Psychology advancing into a new age
Every professional and scientific society or association on earth has two obligations. One is to its members. The other is to its discipline, the hand that fed it. Accordingly, this address is presented in two main parts. The purpose of the first is to describe the bases on which the Award was conferred, namely, the contributions to both the Australian Psychological Society (APS) and the International Association of Applied Psychology (IAAP). The purpose of the second is to describe not only the common interests of the APS and IAAP in contributing to mainstream psychology but also the current state of involvement and cooperation between the two organizations of which a primary example is the hosting of the Melbourne 2010 International Congress of Applied Psychology and the range of mutual benefits accruing from it. Another important example is the APS’s involvement with the International Union of Psychological Science. The address concludes with a third part which provides a commentary upon some of the personal insights that have been gained along the way and without which a good deal of the attainments of first part and some critical ones of the second part would never have been achieved.
A basic principle of ergonomics is that systems should be designed to fit the capacity of the users. In this presentation I will be reviewing findings from psychological research which have identified mismatches between the requirements or assumptions of our criminal justice system and the capacity of the users be they investigators, witnesses, or jurors. It is argued that mismatches between the requirements or assumptions of the criminal justice system and the capacity of the users of the system have the potential to result in miscarriages of justice and that these mismatches should be addressed or at the very least acknowledged.
Bring your web-enabled device, and try out free tools that will make your life as an academic easier. Empty out your inbox (Nudgemail), track projects (Trello), manage pdfs (Medeley), print only what you need (CleanPrint), get your passwords off sticky notes (LastPass), read the news that is important to you (Inoreader), convert files (CloudConvert), make marking and writing easier (PhaseExpress), and find out what your students/audience thinks (Plickers; TodaysMeet). These are just a few of the 40 or so tools we can explore in this hands-on session.

Learning outcomes:
Upon completion of this workshop participants will be able to:
• Identify at least three tools to incorporate into their work lives immediately
• Identify at least three tools that are worth further exploration

Workshop content:
• Overview of the tools available
• Participants identify the tools that are of the most interest
• Specific information about each tool of interest will be presented
• Each tool will be demonstrated
• Participants will explore the tools on their own with presenter available to answer questions

Audience:
• Everyone who does work on a computer
Integrating neuroimaging and neuropsychology in assessment

Dr L. Stephen Miller

Concurrent Session 1C, Room C3.2, Level 3, September 27, 2018

The tools of neuropsychology go beyond paper and pencil measures of cognition and behavioural observation of deficit. Neuroimaging techniques, particularly structural and functional MRI, are now available to the Clinical Neuropsychologist. This workshop will provide a background on basic methods of neuroimaging, followed by a review of the neuroimaging evidence for brain changes most accessible to neuropsychologists and other clinical psychologists. We will then discuss ways to integrate neuroimaging findings as additional diagnostic and prediction tools for adult cognitive assessment.

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

- Discuss the usefulness of multiple methods of neuroimaging, with an emphasis on magnetic resonance imaging (MRI)
- Describe the evidence from neuroimaging literature supporting how neuroimaging data can enhance neuropsychological assessment.
- Utilize methods to incorporate and integrate neuroimaging data into the overall neuropsychological assessment.

Workshop content:

- Introduction to neuroimaging techniques as they relate to neuropsychological assessment
- Evidence-based advantages and limitations of neuroimaging techniques
- When and where to use neuroimaging to augment psychological and neuropsychological assessment
- Specific examples

Audience:

- Clinical Neuropsychologists
- Clinical Psychologists
- Other health professionals involved in behavioural diagnosis
Developing a pluralistic approach to the psychological therapies

Professor Mick Cooper

Concurrent Session 1D, Room C3.3, Level 3, September 27, 2018

This workshop will introduce, and look at the practical implications of, a pluralistic approach to counselling, psychotherapy and psychological practice. This framework was developed with John McLeod in the 2000s, and has since been adopted by a number of practitioners and training institutes across the UK and internationally. The pluralistic approach is a collaborative, integrative perspective, deeply rooted in humanistic and person-centred values. Its fundamental premise is that each client is unique, and therefore may need different things from therapy. On this basis, the pluralistic approach creates a framework in which practitioners can integrate a wide variety of understandings and methods into their practice. A key element of this pluralistic approach is 'metatherapeutic communication'/shared decision making: talking to clients about what they want from therapy, and how they might most effectively be helped to get there.

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

- Describe the basic principles of a pluralistic approach to counselling and psychotherapy
- Recognise evidence and arguments that support, and challenge, a personalised approach to therapy
- Critically discuss the strengths, and limits, of 'metatherapeutic communication': talking to clients about what they want from therapy
- Apply basic methods of metatherapeutic communication

Workshop content:

- Background of the pluralistic approach
- Evidence in support of pluralism in practice
- Basic principles of pluralistic therapy, and its distinction from integrative therapy
- Metatherapeutic communication: making shared decisions with clients—how and when

Audience:

- Counselling psychologists and trainees
- Clinical psychologists and trainees
- Professionals practising counselling and psychotherapy and trainees in these fields
Background: In Australia, clear articulation of necessary training for psychologists to become competent supervisors was established only in the last 15 years (STAP, 2004), with national standards articulated in 2013 (AHPRA). Before this, supervision of psychologists occurred mostly through apprenticed models (e.g., “Do as I do”), line management (e.g., “Here are your supervisees”), or by chance opportunity in organisations (e.g., training provisional/new psychologists). These pathways offered limited supervisor choice for supervisees and limited opportunity for supervisors’ access to peer support, supervisory skill development, and little community for processing issues and successes. In this new age, more professionals are engaging in supervision of supervision (SoS). The purpose of SoS is to review work undertaken with supervisees and assist psychologists to continue professional development in their supervisory roles. SoS is an important space that allows supervisors to reflect on and unpack their own supervisory style and tricky supervisory situations, to reflect on complex client cases and how the supervisor’s behaviours, intentions and ways of relating affect the supervisory relationship, delivery, and process. SoS is a key aspect of training new and experienced supervisors in integrating and going beyond the initial learning from supervision training into the longevity of practice with their supervisees. In the area of SoS, the presenters state that in order for supervision to be effective, useful, and impact client outcomes – a space for vulnerability of the supervisor as supervisee needs to be established. In this session, the presenters endeavour to demonstrate how to create a space where empowerment and vulnerability co-exist for reflection work of supervisors in supervision.

Aims: To assist supervisors in creating a supervision of supervision group where members can share difficult supervision content, increase self-awareness and reflection in supervision, and increase awareness of the parallel process in supervision with supervisees and clients. Objectives: To define SoS, outline why supervisors need space to be vulnerable, address how SoS group provides opportunity for best supervisory/self-care/ethical practice, and what additional benefits of SoS group can provide. We will also outline the steps needed to establish an empowering peer SoS group.

Learning Outcomes:
To provide a rationale for SoS group, and
To outline steps on creating a group where supervisors can be powerfully vulnerable to increase accountability, best practice, and supervisor wellbeing.

Approach: Workshop with opportunity for audience engagement/activity through didactic experiential exercises.
From ‘mental health friendly’ to ‘psychosocially safe’ workplaces: How to manage psychosocial hazards at work

Miss Heather Ikin², Miss Diya Dey¹
¹Department of Education and Training (Vic), ²Office of Industrial Relations (Qld)

Concurrent Session 1F, Room C3.6, Level 3, September 27, 2018

Background: The past decade has seen an increasing push for Australian employers to ensure the mental health of their workforce. This has been spurred on by changes to work health and safety legislation, requiring that employers adopt systematic approaches to the management of risks to both the physical and psychological health of their workers. Though more and more information is available regarding the management of psychosocial hazards, employers still lack the ability to effectively translate this information into sustainable practices. Rather than adopting systemic organisational practices that help build mentally healthy workplaces and target the factors that lead to poor mental health outcomes, employers focus on increasing awareness about mental health conditions, reducing stigma and preventing suicide. Whilst the latter approach is a good start, it does little to ensure that employers are not engaging in practices or cultivating work environments that negatively affect psychological health and wellbeing.

Objectives: The objectives of this session are to explore the legal and moral requirements for organisations to manage psychosocial safety, the challenges employers experience in integrating psychosocial safety management strategies with traditional health and safety management practices, and common psychosocial hazards. Participants will also be encouraged to think beyond risk management and consider systemic opportunities to promote positive wellbeing outcomes across organisations. Through this interactive session, participants will gain greater understanding of leading practices in psychosocial risk management and develop strategies to promote mentally healthy workplaces in a sustainable way. The aim of the session is to equip practitioners with practical tools and strategies to help employers transition from ‘mental health friendly’ initiatives to adopting robust, evidence-based approaches that can have demonstrable impacts on mental health outcomes at work.

Approach: The facilitators will lead attendees through thought-provoking discussion, critiquing common approaches taken by organisations to create mentally healthy workplaces. Participants will learn to apply risk management approaches, along with principles of psychology and psychological expertise, to explore a case study on addressing a common hazard experienced by Australian workers – workload. Participants will learn how to develop compelling justifications and influence organisations to take proactive approaches to addressing such hazards. Relevant handouts and references will be supplied to those in attendance, along with copies of the workshop presentation.
The Australian health workforce is facing unprecedented challenges in its ability to meet community needs over the next ten to fifteen years. This includes an ageing medical and nursing workforce, increasing chronic disease and an ageing population, changing community expectations, reduction in available funding, and rapid technology development. This has prompted Australian jurisdictions to develop innovative models of care as alternatives to the traditional medical model, including the role of prescribing by allied health and nursing practitioners.

The extension of prescribing rights to allied health practitioners already occurs for optometrists, podiatrists, and nurse practitioners, resulting in patients receiving quicker access to medicines and improved access to care. The role of psychologist prescribing has been under discussion in Australia for some time, and already occurs in some international jurisdictions. Some view psychologist practitioners as in prime positions to be involved in some form of prescribing alongside the delivery of psychological therapy.

The Queensland Department of Health has developed “A framework for allied health prescribing trials in Queensland” and has worked with the Queensland University of Technology to develop a competency based training program for identified professions. The framework has enabled trials of prescribing to be implemented in hospital and health services within existing legislation and clinical governance in collaboration with medical officers.

This symposium will discuss the potential role of psychologist prescribing, including identifying the value to the community, what type of prescribing would be appropriate, the likely training required, and a regulatory analysis. The symposium presenters include the Psychology Board of Australia, the Australian Psychological Society, Queensland Department of Health and Queensland University of Technology. Audience participation and feedback will be critical in answering key questions to determine if there is a role for prescribing by psychologists. The symposium is therefore designed to be interactive, with a combination of imparting knowledge and theory and seeking audience feedback.

Presentation 1: Identifying the value proposition: Does the Australian community need psychologist prescribing and what training would be needed to support it?

There has been considerable discussion of prescribing rights for psychologists in Australia since Health Workforce Australia’s development of a Health Professional Prescribing Pathway in 2013. Since then, the APS has surveyed members on the issue of prescribing rights, described a prescribing formulary that might be appropriate for the profession and developed a possible curriculum for prescribing by psychologists. Despite the interest in prescribing, it is apparent that there are varied views among psychologists about prescribing; one view is that prescribing would locate the profession in the medical model and hence undermine the value of psychological interventions. The alternative view is that psychologist prescribing would be of considerable benefit to many clients, particularly those in geographically isolated locations. This paper will seek to address the value proposition for psychologist prescribing by reviewing the international literature from locations where prescribing is occurring. If prescribing was implemented, a key issue would be training psychologists, many of whom have limited background in basic science. The presentation will be interactive and seek to engage the views of the audience on these issues.

Presentation 2: The Queensland experience of implementation allied health prescribing in the Department of Health: The process from competency mapping, training, and implementation

Background: A 2014 Ministerial Taskforce report identified that allied health professionals within Queensland Health were not working to their full scope of practice. The report identified possible areas for scope expansion, including prescribing. As a result of the report, the Department of Health has supported a
number of allied health practitioners to implement prescribing in Queensland Health facilities. **Aims:** The presentation aims to provide key information relating to allied health prescribing, including competency mapping, implementation strategies, training and prescribing evaluation. Findings on barriers and facilitators to implementation will also be presented. **Method:** Initial work was conducted to establish the potential prescribing capability of several allied health professions. Professional and entry level competency standards were identified for each profession and mapped against the National Prescribing Competencies Framework. Gaps in prescribing competence and training requirements were identified. A podiatric therapeutics program and an allied health prescribing training program were developed by Queensland University of Technology (QUT) to meet the identified training needs. Both programs incorporated supervised learning in practice activities to ensure workplace prescribing competence. The Department of Health supported nominated podiatrists, pharmacists and physiotherapists through the programs, and assisted with the initiation of podiatric prescribing services, and implementation of pharmacy and physiotherapy prescribing trials. Assistance included advocacy at a national and local level, and the establishment of clinical governance processes. A research collaboration was established between the Department of Health and QUT to evaluate the impact of allied health prescribing initiatives on scope of practice, the healthcare team and health service delivery. **Conclusions:** The first podiatric prescribing service was implemented in 2017, and five pharmacy trials and one multi-site physiotherapy trial were implemented in 2016/17. Barriers and facilitators to prescribing implementation have been identified. Early evaluation data indicates good support from the healthcare team, and prescribing benefits such as improved service access.

**Presentation 3: Regulatory analysis of Psychologist prescribing**

The introduction of clinical tasks and processes not normally undertaken by a profession requires careful ethical, professional standards, and regulatory risk analysis. In some instances, legislative amendment is required for the practitioner to be able to undertake novel tasks. Non-medical prescribing is one such example. Due to the significant patient risks associated with the medication management, AHPRA, National Boards, and Australia’s leading experts on prescribing have determined the required process a profession must undertake in order to determine if it is in the best interests of the Australia community to introduce non-medical prescribing. This presentation will outline the required steps and invite feedback from the audience around key questions that need to be answered.
The role out and associated issues of the NDIS for psychologists

Rhiannon Brodie¹, Donna Weekes¹
¹National Disability Insurance Agency (NDIA)

Concurrent Session 1H, Room C2.2 & C2.3, Level 2, September 27, 2018

The NDIA recognises the value and importance psychologists and health practitioner’s play in ensuring participants have the best possible opportunity to apply for the NDIS. This session is intended to assist psychologists and health practitioners to understand more about how the NDIS legislation works and is applied. Specifically addressing the ‘likely to be permanent’ and ‘substantially reduced functional capacity’ requirement. Increased understanding of how to provide evidence to support an NDIS access request as well as understanding how access decisions are made will be further explored.

The session will address the sort of supports the NDIS is able to provide and fund once access has been met for a participant. The participant pathway including; planning meetings for participants, the review process and how the NDIS interacts with mainstream and community services including what role psychologists and health practitioners play will be discussed.

Increased confidence in talking about and explaining the NDIS access requirements and the supports it provides amongst your networks in a consistent and accurate way is a key learning objective of this session. There will be opportunity for your questions to be answered and key issues to be raised.
Most people who join radical or extreme groups leave at some stage. Despite this, disengagement from violent extremism is not well understood. This paper will present an overview of some empirical research that investigated disengagement from extremism in a western liberal democratic context. The stories of those who join politically extreme groups feature sometimes gradual, but ultimately radical changes in who they spend time with, what they believe and their perceived legitimacy of violent action. Through reference to in-depth interviews with former extremists of a variety of extreme ideologies, this paper will explore how and why people leave extreme and violent political groups, how they cope, and if they reintegrate into society afterwards. There is a wide range of possible trajectories for people once they leave, and one significant finding is that sustained disengagement from violent extremism requires positive and holistic engagement elsewhere. Whilst not all radical groups are violent or negative, anti-social and violent political groups often meet the various psychological, motivational and social needs of members. These needs must be taken into account and supported on re-entry to mainstream society. There are implications for prevention, policy, policing, forensic risk assessment as well as for support from clinical and legal professionals, community, and family.
Aim: The primary aim of this study was to examine the hypothesised link between the development of Intolerance of Uncertainty (IU) in adulthood, and the experience of parental rejection in childhood. IU has been clinically linked to most anxiety and some depressive disorders, but little is known about its generative processes. Interpersonal Acceptance-Rejection Theory (IPARTtheory) suggests that parental rejection in childhood predicts various later-life psychological and behavioural conditions, but the relative contributions of maternal and paternal rejection may vary, depending on the condition being examined, and the gender of the individual. The study additionally sought to examine psychological maladjustment and trait anxiety as potential mediators in the relationships between perceived parental rejection and IU development. Design: A cross-sectional research design was used, examining quantitative data. This allowed the simultaneous collection of both historical data (specifically, recollections of childhood maternal and paternal rejection) and also current data. Method: 261 female and 103 male participants aged 18+ responded anonymously to an online test battery measuring recalled childhood maternal and paternal rejection, IU levels, psychological maladjustment, and trait anxiety. Correlations were undertaken between all variables, and multiple regression analyses were undertaken to identify the utility of both maternal and paternal rejection as predictors of IU in later life. Bootstrapping analyses were then undertaken to test the models of psychological maladjustment and trait anxiety as simultaneous multiple mediators of the significant relationships identified by the multiple regression analyses. Results: Positive correlations between all variables were confirmed, except between paternal rejection and IU in males. Regression results showed that only childhood rejection from the opposite-gender parent contributed significantly to predicting IU in adulthood for both males (15%) and females (6%). Mediation analyses identified that a combination of psychological maladjustment and trait anxiety fully mediated the paternal rejection-IU relationship in females, while trait anxiety alone fully mediated the maternal rejection-IU relationship in males. Conclusion: These results have clinical relevance, suggesting that childhood maternal and paternal rejection are experienced differently, and their generative impact on IU development differs between females and males. The differing contributions of psychological maladjustment and trait anxiety as mediators suggest these relationships are complex, and worthy of exploration in a clinical setting for clients experiencing IU.
Contemporary issues in psychological assessment

**Nigar Khawaja**, **Dr Rebecca Mathews**, **Douglas Scott**, **Graeme Senior**


Concurrent Session 1J, Room C2.5, Level 2, September 27, 2018

The focus of this symposium is the continued challenges psychologists face in conducting ethical and competent psychological assessments. Three topics will be discussed examining assessment issues that impact on current clinical practice. The importance of using comprehensive test batteries will be discussed along with the consequences of employing approaches that reduce the number of tests to those focused solely on the referral issue. Practitioners are increasingly faced with the challenges of providing psychological services to refugee children and other recent arrivals to Australia. Those children who come from culturally and linguistically diverse backgrounds (CALD) pose particular challenges for assessors in determining the most appropriate measures often relying on non-verbal measures over verbal tests normed on Western populations. The efficacy of this approach will be considered here with respect to the CTONI-2 and assessment of school-aged CALD youth. Finally the ethical challenges faced by psychologists in maintaining their competency and skills will be discussed particularly when psychological assessment forms a small or occasional part of their practices. These include thinking psychometrically, actively selecting appropriate tests and norms, resisting pressures to minimise or reduce the assessment process, the use of online-testing, and over-reliance on computer-generated interpretative reports.

**Presentation 1: Assessing only the referral issues in child assessments: How much information is lost?**

**Aim:** Psychological assessment is an often time-consuming and expensive process for both psychologists and their clients placing pressure on clinicians to reduce the amount of testing they do by reducing the number of tests and scope of their test batteries. The aim of the current study was to explore the consequences of reducing the number of measures included in comparison to a comprehensive assessment of a heterogenous sample of children and adolescents.

**Method:** A review was conducted of 173 cases (106 males; 67 females) of children and adolescents assessed with a comprehensive psychological test battery at the University of Southern Queensland Centre for Psychological Assessment or Psychology Clinics. The mean age of clients was 11.2 years with ages ranging from 6 years to 17 years (SD = 2.85).

**Design:** Eleven tests encompassing 34 measures assessing cognitive, developmental, psychoeducational, adaptive, and psychosocial functioning were examined to determine the base-rate of scores suggestive of impairment operationally defined as demographically adjusted scores at or below the 10th percentile.

**Results:** On average, 38% of measures yielded abnormally low scores. Abnormalities were detected in 73 percent of cases in the cognitive domain with only 27% of cases suggesting developmental difficulties. Psychoeducational difficulties were detected in 42% of cases. Clinical concerns were identified in 77% of cases while problems in adaptive functioning were the most commonly reported with 83% of individuals returning at least one abnormal result on a relevant measure.

**Conclusion:** All domains evaluated in the comprehensive battery occurred with sufficient frequency that their elimination from the assessment would result in a substantial loss of information particularly in the areas of cognition, adaptive functioning, and clinical behaviours indicating that measures of these domains must be included in all assessments.

**Presentation 2: Using CTONI-2 with Culturally and Linguistically Diverse Youth in Australia**

**Aim:** Nearly half of Australia’s culturally and linguistically diverse (CALD) population is under 18 and at school. From time to time a CALD youth is referred for cognitive assessment. Due to language and cultural barriers, traditional verbal measures normed on Western populations may not be appropriate. Subsequently, they are assessed using non-verbal measures. While the Comprehensive Test of Nonverbal Intelligence-2 (CTONI-2) is a unidimensional test of fluid intelligence with sound reliability and validity, it has not been evaluated with Australian CALD youth.
Method: The CTONI-2 was administered to 231 CALD students enrolled in a specialised high school. Boys (51%) and girls were equally represented. Their mean age was 15 years ($SD = 1.73$) and they were from refugee (57%) or migrant backgrounds of mixed ethnicities and language groups.  

Design: Rasch modelling was used to examine whether the CTONI-2 measures a unidimensional construct, and whether item analysis supports its use as a reliable language-free measure of intelligence amongst CALD youth in Australia.  

Results: The results indicated that the CTONI-2 did not fit the Rasch model of measurement. Some items were problematic and failed to discriminate between high and low levels of non-verbal cognitive ability. The unidimensional element of the test was not supported with some items and subscales reflecting crystalized intelligence bringing into question its culture fairness.  

Conclusion: Practical implications and future directions are discussed.  

Presentation 3: Are we all ethically aware when it comes to psychometric testing?  

Background: In 2010, the Australian Psychology Accreditation Council outlined a list of core capabilities that psychologists should be able to demonstrate after post-graduate training including Psychological Assessment and Measurement. Although psychometric testing is studied as part of our training, how many registered psychologists then use psychometric tools in an ongoing and competent manner in their work? Schools, forensic settings and recruitment agencies are settings where psychologists work regularly and use testing processes. However, many psychologists might only occasionally undertake testing due to a referral from a medical practitioner or school well-being co-ordinator. Has competency been maintained since completing registration requirements regarding the administration, interpretation, and client interactions surrounding the use of psychometric tests? Although we are bound by the need for continuing professional development, how many of us pursue ongoing training in the use of psychometric testing and the ethical understandings of this work?  

Aims/objectives: This presentation will address classical ethical issues in regards to psychometric testing such as: accepting responsibility for competent use of tests and selecting the most appropriate psychological test or instrument; knowing the tests and their limitations; resisting pressures to unduly shorten the planning, diagnostic, and interpretive process; ensure the use of test norms is appropriate to the population from which the test taker is drawn; and providing feedback to clients. Additionally, some newer considerations will be examined such as the provision of online testing and assessment services; the need for professional caution when using computer-generated interpretive reports, and the ongoing training and supervision needs when using psychometric tests.  

Method/Conclusions: Several case studies will be used during this presentation to illustrate the need for psychologists to maintain clear ethical guidance when using psychometric tools as part of their professional practice.
Background: In Australia, the all voluntary military service is a highly regarded occupation, which is recognized as placing high demands on the service member and their family [1][2]. Every year approximately 5000 (9%) serving men and women discharge from the Australian Defence Force (ADF). The period of transition to civilian life offers an opportunity to intervene early to mitigate potentially significant psychosocial adjustment issues such as unemployment, family/relationship conflict, and mental ill health.

Aim: In 2015, through a partnership between the Department of Veterans’ Affairs and the Department of Defence, the Transition and Wellbeing Research Program (Program) was commissioned. This constitutes the most comprehensive military study undertaken in Australia that examined the impact of military service on the mental, physical and social health of serving and ex-serving Australian Defence Force (ADF) members, and their families.

The Program, once complete, will comprise eight reports, which will be released over the next 12 months. It is only the second study of its type in the world that provides an in-depth understanding of life for transitioned military personnel. Canada conducted the other [3].

Further, two Australian government inquiries in 2016 into the suicide and self-harm of serving, and ex-serving ADF members, have also provided recommendations for mitigation and early intervention with this cohort. The aim of the Program and government inquiries was to provide recommendations for the development of innovative programs that will promote a positive transition experience, and ensure the mental and social health of serving and ex-serving ADF members and their families.

Method: Through surveys and interviews, the researchers engaged with a range of current and ex-serving ADF members using a two-phase design. It included 18% (N=4326) of the 24,932 personnel who had transitioned from the ADF between 2010 and 2014 and 42.3% (N=8480) of the 2015 current ADF population.

The government initiated inquiries sought submissions from the public, including Defence personnel, on which they based their recommendations to government.

Results: The Program, and findings from government inquiries, identified a number of areas for early intervention to mitigate the risk of mental health and wellbeing issues, and to strengthen protective factors. A range of programs targeting suicide prevention, transition and family support have been developed and implemented. These include undertaking trials of innovative programs such as the efficacy of Assistance Dogs, suicide prevention programs, the Prime Minister’s Veterans’ Employment Program which works with industry to recognise the unique skills and experience of military service, the expansion of free health care to ex-serving ADF, with at least one day of service, for any mental health condition, the expansion of family support that includes greater access to childcare, home care and counselling, and programs to develop and maintain social and community connectedness.

Conclusions: The Australian Government has been pro-active in improving the provision of, and access to, mental health care, transition support and employment assistance programs for current and ex-serving ADF members and their families. Australian Defence Force and the Department of Veterans’ Affairs will continue to develop innovative social and mental health initiatives, to support a positive transition experience, particularly targeting those most at risk.

Acknowledgments
The Centre for Traumatic Stress Studies at the University of Adelaide and the Australian Institute of Family Studies led the Transition and Wellbeing Research Program.

References
The importance of culture and context: Embracing the concept of a unique Indigenous psychology in Australia

Prof Lorelle Burton¹, Tanja Hirvonen²
¹The University of Southern Queensland, ²The Australian Indigenous Psychologists Association

The story of my pathway to academia would parallel that of many of my colleagues in the profession. An undergraduate degree with honours, followed by a postgraduate qualification, in my case, a PhD. Looking back, it’s now evident there was a key concept missing from this pedagogical framework – that of an Indigenous psychology in Australia. The first exposure I had to this concept was in researching a new chapter for my first-year psychology textbook and in establishing relationships with colleagues at the Indigenous study centre at the University of Southern Queensland. This new chapter on Indigenous and cross-cultural psychology was groundbreaking for a number of reasons. It was the first of its kind in Australia, and it also shaped my own personal approach to the educational practice of psychology.

