance of a trauma-informed organisational approach that, in addition to providing multi-disciplinary and united support for young mothers and their children, also supports the well-being and professional development of staff through supervision and containing processes. All of which will have implications for organisations providing a united front in supporting young mothers who come from backgrounds of abuse.

**Concurrent Session 6G, Room 217, Thursday 15 September 2016, 2pm – 2.45pm**

Professional Forum – 45 minutes (Paper #90)
Understanding bullying, the treatment challenges - what we know and don’t know
Evelyn M Field OAM, FAPS and Michael Carr Gregg MAPS

Background: The subjective experience of being bullied, humiliated and ostracised is an important area of psychological study and practice. Some targets of bullying develop trauma, subsequent biopsychosocial injuries, loss of identity, and reduced social connections. This can lead to potential suicidal behaviours and create major survival and treatment challenges. This forum addresses why it is important for psychologists to have a good understanding of why being bullied is harmful, the possible impact on different parts of the brain, and when physical and psychological symptoms can emerge, and the need to understand the relationship between the theory and practice of treating childhood and workplace bullying. Aims/objectives: This forum focuses on both school bullying and workplace bullying as important areas for psychological research and intervention. It will facilitate discussion around why school and workplace bullying are experienced as harmful, the impact on the brain and the target’s life. What psychologists can do to empower targets to block the bullying, manage their symptoms and move on, by creating a better life or learning to manage their biopsychosocial injuries, will also be addressed. Approach / method: Michael Carr Gregg will discuss school bullying, including why it is harmful (e.g., impact on identity and social brain), treatment and diagnostic considerations, why rates of bullying are not decreasing sufficiently with regards to school policy implementation, and failures that result in legal action. Evelyn M Field will discuss why workplace bullying is harmful, the impact on the brain, the injuries and diagnostics issues, and what psychologists can do, depending on their client’s stage of injury. There will be opportunity to discuss diagnosis, treatment, and prognosis with the audience. Implications / conclusion: Psychologists need to take all forms of bullying seriously. The fact is psychologists may need to treat bullied clients, assist their colleagues, office staff, and children or manage bullying themselves. Treatment of bullied children and adults is far more complicated than using standard case formulation and therapeutic approaches, especially as there are no current evidence-based treatments worldwide. Thus in the meantime, psychologists require specialised skills and knowledge to treat the bullied child or adult.

Concurrent Session 6G, Room 217, Thursday 15 September 2016, 2.45pm – 3.30pm

Professional Forum – 45 minutes (Paper #68)
Synergy - the future of mental health delivery
Carr-Gregg, Michael
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The Australian government is constantly under pressure from consumer groups, the mental health sector and the media, and are actively looking for new ways to deal effectively with the growing burden of youth mental health, but also new ways to improve wellbeing. A series of major reports over the past few years suggests that improving mental health services for young people would dramatically lift national productivity as well as reduce the proportion of young people requiring treatment. This presentations covers the question of how might this be achieved? It describes a revolutionary idea that uses new and emerging technologies to improve and promote wellbeing in young people. The National Mental Health Commission report published last year made a strong argument that the Government could rapidly expand access to mental health care if it used online
services and better integrated them into the traditional health system supports. The idea would be to first offer people a way to manage their wellbeing through evidence-based online self-care, using a combination of web-based programs, smartphone apps and biometric devices. If this support was not enough, people with more severe mental illness could access online counseling and progressively advance through to more intense levels of care if needed. A small group of researchers and clinicians at the Young and Well Cooperative Research Centre have come up with a unique solution that argues that new and emerging technologies could indeed be a mental health game changer -- not just in Australian but worldwide.

Concurrent Session 6H, Room 218, Thursday 15 September 2016, 2 pm – 2.15pm

Individual Oral Paper – 15 minutes (Paper #546)

The influence of the online environment on risk taking: Internet gambling and Gambling Disorder
Dr Sally Gainsbury

The Internet is a highly immersive environment and many people take risks online they would not in person. Internet gambling, including mobile gambling, is the fastest growing mode of gambling in Australia. The dramatic increase in participation has been accompanied by a rise in Internet gambling problems and disorders. Prevalence studies estimate that four percent of Australians experience serious gambling problems and those who gamble online are three times more likely to experience significant gambling problems. This presentation will review the most current and relevant research on Internet gambling and its relation gambling problems.

Internet gambling has some unique features that may pose additional risks for harm, particularly for vulnerable populations. The constant availability, easy access, and ability to bet for uninterrupted periods in private, facilitated by the interactive and immersive Internet environment and electronic expenditure leads some people to experience disinhibition, dissociation and a loss of control. Although Internet gamblers are more likely to experience problems, in-depth analysis suggests that many of people had gambling problems before they gambled online. Furthermore, many report their problems are related to offline gambling. This suggests that those vulnerable to experiencing gambling problems may use the Internet, rather online gambling causing problems. Nonetheless, there is an increase in young males reporting problems with online sports betting in particular, suggesting that for some people, gambling online can result in significant problems. Comorbid issues with alcohol and substances has also been linked with Internet gambling problems, demonstrating an interaction between online risk taking and other mental health issues.

Understanding how and why people take risks online has wide reaching implications including the prevention of online gambling problems. Online risky behaviours may also lead to excessive online shopping or gaming, disclosure of personal information resulting in reputation damage, falling victim to cybercrimes or engaging in antisocial behaviour, including cyber bullying. With 83% of Australians active online it is important to identify features of the online environment that facilitate risk taking to educate consumers and implement appropriate harm minimisation policies. Internet-based
treatment options for gambling problems also need further development and prevention efforts to target those most at risk.

**Concurrent Session 6H, Room 218, Thursday 15 September 2016, 2.15pm – 2.30pm**

Individual Oral Paper – 15 minutes (Paper #152)

*Harnessing the benefits of mindfulness for therapist self-care and burnout prevention*

Day, M. (School of Psychology, The University of Queensland)

**Background:** Research shows that burnout – defined as consisting of emotional exhaustion, depersonalization and a reduced sense of personal accomplishment – is common among therapists, with some estimates as high as 60-70%. Burnout has been shown to lead to symptoms of depression and anxiety, lower mental quality of life, and higher career turnover. Further, research has identified that burnout often leads to decreased quality of psychological care, and in some cases, inadequate care. Critical to preventing burnout and functioning optimally is self-awareness of stress and distress. In this context, mindfulness meditation (MM) represents an ideal, evidence-based tool that psychologists can use to enhance well-being and to promote career longevity. **Aims/Objectives:** This presentation will describe a brief, portable MM exercise that can be used “on the go”. **Implications:** Research has shown that an 8-week MM training among physicians led to improved mindfulness, burnout symptoms, conscientiousness, and mood stability. However, a well-documented barrier to practicing MM is the time commitment. The 3-minute breathing space is a brief meditation that was developed as part of an integrated, evidence-based Mindfulness-Based Cognitive Therapy program that holds the potential to overcome the time barrier. This brief MM technique will be taught experientially to illustrate first-hand the potential benefit of integrating this exercise intermittently throughout one’s workday. **Conclusion:** As psychologists, empathy is a cornerstone of what we do. Functionally, this means that we absorb a lot of emotion in therapy sessions as we focus on understanding our client’s distress and suffering and as we work with them to find ways to shift them towards more adaptive, valued patterns of functioning. Multiply this empathic absorption factor by multiple sessions a day, by multiple days in a year, and by multiple years in a career and it is easy to see why burnout is so common in our profession. Prevention is better than the cure, and we all know we “should practice what we preach”. The 3-minute breathing space provides a do-able, easy to master technique that can be used on the go to lower our stress thermostat, and have a long, rewarding career that is of benefit to our clients.

**Concurrent Session 6H, Room 218, Thursday 15 September 2016, 2.30pm – 2.45pm**

Individual Oral Paper – 15 minutes (Paper #446)

*ADHD symptom trajectories from kindergarten to high school: associations with adolescent-reported functioning*

SCIBERRAS, Emma (School of Psychology, Deakin University; Murdoch Childrens Research Institute, The Royal Children’s Hospital, Melbourne), LYCETT, Kate (Murdoch Childrens Research Institute), Fiona Mensah (Murdoch Childrens Research Institute; Department of Paediatrics, The University of Melbourne) emma.sciberras@deakin.edu.au

**Aim:** This study aimed to: 1) delineate ADHD symptom trajectories from kindergarten to high school; and 2) examine the association between ADHD symptom trajectories and adolescent-reported outcomes.
**Design:** Longitudinal study. **Method:** This study used data from Waves 1 (4-5 years), 2 (6-7 years), 3 (8-9 years), 4 (10-11 years) and 5 (12-13 years) from the Longitudinal Study of Australian Children (n=3,682). The parent-reported Hyperactivity-Inattention subscale (range 0-10; 0-5=normal; 6=borderline; 7=abnormal) from the Strengths and Difficulties Questionnaire, was completed at each Wave. At Wave 5, adolescents completed measures assessing social functioning (peer victimisation; peer problems), depression and emotional symptoms, conduct problems, attitudes to school, and substance use (alcohol or cigarette use in the past 12 months; ever tried marijuana or sniffing substances). Latent class analysis was used to classify children into ADHD symptom trajectory groups using data from Waves 1-5. Unadjusted and adjusted linear and logistic regression examined outcomes associated with ADHD trajectory groups adjusting for child age, sex, socio-economic status and comorbid conduct and emotional symptoms (except when the outcome).

**Results:** Four ADHD symptom trajectory groups emerged: no ADHD symptoms (SDQ scores from 1.1-1.8; 35%), mild (scores from 3.0 to 3.6; 39%), moderate (scores from 5.0 to 5.6; 20%) and high (scores from 6.8 to 8.3; 6%). In comparison to adolescents in the no ADHD symptom trajectory group, adolescents in the mild to high ADHD groups reported higher depression symptoms (p<0.04), emotional and peer problems (p<0.008), peer victimisation (p<0.002), and conduct problems (p<0.001), as well as poorer attitudes to school (p<0.005) in adjusted analyses. There was limited evidence of a relationship between ADHD symptom trajectories and substance use in adjusted analyses, with the exception that adolescents in the moderate ADHD group had increased odds of alcohol (odds ratio (OR): 4.7; 95% CI 1.6, 14.4; p=0.006) and marijuana use (OR: 3.0; 95% CI 1.3, 6.5; p=0.007), compared to those in the no ADHD group. **Conclusions:** Children classified as having mild to high ADHD symptoms from childhood to adolescence had poorer social, emotional and behavioural wellbeing, with the exception of substance use which appeared to be largely driven by comorbid conduct problems.

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**Concurrent Session 6H, Room 218, Thursday 15 September 2016, 2.45pm – 3pm**

**Individual Oral Paper – 15 minutes (Paper #472)**

**A novel laboratory rodent model to explore the behavioural, pharmacological and neurobiological correlates of the social response to threat and an active stress-coping strategy**

**BOWEN, Michael** (School of Psychology, University of Sydney).

**michael.bowen@sydney.edu.au**

Defensive aggregation is the tight clumping together of conspecifics observed in response to predatory threat across virtually all prey species. While much field research has explored this social response to threat, in particular the important survival advantages it affords, it has received little examination in the laboratory. In study 1 we developed the first laboratory rodent model of defensive aggregation, demonstrating that it can be readily elicited in groups of four rats presented with an unconditioned stressor (cat fur or bright light). This provided an unprecedented opportunity to explore the more subtle benefits accrued from defensive aggregation as well as its underlying neurobiology and pharmacology. Study 2 demonstrated that defensive aggregation has a hitherto unknown social buffering effect that reduces neural and behavioural stress responsivity and facilitates reengagement in important non-threat-related behaviours. It also demonstrated that rats with a stable active or passive stress-coping strategy exist amongst populations that are group exposed to predator threat. Study 3 demonstrated that the neuropeptide oxytocin, which play a highly conserved evolutionary role in regulating complex appetitive social behaviours across species, acts at vasopressin V1A receptors to selectively promote social responding to threat without increasing anxiety-like behaviour. In contrast, stimulation of vasopressin V1B receptors caused a global increase in anxiety-like behaviour. This suggests that there may be benefit in exploring the potential utility of novel pharmacotherapies that selectively target vasopressin V1A receptors for the treatment of chronic social withdrawal in the face of stress, which occurs in numerous psychiatric conditions.
disorders. Finally, study 4 provided the first report of striking epigenetic differences in the medial amygdala AVP system between active and passive stress-coping rats. Furthermore, active stress-coping rats had markedly lower levels of corticosterone and progesterone three days after stress-exposure. These findings demonstrate potential mechanisms through which the proactive response style seen in some animals confronted with threat might be maintained. It is hoped that the work presented in these studies will serve as a foundation for the future investigation of the neurobiological mechanisms driving, and adaptive benefits underlying, the social response to threat and an active stress-coping strategy.

Concurrent Session 6H, Room 218, Thursday 15 September 2016, 3pm – 3.15pm

Individual Oral Paper – 15 minutes (Paper #466)

**Deficits in emotion recognition are specific to fear in high callous unemotional traits, but not global psychopathy, and may be explained by abnormalities in general attention**

DAWEL, Amy (*1,2), Palermo, Romina (1,3), O’Kearney, Richard (2), Sellbom, Martin (2), Irons, Jessica (1,2), & McKone, Elinor (1,2)

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*Presenting author

1 ARC Centre of Excellence in Cognition and its Disorders
2 Research School of Psychology, The Australian National University
3 School of Psychology, University of Western Australia

Two published studies from my PhD will be presented. The first, a meta-analysis (Dawel et al., 2012, Neuroscience & Biobehavioral Reviews), examines deficits in emotion recognition in global psychopathy and in relation to the affective/interpersonal factor of psychopathy specifically, including callous unemotional traits (CU). This is the first review to examine such deficits across modalities (facial, vocal, postural) and for adults and children separately. Results from 29 experiments (N = 1376) contradict the popularised idea that deficits in emotion recognition in global psychopathy are specific to others’ expressions of distress, by revealing a significant deficit in recognising the positive emotion of happy from facial expressions and vocal tone, in addition to fear, sadness (faces only) and surprise. In contrast, when examining the affective/interpersonal factor of psychopathy alone, recognition was found to be impaired only for fearful expressions. Following on from this result, the second study (Dawel et al., 2015, Personality Disorders: Theory, Research, and Treatment) tests empirically how this specific deficit in fear recognition might arise, in people with high levels of CU. This study tests three alternative theoretical accounts of why poor fear recognition might arise in high CU: (1) there is some inherent problem with processing others’ distress (including fear) per se (Blair); versus (2) poor attention to the eyes of faces gives rise to this deficit (Dadds); versus (3) abnormalities in general attention mean that information that is normally salient, like others’ distress, can be ignored (Newman et al.). A Posner-style cueing paradigm was used to compare attentional cueing from eyes in fearful faces, versus eyes in non-fearful (happy and neutral) faces, versus arrow cues. Participants were young adults (mean age = 20) from the general population with higher (n = 33) and lower levels of CU (n = 75). Results show reduced attentional cueing in high CU relative to low CU across all cue-types (eye-gaze in fearful and non-fearful faces, and arrows), supporting Newman et al.’s proposal that an important feature of psychopathy is an enhanced selective attention which can result in suppressed processing of non-social (i.e., arrows) and social (i.e., eye-gaze in faces) stimuli alike.
Individual Oral Paper – 15 minutes (Paper #475)

Always look to the bright side of life: The attentional bias of positive emotional disposition
Grafton, Ben

Despite theoretical interest in, and beneficial outcomes associated with, high positive emotional disposition, a sophisticated understanding of the psychological mechanisms that underpin this disposition has yet not been developed. This presentation will provide an overview of the findings obtained from an on-going research program that has taken an important step in this direction, by seeking to establish the attentional basis of variability in positive emotional disposition. The key purpose of this research program has been to test the veracity of the hypothesis that an attentional bias to positive information causally contributes to positive emotional disposition. Studies addressing this hypothesis by investigating the naturally occurring association between elevated positive affectivity and attentional bias to positive information, using conventional attentional bias assessment tasks, will first be discussed. Consistent with the hypothesis under scrutiny, the findings obtained demonstrate that participants high in positive emotional disposition display greater attention to positive information compared to neutral information, relative to their low positive emotional disposition counterparts. Next, studies addressing this hypothesis by directly manipulating patterns of biased attentional responding to positive information will then be discussed. Such studies were designed to determine whether a transiently induced change in attentional responding to positive information serves to subsequently impact positive emotional reactivity to a positive event. Specifically, procedures intended to temporarily modify selective attentional responding to positive information were employed. Participants were then exposed to a novel anagram success task, designed to induce an elevation in positive emotion, to enable the assessment of positive emotional reactivity. Across the reported studies, the findings obtained demonstrate that the attentional bias modification procedures were capable of differentially modifying attentional response to positive information, and that such modification differentially impacted the degree to which positive emotional reactivity was increased following a positive event. Hence, the findings are fully consistent with the hypothesis that an attentional bias to positive information causally contributes to variation in positive emotional disposition. The theoretical and applied implications of the reported findings will be discussed, and a number of suggestions concerning how future researchers may profitably build on the findings obtained will be outlined.

Professional Forum – 90 minutes (Paper #235)

Psychology Board of Australia Forum: Psychological practice and risk of harm to others ALLAN, Alfred (PsyBA Practitioner member), Marion Hale (PsyBA Community member), Rachel Philips (PsyBA Practitioner member)
a.allan@ecu.edu.au

Background: Australian society is becoming increasingly intolerant of interpersonal violence, especially in domestic, workplace and school settings where the victims can be vulnerable children, intimate partners and co-workers. Society also increasingly expects psychologists to identify people
who might cause harm to others and to manage the risk of this happening. Most, if not all, psychologists could potentially provide services to people who might cause harm to other people. All psychologists must therefore be competent at assessing and managing the risk that a client might cause harm to others, or even to their treating psychologist. These competencies are required by all psychologists not just those working in high risk settings. **Aim**: The aim of this forum is to inform psychologists of the complex range of issues associated with identifying and managing risk of harm to others from a societal, ethical and legal stance. The forum will also assist psychologists to understand the dynamics of people who might be at higher risk of harming others (including their psychologist). **Method**: The presenters in this forum will provide an overview of contemporary viewpoints on risk of harm to others; discuss the relevant legal and ethical frameworks for considering issues of risk of harm to others; and explore the factors that increase the risk of someone perpetrating interpersonal violence as well as the factors that make other people more vulnerable to violence across a range of settings and contexts. There will be time for the presenters to respond to questions and comments from the audience at the conclusion of the forum. **Implications and conclusions**: This forum addresses the increasing pressure on all psychologists to better identify and manage the potential for risk of harm to others that may become evident during the course of delivering a psychological service.

**Concurrent Session 6J, Room 220, Thursday 15 September 2016, 2pm – 3.30pm**

**Professional Forum – 90 minutes (Paper #553)**

**Not to be lost in translation**

Ryan, Kelleigh (The Healing Foundation) and Hirvonen, Tanja (AIPA)

**Background**: Aboriginal and Torres Strait Islander people in Australia suffer some of the poorest living and health outcomes in the country. The physical and mental health gap between Indigenous and non-Indigenous people in Australia is undeniable. However for a culture to have survived and thrived for many centuries before colonisation, it must possess a strong trauma informed and healing practices epistemology. A closer examination of the culturally sensitive projects will highlight the importance of a culturally safe and effective practice in working with First Nations people in Australia within field of psychology. **Aims / objectives**: This forum highlights both current research being carried out in Australia and culturally safe methodology in clinical practices being delivered by Aboriginal and Torres Strait Islander psychologists who are influencing real change within their communities. Each of the projects is different in its approach to building effective healing practices. However each project has demonstrated an in-depth knowledge of western therapeutic clinical practices, complex trauma and Aboriginal and Torres Strait Islander cultural protocols and healing knowledge. A brief summary of methods, data collection, outcomes and future work is presented. The aim of the forum is to develop understanding of major issues faced by Aboriginal and Torres Strait Islander peoples and effective ways to engage participants in a healing process without doing further harm. **Approach / method**: Indigenous psychologists will highlight their research and practice in a range of areas, including domestic violence, child sexual abuse and recovery from trauma. Specific programs such as the Healing Foundation project will be described to demonstrate this work. The Healing Foundation project focuses on a healing framework developed from the Indigenous support services working with the participants in the Royal Commission into Institutional response to Child Sexual Abuse in Australia. The project combines both Western and
Indigenous healing practices to build a framework for health professionals to guide their trauma programs in assisting Aboriginal and Torres Strait Islander people who have experienced trauma. 

**Implications / conclusion:** Culturally safe and trauma sensitive work when building on community strengths and empowering individuals is a critical element to healing work with Aboriginal and Torres Strait Islander Australians. The collective cultural approach to intergenerational collective trauma is steering successful program design and therapeutic practices in Australia.

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**Concurrent Session 7A, Plenary 2, Thursday 15 September 2016, 3.45pm – 4.45pm**

**College of Clinical Neuropsychologists Keynote Address – 60 minutes (Paper #484)**

**Stabilising the slippery slope to dementia: It’s time to target modifiable risk factors early!**  
**Naismith, Sharon** (Leonard P Ullman Chair in Psychology, Charles Perkins Centre, Head of the Healthy Brain Ageing Program, Brain & Mind Centre, University of Sydney)

With the increasing ageing population, the number of people living with dementia will quadruple by 2050. Since there are no effective cures for dementia, current efforts are focused on identifying factors contributing to dementia in the decades before clinical symptoms even manifest. In this talk, Prof Naismith will present current research and evidence linking modifiable risk factors to dementia, including cardiovascular disease, depression, low cognitive activity, depression, physical inactivity and sleep disturbance. This will be followed by an overview and evaluation of the available lifestyle, medical and psychological interventions that hold promise for tackling dementia risk, and the challenges we are yet to overcome.

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**Concurrent Session 7A, Plenary 2, Thursday 15 September 2016, 4.45pm – 5.15pm**

**Individual Oral Paper – 30 minutes (Paper #497)**

**Taking a New Path: Proposing MBS Items for Clinical Neuropsychology**  
**Stokes, David** (Principal Advisor, Australian Psychological Society) and Crowe, Simon (La Trobe University)  
[d.stokes@psychology.org.au](mailto:d.stokes@psychology.org.au)

For some years now the APS has attempted to create an access for community members to be MBS funded for neuropsychology assessment services (NPA). Our initial attempts involved submissions around national budget time supported by political lobbying of relevant ministers. These were often well received and even evoked glimmers of hope, but to no avail. More recently we became aware that there was another avenue that had traditionally been well trod by medical appliance manufacturers and drug companies but rarely allied health. This path was currently being revised and simplified to make it more attractive to a wider audience. This was the approach of the Medical Services Advisory Committee (MSAC), a unit of the Department of Health. So in 2014, after attending a number of workshops and consultations, the APS invited the College of Clinical Neuropsychology (CCN) to collaborate and fund a formal application through MSAC for NPA Medicare items. The CCN, led by Professor Simon Crowe, funded a project officer, Dr Leah Collins, and with the assistance of David Stokes, APS Principal Advisor, began the ordeal of defending the proposal that community
health and equality of access would be benefitted by Medicare funded NPA items. The various features of bureaucratic processes, medical sector culture shocks, obscurantist nature of psychology from a medical viewpoint and the amazing pockets of support in the health sector are the themes of this paper. While the process is prolonged – years actually – the rigour and exhaustiveness of the requirements raise confidence in the agencies of government responsible for this major policy area. It also provides refreshing opportunities for psychologists to see themselves in perspective in the health sector and better understand the ‘medical model’. The paper will update interested parties in the stage achieved and progress made.

Concurrent Session 7B, Room 210, Thursday 15 September 2016, 3.45pm – 4.30pm

Professional Forum- 45 minutes (Paper #345)

Mental skills training meets future neuro-technologies: Enhancing cognitive performance through systematic intervention

AIDMAN, Eugene (DST Group), CRAMPTON, John (Performance Enhancement Systems), BROWN, Trevor (Positive Brain Training) & BOND, Jeff (Bond Performance Consulting) eugene.aidman@dsto.defence.gov.au

Background: Mental skills training (MST) has been at the core of sport psychology offerings to competitive athletes and fitness participants. Its efficacy has been demonstrated in other application domains ranging from business and executive coaching to military training. Recent developments in applied neuroscience promise a quantum leap in targeting precision and efficacy of MST interventions. For example, biofeedback, an established tool in sport psychologists’ toolkit, is expanding with technological innovation enabling applied practitioners access the range of neuro-markers and real-time analytical power that was unattainable just a few years ago. Wearable psychophysiological monitoring and wireless connectivity are pushing the levels of portability and protocol realism beyond anything known before. Aims / objectives: The forum will bring together MST practitioners and neurofeedback (NFB) specialists to canvas the state of the art, at the intersection of their respective fields, and to chart the future of neurotechnology-supported cognitive enhancement interventions. Approach / method: Panel members will present updates on best-practice solutions for psychological skills assessment, monitoring and training, and the role of modern neuro-technologies in these solutions. In particular, new empirical findings will be discussed linking neurofeedback (NFB) training protocols to performance improvements on objective tests of decision making meta-skills (Attention Networks Tests, ANT) and Theory of Mind (ToM) tasks, such as Reading the Mind In the Eyes (RMIE). Correlations between ANT executive control and network activity during RMIE, have informed a NFB protocol that improves both cognitive and ToM skills. Similar approaches combining performance profiling and NFB protocols in competitive sport and military training applications will be discussed and their effectiveness compared with traditional MST. Implications / conclusion: The fields of MST and NFB research have accumulated sufficient evidence to build a range of neurotechnology-supported cognitive training and enhancement interventions based on a rigorous assessment of target attributes and systematic program design and evaluation aimed at enhancing these attributes through real-time neuro-marker monitoring and feedback conditioning protocols. These new technologies attract growing scores of users whose skills remain inadequate for the task. The panel will discuss the qualifications and regulatory frameworks required for safe and effective application of these new interventions.

Concurrent Session 7B, Room 216, Thursday 15 September 2016, 4.30pm – 5.15pm
Building the whole player - mental health and wellbeing program for female AFL youth athletes

**Wellbeing and Happiness**

GREEN, Amanda (Richmond Football Club), & WHITE, Alison (Deakin University), & CARTMILL, Tomas (Deakin University), & HAIDAR, Nadine (Richmond Football Club), & STEVENSON, Kathryn (Deakin University), & TOBIN, Katie (Deakin University), & JOHNSON, Jasper (Deakin University), & KURDAS, Chyloe (AFL Victoria)

agreen@richmondfc.com.au

**Background:** In a high performance sporting context, pre-elite or developing athletes are exposed to considerable mental stress as a result of physical energy expenditure, cognitive processing (in skill development) and emotional investment in the pursuit of excellence in their chosen sport. In addition, these athletes are often exposed to family, peer and social pressures to perform. Sport specific stressors in isolation and/or in conjunction with other life stressors can present significant challenges to the pre-elite athlete. The development of stress management skills can assist athletes to negotiate present and future stressors and facilitate fulfilment, engagement and positive mental health (Richards, 2016).

**Aim/objectives/learning outcomes:** This ‘how to’ session will explore the interaction between the state of mind of an athlete and their athletic performance. Based on a pilot program developed for the AFL Victoria TAC Youth Girls Academy 2015 / 2016 season, the session will explore the integration of sound health and wellbeing principles and capabilities into all facets of this holistic intervention. The aim of the program was to enhance player on- and off-field development through the expansion of the traditional coaching focus on football craft and skill development to also fostering of mental and emotional capital of the players. The program’s purpose was to build resilience, effective coping strategies and retain the intrinsic motivation in the pursuit of high performance. The program consisted of 350 female athletes aged between 12-17 years. A thematic analysis of qualitative data, collected prior to program commencement for a subset of these players, identified player concerns of fear of failure, perfectionism, imposter syndrome, anxiety, and the desire to manage high pressure situations.

**Approach:** During the ‘how to’ we will explore the value achieved through effective partnership of industry (Richmond Football Club) and a pedagogical setting (Deakin University) and leveraging the cross collaboration of the Industrial and Organisational, Clinical and Generalist psychology disciplines. Participants will be presented with the outcomes of the program, engage in practical skill-building activities and discuss the implications for extensions into elite pathways in the AFL, other sporting contexts and the generalisation to higher school education.

Symposium – 90 minutes (Paper #263)

Collaborations for best practice in disasters

Wade, Darryl (The University of Melbourne)

**Summary and rationale of the symposium:** This Symposium sits in the Disaster Preparedness and Recovery stream. The five papers presented each illustrate a successful collaboration with one or more organisations or institutions, or with other professional groups outside of psychology. Each highlights the best practice that can be achieved when experts work together in cooperative and
collaborative partnerships. The first presentation reports on a pilot study of a low intensity intervention for people experiencing adjustment problems following community disaster. This intervention is a collaboration between 21 national and international mental health experts from the US, UK, Canada, Asia, and Australia including key Australian agencies of the APS, Australian Red Cross and the Foundation for Regional and Rural Recovery. David Forbes’s paper will detail the process used by this collaboration for developing the post-disaster program content and evaluation methodology, the intervention to be tested and next steps in piloting and implementation. The second presentation is a collaboration between mental health professionals and teachers. Presentation 3 will present a review of mental health trauma resources currently available for use in educational settings within Australia and New Zealand. He will describe the design, development, and dissemination of the resource *Childhood Trauma Reactions: A Guide for Educators from Preschool to Year 12* and present data on how these resources were received. The third presentation reports on a Beyond Bushfires project. Colin Gallagher reports on a partnership between Melbourne University and the Australian Red Cross to explore family separation during a disaster event and its impact on subsequent mental health of survivors. The fourth presentation discusses the workforce wellbeing role that the APS Disaster Response Network undertakes for the Australian Red Cross during activations following disasters. Psychologist volunteers are embedded in teams of Red Cross workers to provide coaching in psychological first aid, wellbeing checks for the Red Cross volunteers, and psychological support for the Red Cross teams. The final presentation by Darryl Wade reports on the evaluation of a large Skills for Psychological Recovery (SPR) training and support program based on a collaboration between the Queensland state government, General Practice Queensland, and Phoenix Australia.

*Presentation 1:*

FORBES, David, O’DONNELL, Meaghan, PHELPS, Andrea and CREAMER, Mark  
(Phoenix Australia – Centre for Posttraumatic Mental Health, University of Melbourne)

dforbes@unimelb.edu.au

Disasters of human and natural origin are an increasing threat in Australia, and result in substantial human and financial costs. There is an urgent need to develop an internationally agreed evidence-based recovery program to provide psychosocial care to those affected by disaster. An intervention known as “Skills for Psychological Recovery (SPR)” has been developed in the wake of Hurricane Katrina, by US and Australian mental health professionals to address ongoing re-adjustment problems for survivors postdisaster. While SPR was derived from a strong body of research evidence and has now been rolled out following recent disasters in Australia, the US, Canada and China, its effectiveness has yet to be scientifically tested. In addition, in the wake of it being rolled out, we are also in a position to consider whether any modifications would be made based on this experience and subsequent published research in the re-adjustment and disaster literature. Hence Phoenix Australia – Centre for Posttraumatic Mental Health convened a roundtable meeting of 21 national and international mental health experts from the US, UK, Canada, Asia, and Australia including key Australian agencies of the APS, Australian Red Cross and the Foundation for Regional and Rural Recovery to arrive at a consensus regarding both the nature of the optimum recovery program to address post-disaster re-adjustment problems, and a methodology to trial its effectiveness internationally. This paper will detail the process used by this collaboration for developing the post-disaster program content and evaluation methodology, the intervention to be tested and next steps in piloting and implementation.
Presentation 2: Schools and Natural Disaster Recovery: Working with Teachers and Education Professionals in Ensuring the Mental Health of Students Following Natural Disasters
KENARDY, Justin. (University of Queensland), Le Brocque, Robyne. (University of Queensland), De Young, Alexandra. (University of Queensland), Montague, Gillian. (University of Queensland), Triggell, Nikki. (Education Queensland) Rabaa, Claire (Mater Health) j.kenardy@uq.edu.au

Aim: There is growing evidence that children are vulnerable to poor psychological outcomes following exposure to a range of potentially traumatic events. Teachers are in a unique and well placed position to provide vital support to children following potentially traumatic events and provide a vital role in helping to identify children who may be experiencing ongoing psychosocial difficulties, and psychologists are able to collaborate with teachers to promote better outcomes for children following disasters. Trauma informed practices within the school and classroom will enable better outcomes in the immediate post-trauma environment and beyond for all children. Our model focusses on 1) increasing awareness and understanding of children’s post-trauma reactions, 2) exploring effective strategies for teachers within the classroom, and 3) developing policy and procedures for the identification and referral of children who may be at risk. We present a review of mental health trauma resources currently available for use in educational settings within Australia and New Zealand. We describe the design, development, and dissemination of our resources and training package Childhood Trauma Reactions: A Guide for Educators from Preschool to Year 12 and present data on how these resources were received. In summary 364 participants of the training program provided evaluation of the usefulness and effectiveness of the training. More than 90% of the respondents reported that the training was useful and effective. More funding is required to help distribute training and resources and to make mental health following trauma a higher priority.

Presentation 3: Separation during bushfires: The impact on adult mental health
GALLAGHER, H Colin (Melbourne), RICHARDSON, John (Australian Red Cross), FORBES, David (Melbourne), HARMS, Louise (Melbourne), GIBBS, Lisa (Melbourne), ALKEMADE, Nathan (Melbourne), MACDOUGALL, Colin (Flinders), BLOCK, Karen (Melbourne), LUSHER, Dean (Swinburne), & BRYANT, Richard A. (New South Wales) colin.gallagher@unimelb.edu.au

Aim: While separation from close family can be a common experience during a disaster, its impact on mental health has received very little empirical attention. By contrast, facilitating the reunification of family members post-disaster is a longstanding mission of the Red Cross and Red Crescent organizations. To address this gap between empirical research and practice, individual responses to short-term disaster-related separation were examined, with particular reference to individual attachment style – individual differences in seeking out or retreating from supportive others during times of stress. Method: Individuals (N = 914) affected by the 2009 “Black Saturday” Bushfires were interviewed as part of the first wave of Beyond Bushfires study (www.beyondbushfires.org.au), a 5-year longitudinal study of individual and community health and wellbeing. Participants reported on disaster experiences (including separation), adult attachment style, depression, and posttraumatic stress disorder (PTSD) three to four years after the fires. Multigroup structural equation modeling was used to analyze the impact of attachment anxiety and attachment avoidance on depression and PTSD, comparing individuals who were separated from close family members during and the hours following the bushfires (N = 471) to those who did not experience separation, or who had maintained contact (N = 443). Results: Over half of those surveyed reported being separated from close family members during the fires, lasting in many cases (47%) for more than 12 hours. Among this group, high levels of stress were reported arising
from this separation and associated uncertainty. Results showed that those who experienced
disaster-related separation had increased PTSD symptomatology. However, individuals with
different attachment styles showed differing patterns. Anxiously attached people reported lingering
effects of disaster, as seen in increased levels of depression. By contrast, for those who report
greater attachment avoidance, it was non-separation that appeared to have a negative influence on
mental health, with this group reporting higher levels of PTSD and depression than those who were
separated. **Conclusion:** Attachment style is likely to be an important factor in understanding how
people respond to disaster-related separation. The results of this collaboration highlight the
importance and relevance of the reunification efforts provided by the Australian Red Cross.

**Presentation 4:**

**BURKE, Susie.** (Australian Psychological Society), & **RONAN, Kevin** (University of Central
Queensland), & **WHITTON, Shona.** (Australian Red Cross)
s.burke@psychology.org.au

**Background:** The APS and Australian Red Cross signed an MOU in 2009 to collaborate together in
preparing for a responding to disasters in Australia. As part of this collaboration, the Red Cross has
invited the APS to support them with the workforce wellbeing officer role, and APS psychologists
who are members of the APS Disaster Response Network (DRN) have been helping with this task
since 2011 with the Cyclone Yasi response in Queensland. **Aim:** In this presentation, the workforce
wellbeing officer role is outlined, to inform psychologists of the sort of volunteer opportunities that
exist for properly trained DRN members following disasters in Australia. **Method:** We present case
examples from Cyclone Marcia, the Bundaberg floods and Cyclone Yasi to illustrate how this role has
developed over the years to its current form. As well as participating in outreach teams as a peer
supporter for Red Cross volunteers, the workforce wellbeing officer also provides coaching in
psychological first aid, monitors indicators of stress and distress among workers, provides informal well-being checks and
psychological support for workers in the field, and assists with identifying referral pathways for local
longer-term counselling services for disaster survivors with greater psychological recovery needs.
**Conclusion:** This successful partnership with the Red Cross continues to develop each year to
strengthen and inform both agencies’ understanding of, and expertise in the field of disasters. More
research is planned in relation to this partnership and the work.

**Presentation 5:** **Skills for Psychological Recovery:** Evaluation of a post-disaster mental health
training program

**WADE, Darryl** (Phoenix Australia and Department of Psychiatry, The University of Melbourne),
**HOWARD, Alexandra** (Phoenix Australia and The University of Melbourne) & **CROMPTON, David**
(Queensland Health)
dwade@unimelb.edu.au

**Aim:** Skills for Psychological Recovery (SPR) is a brief skills-based approach to assist community
members to better cope after a disaster or other tragedy. The aim of this study was to evaluate a
large SPR training and support program following floods and cyclones in Queensland, Australia.
**Design:** Non-experimental, longitudinal evaluation of program.
**Method:** The development and roll-out of the program was based on a collaboration between
Queensland Health, via the Center for Trauma, Loss and Disaster Recovery, the Department of
Communities, General Practice Queensland, and Phoenix Australia, with support from local and
international experts. The program sought to recruit, train and support competent SPR trainers;
provide systematic high-quality training in SPR skills for practitioners; improve the confidence of a large number of practitioners to use SPR; and encourage practitioners’ use of SPR with community members.

**Results:** Trainers recruited to the program facilitated 49 training sessions for 788 practitioners across Queensland. Trainers were assessed by practitioners to have high-level competencies to run training sessions. Practitioners reported improved confidence to use each SPR intervention following training and at 6 months post-training. Based on available data, more than 6 out of 10 practitioners used an SPR intervention during the follow up period, with each intervention used by over half of the practitioners at both 3 and 6 months. The most frequently reported barrier to using SPR was not having seen a community member with problems requiring SPR. For trainers, a psychology background and cognitive-behavioural therapy (CBT) orientation were unrelated to their competencies to facilitate practitioner training sessions. For practitioners, a psychology background and to some extent a CBT orientation were related to confidence to use SPR interventions.

**Conclusion:** In summary, this paper reports on the evaluation of a large SPR training and support program which formed part of the government-funded mental health recovery plan in response to the Queensland floods and cyclones of 2010-2011. The evaluation findings suggest that the aims of the program were largely met.

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**Concurrent Session 7D, Room 212, Thursday 15 September 2016, 3.45pm - 5.15pm**

**‘How-to’ Session - 90 minutes (Paper # 333)**

*Between sessions: Supporting schools to sustain the psychological treatment of adolescents*

**MCPHERSON, Bridget** (Ivanhoe Girls’ Grammar School), & **SPENCER, Shanelle** (Ivanhoe Girls’ Grammar School)

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**Background:** Within a 12-month period, 17% of young Australians aged 4-17 years access professional support for managing emotional or behavioural problems (Lawrence et al., 2015). Generally, adolescents receiving treatment spend a relatively small period of time actively engaged in treatment, and a considerably greater period of time in their home and school environments. Consequently, schools are uniquely positioned to play a role in the improvement of students’ mental health by supporting the intervention undertaken by treating professionals. The relationship between Psychologists and schools can, and does, involve various undertakings, ranging from liaison with teaching and pastoral care staff to prompt school-based management of students’ difficulties, to the development and implementation of prevention programs for use within schools. With guidance, the psychological treatment of students can be enhanced by guiding schools to provide key elements that are crucial to students’ identity and emotional development, such as safety, consistency, resilience and emotional intelligence. **Aim/objectives/learning outcomes:** This workshop, facilitated by a Psychologist and a Year Level Coordinator based at Ivanhoe Girls’ Grammar School, presents a model for supporting psychological intervention within the secondary school setting. The model is founded in Bowlby’s attachment theory and Gottman’s theory of emotion coaching, and features specific practices utilised by teaching staff at Ivanhoe Girls’ as a means of promoting positive mental health while supporting and containing students experiencing mental disorders. Workshop participants will establish an understanding of the potential efficacy of schools as a support for psychological treatment, whilst gaining practical skills in liaising with, or working within, schools to improve the mental health of clients and the wider student body. **Approach:** Participants will be presented with an outline of current methodologies used at Ivanhoe Girls’. The school focuses on meeting the recommendations of external practitioners, providing physical and psychological structures that promote individual and community wellness, and developing programs aimed at preventing mental health issues. The workshop will include
interactive group-based activities aimed at exploring ways that the core concepts can be implemented in varying school settings, considering priorities and barriers. The workshop provides a model of best practice that facilitates the treatment and prevention of mental health issues amongst secondary school students.

Concurrent Session 7E, Room 213, Thursday 15 September 2016, 3.45pm – 5.15pm

‘How-to’ Session – 90 minutes (Paper #316)

New Approaches in Psychological Interventions for Psychosis
Connell, Melissa (University of Queensland Centre for Clinical Research)

This symposia showcases the work of members in the Psychosis and Psychology Interest group and outlines new approaches to working with people with psychosis. Psychologists are often not familiar with psychological treatments for psychosis due to the dominance of the medical model and misconceptions that people with psychosis do not benefit from psychological treatment. Many people with psychosis strive to make sense of their experience and value psychological treatment which helps to develop self understanding and empowers them to manage their symptoms more effectively. We aim to introduce other psychologists to new therapies for psychosis that show promising results in reducing the distress associated with psychotic symptoms and improving functioning and quality of life. The presentations in this symposia aim to familiarise the audience with each approach by identifying key components of the intervention, what it aims to achieve, whatclient groups are targeted, and research evidence or initial trials being conducted.

Presentation 1: Acceptance and commitment therapy (ACT): core ideas, relevance to psychosis and evidence
FARHALL, John. (La Trobe University and NorthWestern Mental Health) j.farhall@latrobe.edu.au

Background: Acceptance and Commitment Therapy (ACT) is emerging as a therapy with substantive applications across disorders and life issues. Despite its relatively early application to psychosis (Bach & Hayes, 2002) it is only recently that this field of research and practice has grown (Morris et al 2014). Aim: To provide an overview of the current state of theory, practice and research about ACT for people living with psychosis Method: The core elements of ACT will be introduced with their relevance to people living with psychosis, and available research evidence examined. Conclusions: The phenomena of psychotic symptoms suggest specific applications of the core ACT elements of defusion and mindfulness. Values guided committed action, an overarching concept in ACT, has a natural synergy with international mental health service frameworks supporting personal recovery. Local and international research evidence, although not yet definitive, suggests benefits of ACT, with some studies indicating a likely specific contribution of ACT processes to change. The continued growth of the practice of ACT for psychosis in individual, group and carer formats is warranted, and evaluation encouraged.

Presentation 2: Open dialogue and the divided self
MARLOWE, Nicholas. (Macquarie Street Psychology Centre) nmarlowe@macquariestreetpsychology.com.au

Background: The philosophy and methods of open dialogue for psychosis are outlined. It is noted that the therapeutic approach rests upon the key premise that the symptoms of psychosis are intelligible indicators of some difficult aspects of life’s experience that the patient is unable to express in any other way. Furthermore, the presumed therapeutic process is said to consist in the psychotic symptoms giving way to a 'new language' of self expression that heralds a restoration of
identity. **Aims/objectives**: To show that although this relational network based approach may provide a detailed account of its therapeutic process, its theoretical base is far from complete insofar as there is no account of the development of symptoms and little if any statement about the risk of relapse. **Method**: Analysis of open dialogue, is undertaken with respect to R. D. Laing’s concept of ontological insecurity. It is suggested that the integration of this concept into the theory of open dialogue may broaden the explanatory power of that theory and inform its clinical practice. **Conclusion**: Open dialogue is a new and very promising approach to the treatment of psychosis. Whilst there is evidence from clinical trials to support its efficacy, no randomised controlled trial has yet been conducted. In the UK such a trial has been proposed and is currently undergoing the funding approval process. Should this trial be completed, the findings may add substantially to the evidence base for open dialogue. The paper concludes with a proposed programme of research highlighting ontological insecurity as a risk factor for relapse in psychosis. It is argued that this concept may assist our understanding of the effects of open dialogue.

*Presentation 3: Using compassion focused therapy (CFT) with clients experiencing distressing psychosis*

**MCCARTHY, Dr Catherine**, (Early Psychosis Program at Headspace Mt Druitt, NSW)  
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**Background**: In recent years there has been an emerging acceptance in mental health services that clients experiencing psychosis can benefit from psychological interventions. We are still discovering which approaches work best and how to successfully apply existing therapeutic approaches to psychosis. This presentation will outline how psychologists can apply Paul Gilbert’s Compassion Focused Therapy (CFT) to understand and reduce relapse in psychosis. **Aims/objectives**: To provide an overview of CFT and how to apply this approach with clients experiencing psychosis. **Method**: The presentation will provide an overview of CFT and how CFT can be used with clients experiencing psychosis through a brief case example of using CFT in relapse prevention planning. **Implications/conclusion**: There is an emerging evidence base for novel psychological approaches for psychosis, such as CFT (Braehler et al. 2012). CFT seems particularly helpful for the many clients with psychosis who struggle with self-criticism, shame, emotional dysregulation and social isolation (Gumley et al., 2010). CFT may also help clients develop compassionate understanding and ways of coping with their psychotic experiences (Heriot-Maitland et al. 2015) which merits further development and evaluation.

**Concurrent Session 7F, Room 216, Thursday 15 September 2016, 3.45pm – 5.15pm**

**Professional Forum – 90 minutes (Paper #233)**

**From code to practice**

**SHAW, E.** (Relationships Australia NSW), **SYMONS, M.** (Australian Psychological Society), **METZER, J.** (University of South Australia), **MORRISSEY, S.** (Griffith University), **WILMOTH, D.** (Bond University), & **HAMMOND, S.** (Australian Psychological Society),  
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**Background**: Ethical guidelines make sense when read outside of an immediate, complex real life dilemma. However, in practice we are required to embody the best of our codes and our training, transforming often complicated, multi-party, reputation or income threatening issues, into decisions that are ethical, legal, and would hold up to public scrutiny. The more complex the issue is, and the more anxiety is involved, the more difficult it is to locate our issue in our professional code. We can think that our individual circumstances look different and perhaps require a different response than recommended. **Aims/objectives/learning outcomes**: The aim of this how-to session is to enhance...
1. Explore challenging ethical issues that psychologists experience in everyday professional life, particularly related to confidentiality and boundary issues.
2. Gain better understanding of clinical management issues (e.g. legal issues, electronic and other record keeping matters), especially in the context of wider systems issues, such as working within the Better Access Program.
3. Discuss and debate, in small and large groups, these or your own issues in the context of complex cases and situations.
4. Identify how tools, resources and supports (codes and guidelines, ethical decision making models, supervision, colleagues, APS Professional Advisory service) can assist, and the benefits and limitations of each.

**Approach:** In this workshop, members of the ethics committee (past and present) will workshop a number of common practice examples, enabling small group discussion, debate and questions in the service of enhancing ethical decision making and practice wisdom. Participants are encouraged to bring their practice concerns to stimulate discussion. The session aims to provide a supportive environment in which practice issues can be raised and discussed, assisting delegates to improve their practice wisdom.

**Concurrent Session 7G, Room 217, Thursday 15 September 2016, 3.45pm – 5.15pm**

**Symposium – 90 minutes (Paper #273)**

**New Directions in Work with Couple Relationships**

**HALFORD, W. Kim** *(University of Queensland)*

A stable, mutually satisfying couple relationship is an almost universal aspiration of humans, and when achieved confers many advantages to the adult partners and any offspring they have. In this symposium we review some important new directions in understanding and promoting positive couple relationships. Five papers are presented, three of which examine influences on positive couple relationships, and two of which examine attempts to enhance couple relationships. The first paper focuses on relatively new relationship behaviour, the sending of sexually explicit messages to partners by mobile devices (sexting), and analyses how that influences mate attraction into relationships. The second paper reports on the development of a measure of couple relationship flourishing, which is seen as the ultimate for of positive relationship, and the correlates of relationship flourishing. Paper three describes work examining the issues gay and lesbian people see as important in couple relationship education and preliminary results of a relationship education program for gay and lesbian couples. The forth paper describes the long-term effects of a couple relationship education program that couples complete at home, with a focus on the effects with couples that have low relationship satisfaction. Finally, paper 5 proposes a new model and scale of Relationship Acceptance and examine how this concept plays out in regulation and accommodation processes in couples and relationship quality. Collectively these papers report on important extensions of existing work on couples relationships to include attention to the effects of new technologies on relationships, going beyond relationship satisfaction to relationship flourishing, extending relationship education to address the needs of same sex couples, using education as a cost-effective means to address relationship distress, and the importance of acceptance.
Presentation 1: Sexting, modern relationships and the cavemen.

MCMAHON, Hayley (University of Queensland), HALFORD, W. Kim (University of Queensland), BARLOW, Fiona (Griffith University).

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Aim: This research aims to apply theories of evolutionary mating strategies, and empirical correlates of happy couple relationships, to investigate the use of sexting (the sending via mobile devices of sexually explicit words, pictures, or videos) within young adult relationships. This research focuses on the use of sexting as a relationship maintenance strategy and as a partner attraction strategy.

Design: In person qualitative interviews and two online questionnaire based studies were conducted. Method: In Study 1, 37 young adults recruited through a university sample completed a semi-structured interview that investigated young adults perspectives on sexting. In Study 2 150 participants completed an online survey testing the relationship between sexting behaviours and couple relationship satisfaction, sexual satisfaction, positive sexual communication, intimacy and desire. In Study 3 200 participants completed an online experiment that investigated mate attraction hypotheses by comparing male and female rated attraction to sexts that contained high versus low emotional content, and high versus low sexually explicit content.