In this paper I will share my personal insights for advancing the psychology discipline as an Indigenous psychology. I will draw from my personal experiences of community-university partnerships that enable people experiencing multiple disadvantage to connect with education. Specifically, I will share my personal experiences in establishing relationships with Indigenous Australians in carrying out research collaborations, and how this has reinforced the importance of culture and context in our discipline. I will discuss the objectives of Indigenous psychology and explore the notion that all psychologies are “Indigenous” to the cultural contexts in which they evolve and develop. I will argue that the psychology discipline in general needs to free itself from its roots in Western cultures and embrace more of an Indigenous psychology approach to help usher in a new era for the discipline.
Exploring the ethical challenges of working with young people

Dr Shane Costello\(^1\), Dr Nicholas Gamble\(^1\), Dr Zoe Morris

\(^1\)Monash University

Concurrent Session 2A, Cockle Bay Room, Level 3, September 27, 2018

Working with young people, particularly within schools, is complex work for psychologists and counsellors, both ethically and legally. Little is known about the process by which psychologists and counsellors determine the capacity for young people to provide their own consent for services, such as the role that context and client characteristics plays. This paper presents findings from a study of 108 practitioners working Australia including 56 registered psychologists (51.9%), 32 provisional psychologists (29.6%), and 20 counsellors/social workers (18.5%). Respondents were 90 females (83.3%), 17 males (15.7%), and 1 other (0.9%). Ages ranged from 23 to 70 years (M = 35.87, SD = 10.55). Participants responded to vignettes of young people engaging in therapy who may or may not have the capacity to consent for themselves, and where information may need to be disclosed to other parties. Responses provided insight into practitioner reasoning and decision-making processes when facing ethical dilemmas with young people as clients. This paper will explore current practice, highlight common challenges for practitioners, and integrate with current guidelines and policy.
Harnessing the power of digital communication: Report on a study of young people’s priorities for psychological support

Kerry Gibson

1University of Auckland

Concurrent Session 2A, Cockle Bay Room, Level 3, September 27, 2018

Aim: While digital communication is often viewed with skepticism by psychologists, it is important to understand how these rapid technological transformations are impacting on young people’s expectations of psychological support for distress. This research investigates youth priorities and needs in relation to psychological support, and how digital communication may be influencing this. Design: This draws from several linked qualitative studies which investigate young people’s ideas about distress and help seeking. These were conducted under the auspices of the ‘Mirror Project’ which was designed to inform professionals on young people’s priorities for engagement with psychological services in New Zealand. Method: Data was collected through interviews and focus groups with over 100 young people. This data was analysed thematically. This presentation will summarise themes related to young people’s priorities for engagement with psychological support, with a particular focus on the impact of digital communication. Results: The analysis suggests that young people prioritize autonomy, relationality, flexibility, informality and accessibility in their expectations of psychological support. The results highlight the way that digital communication, with and without professional involvement, has become a key medium through which young people seek psychological information and support. Conclusion: It is important for psychologists explore the potential of digital communication if they wish to engage young people better with psychological support. Recommendations are made for ways that psychologists can make use of digital communication in their work with youth.
Interprofessional information exchange and collaboration: Can we talk about vulnerable children?

Professor Lynne Harris1, Amelia Hawkins1,2

1LSC Psychology, 2Australian College of Applied Psychology

Concurrent Session 2E, Room C3.4 & C3.5, Level 3, September 27, 2018

Aim: Across Australia legislative and policy developments have focused on improving information exchange and interprofessional collaboration in order to reduce the impact of child abuse and neglect, yet there has been little research into how these policies are practically applied by relevant professional groups. The first phase of this study explored attitudes, preferences, perceptions and barriers to collaboration and information exchange among mandatory reporting professionals. Design: This study employed a cross-sectional design and targeted members of Australian professional groups involved with mandatory reporting and safeguarding children. Participants were recruited through circulation of an online flyer, distributed to the national regulatory and governing bodies of education, medical, allied health and welfare roles. Method: The final sample included 133 Australian professionals, specifically education professionals (n=37), medical professionals (n=20), and allied health professionals (psychologists, n=31; and social workers, n=45). Data analysis was conducted using SPSS, using parametric and non-parametric analysis as appropriate. Results: The results from the first phase of this study showed all professional groups held positive attitudes towards interprofessional collaboration, however, many reported that poor understanding of how to exchange information and of the roles of other professional groups were barriers to successful information exchange. Role specific concerns to information exchange included psychologists reporting confidentiality concerns played a significant barrier to information sharing, despite legislative directives. Concerningly, those professionals who primarily worked with adult clients reported lack of awareness of the relevant mandatory reporting laws as important barriers. Conclusion: The findings from this first phase provide important direction for improving interprofessional collaboration and information exchange to ensure the safety of Australian children. Furthermore, the results open the discussion of how best to turn policy designed at promoting the safety and treatment of vulnerable Australian children, into practice.
Background: yourtown: Kids Helpline, in collaboration with The University of Sydney, have been developing and trialing a purpose built, national mental health social network for group counselling 13-25 year olds. First conceptualised in 2014, the social network for mental health management is known as ‘KHL Circles’. It has now completed its first phase of participatory action research with client and counsellor centered evaluation, leading to an evidence-based design of how to engage young people at risk of self-harm, and who have lived experience with depression and anxiety. **Aim/objective:** The objective of this exploratory, quasi-experimental study, was to obtain preliminary findings on self-report of client and counsellor engagement for group counselling on a secure social network for group counselling young people about was to deal with family discord and related mood and behavioural problems. **Methods:** During 2017, the first phase of the recruitment cycle attained N=78 clients, who were divided in 6 groups that underwent group counselling synchronously and asynchronously for a period of 8 weeks, per group. Each group was established with a close-age focus (e.g. 13-14 year olds; 18-19 year olds), to stimulate age appropriate discussion and develop related experience disclosure with a counsellor facilitating 24/7. Each participant was surveyed at 2 weekly interviews for depression and anxiety symptomology, distress and levels of perceived social support, whilst engaged in an 8 week counsellor led psychoeducation program of 8 modules on self-care, seeking help for mental health, communication strategies for complex relationships and relapse prevention. Additionally, each client took part in UX for the improvement of the social network platform and various functional tools (e.g. video posting, chat functions, emoji use, etc). Utilising an ‘off the shelf’ social network platform known as ELGG [https://elgg.org/](https://elgg.org/) the social network was customised to provide clients with anonymity when engaging with other clients at all times. Whilst this did not stop clients wanting to disclosure their identity once relationships were formed, Kids Helpline provided a contractual agreement with its clients that during ELGG use they were to remain anonymous in order to promote confidence and comfort for clients to talk openly about mental health concerns. Inside KHL Circles, client identity is only known by the counsellor in charge of online group counselling sessions. **Results:** Findings for the first trial noted clients perceived improvement of mental health distress and increased levels of perceived social support. Given the small sample size, significance was not achieved, but the participatory action research method incorporating qualitative feedback and iterative improvements to the group counselling process, mental health modules provided online, and improved functionality of the custom designed KHL Circles, was strongly endorsed by the clients. **Implications and Conclusion:** It is the focus of yourtown – Kids Helpline, to continue this research indefinitely to ensure the iterative evidence-based for a mental health management model that can be delivered by a social networking focused on mental health community building. This study utilises existing evidence-based group counselling approaches in an online environment that can further be developed for duplication by any mental health service internationally. Funding for this project is ongoing via FGX Future Generation Investment Company, as is the commitment of The University of Sydney Cyberpsychology Research Group to conduct and publish this important translational research.
Background: Public health services are complex and often chaotic systems, and leadership in public health can be demanding, multifaceted and hierarchical. Psychological practice is underpinned by nuanced knowledge and understanding of human behaviour. It relies on strong interpersonal abilities; high levels of emotional intelligence; and well-developed analytical and formulation skills. Our patients are understood in the context of their history and the systems within which they operate. This armamentarium of skills and attributes is unique to psychologists among public sector health professionals. They are also directly applicable and highly relevant to successful leadership.

The public health sector is rapidly changing in Australia and internationally, with the impact of chronic health and mental health conditions placing ever increasing demands on health systems. These challenges provide opportunities for psychology to contribute leadership and clinical advocacy within the profession, as part of the broader Allied Health services and across public health services generally. This forum will explore the overlap and synergy of psychological and leadership abilities, and consider how psychologists can apply and adapt their skills for a leadership context within the current and changing public health sector. **Aims:** To examine three questions: what is the core business and values of psychology, and how is this unique and marketable in the Allied Health and public health service context? What are the current and future needs and drivers of health, and how can psychology meet these? What are the costs and benefits for psychology in the public health environment in aligning its values and directions with Allied Health and broader strategic values and directions? **Approach:** Individual presentations followed by panel discussion. **Implications:** Attendees will gain an appreciation of unique characteristics of public sector organisations; the skills required to operate as an effective leader within such systems; and why psychologists are well-placed to undertake such roles, with an emphasis given to the application of existing clinical skill sets to a leadership context. The challenges and potential benefits to the psychology profession of supporting psychology leadership will be discussed, including how we advocate for the unique contribution that psychologists bring to public health services.
Aim: This study aims to determine the significance of Five Factor Theory of Personality in work environment, through highlighting the problem that whether there is any difference in traits of openness, conscientiousness, extraversion, agreeableness, and neuroticism between personnel working on managerial and non-managerial positions. Further it also focuses on difference in life satisfaction and perceived stress of employees functioning on these two positions. Our findings would have positive implications as through it Pakistani human resource management may hire their personnel on lines of the present results. Additionally psychologist can provide different nature of counseling to employees working on different positions. Design: It is a two group comparative design where five personality traits, perceived stress and life satisfaction of managerial and non-managerial workers are compared. Method: Participants included 100 personnel, including 50 working on managerial position and 50 on non-managerial position of different business institutes of city of Karachi, Pakistan selected through convenient sampling. Their mean age was 34.77 years and SD was 9.34 with one year as minimum current work experience. To them Big Five Inventory 10-tem (BFI-10), Satisfaction with Life Scale (SWLS) and Perceived Stress Scale (PSS), were administered. Results: t'test indicates insignificant difference on personality traits of agreeableness, conscientiousness, openness and neuroticism between two groups; however on trait of extraversion non-managerial employees were significantly higher than those on managerial position. Further perceived stress of managerial was significantly less and their life satisfaction was more than non-managerial workers. Conclusion: It is concluded that although non-managerial employees seems to be more extrovert yet their level of stress is higher than those working on managerial positions. The latter group does not seem to be much extrovert and their intensity of stress is also relatively low. Further their satisfaction with life is more than former group. Hence one may not always consider extraversion as positive trait for employees of city of Karachi, Pakistan because those who are somewhat less extrovert are less stressful and their life satisfaction also seems to be more. Despite the fact that findings are striking yet it not wise to generalize the results with fair degree of reliability due to our limited sample size.
Does a nimble, innovative, collaborative, aligned and improvement culture influence employee change self-efficacy and openness to change?

Dr Simon Albrecht
Deakin University

Concurrent Session 2F, Room C3.6, Level 3, September 27, 2018

Aim: It is widely claimed that because change is constant, contemporary organisations need to be nimble, agile, collaborative, focused, continually improving and strategically aligned in order to remain competitive. However, despite the popularity of such constructs in consulting and organisational parlance, they have been the subject of very little empirical research or construct validation. The present research aimed to test a model showing how a nimble, innovative, collaborative, continually improving and strategically aligned culture directly and indirectly influences employee openness to change. Design: The study used a cross-sectional correlational survey design. Large sample survey data enables validation of proposed measurement and structural models. Method: On-line survey data were collected from 772 professional staff working in a large Australian university. Survey items were adapted from previously published measures or developed for the purposes of the research. Participation in the research was entirely voluntary and participants did not need to disclose any identifying information. The study was approved by a university ethics committee. Results: Confirmatory factor analysis (CFA) supported the convergent and discriminant validity of the measures. More specifically, CFA provided support for four first-order factors that are characteristic of an agile and adaptive organisational culture. Furthermore, the four factors- innovative-nimble, collaborative, continually improving, and strategically aligned—were successfully operationalised as a higher order factor, that was then shown to be directly associated with openness to change and indirectly associated with openness to change through employee self-efficacy. The model explained 28% of the variance in employee openness to change. Conclusion: The results have practical implications for organisations wanting to become more adaptive, nimble, agile, innovative, and open to change. The study offers up a set of measures that will help organisations reliably measure and benchmark their levels of innovation, collaboration, strategic focus and continual improvement. By developing the degree to which their organisational culture is nimble, collaborative, innovative and strategically aligned, organisations can prepare their employees to be more open to and embracing of change. Given that constant change is a feature of contemporary organisational contexts, this finding has important practical implications. The results also highlight the importance of organisations ensuring employees have sufficient, training, skills and self-confidence to deal with on-going change. Study limitations and further research opportunities are discussed.
Background: This study examined the organisational climate factors and manager behaviours that impact on an employee’s capacity to translate strengths knowledge to strengths use. Use of strengths has been found to lead to enhanced wellbeing [1], and positive employee perceptions of one’s organisation [2]. However, the research supporting strengths use in organisations is scant, particularly regarding the impact of situational context on strengths use. Aim: The aim of this study was to investigate the organisational conditions that might predict increased strengths use. In addition, this study sought to determine which organisational factors would impact the relationship between strengths knowledge and strengths use. Method: Data were collected via self-reported survey. We analysed the relationships between measures of strengths knowledge [1], strengths use [1], manager’s perceived autonomy support (PAS) [3], and organisational climate factors [4] in a sample of staff (n=297) from an Australian secondary school. Results: Surprisingly, PAS was found to have no significant impact on the relationship between strengths knowledge and strengths use. Further, hierarchical multiple regression indicated that PAS was not predictive of strengths use. Conversely, all factors of organisational climate were found to positively correlate with strengths use (rs ranging from .21 to .39). Several factors of organisational climate (namely passion, purpose, and peace) were found to impact (mediate) the relationship between strengths knowledge and strengths use, and to predict strengths use, above strengths knowledge. Conclusions: These findings demonstrate that the organisational context and climate of a workplace play important roles in facilitating individual strengths use, and may do so in the absence of strengths knowledge. Importantly, these findings also indicate that more positive employee perceptions of one’s organisation may lead to greater strengths use, providing support for a reciprocal relationship. Creating an environment where employees feel engaged, aligned to the organisation’s purpose, and that their wellbeing is valued, leads to employees using their strengths.

References
Issue: Sourcing and securing postgraduate Work Integrated Learning (WIL) placement opportunities for organisational psychology students is a challenge faced by many Placement Coordinators. Due to the diminishing number of eligible Organisational Psychologists able to support student learning as supervisors for WIL, an innovative approach to this competency based training was warranted, to both ensure the quality of the placements and maximise student learning opportunities.

Approach: In 2016 the Griffith University Organisational Psychology Program introduced an internship model to WIL. The Work and Organisational Resilience Centre (WORC) operates as a consultancy, providing organisational psychology services both within Griffith and to fee-paying external organisations and individuals. Key Findings: WORC has proven to be an invaluable learning tool that has relieved the burden on the reducing number of industry placement supervisors, and afforded students a plethora of learning opportunities that they may otherwise not have experienced. For those students with limited industry experience, WORC offers a stepping stone in their development by simulating a real business environment, including weekly team meetings, induction manuals, policies and procedures documents, a hierarchy of managers, and of course competing needs/priorities. Students have been exposed to the start-up and expansion phases of a consultancy; experiencing dynamic resource reallocation to time critical projects; preparing expressions of interest and bidding for contracts; opening and closing a contractual arrangement with organisations; and delivering corporate coaching to individual clients. In addition, advanced students can undertake placements as senior student consultants in a mentoring role for their peers. This expands their skills acquisition and enhances their employability. WORC placements include long term projects that may last 6-12 months through to small discrete tasks of less than one day duration. Previously, many of these smaller projects may have fallen outside the scope of WIL activities. Implications: WORC has expanded both the number and the breadth of placements available to organisational psychology students, while also introducing a new income stream to the University. While there has been a significant learning curve for the academic staff involved with the implementation of WORC, this has accompanied increased task variety which can be associated with enhanced job satisfaction and enabled us to attract part time staff with industry experience. Conclusion: Student engagement with WORC has been overwhelmingly positive suggesting that this approach to placements benefits students, in addition to staff and the university.
Background: People are living longer, the way we live our lives is gradually shifting. Life expectancy in developed countries has increased by more than half over the past century. In Australia, approximately 25% of the population is aged over 55 and this is likely to increase to around one third in the coming 10-20 years. However, social, economic and employment policy may not be changing swiftly enough to address the pressures created by a population that is ageing, particularly regarding older worker health and labour force participation. Objectives: Though Australian employers will have been aware of the ageing workforce for some time, data and research suggests that employers are still reluctant to hire older workers, and resistant to taking measures to retain older workers. Age discrimination is still a major issue and obstacle to labour force participation for many older Australians. This presentation will explore employer barriers to older worker attraction and retention, outline the myths and factors about work ability and performance, and highlight expert opinion about best practice approaches to the management of an older workforce. Preliminary insights from a current ARC Linkage project being led by ANU will be shared; particularly a study investigating employer readiness to adopt strategy and policy regarding support for older workers. Implications: If older workers continue to retire at the rate and age that they do, they are likely to experience considerable pressures due to inadequate income. The actions of Australian employers have broader social, health and economic cost implications. Retirement around 60 will become increasingly unsustainable, yet many older workers experience difficulty in obtaining employment beyond 50. Psychologists can play a significant role by helping to understand readiness for organisational change, and supporting employers with the adoption of a range of workforce strategies to attract, retain and manage older workers. This includes, but is not limited to, areas such as: work health, safety and wellbeing, job design, re-training and re-skilling, occupational rehabilitation, flexible work arrangements, strategic workforce planning, work scheduling, ergonomics and human factors, and transition to retirement. Conclusion: It is critical that we encourage prolonged paid workforce participation amongst older Australians to reduce the dependence of non-working Australians on the working population. Our challenge will be increasing awareness and educating employers about the impacts of failing to retain older workers, and changing attitudes about health, performance, work ability and ageing.
Untangling the relationship between employee engagement and wellbeing: A longitudinal investigation of the role of workplace practices

Ms Luming Luo1,2, Dr Louise Parkes1,2
1Voice Project, 2Macquarie University

Concurrent Session 2F, Room C3.6, Level 3, September 27 and September 28, 2018

Aim: Employee engagement and wellbeing are increasingly becoming top priorities for organisations that recognise the benefits that a highly engaged and healthy workforce brings, particularly in relation to key performance metrics such as increased productivity and reduced turnover and absenteeism. However, at present the nature of the relationship between engagement and wellbeing is unclear and the existing evidence base is largely limited to cross-sectional studies. Using a longitudinal approach the current study examined the relationship between engagement and wellbeing within work teams and furthermore sought to identify workplace factors (such as job resources, value alignment and recovery time) that impact this relationship. Design & Method: The study used archival employee survey data from 100 teams across 16 organisations in community and health services that had conducted repeat surveys (representing 5833 respondents at time 1 and 6438 respondents at time 2). A series of regression analyses were used to tease out direction of causality over time, and investigate workplace mediators and moderators. Results: Team wellbeing predicted team engagement over time and this effect was partially mediated by job resources. Whilst team engagement was related to concurrent team wellbeing, this effect did not extend over time, and contrary to predictions, was not significantly moderated by value alignment or recovery time. Consistent with the job demands resources (JD-R) model, job resources were associated with higher levels of team wellbeing and engagement, although the strength of the relationship varied between outcomes. In line with the notion of gain cycles, a reverse-effect was also observed, whereby wellbeing predicted future levels of job resources. Conclusion: The study provides valuable contributions to advancing our understanding of the relationship between engagement and wellbeing. The results highlight the importance of team wellbeing in maintaining and promoting higher levels of team engagement over time. In particular, the results suggest that teams with higher levels of wellbeing are better able to leverage job resources (specifically, performance feedback, supervisor support, learning and development, and involvement opportunities) that over time may lead to higher engagement in these teams. The findings offer insights to guide organisational initiatives targeting engagement and wellbeing to achieve sustained positive organisational outcomes.
Attachment expectancies, social integration, and mindfulness in the psychological health of Australian and Chinese university students

Ms Jichun Hao¹, Dr Ross Wilkinson¹, Dr Raymond Chan²

¹The University of Newcastle, ²Chinese Academy of Sciences

Aim: The transition to university impacts on the psychological adjustment of most students as they experience changes in social relationships. Attachment expectancies of interpersonal relationships (attachment avoidance and anxiety) influence the tendency to seek social engagement and have implications for both social integration and mental health. Trait mindfulness has been argued to represent a set of individually based emotion regulation strategies focussed on moderating one’s response to sensations, thoughts, and emotions. Cultural beliefs, such as individualism and collectivism, are also related to the psychological health of students through multiple pathways. This study sets out to understand how the combination of these factors impacts on university student’s mental health.

Design: To understand students’ adjustment process, this model will be tested.

Four measures, Experience in Close Relationship-Revised-General Short Form (ECR-R-GSF, Wilkinson, 2011), Five Factor Mindfulness Questionnaire-Short Form (Hao & Wilkinson, in preparation), Social integration (Rubin & Wright, 2015), and Depression Anxiety Stress Scale-21 (DASS-21, Lovibond, & Lovibond, 1995) were used to measure the four constructs. The partial mediating role of social integration and trait mindfulness, respectively, on the association between attachment expectancies (anxiety and avoidance separately) and psychological health were examined in samples of Australian (individualism) and Chinese (collectivism) university students. The models were then compared across the two cultural groups for the two attachment dimensions separately. Method: Two samples of Australian (N=426) and Chinese (N=626) university students, recruited online and on campus, completed anonymous online surveys. Data was evaluated using multi-group, structural equation modelling with Mplus. Results: The model fits each group well. However, for the Australian students, attachment anxiety failed to significantly predict social integration (β = -0.00), whereas in the attachment avoidance model social integration failed to predict psychological distress (β = -0.09). For the Chinese group, the only non-significant path was from attachment avoidance to psychological distress (β = 0.06). Multi-group analyses revealed that there were significant differences in effect sizes across the samples. As hypothesised, the path from social integration to psychological health was significantly larger for the ‘collectivistic’ Chinese sample (attachment anxiety: -0.25, attachment avoidance: -0.30) than for the Australian sample (attachment anxiety: -0.11, attachment avoidance: -0.09). Conclusion: The results support the application of attachment expectancies, social integration, trait mindfulness, and cultural factors in understanding student adjustment. Students from different cultural backgrounds seem to have different ways of adjusting during the transition to the university. Implications for further research, social policy, and interventions are discussed.
Journey to social inclusion: A randomised controlled trial of an intervention for adults experiencing chronic homelessness

Dr Kathryn Taylor¹, Dr Monica Thielking¹, Dr Jessica L. Mackelprang¹, Professor Paul Flatau²

¹Swinburne University of Technology, ²The University of Western Australia

Concurrent Session 2G, Room C2.1, Level 2, September 27 and September 28, 2018

Aim: Many adults experiencing chronic homelessness present with complex mental health difficulties and extensive trauma history. To support this group, Sacred Heart Mission, a Melbourne-based non-profit organisation, developed the Journey to Social Inclusion (J2SI) Program, which provides participants with rapid access to housing and trauma-informed intensive case management for 3 years. J2SI is now in its second phase of development following a successful pilot study (2009-2012). This paper will describe a research study to assess the efficacy and cost-effectiveness of J2SI Phase II. This research is led by The University of Western Australia and Swinburne University of Technology. Design: A randomised controlled trial with 3-year follow up to compare the J2SI Phase II intervention with existing services. Method: In total, 179 participants were enrolled in the trial. Following a baseline survey, participants were randomly allocated to receive either the J2SI Phase II intervention (n = 84) or existing services (n = 95) for 3 years (2016-2018). In addition to 6 waves of self-report surveys (every 6 months post-enrolment), linked administrative data will be obtained providing information from health, justice, and homeless service systems. A randomly selected subset of participants are also participating in semi-structured interviews every 12 months, as are service providers who are involved in the intervention implementation. Results: The sample consisted of 69% men with an average age of 39 years. Thirteen percent identified as Aboriginal or Torres Strait Islander. The average time spent rough sleeping was 6 years (SD = 5 years). Forty-four percent said they had left home because of violence between their parents/carers and the average age of first leaving home for this reason was 10 years (SD = 4 years). Ninety-one percent reported a chronic physical or mental health condition. Based on the Kessler Psychological Distress Scale, 83% were likely to have a mental disorder. Based on the Abbreviated PTSD Checklist, 70% screened positive for post-traumatic stress. Conclusion: Preliminary findings indicate a high prevalence of mental health difficulties and early experiences of trauma. Lifetime trauma experience is being collected at the time of writing and will be presented. Although this is based on self-report, it will be compared with linked administrative data, available 2018. The trial results will inform the development of J2SI Phase III, to be funded with an inaugural Victorian Government Social Impact Bond. The study highlights the role for psychologists within the homeless sector, in both research and practice.
Promoting social cohesion in a multicultural society: Key insights and strategies from psychology

Ms Heather Gridley¹, Dr Susie Burke¹, Professor Winnifred Louis², Professor Kate Reynolds³, Professor Michael Kyrios⁴, Mrs Shehzi Yusaf⁵

¹Australian Psychological Society, ²School of Psychology, University of Queensland, ³College of Health & Medicine, Australian National University, ⁴Flinders University, ⁵Sakina Consulting

Concurrent Session 2G, Room C2.1, Level 2, September 27, 2018

Promoting social cohesion in a multicultural society: Key insights and strategies from psychology

Background: To many Australians, we appear to be living in a time of multiple risks, threats and dangers, including increasing fears of youth and gang violence, violent extremism, and perceived threats to our safety at home and abroad. These issues often dominate the media and raise people’s anxieties and concerns. Psychology can offer important insights about psychological factors that underpin these types of social conflict and the most effective ways to bring people together to maximise effective relationships and create safer, cohesive communities. Aims/objectives: The aim of this forum is to examine and discuss ‘best-practice’ principles from psychological science to promote community cohesion. The objective is to help people to understand why community cohesion is important, to see that their own behaviour can play a part in threatening that cohesion, and also play a part in solutions. Method: This forum will focus on key insights for addressing and reducing the threat of social conflict, based on Professor Mike Kyrios’s 2016 APS Presidential Initiative on Contributions to psychology to the big issues of the 21st Century. The forum will incorporate the launch of the APS Social Cohesion Resource, which outlines and illustrates eight strategies based on these insights, and provides practical ‘how to’ guides for psychologists and the community. A panel of experts and contributing authors will then discuss the eight strategies, which include: understanding personal reactions; becoming aware of your own stereotyping; helping people to embrace their own cultural group and identity (as well as the larger Australian identity); belonging and mattering; speaking up; using groups to create social norms of tolerance instead of hate; and providing safe ways to express and resolve conflicts. Conclusions: Countering social conflict and building safe communities is largely achieved by increasing people’s sense of belonging, inclusion, participation, recognition and legitimacy – in other words, building a robust form of community cohesion that is firmly underpinned by a commitment to social inclusion. Above all, psychology can offer hope and generate optimism.
Working with young people at risk of radicalisation to violent extremism

Ms Kate Barreelle

Concurrent Session 2I, Room C2.4, Level 2, September 27, 2018

This half-day professional development training will enhance the skills of psychologists working with young people who may be at-risk of antisocial behaviour, including violent extremism. We will discuss myths associated with radicalisation towards and disengagement from violent extremism. Participant will gain a raised awareness of issues that contribute to radicalisation towards and how to support a person in their disengagement from violent extremism. Evidence-based models and research will be discussed; however, it is important to note that there are no fully validated or predictive tools in this area. Although exceptionally few, a small number of youth do radicalise and engage in acts of violent extremism. As with any presenting client, a comprehensive psychosocial assessment is essential for case formulation prior to designing any support or intervention. As important as it is to intervene early to support any young person in need, it is critical not to over-react or stigmatise. Therefore, structured professional judgement, based on sound first principles is the best-practice approach in this field. This training is entirely consistent with APS ethical principles.