Results: Study 1 participants reported that sexting was commonly used to show interest or develop relationships, as well as to enhance sexual communication, increase desire and increase intimacy within established relationships. Results from Studies 2 and 3 partially supported initial hypotheses that evolutionary perspectives inform use and response to sexting within relationships. Conclusion: Sexting is a common behaviour used to attract and retain partners in young adult relationships. Implications for couple researchers and clinicians are briefly discussed, such as the potential need to assess texting use within relationships, and the potential use of sexting as a therapeutic tool.

Presentation 2: Flourishing Relationships: Exploring the Horizon beyond Satisfaction

SANRI, Cagla (University of Queensland), HALFORD, W. Kim (University of Queensland), VON HIPPELL, Bill (University of Queensland).

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Aim: The factors that make a satisfying relationship are well established, yet less attention is paid to the way in which couples thrive. This study aims to explore the factors that constitute flourishing relationships and develop a measure of Couple Flourishing. Design: We draw on concepts from positive psychology and propose a theoretical model of flourishing relationships that combines factors associated with individual flourishing and the factors that strengthen a healthy couple bond.

Method: 1163 cohabiting or married participants in total were recruited through MTurk. Participants were asked to indicate their level of agreement for a pool of 66 Couple Flourishing items together with additional self-report measures on related concepts.

Results: Factor analyses suggested the creation of a 37 item scale. Further examination of items with item response theory analysis suggested a 5, 18, and 32 item versions of the Couple Flourishing Measure (CFM). Item response theory analysis compared the well validated Couple Satisfaction Index (CSI) with the CFM and the preliminary findings suggest that the CFM (32) provides greater amounts of information at the highest level of satisfaction than the CSI (16). Furthermore, the CFM is positively associated with theoretically related constructs including vitality, self-regulation, mental and physical health.

Conclusion: The model and measure of couple flourishing has potential to allow researchers and practitioners to better recognize and measure the positive processes, progressive improvements, and widen the spectrum of positive interventions.

Presentation 3: Development of effective relationship education for same sex couples: Rainbow Couple CARE.

PEPPING, Christopher A. (La Trobe University), HALFORD, W. Kim (University of Queensland), & LYONS, Anthony (University of Queensland).
Aim: To test the feasibility of developing effective online relationship education (RE) for gay and lesbian couples. Design: We conducted two studies. The first was an online consumer consultation survey of gay and lesbian adults on their views about RE. The second was a small pre- and post-RE evaluation of Rainbow Couple CARE. Method: In study 1, 519 gay or lesbian adults in committed relationships completed an online survey asking about experience of RE, and perceived benefits and barriers to RE attendance. In study 2, 10 individual (5 couples) completed measures of relationship satisfaction, and individual well-being before and after RE. Results: In study 1, most respondents reported they had never accessed RE, but would like such access. Barriers to accessing RE were seen to be time, and possible homophobic discrimination. In study 2, attendance of RE was associated with moderate to large increases in relationship satisfaction, $d = .63$, relationship dedication, $d = 1.05$, and positive affirmation of gay identity, $d = .78$. Conclusion: There is a desire for access to RE in the gay and lesbian community, and a suitably tailored RE program shows promise in enhancing same sex relationships.

Presentation 4: Four Year Effects of Couple Relationship Education on Low Satisfaction Couples: A Randomized Clinical Trial.

HALFORD, W. Kim (University of Queensland), WILSON, Keithia (Griffith University), LARSON, Jeff. (Brigham Young University) & BUSBY, Dean (Brigham Young University).

Aim: Relationship education (RE) usually is conceived of as relationship enhancement for currently satisfied couples. In the current study we tested whether RE also might be useful as a brief, accessible intervention for couples with low satisfaction. Design: The study was a randomized controlled trial in which 182 couples were randomly assigned to: a book reading control condition (control); RELATE online assessment with feedback and relationship goals setting (RELATE); or RELATE with Couple CARE (RCC), a flexible delivery skill based education program. Method: Participants were assessed on couple relationship satisfaction and individual partner positive mental health before RE, after RE, and at 6-, 12- 18-, 24-, 36- and 48-month follow-ups. Results: Relative to the control and RELATE conditions, RCC produced a moderate effect size increase in relationship satisfaction that was partially maintained through to 4-yaer follow-up. There were no reliable differences between conditions on individual mental health. Conclusion: RE has potential to increase access to help for distressed couples.

Presentation 5: Acceptance in Romantic Relationships: Implications for Relationship Functioning

KARANTZAS, GERY C. (Deakin University) & SIMPSON, Jeffry A. (University of Minnesota)

Aim: Being accepting of one's partner and relationship is a critical component of happy, well-adjusted romantic relationships. Despite this fact, there is surprisingly little formal theory and research on this important topic. Drawing on research from diverse areas in psychology, we propose a model of acceptance in romantic relationships—the Model of Acceptance in Relationships (MAR). According to the MAR, acceptance of one’s romantic partner and relationship can take one of two primary forms: resolution or resignation. Resolution acceptance involves actively and constructively working through misgivings one may have about one’s partner with little avoidance, resulting in fairly complete and unconditional acceptance of the partner and relationship as a whole. In contrast, resignation acceptance is characterized by the abandonment of hope that the partner or relationship has the capacity for desired change. Design: Two cross-sectional online studies were conducted with community samples. In Study 1 (N =684), an empirical model was developed to assess the MAR. In Study 2 (N=623), the MAR was used to predict a series of relationship outcomes.
including perception of one’s partner, partner regulation and relationship quality. **Results:** Study 1 found strong support for the MAR in distinguishing between resolution and resignation acceptance (CFI & TLI > .95; SRMR < .06). Study 2 found that resolution acceptance was negatively associated with the amount of partner regulation and type of partner regulation strategies used. Furthermore, resolution acceptance was positively associated with relationship quality, while resignation acceptance was negatively associated with relationship quality. **Conclusion:** The MAR has important implications for understanding the factors that enhance relationship functioning.

**Concurrent Session 7H, Room 218, Thursday 15 September 2016, 3.45pm – 5.15pm**

Professional Forum – 90 minutes (Paper #328)

*The replication crisis—Open Science, how it helps, and what we all need to know and do*

**CUMMING, Geoff** (La Trobe University), **LILIENFELD, Scott** (Emory University), **BADCOCK, David** (University of Western Australia), **MACHIN, Tony** (University of Southern Queensland), & **DAY, Melissa** (University of Queensland)
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**Background:** Science relies on replication to correct error, but, with little incentive to conduct replications, few are carried out. Evidence now indicates that many published results simply don’t replicate—which is a crisis for the discipline and, specifically, for evidence-based practice. In response, Open Science practices are designed to increase the integrity, replicability, and openness of research; they promise to be a valuable disruptor (think Uber, Airbnb). **Objective:** The forum is designed to help researchers, teachers, and practitioners to understand the new requirements and to explore their implications. **Approach:** presenter 1 will outline the causes of the problem, evidence that it is serious, and the main Open Science requirements—including preregistration, and openness of research materials, results, and data. They will also outline what’s required for statistics practice and teaching. Then presenter 2 will give a North American scientist-practitioner-educator perspective. This will be followed by brief presentations of different perspectives by presenter 3 (Psychology Foundation of Australia), presenter 4 (a Head of School), and presenter 5 (an APS Early Career Researcher Awardee). Open discussion will then be invited. **Conclusion:** Open Science is emerging as centrally important in psychology, as in many other disciplines. Researchers, practitioners, teachers, and students need to understand the issues and consider how best to respond.

**Concurrent Session 7I, Room 219, Thursday 15 September 2016, 3.45pm – 5.15pm**

‘How-to’ Session – 90 minutes (Paper #182)

*Identifying and managing risk of harm to others*

**ROUFEIL, Louise** (APS), **MATHEWS, Rebecca** (APS), **OGLOFF, James** (Centre for Forensic Behavioural Science), & **FALCONER, Bruce** (Eltham Psychology Clinic)
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**Background:** All psychologists must be competent at assessing and managing the risk that a client might cause harm to others, or even to their treating psychologist. Assessing and managing risk of harm to others is considered a major focus of the work of forensic psychologists but all psychologists could potentially provide services to people who might cause harm to other people. **Aim:** The aim of this ‘How to’ session is to increase the knowledge, skills and confidence of participants to identify a
client at risk of harming another person/s and respond to this risk within the legal-ethical framework in which they work. The presenters will draw on case studies from non-forensic settings to illustrate their presentations and audience discussions. Attention will also be given to how psychologists can minimise risk of harm to themselves. The session is suitable for all psychologists including those who work in mental health or other health settings, private practice, organisational settings, and non-government organisations settings. **Learning outcomes:** At the conclusion of this session, participants will have gained: (i) knowledge of the possible indicators of risk of harm to others, (ii) knowledge of a range of interview approaches and psychometric tools available for assessing risk of harm to others and confidence in utilising these strategies; (iii) awareness of a range of appropriate actions for managing identified risk of harm to others within the legal-ethical framework in which they work.

**Concurrent Session 7J, Room 220, Thursday 15 September 2016, 3.45pm – 5.15pm**

**APS Debate Session – 90 minutes**

*Individual happiness is the path to world peace*

Moderator: Amanda Gordon

Session details to come

**Poster Viewing Session # 3, Thursday 15 September 2016, 7pm – 9pm**

**Exhibition Area – Ground Floor**

**Poster (Paper #520)**

*Toddlers prefer to help familiar people*

**Allen, Meredith** (Swinburne University of Technology), Perry, Conrad (Swinburne University of Technology), Huber, Brittany (Swinburne University of Technology), Rowell, Renee (Swinburne University of Technology), & Kaufman, Jordy (Swinburne University of Technology).

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**Aim:** Prior research suggests that young children show altruistic tendencies in the second year of life. However, there are competing theories as to whether children begin as indiscriminate or discriminant altruists, which at least in part exist because the relationship between helping and altruism is inconsistently defined in the literature. Additionally, the effect of young children’s familiarity with the recipient on their propensity to help has not been previously investigated. As such, this study examined the influence of young children’s familiarity with the recipient on their propensity to help generally and on two separate forms of helping, solicited helping and unsolicited helping (defined here as altruistic helping). **Design:** Data was collected through behavioural experiments with children aged 18- to 36-months and their responses were compared between conditions. **Method:** Participants were recruited through word-of-mouth, strategically placed fliers and online advertisements. Children were randomly allocated to either the familiar or unfamiliar condition. The sample consisted of 46 children in experiment 1. Children were familiarised with an experimenter. Subsequently, either the familiar experimenter or an unfamiliar experimenter required help. **Results:** Overall, young children helped familiar recipients significantly more often than unfamiliar recipients. Specifically, young children gave solicited help to familiar recipients significantly more often than to unfamiliar recipients. However, rates of unsolicited help were unaffected by children’s familiarity with the recipient. A subsequent experiment (with a sample
consisting of 41 children) indicated that these findings were not simply due to children’s shyness or fear to approach the unfamiliar recipient, as all but one child approached and took a sticker from an unfamiliar experimenter. **Conclusion:** These findings indicate that altruistic and solicited helping are separate forms of helping. Furthermore, this study suggests that young children might broadly discriminate in their solicited helping but not altruistic helping.

**Poster (Paper #507)**

*Surprise drives the hypercorrection effect*

BERZINSKI, Mikaela (James Cook University), LODGE, Jason M. (University of Melbourne), COTTRELL, David (James Cook University, University of Melbourne).

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**Aim:** The hypercorrection effect is a phenomenon whereby individuals are more likely to remember an incorrect response that they were initially confident was correct, than an error that they were less confident in. This study investigated whether the hypercorrection effect occurs due to a metacognitive mismatch between expectation and outcome (surprise), or whether it is due to the fact that these types of errors are rare. Hence, is hypercorrection due to surprise or novelty? **Design:** The study employed a 2 (Error Frequency) x 2 (Response Confidence) mixed factorial design with error frequency a between-subjects factor and response confidence a within-subjects factor. To increase the incidence of high-confidence errors, participants answered 190 true/false questions based on common misconceptions. Feedback was then varied to manipulate the frequency of errors. **Method:** Forty-two undergraduate students were recruited to participate in the study. Psychophysiological measures involved event-related potentials and behavioural measures included the percentage of errors corrected during retest. Participants answered the questions and rated their confidence in their answers before completing a retest. **Results:** Behavioural data indicated a hypercorrection effect, regardless of error frequency. In addition, regardless of frequency a significantly higher amplitude P3 evoked potential was observed for high-confidence errors. **Conclusion:** These results are consistent with an explanation of hypercorrection that states the phenomenon is a result of metacognitive mismatch between expectations and actual outcomes.

**Poster (Paper #530)**

*Adolescent antecedents of emerging adults’ preparedness to care*

COLLINS, Sam (School of Psychology, Deakin University, Burwood, Australia), MACDONALD, Jacqui (School of Psychology, Deakin University, Burwood, Australia; Murdoch Children’s Research Institute, Parkville, Australia; Department of Paediatrics, University of Melbourne, Parkville, Australia), & YOUSSEF, George (School of Psychology, Deakin University, Burwood, Australia).

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**Aim:** Despite recognition of a distinct caregiving behavioural system (CBS), knowledge of its developmental origins is lacking. Thus, the first aim of the current study was to characterise profiles of interpersonal connectedness amongst a representative sample of emerging adults, with the intention of identifying what a ‘preparedness to give care’ might look like in the peak period before reproduction. Given access to longitudinal data, the second aim of the current study was to investigate the role of theoretically probable adolescent antecedents as predicting profile
membership. **Method:** Participants were 1,056 young people (49.7% female) enrolled in the Australian Temperament Project (ATP), a large longitudinal study. Data were from those who completed surveys at 17-18 and 27-28 years. Latent profile analysis (LPA) was performed to identify qualitatively different groups based on the clustering of theoretically relevant variables. Logistic regression models were performed to test hypotheses that identity formation, intimacy and family cohesion in adolescence would predict profile membership. This process was then repeated, adjusting for adolescent SES. **Results:** Results revealed a three-class LPA model in line with hypotheses. Class 1 \((n = 596, 56.4\%)\) was named the ‘**Connected**’ class; Class 2 \((n = 298, 28.2\%)\) was named the ‘**Ambivalent**’ class; and Class 3 \((n = 162, 15.3\%)\), was named the ‘**Disconnected**’ class. Significant, yet small, effects were found for each predictor of class membership. **Conclusion:** This study characterised profiles of emerging adult interpersonal connectedness in the peak period before reproduction, which mark differential preparedness to provide effective care to the next generation. Significant associations were found between key adolescent antecedents and class membership. Findings have the potential to extend understanding of the determinants of the developing CBS and to provide insight into developmental factors that promote or hinder effective next generation caregiving.

**Poster (Paper #491)**

**Should I stay or should I go? Factors influencing concussion identification and management in amateur Australian Rules Football**

Dawson, Katelyn

Concussion represents a significant safety issue in fast ball sports such as American football, soccer and rugby. Likewise, concern is growing within Australian Rules Football (AFL) about the prevalence and health effects of concussion incidents. The purpose of this narrative literature review was to determine what is known regarding the factors influencing the identification and management of concussion in fast ball sports, with a specific focus on AFL. The factors identified were mapped onto a systems theory-based framework, comparing contact ball sports to AFL. The framework is underpinned by the premise that for systems to function safely, decisions made at high levels of the system hierarchy (e.g. the content of concussion guidelines) should promulgate down and be reflected in the decisions and actions occurring at lower levels of the system (e.g. the decision of a player to ‘play on’ when concussed). The review highlights gaps within the literature regarding concussion identification and management and provides important directions for future research. It is concluded that, when comparing AFL to other contact ball sports, there is less known about influences across the levels of the system. In particular, it is concluded that relatively little is known regarding the factors influencing concussion identification and management in AFL, especially when compared to other fast ball sports such as NFL and rugby.

**Poster (Paper #523)**

**A randomised controlled trial of a population level approach to smoking cessation for persons with a mental illness**

FEHILY, Caitlin (University of Newcastle, NSW, Australia), & METSE, Alexandra (University of Newcastle, NSW, Australia), & WIGGERS, John (University of Newcastle, NSW, Australia; Hunter New England Population Health, NSW, Australia), & WYE, Paula (University of Newcastle, NSW, Australia; Hunter New England Population Health, NSW, Australia), & COLYVAS, Kim (University of Newcastle, NSW, Australia), & BOWMAN, Jenny (University of Newcastle, NSW, Australia).

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Aim: As a consequence of their markedly higher smoking prevalence, persons with a mental illness experience disproportionate smoking-related morbidity and mortality compared to the general population. There is therefore considerable need for a targeted population-level approach to smoking cessation for this high risk sub-group. The present study aimed to assess the efficacy of integrating psychiatric inpatient smoking care with multi-modal cessation support post-discharge. The study also aimed to investigate factors associated with achieving abstinence. Design: A two-arm, parallel group simple randomised controlled trial was conducted. Method: Participants ($N = 754$) were recruited during a psychiatric hospital admission, and were randomised to either the control (usual care) or intervention condition. The intervention consisted of self-help materials and a brief motivational interview provided whilst in hospital and, immediately post-discharge, 16 weeks of telephone counselling and 12 weeks of nicotine replacement therapy. The primary outcome was 7-day point prevalence abstinence. Secondary outcomes were: cigarettes per day, proportion of cigarettes cut down, readiness to quit smoking, nicotine dependence and number and duration of quit attempts. Outcomes were assessed at six months post-discharge using telephone interviews. Results: Rates of abstinence were significantly higher for the intervention than control condition (16.8% versus 9.6%; $p = .027$). Additionally, those who received the intervention were significantly more likely to have attempted to quit, have made a quit attempt of a longer duration, be smoking fewer cigarettes per day, and have reduced their cigarette consumption by at least 50%. Lower nicotine dependence, having made a quit attempt prior to recruitment and perceiving friends as supportive of quitting were positively associated with achieving abstinence; while those who identified as Aboriginal and/or Torres Strait Islander were less likely to be abstinent. Conclusion: An integrated model of care was efficacious in promoting abstinence and positive changes in smoking behaviours at six months post-discharge. The inclusion of culturally-tailored supports may facilitate greater benefit for Aboriginal and Torres Strait Islander populations. While further research is necessary to confirm the efficacy of this model at longer-term follow-ups, the findings represent an important step towards a comprehensive population-level approach to smoking cessation for persons with a mental illness.

Poster (Paper #529)

How the Muslim ‘Other’ is constructed in political discourse regarding National Security: A Foucauldian Discourse Analysis

FISHMAN, Alana
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Issue: This research investigates how Muslims are constructed as ‘Other’ in contemporary Australian political discourse regarding national security, and takes as its focus former Prime Minister Tony Abbott’s 2015 National Security Statement as a contemporary example of this political discourse. Approach: A social constructionist perspective is applied, whereby racism and religious prejudice are explored as ideological constructs discursively generated and maintained through language; a Foucauldian Discourse Analytic approach is utilised to explore the discursive elements of construction, action orientation, positioning, practice, and subjectivity. Key findings: The research identified three broad narratives through which Muslims are discursively constructed as ‘Other’ within Australian society: the positioning of Muslims as indistinguishably linked to terrorism (and terrorism indistinguishably linked to Muslims); the positioning of Muslims as an incompatible ‘out-group’ detached from a mainstream Australian ‘in-group’; and, the construction of the Muslim ‘Other’ as constituting an existential threat to Australia’s security. These narratives are explored within the broader discourses of Orientalism, Islamic Terrorism, New Racism, National Identity, and Securitisation of Migration. Conclusion: The findings call attention to the ways discrimination and prejudice are performed in contemporary Australia, and the constitutive powers of discourse in constructing particular psychological and social realities that serve to fortify particular systems of power and
control – this includes the reification of an Australian nationalist identity, the increased alienation and mistreatment of Muslims, and the erosion of civil liberties and strengthening of exclusionary immigration practices.

**Poster (Paper #508)**

*The effect of internalised stigma and group identification on psychological distress and life satisfaction among young people not in employment, education, or training (NEET)*  
FROST, Rachel (University of Canberra) & RICKWOOD, Professor Debra (University of Canberra)  
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**Aim:** Young people not in employment, education, or training (NEET) are challenged by a myriad of stressors and represent a vulnerable group at risk of social exclusion. The primary aim of the current study was to investigate the application of the stress coping model to understand wellbeing outcomes for young people with a NEET status. Specifically, the effects of internalised stigma, stigma stress appraisal, and group identification on psychological distress and life satisfaction were examined. **Design:** A cross-sectional survey design was used to address the aims of the current study. **Method:** A convenience sample of 114 young people aged 15 to 24 years was recruited through headspace, a leading youth mental health organisation, to complete an online questionnaire. Structural equation modelling was used to examine predictors of stress reaction outcomes and to test the mediating effects of stigma stress appraisal and group identification. **Results:** The stress coping model partially accounted for psychological distress ($R^2 = 0.57$) and life satisfaction ($R^2 = 0.51$), suggesting that the theory is useful in understanding wellbeing outcomes for young people who are NEET. Young people reported high psychological distress ($M = 26.99, SD = 8.02$) and moderate life satisfaction ($M = 4.98, SD = 1.81$), and these lower wellbeing levels were largely accounted for by stigma-related stress. Stigma stress appraisal was found to partially mediate the relationship between internalised stigma and the stress reaction outcomes, however, group identification had no mediating effects on this relationship. **Conclusion:** The current study underscores the need for urgent government intervention to reduce NEET stigma, facilitate young people’s engagement in employment, education, and training, and address the complex and multifaceted risks encountered by this vulnerable population group.

**Poster (Paper #515)**

*Can positivity be negative? Investigating Asian Australians’ contact with White Australians and their intentions to engage in anti-racist collective action*  
GOPINATHAN, Devi (University of Queensland), & BARLOW, Fiona (Griffith University)  
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**Aim:** This study aimed to examine how two types of ‘contact’ (previous self-reported contact with White Australians, and exposure to White Australian collective action to reduce racism) impacted on minority group members’ perceptions of racism, ethnic identity, collective action intentions, and racial attitudes. It was hypothesised that exposure to White Australian collective action would predict decreased Asian Australian perceptions of racism, sense of ethnic identity, and collective action intentions as well as more positive attitudes towards White Australians, compared to White Australian refusal to take action. It was further hypothesised that positive contact would be associated with lower intentions for collective action and positive attitudes towards White Australians, through decreased perceptions of racism and diminished ethnic identification. **Design:** 2x3 between-groups ANOVA, and structural equation modelling to test for serial mediation. **Method:** The sample comprised 304 participants, of which 222 were East Asian (73.0%), 44 were
Southern/Central Asian (14.5%), and 37 identified as “other” (12.2%). Ages ranged from 18 to 67 (\(M = 28.15, SD = 9.86\)). Using an online survey, participants were first asked to report their pre-existing levels of positive and negative contact with White Australians. They were then randomly presented with a statement describing how numerous White Australians had taken part, or refused to take part, in collective action against racism. Participants then completed measures of perceptions of racism, ethnic identification, collective action intentions, and attitudes towards White Australians.

**Results:** The experimental conditions had no impact upon the outcome variables. Negative contact was found to be associated with more negative perceptions of White Australians, as well as increased collective action intentions and ethnic identification, through the mediator of increased perceptions of discrimination. Positive contact was linked to more positive attitudes towards White Australians, as well as decreased collective action intentions and weaker ethnic identification, through decreased perceptions of racism. **Conclusion:** Findings suggest that negative and positive contact have unique yet opposing associations with the outcome variables. Results may also indicate that exposure to majority group collective action, unlike positive contact, does not lead to a decrease in the collective action intentions of minority group members.

**Poster (Paper #502)**

*Gene-environment interactions in ADHD: The roles of SES and chaos*

Gould, Karen L. (University of New England), Byrne, Brian (University of New England), Olsen, Richard (University of Colorado) & COVENTRY, William (University of New England).

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**Aim:** Although attention-deficit/hyperactivity disorder (ADHD) is highly heritable, emerging evidence suggests symptoms are associated with interactions between genes and the environment during development. This study tested whether heritability of ADHD symptoms is moderated by two environmental factors: socioeconomic status (SES) and chaos (household disorganisation), suggesting gene-environment interaction (GxE).  

**Design:** The study analysed twin data using structural equation modelling to test for continuous moderation of heritability variance components. This design extends the classic twin method, which measures heritability by comparing the similarity of monozygotic and dizygotic twin pairs. Changes in such heritability measurements at different levels of an environment variable (e.g. SES) support gene-environment interaction.  

**Method:** A population sample of 520 twin pairs from 6–15 years completed measures of behavior and home environment as part of the Australian Twin-Study of the NAPLAN. ADHD symptoms were measured using the Strengths and Weaknesses of ADHD symptoms and Normal behaviour scale (SWAN), and Chaos was measured using the short form of the Confusion, Hubbub, and Order Scale (CHAOS). SES was based on parental education. **Results:** Neither chaos nor SES moderated heritability, with consistent and significant contributions from both genes and environment indicated across socioeconomic strata and levels of chaos. For inattentive symptoms, heritability estimates for genetic, shared environment and unique environment influences were 66%, 22% and 12%, respectively. For hyperactive-impulsive symptoms, these estimates were 35%, 63% and 2% respectively. **Conclusion:** Our findings contrast with those of some previous research, underlining the need to replicate results in the emerging field of GxE research, across different populations and statistical methods. Robust findings may assist in developing targeted interventions for genetically vulnerable individuals. Heritability estimates indicated lower genetic contributions than are typically found for ADHD symptoms, and possible explanations for these findings are discussed, for example, the SWAN scale’s inclusion of strengths in attention and impulse control, and differences between US and Australian populations.

**Poster (Paper #501)**
Endogenous Changes in Attentional Scaling and Visual Perception

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Aim: Although it is assumed that attention invariably improves performance in visuospatial tasks, recent evidence indicates that altering the spatial scale of an attentional spotlight differentially influences varying types of visual processing. One way this phenomena can be explained is by examining the effect of attention on the two major neural channels of the visual system: the parvocellular-channel and the magnocellular-channel. The parvocellular-channel predominantly processes fine spatial detail and colour. The magnocellular-channel predominantly processes coarse spatial detail and motion. The aim of the current study was to evaluate the effect of spotlight size changes on visual processing within these two channels. Two competing theoretical accounts were tested: the spatiotemporal trade-off account (STA) and the selective spatial enhancement account (SSE). The STA posits that spotlight size changes will alter both the parvocellular and magnocellular-channels via receptive field mapping. SSE contends that varying attentional spotlight size will uniquely influence the parvocellular-channel to enhance the resolving capacity of the visual system.

Design: A 2 (focal vs. diffuse) x 2 (parvocellular-biased-stimuli vs. magnocellular-biased-stimuli) repeated-measures design measured the effect of spotlight size on cellular sensitivity. Method: Forty-four (31 female, M=19.28) undergraduate students attending the Australian National University participated in the experiment for course credit. Spotlight size was manipulated using an inducer task involving shape discrimination at a focused and diffuse spatial scale. Cellular sensitivity was measured using an orientation discrimination task, comprising of parvocellular and magnocellular biased stimuli. Results: A significant interaction between spotlight size and cellular sensitivity was found, F(1, 29) = 8.362, p = .007, ηp² = .224, suggesting that attention differentially effected the parvocellular and magnocellular-channels of the visual system. A significant difference in accuracy scores for parvocellular processing, across levels of spotlight size was observed, t(29) = 4.252, p < .001, d = 0.78, while no such effect was found for magnocellular processing, t(29) = -0.30, p = .805, d = .05. Conclusion: These results indicate that spotlight size changes alter the parvocellular-channel, while leaving the magnocellular-channel unaffected. This challenges the assumption that attention universally improves visual processing performance, providing clear evidence favouring the SSE account.

Poster (Paper #509)

Cultivating mindfulness at work: the role of working conditions and organisational climate

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Aim: There has recently been a surge of workplace mindfulness research, with a range of positive workplace outcomes identified for both employees and organisations. This study aimed to discover job design antecedents to mindfulness in the workplace, and examine the role of a facet-specific component of organisational climate – Psychosocial Safety Climate (PSC; Dollard & Bakker, 2010) – as a potential moderator between job design and mindfulness. PSC refers to shared perceptions of policies, procedures, and practices aimed at protecting workers’ psychological health and safety (Dollard & Bakker, 2010). A secondary aim was to increase knowledge of the outcomes of mindfulness at work by studying the impact of mindfulness on workplace learning. Design: The study utilised a multi-level design with five diary entries completed daily (Level 1), nested within each participant (Level 2). Method: A sample of 57 employees from diverse occupations completed a diary study for five days within a two-week period, covering mindfulness, psychological demands, job control, and learning. PSC was measured in the baseline survey, with individual ratings combined with those of four colleagues to tap shared perceptions. The data were analysed using hierarchical
linear modelling (HLM) to account for the dependency in observations. **Results:** There were three core findings, consistent with the hypotheses: (1) psychological demands were negatively related to mindfulness, (2) job control was positively related to mindfulness especially as PSC increased (i.e., a control x PSC interaction), and (3) mindfulness was positively associated with learning. **Conclusion:** Organisations should be conscious that working in a high pressure environment – that is, on days with heavy demands – employees find it difficult to focus on their work in the present moment. On days when they experience greater control, however, it is easier to work mindfully. In addition, PSC sends a safety signal to employees so they can utilise control and maintain a mindful focus at work. Overall, the growing benefits of mindfulness interventions may be more sustainable when employees have influence over when and how they do their work, in the ‘right’ climate; in the wrong work environment, employees may not be able to put mindfulness training into practice effectively.

**Poster (Paper #513)**

**Can we trust the kids? Perceptions of child witness credibility.**

Lazki, Rayan (Bond University)

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**Aim:** The Increased involvement of children in legal proceedings of sexual abuse has led to extensive legal and psychological research into adult perceptions of their credibility as witnesses. As research reveals varied beliefs are held concerning eyewitness testimony, this study aimed to investigate the accuracy of perceptions regarding child witnesses amongst individuals who may potentially be involved in the criminal proceedings of CSA. **Design:** This study employed a 2 (Gender: female or male) x 3 (Study field: psychology, law or neither) between subjects design and data was investigated using Multivariate Analysis of Variance. The dependent variables were accuracy and confidence ratings of perceived child credibility as measured through the Judicial Perceptions, CSA Misconceptions, Beliefs and Study Knowledge questionnaires. **Method:** The present study compared 229 participants recruited online through social media websites, forums and the Bond University participant pool across three subgroups; those with an educational background in psychology as prospective experts; a background in law as prospective judges and legal professionals; and laypersons as prospective jurors. **Results:** Findings reveal that participants’ field of study did not significantly influence accuracy of credibility perceptions, however females' credibility perceptions were more consistent with research findings than that of males. Participants from a legal background reported significantly lower confidence in their perceptions of child witnesses than the other two subgroups. **Conclusion:** Implications for legal proceedings involving children are discussed and recommendations are made proposing for the better education of all parties to ensure fairer prosecution of child sexual abuse trials in Australia.

**Poster (Paper #511)**

**Examining agreement between parent and child reports of child posttraumatic stress disorder in children admitted to pediatric intensive care units**

Liao, Jocelyn (The University of Melbourne)

**Aim:** The aim of this study was to examine the level of agreement between parent- and child-reported child posttraumatic stress disorder (PTSD) in children admitted to pediatric intensive care units (PICUs). The influences of child age, child gender and parental distress on the extent of cross-informant agreement were also explored. **Design:** A correlational, quantitative study was carried to
analyze the strength of the relationship between parental and child variables. **Method:** Participants were recruited from the two hospitals in Queensland, Australia, as part of a wider, longitudinal project. Seventy-three children, aged 6-16, and their parents were included in this study. Parent-child pairs completed questionnaires assessing PTSD symptoms 3 months following discharge from PICUs. Correlational analyses were conducted to determine the overall parent-child agreement level and the extent of agreement based on age, gender and parental distress. Parent-child pairs were further categorized into subgroups based on patterns of endorsement of likely child PTSD, and their corresponding parental distress levels were compared. Hierarchical regression was conducted to examine the contributions of parental and child variables to parents’ reports of their children’s functioning. **Results:** Overall agreement between parents’ and their children’s reports of child PTSD were moderate ($r = .49; \kappa = .38$). No significant differences in levels of cross-informant agreement were found between school-aged children and adolescents, girls and boys, and PTSD-positive and PTSD-negative parents. However, considerable discrepancies between reports of PTSD-positive parents and their children were noted. Additionally, highly distressed parents tended to rate their children’s problems more severely. Finally, parental distress was found to contribute significant variance to parent-reported child PTSD symptoms, even after controlling for child self-reported distress. **Conclusion:** Overall findings highlight that child and parent reports are not interchangeable and that both should be incorporated to achieve a comprehensive assessment of child functioning. The results suggest that psychopathological parents could be negatively biased in their evaluations of child behavior; hence, clinicians should assess parents’ symptom statuses when gathering information from them. Limitations of the study include a small sample size and the use of non-parallel forms and mothers’ data only.

**Poster (Paper #493)**

**Multifaceted Trait Mindfulness: Are Distinct Attention Skills Associated with the Acting with Awareness Facet?**

McENERY, Carla, O’DONNELL, Puspa, WERTHEIM, Eleanor, MURPHY, Melanie & LAYCOCK, Robyn cmcenery@swin.edu.au

**Aim:** To evaluate a multifaceted conceptualisation of trait mindfulness (Five Factor Mindfulness Questionnaire; FFMQ, Baer et al., 2006) and provide validity for its core attentional component, Acting with Awareness (AWA), by examining its theoretical associations with objective sustained and selective attention abilities. **Design:** A correlational research design was used to examine associations between matched questionnaire and cognitive data ($n = 89$). **Method:** An undergraduate sample of 139 students completed mindfulness questionnaires using Qualtrics software (Qualtrics Lab Inc., 2011). A Primary Axis Factor (PAF) analysis tested the hypothesis that a four-factor mindfulness structure would be demonstrated for this undergraduate sample ($N = 139$). Of those, 89 participants completed both questionnaire and behavioural attention tasks, using Vpixx visual testing software (QC, Canada - vpxx.com) in a laboratory setting. **Results:** As hypothesised, and replicating past findings, PAF results demonstrated a four-factor structure for the undergraduate student sample (Baer et al., 2006; 2008). Additionally, as hypothesised, higher self-rated trait AWA was significantly associated with higher self-rated state mindfulness ($r = .43$), supporting the theoretical conceptualisation of AWA as constituting present-moment attention (Brown & Ryan, 2003). However, contrary to its theoretical relationship, no significant unique associations were found between participants’ self-rated AWA and their behavioural sustained and selective attention abilities. Unexpectedly, the study found self-rated nonjudging of inner feelings and describing inner emotions were the only significant independent mindfulness facet predictors,
accounting for 5% of the variance ($r^2 = .05$; small effect size) in selective attention and emotion-based selective attention abilities respectively. **Conclusion:** The findings provide support for a multifaceted definition of mindfulness. However, no support was found for the oft-cited theoretical association between self-reported trait AWA and sustained and selective attention.

**Poster (Paper #531)**

*The appraisal-drive theory of emotion*

**Merson, Francis**

Does emotion motivate behaviour? Answering this questions is a fraught task, as there is little agreement on what emotion is in the first place. The three most prominent schools of thought on emotion – feeling theories, cognitive theories and perceptual theories – tend to reduce emotion to a unitary phenomenon. This reductionism either ignores the complexity and diversity of emotion processes or fails to integrate them into a tenable theory. Three characteristics of the phenomenon of emotion that have undermined cogent theorising are its intentionality (its ‘aboutness’), its somatic ‘felt’ aspect, and the variety of emotions. The ‘appraisal-drive’ theory proposed here integrates these and other facets of emotion into a causally coherent model. It also describes a mechanism whereby emotion motivates behaviour, and provides a platform for conducting empirical research into emotion with greater conceptual clarity.

**Poster (Paper #521)**

*Expectations about person identity modulate the face-sensitive N170*

**OVERELL, Anne** (School of Psychology and Counselling, Queensland University of Technology)

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Aim: This study investigated whether more top-down visual processing is involved in the N170 component of the visual event related potential (ERP) than generally accepted. The N170 ERP is considered to index structural encoding of faces (stimulus driven, bottom-up processing), prior to identity recognition (top-down processing). Building on studies using contextual manipulation, the present study manipulated a patterned sequence of facial identity images to create an expectancy about identity. It was predicted firstly, that in a pattern based on facial identity, an identity shown infrequently and regularly would elicit a larger N170 than one shown frequently and regularly; and secondly, that a facial identity shown infrequently but randomly would elicit a larger N170 than both frequent regular and infrequent regular identities. Design: The study was conducted in two experiments manipulating levels of the visual stimulus (facial identity images): frequent regular, infrequent regular and infrequent random. Experiment 1 had two levels of the visual stimulus condition; Experiment 2 had three levels. Method: Participants (N=20) were healthy adult volunteers. EEG was used to record electrical activity of the brain, with N170 amplitude measured over occipitotemporal regions. Visual stimuli were five different ambient images each, of six Australian celebrities, randomised across levels of the visual stimulus condition. Results: The first hypothesis was supported: infrequent regular stimuli elicited greater N170 amplitude than frequent regular, $F(1,19)=7.96$, $p=.011$. The second hypothesis was partially supported: both random infrequent and regular infrequent stimuli elicited significantly larger N170 amplitude than regular frequent stimuli, $M_{\text{diff}}=1.23\mu V, 95\% CI [0.41, 2.05]$; $M_{\text{diff}}=1.24\mu V, 95\% CI [0.56, 1.91]$. However, there was no difference between regular infrequent and random infrequent stimuli. Conclusion: The
finding is important because it supports an inference, contrary to the orthodox view, that in the N170 time interval, the brain is processing information sufficient to distinguish identity (top-down processing) not just encode facial form (bottom-up processing). The study was limited by its use of familiar images, which may have facilitated ready detection of identity. Replication with unfamiliar identities will test the findings further.

**Poster (Paper #496)**

*The Eating Attitudes of Women Living with Vision Impairment*

PAGE, Alexandra (1), & PAPPS, Fiona-Ann (2)
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**Aim:** Past research reveals internalization of the thin-ideal and subscription to gender-based discourses, indicated by the uptake of body surveillance and self-silencing, are significant variables effecting the disordered eating attitudes in fully-sighted women. It is uncertain as to how visual aspects of these variables predict the disordered eating attitudes of women who are legally blind. Past research has revealed internalization of the thin-ideal in women living with vision impairment is a significant predictor of disordered eating attitudes in these women. However, women with vision impairment also report significantly lower disordered eating attitudes compared with fully-sighted controls. **Design:** The current study explored how internalization of the thin-ideal, body shame and subscription to gender-based discourses, indicated by the uptake of body surveillance and self-silencing, predicted the disordered eating attitudes of women who are legally blind. **Method:** 80 women with the classification of legally blind completed an online survey comprising existing validated measures of all variables. **Results:** Internalization of the thin-ideal was associated with greater levels of body surveillance and self-silencing as two separate gender related discourses, both of which independently predicted higher levels of body shame and subsequent disordered eating attitudes. **Conclusion:** Results support women living with vision impairment are susceptible to the harmful effects of internalizing messages related to socio-cultural standards of beauty and the subscription of gender-related discourses. There is further support for including the subscription to gender-related discourses in understanding women’s body-image disturbances. The current study also emphasises the importance of body shame as a direct predictor in the mediation pathway which predicts disordered eating attitudes in women living with vision impairment.

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**Concurrent Session 8A, Plenary 2, Friday 16 September 2016, 8.30am – 9.30am**

*College of Health Psychologists Keynote Address – 60 minutes (Paper #536)*

*Delivering and improving care for long-term conditions – Reflections on the role of implementation and psychological sciences*

Sevdalis, Nick (King’s Colleges London)

Healthcare systems across developed and emerging economies are faced with unprecedented demand, by increasingly older, multi-morbid or frail patient cohorts. Numerous attempts have been reported in the literature to address what is forecast to become a major crisis in healthcare delivery in the coming decades.

In this lecture, I will outline the role of the recently emerging field of ‘implementation science’ within healthcare in conceptualising and addressing some of the above challenges. I will further elaborate
on the role of psychological research and concepts derived within health psychology that offer fruitful ways to analyse care delivery models and intervene to improve them.

I will use examples of my research programme on clinical quality improvement and implementation analyses to highlight the relevance of these sciences. The lecture will conclude with reflections on how psychological research can enhance our understanding of patient and health service user needs and contribute to systems improvement.

Concurrent Session 8A, Plenary 2, Friday 16 September 2016, 9.30am - 9.45am

Individual Oral Paper - 15 minutes (Paper #239)

Cutting the Fat: Investigation of Psychosocial Factors that Support Weight Loss following Laparoscopic Adjustable Gastric Banding Surgery

Rix, Genevieve (Provisional Psychologist)

Laparoscopic adjustable gastric banding (lap-band) surgery is an increasingly used method in the treatment of obesity in Australia, Europe and, more recently, the United States (Ren, Horgan, & Ponce, 2002). It is of note, that a small but significant number of people do not experience significant weight loss post lap-band surgery (Brown et al., 2013). The main aim of this research was to explore individual experiences of successful weight loss following lap-band surgery and the bio-psycho-social factors that participants endorse as supporting their weight loss post-surgery. Six participants engaged in semi-structured qualitative interviews and Interpretive Phenomenological Analysis was used to draw themes from data. The aim of qualitative research design is to investigate participants' lived and personal experiences of specific phenomena under examination (Fossey, Harvey, McDermott, & Davidson, 2002). Depth, rather than breadth, is the primary focus (Ambert, Adler, Adler, & Detzner, 1995). Preliminary results indicate that an internal source of motivation, supportive interpersonal relationships and the positive reinforcement that early weight loss provides are important factors for successful weight loss outcomes following lap-band surgery. At present, analysis of data is ongoing. It is anticipated that the findings of this research will inform mental health professionals in their work with clients who experience obesity and are contemplating or have already undergone bariatric surgery.

Concurrent Session 8A, Plenary 2, Friday 16 September 2016, 9.45am - 10.00am

Individual Oral Paper - 15 minutes (Paper #418)

Positive Health and Chronic Subdural Haematoma; is it survival of the socially connected?

McMillian, Claire (James Cook University)

Aim: The current medical-model of health largely focuses on the diagnosis and treatment of illness, disability and psychopathology. However, this model fails to acknowledge the importance of positive human experience. Recent works propose a framework of Positive Health to better understand recovery and disease prevention. The aim of this study was to empirically test a framework of Positive Health within a clinical sample. Design: In order to assess patient outcome after Chronic Subdural Haematoma (CSDH), a Positive Health framework was used to assess functional, cognitive, and subjective outcomes. In order to assess long-term recovery, a retrospective long-term follow-up design was used. Time 1 assessment occurred at 2-11 years post-surgery; and Time 2 at two years
post-Time 1; results were compared to an age-matched normal control group. **Method:** CSDH participants (N=84) were previously admitted to The Townsville Hospital for neurosurgical management. All participants were administered: a demographics and medical history questionnaire, the Functional Activities Questionnaire-Self Report (FAQ-SR), The Cognitive Telephone Screening Instrument (COGTEL), the Mental Health Continuum-Short Form (MHC-SF), and the Geriatric Depression Scale-Short Form (GDS-SF). **Results:** For functional outcomes, there were no significant differences between Time 1 and Time 2 for CSDH participants. For cognitive outcomes, there was a significant decline in Working Memory. For subjective outcomes, a significant increase was observed for the MHC-SF Social Well-Being subscale. Compared to controls, CSDH patients displayed significant impairment on functional and cognitive outcomes. For subjective outcomes, CSDH patients displayed higher levels of depression, and lower levels of positive affect when compared to controls. There were no significant differences observed for subjective measures of well-being. **Conclusions:** Due to patient attrition and loss to mortality at follow-up, comparisons to healthy controls do not represent a common CSDH patient group, but a group characterised by restored levels of social well-being and reduced mortality rates. Findings from this study provide the first demonstration of potential positive health assets in a CSDH patient sample. Future research aims to explore the characteristics of this group, to provide further evidence for the use of a Positive Health framework to predict recovery beyond conventional medical models of health.

**Concurrent Session 8B, Room 210, Friday 16 September 2016, 8.30am – 10am**

‘How-to’ Session – 90 minutes (Paper #260)

*Person of the Therapist and Therapeutic Models: Can We Talk?*

**Regas, Susan.** (Alliant International University) and **Stone Fish, Linda.**

**Background:** Many graduate programs and internships in psychology emphasize treatment approaches and therapeutic techniques, paying insufficient attention to self of the therapist which inhibits clinical effectiveness. **Aims:** Every clinician should be knowledgeable of theory and have a map that guides their conceptualization and treatment. But this cannot be the clinician’s only domain. Substantial evidence suggests that effectiveness in therapy greatly depends upon a therapist’s own emotional maturity. This is particularly important when clients have experienced trauma. The quality of the therapeutic alliance is directly affected by a therapists’ ability to handle stress, to respond constructively to anxiety, and to think as an individual while maintaining meaningful connections with others. When clients have traumatic histories, clinicians run the risk of re-traumatizing clients when not fully aware of their own thoughts, feelings, and experiences. Clinicians may get triggered by traumatic material or ways in which traumatized clients respond to the therapeutic relationship yet they typically get little help developing their inner world. Students and trainees should not be faced with making an either/or choice: to develop technical or personal expertise. This workshop demonstrates how we teach aspiring therapists using a both/and approach which allows the therapist to be a useful therapeutic instrument. It is possible to manage with less but it inhibits clinical effectiveness. **Objectives:** The lack of training in methods focused on resolving personal issues so that the therapist can make fuller use of self seems in part from a traditional resistance to merging personal and professional growth strategies, as well as the lack of operationalized frameworks available to implement differentiation theory in the classroom and in
supervision. The goal of this workshop is to demonstrate and teach a both/and framework by which clinicians can apply the concepts of differentiation to clients with as well as to themselves. **Learning outcomes:** Participants will learn how solving personal issues and managing self within one’s theoretical framework, therapeutic model and clinical strategies maximizes therapeutic effectiveness with all clients. **Approach:** Lively lecture along with group discussions, role-play, and video clips will be used to make sure that participants are prepared to utilize a both/and approach.

**Concurrent Session 8C / 9C, Room 211, Friday 16 September 2016, 8.30am – 12pm**

**Half-day Workshop 11: College of Clinical Neuropsychologists (Paper #498)**

**Chronic Issues in Mild TBIs: More Similarities than Differences across Settings, Lessons Learned and Treatment Findings**  
Vanderploeg, Rodney Dr. (James A. Haley Veterans Hospital, University of South Florida and Defense and Veterans Brain Injury Center)  
Rodney.Vanderploeg@va.gov

Mild traumatic brain injury (TBI) is an area fraught with controversy. The presence of chronic postconcussive symptoms (PCS) following a mild TBI in a minority of individuals has led to mild TBI being a controversial diagnosis not only in the medical-legal arena, but also in sports and military/veteran settings. Attributing ongoing symptoms to mild TBI, particularly in the absence of objective findings such as neuroimaging abnormalities or clear cognitive impairments on formal neuropsychological testing, is problematic. Individuals who are likely to sustain a mild TBI are different in important ways from the population at large. Thus, post-injury differences may reflect pre-injury functioning. Furthermore, there are significant overlap in symptoms and problems between mild TBI and multiple commonly comorbid medical and psychiatric conditions. This workshop reviews civilian, sports, and military/veteran literature on mild TBI outcomes. Different types of studies (prospective/longitudinal versus cohort/associational) often result in contradictory findings, fueling the continuing controversies.

**Professional development hours:** 3

**Learning outcomes:**

- Describe short and long-term neuropsychological and psychosocial findings associated with mild TBI
- Describe military deployment-related factors (i.e., mild TBI, blasts, psychological trauma, and combat exposure) associated with long-term outcomes
- Describe recent treatment study results, along with patient and non-specific and specific treatment factors associated with improvement.

**Workshop content:**

- Data on risk factors for mild TBI (i.e., pre-injury differences)
• The “postconcussion syndrome” (PCS) and its common symptom picture among different populations
• Reviews of the neuropsychological literature on patterns of findings and recovery following mild TBI
• Recent findings from large population-based studies of long-term outcomes following mild TBI in which the prevalence, coincidence, and predictors of various adverse outcomes will be discussed
• Overview of several recent treatment studies for PCS, with analyses of patient and non-specific and specific treatment factors associated with improvement.

Concurrent Session 8D, Room 212, Friday 16 September 2016, 8.30am – 10am

Professional Forum – 90 minutes (Paper #335)

What can Geropsychology contribute to your practice? Understanding and Integrating the Psychology of Ageing
McKenzie, Wendy

Background: As we expect more of older people in contributing to the workforce and society, prominent members in the field will comment on how we can increase our ability to understand and support this expanding demographic. Aims/objectives: This session will provide the opportunity for Educational and Developmental Psychologists and Psychologists in schools, communities, clinics and private practice to discuss and consider how to gain greater insight into the needs and contributions of older members of society. What tools and assessment processes are now available? Are they sufficient and appropriate? What additional knowledge and skills do we need to develop in order to better practice across the lifespan? What are the personal and professional challenges involved in this area? Approach / method: The forum will be led by Wendy McKenzie of the CEDP National Committee. A panel of four or five informed practitioners will comment on their area of expertise and pose some challenges they foresee. Dr John Roodenburg (Discussant) will facilitate interaction with audience members by means of questions and comments from the floor. A set format of areas of commentary will be provided for each speaker. The speakers have not as yet been engaged. Implications / conclusion: The discussant will facilitate the final 10 minutes of collation of key positives in the presentations and key areas that need follow up. The usefulness of the session will be in its capacity to encourage consideration and debate on constructive inclusive practice and the opportunity to challenge psychologists to expand their knowledge base and their area of practice.