Learning outcomes:

Upon completion of this workshop participants will:

- Have a raised awareness of radicalisation towards and disengagement from violent extremism (in a western liberal democratic society)
- Understand myths of radicalisation and violent extremism
- Understand the distinction between disengagement and deradicalisation
- Have a familiarity with what research does and doesn’t tell us about this phenomenon
- Have an understanding of early intervention approaches for countering violent extremism

Workshop content:

- Definitions, concepts and controversies about violent extremism
- Myth busting
- Understanding the processes of radicalism towards violent extremism
- Young people and violent extremism
- How psychologists can support a person who is in the process of disengagement from violent extremism
- Discussion and small group exercises
- Case studies

Audience: This workshop assumes competency in clinical and forensic practice, and relies on a working knowledge of:

- Youth centred practice
- Cultural competency
- Strengths-based practice
- Developmentally informed
- Family and community context
- Flexible and responsive outcomes-focussed practice
- Comprehensive holistic psychosocial assessments.
The current APS Code of Ethics was adopted by the APS membership at its 2007 AGM. Its focus on principles was a major shift from the previous version which covered separate domains of practice. The Code has served us well for many years, but in line with changing social circumstances, emerging challenges in contemporary practice, and changing expectations about practice standards, a review of the code was necessary. The APS Code of Ethics Review committee first met in October 2016. Since then it has reviewed and revised the existing Code and prepared an initial proposed draft which has been distributed to members and other stakeholders for feedback. The committee will report on its progress to date explaining the background to any proposed changes, with an opportunity for discussion around the kinds of issues the changes are designed to address.
Improving clinical outcomes through digital patient engagement

Mr Klaus Bartosch

Concurrent Session 2K, Room C2.6, Level 2, September 27, 2018

**Background:** The internet is changing the way the world works. New demands are being placed on healthcare practices to change the way they engage with patients, aided by online systems whilst ensuring patients data is secure. Access to Australian healthcare services is rapidly changing rapidly and patients are increasingly demanding and preferring online channels. Currently over 60% of all pharmacies, optometrists and General Practitioners now offer online systems to improve ease of access for patients, reduce non-attendance at appointments and drive higher levels of clinical efficacy. **Aims/Objectives:** How do online tools and technologies drive positive clinical outcomes for psychology practitioners? Online appointments make it easier for patients to access healthcare practitioners in their time of need, in turn increasing bookings for the practitioner and reducing no-shows to appointments. Digital Recall and reminder methods can improve clinical efficacy when following mental health care plans and improved patient retention. Automated post appointment follow-up allows practitioners to assess clinical efficacy of treatment and patient adherence to guidance given, as well as tracking patient sentiment. Patient privacy is fundamental when enhancing any part of a practice and an understanding of how data is collected and used forms a crucial part of change management. **Implications:** Modern digital tools and technologies for practitioners to engage with patients are profound. Online appointments, digital recalls and reminders and automated post appointment follow-up provide the opportunity for practitioners to bring their patient engagement strategies in line with patients own expectations and experiences from across other healthcare modalities and their wider daily life. **Conclusion:** The digital revolution is well and truly upon us, and the new opportunities they are presenting to psychology practitioners across Australia are set to drive real benefits and positive outcomes for patients and practice alike.
The revised Accreditation Standards for Psychology Programs come into effect 1st January 2019, replacing the current 2010 Standards. The 2019 Standards allow for greater innovation on the part of education providers in how they structure their programs, with this being particularly relevant for postgraduate programs. Such arrangements could take the form of packaging two levels of Graduate Competencies into one program, or offering a stand-alone program addressing one level only. Aspects to consider include entry requirements, placement requirements, supervisor qualifications, and research projects.
With today’s rapidly changing technology, it is easy to get caught up in the next new thing. For some, that new thing is shiny and exciting; for others, it is a reminder of how outdated they feel. Has technology eroded our privacy? Has it changed how we communicate or how we learn? Through the lens of education, the history of technology gives us a much-needed reality check. Whether you view yourself as tech savvy or as a confirmed Luddite, after this talk you will think about technology differently.
How to improve the therapeutic relationship: What evolutionary biology and neuroscience tell us about connecting

Ms Sophia Parnas

Sydney Local Health District

Concurrent Session 3B, Room C3.1, Level 3, September 27, 2018

Background: The majority of therapists are familiar with the research showing that the therapeutic relationship is more important for client improvement than the therapeutic model or specific technique used. Yet most psychologists and clinical psychologists have received little or no explicit training in how to form and maintain an effective therapeutic alliance. Connecting with our clients is not only core to effective treatment but also often made more difficult because of the fact that many of our clients have been experienced interpersonal trauma.

This workshop explores what evolutionary biology and neuroscience tell us about the interpersonal space in order for therapists to make practical use of this knowledge to enhance their ability to form an effective therapeutic relationship. An increased awareness of the importance of safety and the conscious use of cues that signal safety is valuable regardless of the population the therapist sees or the theoretical model applied. In addition, the concept of ‘therapeutic presence’ is explored as a way to increase clinical effectiveness by enhancing the clinician’s ability to create a safe therapeutic environment. Finally, the role of self-awareness and self-care of the therapist is considered as important variables that might either enhance or impede the ability to create a safe interpersonal space in the consulting room.

Learning objectives:

• An increased understanding of the current research into interpersonal neurobiology.
• Recognising the fundamental role of interpersonal safety and an exploration of how to provide signals of safety to a range of clinical populations including people who have been traumatised
• Developing an understanding of the concept of ‘therapeutic presence’ and the scales available to measure this in session
• An exploration of the importance of therapist self-care and self-awareness as foundations for optimal therapeutic presence.

Approach: This workshop includes a didactic component looking at evolutionary biology and neurobiology in the context of human connection as well as an interactive component involving group exercises. During the exercises, participants break into small groups to explore topics followed by discussions involving all participants. Copies of the Therapeutic Presence Inventory (TPI) - client and therapist - will be made available to the participants. Copies of the paper by Parnas & Isobel (2017) from Australasian Journal of Psychiatry “Navigating the social synapse: the neurobiology of bedside manner” will also be made available to interested participants.
Consistent and inevitable changes occur in many of the most basic cognitive processes as we age, including memory, information processing, attention to multiple stimuli, maneuvering effectively in space, and even some aspects of language such as naming and language fluency. Pathological decline in cognition occurs as dementia sets in as well. It makes sense that these changes affect our ability to function independently. However, the extant literature on this topic is controversial. While many studies find some relationship between age-related cognitive changes and subsequent Functional Independence (FI), the size and even direction of those relationships are contentious, and surprisingly modest relationships have been reported. Data suggest that this inconsistency and the finding of low effects sizes are based at least in part on the measurement methods. I present data from multiple studies arguing that performance-based FI evaluation provides different/better information regarding the cognition-FI relationship and accounts for greater amounts of variance within their association. These findings have implications on not only how we assess aging effects, but also how we assess the impact of early identification of dementing illnesses in older adults. When more valid data on FI are acquired such as through performance-based methods, more frequent and stronger cognition–FI associations are found. Thus, previous views of only a modest relationship, as well as views of a lack of functional impairment in Mild Cognitive Impairment (MCI), need to be revised. Finally, I will argue that this should influence policy, diagnostics, and even evaluation of decision-making authority when it comes to older adult assessment.
Associations between childhood trauma and working memory ability in adulthood

Ms Jade Goodman1, A/Prof Kerry Chalmers1, Dr Emily Freeman1

1University of Newcastle

Concurrent Session 3C, Room C3.2, Level 3, September 27, 2018

**Background:** Experiencing traumatic events in childhood has been linked to impaired cognitive function, such as a deficit in working memory performance, in adulthood. Working memory is the cognitive system used to hold and manipulate information for task relevant information, and is therefore necessary for many everyday activities, such as multi-tasking. Some studies examining the associations between childhood trauma and working memory have found a significant association, while others have not. Contradictory results are perhaps due to the vast differences between working memory tasks used to measure the phenomenon. **Aim:** The aim of the present research was to examine the relationship between working memory and a range of childhood traumas. By using a variety of working memory measures, we also aimed to investigate whether this association is influenced by the type of working memory task used to assess working memory. **Method:** 280 adults completed the Adverse Childhood Experiences International Questionnaire (WHO, 2009), a measure of 13 childhood traumas, including physical and emotional abuse, physical and emotional neglect, sexual abuse, adverse family environment, and witnessing peer and community violence. Participants also completed a range of working memory tasks, including both phonological and visuospatial simple span (i.e., digit span and location span) and n-back tasks (i.e., digit n-back and location n-back) to ensure a comprehensive measurement of working memory. **Results:** Out of the 13 childhood trauma categories, only physical neglect, loss of a parent, and emotional abuse were found to have an association with working memory impairment. Associations were found for both phonological and visuospatial working memory measures, however a higher number of significant associations were seen for the simple span tasks compared to the n-back tasks. The study also revealed that childhood traumas had a compounding effect on working memory, where adults who experienced multiple types of childhood trauma were significantly more likely to have impaired working memory function. **Conclusion:** Specific types of childhood trauma have an association with long-term impairments in working memory. The presence of a significant association may be at least partially due to the type of task used to measure working memory. These findings indicate the need for a more comprehensive assessment of working memory in childhood trauma research to better understand this relationship. These findings also have implications for the treatment of children who have experienced childhood trauma.
Should clients be encouraged to set goals in therapy? What are the benefits, and challenges, of this process? And, what tools are available to support clinicians and clients in goal-setting and -monitoring? This paper will present a review of the current theory, practice and research on goal-oriented practices in counselling and psychotherapy, based around the recently published text, *Working with goals in psychotherapy and counselling* (2018, OUP, ed. Cooper and D. Law). The paper will begin by defining 'goals' and related terms, and then go on to look at their use across different therapies. It will then present findings from a recently-conducted systematic review of goal-setting measures in therapy. The paper will then explore the benefits, and challenges, of goal-setting and -monitoring in therapy, drawing on data from a recently conducted qualitative study of clients' experiences of goal-oriented practices. Finally, drawing on the psychological and psychotherapeutic evidence, the paper will present a set of recommendations for good practice in working with goals in therapy.
Previous research highlights the Better Access two-tier system has placed counselling psychology in a vulnerable position. But, is this the only threat to the profession? This study sought to establish what Australian counselling psychologists perceive as the challenges facing the profession. A web-based survey was distributed to members of the APS College of Counselling Psychologists and the Association of Counselling Psychologists seeking information on a range of demographic and professional characteristics. The survey collected information on various aspects of professional identity and practice, such as, years of practice, employment settings, services provided, client groups and areas of practice. The survey also asked respondents to identify what they see as the challenges facing counselling psychology. A total of 346 respondents completed the survey. Respondents highlighted issues relating to inequalities in rebate schemes between clinical and non-clinical psychologists, ingrained biases towards clinical psychology resulting in power imbalances, divides, and in-fighting within the profession, difficulties demarcating the unique identity of counselling psychologists (both from within and outside), and changes threatening the existence of counselling psychology as a viable training pathway in Australia. This presentation will provide an overview of findings from the study and discuss the key challenges facing counselling psychologists in Australia, recommendations for change at the individual and system levels, and directions for the future of the profession.
How to market your private practice: The ethical and values-based approach

Mrs Gerda Muller¹,²
¹Private Practice Success, ²The Psych Professionals

Concurrent Session 3E, Room C3.4 & C3.5, Level 3, September 27, 2018

Background: When making the decision to pursue private practice as a chosen career path, psychologists know that they need to do marketing in order to attract their first referral. Unfortunately, many ventures into private practice is slow to grow and gain momentum, due to the fear and uncertainty around ‘the how’ of engaging in acceptable marketing practices. Very often this fear is around possibly, without malice or intention, engaging in a marketing activities that are unethical and in contravention of AHPRA Advertising Guidelines. The problem is that without some form of marketing, a private practice will find it very difficult to be financially viable and sustainable over the long-term and unless psychologists learn how to tell people about how they can help them, they can’t do the work they trained for. It also goes without saying, that private practice is uniquely placed to fill the gap left between public mental health services and NGO services and hence there is an industry responsibility to ensure the long-term viability of private practice. Given the importance of ethical conduct in activities such as marketing; and considering the arduous, yet important, restraints placed upon psychologists by AHPRA around advertising, it is timely to support psychologists in obtaining a clear understanding of the what and how of ethical and values based marketing.

Aim/objectives/learning outcomes: Participants will gain a clear understanding of what ethical marketing within the psychology private practice industry really is. This will include reframing our understanding of marketing and getting comfortable with an ethical approach to conveying our message. Participants will be shown the 3 Biggest Mistakes practice owners make when marketing their psychology practice and how to avoid such. Approach: The session will be delivered via interactive workshop, including PowerPoint Presentation.
At various points in our careers we have the time and inclination to give back to the community through volunteering our psychological services. Some are motivated to volunteer early in their career in order to gain more experience, some balance volunteering and paid work throughout their careers and others seek out ways to give back during retirement. Volunteering has benefits for the giver as well as the receiver, for example enriching the volunteer’s knowledge and understanding and providing a sense of purpose and usefulness. Some psychologists who volunteer may feel that their expertise is more suited to providing educational input. Many non-profit groups such as U3A, Probus and local Community Centres seek guest speakers or short course options of interest to the general public and within the domain of psychological expertise. Examples could include webinars on stress reduction, parenting or grand-parenting, coping with retirement, mindfulness, or ageing. The aim of this session is to share and learn about best practice in helping members of the community, including early career psychologists, late career psychologists and the public to live the best lives professional and personal, they can. The Fellows Project: Giving Psychology Away will as an initiative of the APS Institute through which lunch time webinars are to be offered by Fellows with several sessions being outlined. The session will be interactive, encouraging participants to share their expertise, knowledge and resources. Issues that will be considered include:

- What are the resources that can be offered to members of the community eg research, readings, videos, movies etc?
- Where are the opportunities to provide such programs?

Session exemplars,

- Interviews with Moshe Lang: A Unique Lifetime Career as a Family Therapist. A conversation with Moshe Lang will reflect on the history of Family Therapy in Australia and the skill set and strategies used by an experienced psychotherapist will be presented.
- Coping: Lessons for Life: Building resilience across the life-span
  The relationship between stress and coping, assessing personal coping and understanding helpful and unhelpful coping. Both situation and habitual practices are considered as we build resilience at different ages and stages of our lives.
- Transitioning from the world of paid work to community service.
  Achieving the best outcomes during the aging process.
  - Building Friendships and Relationships What helps to build relationships and what inhibits relationship building, social support getting and giving and both preventing and avoiding loneliness.
  - Visible and happy: The what where and how of happiness. Ellen Langer, and her work on Counterclockwise and it’s possibilities (3 part BBC series) along with mindfulness and spiritual forms of coping.

Other proposed sessions would include: Effective Grand-parenting and Shaping the Family Narrative (Susan Moore), The Brain and Us, Transitioning from the Paid Workforce, and Health, Diet and Exercise.
The effectiveness of wellbeing and resilience training in four distinct populations
Mr Joseph van Agteren1,2, Mr Jonathan Bartholomaeus1,3, Mr Matthew Iasiello1,4, Dr Aaron Jarden1,2, Dr Karena Burke5, Ms Katie Stafford5, Ms Monique Newberry1, Mr David Kelly1, Ms Gabriele Kelly1
1South Australian Health and Medical Research Institute, 2Flinders University, College of Medicine and Public Health, 3Adelaide University, Faculty of Health and Medical Sciences, 4Flinders University, College of Nursing and Health Sciences, 5Central Queensland University, Department of Psychology and Public Health

Concurrent Session 3F, Room C3.6, Level 3, September 27, 2018

Aim: To determine the effectiveness of group wellbeing and resilience training in improving the wellbeing and resilience of four distinct populations, and to explore the extent to which baseline wellbeing and resilience impacts training effectiveness. Design: Four pragmatic real-world intervention studies were conducted alongside four projects targeting corrections staff (n=112), automotive workers on the brink of redundancy (N=66), and two cohorts of older adults (60+), either from the general population (N=58) or specifically older aged carers (N=85). Method: Organisations looking to improve the wellbeing and resilience of the four target populations (total n=321) invited their constituents to take part in a wellbeing and resilience measurement and a free wellbeing and resilience training program; participants self-selected whether they would participate in measurement or participate in both measurement and intervention program. The training, based on positive psychology, cognitive-behavioural therapy and mindfulness, was taught via the train-the-trainer approach, where staff of the organisations were trained by professional trainers to deliver the training in real-world settings. The PERMA-profiler and Brief Resilience Scale were used as outcome measures, and results were analysed using parametric and non-parametric analysis techniques. Results: The training was effective in all four settings in demonstrating overall higher wellbeing scores; scores that were also attributed to the role of baseline wellbeing. Participants that had low levels of wellbeing at start of the training significantly increased in wellbeing levels, showing medium to large effect sizes, while no significant results were found for those with high baseline wellbeing. Results for resilience scores were less profound; in that for just two populations significantly higher scores for trained participants were observed. However, similar to the wellbeing scores, results indicated that participants with lower baseline resilience were significantly more impacted compared to those with high baseline resilience. Interestingly, participants who were low in wellbeing where not always the same as participants low in resilience (X²=3.91, p=0.05), indicating that a generalised wellbeing and resilience training can be beneficial for participants with low resilience or low wellbeing. Conclusion: Real-world implementation of wellbeing and resilience training is effective across different population cohorts, specifically for participants with low baseline wellbeing and resilience. Efficacy studies that replicate these findings, perform process and impact evaluation, and furthermore look at the impact of this training on mental health outcomes (for instance depressive symptoms), are needed to determine the potential of adopting wellbeing and resilience training as a novel general evidence-based mental health service offering.
Aim: Previous research suggests that perceived organizational unfairness and low organizational integrity fuels a deep sense of cynicism about the workplace. Extending this literature, we investigated the buffering potential of high supervisor integrity. Specifically, drawing on theory and research on ethical leadership and justice sensitivity we predicted that high supervisor integrity would buffer the effect of low organizational integrity but only among employees low in victim sensitivity. In contrast, we predicted that in the face of low organizational integrity highly victim sensitive employees would cognitively distance themselves and develop a cynical attitude towards the job irrespective of the level of supervisor integrity. **Design:** We tested our hypotheses in an in a two-wave longitudinal study with 561 employees. **Method:** We collected our data via an online subject pool for market research. Data were analyzed using hierarchical regression. **Results:** As predicted, the results revealed a highly significant three-way interaction of perceived organizational integrity, supervisor integrity, and victim sensitivity. High supervisor integrity would buffered the effect of low organizational integrity on cynicism but only among employees low in victim sensitivity. **Conclusion:** Our findings indicate that organizations need to be aware that people differ in terms of their sensitivity towards injustice and should be alerted to the potentially negative effects of perceived organizational unfairness.
The process of self-reflection in postgraduate psychology students: Does regular feedback enhance reflective skills?

Dr Leesa Van Niekerk\textsuperscript{1}, Dr Kimberley Norris\textsuperscript{1}, Dr Mandy Matthewson\textsuperscript{1}

\textsuperscript{1}University of Tasmania

Concurrent Session 3F, Room C3.6, Level 3, September 27, 2018

\textbf{Aim}: The use of reflective journals is considered an effective method for monitoring and improving reflective skills in postgraduate students. This study aimed to examine the use of reflective writing and formative feedback on the development of reflective skills in postgraduate psychology students. In practice, summative feedback is generally provided for reflective journals with limited evidence of regular progressive feedback completed. Formative feedback can enhance reflective practice over time, with studies showing that students who receive regular feedback are able to engage in higher levels of self-reflection. However, research examining the role of formative feedback in reflective skill development of postgraduate psychology students is lacking. The current study aimed to address this gap in understanding by examining: 1) the role of formative feedback in enhancing self-reflective skills, 2) postgraduate psychology student’s perception of formative feedback in skill development and 3) the role of formative feedback on minimising defensiveness and anxiety. 

\textbf{Design}: The current study employed a within-groups repeated measures design. 

\textbf{Method}: Postgraduate Psychology students completed a self-reflective diary immediately prior to and immediately following a 3-hour self-reflection workshop. In addition to this, students then completed this same self-reflective diary each week for the following 13 weeks of their first-semester of postgraduate psychology training. For each diary entry, students were provided formative feedback by clinically trained academic staff. On each occasion the self-reflective diary was completed, students also completed measures assessing acceptability and utility of feedback, as well as measures assessing anxiety and defensiveness. 

\textbf{Results}: Data collection is ongoing. It is hypothesised that the provision of regular and formative feedback will result in improved self-reflective skills and encourage ongoing engagement in the process of self-reflection. It is also hypothesised that the process of regular feedback will also result in a reduction of defensiveness and anxiety in relation to skill development and engagement in internal and external practicum. 

\textbf{Conclusion}: Results will be discussed in the context of informing postgraduate psychology training and clinical supervision methods.
An unpublished study (Fernandez Baca & Senderey, 2017) investigated three variables (worry, rumination and perfectionistic thoughts) as predictors of psychological distress in a group of psychology students. All variables were strong predictors of distress, however, and contrary to expectations, rumination and worry had a higher predictive power than perfectionistic thoughts. The cognitive theory of perfectionism (Flett, Nepon & Hewitt, 2015) proposes that perfectionism is implicated with styles of repetitive thinking that lead to and maintain distress. Cognitive perseveration is self-focused and highlights the discrepancies between the ideal, perfect self and the actual, undesirable self. Rumination is defined as repetitive thinking about the self, past mistakes, and perceived failures. Worry is conceptualized as a cognitive component of anxiety, which is focused on current and future, actual or perceived threats.

Perfectionism has been recognised as a risk factor for physical and mental health problems in numerous studies. This paper will outline a study which aimed to explore the relationship between perfectionistic cognitions and distress as mediated by two types of cognitive perseveration namely, rumination and worry. The study used a cross-sectional design involving 722 first-year psychology students. Mediational analysis was used to test the hypotheses. Mediation analysis was chosen as a way to explain the underlying processes connecting perfectionism and distress and/or psychopathology. Further understanding of those processes and mechanisms is important to guide future prevention efforts and intervention strategies to minimise negative health outcomes (MacKinnon, 2008). Preliminary statistical analysis of the data set is still being conducted and, therefore, has not yet been included in this abstract. Full results, recommendations and limitations will be provided during the oral presentation.

References
Can private practice support postgraduate student placements? (Hint: Yes, you can and you should)

**Dr Tess Crawley**

**Dr Tess Crawley & Associates**

Concurrent Session 3G, Room C2.1, Level 2, September 27, 2018

**Background:** Dr Tess Crawley is a clinical and forensic psychologist, and the director of Dr Tess Crawley, a large group private practice in Tasmania. Dr Crawley started her private practice in 2001, as a very part-time sole clinician renting rooms from other practitioners (while working part-time elsewhere and completing a PhD Clin). Dr Crawley has hosted postgraduate psychology interns in her practice since 2006 and now has an agreement with the University of Tasmania to host at least two interns each year. Dr Tess Crawley & Associates was established as a group practice in 2009, and is considered a desirable placement location among the local postgraduate population, with placements having the reputation of exceeding students’ needs for client contact hours and supervision hours. **Aim:** The aim of this “how to” session is to provide insight into how private practices can thrive while also taking the time to supervise postgraduate psychology student interns. The overarching aim is to inspire more private practice owners to consider providing placements to our postgraduate students for (a) the benefit of the student, (b) the benefit of the host practice, and (c) the benefit of the profession overall. **Objectives:** The key objectives of this session are to provide insight into the risks and benefits of hosting postgraduate psychology interns within a private practice setting. Strategies for offsetting the time demands associated with supervising interns will be discussed. The benefits to client treatment, demand management, and clinician recruitment are also discussed. **Learning Outcomes:** Attendees will gain (i) an insight into the realities of hosting postgraduate interns in private practice; (ii) an understanding of risks associated with hosting interns and how to minimise these; and (iii) how private practices and interns can mutually benefit from private practice placements. **Approach:** This will be an interactive workshop-style presentation, with opportunities for discussion of placement examples, ethical problem-solving, and brainstorming risk reduction. Dr Crawley will discuss the practical considerations for a successful placement program within a private practice, including cost efficiencies, client focussed care, building trust with local referrers, and establishing a mutually beneficial relationship with universities.
Providing private psychological services in rural communities: Face-to-face, online, phone. Risks, benefits and ethical dilemmas

Dr Tess Crawley¹
¹Dr Tess Crawley & Associates

Concurrent Session 3G, Room C2.1, Level 2, September 27, 2018

Background: Dr Tess Crawley & Associates is a Hobart-based private practice established by Tess Crawley in 2009. In 2013 Dr Crawley approached a small GP practice in a rural community an hour’s drive from Hobart with a view to trialling a satellite outreach clinic. What started in early 2014 as an unfunded fortnightly session provided by Dr Crawley herself, has grown into a major private outreach service spanning the entire east coast and northern regions of Tasmania, attracting large-scale service delivery federal funding, and leading to the establishment of a second practice office in Launceston. The service is now delivered by a team of clinicians, under the Directorship of Dr Crawley. Aim/objectives/learning outcomes: This document must only contain the content of your abstract. Make sure the bold headings for Aim, Method, Results and Conclusion are maintained.