Concurrent Session 8E / 9E, Room 213, Friday 16 September 2016, 8.30am – 12pm

Half-day Workshop 12: College of Sport and Exercise Psychologists (Paper #535)

Leadership Excellence: Using performance psychology to enhance leadership capabilities.
Associate Professor Gene Moyle ARAD, MAPS, MCSEP, MAICD
DPsych (Sport & Exercise), MPsych (Sport & Exercise), PGDipProfPsych, BA(Psych/HMS), BA(Dance), DipDance(ABS)
Head of Discipline – Dance, QUT Creative Industries Faculty

As leaders, we should think of ourselves as teachers and try to create companies in which teaching is seen as a valued way to contribute to the success of the whole.
- Ed Catmull, Creativity Inc (2014)
The application of performance psychology within the leadership context has been growing rapidly, particularly over the past decade. Tailoring approaches often utilised in elite sports and performing arts contexts to the corporate sector, and vice versa, presents opportunities to support the effective development of individual and team performance and culture. This workshop is focused upon sharing practitioner wisdom through the use of case studies and exploration of interventions, on how performance psychology can contribute to preparing leaders to ‘lead excellence’ and cultivate high performance teams.

Professional development hours: 3

Learning outcomes:

Upon completion of this workshop participants will be able to:

- Further understand the area of performance psychology and its application across varied contexts.
- Increase awareness regarding effective application of performance psychology strategies within the context of leadership development.
- Identify and prepare for potential challenges and pitfalls of practice within this context via first-hand accounts of case studies that highlight practitioner learning.

Workshop content:

- Exploration of Performance psychology as a field and its application across varying contexts.
- Discussion of real-world case studies highlighting reflections of the use of performance psychology within the context of leadership development.
- Key strategies and strategic approaches to intervention design and delivery for effective outcomes.

Audience:

- Practitioners, academics and students interested in enhancing their knowledge and/or skills regarding the application of performance psychology within a leadership context.

Concurrent Session 8F, Room 216, Friday 16 September 2016, 8.30am – 8.37am

Rapid presentation (Paper #83)

The role of individual difference factors in vicarious posttraumatic growth: An assessment of dispositional empathy, intrinsic religiosity, fantasy proneness, and absorption.

ABEL, Lisa Marie (Bond University), Wardrop, Kymm (Bond University), Simpson, Hannah (Bond University), Samios, Christina (Bond University), & Winkler, Casie (Bond University)

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Aim: While most of the research on vicarious posttraumatic growth has focussed on coping, resilience and the mental health outcomes of those experiencing growth, the aim of the current two studies was to assess the role of individual differences in facilitating growth in individuals indirectly exposed to trauma in a non-professional capacity. Method: Participants in Study 1 (N = 126; female
n = 108; Mean age = 25.75 years (SD = 7.90 years)) completed measures of vicarious posttraumatic growth, empathy, and religiosity. Participants in Study 2 (N = 89; female n = 70; Mean age = 43.62 years (SD = 11.68 years)) completed measures of vicarious posttraumatic growth, empathy, religiosity, fantasy proneness, and absorption. In both studies, social desirability and age were controlled for at Step 1 of the hierarchical regression analyses. Results: Study 1: At Step 2 of the model, both empathic concern (β = .27, t(106) = 2.63, p = .010, sr² = .05), and intrinsic religiosity (β = .23, t(106) = 2.53, p = .013, sr² = .05), accounted for significant, unique variance in participants’ vicarious posttraumatic growth scores. Study 2: At Step 2 of the model, intrinsic religiosity was the only predictor that accounted for a significant, unique proportion of the variance in vicarious posttraumatic growth (β = .33, t(80) = 3.14, p = .002, sr² = .10). Conclusion: Overall, the results of Studies 1 and 2 provide insight into the role of individual difference factors in the experience of growth after vicarious exposure to trauma. The results of both studies indicate that intrinsic religious belief in particular, plays a significant, facilitative role in vicarious posttraumatic growth. The limitations of the current research, and the implications of the results obtained are discussed.

Concurrent Session 8F, Room 216, Friday 16 September 2016, 8.37am – 8.44am

Rapid presentation (Paper #137)

“Why did this happen to me?”: Meaning-making in response to an imagined traumatic event and implications for clinical practice.
WILLIAMSON, Danielle (Swinburne University of Technology), & Knowles, Ann (Swinburne University of Technology).
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Aim: This research investigated responses to an imagined traumatic event using the Temporal Model of Perceived Control (TMPC; Frazier, Berman, & Steward, 2001). The aim was to better understand pre-existing meaning-making structures, and how these relate to psychological attributes such as personality, attachment type, or levels of emotional distress. Findings throw light on how pre-trauma cognitive processes may influence adjustment following a traumatic event. Design: Participants’ responses to a vignette describing an armed robbery were analysed. The traumatic event that people responded to was constant, addressing a limitation of previous research where people reflected upon different events. This design also enabled a large sample to be collected, facilitating a complex statistical analysis and reducing the possibility that participants would be re-traumatised through examining their own trauma history. Method: Data from 589 participants were analysed, recruited largely from a university population. The sample was 57% female and 43% male, with an average age of 25.65 years (SD = 9.67). Participants completed an online questionnaire containing demographic questions, measures of current distress, personality and attachment type, and a measure of the TMPC, which they completed in response to the vignette. Results: Statistical analysis comprised two stages. Firstly, exploratory and confirmatory factor analysis was conducted to determine whether the TMPC could be applied to participant’s meaning-making in response to the vignette. It was found that the TMPC was a valid representation of meaning-making, with minor alterations. The second stage investigated the relationships between meaning-making orientations (past, present and future) and psychological variables. Only present control was significantly related to other factors. A tendency to focus on responses to present symptoms was positively related to male gender and optimism, and negatively related to neuroticism and ambivalent attachment. Conclusion: The Present Control orientation for meaning-making was a robust construct with important implications for clinical practice. This approach to meaning-making may be related to emotion regulation and mindfulness, and may be enhanced through psychological intervention. Pre-existing meaning-making styles are relevant to clinical practice. People are not a “blank slate” when a traumatic event occurs and their responses can be primed and shaped by their existing attributes.
Concurrent Session 8F, Room 216, Friday 16 September 2016, 8.44am – 8.51am

Rapid presentation (Paper #236)

Working towards a comprehensive assessment of working memory: Implication for the identification of ADHD.

GOODMAN, Jade (University of Newcastle), & CHALMERS, Kerry (University of Newcastle).

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Aim: Comprehensive assessments of working memory are scarce. This can lead to inconstant results in working memory research. The primary aim of the present study was to investigate the convergent validity of two measures of working memory: a test battery measure, the Automated Working Memory Assessment Short Form (AWMA-S), and an observer rating scale, the Behaviour Rating Inventory of Executive Function (BRIEF) Woking Memory subscale. A secondary aim of the present study was to determine whether the two measures used in combination could better predict the presence of attention deficit hyperactivity disorder (ADHD) symptomology than either measure alone. Method: The AWMA-S was administered to 64 Children aged 8-10 years enrolled in year 4 classes. Parents of participating children were asked to complete the BRIEF and the Child Behaviour Checklist (CBCL). The CBCL Attention Problems subscale was used to assess the presence of ADHD symptomology. Design: Correlation analysis was used to assess the convergent validity of the AWMA-S and the BRIEF Working Memory subscale. Children were then assigned to either a control group or an ADHD group, dependent on their T-score for the CBCL Attention Problems subscale. Binary logistic regression and receiver operator characteristic (ROC) curves were used to assess whether the AWMA-S and BRIEF working memory subscale separately could predict the presence of ADHD symptomology. These analyses were also employed to assess if prediction accuracy increased when the two working memory measures were analysed together. Results: No significant correlations were observed between the BRIEF Working Memory subscale and any of the AWMA-S subtests, suggesting that these measures assess different elements of working memory. The results of the regression and ROC curve analysis showed that combined use of the two measures better predicted the presence of ADHD symptomology compared with either measure alone. Conclusion: The present study confirms that comprehensive working memory assessments, that incorporate elements of both test battery and observer rating measures, are necessary in both research and practical settings. The results of this study also suggest that comprehensive working memory assessments may be useful in the identification of ADHD in children.

Concurrent Session 8F, Room 216, Friday 16 September 2016, 8.51am – 8.58am

Rapid presentation (Paper #300)

The Role of Personality in Cognitive Training Adherence and Outcomes

Double, Kit (The University of Sydney), & Birney, Damian (The University of Sydney).

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Aim: Age related cognitive decline comes at a significant economic, social, and health cost. Interventions that prevent or slow cognitive decline and encourage positive ageing have potential to produce significant societal benefits and are a rapidly growing enterprise. However, evidence that cognitive training programs deliver meaningful benefits beyond improvements on the trained task is mixed. Currently little is known about how individual difference factors influence adherence to the training regimes and training outcomes. This is particularly important because cognitive training programs require high levels of trainee self-regulation and motivation. The aim of the present study was to identify the personality and metacognitive beliefs that predict individuals’ training
performance and the likelihood that they discontinue training. **Design:** Participants completed a range of personality and non-cognitive measures, specifically: need for cognition, implicit theories of intelligence, memory self-concept, mastery beliefs, and big-5 personality factors. Training discontinuation and performance of participants was tracked over a 12-month period. **Method:** A sample of 667 older Australians ($M_{\text{Age}} = 62.57$) drawn from registered users of a commercial brain-training program volunteered to participate in the study. Non-cognitive assessments were administered online and game-play records were used to determine discontinuation of training and participant performance on training tasks. Results were analysed using a cox-regression proportional hazards survival analysis and multiple regression analysis. **Results:** Results of the survival analysis indicate that conscientiousness, need for cognition and mastery beliefs predicted training discontinuation. Furthermore, a regression analysis indicated that implicit theories of intelligence, age and openness to experience predicted training performance. Significant interactions between age and the non-cognitive measures were noted for both analyses. **Conclusion:** Non-cognitive personality variables play a significant role in cognitive training adherence and performance. In addition, there results suggest that current methods for analysing cognitive training studies may be problematic and may not generalise to less motivated samples.

**Concurrent Session 8F, Room 216, Friday 16 September 2016, 9am – 10am**

**Professional Forum – 90 minutes (Paper # 556)**

**Early career psychologists’ support and resource needs**

*RICE, Simon (Orygen, The National Centre of Excellence in Youth Mental Health) & Kazan, Dominique (Centre for Mental Health Research, The Australian National University)*

(simon.rice@orygen.org.au); (dominique.kazan@anu.edu.au) on behalf of the APS Early Career Advisory Group

In late 2015, the APS Board approved the establishment of the Early Career Advisory Group (ECAG). The aim of the group is to assist the APS to support and connect with the needs of early career psychologists and to provide a communication channel to the Board about current issues and concerns amongst members in their early careers. The ECAG held its first face-to-face meeting in late 2015 and amongst other initiatives, decided to develop the APS early career member survey to find out more about the support and resource needs of APS early career members as one of the initial information gathering exercises to inform their work. The survey of early career psychologists was conducted in mid-2016 to learn more about the kinds of support and resources that would be most helpful during this formative stage in a psychologist’s career. Members of the ECAG will present results of the survey. This will be followed by an open discussion time with the audience to learn more about the support and resource needs of early career psychologists.

**Concurrent Session 8G, Room 217, Friday 16 September 2016, 8.30am – 10am**

**Rapid presentation (Paper #230)**

**Research Translation: Implications for Psychological Scientists and Practitioners**

Martin, Paul (Griffith University)

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**Background:** The NHMRC Research Translation Faculty was established “as an advisory forum to directly help NHMRC confront key challenges for the translation of health and medical research in
Australia”, with a particular emphasis on supporting “more effective and accelerated translation of health and medical research into improved policy and practice in Australia”. **Objective:** This session will explore how psychological scientists and practitioners can contribute to this endeavour. **Approach:** An Invited Presentation from a key NHMRC Spokesperson will outline NHMRC’s agenda for building research translation capability in Australia. This will be followed by four brief presentations from psychological scientists whose work has translation impact. Two Research Translation Faculty members, Jeannette Milgrom and Paul Martin, will briefly outline their research programs in maternal depression and anxiety, and headache/migraine (respectively), highlighting key challenges and opportunities regarding research translation. Debra Rickwood will then give her perspective as an established researcher in youth mental health. Finally, Emma Sciberras, an APS Early Career Researcher Award winner (with NHMRC funding for an RCT for anxiety treatment in children with ADHD), will give her perspective as a young researcher. The session will then open for discussion. **Implications:** Recommendations for stakeholders in psychological science, practice and education will be formulated.

**Concurrent Session 8H / 9H, Room 218, Friday 16 September 2016, 8.30am – 12pm**

**Half-day Workshop 13: The Australian Psychological Society (Paper #552)**

**How to Engage with Aboriginal and Torres Strait Islander People**

**Dudgeon, Pat** (The University of Western Australia)

Mental health issues, especially coping with trauma and suicidality, are tremendous challenges to Indigenous Australians. Non-Indigenous psychologists often feel ill-equipped to work with Aboriginal and Torres Strait Islander people, by not being sure how to connect with Indigenous clients, their families and communities or by feeling overwhelmed by the complexity of issues. This workshop aims to help participants identify key issues in working with Indigenous clients. Notions of safety, trust, and cultural sensitivity will be reviewed. Particular emphasis will be placed on working in a culturally competent manner. Participants are encouraged to ask those questions about Indigenous culture and working with Indigenous clients that many psychologists may be afraid of asking.

**Professional development hours:** 3

**Learning outcomes:**

Upon completion of this workshop, participants will be able to

- Recognise the disparities between Indigenous and non-Indigenous Australians and the need to close the gap
- Identity good practice principles in working with Indigenous clients
- Engage in difficult conversations about Indigenous matters
- Recognise major mental health issues amongst Indigenous clients
- Identify and describe strengths that Indigenous models of mental wellbeing may bring to / may enrich the psychologist-client relationship
- Identify ways to assure a culturally safe environment for Indigenous clients
- Identify culturally sensitive approaches to engaging, and for assessment and treatment
- Understanding that culturally sensitive practice is a journey based on long-term commitment

**Workshop content:**
- Acknowledgement of Country as a way of understanding the meaning of cultural protocols and the connection between Indigenous Peoples and land and sea
- Understanding of unique needs of Aboriginal and Torres Strait Islander people
- Cultural awareness and sensitivity
- Resilience and reconciliation in light of the history of Indigenous peoples, Stolen Generation and vicarious trauma
- Best practice Indigenous healing
- Reflection on own assumptions about Indigenous Australians
- Engaging in courageous conversations about unconscious bias

Audience:
- Psychologists interested in or working with people of Aboriginal and Torres Strait Islander descent.

**Concurrent Session 8l, Room 219, Friday 16 September 2016, 8.30am – 9.15am**

**Rapid presentation (Paper #206)**

*Digital mental health care: Learnings from training experiences, service delivery, and intervention development*

**Pratt, Jason** (Secretary of APS ePsychology Interest Group Committee)

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The objective of this symposium presented by members of the APS ePsychology Interest Group is to discuss some of the important challenges and developments occurring in ePsychology. With the Australian government targeting inclusion of digital mental health care in mental health system reform, and continued uptake of e-mental health interventions by consumers there is a need for continued research into training models and service delivery in digital mental health care. The focus of the first paper is the current status of and future needs for postgraduate training in digital mental health care. This paper will present findings from phone and online surveys of e-mental health services and units and postgraduate training program directors. It will help identify competencies for psychologists working in e-mental health. In the second paper, online safety planning and crisis support will be discussed. This paper will outline how and to whom Lifeline provides crisis support online, including the issues and challenges of providing online crisis support. In the third paper a new evidence-based app for coping with low moods and anxiety is discussed. The development of the app is discussed and future plans to evaluate it are outlined. In the final paper, the role of text messages is explored, focusing on their potential to enhance an online intervention to assist people to reduce alcohol use. These papers highlight important directions for digital mental health care including considering utilising multiple methods to engage people in online therapy, keeping abreast of issues to consider in developing apps and delivering online crisis support services and the competencies that postgraduate training programs in online therapy need to incorporate.

**Presentation 1: Training postgraduate students in online therapy: An online and phone survey of current training initiatives and required competencies**

**REYNOLDS, Julia** (The Australian National University), Casey, Leanne (Griffith University), Abbott, Jo-Anne (Swinburne University of Technology), White, Angela (Queensland University of Technology) & Rogers, Carla (Queensland University of Technology)
Aim: The objective of this paper is to explore the current status of postgraduate training in online therapy. With an increasing uptake of e-mental health interventions by consumers and the Australian Government’s plans to make digital mental health care part of mental health system reform, there is a need to ensure psychology trainees are prepared and well equipped for working in e-mental health. While there are some postgraduate training initiatives in online therapy available it is important to establish what competencies are required in this new area of practice and ways in which training in these competencies can be incorporated into postgraduate programs in Australia. Design: This research will involve two components: a survey of e-mental health services and units to identify required competencies and current training initiatives in online therapy and interviews with program directors and e-mental health postgraduate training providers to examine ways in which training in these competencies can be promoted in postgraduate training. Method: An online survey will be distributed to e-mental health services and units that promote themselves as working in e-mental health service and/or research. This will seek information on competencies needed in this area as well as current training initiatives they provide to postgraduate students in e-mental health. Program directors and managers of e-mental health postgraduate training programs will be invited to participate in phone-based interviews to examine the extent to which their programs currently incorporate training in the identified competencies and identify ways in which training in these competencies can be further promoted in postgraduate programs. Results: The information gained from the online survey and the phone interviews will be presented. Conclusions: This paper will help identify competencies for psychologists working in e-mental health and suggest future directions in postgraduate training initiatives in online therapy.

Presentation 2: Online safety planning and crisis support: Learnings from Lifeline’s Online Crisis Support Chat
EVANS, Ann (Lifeline Australia)
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Aim: This presentation will outline how and to whom Lifeline provides crisis support online, including the issues and challenges of doing so. Utilising the same evidence-based Practice Model as the 13 11 14 telephone service, the Crisis Support Chat service provides one-on-one, confidential crisis support to anyone living in Australia, in an online environment. Design/Method: Quantitative data was collected from participants via pre and post chat surveys over a 12 month period, from 1 January 2015 to 30 December 2015, as well as the agent survey filled in by Crisis Support staff. All data was de-identified before statistical and content analyses were conducted. In addition, a large internal survey of Lifeline staff working on the Crisis Support Chat service was conducted in early 2016. The survey sought to understand the unique issues and challenges with working on a crisis support service, and in particular focussed on understanding the development of safety plans with help seekers contacting the service. Results: The presentation will report on the characteristics of those who contacted the Crisis Support Chat service and their presenting issues, particularly highlighting those concerns regarding safety. In addition, pertinent information from the staff survey will be presented in terms of what they teach us about online crisis support and the nuances of handling safety issues in this medium, including future directions. Conclusion: Crisis support can be provided effectively in an online environment, and the outcomes for help seekers are positive. The service appeals to a wide range of help seekers and is reaching many individuals who could not or would not use a telephone or face-to-face service, filling an important gap in service. However it is important to note that there are some challenges with this environment, both technological and practical, and that staff need to be appropriately trained and supported in order to undertake this work. It is clear that there is still much to be learnt about how to provide support online, and Lifeline is seeking to undertake research to add to the international knowledge base and to continuously
improve our services.

**Presentation 3: MoodMission: A new evidence-based app for low moods and anxiety**

BAKKER, David (Monash Institute of Cognitive and Clinical Neurosciences), Rickard, Nikki (Monash Institute of Cognitive and Clinical Neurosciences and the University of Melbourne
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**Aim:** We aimed to build and experimentally validate a new CBT-based smartphone app called MoodMission designed to help users of all ages learn new and better ways of coping with low moods and anxiety. **Design:** After MoodMission’s build is complete, a randomized controlled trial will be used to compare the use of MoodMission to two other mental health apps and one waitlist condition. Users will complete measures of anxiety, depression, positive well-being, emotional self-awareness, mental health literacy, and coping self-efficacy upon initiation and again 30 days after being introduced to an experimental or control condition. **Method:** To build MoodMission, a diverse literature review was conducted and established sixteen core design recommendations and a detailed behavioral plan was formulated to guide promotion, accessibility, engagement triggers, and engagement sustainers. MoodMission provides users with a choice of 5 quick, easily achievable activities they can do to reduce their distress. All activities, or ‘missions’, are evidence-based and are tailored to the user’s unique needs. For example, behavioural activation activities may be recommended for behavioural problems associated with low mood and relaxation strategies may be recommended for physiological arousal associated with anxiety. An extensive database of missions was developed for MoodMission to draw upon. Users choose their “mission” from the list of 5 and, after completing it, report to MoodMission their new levels of lowered distress. Using this data MoodMission is able to learn the coping styles of different users and enhance mission suggestions in the future. An online portal will be used for recruitment for the randomized controlled trial and users will complete surveys online and via the apps themselves. **Results:** We hypothesize that using MoodMission for 30 days will result in significant decreases in anxious and depressive symptomatology and significantly increase users’ coping self-efficacy. Results will be available in August. **Conclusion:** MoodMission is built using evidence-based principles and a randomized controlled trial will investigate its utility as a preventative and clinical mental health support option. MoodMission can also be used by psychologists with their clients as a way to encourage between-session work.

**Presentation 4: Can text messages enhance the effectiveness of an online intervention designed to assist people to reduce their alcohol use?**

VON SCHUCHMANN, Charlotte (Queensland University of Technology), Connolly, Jennifer (Queensland University of Technology, Kavanagh, David (Queensland University of Technology), King, Robert (Queensland University of Technology
robert.king@qut.edu.au

**Aim:** There is growing evidence regarding the effectiveness of online interventions for mental health and substance use problems. Text messages may be a useful adjunct to online self-help, as they can provide both prompts regarding program utilisation and may also offer users a sense of connection and support. They may also help to reduce program dropout rates as support has been shown to facilitate engagement in interventions, increase satisfaction, and encourage persistence. The utility of text message reminders within online interventions thus warrants research investigation. This study aimed to determine whether the addition of reminder and motivational text messages to an established online intervention can increase participant’s adherence rates, reduce program dropout, and improve treatment effectiveness. **Design:** This was a two-arm, repeated measures, randomized controlled trial in which participants were allocated to a web-based alcohol intervention (the OnTrack Alcohol program) plus text messaging or OnTrack Alcohol without text messaging. **Method:**
A total of 66 participants, screened as problem drinkers (e.g. drinking >14 standard drinks per week), took part in the study. All participants were provided with access to the OnTrack Alcohol, an online modularised self help program, based on CBT principles, that provides psychoeducation, interactive exercises and self monitoring. Alcohol use was assessed at baseline and 3 months post-baseline. **Results:** Forty-six participants completed pre and post-test measures. Those receiving text-messages showed greater reductions in drinking levels than those undertaking the online intervention only $F(1, 44) = 6.47, p = .02, \eta^2 = .13$. However there was no evidence that recipients of text messages had greater adherence or less drop-out. **Conclusion:** Text messages have an impact on drinking behaviour that may be independent of the effect of an online intervention. Text messages may be effective in conjunction with quite modest psycho-educational material.

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**Concurrent Session 8I, Room 219, Friday 16 September 2016, 9.15am – 10am**

‘How-to’ Session – 45 minutes (Paper #194)

**Using The Right Mix alcohol self-management website and app to support treatment in clinical practice**

**O’Connor, John** (Consultant Psychologist) and **Hodson, Stephanie**

**Background:** Online self-help programs for mental health issues, including drug and alcohol issues, are hugely popular among practitioners, and have been shown to be as effective as face to face counselling in many cases. The Right Mix is an online self-management website to assist in managing alcohol and wellbeing. It is a well-established, evidence-based program with a long history of supporting drinkers to address their alcohol use issues. An interactive smartphone app On Track with The Right Mix assists participants to track their alcohol consumption and spending habits. This workshop is for practitioners working with drinkers and those who are interested in integrating new online tools into their current practice. **Aims/objectives/learning outcome:** Participants will be provided an overview of the evidence base for the workshop providing the knowledge to allow them to more effectively utilise the tools. The workshop participants will download The Right Mix website, www.at-ease.dva.gov.au/therightmix and On Track with The Right Mix app from Google Play or the App Store onto their mobile device prior to attending the workshop. Participants will utilise the website and app in a practice session, using a case study of a young person with alcohol-related problems. Participants will gain a thorough understanding of The Right Mix website, the On Track app and how these tools can be utilised effectively with face to face clients to enhance their clinical practice. They will gain an understanding of how to improve client adherence and homework compliance. **Approach:** This interactive workshop will show participants how to utilise the online self-help tools in their clinical practice and how to integrate face-to-face treatment with online support.

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**Concurrent Session 8J, Room 220, Friday 16 September 2016, 8.30am – 8.37am**

Rapid presentation (Paper #64)

**Language Difficulties in Children with Attention Deficit Hyperactivity Disorder: A Meta-analytic and Systematic Review**

**Korrel, Hannah** (Murdoch Childrens Research Institute, Australia) & **Silk, Tim** (Murdoch Childrens Research Institute, Australia; Department of Paediatrics, The University of Melbourne, Australia) &
MUELLER, Kathryn (Department of Communication Sciences and Disorders, University of Iowa) & ANDERSON, Vicki (Murdoch Childrens Research Institute, Australia; Department of Paediatrics, The University of Melbourne, Australia; The Royal Children’s Hospital, Australia) & SCIBERRAS, Emma (Murdoch Childrens Research Institute, Australia; Department of Paediatrics, The University of Melbourne; Australia; Deakin University, Australia; The Royal Children’s Hospital, Australia) Hkorrel@student.unimelb.edu.au

Aim: Although language problems are not part of the diagnostic criteria for ADHD, they are a common feature of its presentation and are related to poor academic functioning in this population. This literature is frequently subject to limitations such as the use of non-representative samples, inaccurate diagnosis, absent control groups, and poor measures of language. It is unclear how well the language-ADHD association holds when such methodological weaknesses are controlled. This review is the first of its kind to determine the consistency, nature and effect of language problems seen in children with a confirmed ADHD status compared to non-ADHD controls on validated measures of language functioning. **Method:** A standardized search protocol was used on databases: CINAHL, Medline, and PsychINFO. We identified studies with the following inclusion criteria: 1) confirmed ADHD status at the time of the study, 2) inclusion of a non-ADHD control group, and 3) use of a validated language measure (Age ≤ 18, ADHD = 1199; Control = 1088, N= 2287). T-tests and Pearson’s r effect sizes were calculated using summary statistics. **Results:** Twenty studies were included. Expressive (10/10; ES range: .32-.87) and pragmatic (4/4; ES range: .27-.71) language problems were consistently found. Near consensus was found on receptive (8/10; ES range: .15-.65) and overall language skills (9/10; ES range: .30-.67). ‘Other’ language features including grammar and syntax produced more inconsistent results with a weak average effect size across studies (4/7; .03-0.61). **Conclusion:** Expressive, receptive, pragmatic and overall language problems are frequently observed in children with ADHD, although notably fewer studies examined pragmatic language. Effect size strength was more predictive of meaningful results than significance testing alone and future studies should consider this when interpreting results. Evaluation of language function should be a routine part of the ADHD diagnostic assessment process.

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**Concurrent Session 8J, Room 220, Friday 16 September 2016, 8.37am – 8.44am**

Rapid presentation (Paper #408)

Does omega-3 rich fish oil supplementation during fetal brain growth improve child brain development?

**Gould, Jacqueline** (South Australian Health and Medical Research Institute), **Treyvaud, Karli** (Murdoch Childrens Research Institute), **Anderson, Peter** (Murdoch Childrens Research Institute), **Makrides, Maria** (South Australian Health and Medical Research Institute)

Jacqueline.gould@adelaide.edu.au

**Aim:** To determine whether fish oil supplementation during the key period of brain growth improves child brain development. **Design:** Women were enrolled in a randomised controlled trial of omega-3 rich fish oil supplementation in pregnancy. Child neurobehavioural development was measured in 726 children up to 7 years of age, with cognitive development being the primary outcome. **Method:** Women were either given omega-3 rich fish oil or a placebo during the last half of their singleton pregnancy. Multiple domains of child development were assessed at 18 months with the Bayleys Scales of Infant and Toddler Development-3rd edition (cognition, motor, language); at 4 years with the Differential Ability Scale-2nd edition (cognition), Day-Night Stroop (executive functioning (EF)), BRIEF-P (EF), SDQ (behaviour) and Clinical Evaluation of Language Fundamentals-Preschool-2nd edition (language); and at 7 years with the Wechsler Abbreviated Scale of Intelligence-2nd edition
(cognition), Clinical Evaluation of Language Fundamentals-4th edition (language), Test of Everyday Attention for Children (attention), Wide Range Achievement Test-4th edition (academic abilities), Behaviour Rating Inventory of Executive Functioning (EF), Strengths and Difficulties Questionnaire (behaviour), Connors 3AI (ADHD symptoms), Rey Auditory Verbal Learning Test (verbal learning memory), Rey Complex Figure (spatial organisation), and Fruit Stroop (inhibition). **Results:** There was no effect of fish oil supplementation on the primary outcome at 18 months (adjusted mean difference, 0.01; 95% CI, −1.36 to 1.37; \( P = .99 \)), 4 years (adjusted mean difference 0.29, 95% confidence interval -1.35 to 1.93, \( P = .73 \)), or 7 years (adjusted mean difference 1.11, 95% confidence interval -0.67 to 2.90, \( P = .22 \), preliminary data). Nor were there differences between the groups executive functioning, or language, however at 4 and 7 years there were some differences in parent-rated child behaviour. **Conclusion:** Omega-3 rich fish oil supplements during fetal brain development are unlikely to provide the benefits marketed by supplement manufacturers.

**Concurrent Session 8J, Room 220, Friday 16 September 2016, 8.44am – 8.51am**

Rapid presentation (Paper #390)

**The impact of adolescent sibling bereavement on psychosocial development and wellbeing.**

**GODFREY, Jan-Louise** (Swinburne University of Technology), & **COOK, Roger** (Swinburne University of Technology)

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**Aim:** In the event of sibling death during adolescence, the bereaved sibling is forced to cope with both the developmental crisis of adolescence and the grief associated with the loss of a sibling (Hogan & DeSantis, 1996). Hence, sibling loss has been identified as one of the most tragic and least understood events that can occur for an adolescent (Balk, 1991; Hogan & DeSantis, 1992). This research explored the individual experience of adolescent sibling bereavement and its impact on adolescent development. **Design:** Interpretative phenomenological analysis was used to explore adolescent sibling bereavement in fifteen individuals (10 females and 5 males) who experienced the loss of a sibling at least two years prior when aged between 15 and 25. A review of existing theory informed the construction of a semi-structured interview schedule used to guide the interview. **Results:** The key areas of focus that emerged from the participants’ stories were: the experience of traumatic loss; contextual complicating factors; impact on identity development; the family’s response to loss; and the process of adolescent grief and coping. The study was able to identify four themes related to enablers of sibling grief resolution: the influence of the family; ongoing attachment; significant or romantic relationships; and the sibling legacy. Commonalities emerged for individuals who were able to move forward and integrate their experience of loss as well as commonalities for those who continued to struggle. **Conclusion:** Adolescent sibling bereavement is often a traumatic experience that may be compounded by other contextual factors and may lead to the complication of the grief process. The loss of a sibling during adolescence has the capacity to impact the surviving sibling’s identity development; however, an ongoing relationship with the deceased can facilitate sibling identification and/or differentiation. This paper outlines the risk factors for practitioners to consider when working with sibling bereaved adolescents.

**Concurrent Session 8J, Room 220, Friday 16 September 2016, 8.51am – 8.59am**

Rapid presentation (Paper #270)

**Differentiating Autism Spectrum Disorder and trauma in infants and toddlers**

**FERRIER, Melissa** (Private Practice, Ballarat and Camperdown Victoria), and **SMITH, Jan** (Private Practice, Melbourne Victoria)

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**Background**: The early diagnosis of children with Autism Spectrum Disorder (ASD) is critical for early intervention. In Australia, the mean age of diagnosis is 49 months. Children exposed to trauma can present in the clinic with similar features to children with ASD. Knowledge of neurobiological models of modern attachment theory is important for accurate early detection of ASD and differentiation from trauma and for the development of early interventions that take advantage of brain plasticity. **Aims/objectives**: In modern attachment theory (Schore and Schore 2008, 2010), the basic tenet is that attachment is biological and that the attachment relationship plays a role in the structural connectivity of the right brain. This lateralised system of functioning with onset of right-brain, non-verbal functioning in utero until the first 18 months represents the origins of implicit regulatory skills that impacts upon mental health across the lifespan. The accurate detection of ASD and differentiation from trauma requires knowledge of the way that infant and maternal sensoriaffective communications are built into the right brain, particularly in the first 18 months of life. **Method**: The presentation will highlight a clinical model that differentiates infants with ASD from infants with trauma. First, there are three areas of infant and maternal sensoriaffective communications: visual-facial, auditory-prosodic, and tactile-gestural, each with two dimensions (Schore, 2014; Ferrier-Lynn & Skouteris, 2005). Second, sensoriaffective communications present differently across the first year of life. Third, there are differences in sensoriaffective communications for infants with ASD and infants with trauma. Investigation of differences must begin with infant gaze tracking. **Conclusions**: Parent-infant clinical work reveals at least two stories: the maternal/paternal story and the infant story. Infants with ASD do not engage in the same kind of eye gaze and social engagement as non-autistic infants and this becomes evident over the first 18 months. Regarding early detection and early intervention, we must look beyond language markers of the left-brain to the non-verbal communications of the right-brain.

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**Concurrent Session 8J, Room 220, Friday 16 September 2016, 8.59am – 9.06am**

**Rapid presentation (Paper #253)**

**Evaluation of Truce: An acceptance and commitment therapy program for young people who have a parent with cancer**

**PATTERSON, Pandora** (CanTeen, Cancer Nursing Research Unit, University of Sydney), McDonald, Fiona (CanTeen, Cancer Nursing Research Unit, University of Sydney), **Wright, Adam**, (CanTeen), Ciarrochi, Joseph (Institute of Positive Psychology and Education, Australian Catholic University), Hayes, Louise (Orygen, The National Centre of Excellence in Youth Mental Health, University of Melbourne) Tracey, Danielle (School of Education, University of Western Sydney)

**Email**: adam.wright@canteen.org.au

**Aim**: Young people who have a parent diagnosed with cancer experience significant unmet needs and elevated levels of distress compared with other young people. Few interventions exist to provide support and coping skills to this vulnerable group. To meet this need, **Truce** - a manualised seven-session weekly face-to-face group program for adolescents and young adults (AYAs; 14-22 years) impacted by parental cancer was developed. Acceptance and Commitment Therapy (ACT) was chosen as the appropriate theoretical framework for the intervention because of the strong evidence base for ACT for children and adolescents and the importance of acceptance and awareness, key ACT concepts, in positive adolescent development. The primary aim of the study is to examine the efficacy of Truce in improving the mental health and functioning of young people. The study will measure Truce’s effects in reducing distress and improving wellbeing and family functioning and whether these effects last beyond the intervention. **Design**: The study design is a 2...
(intervention vs wait-list control) x 3 (pre-treatment vs post-treatment vs two-month follow-up) repeated measures, within-between participants design. **Method:** Eligible interested participants are recruited into Truce groups or into the wait-list control group when unable to attend a running group. Questionnaires are administered at pre-, post-, and 2-month follow-up. Questionnaires assess psychological flexibility, mindfulness, distress, unmet needs, coping, and family functioning. Measures of participant satisfaction, engagement, and program fidelity are also collected each session. The evaluation is currently ongoing, with a target of 65 young people in each condition. **Results:** To date, 36 participants have completed Truce and all study questionnaires (30 intervention, 6 control). The mean age of participants is 16.96 years (SD=2.91). Participants report high favourability ratings with the program (average session interest scores = 8.7/10). Early results indicate differences in follow-up distress levels between intervention and control relative to baseline. **Conclusion:** Truce is showing promise as an intervention that is acceptable to AYAs impacted by parental cancer. Furthermore, early results indicate Truce has potential to lower distress and improve wellbeing for a group vulnerable to poor psychological outcomes.

**Concurrent Session 8J, Room 220, Friday 16 September 2016, 9.06am – 9.13am**

**Rapid presentation (Paper #41)**

**Advance Australia Fair? The unequal nature of Australian schooling and the importance of the parent factor in education.**

**LODGE, Jodie** (Educational Assessments - Hobart)

Jodie@educationalassessments.com.au

**Background:** The benefits of education are vast, in terms of individual wellbeing and economic success. Accordingly, education is a cornerstone of the 2030 Sustainable Development Agenda (UN, 2015), with aims to “ensure inclusive and equitable quality education and promote lifelong learning opportunities for all” by 2030. **Aims/objectives:** This paper investigates the patterns of educational retention and achievement across Australian States and Territories. It seeks to gain an understanding of the factors influencing the educational performance of students and the factors that may work to inhibit or promote school completion rates, including their interrelationships. **Method:** A range of relevant data are considered, including the well known Program for International Student Assessment (PISA) of the OECD and Australian Bureau of Statistics (ABS) surveys (these samples are designed to be representative of students across Australia, using state/territory, school sector and region (metropolitan or non-metropolitan) as strata). Australian Early Development Census (AEDC) data and National Assessment Program – Literacy and Numeracy (NAPLAN) data, further enhance the evidence base. **Results:** From a national perspective, educational retention is very uneven, despite the long-term upward trend. Importantly, the impact of socioeconomic and geographic disadvantage on education outcomes is evident. Differences emerge on early academic achievement measures and are a strong predictor of school completion. Parents’ educational attainment and parental occupation both have a strong influence on educational outcomes. Furthermore, the level of parental engagement and reading to a child are important factors in early childhood development, and in subsequent educational achievement. These results are interpreted within the context of school system differences across Australian jurisdictions. **Conclusion:** The findings have important implications for policy and practice in terms of educational access, equity, and quality – relevant to the Education 2030 agenda. They suggest that a national strategy for increasing retention should aim at reducing differences between student...
groups and communities within States and Territories. Furthermore, the powerful influence that parental characteristics and family circumstances have on student outcomes warrants policies and programs that assist parents in providing appropriate psychological and educational support for their children.

Concurrent Session 8J, Room 220, Friday 16 September 2016, 9.13am – 9.20am

Rapid presentation (Paper #76)

Emirati high school students and the self-concept internal/external frame of reference model
STOCKER, Joana (Zayed University, Dubai) & Abu-Hilal, Maher (Sultan Qaboos University, Oman)
joana.stocker@zu.ac.ae

Aim: The internal/external (I/E) frame of reference model (Marsh, 1986) was a major development in the self-concept theory, for it provides an explanation to surprising relationships among Math and verbal self-concept, and also between these and respective academic subjects. As students, consciously or unconsciously, compare their own grades across the different subjects (internal comparison) and/or with their their colleagues’ in the same subject (external comparison – Shavelson, 1985), it was hypothesized that, in the internal comparison, good math achievement leads to lower verbal self-concept and vice-versa; and that, in the external comparison, good math achievement leads to higher math self-concept, and good verbal achievement (as English) leads to higher verbal self-concept. Although these predictions have received support by several studies in the West, little is known in other cultures, such as the Arab. Therefore, the aim of this research was to test the I/E model in a collectivist, single-sex educational setting, and that has been through many rapid social-economic changes – Dubai (UAE). It was also our goal to test an I/E model with Math and two verbal dimensions (Arabic and English). As per the educational level, high school was chosen, for no such study was done in the UAE with this population. Design: This was a cross-sectional quantitative study. Method: A sample of 990 students (532 girls) aged between 13 and 20 years old (M=15.66; SD=1.03), evenly distributed across the three grades (10th, 11th, 12th) answered the Self-Description Questionnaire. Statistical procedures included confirmatory factor analysis and path analysis using AMOS. Results: The goodness of fit indices for the Arabic, English, and Math self-concepts model showed that the data fits the structure well (RMSEA=.059; CFI=.949; TLI=.933). As expected in the I/E model, the results revealed positive paths between the same achievement and self-concept domains (external comparison), and negative paths cross-domains (internal comparison). However, negative paths were observed from Arabic grades to English self-concept and vice-versa, which is a new and unexpected result. Conclusion: Overall, the main propositions of the I/E frame of reference model were valid in the Emirati society, although more studies, that include more than one verbal dimension, are recommended.

Concurrent Session 8J, Room 220, Friday 16 September 2016, 9.20am – 9.27am

Rapid presentation (Paper # 16)

Perceptions of involvement as a child in planning during parental separation: implications for Sense of Coherence.
Westby, Mark (University of Queensland), Newcombe, Peter (University of Queensland) Healy, Karen (University of Queensland.
mark.westby@uq.net.au

Aim: The perceptions of late adolescents regarding their involvement as children during parental separation warrants investigation as it is considered that encouraging children to be involved in their
own future during parental separation may influence adversity management. **Design:** This paper focuses on the quantitative study within a mixed method approach designed to facilitate both investigation and exploration of the social complexities surrounding child involvement in their own future during parental separation. This quantitative study was underpinned substantively by Salutogenic Theory. **Method:** The study explored the perceptions of 117 late adolescents, Male (31) female (86) aged 18 to 24. The Perceptions of Involvement Questionnaire measured two factors, Perceived Parental Encouragement of child involvement during parental separation (PE) and Perceived Parental Discouragement of child involvement during parental separation (PD). **Results:** PE was positively correlated with Sense of Coherence (SOC), whereas PD was positively correlated with perceptions of parental separation as a negative life influence. No significant relationship was found between PE or PD and perceptions of parental separation as a positive life influence, Negativity Bias was explored. When investigating the theoretical components of SOC, females reported significantly greater importance to meaningful involvement in decision-making than males. **Conclusion:** The findings of this study may inform policy and practice in the area of family law and family relationship services regarding children’s involvement in decision making relating to care arrangements following parental separation.
accuracy. Monte-Carlo results demonstrated greater power for quantile studies compared to continuous studies. Reanalysis of previous data with participants with AQ ≥26 excluded found high AQ participants remained significantly faster (t(125) = 5.00, p < .0001, d = .89) and more accurate (t(125) = 2.84, p = .005, d = .51) than low AQ participants, suggesting this effect is unlikely to be driven by a small number of undiagnosed cases of autism. **Conclusion:** Outcomes are consistent with the theory that superior visual search forms part of the broader autism phenotype. In existing literature, this is evident in quantile studies due to superior statistical power to detect these effects.

**Invited Address ‘Distinguished contribution to Psychological Science Award’ – 60 minutes (Paper #539)**

**ePsychology—A new paradigm for psychological practice?**

**Kavanagh, David** (Queensland University of Technology)

Digital technologies are dramatically increasing the range of information we can access, and give us powerful tools to allow that access to be personally relevant and immediate, no matter when and where we are. Potentially, they allow psychology to substantially increase its cost-efficiency and impact on people’s everyday lives, by its ability to communicate concepts, cue cognitions and behaviours, and automate aspects of self-monitoring. While aspects of these developments are clearly new, others have a long history, through the use of bibliotherapies and therapy handouts, and even from other media. This presentation selectively summarises evidence on older approaches to supported self-management, and compares it with effects of e-technologies, suggesting that many of the old challenges are still with us. While most examples are clinical, it argues that the core issues span all psychological practice. A focus on the development of new e-interventions, rather than just adapting existing ones, may offer the best chance of improving outcomes. The presentation contends that as yet we have only seen a hint of the likely impacts of e-tools on the future of psychological practice, and suggests some changes that will be needed. It also addresses some potential risks of ePsychology, and discusses how psychologists might maximize benefits while minimising risk.

**Professional Forum – 45 minutes (Paper #254)**

**Addressing mental health and wellbeing through digital technology: Challenges and opportunities**

**Kavanagh, David** (E-Mental Health in Practice, School of Psychology and Counselling, Institute of Health and Biomedical Innovation, Queensland University of Technology)  
**David.kavanagh@qut.edu.au**

**Background:** The 2015 report by the National Mental Health Commission and the government’s response underscored the use of e-mental health tools to improve access to mental health services and support, especially for low-severity conditions and as a first level of stepped care. These and other services will be accessible via a proposed mental health Digital Gateway. Such changes raise a number of questions for practitioners and consumers about the effectiveness and community acceptance of e-mental health, applicability across population subgroups, security, and impacts on...
existing services. **Aims/objectives:** This forum explores potential issues, challenges and opportunities that are raised by recommendations about e-mental health in the 2015 report. It canvases solutions to potential problems, and speculates on the future impacts of digital technologies on clinical practice. **Approach/method:** A brief overview of e-mental health in Australia, including its efficacy and related government policies and initiatives, will be presented. The chair will give panel members a series of issues to discuss, which include implications of the mental health Digital Gateway, likely impacts on private practices and mental health services, needed changes to practitioner training, and funding models. Extensive opportunities for audience participation in questions and discussion will be given. **Implications/conclusion:** Psychological practice is in the process of being transformed by digital technologies, and by demands by clients and funders for the pace of this transformation to increase. While these factors force a reconsideration of what it means to be a psychology practitioner, they also offer exciting opportunities for increased impact and access. Detailed consideration of the issues and our response to them will allow psychology to nimbly adapt to this rapidly changing environment.

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**Concurrent Session 9B, Room 210, Friday 16 September 2016, 10.30am – 12pm**

**Symposium – 90 minutes (Paper #304)**

**Integrating psychology into primary health care: Recent developments in Australia and internationally**  
**VINES, Robyn F., PhD**  
**Medical School, Western Sydney University**  
**R.Vines@westernsydney.edu.au; robynvines@bigpond.com**

There is a growing body of evidence that integrated, multi-disciplinary primary health care facilitates early intervention, provides better quality of care to patients and is more cost effective. The symposium will focus on the role of psychologists in the primary care setting in treating those with complex general and mental health conditions. It will also provide an overview of current progress in establishing psychology as a core part of primary health interventions in Australia and internationally. Primary Care Psychology is an area of practice and service delivery involving appropriately trained psychologists working collaboratively with GPs in the general practice setting to meet patient needs “in situ”. Its key objective is to provide evidence-based early intervention for common mental health disorders (still inadequately treated), chronic disease and its behavioural & mental health sequellae, and the growing number of complex comorbidities across mental health, alcohol & other drug disorders, and physiological conditions. Current service delivery models perpetuate the existing silo’d modes of thinking about and treating these complex conditions, and necessitate the patient seeking help in multiple settings for different aspects of their presenting problems. Integrated primary health care attempts to overcome this by facilitating treatment where the patient initially comes for help – ie. in the general practice setting. Integrated treatment approaches differ from traditional sequential or parallel treatment models, as the clinicians involved work collaboratively for optimal patient outcomes in the same location. Current research, service delivery and funding models will be discussed, as well as barriers to optimal roll-out of integrated primary health care. The focus will be on evidence-based interventions for treatment and training, and will provide an up-date on current progress and ways of furthering this multidisciplinary model of care in Australia and elsewhere.

The symposium speakers all have intimate professional knowledge of the key issues involved in implementing this model of care in Australia and will speak to their research and experience in the field.
Presentation 1: Primary Care Psychology in the United States: Addressing Behavioral Health and Substance Use Problems in Primary Care

BRAY, James Ph.D. Family Community Medicine, Baylor College of Medicine, Houston, United States. Member of the APS as a foreign affiliate.
jbray@bcm.edu

Primary care psychology is an exciting new area for the profession. In the U.S., primary care medical providers treat over 70% of mental health and substance use problems, without assistance from psychologists or any other mental health providers. The opportunities in primary care psychology necessitate additional knowledge of primary care and different skills in caring for primary care patients. This presentation will discuss (1) the present status of psychologists working in primary care in the United States and its relationship to the health care reforms that are occurring; (2) practice opportunities in primary care in private and public settings; (3) the use of technology and electronic health records in primary care practice; (4) the most common mental health and substance use problems seen in primary care; and (5) future challenges in developing integrated health care systems and training models for the future of psychology practice.

Recent Publications:

Presentation 2: A truly integrated model of psychologists working in the General Practice setting

KAPPEL, Kristen, Brooke Street Medical Centre, Victoria;
kkappel@bsmc.net.au

Background: The Better Access to Mental Health Care initiative was introduced in 2006 through Medicare to improve access to mental health services. A key aim of this initiative was to enhance and improve a team approach to mental health care in primary care settings, with greater interaction between medical practitioners and allied mental health practitioners. What followed in the years after the introduction of Better Access was an explosion of psychologists, and other mental health practitioners, entering private practice, to take advantage of the Medicare funding now available. The rebates allowed psychologists to expand their practices and new practices to be established, so GPs had greater opportunity to refer to any one of the newly established private psychology practices in their local setting, or a private psychologist ‘renting a room’ in a primary health setting. But whether these approaches to utilising the Better Access funding has truly met the aim of integrated approach to mental health care remains questionable.

Aim: To outline the benefits of psychologists being employed (rather than contracted) in the general practice setting, to enhance benefits for clients, the treating team, and the profession of psychology.

Method: This presentation explores a case study. The writer compares the experience of being a private psychologist in a GP practice (“rent a room model”) with later being employed in the same setting. The perspectives of GP and allied health professionals employed in the setting are also presented.

Conclusion: This case study demonstrates that the model of employing a psychologist in a primary healthcare setting has many advantages which better meet the aims of the Better Access initiative than other more commonly used models of practice. These advantages result in benefits for the clients and the treating team, and mean that psychologists are more able to focus more on what
they are there for – to practice psychology and make a difference to their clients. The employment model in Primary Health Care is much overlooked for psychologists, but well worth considering.