Aim: The aim of this “how to” session is to provide insight into how to set up and maintain a safe and viable private psychological rural outreach service, with the overarching aim of inspiring more clinicians to consider providing services to our rural communities. Objectives: The key objectives are to provide insight into the risks and benefits of rural outreach from the specific perspective of private practitioners, with the realities of costs, reach, and demand management highlighted. The difference between embedded and “FIFO” service delivery will also be discussed. Learning Outcomes: Attendees will gain (i) an insight into the realities of private rural outreach work; (ii) an understanding of potential solutions to barriers to providing rural outreach; and (iii) confidence in their ability to provide a sustainable private outreach service. Approach: This will be an interactive workshop-style presentation, with opportunities for case discussion, ethical problem-solving, and brainstorming risk reduction. Dr Crawley will discuss the practical considerations for a successful rural outreach service, including cost efficiencies, client focussed care, building trust with local referrers. She will also outline strategies for managing the frequent ethical dilemmas, such as dual roles, that are a characteristic of rural clinical work. Risk management will be discussed as it relates to rural suicide, clinician safety, and integrity of the service. Anecdotal evidence will be provided to evidence the benefits of rural outreach psychological services. Case studies will also be discussed.
A component analysis of crisis response planning for suicide prevention: Results of a randomised controlled trial

**Dr Craig Bryan**, **Dr David Rozek**, **Dr Alexis May**

1University of Utah

Concurrent Session 3H, Room C2.2 & C2.3, Level 2, September 27, 2018

**Aim:** Previous research supports the efficacy of crisis response planning (CRP) for the reduction of suicidal behaviors as compared to treatment as usual (TAU). Patient perspectives and use of the CRP, and the relationship of these dimensions to later suicidal thoughts, remain unknown. The aim of the present study was to examine patient perceptions, retention, and patterns of use of the standard and enhanced CRPs as compared to treatment as usual. **Methods:** A secondary analysis of a randomized clinical trial comparing a standard CRP, enhanced CRP, and TAU in a sample of 97 active duty U.S. Army personnel was conducted. Participants were asked about their use, perceptions, and recall of each intervention. Generalized estimating equations were used to test the conditional effects of intervention use, perceptions, and recall on severity of suicide ideation during the 6-month follow-up period. **Results:** Across all treatment groups, over 80% of participants retained their written plan up to 6 months later, but less than 25% had the written plan in their physical possession at the time of each assessment. Participants in S-CRP and E-CRP were more likely to recall self-management strategies and sources of social support. Participants in TAU were more likely to recall use of professional healthcare services and crisis management services. All three interventions were rated as highly useful. More frequent use of the E-CRP and recall of its components were associated with significantly reduced suicide ideation as compared to TAU. **Conclusion:** The S-CRP and E-CRP have high acceptability ratings. The CRP’s effect on reduced suicide ideation is associated with patient recall of CRP components. More frequent use of the E-CRP is associated with significant reductions in suicide ideation. Previous research supports shows that the crisis response plan (CRP) reduces suicidal behaviors among at-risk patients by 76% as compared to treatment as usual. Results of the present study indicate the CRP’s effects are due in part to the intervention’s ability to help at-risk individuals remember self-management strategies and social support networks during periods of acute emotional distress. More frequent use of the CRP is associated with incrementally larger reductions in risk when the CRP is enhanced by a discussion of the individual’s reasons for living.
Holistic management of schizophrenia – An international study

Mr Pronab Ganguly

Western Sydney University

Concurrent Session 3H, Room C2.2 & C2.3, Level 2, September 27, 2018

Aim: Holistic management of schizophrenia involves mainstream pharmacological intervention, complimentary medicine intervention, therapeutic intervention and other psychosocial factors such as accommodation, education, job training, employment, relationship, friendship, exercise, overall well-being, smoking, substance abuse, suicide prevention, stigmatisation, recreation, entertainment, violent behaviour, arrangement of public trusteeship and guardianship, day-day-living skill, integration with community, management of overweight due to medications and other health complications related to medications amongst others. Our review shows that there is no integrated study by combining all these factors. We are conducting an international web based survey to evaluate the significance of all these factors and present them in a unified manner. We believe this investigation will contribute positively towards holistic management of schizophrenia. Design: There will be two surveys. In the pharmacological intervention survey five popular drugs for schizophrenia will be chosen and their efficacy as well as harmful side effects will be evaluated in a scale of 0 -10. This survey will be done by psychiatrists. In the second survey, each element of therapeutic intervention and psychosocial factors will be evaluated according to their significance in a scale of 0 - 10. This survey will be done by care givers, psychologists, case managers and case workers. Method: For the first survey, we will contact the professional bodies of the psychiatrists in English speaking countries and request them to ask their members to participate in the survey. For the second survey, we will contact the professional bodies of clinical psychologist and care givers in English speaking countries and request them to ask their members to participate in the survey. Additionally for both the surveys, we will contact the relevant professionals through personal contact networks. Results: For both the surveys, mean, mode, median, standard deviation and net promoter score will be calculated for each factor and presented then in a statistically significant manner. Subsequently each factor will be ranked according to their statistical significance. Additionally, country specific variation will be highlighted to identify the variation pattern. Conclusion: The results of these surveys will identify the relative significance of each type of pharmacological intervention, each type of therapeutic intervention and each type of psychosocial factor. The determination of this relative importance will definitely contribute to the improvement in quality of life for individuals with schizophrenia.
Sexual violence and mental illness: A gender sensitive lens on psychiatric inpatient units

Ms Carol O’Dwyer1, Dr Laura Tarzia1, Dr Sabin Ferbacher2, Prof Kelsey Hegarty1

1The University of Melbourne, 2Northern Area Mental Health Service, Melbourne Health

Concurrent Session 3H, Room C2.2 & C2.3, Level 2, September 27, 2018

Background: There are strong associations between sexual violence victimisation and mental illness, with one in three women presenting at inpatient or outpatient mental health services have experienced domestic violence, including sexual violence. Women are often disempowered and revictimised while in psychiatric inpatient units, especially in mixed-gender wards. Sexual violence is generally not identified by mental health care services. Staff frequently do not ask about a history of abuse or sexual violence due to lack of knowledge, confidence and skills to respond appropriately to disclosures of sexual violence. Gender sensitive care considers the impact of adverse life experiences in the context of gender, social, cultural, familial and economic circumstances of the person with a mental illness. The Gender Sensitivity and Safety (GSS) Guideline was developed to improve the safety and provide practical directions to practitioners and organisations to adequately support women who have a trauma history and co-morbid mental illness.

Aim/Objectives:

• Understand how staff working in psychiatric inpatient units experience care for women with mental illness who have been subjected to sexual violence?

1. Understand how gender sensitive care is enacted in psychiatric inpatient units in Australia for women who have experienced sexual violence and mental illness.

Study Design: A case study design was utilised, including semi-structured interviews, documents and observations. Participants included management and staff of both genders from different occupational groups; including medical, nursing and allied health professionals. Normalisation Process Theory (NPT) was used to analyse the data collected to develop a rich understanding of gender sensitive care in psychiatric inpatient settings.

Results: Findings suggest that there are barriers to the implementation of gender sensitive care. Sexual violence is often minimised or ignored due to a focus on mental illness. The implementation of gender sensitive care was further examined using the lens of NPT to highlight possible areas for improvement to be identified at an organisational level.

Discussion and Recommendations: Gender sensitive care has the potential to improve women’s experiences within an inpatient setting by recognising and responding to the complexity of their trauma and well-being. NPT provides an in-depth understanding of the perceived enablers and barriers to implementing gender sensitive care in psychiatric inpatient units. Staff require a comprehensive shared understanding of what is gender sensitive care and how it is carried out by all staff members to then increase collective action and reflexive monitoring between staff and management. This research seeks to inform policy development to further implement a gender sensitive model of care which has the potential to empower women who have experienced both sexual violence and mental illness.
Background: Trauma may occur as a single event or as repeated and enduring events. In therapy, we often refer to this as “Big T” and “little t” traumas. “Big T” traumas include both personal and natural events – sexual and/or child abuse, torture as well as earthquakes, floods, fire. “Little t” traumas may seem small and insignificant in the delivery – but the effects may become cumulative – repeated incidents which, whilst apparently small in the delivery, over time build up. This is the potentiating effect. Aims/objectives: Early trauma can leave a lasting imprint on the developing brain. The younger the child, the more vulnerable their brain is to the effects of trauma. Exposure to traumatic experiences, especially those occurring in childhood, has been linked to substance use disorders (SUDs), including abuse and dependence. These disorders are also highly comorbid with Posttraumatic Stress Disorder (PTSD) other mood-related psychopathology, and dissociative disorders. Implications: While 69% of adults in normal populations will experience a serious traumatic event at some stage in their lifetime (Norris, 2005), the numbers accessing alcohol and other drug (AOD) services are recognised as being much higher – for both males as well as females. Co-occurring PTSD symptoms and substance use is a common co-morbid picture, often exacerbating other related symptoms of anxiety, depression and other mental health presentations. Conclusions: These clients may have complex presentations, together with strongly developed coping mechanisms which may be viewed as negative or antisocial – and to which we as therapists have been trained towards change. Working with the wounded client provides an opportunity to view substance dependence through a different lens, and suggests mechanisms of substance addiction as well as pathways to improving prevention and treatment.
Aim: The present study explored dimensions of psychological distress for a community sample of young adult Hazaras who were not selected as service users. The aim was to contribute to a more detailed understanding of their mental health, coping and help-seeking in Australia. Four research questions were explored: How do these young people describe their mental health? What factors contribute to or cause their mental health problems? What strategies do they use to cope with mental health concerns? What interventions do they use to treat mental health problems? 

Design: This is a qualitative interview-based study. Qualitative methodology was chosen because of the suitability with ethnic-diverse populations; flexible and exploratory approach; and giving voice to a sample that has had limited opportunity to do so in the wider literature (Alemi et al., 2014; Kleinman, 1987; Weisner & Fiese, 2011).

Method: Eighteen Hazaras, 9 males and 9 females living in Perth, Victoria or Sydney, aged 18-30 years ($M = 22.39$, $SD = 3.35$), who had been living in Australia on average 7.17 years (range 1 year to 16 years), completed a modified version of Tempany’s (2008) semi-structured interview schedule. The sample was selected from young Hazaras with refugee backgrounds who completed an anonymous survey (see Copolov, Knowles, & Meyer, 2017). At the conclusion of this survey, respondents could express interest in participating in follow up semi-structured interviews. Data were analysed using deductive thematic analysis in line with the modified interview schedule but included an inductive component based on participants’ unprompted responses (Braun & Clarke, 2006).

Results: Findings showed respondents believed mental and physical health were interconnected and beliefs about causes of psychological distress affected how they believed distress should be managed. Some of these young people were using positive coping strategies in the community. Others had engaged with a variety of mental health services. Level of satisfaction with these services varied considerably. Satisfaction was highest for services provided by multicultural centres.

Conclusion: Generally, respondents were not focusing on their past traumas but instead were planning for their futures in Australia. Key implications for culturally appropriate training and specialised interventions for use with young adult Hazaras from refugee backgrounds are discussed.
Working with young people at risk of radicalisation to violent extremism (Continued)

Ms Kate Barrelle

Concurrent Session 3I, Room C2.4, Level 2, September 27, 2018

This half-day professional development training will enhance the skills of psychologists working with young people who may be at-risk of antisocial behaviour, including violent extremism. We will discuss myths associated with radicalisation towards and disengagement from violent extremism. Participant will gain a raised awareness of issues that contribute to radicalisation towards and how to support a person in their disengagement from violent extremism. Evidence-based models and research will be discussed; however, it is important to note that there are no fully validated or predictive tools in this area. Although exceptionally few, a small number of youth do radicalise and engage in acts of violent extremism. As with any presenting client, a comprehensive psychosocial assessment is essential for case formulation prior to designing any support or intervention. As important as it is to intervene early to support any young person in need, it is critical not to over-react or stigmatise. Therefore, structured professional judgement, based on sound first principles is the best-practice approach in this field. This training is entirely consistent with APS ethical principles.

**Learning outcomes:**
Upon completion of this workshop participants will:

- Have a raised awareness of radicalisation towards and disengagement from violent extremism (in a western liberal democratic society)
- Understand myths of radicalisation and violent extremism
- Understand the distinction between disengagement and deradicalisation
- Have a familiarity with what research does and doesn’t tell us about this phenomenon
- Have an understanding of early intervention approaches for countering violent extremism

**Workshop content:**

- Definitions, concepts and controversies about violent extremism
- Myth busting
- Understanding the processes of radicalism towards violent extremism
- Young people and violent extremism
- How psychologists can support a person who is in the process of disengagement from violent extremism
- Discussion and small group exercises
- Case studies

**Audience:** This workshop assumes competency in clinical and forensic practice, and relies on a working knowledge of:

- Youth centred practice
- Cultural competency
- Strengths-based practice
- Developmentally informed
- Family and community context
- Flexible and responsive outcomes-focussed practice
- Comprehensive holistic psychosocial assessments.
A more humanised approach - Effectively facilitating recovery from sexual violence

Ms Jackie Burke

Jackie Burke Psychology & Consulting

Concurrent Session 3J, Room C2.5 & C2.6, Level 2, September 27, 2018

Background: Latest estimates suggest that one in five Australian women and one in 22 Australian men experience sexual violence after the age of 15 years (Cox, 2016). Despite these high prevalence rates, social responses are still poor and only a small proportion of sexually violent crimes are ever scrutinized by Australian criminal justice systems. Psychological treatment approaches often fail to accurately conceptualise the traumatic nature of sexual violence, and underestimate the importance of relational and somatic dimensions in recovery. People who have experienced sexual violence therefore face a number of factors that deter their recovery. More humanised responses to facilitating recovery from sexual violence are required.

Aims/Objectives/Learning Outcomes: This interactive session will explore the approaches of the Recovery Model and Trauma Informed Care in the context of recovery from sexual violence. The session will then move beyond the limits of these models and articulate key principles for facilitating recovery from sexual violence in ways that are both effective and accessible. As a result of this session, participants will be able to:

- Understand a humanised approach to mental health services
- Critique traditional approaches to facilitating recovery from sexual violence
- Understand the relational and somatic dimensions of recovery from sexual violence
- Apply the principles of a humanised approach in their work with people who have experienced sexual violence

Approach: Participants will engage in dyadic and group activities and will receive a bibliography of key texts relating to the topic. Participants will be equipped to immediately apply their learning from the session in therapeutic practice.
As most psychologists receive no specific training in working with gifted clients, they are often unaware of how long-lasting periods of chronic boredom within the classroom or at a job can affect them. Chronic boredom can cause such high levels of intellectual frustration that symptoms that manifest can be, and often are, misinterpreted as mental health and behavioural issues both in children and in adults. Psychologist John Eastwood and his colleagues have concluded that boredom is best described in terms of attention. A bored person wants to be stimulated, but “is unable, for whatever reason, to connect with his or her environment.” Within a mixed ability classroom many gifted children whose need for challenge fails to be met, become disconnected, disengaged and frustrated. In a repetitive and mundane work environment, gifted adults may also experience the acute frustration that can not only masquerade as a gamut of mental health issues but can also trigger rage and withdrawal. When holding back this anger leads to episodes of anxiety and depression it becomes a vicious circle. In this session, an advanced follow-on session from a session held at the 2016 Congress, I will present case studies and discuss the issues significant for gifted clients experiencing chronic boredom and frustration. I will also outline the types of therapy and counselling techniques that tend to work well for this population, including aspects of Narrative Therapy, Positive Psychology, Mindfulness Techniques and Dabrowski’s Theory of Positive Disintegration. The work of Dr James Webb on existential depression and the SENG (Supporting the Emotional Needs of Gifted Children) Initiative: “Decreasing Medical Misdiagnosis in Gifted Children” will also be discussed in relation to Australian concerns. Participants will gain knowledge and a skill set to help them meet the counselling needs characteristic of intellectually and creatively gifted clients experiencing chronic boredom. They will come away with greater understanding of how intellectual frustration affects these clients, as well as a working knowledge of the pros and cons of particular therapeutic approaches.
10 rules (& a bit more) to plan your research career

**Prof Michael Kyrios**

Concurrent Session 3K, Room C2.6, Level 2, September 27, 2018

Early career academics, particularly those wanting to pursue their interests in research, are facing greater challenges in achieving their career goals and in facilitating some stability in their employment. Many universities and research centres now offer mentoring programs; however, these will often constitute a reaction to challenging funding and employment landscapes rather than offering proactive guidelines to individuals as they complete their PhDs or start their career. This session is aimed at giving early career academics some issues to think about to guide them in setting up their trajectory. While sheer brilliance will get you so far, remember there are lots of brilliant people out there working in universities. As with any part of one’s life, having an attitudinal / emotional / strategic framework to help you achieve your goals can only be helpful. While your framework may need to evolve with your circumstances, developing such a framework from the outset will see you in good stead. This session will start off with 10 “simple” rules or pieces of advice (and a little more) to guide your thinking in developing your own framework. Theses “10 rules” relate to a range of matters, including personal motivations, maintenance of quality and impact, publication track record, grant preparation, keeping in touch with the funding landscape, the need to network and get yourself noticed, and maintaining helpful attitudes and a balanced lifestyle.
Psychologists speak up!

Mrs Lucy Brogden

Keynote Address: Lucy Brogden, Cockle Bay Room, Level 3, September 27, 2018

Australia is undergoing significant reform in mental health from prevention, early intervention, primary care through to acute care. Psychology and psychologists are connected to every point on the lifespan and all parts of the community. We have the capacity to improve the wellbeing of all Australians. To do this we must collaborate more within our profession and with others. Further, we need to be part of the reform agenda from the community to the national stage.
As a serious mental illness, schizophrenia is a debilitating disorder that because of its onset in late adolescence / early adulthood has a profound impact on the individual and their families, their capacity to engage in further education, develop careers and their social functioning. The costs of psychosis to the patient, the health care system and society are enormous – the latter recently estimated to be $6.21 billion per year in Australia. The largest contributor to the burden of disease is the cognitive impairments that most patients experience - they affect social and occupational functioning more so than psychotic symptoms. Unfortunately, neither psychological interventions (eg cognitive rehabilitation) nor medications have proved effective in ameliorating these impairments. My research career has focussed on understanding the nature of these cognitive impairments using a variety of methods derived from cognitive science and cognitive neuroscience. The rationale is that increased understanding of the component processes contributing to cognitive deficits offers the optimal way forward in terms of remediation and treatment. The methods employed range from electrophysiological and other functional brain imaging indices derived from simple paradigms that provide surprising insights into the early sensory processes that are impaired, and more complex tasks derived from cognitive science that tap into higher order executive function deficits. Understanding the brain is one of the greatest challenges facing Science today. Understanding what goes wrong in various disorders is an even greater challenge. However, we are on the cusp of a new era as a result of substantial international efforts underway to advance brain science. Australia is contributing to this effort via the Australian Brain Alliance (ABA) created under the auspices of the National Committee of Brain and Mind of Australian Academy of Science, a committee of psychologists and neuroscientists. The mission of the ABA is to establish an Australian Brain Initiative that will achieve major advances in understanding healthy optimal brain function, identify the causes of debilitating disorders and develop new treatments. The ABA is supported by major Australian scientific bodies including APS and all institutes / universities with major brain science research programs.
Positive Education refers to the application of Positive Psychology in educational contexts to promote positive mental health, allowing students, staff and the wider school community to flourish. As pioneers of Positive Education, Geelong Grammar School (GGS) has made significant contributions to understanding questions of what works and what does not work in context and in practice. The school began implementing Positive Education from 2008, when Professor Martin Seligman was in residence for 6 months and along with an experienced training team from the University of Pennsylvania trained staff in delivering positive psychology programmes. As a case study, the school’s experiences over the last ten years have assisted other schools through the development and sharing of evidence-based wellbeing models, implementation frameworks and practice-based wisdom. Research has consistently found whole school approaches involving collective action from all members of the school community are required for wellbeing and mental health initiatives to be most effective. The GGS Applied Model for Positive Education proposes four interconnecting, cyclical processes Learn it, Live it, Teach it, Embed it as the foundations for schools implementing and sustaining Positive Education (Hoare, Bott & Robinson, 2017).

Psychologists working within school settings typically face challenges associated with being a minority voice, sometimes perceived as outsiders who provide services non-essential to the core business of education. We strongly dispute these views and argue for the fundamental role school psychologists play in influencing collective psychological knowledge and skills, standards of professional practice and school culture. We see psychologists as potential leaders of Positive Education and discuss strategies, resources and ideas for working most effectively across teaching and mental health professions. In particular, we explore how school psychologists can promote critical thinking and reflection, as well as scientific rigour in Positive Education implementation.

In this workshop, we aim to:

- introduce participants to evidence-based Positive Education frameworks so that they are aware of the central aims, elements and processes involved in whole school implementation;
- discuss, explore and situate the role of school psychologists in supporting whole school prevention and intervention efforts;
- develop participants’ practical skills in leading, supporting and working collaboratively to bring about Positive Education change efforts which align with Learn, Live, Teach, Embed processes;

Participatory learning approaches will be used throughout the workshop including small and large group discussion, personal reflection and role-play. Participants receive a workbook and resources to support Positive Education implementation in their settings.
Background: The Government’s response to the National Mental Health Commission’s Review of Mental Health Programmes and Services included the implementation of significant system reforms, including transition of Commonwealth mental health program funding to Primary Health Networks (PHNs) to form a mental health flexible funding pool for services. PHNs will have the flexibility to use this funding to commission regionally delivered primary mental health services suited to local needs. This includes low intensity mental health services for early intervention as part of the new arrangements. These services are evidence-based psychological interventions primary targeted to people with, or at risk of, mild mental illness. The Australian Government Department of Health has recognised the need for accreditation for the delivery of low intensity services that will ensure that best practice quality and safety standards are implemented as part of their commissioning by PHNs. The Australian Psychological Society (APS) has been funded to develop recommendations for the Department regarding preferred approaches of the low intensity workforce that will underpin commissioning of the PHNs and other commissioning bodies; and future training arrangements to support the low intensity workforce. The APS is working in collaboration with key stakeholders, including the Australian Association of Social Workers, Occupational Therapy Australia, Royal Australian and New Zealand College of Psychiatrists, Royal Australian College of General Practitioners, Australian College of Mental Health Nurses and PHNs. Aims/objectives: This presentation will provide an overview of the literature related to low intensity services, including defining features of these services, the evidence in relation to different types of low intensity services and some of the key considerations for low intensity service delivery, particularly workforce requirements. Implications: The need for accreditation to ensure that best practice quality and safety standards are implemented has been recognised as a critical need to assist PHNs and others in ensuring the best client outcomes are achieved. Psychologists providing or referring to low intensity service providers will be well supported by such an accreditation process. Conclusions: Identifying the key features of best practice in the delivery of low intensity service delivery is critical to informing practices that ensure high quality and safe provision of services.
Aim: This study examines psychometric properties of the 10-item Connor Davidson Resilience Scale (CD-RISC-10) among a Vietnamese sample of university students. Design: The study follows a two-phase sequential cross-sectional design - a commonly employed design in validating instruments. We conducted scale translation in the first phase and collected quantitative data in the second phase to increase translation validity and construct validity of the scale. Method: In 2016, we invited four bilingual experts of English and Vietnamese to help with translating and back-translating the CD-RISC-10. Then, we administered the scale to undergraduate students at 15 universities in Southern Viet Nam. All students (N=414) met our selection criteria of being at least 18 and enrolled as undergraduates at university (not college). Participants were in the age range of 18 to 26 (Mean=20.1, SD=1.27), with female taking 64% of the sample, and the majority being senior and junior students in various majors. Paper-based surveys were distributed to students through direct help of our colleagues at higher education institutions in Viet Nam. Methods of data analysis included Principal Component Analysis approach to explore factor structure of the CD-RISC-10, Confirmatory Factor Analysis to verify the structure of the scale, and item response theory (IRT) using Samejima graded model to examine how each item functioned on the continuum of the latent trait, i.e., resilience. Results: Factor analysis confirmed a single-dimensional structure of the CD-RISC-10, with fit indices CFI=.953, TLI=.940, RMSEA=.08, 90% CI=.065-.095, and WRMR=1.009. IRT analysis found issues with the first response category (not true at all), thus suggested combining the first two response categories together to make CD-RISC-10 a four-point scale. We found all items were fairly homogenous in the amount of information they contributed, among which item 2 was the most informative and items 3 and 10 were the least informative. We also found the scale as a total provided stably reliable estimation of resilience in a wide interval from -3.0 to 2.0. Conclusion: This study supports the CD-RISC-10 as a highly valid and reliable measure of resilience among Vietnamese students, and suggests collapsing the first two response categories to improve item quality. The study implies that IRT is necessary for deep analyses of the scale psychometric properties, as it could detect measurement problems unseen in traditional factor analysis approaches. Self-reported survey and the sample containing mostly Southern students are limitations of the study.
Navigating the maze of ethical, professional and business obligations

Ms Rachel Phillips\textsuperscript{1}, Professor Alfred Allan\textsuperscript{1}, Mrs Joanne Muller\textsuperscript{1}

\textsuperscript{1}Psychology Board of Australia

Concurrent Session 4B, Room C3.1, Level 3, September 28, 2018

Historically psychologists have predominately worked in public sector, other large organisations, or academic settings, with a smaller proportion working in private practice. The employment landscape for psychologists has broadened dramatically over the last 10 years alongside the increasing national recognition of the significant health burden of mental illness. Primary care funding opportunities has created rich business opportunities for the saavy practitioner and employment opportunities for new graduates. The Psychology Board of Australia recognises that navigating the ethical and professional tensions that arise within a business model can be challenging. This symposium focusses on outlining the common challenges experienced by psychologists and the ethical and professional obligations to uphold to minimise the impact on the client. It is expected that this symposium is interactive and an opportunity for the audience to discuss different scenarios with both practitioner and community members of the Psychology Board of Australia.
Imagery Rescripting (ImR) is an evidence-based intervention that directly accesses maladaptive images associated with trauma and a range of other clinical presentations. ImR helps clients transform recurring, distressing images and memories (e.g. flashbacks and nightmares) into images characterised by mastery and validation. ImR aims to facilitate the creation of new meaning and new experience of these memories thereby reducing associated distress. This workshop will provide a snapshot of the treatment protocol and an overview of key benefits and challenges of using this intervention. The presenters will provide demonstrations of components of ImR and participants will have opportunity to practice these skills. It is anticipated that this workshop will encourage clinicians to consider how ImR could complement their current practice, regardless of preferred treatment modality.

**Learning outcomes:**
Upon completion of this workshop participants will be able to:
- Describe a basic ImR treatment protocol
- Consider which clinical presentations ImR may be used to treat
- Summarise key strengths and challenges of ImR.

**Workshop content:**
- Brief overview of how ImR was developed
- The modules of ImR and the treatment protocol
- Observation of treatment modules
- Skills rehearsal.

**Audience:**
This workshop is suitable for psychologists, psychiatrists and mental health practitioners.
Emotionally Focused Couples Therapy: Evidence-based practice for the 21st century

A/Prof Jennifer Fitzgerald

The University of Queensland

Concurrent Session 4D, Room C3.3, Level 3, September 28, 2018

Theme: Emotionally Focused Therapy for Couples meets all the APA requirements for empirical evidence and demonstrates an effective clinical application of attachment theory. This presentation will help practitioners learn the nine steps and three change events of the EFCT model that have been identified by process research to move distressed couples toward greater relationship satisfaction and a more secure attachment bond. Abstract: EFT for Couples (EFCT) was developed in the 1980s when emotion was considered a troublesome variable to be kept in the background of couples’ therapy. Now, in an era where divorce is common and family dissolution distressing to all concerned, emotions are regarded as too important to ignore. This approach to couples’ therapy meets all the APA requirements for empirical validation, and works therapeutically with emotions to reprocess responses that maintain distress, and shape new interactions and bonding events. EFCT is an integration of experiential and systemic approaches, and is undergirded by John Bowlby’s attachment principles that highlight our human, universal and lifelong need for close connection. Distinct from other approaches to couples’ therapy that focus on coaching communication skills, teaching behaviours or offering insight, EFCT works empathically with emotions, and uses emotions as agents for change to help build a more secure bond.

This workshop will present a brief attachment conceptualisation of relationship distress, and describe the nine steps in the EFT model that guide the therapist through the three change events of Cycle de-escalation, Withdrawer re-engagement and Blamer softening. These change events have been identified by process research to move the distressed couple from insecurity, conflict and alienation to greater relationship satisfaction and security. An audio visual clip of the presenter’s live consultation with a couple will demonstrate a segment of Withdrawer Reengagement. Note will be made of recent research reporting changes in relationship-specific attachment anxiety and avoidance in response to EFCT intervention. The presenter will provide handouts of power point slides, welcome questions from the audience and provide opportunities for brief exchanges amongst pairs or small groups of participants in response to concepts or questions raised. Feedback from tertiary students and community workshop participants have indicated that the presenter is an enthusiastic, coherent and empathic teacher. This practice-orientated presentation will strengthen participants’ consideration of the relevance of close relationships for their individual clients, and will offer potentially novel concepts for their work with couples and families.

Contraindications to this approach to relationship therapy pertain to lack of safety, namely, one partner refusing to terminate an ongoing affair, physical violence that is extreme and intimidating, and low level violence for which the perpetrator (male or female) is reluctant to take responsibility. Further, it is recognised that some partners may need individual therapy for psychopathology or addictions before or throughout couples’ therapy to ensure sufficient stability to undertake the couples’ work.
Using video modelling to support individuals on the autism spectrum, with and without an intellectual disability

Mrs Anita Gardner1,2, Dr Michelle Wong1, Dr Belinda Ratcliffe2
1Sydney Children’s Hospitals Network, 2Western Sydney University

Concurrent Session 4E, Room C3.4 & C3.5, Level 3, September 28, 2018

**Background:** Video modelling has been established as an effective method of teaching and supporting children, adolescents and adults on the autism spectrum, with and without an intellectual disability (Bellini & Akullian, 2007). The term video modelling (VM) refers to a method of teaching where an individual learns a behaviour or skill by watching a video recording of someone (including themselves) demonstrating that behaviour or skill. Advances in technology make it easier to create individualised videos to teach specific tasks and skills including supporting positive behaviour. However, the use of this relatively simple strategy is commonly underutilised. It is widely understood that individuals on the autism spectrum are visual thinkers and learners. Common characteristics include an interest in technology, preference for routine, and rote learning. VM builds on these strengths while also providing an effective learning platform. Initially thought to only assist in the teaching of task-based skills, research has shown that the use of VM is effective in teaching social skills and emotion skills. Given the association between social skills and high rates of mental health issues for individuals on the autism spectrum, the use of VM is an important tool to incorporate in socio-emotional interventions (Australian Advisory Board on Autism, 2012; Ratcliffe et al., 2015).

**Aim/objectives/ Learning Outcomes:** The aim of this session is to teach participants how to create their own videos, to be used as a teaching strategy with individuals on the autism spectrum, with and without intellectual disability. Participants will learn more about situations in which VM has been proven to be effective and what elements are particularly important for different age groups. Participants will also learn how to incorporate VM into sessions to complement other therapeutic tools, such as social stories and role plays. By the end of this session participants will have the opportunity to build their confidence in using everyday devices and following easy, step-by-step instructions to create their own tailored video. Being confident in how to incorporate VM into treatment sessions, create individualised videos, and teach others to utilise VM, may significantly improve skill acquisition and outcomes for individuals on the autism spectrum, with and without intellectual disability. **Approach:** After a brief presentation including watching a number of VM examples, in small groups, participants will use their own devices to follow step-by-step instructions to create their own tailored video. Participants will be supplied with instructions and a checklist for later implementation.
How to create employable 3rd and 4th year students: Putting WIL experiences in UG degrees

Ms Annissa O'Shea

University of Southern Queensland

Background: The Bachelor of Psychology (Hons) at USQ Ipswich, a 4-year undergraduate psychology degree, was designed to address a lack of focus on employability outcomes for exiting third and fourth year psychology students, while also provide specialist training experiences for those students who have identified that they wish to train as psychologists in the future. In addition to the standard core psychology curriculum, across the first three years students enrol in six compulsory professional skills (WIL) courses. These courses are designed to provide a scaffolded learning experience, with increasing levels of autonomy required of the student as their learning moves from a university-based, first year experience to industry-based, third-year WIL experience. The first three of the courses focus on career planning and career exploration through a mixed curriculum of career development learning, research-practitioner skill and knowledge development and practice. The later three courses involve further training in research-practitioner skills as well as a team-based WIL placement of 80 hours, and two individual industry-based WIL placements of 100 hours each.

Aims/objectives/learning outcomes: Given the uniqueness of this WIL degree in the Australian undergraduate psychology space, the aim of this 'how to' session is to:

- Provide an overview of the design of this WIL degree
- Introduce and discuss theories of employability and career development underpinning WIL curriculum design
- Introduce and distinguish between different forms of WIL, the benefits and limitations of each, including campus-based preparatory activities, skills practice, clinic simulations to workplace-based placements
- Explore how to 'design, align and sell' WIL
- Undergraduate psychology programs in Australia
- Disseminate knowledge acquired and materials developed while running this WIL program over the past 10 years

Approach: In addition to listening to traditional delivery of content, participants will be invited to engage in small and large group discussion, as well as a range of activities designed to help them identify the types of WIL experiences which might best suit their institutional circumstances and to consider the specific subjects or modules in which they might best be placed.
Job burnout as a crisis in worklife

Professor Michael Leiter

Concurrent Session 4F, Room C3.6, Level 3, September 28, 2018

Preventing burnout is not a matter of employers providing the perfect workplace nor is it a matter of employees developing ironclad resilience. Both workplaces and people fall short of perfection. The design challenge is not creating an ideal finished product but to create an employment relationship in which both parties continually respond to each other. This workshop will introduce a framework for developing more constructive psychological connections with work. It considers the contribution of person-oriented research approaches to understanding burnout and its development over time. The workshop will explore its relevance to the work of psychology researchers and practitioners.

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

- Participants will be able to distinguish burnout from related conditions such as being over-extended or disengaged.
- Participants will become familiar with person-oriented methods of assessing burnout and relevant areas of worklife.
- Participants will learn about workplace interventions to prevent burnout.

**Workshop content:**
- What is burnout? An overview of the syndrome, its relationship with areas of worklife, and its consequences.
- What person-oriented perspectives on burnout brings to research and practice.
- Addressing burnout through improving workplace environments.

**Audience:**
- Researchers on work psychology
- Human resource professionals
- Employee Assistance Program professionals.
The double edged sword of social networking ability towards workplace well-being

Dr Rachel Morrison¹, Professor Jarrod Haar¹

¹AUT University

Concurrent Session 4G, Room C2.1, Level 2, September 28, 2018

Aim: We investigate the relationship between Employee Social Liabilities (ESL) (a measure of social demands comprising: a) negative relationships, b) distraction, c) uncooperative behaviours, and d) distrust), Wellbeing (engagement, stress, satisfaction), and the Social Networking Ability (SNA) aspect of political skill. Hypotheses: H1a-d: The four aspects of ESL will be associated with stress. H2a-d: ESL will be negatively associated with job satisfaction, H3a-d: ESL will be negatively associated with engagement. Furthermore, H4: SNA will moderate the relationships between ESL and well-being, buffering the detrimental effects. Design: Using Qualtrics, we collected time interval data with a five-month lag. We calculated residualized measures in order to capture changes over time in ESL, SNA, and wellbeing outcomes. Method: Data were gathered at T1 and T2 from 335 US employees using established, reliable constructs (α >0.70). Hierarchical moderated regressions were conducted in SPSS with residuals data. Results: We found partial support for the hypotheses as follows: H1: change in ESLs account for 16% of the variance of change in Job Stress (p<0.0091); specifically, increases in negative relationships and distraction were both positively related to stress (supporting H1a, H1b). H2: change in ESLs account for 17% of the variance in Job Satisfaction (p<0.001); specifically, distraction and uncooperative behaviours were both negatively related to satisfaction (supporting H2b, H2c). H3: ESLs account for 19% of the variance in change in engagement (p<0.001); specifically, uncooperative behaviour was negatively related to engagement, supporting H3c. Change in SNA was directly significantly related to change in both job satisfaction (3%variance, p<0.001) and work engagement (9%variance, p<0.001), and also moderated the following relationships: 1. those better at networking were significantly more stressed by distractions, 2. those better at social networking were significantly less impacted by negative relationships in terms of job satisfaction, 3. for engagement, SNA acts as a buffer in the face of distrust, if you experience distrust, but are effective at social networking, engagement increases, 4. for poor social networkers, the negative impact of uncooperative behaviour on engagement was significantly increased. Conclusion: Using a longitudinal design, ESL is a useful predictor of our wellbeing constructs over time. However, change in SNA is a double edged sword, exacerbating the stressful impact of distraction, but buffering the impact of negative relationships at work (without SNA you will be dissatisfied in a workplace characterised by negative relationships). SNA interacts with engagement such that SNA buffers the negative impact of uncooperative behaviours and distrust.
Open plan office space? If you’re going to do it, do it right! A longitudinal case study

**Dr Rachel Morrison**, **Dr Roy Smollan**

1AUT University

Concurrent Session 4G, Room C2.1, Level 2, September 28, 2018

**Issue:** There are now compelling findings that open plan office environments are associated with worsened outcomes on a wide range of wellbeing measures including sick leave, job satisfaction, performance, concentration, social demands, stress, and collegial relations (Morrison & Macky, 2017; Richardson, Potter, & Paterson, 2017). In spite of this, the inexorable move towards shared office environments continues, primarily due to the cost savings they often represent. In addition, there is a stark lack of published studies describing open plan offices that occupants actually like, and which have positive outcomes in terms of productivity and wellbeing. We describe a “best practice” fit out of a purpose-built, open-plan law firm and provide data from occupants relating to their performance, wellbeing, collegial relationships, and enjoyment of work.

**Approach:** Six months after moving to an open plan office, staff were anonymously surveyed and 24 were interviewed. Fourteen months later (20 months post move) occupants responded to a follow-up survey. **Key findings:** Data revealed considerable satisfaction with the office space. Positive outcomes relating to aesthetics, collegiality and communication were achieved through good technical design and thoughtful ergonomic assessment of the needs of employees and the requirements of their tasks. Features include living wall systems, use of noise cancelling headphones, provision of alternate spaces to work, such as bar leaners, bookable offices, collaboration rooms and break-out areas, along with information technology initiatives such as continuous Wi-Fi, “plug-and-play” capabilities on all devices, and seamless access to electronic networks. At 20 months post move most occupants remained positive in their overall assessment of the space though some new, relatively minor issues for staff had emerged. **Implications:** Although employee wellbeing outcomes are generally better in individual offices, by following ergonomic principles to create open plan offices that are ‘safe by design’ organisations can ameliorate many of the negative consequences associated with these environments. **Conclusion:** While the spontaneous, unstructured interaction between employees afforded by open plan environments can be functional (such as hearing important pieces of information about a case, being able to offer assistance, peer learning, and so forth), it is vital that employees also be provided with opportunities for quiet, concentrated work and privacy.
162
Actioning social cohesion in a multicultural society: Key insights from Muslim psychologists who walk the talk
Ms Hanan Dover1, Shehzi Yusaf
1Nasihah Consulting

Concurrent Session 4G, Room C2.1, Level 2, September 28, 2018

**Background:** With an increasing appreciation of the importance of community cohesion to individual and community wellbeing in a multicultural society, there is a clear need for psychologists to take a greater role in this area, traversing the space between supporting individuals therapeutically to taking on much larger projects targeted towards larger groupings of communities to broad community research and interventions.

**Aims/objectives:** In this session, three Muslim psychologists share insights from self initiated research, community based projects and professional consultation to organisations and government departments who work in the anti-racism and social cohesion spaces. **Method:** Each of the three presenters will identify ways in which psychologists can best contribute to both public discussion and psychological practice in an in-depth and evidence-supported way. The presentations will also enhance psychologists’ capacity to respond in the best interests of community wellbeing, and consider how best to provide guidance and continuing education for anyone working with individuals and communities where social connectedness and cohesion are threatened. The focus will be on skills that can be used in working with Muslim communities and other ethnic minority groups more broadly. **Conclusions:** The forum will canvas multiple perspectives on social cohesion in a multicultural society in times of heightened fear and anxiety. It will examine the potential contributions of psychological research and practice to an issue that is a shared responsibility between government and community. Learnings presented can be applied by psychologists to their particular research, practice and personal contexts, whether from within particular community groups, from a policy perspective or in a government or legislative role.
Appearance comparisons in women’s everyday lives: The harmful context of social media

Dr Jasmine Fardouly1, Rebecca Pinkus2, Lenny Vartanian3

1Macquarie University, 2University of Sydney, 3University of New South Wales

Concurrent Session 4H, Room C2.2 & C2.3, Level 2, September 28, 2018

Aim: Body image concerns have reached normative levels among young women in Western society. One important sociocultural factor that can influence women’s body image is when women compare their appearance to that of others. The aim of the present study was to investigate the overall frequency and the direction of appearance comparisons made in different contexts (social media, traditional media, in person) in women’s everyday lives, as well as the impact of those comparisons on women’s appearance satisfaction, mood, thoughts of dieting and exercising, and diet and exercise behaviour. Design: Ecological Momentary Assessment (EMA) was used for the present study. EMA involves participants completing questionnaires multiple times per day regarding specific experiences they have as those experiences occur in their daily lives. EMA not only reduces the bias associated with memory recall in retrospective cross-sectional research, but it is also highly generalizable to real life, given that questionnaires are completed in response to events that occur in people’s natural environment. Method: Female undergraduate students ($n = 146$) completed a brief online survey at five random times every day for five days. They reported the frequency, direction (upward = more attractive than them, lateral = just as attractive as them, downward = less attractive than them), and context (social media, traditional media, in person) of appearance comparisons, and also reported their appearance satisfaction, mood, and diet and exercise thoughts and behaviours. Results: Upward appearance comparisons were the most common across all contexts. Upward comparisons through social media were associated with more negative outcomes on all measures (except diet and exercise behaviour) than comparisons made in person, and with more negative mood than comparisons made in any other context. Conclusion: These findings highlight the importance of the appearance comparison context and suggest that appearance comparisons through social media may be particularly harmful to young women’s mental and physical health. Given the popularity of social media among young women, it is important to reduce the frequency of such pernicious social media comparisons in women’s everyday lives. Thus, in addition to addressing traditional media, body image and eating disorder intervention programs could address the impact of appearance comparisons on social media on users’ body image concerns, mood, and diet and exercise behaviour.
Aim: The demand for labiaplasty, the most popular form of female genital cosmetic surgery, has increased rapidly over the past 10-15 years in Western countries. However, little is known about the psychological and psychosexual outcomes of this procedure. The aim of the current studies was to examine the effects of labiaplasty on women’s psychological and sexual well-being using quantitative (Study 1) and qualitative approaches (Study 2). Design: Study 1 involved a prospective controlled questionnaire study design and Study 2 involved retrospective in-depth interviews. Method: Participants in Study 1 were 29 adult Australian women who underwent a labiaplasty procedure and 22 comparison women who were not interested in undergoing labiaplasty. Both groups completed a baseline questionnaire (immediately prior to surgery for the labiaplasty group) and a follow-up questionnaire 6 months later. The questionnaires contained standardised measures of genital appearance satisfaction, self-esteem, psychological distress, life satisfaction, relationship satisfaction, and sexual confidence. Participants in Study 2 were 14 adult Australian women who had undergone a labiaplasty procedure between 5 and 16 months prior. The women were asked, in semi-structured phone interviews, about their satisfaction with their procedure and how labiaplasty had impacted on their psychological and sexual well-being. Interviews were transcribed and analysed using thematic analysis. Results: For Study 1, the vast majority of the labiaplasty group reported that they were “moderately” or “extremely” satisfied with the aesthetic (83%), functional (86%), and overall (83%) surgical outcomes. For the standardised measures, the only significant change was for genital appearance dissatisfaction with the labiaplasty group experiencing a significant reduction in their genital appearance dissatisfaction from pre- to 6-months post-surgery, \( p < 0.001, \ d = 3.26 \). The qualitative results from Study 2 also indicated that most women were generally very satisfied with their labiaplasty results and some associated this change in genital appearance with an improvement in their self-perception. Most women reported improvements in their sexual well-being after surgery, however, some noted that their psychological discomfort around sexual intercourse still remained. Conclusion: Labiaplasty appears to have a positive effect on women’s satisfaction with their genital appearance. However, the effects on psychological and sexual well-being are mixed. These study results may assist health professionals when assessing patient suitability for labiaplasty. Future research will involve the design and evaluation of a psychological therapy for women with genital appearance concerns which may have the potential to better address psychological and psychosexual issues associated with genital appearance concerns.
Aim: Psychotic disorders, such as schizophrenia, are characterized by prevalent and persistent executive deficits that are believed to be the result of dysfunctional inhibitory gamma-aminobutyric acid (GABA) processing of the prefrontal cortex (PFC). Methamphetamine (METH) is a commonly used psychostimulant that can induce psychotic and cognitive symptoms that are indistinguishable from schizophrenia, suggesting that METH-induced psychosis may have a similar GABAergic profile of the PFC. As the PFC consists of multiple subregions, the aim of the current study was to investigate changes in GABA genetic expression in the prelimbic (PRL) and orbitofrontal (OFC) cortices of the PFC following METH sensitization.

Design: We adopted a between-subjects design whereby rats were randomly allocated to receive METH sensitization or control saline administration. Following, quantitative polymerase chain reaction (qPRC) was used to examine the genetic expression of numerous inhibitory markers. We also studied the association between GABA and interneuronal mRNA expression to identify whether particular changes to the GABA network were localized to a specific cell type.

Method: Male Sprague Dawley rats (n = 12) underwent daily METH or saline injections for 7 days. Following 14 days of withdrawal, rats were challenged with acute METH administration, the PRL and OFC were isolated and qPCR was used to compare the relative expression of GABA enzymes, transporters, metabolites, receptor subunits and interneurons. Results: GAD$_{67}$, GAD$_{65}$, GAT$_1$, GAT$_3$, VGAT and GABA$_T$ mRNA expression were upregulated in the PRL. METH sensitization also increased calbindin, calretinin, somatostatin, cholecystokinin and vasoactive intestinal peptide. We also found significant correlations between GAD$_{67}$, GAT$_1$ and parvalbumin while GAD$_{67}$, GAD$_{65}$ and GAT$_1$ were positively correlated with cholecystokinin. In the OFC, ionotropic GABA$_A$ receptor subunits $\alpha_1$, $\alpha_3$, $\alpha_5$ and $\beta_2$, together with parvalbumin, calbindin, cholecystokinin and vasoactive intestinal peptide were upregulated in the OFC. Within the OFC, the expression of GABA$_A$$\alpha_1$ was positively correlated with somatostatin while GABA$_A$$\alpha_5$ was negatively associated with somatostatin and calbindin.

Conclusions: These findings suggest that alterations to GABAergic mRNA expression following sensitization to METH are biologically dissociated between the OFC and PRL, suggesting that GABAergic gene expression is significantly altered following chronic METH exposure in a brain-region and GABA-specific manner. These findings also support that changes to the GABA network may also occur within specific cell types. These changes may lead to profound consequences on central inhibitory mechanisms of localized regions of the PFC and may underpin common behavioral and cognitive changes seen across psychotic disorders.
Investigating school belonging through a socio-ecological lens

Dr Kelly Allen1, Dianne Vella-Brodrick1, Lea Waters1

1University of Melbourne

Concurrent Session 4H, Room C2.2 & C2.3, Level 2, September 28, 2018

**Aim:** The PhD comprised three studies exploring belonging in schools through a socio-ecological perspective. The aims of the research were to investigate the main themes that influence perceptions of school belonging in a secondary school setting, whether school belonging was a priority of schools as reflected in their school vision and mission statements, and whether in doing so, this was related to student achievement. **Design:** A systematic review identified seven themes which influence school belonging at the student level during adolescence in educational settings: academic motivation, emotional instability, personal characteristics, parent support, peer support, teacher support, and gender. Meta-analysis was then used to examine the effect sizes of the seven themes. The subsequent two studies used a stratified sample of secondary school vision and mission statements across 308 schools. Data were analysed using emergent coding, frequency, and language analysis. **Results:** With the exception of gender, all themes reported medium to large effect sizes, supporting their relevance and importance in fostering school belonging. These themes were conceptualised into individual level themes (e.g., academic motivation, emotional instability, and personal characteristics) and microsystem 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. Study findings also revealed that the theme of academic motivation was cited significantly more frequently in school vision and mission statements than any other theme and that the themes of school belonging and mental health were cited by over half of the schools sampled. A non-significant relationship between the theme of school belonging in school vision and mission statements and achievement was found, however the highest academic scores students were observed when mental health promotion was included in the vision and mission statement. **Conclusion:** Overall study findings are presented in a preliminary conceptual socio-ecological framework of school belonging, which outlines multiple levels of interconnected layers within an ecology that supports school belonging. This finding underscores the importance of working within a systems perspective to effectively and sustainably foster school belonging. More specifically this framework may provide school leaders and educators with a practical structure from which to develop policy, pedagogy, and training. The focus is on heightening students’ sense of belonging by building qualities within the students and by changing school systems and processes.
Linking positive psychology to offender supervision outcomes: The mediating role of psychological flexibility, general self-efficacy, optimism and hope

Dr Yilma Woldgabreal

The Australian Psychological Society 2018

This presentation reports the findings of an empirical study examining the relationship between offender supervision outcomes and the self-reported assessment of positive psychological states – psychological flexibility, general self-efficacy, optimism, and hope. Scores on a composite measure of these positive psychological states were found to be inversely associated with supervision outcomes and mediated the relationship between risk-needs and technical violations, charges, reconvictions, and imprisonment. This suggests that supervision practice that promote positive psychological states may have a key role to play in effective offender management. Thus, discussion of findings and practical implications will conclude this presentation.
Don’t fight communicate right: An evaluation of a clinic-based program for alcohol fuelled violence

A/Prof Bruce Watt

Concurrent Session 4I, Room C2.4, Level 2, September 28, 2018

Aim: Alcohol consumption has long been identified as a disinhibiting factor increasing the propensity for violent behaviour. While separate interventions have been developed for alcohol use disorders and aggression, less work has examined the effectiveness of an integrated approach targeting both domains. The current presentation describes the outcome of an evaluation into an integrated CBT alcohol and violence intervention program. Method: Participants comprised 76 adults referred by police following arrest for alcohol related offending. All participants completed 6 x one-hour weekly appointment targeting alcohol use and abuse, anger management, and problem-solving skills. Utilising a pre-post test design, participants completed self-report measures for alcohol use; anger experience and behaviours; readiness to change; problem-solving skills; session outcomes; and police re-arrest. Results: Statistically significant improvements for clients who completed the intervention were found for reductions in alcohol consumption and reduction in anger related problems. No change was evident for problem-solving skills. Importantly, the greatest improvement was observed for contemplative and action clients, compared to those in the pre-contemplative stage of change. Mixed results were identified, however, for subsequent police arrest. Conclusions: The current evaluation identifies benefits of a CBT based intervention for clients with alcohol and anger control difficulties, partially dependent upon motivation for change. Follow-up research is required to further establish longer term outcomes for police re-arrest.
Several coronial inquiries over the past decade have highlighted the role of psychologists in violence prevention through recognising and mitigating risk when their clients present as posing a threat to others. This role is complex and increasingly being challenged as the public demand greater protections from serious violent offenders. Managing the risk of potential violence necessitates skills not only in identifying risk, but also defensible and ethical decision making about the most appropriate way to address risk factors, clinician supervision, client referrals and disclosures. This presentation will provide information for psychologists to assist them in identifying warning behaviours in clients that may prompt an assessment of violence risk. It will also outline the ethical decision making process to be undertaken by psychologists to make appropriate decisions to avert risk and potentially prevent harm. There will be opportunity for attendees to ask questions of the presenters.
An Objective Structured Clinical Examination (OSCE) is a widely used form of assessment in medicine and nursing that has begun to be trialled and implemented in psychology training courses in recent years. OSCEs enable the direct observation and assessment of a range of important clinical skills in a simulated or standardized environment. For example, rapport-building, client engagement, assessment and diagnosis, and treatment interventions may be observed. Use of this approach in psychology training is relatively recent; however, preliminary research suggests it has strong potential as an authentic and effective means of formative and summative assessment and that it is highly valuable to students and educators alike. This symposium will provide an opportunity to learn about the use of OSCE in four different institutions: Deakin University, Swinburne University of Technology, University of Adelaide, and University of Tasmania. Attendees will be informed about diverse approaches to implementing OSCEs as a part of postgraduate psychology training, the benefits of utilising this approach, and how to side-step potential barriers or pitfalls. In this dynamic and practical symposia, ways in which OSCEs may be used—including use of video vs live stations—will also be discussed, as will the utility of OSCE in promoting the development of self-reflective capacity in students and the potential for using OSCE to strengthen links to external placement organisations.

**Presentation 1: Developing OSCEs for postgraduate psychology courses**

**Background:** Identifying valid and reliable methods of assessment is an ongoing challenge in education. This issue is particularly salient when considering the assessment of complex skills such as communication, diagnosis and therapeutic engagement, often undertaken in the teaching and practice of clinical psychology. One option used across the healthcare sector is Objective Structured Clinical Examinations (OSCEs). OSCEs provide a reliable and valid assessment of complex clinical skills in a simulated workplace context.