**Presentation 3: Integration of evidence-based behavioural treatment for headache into primary care: Why is it so difficult!**

Professor MARTIN, Paul R PhD OAM  
Head, The Headache and Migraine Program  
Mt Gravatt Campus, Griffith University; Adjunct Professor, Department of Psychiatry, Monash University; paul.martin@griffith.edu.au

It has been estimated that globally, the percentages of the adult population with an active headache disorder are 46% for headache in general, 11% for migraine, 42% for tension-type headache, and 3% for chronic daily headache. Headache disorders are the third cause of disability worldwide. Headache accounts for approximately 20% of lost work days. Behavioural treatments for headaches are highly effective and are free of the adverse side effects and high medication overuse potential associated with pharmacological treatments. However, 97% of headache management takes place in the primary care setting and referrals to psychologists for behavioural treatment are vanishingly low. So how can this situation be changed - how can behavioural treatment for headaches be integrated into primary care? This presentation will discuss the presenter’s journey along the pathway towards such an integration, highlighting the issues that he has come across. The issues fall into two overlapping categories – organisational/system and individual. With respect to the first set of issues, there is the Royal Australian College of General Practitioners (RACGP) and the General Practice Mental Health Standards Collaboration, which is a multidisciplinary body operating under the auspices of the RACGP with responsibility for establishing standards of education and training with respect to mental health. However, there are other relevant organisations such as CheckUP Australia which offers mental health skills training to GPs, and the Australian College of Rural and Remote Medicine. A related issue is that the organisations change quite regularly such as the shift from the government-funded Divisions of General Practice transitioning to Medicare Locals and now to Primary Health Networks, all in a period of five years. With respect to General Practitioners (GPs), the first problem is that they are ‘time-poor’ so that any way forward needs to take this fact into account. An obvious way to attract GPs into training programs on behavioural treatment of headache is to approach the relevant organisations to accredit the programs with some form of continuing professional development or continuing medical education points. Potentially one training activity can attract three types of points across two organisations. It is challenging!

**Presentation 4: Rural and Remote Primary Care: An ideal setting for scientist-practitioner psychologists.**

Professor Timothy A Carey PhD GAICD CSCI  
Director, The Centre for Remote Health, a joint centre of Flinders University and Charles Darwin University; tim.carey@flinders.edu.au

Given that most people with mental health problems first present in primary care settings as well as the Federal Government’s recent emphasis on Primary Health Networks it is an ideal time to promote a model of Primary Care Psychologists. While the prevalence of mental health problems is generally consistent across geographic locations, access to effective services is compromised with increasing rurality. Working as a primary care psychologist in rural and remote settings is an area of advanced clinical practice that necessitates psychologists working transdiagnostically, flexibly, and responsively. Furthermore, psychologists have much to offer primary care practices beyond the face-to-face delivery of evidence-based psychological treatments including the use of their scientist-practitioner skills to evaluate practices and programs in the primary care setting. A transdiagnostic and responsive cognitive therapy was developed in primary care settings in a rural district in Scotland along with a flexible model of appointment scheduling. Evaluations demonstrated that: the
approach was acceptable to GPs and patients; pre-post effect sizes were medium to large; and waiting times were reduced. The effectiveness of this way of working was successfully replicated in the challenging context of the public mental health service in remote Australia. In this evaluation, benchmarking methodology was used to assess reliable and clinically significant change relative to other published studies of routine clinical practice. Establishing the service in the public mental health service provides a cost-effective solution to co-locating psychologists in primary care practices so that access issues in rural and remote locations might be ameliorated.

**Concurrent Session 9D, Room 212, Friday 16 September 2016, 10.30am – 11.15am**

‘How-to’ Session – 45 minutes (Paper #170)

**How KidsMatter supports school children’s mental health and promotes positive learning outcomes**

**REEE, Anthea** (Australia Psychological Society) and **McNeilly, Kate** (The Australian Psychological Society)

K.McNeilly@psychology.org.au

**Background:** Good mental health is a core factor for learning and life. Mentally healthy children learn better, have stronger relationships and are better prepared for meeting the challenges of life. Within the school environment, mentally healthy students come to school ready to learn and are more likely to achieve academic success. Teachers and school staff cultivate the academic success of their students and are often interested in support related to this work. Psychologists, therefore, have a unique and valuable perspective to offer both teachers and families regarding the importance of early intervention and mental health promotion, and its potential for improving learning outcomes for children and young people in schools. KidsMatter Primary provides an evidence-informed framework that embraces a whole school approach for promotion, prevention and early intervention relating to children’s mental health. It engages schools, parents, carers and health and community agencies in addressing children’s mental health. Funded by the Australian Government Department of Health and beyondblue, KidsMatter was developed in collaboration with beyondblue, the Australian Psychological Society, the Principals Australia Institute and Early Childhood Australia.

**Aim/objectives/learning outcomes:** This session offers an overview of the KidsMatter Primary framework. It is relevant to both school psychologists and psychologists who work with children and families outside the school system. Participants will explore the school context and ways to effectively navigate the school environment. This session will also identify ways in which psychologists can use the KidsMatter framework to influence promotion, prevention and early intervention approaches to address children’s mental health in the school context. Relevant information, tools and resources will be offered to support participants in their work towards promoting good mental health and positive student learning outcomes. Ways of partnering effectively across the disciplines of education and psychology will also be explored. **Approach:** Links to a range of online KidsMatter resources and tools will be shared. Participants will also have the opportunity to reflect on their own practice and experience working with schools, sharing knowledge and ideas about how to cultivate effective partnerships with schools and families.

**Concurrent Session 9D, Room 212, Friday 16 September 2016, 11.15am – 12pm**

‘How-to’ Session – 45 minutes (Paper #301)

**Psychologists and gifted clients: When ‘unusual’ is typical and ‘atypical’ is usual.**

**Smith, Fiona.** (Gifted Minds Pty Ltd)
Intellectual and creative giftedness can influence and compromise psychometric and personality test scores leading to misdiagnosis and pathologising of atypical, yet psychologically healthy individuals. This workshop aims to educate Psychologists who have had no specific training in the emotional and social needs of gifted individuals. Discussion will focus on the impact of heightened intensity and sensitivity and will offer strategies to identify these traits in gifted clients without misinterpreting them as symptoms. Psychometric and personality tests will be examined to determine how certain questions and scores may be compromised for gifted test-takers. The SENG (Supporting the Emotional Needs of Gifted Children), initiative: “Decreasing Medical Misdiagnosis in Gifted Children” will be discussed in relation to Australian concerns. The second half of the workshop aims to help Psychologists understand how reactions and behaviours are exacerbated by the chronic boredom and resultant frustration that gifted individuals often experience at school and in the workforce. Specific case studies and profiles of gifted and creative students and adults will be presented for discussion as to best practice. Participants will gain knowledge and a skill set to help them meet the emotional needs characteristic of gifted clients. They will come away with greater understanding of how these atypical clients may present, as well as a working knowledge of the pros and cons of particular tests and therapeutic approaches.

Concurrent Session 9F, Room 216, Friday 16 September 2016, 10.30am – 12pm

‘How-to’ Session – 90 minutes (Paper #56)

Vicarious Trauma – Managing the Inevitable
Burke, Jacqueline (Rape & Domestic Violence Services Australia)
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Background: The term vicarious trauma refers to the detrimental impacts suffered by people who are indirectly exposed to traumatic material, in particular workers in ‘helping professions’ such as Counselling, Health, Social Work, Police and Emergency Services. Vicarious trauma can have deleterious, cumulative and prolonged effects on individual’s mental and physical well-being and can seriously undermine their ability to work in a role that includes responding to traumatised clients. It presents a serious work, health and safety risk for employers, and can produce significant human and financial costs in the following areas: employee physical and mental wellbeing, work performance, unplanned absences, attrition rates, and compensation claims, and workplace culture. According to research the risk of vicarious traumatisation for professionals who work in trauma context cannot be fully eliminated. The effects of vicarious trauma can be however ameliorated if they are made conscious and addressed proactively by organisations and individuals. Drawing upon experience with designing and implementing an award winning Rape & Domestic Violence Services Australia Vicarious Trauma Management Program, this 90 minute session will provide participants with specific strategies to manage vicarious trauma effectively on both individual and organisational level.

Aim/objectives/learning outcomes: The session will target a wide range of professionals who are exposed to traumatic material as a result of their work. The session is designed to assist all levels of staff – i.e. frontline, supervisory and managerial - to identify and respond to vicarious trauma effectively. No prior knowledge/skills/experience is required in order to attend this workshop.

By the end of the session, participants will be able to:
Outcome 1: Understand the construct of vicarious trauma (i.e. be able to differentiate vicarious trauma from other work-related psychological hazards and to understand what predicts whether or not a person will experience vicarious trauma).

Outcome 2: Identify symptoms of vicarious trauma in self and others.

Outcome 3: Understand strategies that individuals and organisations can adopt to manage vicarious trauma effectively and apply these strategies in every day professional practice.

Approach: This interactive 90 minute session will be delivered through a combination of multiple training methods. It will balance both didactic and interactive modes of delivery, thereby meeting the needs of adult learners: it will provide participants with theoretical background and information on the topic, but also encourage active skills building through facilitated group discussions, group exercise and analysis of case examples. The key aim of this session is to enable participants to directly apply learning from the workshop into their everyday individual and organisational practice.

Concurrent Session 9G, Room 217, Friday 16 September 2016, 10.30am – 12pm

Professional Forum – 90 minutes (Paper #)

Session details to be confirmed

Concurrent Session 9I, Room 219, Friday 16 September 2016, 10.30am – 12pm

Interest Group Session – 90 minutes (Paper #445)

The future of occupational health psychology: Opportunities and challenges for psychologists.

PAPPAS, Bill (Leading Edge; Department of Education, La Trobe University); COTTON, Peter (Senior Advisor WorkSafe and Transport Accident Commission, Victoria), BROUGH, P. (School of Applied Psychology, Griffith University) & KASPERCZYK, Richard (Consultant, RTK)

Background: Occupational Health Psychology (OHP) covers a broad range of issues across all aspects of workplace psychological health, safety and wellbeing, extending from young workers through to the aging workforce. One area of OHP that has seen a significant increase in interest in recent years is workplace mental health and wellbeing. While many psychologists are currently involved in professional practice in this area, it remains an area that can potentially provide many more opportunities for psychologists into the future. The researchers and practitioners working in the field of Occupational Health Psychology have made significant contributions to informing theory and practice in the field. This presentation by the Occupational Health Psychology Interest Group will involve experts sharing their current practice and knowledge and identifying future opportunities and challenges for psychologists in this field. Aims/objectives: This presentation will examine the current state of research and practice in the area of workplace mental health and wellbeing from the perspective of the various speakers. Each speaker will identify possible opportunities and challenges for psychologists interested in pursuing a future in this growth area related to workplace health and wellbeing, from their particular experience and research. Method: Participants will hear the perspectives of four experienced and well-regarded researchers and practitioners in the field of workplace mental health and wellbeing. Their perspectives will cover research, consulting, government involvement in the area, employer needs and expectations, and the international outlook for the future. Implications / conclusion: There are currently many opportunities for psychologists to work with organisations to help promote occupational health and wellbeing,
Acceptance and Commitment Therapy groups for people recovering from psychosis

Morris, Eric (La Trobe University); Goldstone, Eliot (NorthWest Mental Health); Clemente, Jacinta (NorthWest Mental Health); Gates, Jesse (NorthWest Mental Health) and Farhall, John (La Trobe University)

Background: Acceptance and Commitment Therapy (ACT) for people with psychosis, delivered in a brief group format in community settings, has been found to be acceptable, accessible and associated with improvements in daily functioning and mood (Johns et al., 2016). The trans-diagnostic and functional ACT model targets common processes that amplify the impact of psychosis (Morris, Johns & Oliver, 2013). ACT normalises the experience of suffering, while also providing methods to create a flexible sense of self and a meaningful life in the face of unwanted experiences. ACT may offer a pathway to wellbeing through the cultivation of experiential openness, self-awareness, engagement in life, defusion from hallucinations, delusions and other unhelpful cognitions, self-compassion, and actions based on personal values. Due to the emphasis on values-directed action and personal meaning ACT is consistent with recovery principles. In this session we will briefly outline the rationale and structure of a community group program piloted in Melbourne, adapted from a previously-researched UK protocol. We will present outcomes and qualitative feedback on participants' experiences of the groups, and demonstrate the key approaches to engaging people with psychosis in ACT groups using noticing and values construction exercises.

We will demonstrate how ACT groups can be led using a central metaphor (the Passengers on the Bus), so that mindfulness and values-based action are introduced in a way that is engaging and memorable (metaphor, video, roleplay, out of session planning, etc.). We will discuss our experiences of the opportunities and challenges that come from working in this way.

Aims/ objectives / learning outcomes: Participants will -

1) understand the rationale for engaging people with psychosis in Acceptance and Commitment Therapy
2) learn about adaptations made to mindfulness and values clarification exercises for this population
3) know how to use a central metaphor to present rationales for acceptance and behavioural activation, including how to engage group participants in acting out the metaphor for experiential learning.

Approach: We will be using experiential demonstrations, role plays, and didactic presentation during this session.
Motivational Interviewing: Experiences of Psychologists
MCALPINE, Melinda (La Trobe University), & O’Halloran, Dr Paul (La Trobe University), Monfries, Dr Melissa (La Trobe University)
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Aim: To understand psychologists’ experiences of using Motivational Interviewing (MI); and to explore influences that MI has on psychologists’ therapeutic work. Design: A qualitative research design – encompassing a social constructionist paradigm and phenomenological approach enabled a deeper understanding of the experience and influence MI had on each participant’s practice.

Method: Purposive sampling recruited 10 endorsed and generalist psychologists, who had been using MI for a minimum of 12 months post training. Participants completed a 45 minute semi-structured interview that was audio recorded and transcribed. A thematic analysis identified relevant themes pertaining to participants’ experiences. Results: The majority of participants felt a therapeutic alignment with MI, using it as their underlying framework for therapy. The relational components of MI were infused in each participant’s everyday practice, in comparison with the technical components of MI, which were less frequently used. The majority of participants used MI in combination with Cognitive Behavioural Therapy and half in combination with Acceptance and Commitment Therapy. MI influenced the attitudes of psychologists towards their clients and therapeutic practice, with collaboration, client/therapist responsibilities, wisdom of clients and therapist humility being salient. All participants found MI enhanced their delivery of psychotherapy and reported MI as being effective with their clients. Psychologist growth in MI proficiency was facilitated with practise, feedback and supervision. The majority of participants indicated high enjoyment, confidence and competence in their use of MI. All participants found MI significantly aided the therapeutic alliance with their clients. The majority reported MI as having a positive impact on their job satisfaction and a minority noting they felt less susceptible to burnout.

Conclusion: When considering the findings it is important to note that participants were required to have used MI for a minimum of 12 months. Thus, it is unlikely that psychologists with neutral or negative experiences of MI would continue using it, or be interested in participating in a MI study. This research demonstrates anecdotally how MI spirit, skills and techniques can be integrated with other approaches. For people interested in learning or using MI, the findings provide insight around MI skill development and integration into therapeutic practice.

Concurrent Session 9J, Room 220, Friday 16 September 2016, 11.45am - 12pm

Individual Oral paper - 15 minutes (Paper #77)

15 years of subjective wellbeing in Australia: The Australian Unity Wellbeing Index
Weinberg, Melissa Dr.; Cummins, Robert Professor Emeritus.; Lyall, Kimina Ms.

Background: Subjective wellbeing is the scientific term for happiness, and is an alternative to traditional indicators of national progress like GDP. Aims/objectives: The Australian Unity Wellbeing Index was initiated in 2001 to track the subjective wellbeing (SWB) of the nation. Implications: Using this Index, we now have data on the subjective wellbeing of over 70,000 Australians and can predict with 95% certainty that the average SWB of a representative group of Australians will lie between 73.9 and 76.7 on a 0-100 scale. These findings have theoretical and practical implications for informing policy and national progress, and for identifying at-risk groups so that interventions can be
Conclusions: Beyond demonstrating the remarkable positivity and stability of subjective wellbeing, the project has also afforded the opportunity to explore how other factors, including sleep, informal caring, parenting, and time use, affect wellbeing. The presentation will share the background and development of the Australian Unity Wellbeing Index, and focus on what we have learned from 15 years of studying SWB in Australia. It will focus on the findings of the most recent surveys and provide insight into how the data can be used by practitioners and researchers to inform their work.

**Psychology: keeping it all together for the common good**

Badcock, David (ARC, Australian Professorial Fellow)

Psychology is rapidly developing on many fronts. The strength of our discipline has arisen from the crosstalk between its many components. The challenge now is to maintain those links between people studying human behaviour in so many different ways. Such links will be critical for maintaining the currency of our discipline’s contribution.

In this talk I will provide an example of basic research on human visual performance, based on an updated understanding of brain function, feeding into the reanalysis of the critical components of a widely-used test, through application to applied research examining observers on the Autism spectrum.

The broader need to facilitate discussion between sub-areas of Psychology and also with their cognate disciplines, to ensure efficient development of new tools will be stressed along with the challenges that this requirement poses for the discipline.

**Psychological wellbeing of caregivers of young adults with cerebral palsy**

PENROSE, Elizabeth & LANG, Cathryne

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Aim: This study aimed to explore the psychological wellbeing of caregivers of young adults (18-24 years) with cerebral palsy. This period of caregiving may still be associated with high caregiving-related stress, and subsequently, poorer psychological wellbeing due to the long-term nature of the caregiving responsibilities, the size and statue of the care recipient and management of post-school transition issues. Therefore, it was predicted that caregivers reporting higher stress or whose care recipient had greater disability would experience poorer psychological health (i.e., greater depressive and anxious symptoms) and poorer emotional wellbeing. Resilience and satisfaction with social support were expected to buffer the effect of caregiving-related stress on psychological wellbeing. **Design:** A cross-sectional design was used. **Method:** Participants (N = 43) completed the questionnaire battery, which included measures of disability severity, the Caregiving Stress Appraisal Scale, the Depression, Anxiety and Stress Scale, the Warwick–Edinburgh Mental Well-Being Scale, the Resilience Scale, and the Brief Social Support Questionnaire. To improve response rates,
participants could complete the questionnaire battery online, in hard-copy or via telephone interview. **Results:** Respondents experienced high caregiving-related stress. Significant moderate positive relationships were found between caregiving-related stress and anxiety (r = .31, p<.05) and depression (r = .38, p<.05). Caregiving-related stress was negatively associated with wellbeing (r = -.29, p<.001). Only depression was uniquely predicted by caregiving-related stress, \( B = .05, 95\% \text{ CI } [.01, .09], t (42) = 2.46, p = .019. \) Of the measures of disability severity, only gross motor disability severity approached statistical significance, \( (r = -.27, p = .08) \) Resilience and social support did not moderate the relationship between caregiving-related stress and depression, or between gross motor function and wellbeing. **Conclusion:** Although limited by a small sample, these findings indicate that it is important for health practitioners to be alert to signs of evaluated caregiving-related stress, in particular, in response to the physical exhaustion and social constraints of caregiving. As a moderation effect of resilience and social support was not found, community programs should target both increasing resilience and treating symptoms of anxiety and depression for caregivers of individuals with cerebral palsy.

**Poster (Paper #504)**

**Fostering control: Can children’s self-regulation be enhanced through interactive stories?**

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During early childhood, self-regulation develops rapidly as preschoolers become increasingly capable of controlling their thoughts, behaviours, and emotions. These control abilities have been related to school readiness and future health/lifestyle outcomes, however, many children appear to be lacking these self-regulatory skills, suggesting the need for early intervention. Recent conceptualisations theorise that executive functions (EFs; working memory, inhibition, shifting) and problem-solving strategies underlie self-regulation, with studies reporting improvements in control-related behavioural outcomes following EF training. However, existing interventions are often expensive and inaccessible, resulting in a need to examine the possibility of training instead being embedded into low- to no-cost routine activities. Furthermore, previous literature has not examined whether enhancing problem-solving strategies may improve self-regulation. **Aim:** The present study thus investigated the feasibility of embedding cognitive activities within shared book reading (a low-cost and everyday activity) as a means to enhance young children’s EFs and self-regulation. **Design and Method:** Forty preschoolers recruited from a preschool in southern Sydney were individually read a book with embedded EF activities (Quincey Quokka’s Quest; Howard & Chadwick, 2015) once weekly for 7 weeks, in one of two randomly-assigned conditions: (1) reading the book with embedded EF activities; (2) reading the book without the cognitive activities, instead using a ‘dialogic’ problem solving reading approach. EFs and educator-rated self-regulation were measured pre- and post-training, and 2 x 2 mixed factorial ANOVAs were conducted to ascertain the effect of training on EFs and self-regulation. **Results:** Results showed moderate to large intervention effects for shifting and working memory in the EF intervention group. No significant effects were found for inhibition or self-regulation. **Conclusion:** Findings suggest the efficacy of embedding cognitive challenge in the context of everyday activities, which contrasts ongoing proliferation of expensive, time-consuming computer brain training approaches to EF promotion.

**Poster (Paper #505)**

**Distress and Coping in Northern Territory Paramedics**

POWNALL, Christiana (Charles Darwin University)
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Aim: Paramedics are exposed to a unique working environment in which they are subject to a variety of stressors. Previous research has indicated elevation of anxiety, depression, stress, and post traumatic stress disorder (PTSD) in various paramedic populations around Australia, with 26 paramedics recorded as committing suicide between July 2000 and December 2012. Northern Territory (NT) paramedics work in a remote environment which experiences the highest rates of alcohol consumption and alcohol-related hospitalisations and deaths in Australia. These factors combine to create a unique subset of the paramedic population. This paper reports an explorative study that investigated the specific types of coping strategies that paramedics in the NT may employ to deal with traumatic events and mediate distress. It was hypothesised that broad disengagement coping would be positively correlated with distress. Method: A voluntary sample of NT paramedics (n = 27) were invited to complete an online survey, consisting of Depression Anxiety Stress Scales-21, Brief Resilience Scale, PTSD Checklist for DSM-5, and a Critical Incident Coping Scale specifically constructed for researching paramedics. Data were analysed using t-tests, One Way Analysis of Variance, and Spearman’s rank correlation coefficient. Results: Depression, anxiety, and stress were found to be at similar levels to the general population. PTSD symptoms were significantly elevated. Paramedics who utilised broad disengagement coping strategies demonstrated higher distress levels. Participants were likely to utilise styles of coping correlated with high distress, such as drinking alcohol, and less likely to engage in coping correlated to low distress, such as debriefing with colleagues. Conclusion: Whilst the sample experienced higher levels of PTSD symptoms than the general population, they were less likely to employ coping strategies correlated with lower distress. Participants were likely to drink alcohol as a coping strategy, which was associated with higher PTSD symptoms. This has important implications for individuals regularly exposed to stressful and traumatic environments, such as paramedics, and even greater relevance for those living in areas (such as the NT) of high alcohol consumption. Education for employees on effective coping strategies and a method for self-tracking indicators of resilience such as compassion fatigue and burnout were recommended.

Poster (Paper #510)

The portion size effect on food intake is robust to contextual size information
REILY, Natalie (School of Psychology, UNSW Australia), & VARTANIAN, Lenny (School of Psychology, UNSW Australia)
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Aim: Previous studies of the portion size effect consistently show that larger portion sizes lead to greater food intake. However, these studies typically provided participants with a single portion of food at a time without any objective information about the size of the portion, and hence failed to consider the potential significance of contextual information. Therefore, the primary objective of the two studies in the current paper was to test whether contextual information influences the portion size effect on food intake. In addition, this research explored perceived appropriateness as a mechanism underlying the portion size effect. Design: Both studies used a 2 × 3 (portion size × context) between-subjects design. Method: In Study 1, Australian female first-year psychology students and female community members (N = 154) were served small or large portions of pasta for lunch in the presence or absence of contextual information. Their food intake was measured. Study 2 then examined portion size and context effects on prospective intake when participants (American women recruited via Mechanical Turk, N = 350) were free to choose their preferred portion size. Two-way ANOVAs were conducted as the primary analyses. Results: Study 1 found a main effect of portion size effect on intake (p < .001) such that participants served the large portion of pasta consumed more food (M = 276.05, SD = 94.37) than did those served the small portion (M = 218.59, SD = 66.13). However, there was no portion size × context interaction (p = .24). Study 2 replicated these findings for prospective intake. Mediation analysis also revealed that there was a significant
indirect effect of portion size on participants’ food intake or prospective intake through ratings of how much was appropriate to eat. **Conclusion:** The portion size effect was robust to contextual size information across studies. Both studies also showed that perceptions of how much was appropriate to eat mediated the effect of portion size on intake, suggesting that modifying consumption norms may promote healthier consumer food decisions.