**Aims:** This presentation aims to explore the development and implementation of Objective Structured Clinical Examinations (OSCEs) in psychology postgraduate curriculum. The use of OSCEs at Deakin University over the past 7 years will be used to illustrate content, but the primary focus will be on attendees creating their own OSCEs. **Design:** The presentation will focus on:

- **Ensuring alignment** between your teaching and OSCE content;
- **Ensuring alignment** between OSCE stations and workplace practice;
- **Writing** OSCE stations; and,
- **Implementation** issues such as resourcing, staffing and costs.

**Conclusions:** OSCEs are time consuming and costly to develop and to implement. Students report anxiety associated with their undertaking and yet it is difficult to find a more valid or reliable measure of complex clinical skills. Students also report favourable learning outcomes post-examination.

**Presentation 2: OSCEs as a formative assessment tool: experience of trainees and assessors**

**Aim:** Objective Structured Clinical Examinations (OSCEs) have been extensively used as an effective tool in the assessment of diagnostic skills in medicine and psychiatry, with increasing interest in their utility in competency-based assessment in psychology. When used as a summative assessment, the OSCEs have been shown to effectively assess a range of trainee’s clinical skills including interviewing and rapport building skills, history-taking and assessment, diagnostic and intervention skills in a standardised, and efficient manner. However, the use of OSCEs as a form of formative assessment has received less attention. This is surprising given the unique opportunity of this type of assessment to provide immediate, direct and specific feedback on a range of skills. This paper presents our experiences of conducting a pilot OSCE for a course in Adult Psychopathology as a form of both summative and formative assessment of diagnostic interviewing and assessment among first year Master of Psychology students, with particular focus on the experiences of both assessors and students. **Design:** The study employed a predominantly qualitative approach. **Method:** A series of semi-structured interviews and anonymous self-report surveys were completed by volunteer postgraduate psychology students, and assessors including postgraduate clinical training academic staff and
external non-academic placement supervisors. **Results:** OSCEs were found to be engaging, effective and relevant training and assessment tools by both trainee’s and assessors. From assessor perspective, this method provides the opportunity to observe and provide direct feedback on specific skills, their application and integration in a standardised, authentic and highly relevant setting. From student’s perspective, the immediate and specific feedback combined with the multi-station nature of the examination provided a unique opportunity to receive feedback, integrate and implement feedback in subsequent stations. **Conclusion:** OSCEs can be effectively utilised as both summative and formative assessment. They provide a unique opportunity for a comprehensive assessment of skills in an authentic setting, as well as iterative learning opportunity that capitalises on the immediate and targeted feedback. This makes them a highly valuable training tool in clinical training.

**Presentation 3: Feasibility, reliability and validity of OSCEs in health and clinical psychology training.**

**Aim:** Despite the extensive use of Objective Structured Clinical Examinations (OSCEs) in medicine, there is limited research on their application in psychology training. This pilot study aimed to build the evidence base by assessing the impact of OSCEs on student learning in clinical and health psychology postgraduate training. **Design:** A mixed methods approach was used with quantitative and qualitative data analysed. **Method:** Data were collated from all 14 students who undertook an OSCE as part of a fifth year health psychology course. The OSCE focussed on Motivational Interviewing competency. **Results:** Findings suggest that OSCEs are a feasible, reliable and valid method for professional psychology trainees to demonstrate competencies in a complex, interventional skill. **Conclusion:** Incorporating OSCEs into professional psychology training is recommended. Further work is needed to maximise their efficiency, including optimal approaches to provision of feedback for learning, and research to establish the predictive validity for future professional practice is warranted.

**Presentation 4: The Use of OSCE Assessment Methods as a Community Engagement Tool**

**Aim:** With increasing adoption of Objective Structured Clinical Examination (OSCE) assessment methods within postgraduate programs in Australia are increasing opportunities to explore the utility and applications of this approach from multiple perspectives – pedagogical, pragmatic, accreditation and economic. Such considerations are imperative in determining whether OSCEs are fit-for-purpose, and represent an effective and sustainable method of competency-based assessment. However, one potentially overlooked perspective is the role OSCEs can also serve as a community engagement tool, at both the discipline and public level. Thus, the aim of the current presentation is to explore the utility of OSCE assessment methods as a community engagement tool. **Design:** A case-study design was adopted to achieve the above aim. **Method:** A series of semi-structured interviews and anonymous self-report surveys were completed by non-academic practicing psychologists, provisional psychologist supervisors, and non-psychology actors who were involved in OSCE assessments within the University of Tasmania Postgraduate Professional Training Programs. **Results:** OSCE assessment methods were found to increase engagement and collaboration with the community of non-academic practicing psychologists, support registered psychologists offering supervision to provisional psychologists, and further educate the Australian public on the role and skills-set of psychologists. **Conclusion:** OSCE assessment methods have the ability to contribute to the training of psychologists, contribute to professional peer networks, and enhance community engagement. In turn, such outcomes may provide enhanced support for the role of practicing psychologists in the Australian community.
The numbers of people using social media are growing at exponential rates, with social networking sites (SNS) used to build and maintain both professional and personal relationships. Social networking sites can incorporate personal sites such as Facebook or online dating sites and professional sites including LinkedIn or blogs. While there are many benefits to using SNS, there can be unintended outcomes such as threats to a person’s privacy or difficulties in managing public and private connections. Protection of personal details in online spaces is becoming more of an issue with some earlier research indicating that many types of professionals have experienced stalking behaviours from clients and students. Therefore, the aim of this research is to explore the understandings and actions that psychologists have regarding online privacy and their use of SNS. We interviewed 11 psychologists (provisional registered, generally registered, and clinically endorsed psychologists) to understand more about their social media use and their actions surrounding online privacy. Interviews were concluded once data saturation was reached and then analysed using thematic analysis. Thematic analysis identified that while some psychologists take multiple measures to protect their privacy, others are reliant on other people, such as family members, for information and help in maintaining their privacy, with navigation through the online professional and personal spaces experienced as complex and challenging. However, what is clear is that psychologists seek to maintain their personal privacy in certain online spaces (i.e. Facebook), while maintaining openness on professional sites (i.e., LinkedIn). The findings from this research has implications in the training of psychologists while also questioning the ethical responsibilities that psychologists have to their clients in online spaces.
Psychologically literate self-management: Curricular strategies

A/Prof Jacquelyn Cranney¹, Dr Sue Morris¹

¹UNSW

Concurrent Session 5B, Room C3.1, Level 3, September 28, 2018

**Background:** Self-management is the capacity to work effectively toward achieving meaningful goals, and to be flexible in the face of setbacks (Cranney et al., 2016). Evidence-based self-management is one aspect of psychological literacy, the capacity to intentionally use psychology to achieve personal, professional, and societal goals (Cranney & Dunn, 2011). Self-management capacity is essential both to the successful completion of higher education studies, and to the type of graduate that the future needs. It has been documented that university students experience numerous stressors which, if not adequately self-managed, can lead to distress. **Aims and Methods:** The self-management project is attempting to embed opportunities for the development of self-management capability in the context of professional development within the formal curriculum of primarily first-year psychology, and non-psychology, undergraduate subjects. The overarching pedagogical framework is presented. **Conclusion:** The overall evaluation of the project components is positive, and data on both long- and short-term outcomes of the unit on the psychological science of self-management are presented. Lessons learned, and questions remaining, are discussed.
Background: Psychologists working with children affected by trauma can struggle with engagement as well as knowledge and skill in developmentally appropriate interventions. Improve your knowledge about working with traumatised children (including those with a sexual assault history). Consider theory and evidence and see suitable methods and tools to work safely, respectfully and effectively with children who have been affected by traumatic events.

The key advantage with play based interventions, is that, used respectfully, children can express images, thoughts, events and feelings that might otherwise be difficult to express. The externalising function of play based therapies allows a way of distancing from distress, a safer means of telling and an avenue for reclaiming power.

This workshop will provide information about valuable tools and processes for clinicians who work with young clients and who wish to enhance their ways to overcome trauma in creative and evidence-based ways. No prior knowledge is required for attendance at this presentation.

Aim: To introduce psychology practitioners to developmentally appropriate play-based therapies for children affected by trauma.

Objectives:
- To review appropriate play based methods of intervention with children with trauma
- To review theory informing this work (including Play Therapy, Gestalt, Humanist and Strength-Based Approaches)
- To consider the evidence
- To review play based intervention skills

Learning Outcomes: Participants will have the opportunity to:
- Review appropriate art and play based methods of intervention
- Review theory informing this work (including Play Therapy, Gestalt, Humanist and Strength-Based Approaches)
- Consider the evidence
- Consider play based intervention skills

Approach: This session will involve a didactic presentation with visual learning aids and opportunities for questions and discussions.
Men account for three-quarters of deaths from suicide in Australia, with 2,151 taking their lives in 2016. Despite population-wide initiatives (e.g., beyondblue, headspace) promoting help-seeking and early intervention for males, men remain less likely to engage mental health services than women. Masculinity has been identified as a factor in men’s help-seeking behaviour, with dominant ideals of masculinity (e.g., strength, stoicism) contradicting core processes of mental health treatment (e.g. emotional vulnerability). Men often wait until their internal resources are depleted and crisis arises before seeking help. Moreover, when men do seek help, clinicians struggle to diagnose, communicate with and treat men’s mental health issues, due to atypical presentation, with externalising symptoms like anger, irritability and substance misuse.

This symposium aims to highlight how integration of male-sensitive adaptations across treatment pathways can improve men’s mental health. Evidence suggests men will and do seek help when provided appropriate, tailored treatment. Men may need a stronger emphasis on education and orientation to mental health services to improve insight into their symptoms, treatment and interplay with masculinity. Here we call for sensitisation of awareness campaigns, training and practice to improve men’s treatment uptake and engagement – and will provide evidence for how to get men into treatment and keep them attending.

There are three distinct issues facing the mental health treatment of men for discussion in this symposium. Firstly, the significant gender gap in help-seeking rates suggests targeted efforts are needed to increase men’s awareness of and willingness to act on improving their mental health. The ‘Man Up’ television production provided psychoeducation to a national sample on the interplay between masculinity and mental health, in turn promoting a positive shift in attitudes and intention to seek help. Secondly, once these men engage with mental health services, misdiagnosis due to atypical externalising symptom presentation is common. The Male Depression Risk Scale provides a sensitive diagnostic tool incorporating nuanced, male-specific expression of depressive symptoms thereby improving clinical recognition. Finally, once these men are attending treatment, it is essential clinicians learn and adapt their practice to the heterogenous needs of their client by conceptualising the impact of masculine socialisation on clients and themselves.

Attributing men’s poor rates of service use to their adherence to dominant masculine norms has dominated the literature. While useful, it omits the need to develop strategies to leverage, rather than conflict with, these norms. Developing more responsive and appropriate services can be expected to improve the mental health of men in Australia.

Presentation 1: Findings from a randomised controlled trial to test the impact of the ‘Man Up’ documentary on men’s help-seeking

**Aim:** Man Up is a three-part presenter led documentary that explores the interplay between masculinity and mental health in Australia. It was developed with funding from the Movember Foundation and shown on national television in October 2016. The aim of the study was to determine whether Man Up could increase men’s intentions to seek help for personal and emotional problems. **Design:** The study utilized a double-blind randomised controlled trial methodology. **Method:** Men aged 18 or over who were not at risk of suicide were randomly assigned (1:1) via computer randomisation to view Man Up (the intervention) or a control documentary. We hypothesised that four weeks after viewing Man Up participants would report higher levels of intention to seek help than those who viewed the control documentary. Our primary outcome, was assessed using the General Help Seeking Questionnaire, and was analysed for all participants. We also undertook qualitative analysis of open-ended feedback questions. **Results:** Three hundred and fifty-four men were randomised to view Man Up or the control documentary. Of these, 337 completed all stages. Linear regression analysis showed a significant increase in intentions to seek help in the intervention group, but not in the control group (coef. = 2.06, 95% CI 0.48 to 3.63, p = 0.01). Qualitative analysis showed that participants reported changes in their awareness of their own and other emotional lives and a desire to provide support to others. **Conclusion:** Our findings suggest that media-based interventions have the potential to improve men’s mental health and wellbeing.
Presentation 2: Validity of the Male Depression Risk Scale in a representative Canadian sample: Sensitivity and specificity in identifying men with recent suicide attempt

**Aim:** Clinical practice and literature has supported the existence of a phenotypic sub-type of depression in men. While a number of self-report rating scales have been developed in order to empirically test the male depression construct, psychometric validation of these scales is limited. This study aimed to confirm the psychometric properties of the multidimensional Male Depression Risk Scale (MDRS-22) and to develop clinical cut-off scores for the MDRS-22. **Design:** An online study, reporting data from a representative sample was utilised. **Method:** Data were obtained from 1,000 Canadian men (\(M \text{ Age} = 49.63, SD = 14.60\)). Confirmatory factor analysis (CFA) was used to validate the established six-factor model of the MDRS-22. Cut-off scores for the MDRS-22 were developed using receiver operating characteristic (ROC) curve analysis. **Results:** Psychometric values of the MDRS-22 subscales were comparable to the widely used Patient Health Questionnaire-9 (PHQ-9) depression scale. Cronbach coefficients indicated good reliability for the six subscales assessing emotion suppression, drug use, alcohol use, anger and aggression, somatic symptoms and risk-taking. CFA model fit indices indicated adequate model fit for the six-factor MDRS-22 model. ROC curve analysis indicated the MDRS-22 was effective for identifying those with a recent (previous 4-weeks) suicide attempt (AUC values = .837). Cut-off scores for the sample reflected the following values; low (60.1% of sample), elevated (16.9%), high (17.4%) and extreme (5.6%). The MDRS-22 ‘high’ cut-off identified proportionally more (84.62%) cases of recent suicide attempt relative to the PHQ-9 ‘moderate’ range (53.85%). **Conclusion:** The MDRS-22 is the first male-sensitive depression scale to be psychometrically validated using CFA techniques in independent, cross-nation samples. The scale reports robust psychometric properties comparable to, or exceeding those for the widely used PHQ-9. Accordingly, the MDRS-22 appears to hold promise as a means to earlier identification of psychological distress and suicide risk in men. Additional studies should identify differential item functioning of the scale, and evaluate any cross-cultural effects.

Presentation 3: Developing a clinician training program for engaging men with depression: A two-part scoping review and Delphi consensus study

**Aim:** Tailoring psychological treatments to men’s specific needs has long been a concern given evidence many men are reticent to seek or engage in professional help. The aim of this two-part study was to provide a comprehensive summary of the recommendations for how to engage men in psychological treatment and empirically validate these amongst an expert panel to inform the creation of a clinician training program. **Design:** A scoping review following PRISMA guidelines to inform the creation of a Delphi expert consensus survey. **Method:** For the scoping review four electronic databases (MEDLINE, PubMed, CINAHL, Psycinfo) were searched [terms: masculinity AND psychological treatment AND recommendations], 2001-present. Titles and abstracts were reviewed; data extracted and synthesised thematically. These findings were collated into 6 domains of 30 items and sent to international expert panellists (N=127) specialising in treatment, education or research in men’s mental health. Panellists were asked to rate each item on a 5-point likert scale from ‘should not be included’ to ‘essential’. These responses were collated, reviewed for consensus, summarised and redistributed to panellists for a second survey iteration. **Results:** The scoping review identified 46 articles meeting inclusion criteria. Findings indicate providing male-appropriate psychological treatment requires clinicians to consider the impact of masculine socialisation on their client and themselves, and how gender norms impact clinical engagement and outcomes. Existing literature also emphasised specific process micro-skills (e.g., self-disclosure, normalizing), language adaption (e.g., male-oriented metaphors) and treatment styles most engaging for men (e.g., collaborative, action-oriented, goal-focused). The Delphi process reinforced these themes with consensus among panel members suggesting they are appropriate for inclusion in a clinician training program. **Conclusion:** This study provides a set of clinical recommendations, leveraging men’s masculinity, for use in gender-sensitive adaptations to psychological treatments. Our findings support the need for development and trialling of a clinician training program for treating men with depression to increase understanding and improve attitudes, engagement and outcomes in clinical practice.
Theme: Emotionally Focused Therapy for Couples meets all the APA requirements for empirical evidence and demonstrates an effective clinical application of attachment theory. This presentation will describe the nine steps and three change events of the EFCT model that have been identified by process research to move distressed couples toward greater relationship satisfaction and a more secure attachment bond.

Abstract: EFT for Couples was developed in the 1980s when emotion was considered a troublesome variable to be kept in the background of couples' therapy. Now, this approach to couples' therapy that meets all the APA requirements for empirical validation, works therapeutically with emotions and the cognitive processes and behavioural tendencies which emotion sequences evoke. This comprehensive approach is an integration of experiential and systemic approaches, and is undergirded by John Bowlby's attachment principles that highlight our human, universal and lifelong need for close connection. Nine steps in the EFT model guide the therapist through the three change events (Cycle de-escalation, Withdrawer re-engagement and Blamer softening) that research has identified moves the distressed couple from insecurity, conflict and alienation to greater relationship satisfaction and security. This short presentation will provide an overview to the EFT model and the three change events. Note will be made of recent research reporting changes in relationship-specific attachment anxiety and avoidance in response to EFCT intervention. This presentation will describe the key interventions, attachment principles and change events of EFCT, thereby providing a “How to” introduction to this innovative and effective approach to treating relationship distress. Contraindications for the use of EFCT will be stated.
Improving collaborative mental health care across Australia: Results of two evaluations of the Mental Health Professionals Network (MHPN) initiative

Chris Gibbs, Kate Hoppe, Mr Harry Lovelock, Barbara Murphy, Deepika Ratnaike

Australian Psychological Society, University of Melbourne, Deakin University, University of Newcastle, Mental Health Professionals Network, DR Consulting

Concurrent Session 5E, Room C3.4 & C3.5, Level 3, September 28, 2018

Aim: The Mental Health Professionals Network (MHPN) was established in 2008 to improve consumer outcomes in Australia’s primary care sector by fostering a collaborative approach to the provision of mental health care. MHPN has two key programs by which it promotes collaborative mental health care: face-to-face interdisciplinary network meetings and live interdisciplinary professional development webinars. Both programs are designed for psychologists, psychiatrists, general practitioners, mental health nurses, social workers and other mental health professionals. Two evaluations were undertaken during 2016 to investigate attitudinal and practice changes in health professionals who have participated in either of the two programs.

Design: Study 1 surveyed network meeting attendees while Study 2 surveyed webinar attendees. Both studies used an online survey and were designed to assess attitudinal and practice changes indicative of increased collaborative care.

Method: A link to Survey 1 was emailed to health professionals who had attended a network meeting during 2015: a total of 1,375 network meeting attendees completed Survey 1. A link to Survey 2 was emailed to health professionals who had attended one of three webinars held during 2015: a total of 585 webinar attendees completed Survey 2. Data were analysed using SPSSx. For both studies, group differences in responses were investigated using the chi-square statistic and one-way analysis of variance ($P<.05$).

Results: Study 1: the majority of respondents had made practice changes since attending a network meeting, including increased awareness of other mental health professionals in their area (92%), increased confidence in referring clients (82%), and increased interdisciplinary correspondence and consultation (79%). Those who attended more network meetings were significantly more likely to have made changes.

Study 2: many respondents had made practice changes in the three months after webinar attendance, including increased confidence in providing mental health care (60%, 77% and 77% for webinars 1, 2 and 3 respectively), increased discussions about other disciplines (68%, 55% and 55%), and improved targeting of referrals (41%, 32% and 40%). Reported enablers of and barriers to practice change will also be presented.

Conclusion: The two studies demonstrate that MHPN interdisciplinary network meetings and professional development webinars have impacted positively on health professionals’ attitudes and practices towards a more collaborative approach to mental health care. The high attendance at both network meetings and live webinars underscores the strong interest and desire amongst Australia’s mental health workforce for interdisciplinary networking and professional development opportunities. Findings of the two studies will be published in the Journal of Integrated Care in 2018.
Background: The demand for postgraduate psychology training places in Australia significantly outweighs the number of available opportunities. Together with the high demand for psychological services, this provides the impetus for developing high quality, efficient, and scalable models of training for registered psychologists in Australia. The 5+1 model, which involves graduates of 4-year undergraduate psychology courses completing a one year, applied, Master of Professional Psychology (MPP) course, followed by a 12-month supervised workplace internship, currently provides an alternative to the traditional entirely workplace internship model of training for generally registered psychologists. Competition for places in MPP programs around Australia is high and increasing, particularly with the prospect of the alternative route to psychology registration being phased out in the near future. In this context, there is significant pressure on higher education providers to innovate and explore efficient and effective methods of training to increase the number of MPP places available to meet demand and workforce needs. Aims/objectives: The aims of this forum are to (i) promote discussion about strategies to assist psychology educators to meet the challenges of providing postgraduate training to increasing cohorts of diverse students in MPP programs; and (ii) discuss the operationalisation of the Australian Psychology Accreditation Council competencies for the MPP together with the level of progress towards the Psychology Board of Australia competencies for the 5+1 internship program expected of MPP graduates entering workplace internships, to progress the development of benchmark training standards for MPPs. Approach/method: The forum will involve current MPP program coordinators presenting examples of innovations in skills training and practicum activities that are designed to be efficient and scalable strategies to facilitate the development of core professional psychology competencies to prepare graduates for the internship. Methods of assessment of competencies, and strategies for setting standards of expected achievement for graduates, will also be discussed. Implications/conclusion: It is hoped that this forum will provide opportunities for stakeholders to provide input into training standards and methods for professional psychologists. It is also hoped that the discussion will promote opportunities for collaboration and further research on this important issue for the training of future psychologists in Australia.
Developing early career psychologists within public health

Dr Elissa O’Connell¹,², Mr George Habib²

¹Workforce, Innovation, Strategy, Education and Research unit, Monash Health, ²Psychology and Specialist Services, Monash Health

Concurrent Session 5G, Room C2.1, Level 2, September 28, 2018

Background: Australian psychologists seeking endorsement in an area of psychology (i.e. Clinical, Clinical Neuropsychology) require intensive supervision, continuing professional development, and clinical practice over a 1 to 2 year period that is approved by the Psychology Board within the Australian Health Practitioner Regulation Agency (AHPRA). Access to appropriate training and supervision for psychologists seeking endorsement has created workforce issues for graduate psychologists¹-³ and challenges for the organisations who employ them. Psychologists wishing to participate in a Registrar program may count 33% of their yearly Registrar-requirements in a group format. Two years ago a program was funded within a publically funded health network that is a large employer of entry level post-graduate psychologists within metropolitan Melbourne. The funding was to develop and implement a group supervision program for psychology registrars and those psychologists in their first year of clinical practice after graduation. Participants will be familiar with the AHPRA core competencies for psychology registrars.

Aims/objectives/learning outcomes:

- Demonstrate “how-to” establish a Psychology-led group supervision program for psychology Registrars and early career psychologists within a public health setting
- Demonstrate “how-to” facilitate the development of AHPRA core competencies via group supervision for early career psychologists
- Report the successes and identify the barriers to facilitating a psychology group supervision program
- Identify methods of evaluating a psychology group supervision program

By the end of the session participants will be able to identify methods for establishing a psychology-led group supervision program within a public health setting, consider the development of a manualised and structured group supervision program for psychology supervisors, and explore methods to support early career psychologists learning that meets the Psychology Boards requirements. Approach: Education session: The psychology group supervision program is amongst the first of its kind in Australia, and commenced at Monash Health in Victoria, Australia in early 2017. We aim to share our knowledge and experience with running the program, and will discuss important supervision and learning principles. We will present data from both supervisees (i.e. the group participants) and their primary clinical supervisors, and outline the group facilitator’s experience. The outcomes to-date suggests a promising model for delivering supervision to early career psychologists including Registrars. The session will also highlight the future directions of the psychology group supervision program and its potential benefits and feasibility of roll out to other public health and public sector/NGO services.

References:


Unlocking unconscious processes in the clinician/client dynamic - Experiential reflective practices may hold the key

Ms Kerrie Collings-Silvey, Ms Elizabeth King, Ms Sarah McCarthy

1APS POPIG

Concurrent Session 5G, Room C2.1, Level 2, September 28, 2018

Background: In contemporary psychoanalytic approaches to psychological practice, whether in clinical practice or organizational settings such as schools, practitioners seek to understand unconscious processes occurring interpersonally through their emotional and imaginative/empathic experience. This level of openness to thinking about the interpersonal and intra-psychic experience on many levels is one of the hallmarks of psychoanalytic training and practice, involving ongoing intensive case-based supervision. Professor Brin Grenyer in a recent AHPRA Newsletter poses the question, what does good supervision look like? Professor Grinyer states Contemporary education and research into supervision emphasises the importance of relational and reflective competence….Although didactic approaches may be appropriate to increase knowledge and technical skills, supervision also provides an important opportunity for interactional learning that can include a focus on challenging relational dynamics. Aims / objectives: The Aim of this forum is to discuss the unique contribution of psychoanalytic theory to understanding unconscious dynamic processes at play both in the consulting room and in broader settings. Our objective is to present and discuss the evidence for unconscious processes and how they affect therapy processes and outcomes and evidence for the transformative aspects of the experience of feeling deeply understood. We also intend to discuss future directions for reflective practices that develop a deeper empathic understanding of our clients, and promote insight and experience to grow the capacity in clinicians to perceive what has not been integrated. Reflective practice arguably plays a central role in preventing clinical burnout and this will be discussed as an important future direction.
Aim: Metacognitive therapy (MCT+) is a novel individually administered psychotherapy that has been designed to specifically target delusional beliefs in people with psychosis. It works by developing an awareness of the implausible content of a client’s delusion, while also targeting the cognitive biases (i.e., problematic thinking styles such as hasty decision-making) that contribute to the formation and maintenance of delusional beliefs. It was expected that MCT+ would be an effective psychological treatment for reducing the severity of delusions, relative to an active control group receiving cognitive remediation (CR), which targets the cognitive symptoms of schizophrenia-spectrum disorders (e.g., memory deficits). Design: This study was one of the first randomised-control-trials to investigate the efficacy of MCT+. Participants received eight sessions (biweekly) of either MCT+ or CR, and were assessed at baseline, 6-weeks (T1) and 6-months (T2) post-commencement of therapy. To investigate group differences in delusional severity and cognitive functioning, a 3 (Time: baseline, T1, T2) x 2 (Group: MCT+, CR) mixed-design analysis of variance model was employed. Method: A total of 54 outpatients with a schizophrenia spectrum disorder and active delusions were randomised into MCT+ (n = 27) or CR (n = 27). All participants completed T1 follow-up assessment; only 2 participants did not complete T2 assessment, resulting in MCT+ (n = 26) or CR (n = 26) for final analysis. Results: Results point towards a double dissociation, whereby participants allocated to the MCT+ program showed significantly greater improvements in delusional symptoms, while participants in the CR control condition demonstrated greater improvements in executive functioning. These significant group differences were sustained at the 6-month follow-up. Conclusion: These results have important clinical and theoretical implications, further demonstrating the efficacy of psychological interventions for psychosis, and helping clinicians to select the most appropriate psychological intervention for their client’s symptoms.
Pre-conception self-harm, maternal mental health and mother-infant bonding problems: A 20-year prospective cohort study

Dr Rohan Borschmann1, Dr. Emma Molyneaux2, Ms. Elizabeth Spry1, Prof. Paul Moran3, Prof. Craig Olsson1, Prof. Louise Howard2, Dr. Margarita Moreno-Betancur4, Dr. Jacqui A. Macdonald5, Prof. Stephanie Brown1, Prof. George Patton1

1Murdoch Children's Research Institute, 2Section of Women's Mental Health; Institute of Psychiatry, Psychology & Neuroscience, King's College London, UK, 3Centre for Academic Mental Health; University of Bristol, UK, 4Clinical epidemiology & Biostatistics Unit; Murdoch Children’s Research Institute, 5Centre for Social and Early Emotional Development; Deakin University, Geelong School of Psychology, Faculty of Health

Concurrent Session 5H, Room C2.2 & C2.3, Level 2, September 28, 2018

Self-harm prior to pregnancy, maternal mental health and mother-infant bonding: 20-year prospective cohort study

**Aim:** Self-harm in young people is associated with later problems in social and emotional development. However, it is unknown whether self-harm in young women continues to be a marker of vulnerability on becoming a parent. This study sought to prospectively describe the associations between pre-conception self-harm, maternal depressive symptoms and mother-infant bonding problems. **Design:** The Victorian Intergenerational Health Cohort Study (VIHCS) is a follow-up to the Victorian Adolescent Health Cohort Study (VAHCS; initiated in 1992 in Australia). **Method:** Socio-demographic and health variables were assessed at ten time-points (waves) from age 14-35, including self-reported self-harm at waves 3-9. VIHCS enrolment began in 2006 (when participants were aged 28-29 years), by contacting VAHCS women every 6 months to identify pregnancies over a 7-year period. Perinatal depressive symptoms were assessed with the Edinburgh Postnatal Depression Scale during the third trimester, and 2 and 12 months postpartum. Mother-infant bonding problems were assessed with the Postpartum Bonding Questionnaire at 2 and 12 months postpartum. **Results:** 564 pregnancies from 384 women were included. One in ten women (9.7%) reported pre-conception self-harm. Women with a history of self-harm in young adulthood (age 20-29) reported higher levels of perinatal depressive symptoms and mother-infant bonding problems at all perinatal time points (perinatal depressive symptoms adjusted β=5.39, 95%CI 3.42-7.37; mother-infant bonding problems adjusted β=8.05, 95%CI 3.61-12.50). There was no evidence that self-harm in adolescence (age 15-17) was associated with either perinatal outcome. **Conclusion:** Self-harm during young adulthood may be an indicator of future vulnerability to perinatal mental health and mother-infant bonding problems. Our findings highlight the importance of identifying women with a recent history of self-harm during routine antenatal appointments, in order to implement appropriate interventions. It is likely that this has the potential to improve a) their mental health; b) their relationships with offspring; and c) the physical and mental health of their offspring.
Social isolation predicts frequent attendance in primary care

Dr Tegan Cruwys¹, Genevieve Dingle¹, Jolanda Jetten¹, Fabio San³, Juliet Wakefield²
¹University of Queensland, ²Nottingham Trent University, ³University of Dundee

Concurrent Session 5H, Room C2.2 & C2.3, Level 2, September 28, 2018

Aim: Frequent attenders in primary care have complex physical and mental healthcare needs as well as low satisfaction with their healthcare. Interventions targeting mental health or psychoeducation have not been effective in reducing attendance. Here, we test the proposition that both frequent attendance and poor health are partly explained by unmet social needs (i.e., limited social group support networks). Design and Method: Study 1 (N=1752) was a large cross-sectional community sample of primary care attenders in Scotland. Study 2 (N = 79) was a longitudinal study of a group of young people undergoing a life transition (moving countries and commencing university) that increased their risk of frequent attendance. Study 3 (N=46) was a pre-post intervention study examining whether disadvantaged adults who joined a social group subsequently had reduced frequency of primary care attendance. Results: All three studies found that low social group connectedness was associated with a higher frequency of primary care attendance. This was not attributable to poorer health among those who were socially isolated. In Study 3, joining a social group led to reduced primary care attendance to the extent that participants experienced a (subjective) increase in their social group connectedness. Conclusion: Unmet social needs among frequent attenders warrant closer consideration. Interventions that target social group connectedness show promise for reducing overutilization of primary care services.
Sensitising mental health assessment for men: A focus on depression and suicide risk

Haryana Dhillon, David Kealy, John Ogrodniczuk, John Oliffe, Dr Simon Rice, Zac Seidler

1Orygen Youth Health Research Centre, 2University of Melbourne, 3University of British Columbia, 4University of Sydney

Concurrent Session 5H, Room C2.2 & C2.3, Level 2, September 28, 2018

Aim: Clinical practice and literature has supported the existence of a phenotypic sub-type of depression in men. While a number of self-report rating scales have been developed in order to empirically test the male depression construct, published psychometric validation of these scales is limited. This study sought to confirm the psychometric properties of the multidimensional Male Depression Risk Scale (MDRS-22) and to determine latent profiles regarding male-specific and prototypic depression symptoms relative to recent suicide ideation and attempt. Design: A nationally representative survey, stratified by location and age, was undertaken to evaluate psychometric properties of the MDRS-22 in a population sample. Method: Data were obtained from an online sample of 1,000 Canadian men (M Age = 49.63, SD=14.60) sourced from a Canadian online survey provider and screened to ensure they met survey eligibility requirements. Confirmatory factor analysis (CFA) was used to replicate the established six-factor model of the MDRS-22, and ROC curve analysis established clinical cut-off scores. Latent profile analysis was used to take a person-centred approach to identifying groups of individuals on the basis of shared symptom characteristics. Results: Psychometric values of MDRS-22 subscales were comparable to the widely used Patient Health Questionnaire (PHQ-9). CFA model fit indices indicated adequate model fit for the six-factor MDRS-22 model (CFI= .943, TLI= .935, SRMR=.067, RMSEA=.074). ROC curve analysis indicated the MDRS-22 was effective for identifying those with a recent (previous 4-weeks) suicide attempt (area under curve = .837, p<.001). Based on the four MDRS-22 externalising subscale and PHQ-9 outcomes, latent profile analysis indicated a three class model as best fitting. Men with a marked externalising profile (12.7% of sample), which included substance use, anger and risk taking, were significantly more likely to have had a recent suicide plan (RR=14.47, p<.001), or to have attempted suicide within the previous 4-weeks (RR=21.32, p<.001) relative to asymptomatic men (67.7% of sample). Conclusion: The MDRS-22 is the first male-sensitive depression scale to be psychometrically validated using CFA techniques in independent, cross-nation samples. Additional studies are required to identify differential item functioning and evaluate cross-cultural effects. Results support primary care screening for both men’s internalising and externalising depression symptoms. Sensitising mental health assessment for men may be an effective means to better identifying those in distress and in need of mental health intervention.
This talk will present for the first time data from the EveryBODY Study, a longitudinal epidemiological study of “weight and eating disorder spectrum” problems in Australian adolescents. A baseline survey of 5,200 12-19 year-olds was conducted in 2017 and measured the occurrence and burden of eating disorder and body dysmorphic symptoms, obesity and underweight. Prevalence estimates for a range of clinical (e.g., anorexia nervosa, bulimia nervosa, binge eating disorder), sub-clinical (e.g., atypical anorexia nervosa, subthreshold bulimia nervosa) and lesser researched (e.g., night eating syndrome, muscle dysmorphia) disorders will be presented. The relative burden of these disorders, comorbidity with obesity, and health service utilisation will also be presented. Implications for the diagnosis and public health approach to the spectrum of eating and weight disorders will be discussed.
Introduction: Chronic insomnia is a highly prevalent and persistent health concern particularly within the older population. The current non-pharmacological treatment of choice for insomnia is Cognitive-Behaviour Therapy (CBT-I), however individualized administration is costly with research indicating the absolute changes in sleep variables following the use of CBT-I are mild, particularly for older adults. Group-based administration of CBT-I conducted over 6-8 weekly sessions has been suggested to provide a brief and inexpensive treatment of insomnia in the adult population. However, the efficacy of group-based CBT-I for older adults with primary insomnia remains relatively uninvestigated. Methods: One-hundred and eighteen (mean age=63.76, SD=6.45, male=55) adults with sleep maintenance insomnia were selected from a community-based sample. Participants were randomly allocated to receive either a four-week, group-based treatment program of CBT-I including bedtime restriction, sleep education and cognitive restructuring, or to a waitlist control condition. Outcome measures included seven-day sleep diaries, wrist actigraphy, and self-report measures to assess perceived insomnia severity, daytime functioning, confidence in and beliefs about sleep. All participants completed these outcome measures at pre-treatment, immediate post-treatment and 3-month follow-up. Results: Participants who received CBT-I had significantly less wake after sleep onset and higher sleep efficiency, when compared to waitlist at post-treatment and 3-month follow-up. Treated participants averaged a reduction of 78-minutes of wakefulness from pre- to post-treatment ($p<.001$). This improvement corresponded with a gain of 16.5% in sleep efficiency from pre- to post-treatment ($p<.001$). Following treatment, participants also reported improvements in perceived severity of insomnia, daytime functioning, sleep self-efficacy, and confidence in and beliefs about sleep. These improvements were maintained at follow-up. Conclusions: The treatment program used in the current study has demonstrated impressive potential for a brief and inexpensive effective treatment of sleep maintenance insomnia in the older adult population. Support: National Health and Medical Research Committee Grant # 480462.
Abstract: On the twentieth anniversary of UNSW Master of Psychology (Forensic) program, we feel it is timely to examine the past, present and potential future of forensic psychology studies and career paths in Australia. Submission: In looking at the rise (and fall) of forensic psychology program training in Australia, it is imperative to look at some of the factors that may have contributed to where we are at. By looking at some of these factors, we hope to identify some lessons that have (and have not) been learned over the past two decades of providing training, as well as identifying how those lessons may influence future decisions about our profession.
Family violence is a major contributor to both justice and public health costs in Australia. Aboriginal people continue to experience family violence, as both victims and offenders at disproportionate rates, than those experienced by other Australians. To date, there has been insufficient attention drawn to the relationship between traumatic stress attributable to unresolved intergenerational trauma and the perpetuation of cycles of family violence. Intergenerational trauma is an area that has yet to be adequately researched and may help provide a better understanding of underlying determinants of family violence and overrepresentation of Aboriginal people in the justice system. This paper seeks to explore whether a trauma-informed approach, in the context of Aboriginal families experiencing family violence with complex needs and offers a timely and strategic way in strengthening treatment responses and facilitating enhanced therapeutic justice outcomes. A further aim is to encourage momentum for a national commitment for an integrated therapeutic justice response to family violence that may help raise awareness in relation to trauma, healing and recovery. It is argued that the promotion of an Integrated Therapeutic Justice approach (ITJ), offers a more holistic and strength-based alternative to meaningfully address intergenerational cycles of family violence. This in turn has the potential to facilitate culturally responsive models of treatment delivery and promote more sustainable therapeutic justice outcomes that aim to balance the needs of family safety and wellbeing. The author further considers some implications for trauma-informed care and practice, and new directions for integrated therapeutic justice reform.
Background: Synchronicity, a term coined by the psychiatrist Carl Jung, relates to striking and meaningful coincidences that connect our inner and outer worlds. Such coincidences suggest some form of synchronisation between what is going through our mind and the external environment. Many therapy clients view synchronistic experiences as being personally meaningful, and as potentially having a positive impact on their life direction, consistent with notions of personal destiny. Synchronicity is often experienced as being fortuitous and as enhancing a feeling of connectedness with others and the world at large. Acknowledging synchronicity can be a useful positive psychology intervention consistent with its PERMA model, in that it can enhance positive effect, engagement with life roles, positive relationships, personal meaning, and accomplishment. Synchronicity as a phenomenon has likely been relatively ignored in mainstream psychology as it cannot be readily explained in rational terms. However this makes it no less meaningful to clients. Exploring synchronicity in a client’s experience can help elicit clients’ transpersonal and spiritual beliefs, increasingly recognized as potentially beneficial to wellbeing. Aim and objectives: The session aims to equip psychologists to draw on their clients’ experience of synchronicity to enhance their wellbeing and sense of life purpose. Objectives include strategies to help clients acknowledge and explore their experience of synchronicity in a way to derive meaning from the experience, to enhance positive emotions, sense of connection with others and sense of life purpose. Learning Outcomes: Participants will be better equipped to:

- Initiate conversations with clients about their synchronistic experiences.
- Help clients explore potential personal meaning of such experiences
- Acknowledge and explore clients’ spiritual and transpersonal views
- Enhance the novelty, flexibility and variety of their interventions
- Further encourage use of intuitive thought processes

Approach: Participants will be encouraged to share their own experience of synchronicity in pairs and with the larger group. Case examples will be presented with accompanying outcome data. Articles and practical exercises for identifying and exploring possible interpretation of synchronistic experiences will be drawn from the presenter’s website www.synchronicityunwrapped.com.au and book, Synchronicity: Empower your life with the gift of coincidence. Caveats: This session introduces strategies to supplement therapist’s practice as usual. Exploring synchronicity is not intended to replace client’s use of rational thought processes to address life problems. This approach would also only be useful with clients who wish to explore transpersonal experiences.
Hoarding Disorder is a newly recognized disorder that is highly disabling to both the individual and their families. While treatments are advancing, our knowledge of the disorder and particularly its underlying mechanisms remains understudied relative to disorders that have a more established literature base. This symposium brings together three new studies investigating alternative ways of characterizing the phenomenology or underlying mechanisms of the disorder. It is hoped that novel approaches such as these will lead to advancements in our characterization of the disorder, and thereby open the door to more advanced treatment options for individuals experiencing this disabling disorder.

Presentation 1: Attention and flow in compulsive acquisition and hoarding behaviours

Aims: Research suggests that attentional difficulties are implicated in hoarding behaviours however, the distinct areas of attention involved remain unestablished. Further, anecdotal reports also suggest that some hoarding behaviours, such as acquisition or churning, can be associated with increased attention on the object to a point of complete absorption. Such states have been previously described in literature as ‘flow’ states or autotelic experiences, but have yet to be explored in relation to hoarding. Flow/autotelic experience is the psychological state involving focused attention coupled with low levels of mental exertion, positive affect and feelings of intrinsic reward. The current model of flow conceptualizes autotelic experience as a multidimensional construct consisting of nine core elements (extreme focus, a sense of control, pleasure, reduced self-awareness, full attention, an altered state of time, the merging of action and awareness, low effort, and equally appraised challenge and ability levels). The present study aimed to explore the relationship between flow experiences and hoarding.

Design: This study employed a cross-sectional correlational design exploring the relationship between flow state and hoarding phenomena.

Results: Significant relationships were found between aspects of hoarding, attention and flow. Additionally, flow was found to explain the variability in acquiring behaviours beyond that currently explained by hoarding cognitions.

Conclusion: The present research extends the understanding of the role of attention and autotelic experiences in hoarding. In particular, a maladaptive form of autotelic experiences may play an important role in acquisition aspects of hoarding.

Presentation 2: Hoarding or Collecting? A Personality Trait Approach

Aims: Hoarding is viewed as a pathological symptom, whereas collecting is socially accepted and is highly prevalent. As behavioural phenomena, hoarding and collecting both centre around material possessions. This study adopted a quantitative dispositional approach to explore the similarities and differences between hoarding and collecting in terms of (a) perfectionism; (b) experiential avoidance; (c) psychological distress; and (d) reinforcement sensitivity. Design: A community sample of 278 participants (M age = 39.20, SD = 15.91) completed an online questionnaire measuring the traits of interest, including a new measure, the Collecting Behaviour Scale. Results: As hypothesised, hoarding and collecting were positively correlated. Hoarding demonstrated weak to moderate, positive correlations with perfectionism, experiential avoidance, psychological distress, and punishment sensitivity. Collecting was correlated with stress and with punishment sensitivity. Conclusion: The differing patterns of results suggest that hoarding and collecting are best viewed as separable traits. This finding holds implications for the way that collecting is defined within psychopathology and as a non-pathological behaviour, and also for the treatment of individuals who exhibit co-occurring hoarding and collecting.

**Aims:** Hoarding disorder is a disabling condition, characterized by the acquisition and retention of possessions to the point where it negatively impacts the individual's life. While treatments are promising, the chronic and egosyntonic nature of the disorder means that further development of the underlying theoretical model of hoarding is important for further advancements. In particular, one aspect of hoarding disorder that has not received specific theoretical emphasis is the link between possessions and the self-concept, reflecting notions dating back to William James that what we own can come to define who we are. The current study was aimed at developing a more nuanced understanding of how people who hoard see themselves in relation to the possessions they collect. **Method and Results:** This study utilised a combination of Interpretative Phenomenological Analysis (IPA) and reflexive photography to promote the in-depth exploration of personal meaning and lived experience for a sample of 10 individuals with Hoarding Disorder. Our aim was to empower participants to use photography to capture particular possessions they own that are relevant to their self-concept or the identity of others. These photographs were then used as a basis for discussion in one-on-one semi-structured interviews. A number of themes were identified, reflecting the current, past and future self-concept, as well as relationships with others. **Conclusion:** Self-themes appear important in Hoarding, and we hope that this study will lead to further investigation of cognitions within the disorder, including via a self-report measure that we are currently developing.
Insomnia is the most common sleep disorder affecting 5-10% of the population, causing significant cognitive and emotional impairments and societal health and economic burden. It is associated with heightened anxiety and fatigue and it increases the risk for the development of depression. Insomnia is often self-treated with over the counter preparations and devices with little evidential support of any efficacy. It is treated by medical practitioners largely with the use of hypnotic and other drugs often with significant side effects and increased drug dependence with little or no long term benefit beyond the period of administration. Therefore, the highly prevalent sleep disorder of insomnia is presently under treated or inappropriately treated.

Cognitive and, particularly, behavioural therapies (CBTi) are effective in treating chronic insomnia sleep symptoms and daytime impairments and extend well beyond the period of treatment. CBTi is the preferred treatment for insomnia and can be administered effectively by psychologists, especially those with an understanding of the basic biology of sleep and the possible presence of other sleep disorders such as obstructive sleep apnea (OSA).

Sleep Disorders Medicine has expanded rapidly over the last three decades with hundreds of sleep clinics in Australia and tens of thousands world-wide. However, these clinics are almost exclusively directed by pulmonary or thoracic physicians with their business focused on the diagnosis and treatment of obstructive sleep apnea (OSA).

Recent research has shown that obstructive sleep apnea is commonly co-morbid (30-60%) with insomnia and that co-morbid insomnia decreases compliance to the most common treatment for OSA, that of continuous positive airway pressure (CPAP) using a face mask. Our recent research has shown that the pre-treatment of the co-morbid insomnia with CBTi increases adherence to CPAP treatment and improves outcomes. The sleep medicine community is gradually recognizing the presence of co-morbid insomnia with OSA and the need to treat it. This should increase demand from the sleep medicine community for registered psychologists with CBTi experience.

The treatment of insomnia by psychologists can be at least partly supported by Medicare through referrals from GPs with Mental Health Care Plans. Therefore, whether working privately or in conjunction with one of the many sleep clinics in Australia, psychologists can play an increasingly important role in the more effective treatment of insomnia, a serious condition affecting more than 2 million Australians.
Experiencing a significant moment in psychotherapy

Ms Nicky O'Leary

Dublin City University

Concurrent Session 6D, Room C3.3, Level 3, September 28, 2018

Psychotherapy is primarily an interpersonal treatment that is based on different theoretical modalities. The Irish Council for Psychotherapy promotes psychotherapy as an effective intervention for mental and emotional health. However, despite extensive research in the field of psychotherapy, it is unclear, what creates sustained emotional and psychological change in clients, in this helping environment. The current study aimed to capture how clients consciously construct meaning from a significant moment in psychotherapy and the influence this may have on changes to their emotional and psychological well-being.

To address this issue, a Husserlian phenomenological philosophical and methodological position was taken. Rich descriptions of significant moments in psychotherapy were captured from 27 semi-structured interviews with 14-clients. A descriptive psychological phenomenology method, as devised by Giorgi (2009), informed the phenomenological investigation. Following analysis, key findings identified pre-emptive events before the significant moment occurs; the essences of a significant moment; how the significant moments were experienced and the impact of the significant moment on the client’s life-world. The meaning of a significant moment was constructed as a kinesthetic consciousness that was dominated by a visual experience or a physical experience that contributed to insight. The preemptive events involved having a connection with the psychotherapist while being judgmental of self or perceiving judgment by the therapist. The essence of the experience captures the conscious construction of the meaning of a significant moment for all participants in the study, which is marked by the realisation that revealing unspeakable aspects of self, uncovers the person’s hidden and desired acceptable self. The lived experience of a significant moment had a profound positive impact on clients’ personal, emotional, psychological well-being and the social lives of all the participants. Theses original findings are discussed with reference to clinical practice, supervision, education and training of psychotherapists and future psychotherapy research.
Background: Intimate Partner Violence (IPV) is a common issue in specialist and general psychological settings. It is a factor in forensic populations, couple therapy, assessments for court, and in the psychological wellbeing of countless children and adults. The experience of violence in the home is a major contributor to the burden of disease and distress, for both men and women, with a murder in the context of family violence occurring in Australia at least weekly and an estimated million Australian children who have witnessed violence at home. Working with this issue requires an understanding of the dynamics of a controlling relationship and a capacity to assess for ongoing risk to victim safety. This is especially important with IPV as the decision to seek help can increase risk to the client. Aims: This workshop will outline a framework for assessment when working with intimate partner violence that is evidence based and simple to use. It is adapted from recognised family violence risk assessment frameworks, variations of which are used in most Australian states. Participants will learn;

- The most common evidence based risk factors, and why they indicate heightened risk
- How to assess risk, in collaboration with the client,
- Tips for dealing with disclosures,
- How to identify common attempts by those who use violence, to minimise the violence or to invite collusion with professionals
- Planning for effective referrals where third parties are involved, or need to be involved with the clients, and working with other professionals in the service system.
- An awareness of pitfalls in writing formal assessment for this clinical population.

Approach: The presentation will include a brief overview of evidence related to the assessment of dangerousness and lethality, group discussion around scenarios, a clear framework for IPV Risk assessment and tools to work with the client in relation to Safety Planning, including handouts. The presenter encourages open discussion and will allow time for questions.
Aim: The Sons of the West men’s health programs aim to address physical and mental health barriers and care pathways in members of the general public in western Melbourne. This study looks at the pathways towards mental wellbeing that are created through the program and aims to determine their mechanism of operation. Design: We report on a quantitative evaluation of mental health, perceived loneliness, and barriers to care during the 10-week program in 2017 and 2018. Method: Approximately 800 participants each year completed pre-post program questionnaires on mental health (K-10), resilience (BRS), loneliness (UCLA Loneliness Scale), and barriers to care (gender role conflict, self-stigma, distress disclose, and attitudes towards helpseeking). Data was analysed using multiple regression analysis. Results: The program reports significant changes in mental health (K-10) scores for participants across the program. We report on our findings related to how those social support and barriers interact with mental health changes. Conclusion: SOTW has a powerful impact on mental health which appears to be via the pathways of social support, barriers, and gender attitudes. It has potential to offer this understanding to other mental health promotion programs in the community.
Background: Although you’re in the business of helping other people stay healthy, it’s easy to lose sight of some of the risks which can impact the health of your own business. It’s an unfortunate reality that the risk of legal action against health professionals has risen in recent years, largely due to the inherent risks that are involved in diagnosing and treating the human body and mind. Even the most experienced specialists are at risk of accidental injury or misdiagnosis, which can lead to a legal claim that could paralyse your practice.

Aims/objectives: There are a number of strategies that psychologists can put in place to help manage risks and reduce the chance of them occurring:

1. Review your work premises and remove or fix anything that could cause a slip or a fall: This includes slippery surfaces, uneven flooring, cluttered walkways and poor lighting.
2. Check practitioner qualifications and registrations: Ensure that you and your employees or colleagues are qualified and/or registered, and include those checks when recruiting new staff.
3. Check marketing materials: Carefully vet the wording of all advertisements to ensure that all information is accurate and clearly communicated.
4. Understand and comply with confidentiality laws: Educate yourself and colleagues/employees on confidentiality laws, and ensure that your workplace complies with these laws.

Approach/method: We will discuss these common claims and ways you can use the complimentary legal advice service to ensure you have all your risks covered.

Implications/conclusion: We will conclude with APS services to members to assist in risk management.
Despite concerted efforts to improve workplace health, job burnout has continued as a persistent if not growing hazard to workplace wellbeing. Advice for preventing burnout often come down to strategies for increasing one’s resilience: People need to toughen up and adapt to reality. Through better self-management, greater mindfulness, healthier lifestyles, and clearer priorities, people will meet the demands put upon them. They will maintain their wellbeing and avoid burnout. Although these qualities certainly have their appeal, the advice does not align with organizational research that locates the drivers of burnout in the work environment more often than in individual failings of employees.

This keynote will consider making people the reference point. Rather than training people to tolerate the way things are, what about developing worklife to appreciate how people perform at their best and maintain a sense of wellbeing. The talk will present recent research pointing towards ways of making this shift in perspective.
Background: Psychologists working with asylum seekers and refugees may encounter a range of requests for reports including, but not limited to: assessment of fitness to return to home country; suicide risk assessment; determination of the need for health care or financial support; capacity to provide coherent accounts during the determination process; appeals to the Minister for reconsideration of a negative assessment for an asylum claim; and family reunion. These requests pose complex issues for psychologists including the difficulties of obtaining medical records, the complexity of the stories, the politicised nature of assessments and their outcomes, and the requirements of the legal arguments and associated letters of instruction. Clinicians wanting to support asylum seekers and refugees must balance clinical objectivity with responses to high levels of distress and trauma in a complex clinical and politicised context. This workshop will provide a critical discussion of the ethical and practical issues related to psychological assessment and report writing for asylum seekers and refugees.