**Poster (Paper #494)**

**The Relationship Between Fatigue and Depressive Symptoms in Mothers of Young Children: The Moderating Role of Mindfulness.**

RILEY, Kym (1), & GENT, Angela (2), CAUNT, Jeremy (3)
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**Aim:** The aim of the current study was to investigate the relationship between fatigue and depressive symptoms in mothers of young children aged 1-5 years, and whether mindfulness moderates this relationship. It was hypothesised that higher levels of fatigue would be associated with higher levels of depressive symptoms in mothers of young children, and that increasing levels of mindfulness would weaken the relationship between fatigue and depressive symptoms. **Design:** A cross-sectional and correlational design was used in this study. Bivariate and partial correlations were conducted for fatigue, depressive symptoms, and mindfulness, and a regression analysis was conducted to test the moderation models. **Method:** A sample of 723 mothers of young children aged 1-5 years, recruited electronically through social media and advertisements placed in the community, completed a demographic questionnaire, the Adapted Fatigue Assessment Scale, the Centre of Epidemiological Studies Depression Scale, and the Five Facet Mindfulness Questionnaire – Short Form. **Results:** The current study found a positive association between fatigue and depressive symptoms, and demonstrated that mindfulness weakened the relationship between fatigue and depressive symptoms in mothers of young children. When examining the individual facets of mindfulness, only three of the five facets (acting with awareness, non-judging of inner experience, and non-reactivity of inner experience) moderated the relationship between fatigue and depressive symptoms. **Conclusion:** These results indicate that fatigue may be a risk factor for depressive symptoms in mothers of young children, and that increasing levels of acting with awareness, non-judging of inner experience, and non-reactivity of inner experience may be helpful in weakening the fatigue-depressive symptoms relationship in this population. A notable limitation of the study included the correlational design of the study which did not allow for causality to be established. Further research could investigate the efficacy of interventions aimed at increasing this cognitive strategy in fatigued mothers of young children.

**Poster (Paper #500)**

**Offender responses to divergent transgression narratives**

ROSSI, Cara (Flinders University), WOODYATT, Lydia (Flinders University) & WENZEL, Michael (Flinders University)
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**Aim:** Victims and offenders may each hold different perceptions of an offense, leading to diverging perspectives of what occurred. This study aimed to measure the effect of these diverging perspectives on reconciliation processes and the way in which offenders and victims relate to one
another following a transgression. This study also tested whether leading offenders to recommit to
the values violated by their transgression would increase offender’s engagement with the victim,
despite this divergent perspective. **Design:** A 2 (divergent narrative; similar narrative) x 2 (value
recommitment; no value recommitment) between-subjects design was used. **Method:** Participants
\((N = 130)\) were recruited from Flinders University and randomly allocated to each condition.
Participants were required to imagine themselves as an offender in an hypothetical interpersonal
transgression, then either completed a value recommitment exercise or continued on. All
participants then completed measures of defensiveness and their need to demonstrate good moral
character. Following this, participants listened to either a similar or divergent account of the same
transgression from the victim’s perspective, before self-reporting their attitudes towards the victim
and reconciliation. **Results:** Narrative divergence increased negative attributions to a victim’s
character, although there was no effect on conciliatory attitudes. There was also evidence that the
negative effect of narrative divergence on conciliatory attitudes might increase with greater feelings
of defensiveness. Value recommitment might improve offender engagement with a victim’s
perspective by moderating the effects of narrative divergence on guilt, shame and offender
perspective-taking. **Conclusion:** This study produced some evidence that narrative divergence can
negatively impact the way in which offenders relate to the victims. However, there was no evidence
that this extends to offenders’ willingness to engage in reconciliation. Value recommitment could
reduce the negative effects of narrative divergence by increasing pro-social emotions and offenders’
perspective-taking behaviour. Future research to further investigate these effects is encouraged. It is
recommended that participant investment in the offending perspective be increased, so that results
may be generalised to realistic transgression scenarios. With further understanding of the
interactional dynamics between victims and offenders, we may better facilitate both parties to
engage with one another in a restorative manner.

**Poster (Paper #519)**

**Cortical grey matter atrophy in the motor system in Friedreich ataxia: The IMAGE-FRDA study**

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Research Institute), STAGNITTI, Monique R. (School of Psychological Sciences, Monash University),
STOREY, Elsdon (Department of Medicine, Monash University), EGAN, Gary F. (School of
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**Aim:** To examine the structure of cerebral grey matter, particularly within the motor cortex, in
Friedreich ataxia (FRDA), an inherited neurodegenerative disorder characterized by progressive gait
and limb incoordination, dysarthria, and cardiomyopathy. Although the primary neuropathology in
this disorder involves the spinal cord and cerebellum, recent brain connectivity, functional
neuroimaging, and behavioural studies suggest additional involvement of the cerebral cortex.
**Design:** An observational, cross-sectional study was conducted to identify any disease-related
abnormalities in cerebral grey matter in FRDA. **Method:** Structural magnetic resonance images were
obtained from 31 adults with FRDA and 37 healthy age- and gender-matched controls. Cerebral grey
matter thickness and grey matter volume were measured using semi-automated procedures
ANCOVAs were used to compare these measures between the groups in four motor regions-of-interest: primary motor, dorsal premotor, ventral premotor, and supplementary motor areas. Whole-brain exploratory analyses were also conducted.

**Results:** Individuals with FRDA demonstrated significantly thinner cortex compared with controls in the dorsal premotor (2.53 ± 0.03 vs. 2.64 ± 0.02 mm; \( p = .002 \)), ventral premotor (2.60 ± 0.02 vs. 2.68 ± 0.02; \( p = .002 \)), and supplementary motor area (2.59 ± 0.04 vs. 2.75 ± 0.02; \( p = .001 \)) after correction for multiple comparisons, with a trending difference in the primary motor area (2.07 ± 0.03 vs. 2.15 ± 0.03; \( p = .048 \)). There were no significant group differences in grey matter volume in these regions, although there was a trend towards reduced volume in the ventral premotor area in FRDA (9.08 ± 0.12 vs. 9.49 ± 0.12 mL; \( p = .022 \)). Furthermore, the exploratory analyses revealed reductions in both cortical thickness and cortical volume in widespread areas of non-motor cortex.

**Conclusion:** These results demonstrate that structural neuropathology in FRDA extends to the cerebral cortex. Furthermore, they provide the first evidence of preferential involvement of the premotor areas of the cortical motor system. This work also indicates that cortical thickness measurement may be more sensitive to structural cerebral abnormalities in FRDA than cortical volume. Overall, this study contributes to a more complete model of neuropathology in this disorder.

**Poster (Paper #506)**

**Increasing Australian organ donation registrations: The effect of attitudes and registration opportunity.**

**SHARPE, Emily (Southern Cross University), MOLONEY, Dr Gail (Southern Cross University), SUTHERLAND, Dr Michael (Coffs Harbour Health Campus), & JUDD, Anne (Mid North Coast Local Health District)**

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**Aim:** In Australia, organ donation wishes are now recorded on a National Organ Donor Register, however, high societal support for organ donation has not yet translated into registrations. Whilst approximately 90% of Australians surveyed have reported support for organ donation, only a quarter of Australians have registered their organ donor wishes. Current registration practices in Australia offer limited opportunities for immediate, on-the-spot registration. Research investigating the discrepancy between attitudes towards organ donation and donation behaviour has typically sought to reconcile positive attitudes towards organ donation with willingness and intention to register. Extending previous research, this study investigated the influence of both positive and negative attitudes on organ donor registrations, and the role an immediate registration opportunity compared to a delayed registration opportunity plays in the translation of attitudes into organ donor registrations. **Design.** A quasi-experimental design in an applied community setting investigated the relationship between organ donation attitudes, registration opportunity, and registrations. **Method:** Two studies were conducted. In study one, 715 university staff and students were recruited via email invitation to complete an online survey measuring positive and negative attitudes towards organ donation and willingness to register organ donor wishes. In study two, 192 community members were recruited at four community markets in a NSW regional town. Individuals who approached a DonateLife stall at the markets were invited to participate. Participants completed a shortened, validated version of the survey from Study 1. Half of the participants were then offered an immediate opportunity to register their organ donor wishes (immediate condition), and half were
offered a delayed opportunity to register online (delayed condition); the latter mirroring current Australian registration practices. **Results:** Significantly more individuals registered in the immediate condition (61.7%) compared to the delayed condition (11.6%). Furthermore, positive and negative attitudes significantly predicted willingness to register and independently predicted registration in the immediate condition, but not in the delayed condition. **Conclusion:** The results suggest that positive and negative attitudes need to be addressed independently in organ donation interventions and campaigns seeking to increase registrations. Additionally, providing immediate registration opportunities may offer a potential solution to Australia’s low organ donor registration rate.

**Poster (Paper #499)**

**Reducing sleep-onset latency in pre-school children using slow-frequency tones: A pilot study**

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**Aim:** This pilot study examined the effects of rhythmic auditory stimulation (0.5-Hz tones) played during bedtime on reducing sleep-onset latency (SOL) in pre-school children. Additionally, this study investigated whether there would be declines in anxiety and frequency of problematic daytime behaviours (PDB). **Design:** A case study approach was adopted due to the recruitment of only two participants. However, the study was intended to be delivered as a within-subjects, placebo-controlled, crossover design over three weeks. A within-subjects design was chosen due to the variability of individual sleep patterns in children. In order to control for expectancy effects, a crossover design was utilised and an auditory stimulus control (white noise) was included. Participants and their parents were blinded to the nature of the placebo white noise and intervention metronome tone. Information about participants’ typical sleep, anxiety, and PDB frequency was acquired throughout a baseline week. As participants were siblings, they were both randomly allocated to listen to the 0.5-Hz metronome tone throughout the first intervention week and the white noise during the second intervention week. **Method:** Participants were one 5-year-old male and one 3-year-old female. Wrist actigraphy (wGT3X-BT Monitor, ActiGraph, Pensacola, FL) and a new proprietary bedside sleep monitor (Sense, Hello Pty Ltd, 2015) objectively assessed sleep quality. Sleep and activity diaries completed by parents provided subjective sleep data. Anxiety was assessed using the Spence Children’s Anxiety Scale – Parent Version (Spence, 1999). PDB frequency was recorded in a diary by parents. Mobile applications provided 0.5-Hz metronome tones (Stonekick, 2015) and white noise (TMSOFT, 2015). Exploratory case study analyses were conducted. **Results:** There was a reduction in mean SOL and anxiety for each participant during the week when slow-frequency tones were used compared to baseline. The effect of slow-frequency tones on PDB was inconclusive. **Conclusion:** The present study provides preliminary information regarding the potential efficacy of rhythmic auditory stimulation on reducing SOL, anxiety, and PDB in pre-school children. Additional empirical group-based research including more reliable objective sleep measures and a second baseline week following the intervention weeks is needed to further investigate the effect of slow-frequency tones on SOL, anxiety, and PDB.

**Poster (Paper #512)**

**US-reactivation facilitates the reconsolidation of conditional fear responses to fear-relevant and fear-irrelevant stimuli**

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**Background:** Recent findings from human reconsolidation research indicate that fear memories may be persistently attenuated or even erased through safe and non-invasive behavioural interventions which target the memory reconsolidation process. **Aim:** As extant literature suggests that strong fear memories, conditioned to fear-relevant conditional stimuli (CSs), may not be sensitive to behavioural manipulations of reconsolidation, we investigated whether differences exist between post-reconsolidation recovery of conditional fear responses to fear-relevant (snakes/spiders) and fear-irrelevant (geometric shapes) CSs. Furthermore, this study provided the first application of the US-reactivation procedure (Liu et al., 2014) to fear-relevant CSs. **Method:** In a within-subjects experiment, 28 university students \( (M = 23.54 \text{ years}, SD = 7.05) \) underwent differential fear conditioning to fear-relevant and fear-irrelevant CSs on Day 1. On Day 2, participants received a memory reactivation trial consisting of an unsignalled presentation of the unconditional stimulus (US), at half the intensity employed during acquisition. This was followed by extinction training, delivered during the reconsolidation period. Tests of fear recovery were conducted after a delay of 24 hours. **Results:** The results of repeated measures analyses of variance indicated that there was no spontaneous recovery or reinstatement of differential electrodermal responding, all \( F(1, 27) \leq 0.45, p \geq .834, \eta^2_p < .01 \) and that differential responding was not a function of the fear-relevance of the CSs, all \( F(1, 27) \leq 0.20, p \geq .659, \eta^2_p \leq .01 \). Analysis of CS valence ratings yielded similar results. **Conclusion:** Replicating and extending previous findings (Liu et al., 2014), the US reactivation-extinction procedure reduced recovery of fear to fear-relevant and fear-irrelevant CSs. These findings are of relevance to basic and applied research, as they indicate that persistent reduction of strong fear memories does not require the administration of pharmacological agents, but may be achieved through safe and non-invasive behavioural interventions.

**Poster (Paper #479)**

**Switching on or switching off? Everyday computer use as a predictor of sustained attention and cognitive reflection**

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**Aim:** To empirically examine concerns that modern computer usage habits are having a deleterious effect on cognitive functioning. **Design:** A quantitative, cross-sectional study was designed to investigate the relationship between three dimensions of computer usage behaviour and two cognitive abilities: sustained attention and cognitive reflection. Trait mindfulness was incorporated as a potential protective factor for decline in cognitive functioning. **Method:** A sample of 155 adults were recruited anonymously via Internet sources to complete a computer usage questionnaire, the Mindful Attention Awareness Scale, the Cognitive Reflection Test and the Mackworth Clock Vigilance Test. Hierarchical regression models were generated for criterion variables cognitive reflection and sustained attention, with 7 predictors entered in three steps: (a) demographics (age, gender, education); (b) computer usage behaviour (daily computing hours, daily computing sessions, mobile use percentage); and (c) trait mindfulness. **Results:** Computer usage behaviour and demographics accounted for 12.4% of the variance in sustained attention, with a significant 11.6% uniquely predicted by computer usage behaviour. For cognitive reflection, 13.5% of the variance was explained by combined computer usage and demographics, with a significant 7.4% of unique variance explained by computer usage. **Conclusion:** Computing hours and computing sessions were significant individual predictors of sustained attention, whereas computing hours, mobile use percentage and gender were significant predictors of cognitive reflection. Trait mindfulness did not significantly contribute to the predictive power for either model, suggesting it is not a protective factor for sustained attention or cognitive reflection. Findings are discussed in relation to dual-process theory, the Baddeley and Hitch working memory model and contemporary social commentary.
Poster (Paper #516)

The Effects of a Mindfulness-Based Intervention on Subjective Sleep and Mood States in Adolescent Females
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**Aim:** Sleep and mood problems often coincide and are prevalent during adolescence. This research endeavoured to answer the research question: Would engagement with a mindfulness-based relaxation intervention contribute to the improvement of subjective sleep and mood states in an adolescent female sample population? The current study aimed to develop an understanding of subjective sleep and mood states in an adolescent population and to examine how a mindfulness-based intervention would relate to the subjectively measured sleep and mood states, as understood through comparison of pre- and post-intervention measures. **Design:** The current study was a quasi-experimental repeated-measures design. **Method:** The study comprised 52 adolescent females, aged 16-18 years ($M = 17.04, SD = 0.66$), recruited by means of a convenience sample. Participants were introduced to the study and consent was obtained from both participants and their parents/guardians. They were asked to complete three questionnaires pre-intervention, including the Insomnia Severity Index (ISI), the Pittsburgh Sleep Quality Index (PSQI), and the Profile of Mood States – Short Form (POMS-SF). Participants were then asked to listen to a 10-minute mindfulness-based relaxation recording once a day for the following 30 days, and document levels of compliance with the intervention. The questionnaires were then readministered at conclusion of the 30-day period and compliance forms were collected. Data were analysed using methods of correlations, paired-samples $t$-tests, and repeated-measures ANOVAs. **Results:** As hypothesised, the mindfulness intervention was related to improvements in self-rated sleep and mood states over a 30-day period. Notably, treatment effects were seen in both low-compliance (less than 10-days) and high-compliance (greater than 10-days) groups. However, participants with high-compliance to the intervention showed significantly greater improvements on all measures. **Conclusion:** Research highlights the importance of early intervention in the management of poor sleep and mood states, particularly during adolescence, to prevent ongoing symptoms and the development of psychopathology. The findings contribute to better understanding the use of mindfulness as a simple and practical method of improving adolescent sleep and mood. It adds to the knowledge and research as a mode of social improvement and a contribution to the overall health and wellbeing of the population.

Poster (Paper #542)

Being Trans: An Interpretative Phenomenological Study of Young Adults
Taylor, Gemma Lee. (Edith Cowan University)

Social structures assume a binary classification of gender whereby people are expected to accept the female or male gender expectations and gender roles commonly associated with their biological sex. However, gender identity and gender expression are personal experiences which do not necessarily align with the sex assigned to a person at birth. Young adults who identify as trans resist the predictable relationships and boundaries of sex and gender by embracing diverse gender identities and expressions. Research acknowledging more favourable life experiences of trans youth is limited, despite the importance of a sound knowledge base necessary to provide a positive and affirmative environment within clinical practice. The lived experiences of trans youth was explored using an interpretative phenomenological framework to understand the personal meanings of the participants’ world view in relation to positive experiences. Ten participants between the ages of 18 and 24 years were interviewed, guided by a semi-structured interview schedule. Thematic analysis was conducted to find repeated patterns of meaning amongst the interview transcripts. Three
overarching themes were identified and discussed: (1) identity validation, (2) a desire to speak out, and (3) identifying evidence of social change. Implications and future directions were discussed in light of contemporary media use to facilitate affirmative practices and for practitioners to heighten their awareness of the significance of gender in their own lives.

**Poster (Paper #452)**

**Improving student learning through facilitating school collaboration**  
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**Aim:** An innovative project shows how a psychologist can contribute to improve student learning by facilitating a network of schools. The University of Melbourne Network of Schools enables and supports diverse schools to collaborate so that through collective effort, challenge and reflection, teaching practice is improved and leads to gains in student learning. The project empowers schools to identify a focus for school improvement and facilitates collaboration amongst schools with a similar focus. Schools are supported to reflect on their practice and to draw on the collective resources in the network to drive school improvement. One school’s experience in a network is explored to illustrate the role that a psychologist can play at the school or network level. **Approach:** A psychologist in the role of facilitator offers key skills in building a culture of trust within the network which is critical in allowing schools to be open to share their performance and practice. School leaders are supported to develop goals for improvement and implement change through collaboration with other schools. Knowledge is shared within the schools and realised in change in teaching practice. **Key findings:** The project is entering into its third year with over 70 schools working in four networks and gains in student learning has been achieved. The case study presented shows a comprehensive program aimed at improving student writing skills. marked improvement in writing skills in a large secondary school. The case study explores the role of the network and illustrates the powerful effect that such an approach can have on student learning. **Implications:** Psychologists working in education have skills in fostering collaboration and a sound knowledge of student learning although can struggle to influence whole school and/or a group of schools. This approach provides a process whereby a psychologist can act as an enabler for schools to work collaboratively and draw on shared resources. Schools benefit from working with a critical friend and more so from the sharing of knowledge between schools. **Conclusions:** Developing a culture of trust and learning through collaboration are powerful drivers that can lead to large gains in student learning.

**Poster (Paper #548)**

**The Relationship between Cognitive Appraisals, Emotion Regulation, Attitudes Toward Disability and Psychological Adjustment in People with Multiple Sclerosis**  
McBean, Tahnee (The University of Melbourne)

Cognitive appraisal, emotion regulation and attitudes toward disability may play a key role in the psychological adjustment of individuals with Multiple Sclerosis (MS). This study aimed to determine whether cognitive appraisals (tolerance, interference and controllability), emotion regulation strategies (cognitive reappraisal and expressive suppression) and attitudes toward disability predict psychological adjustment (depression, anxiety, life satisfaction, acceptance of
MS and mental health quality of life) in individuals with MS above and beyond measures of MS severity. The study also examined whether the cognitive variables would remain significant predictors of psychological adjustment six months following initial assessment. Seventy-eight individuals with MS completed two online questionnaires, six months apart, assessing depressive and anxiety symptoms, life satisfaction, acceptance, quality of life, cognitive appraisals, emotion regulation and attitudes toward disabled persons.

The results from a series of hierarchical multiple regressions revealed that overall cognitive appraisals (tolerance, interference and controllability), emotion regulation (cognitive reappraisal and expressive suppression) and attitudes toward disability significantly predicted psychological adjustment (depression, anxiety, life satisfaction, acceptance of MS and mental health quality of life) among individuals with MS after MS severity variables and relevant demographic variables were controlled for. Additionally, the cognitive variables remained significant predictors of psychological adjustment six months after initial assessment. Not all cognitive variables however, were unique independent predictors of all aspects of psychological adjustment. The findings suggest that cognitive appraisals, emotion regulation skills and attitudes toward disability may be targets for psychological interventions to improve psychological adjustment among individuals with MS.

Poster (Paper #554)

“Child and Parent Centres in Western Australia: How are psychologists contributing?”
DOYLE, Wendy, FAHEY, Tonia & WILLIAMSON, Michelle (Affiliation) etc.
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Research has demonstrated that children entering school vulnerable in three or more of the Australian Early Development Census (AEDC) developmental domains are at risk of “not succeeding” at school and later life.

The Western Australian government has established 21 Child and Parent Centres (CPCs) in communities with high levels of vulnerability to provide a range of programs and services to:

- engage with families and children pre-birth to eight years of age, with a focus on pre-birth to four years;
- increase families’ capability to provide home environments that will enable children to thrive in all developmental domains; and
- Achieve more successful transitions, sustained engagement, and success with schooling.

The Department of Education employs three psychologists to support the initiative and have identified a strategic intent of having parents and carers engage in evidence-based parenting information and programs that enhance their capacity to provide environments where children can thrive.

The psychologists work with the CPCs, surrounding schools, and other professionals, to engage their support and belief that involving parents and carers in evidence-based parenting programs and information is a key to achieving the CPC outcomes, and gaining a community ‘population shift’ in child outcomes. The program of choice is the Positive Parenting Program – Triple P, which has a broad range of programs that can be flexibly delivered.

Particular emphasis is in working with families during the transition phase into formal education – three to four year olds.
Initial experience demonstrates that, to increase parent participation in Triple P programs, the psychologists have to work hard to overcome barriers, starting with relationship building and the education of the CPC Coordinator and community leaders. Increasing participation by parents is achieved through a variety of communication strategies, particularly ‘word of mouth’ by participants. There is a high level of positive parental feedback, observable differences in parent/child interactions, and increased participation in the program. Parents later report that small changes in their parenting practices result in large changes to the family environment.

It is expected that this service approach should have far reaching whole community implications. Previous research on the evidence-based programs being offered through the CPC initiative show increased skills for children of participating parents; in social competence, emotional maturity, and communication skills.

**Poster (Paper #551)**

**Neurobiological Changes in the Prelimbic Cortex Following Chronic Methamphetamine Use: A Proteomic Analysis**

**GILL, Molly** (Macquarie University)

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**Aim:** Methamphetamine (METH) is a powerful psychostimulant, the chronic abuse of which can lead to addiction and psychosis - debilitating disorders with high rates of relapse. Accumulating research has implicated the prelimbic cortex (PLC) has a critical brain region involved in METH-induced cognitive dysfunction that serves to maintain addiction and psychosis, and promote relapse. However, no research to date has examined the neurobiological changes in this region following chronic METH exposure. Thus, this study aimed to assess changes in protein expression in the PLC of rats chronically exposed to METH. **Design:** This study employed the behavioural sensitization paradigm, a well-validated animal model of METH addiction and psychosis, in order to investigate the neurobiological substrates that underlie these disorders. Given proteins can be altered and synthesized in response to changes in neuronal function induced by METH, proteomic technique was employed to identify and quantitate neurobiological changes that characterize chronic METH abuse. **Method:** Twelve male Sprague-Dawley rats were repeatedly exposed to either METH or saline over seven days. After a withdrawal period, rats received a challenge injection of METH to assess for an enhanced (sensitized) locomotor response to the drug. Proteomic analysis using mass-spectrometry was then carried out on the PLC of three rats per treatment group to assess for differential expression of proteins following chronic METH compared to chronic saline administration. **Results:** Consistent with previous literature, METH-treated rats displayed behavioural sensitization in response to METH challenge. As hypothesised, 26 proteins, predominantly indicative of neuroplasticity and neurotoxicity, were significantly up-regulated in the PLC of METH-treated compared to saline-treated rats. **Conclusion:** The findings of the present study demonstrate significant changes in protein expression in the PLC of rats modelling chronic METH abuse. Importantly, given the sensitized response the METH displayed by METH-treated rats, proteins identified as differentially expressed in this treatment group could represent neurobiological mechanisms underlying the cognitive and behavioural manifestations of METH-addiction and psychosis, including executive dysfunction and loss of cognitive control thought to maintain compulsive drug use and vulnerability to relapse. These findings may inform the development of new psychosocial and pharmacological therapeutic strategies for the treatment of METH-addiction and psychosis.
Evidence-based Practice and its Discontents: Conceptions, Misconceptions, and Future Directions
Lilienfeld, Scott O.

In this talk, Dr. Lilienfeld will examine the *raison d’etre* underlying evidence-based practice (EBP) and emphasize the role of EBP as (a) an imperfect but necessary set of safeguards against fallibility in clinical inference and (b) a fundamental bulwark against pseudoscience and ineffective psychotherapies. He will review survey data on clinician resistance to EBP and explore the primary cognitive sources of resistance to EBP, such as naïve realism, confirmation bias, and illusory correlation. He will also examine widespread misunderstandings of this concept, such as the erroneous belief that EBP stifles creativity in the development of novel interventions and that EBP implies a “cookie cutter” approach to psychotherapy. He will conclude with recommendations for curriculum reform aimed at encouraging students to better appreciate the place of scientific thinking in clinical psychology and allied fields.
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