Learning outcomes: Workshop participants will:

- Develop an understanding of the legal context of report writing for asylum seekers and refugee clients;
- Gain an awareness of the ethical dilemmas associated with report writing in this context;
- Improve their skills in the selection and use of assessments/instruments with asylum seeker and refugee clients; and
- Develop their competency in writing reports for different contexts and purposes.

Approach: The first part of the workshop will present an overview of the legal frameworks and political processes affecting asylum seekers and refugees settling in Australia. This will be followed by a review of psychological assessments and report formats to suit different purposes and participants will be provided a series of handouts and resources. The workshop will conclude with facilitators leading a critical reflection of the ethical issues encountered in this area. It is expected that participants will have varying levels of expertise and experiences to share in this discussion.
Narrative therapy and narrative identity: Innovations in research and practice

Ms Rina Taub², Ms Trisha Nowland¹, Ms Jamilla Johnson³, Ms Danya Braunstein¹, Mr Troy Holland⁴, Dr Simon Boag¹

¹Macquarie University, ²APS Narrative Theory and Practice Interest Group, ³Central Queensland University, ⁴University of Melbourne

Concurrent Session 6J, Room C2.5, Level 2, September 28, 2018

The aim in this symposium presentation is to demonstrate how narrative insights support high-quality outcomes for clients, and communities. These approaches work with client or community group preferred self-understanding, and seek to integrate narrative-informed understandings into work that is done in everyday psychology practice contexts, to support and enhance wellbeing for people. The narrative approaches discussed in the presentations are not limited to but may include narrative therapy techniques (White, 2007), as well as other advances that use narrative in psychology literature (see McAdams, 2001, as an example). We work here to demonstrate across three distinct projects the ways that narrative has featured, and how outcomes have been impacted by inclusion of concerns highlighted in narrative ways of being and working. These presentations address: i) co-researched community projects; ii) therapeutic conversations; and iii) narrative-informed assessment techniques. We work to articulate a future for Australian psychology that is informed by what is made possible, with a narrative appreciation of human concerns that are most prevalent, when psychological care and support comes to be present, in people's lives.

Presentation 1: Quiet or Shy When We Prefer To Be But always Resisting Silencing: Multi-storied Descriptions and Directions

Aim: This collective narrative practice project aims to gather, respond to, and learn from multi-storied insider accounts of quietness and shyness experience. The primary co-research question considers what alternative ways of understanding and responding to phenomena named as ‘quietness’, ‘shyness’, ‘social anxiety’ and ‘silencing’ might be most meaningful and helpful for people experiencing these phenomena. Rather than a focus on only problematic effects, quietness/shyness are considered also as phenomena that can be experienced as preferences, survival skills, or as effects of silencing and/or oppression. Design: This is a collaborative, co-research (Given, 2008) project which pays particular attention to the politics of experience. Participants are able to respond to interview questions in person or online. The interview process includes scaffolding from the interviewer but is also guided by the participant’s preferences for particular narrative and therapeutic directions. Method: To date there have been at least twenty-five participants in the project and the number is growing. Participants are invited to be interviewed using the co-researched ‘Multi-storied descriptions and evaluations’ document, after introduction to the project by word of mouth or advertising. Stories of participants’ experiences and preferred meaning of phenomena such as quietness/shyness and/or silencing are documented through written word, art and music. From this data, we collate further questions and storylines that may be introduced to future potential participants in the project, who may modify the material according to their own needs and best purposes. Results: A series of protocols have been developed including ‘Creating space’, ‘Quiet activism’, ‘Quietness as a survival skill’ and ‘Always connecting’. Conclusion: Thanks to the generosity of our co-research participants we feel clearer about what types of stories might be important when we are consulted by someone who is experiencing Quietness or Shyness. We have seen and experienced the harmful effects of dominant discourses that describe Quietness and Shyness in single-storied, frequently negative ways. We agree that stories of troubling effects of Quietness/Shyness on people’s lives need to be included. However we have found it is equally important to include the stories of value that Quietness/Shyness can contribute to the lives of people, families and communities.

Presentation 2: Narrative Change in Research Conversations

Aim: The current research study aims to examine how the experience of participating in a life story interview promotes self-reflection and authorship. The current theory and research methodology for understanding narrative identity draws on Dan McAdams’ life story approach (2001; 2013). However, Thorne (2004) argues that although this theory acknowledges the role of the social context in the development of identity, it does not consider the dialogical nature of the research interview and the co-construction of meaning. Therefore, the current methodology does not account for the possibility that the experience of recounting the life story might result in a changed identity. To the best of our knowledge, there is a paucity of research examining the participants’ experience of narrative identity research. Design: The study is a qualitative repeated measures
case study design; this is consistent with prior research using the Life Story Interview protocol (McAdams, 2008). **Method:** A small convenience sample (N=10-14) of emerging adults (university students, aged 18 to 25) will be asked to complete two ‘life story and media stories’ interviews over a 3 month interval. Each face to face interview will be approximately one hour in duration, audio recorded, and later transcribed for data analysis. Data will be coded using McAdams’s (2008) narrative coding schemes, including coding for changes in agency and coherence, narrative tone, and narrative complexity, and compared at the two time points to identify moments of narrative change. **Results:** Data will be collected, analysed and available to report by the time of the presentation. **Conclusion:** If the findings support the aim of the study, it could be interpreted that the experience of telling their life story - even in a research setting - may provide individuals with greater agency to access alternative narratives when reconstructing their identity (McLean, & Syed, 2015).

**Presentation 3: Narrative in Community Perspectives on Parental Reflective Functioning – Developing an Assessment Tool**

**Aim:** Reflective functioning is defined as a human ability to understand the behaviour of self and others by reference to underlying mental experiences, particularly of affect and intentions (Slade, 2005). Reflective functioning has been researched not only as a protective factor in experiences of trauma (Slade, 2005; Fonagy et al., 1995); its role in mediating intergenerational transmission of trauma has more recently been investigated (Berthelot et al., 2015). To date there is little research available to explain how to adapt reflective functioning ideas to the communities within which the concept will be introduced as a potential assessment or intervention tool. The aim of this project is to develop a grounded theory (Strauss & Glaser, 1967) approach to assessing reflective functioning for parents in Western Sydney, Australia, utilising narrative therapy group process techniques (White, 2007). **Design:** We co-research (Given, 2008) the concept of reflective functioning with parents, with the aim of maximising representative design (Brunswik, 1955) of a reflective functioning assessment tool. **Method:** Thematic analysis (Guest, 2012) of community psychoeducation sessions (N=30) is utilised to draw out the narratives that parents connect with the concept of reflective functioning. Reflective functioning assessment protocol based on the Adult Attachment Interview (Berthelot et al., 2015) is mapped to the thematic analysis outcomes, providing insight into the kinds of questions that can be best used with this client group to assess reflective functioning. **Conclusion:** The result is an adaptive assessment protocol that requires nothing of ‘surprising the unconscious’ (AAI: George et al., 1984), but which draws on a strengths-based perspective that closely tracks already-present parenting skills, for individuals from diverse and complex backgrounds.

**Selected references:**


The Strength Switch combines the research of Professor Lea Waters on strength-based parenting and teaching with three decades of research from strength-based science and positive psychology. In this talk, Professor Waters will show the positive benefits of flicking our strength switch and building on children's strengths before we correct their weaknesses. She will show-case her science and point the audience to useful tools and practices. The Strength Switch is an approach suitable for parents, teachers, school counsellors and mental health practitioners working with young people and families.
There is a positive psychology revolution sweeping educational psychology, one that emphasizes how healthy, normal and exceptional students can get the most from education. Positive self-beliefs are at the heart of this revolution. My self-concept research programme represents a substantive-quantitative synergy, applying and developing new quantitative approaches to better address substantive issues with important policy implications. Self-concept is a multidimensional hierarchical construct with highly differentiated components such as academic, social, physical and emotional self-concepts that cannot be understood from a unidimensional approach that considers only self-esteem. Particularly in educational psychology, self-concept enhancement is a major goal. Self-concept is also an important mediating factor that facilitates the attainment of other desirable outcomes. In education, for example, a positive academic self-concept is both a highly desirable goal and a means of facilitating subsequent academic accomplishments. However, the benefits of feeling positively about oneself in relation to choice, planning, persistence and subsequent accomplishments, transcend traditional disciplinary and cultural barriers. Perhaps more than any other areas within educational psychology, there is extensive international cross-cultural tests and support for the generalizability of the major theoretical models in the discipline. My purpose here is to provide an overview of my self-concept research in which I address diverse theoretical and methodological issues with practical implications for research, policy and practice such as:

● Does a positive self-concept ‘cause’ better school performance or is it the other way around?
● Why do self-concepts decline for:
  – gifted students who attend selective schools?
  – learning disabled students in regular classrooms?
● Are multiple dimensions of self-concept more distinct than multiple intelligences?
● Why do people think of themselves as ‘math’ persons or ‘verbal’ persons?
● Can children as young as 5 or 6 distinguish between multiple dimensions of self-concept?
● How different are the self-concepts of bullies and victims?
● Does a positive physical self-concept lead to health-related physical activity?
● Do self-concept models hold up cross-nationally and cross-culturally?
● How do self-concepts of elite swimmers from 30 countries contribute to winning gold medals?
● How did the fall of the Berlin Wall and the resumption of Chinese control of Hong Kong influence self-concepts?
Making a difference to athlete wellbeing: Investigating the support services available to elite and professional Australian athletes

Dr Tim Chambers\textsuperscript{1}, Miss Caroline Stansen\textsuperscript{1}, Miss Stacey Sandardos\textsuperscript{1}, Miss Gemma Harangozo\textsuperscript{2}, Professor Cliff Mallett\textsuperscript{3}

\textsuperscript{1}School of Psychological Sciences, Australian College of Applied Psychology, \textsuperscript{2}School of Psychology, The University of Queensland, \textsuperscript{3}School of Human Movement & Nutrition Sciences, The University of Queensland

Concurrent Session 7B, Room C3.1, Level 3, September 29, 2018

Research into athlete mental health and wellbeing has rapidly increased in recent years, with the current International Society of Sport Psychology (ISSP) position stand on mental health highlighting the importance of addressing the topic (Schinke, Stambulova, Si, & Moore, 2017). Attempts to quantify the prevalence of mental health issues among elite athletes suggested that 17\% to 45\% of Australian and French elite athletes reported mental disorders (Gulliver, Griffiths, Mackinnon, Batterham, & Stanimirovic, 2014; Schaal et al., 2011). Although these mental health issues are also common for non-athletes (Rice, Purcell, De Sliva, Mawren, McGorry, & Parker, 2016), aspects unique to the sporting environment (e.g., physical contact, intense training cycles, regular competition) knowingly contribute to a decline in athlete mental health (Schinke et al., 2017). Physical challenges in the sporting environment (e.g., training, injury) can induce psychological consequences (e.g., anxiety, eating disorders) and vice versa (Castonguay & Oltmanns, 2013). In their position stand, the ISSP encouraged practitioners and researchers to take action in facilitating help-seeking behaviours (Schinke et al., 2017). Consistent with this notion is the role that career assistance programs (CAPs) and related services could play in supporting athletes with such issues. Specifically, support programs and services that focus on providing athletes with resources to build athletic and non-athletic identities might help prepare them for a healthy transition into, through, and out of sport.

This symposium will present findings from an ongoing program of research that continues to investigate these CAPs and related services. The three presentations will share findings from empirical investigations on player development managers (presentation 1), personal excellence advisors (presentation 2), and mentors (presentation 3). These roles and programs were strategically selected in order to canvass the broader support mechanisms available to Australian athletes who train and compete within the high-performance environment. The collective evidence from these investigations suggests that these roles are crucial to athlete development and wellbeing, and the individuals fulfilling these roles share numerous similarities despite the contextual differences.

**Presentation 1: An interpretative phenomenological analysis of the player development manager role in Australian professional sports**

**Aim:** Emerging evidence within the context of athlete mental health and wellbeing has pointed towards the benefits of creating holistic support programs that assist athletes with a myriad of issues. In this study the role of player development managers within Australian professional sports, and the club environment in which they work was examined. **Design:** The study was guided by an interpretative phenomenological analysis (IPA; Smith, Flowers, & Larkin, 2009) to explore the lived experiences of player development managers. The environmental success factors model (Henriksen, Stambulova, & Roessler, 2010) was employed as the overarching theoretical framework. **Method:** 13 player development managers (7 females; $M_{\text{age}} = 42$ years, $SD = 6$ years) from the Australian Football League, cricket, and rugby union were interviewed. In keeping with IPAs idiographic nature, each interview was analysed in-depth individually. Consistent with contemporary qualitative practices, trustworthiness was established by adopting three key strategies: reflexivity, member checking, and engaging a critical friend. **Results:** Analyses revealed four higher-order themes related to the player development role: (1) PDM role, (2) individual qualities, (3) support services, and (4) club environment. These themes coalesced into the PDM triad; a thematic map that denotes the interaction between the personal elements associated with the PDM role that existed within the club environment. The PDM triad was found to both directly and indirectly influence the PDM role. **Conclusion:** As the first study of its nature, the findings provide a platform for future investigations of player development to enrich our understanding of how the role assists professional athletes to navigate the challenges associated with a sporting career.

**Presentation 2: A qualitative investigation of the personal excellence program within Australia’s elite amateur sporting environment**
Aim: Athlete career assistance programs have been a topic of interest in sport psychology research for more than four decades. The existence of these career assistance programs is a dynamic process, with Australia’s former Athlete Career and Education program touted as the gold standard. With this program recently making way for the Personal Excellence (PE) program, the purpose of this research was to explore the PE role within Australia’s high-performance sport system. **Design:** To assist with the exploratory nature of this research, an interpretative phenomenological analysis (IPA; Smith, Flowers, & Larkin, 2009) was employed. The project was also underpinned by the environmental success factors model (Henrikson, Stambulova, & Roessler, 2010). **Method:** Six participants ($M_{age} = 47$ years, $SD = 29$ years) who were employed in a personal excellence position within Australia’s high-performance sporting network participated in this study. Interviews were analysed and interpreted on an individual basis, consistent with interpretative phenomenological practices. Member checking, the adoption of a critical friend, and reflexivity strategies were employed to ensure trustworthiness. **Results:** Four major themes were identified: (1) the PE program architecture; (2) the rationale for change from career and education to PE; (3) PE responsibilities; and (4) current challenges and opportunities. Findings from the current study revealed that the PE program is a multi-faceted system, which offers support to athletes in three broad areas: career assistance, personal growth, and wellbeing. **Conclusion:** As the first empirical investigation of the PE program in the Australian elite sporting environment, this study makes a valuable contribution to the growing evidence-base in support of holistic personal development programs for elite athletes.

**Presentation 3: “It’s not about sport, it’s about you”: An interpretative phenomenological analysis of athlete mentoring.**

**Aim:** Supporting the wellbeing of elite amateur athletes in a holistic manner is becoming a concern within high-performance sport. Mentoring has yet to be empirically investigated as a beneficial support mechanism for fostering athlete wellbeing. The purpose of this exploratory study was to develop a contextualised perspective of the lived experience of mentoring within sports and investigate whether mentoring facilitates the development of wellbeing amongst elite amateur athletes. **Design:** An interpretative phenomenological analysis (IPA; Smith, Flowers, & Larkin, 2009) was adopted, with the research underpinned by Ryff’s (1989) psychological wellbeing model. **Method:** Semi-structured interviews with 8 purposefully recruited mentors (3 females; $M_{age} = 37$ years, $SD = 6$ years) and 3 snowball sampled athlete-mentees (1 female; $M_{age} = 25$ years, $SD = 6$ years), who had engaged in mentoring for at least 6 months to provide an in-depth analysis of athlete-mentees lived experience of mentoring. **Results:** Interpretive analysis of participant narratives led to the generation of six interrelated major themes: (1) role; (2) experience and training; (3) attributes; (4) mentoring relationship; (5) discussion topics; and (6) outcomes. Themes were found to parallel with the dimensions of Ryff’s (1989) model of psychological wellbeing, suggesting that holistic athlete wellbeing may be developed through the support mechanism of mentoring. **Conclusion:** These findings advance the limited literature on the lived experience of athletes in mentoring and a potential mechanism to utilize for the development of holistic wellbeing amongst athletes. Ryff’s (1989) model offers a fruitful avenue for future research, as the findings of this investigation support the robustness of holistic mentoring for elite amateur athlete wellbeing.
Objective: Exercise has been shown to reduce depressive symptoms with small to moderate effect sizes. 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 low exercise in depressed individuals. This study aimed to examine the relationship between depressive symptoms, attitudes towards exercise (barriers and 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: Almost 70% of participants were suffering from moderately severe to severe levels of depressive symptoms. 26% reported that they rarely engaged in regular activity that worked up a sweat. As predicted, depressive symptoms were positively associated with barriers to exercise, and negatively associated with exercise frequency. Exercise self-efficacy was a significant determinant of exercise. Conclusions: Perceived barriers to exercise and low exercise self-efficacy decrease exercise involvement in adults with depressive symptoms, and should be addressed when designing exercise programs for this population.
Do stress management interventions improve psychological adaption, biobehavioral processes and long-term health outcomes in breast cancer?

Professor Michael Antoni

Concurrent Session 7C, Room C3.2, Level 3, September 29, 2018

Since various forms of psychological adversity predict poorer health outcomes in women with breast cancer, it is plausible that behavioral interventions that improve skills for adapting to the challenges of breast cancer may reduce adversity during treatment and improve long-term clinical outcomes. But how? Biobehavioral mechanisms to explain such effects may involve modulating neuroendocrine, pro-inflammatory and pro-metastatic signaling during and after primary treatment. Dr. Antoni will present research demonstrating the effects of the intervention that he developed—group-based cognitive behavioral stress management (CBSM). He will summarize the results of NCI-funded randomized controlled trials showing that CBSM reduces adversity to improve psychological adaptation, and modulates biobehavioral processes (neuroendocrine and immunologic/inflammatory) during primary breast cancer treatment. He will also present effects of CBSM on longer-term clinical outcomes (depression, quality of life, overall survival and disease-free interval) at 11yr median follow-up; and will show how changes observed during the initial 12 months after CBSM predict health effects at 11-yr follow-up. Ongoing and future work designed to test specific components of CBSM in briefer formats, cultural adaptations, and use of remote delivery platforms is presented as a strategy to increase the reach of stress management interventions to specific cancer populations.

Learning Objectives: At the completion of this presentation participants will be able to:

- Describe the challenges involved in adapting to breast cancer, their effects on long-term health, and the rationale for using stress management intervention during primary treatment

1. Describe a group-based psychosocial intervention-Cognitive Behavioral Stress Management (CBSM)- designed to facilitate adaptation to the challenges of breast cancer

2. Summarize the empirical research demonstrating the effects of CBSM intervention on psychological adaptation, biobehavioral processes, and clinical outcomes in women undergoing treatment for breast cancer

3. Understand ongoing and planned research designed to increase the reach of this intervention for specific populations
Accelerated experiential dynamic psychotherapy: A map for facilitating client transformation

Dr Damon Mitchell
Core Life Psychology

Concurrent Session 7D, Room C3.3, Level 3, September 29, 2018

Background: Attachment and relational traumas or ruptures triggered by experiences of omission (e.g. neglect, absence) and commission (physical and emotional abuse) can have a significant impact on the development of the self, relationships with others, and the overall capacity to function and thrive. Such ruptures can lead to a range of experiences such as anxiety and defences, depression, shame and self-criticism, and ongoing relational problems such as isolation and disconnection. Having a map that can illuminate the process and terrain of transformation can greatly aid the work we do with clients. Accelerated Experiential Dynamic Psychotherapy (AEDP, developed by Diana Fosha) provides such a map that outlines four different states clients might present in, types of interventions we might use, and how we interact with clients throughout. AEDP is a 'healing oriented' therapy that aims to activate change by exploring and processing in-depth emotional and relational experiences while tapping into the transformational spiral that uncovers inner resources, corrective moments, greater security, vitality, and resilience etc. Central to AEDP is that clients hold within them the capacity and motivational force to change, work-through, heal, and self-right (transformation) particularly within a therapeutic and relational space of safety.

Aims/Objectives/Learning Outcomes: The purpose of this symposium is to: (a) provide a brief overview of the model of AEDP and the states that clients present with and move through during transformation; (b) outline a model of the formation of pathology from both omission and commission attachment experiences growing up; and (c) highlight a basic model for working with client anxiety, defences, and affective experiences. Participants should have a basic introductory understanding of the AEDP model following the seminar. Furthermore, participants will take home 3 to 4 new techniques that they can trial and evaluate in their therapeutic practice. Approach: The session will start with a brief mindfulness and/or experiential exercise to increase awareness of practitioner emotional state. The second component of this forum will provide a brief outline of the model of AEDP in which typed handouts will also be provided. The subsequent section will involve watching a video to observe a therapist and client working within the model of AEDP. Participants will also be provided with some basic techniques to take home and utilise with their clients (e.g. slowing it down and building safety, focusing on the here and now, accessing emotional and transformational experience, privileging the positive, fostering meta-therapeutic processing, and self-disclosure).
Asperger's in adults: The missing piece in the puzzle for clinicians

Dr Matthew Berry

Background: Whilst the condition of Asperger's Syndrome has been identified since the early 20th century, it was not until the end of that century that it attained widespread clinical recognition in the English-speaking world. Screening programs at schools have been running in many countries for a couple of decades with great success with early intervention being indicated for the most positive outcomes. However there are two key challenges. First there are those who, although they had pronounced traits, were schooled before these screening and awareness programs and so were never identified and supported. Second, there are those who have traits, but are sub-clinical in terms of DSM criteria for ASD. For these people, their Asperger's itself is neither a disorder nor a disability, however the challenges of living in a neurotypical world without the right validation, support and guidance, can result in stress, low self-esteem, and a host of secondary disorders. These secondary disorders are what commonly bring the person to the therapist's chair, including anxiety, addiction, intermittent explosive disorder, and may be incorrectly diagnosed as ADHD, conduct disorder, depression, OCD, or even narcissism or schizoid personality. Yet the reality is that these diagnoses are either incorrect, or are secondary to the stress of having unidentified Asperger's Syndrome. This can result in inappropriate treatment goals and approaches being utilised. With estimates around 1 in 68 of the general population being somewhere on the Autism Spectrum, and the research suggesting that people on spectrum are more likely to have mental health difficulties, it is interesting to reflect in a typical case load whether psychologists are adequately identifying these clients, for whom treatment goals and methods need to be significantly different compared to neurotypical clients.

Aim/objectives/learning outcomes:
To assist clinicians from all areas of practice to identify cognitive, emotional, social, and sensory/motor features of Asperger’s in adults. To differentiate Asperger’s from other diagnoses, and recognise features that may have become hidden by the client’s compensatory strategies. A framework for assessing is suggested, including markers that may be present in session. Recommendations for adapting the therapeutic relationship and approach are followed by treatment planning and how and whether to offer a diagnosis, along with the ethical considerations that go with this. Finally an emphasis is placed upon focussing upon the positives of having Asperger’s, asking if it is a gift, rather than a disorder.

Learning outcomes:
Recognise cognitive, social, language and sensory/bodily real-world signs and symptoms, above and beyond the traditional diagnostic criteria
Demonstrate appropriate diagnosis in adults
Identify clients’ behavioural strategies to compensate for limitations and enhance strengths
Provide strategies for working with client’s significant others to adapt to the client’s Asperger-related functioning

Workshop content:
Details to come

Audience:
Psychologists in private practice as well as those in treatment and community settings

The Australian Psychological Society 2018
Background: Despite widespread acknowledgement that climate change is a profoundly serious global problem, and that urgent changes are needed in human behaviour at all levels of society to reduce greenhouse gas emissions, this awareness has not yet led to actions around the world that are commensurate with the threat. The insights of psychologists into how people are responding to climate change are therefore critically important. Aims/objectives: The aim of this forum is to present and discuss 8 best practice insights from psychological science to help people come to terms with and cope with the profound implications of climate change so that they can stay engaged with the problem, see where their own behaviour plays a part, and participate in speedy societal change to restore a safe climate. Approach: The insights discussed in the forum are drawn from extensive research across a range of environmental and sustainability domains that psychologists have been working in for decades. The insights have been published in the APS publication ‘The Climate Change Empowerment Handbook’. In this forum, a panel of climate change and psychology experts will provide examples from their own current research to illustrate the 8 psychological strategies summarised by the acronym ACTIVATE: Acknowledge feelings, create social norms, talk about it, inspire positive visions, value it, act personally and collectively, time is now, and engage with nature. Dr Susie Burke, co-author of the Handbook, will chair the session and provide an overview of ACTIVATE, then invite environmental psychologists from research institutes around Australia to talk on each strategy in turn based on their research expertise. For example, Associate Professor Navjot Bhullar will discuss the state of the research on the use of social norms in promoting pro-environmental behaviours and actions, Dr Tristan Snell will talk about the impact of contact with natural environments on mental health and mood, Dr Bronwyn Gresham will reflect on her work on climate communications, and Professor Don Hine will discuss his climate change engagement research. Implications/conclusion: The more we understand the psychology of how people are responding to climate change, the better we can help ourselves and others to overcome barriers of inaction, and get involved in effectively addressing climate change. It is as much a psychological and social problem as it is an environmental or ecological mega-disaster, and psychologists have a critical contribution to make in addressing the problem so that we can curtail the worst effects of climate change before it is too late.
In a representative sample of the Australian population (10,173 men and 9,134 women) 46.5% of men and 70.9% of women reported at least one sexual difficulty. These findings indicate sexual problems are amongst the most frequent problems a practising clinician might encounter, but many would say they don’t. Two explanations are offered for this. First, frank discussions about sexual issues can be uncomfortable for and avoided by both clinician and client. Second, clinicians are understandably reluctant to pursue issues which they don’t feel confident about treating effectively.

Our definition of ‘successful sex’ is that it leaves both partners feeling good, about themselves, each other and their relationship. It does not involve dissatisfaction, negative feelings, nor any harm. Many people share jokes about sex but rarely discuss it factually. Sex counselling involves providing research-based information about sexuality, helping clients to question popular but mythical ideas, and to establish mutually comfortable and assertive communication with their sexual partners.

Around 30 years ago there was a breakthrough of new psychosocial approaches to the treatment of common sexual problems, such as premature ejaculation and erectile difficulties in men, anorgasmia and vaginismus in women, and dyspareunia and loss or lack of sexual interest in men and women. Diagnoses were standardised and linked to set treatment procedures, with more success than previously pessimistic responses to sexual problems. Yet today many practising psychologists have not had a real opportunity to learn these established procedures.

Thirty years of research and clinical practice have prompted considerable changes in our understanding of the aetiology of the sexual problems seen in clinical practice and hence major revisions of best practice treatments. There has been an abandonment of the tick-a-box approach to diagnosis, replaced by the adoption of wide-ranging investigation of all causal factors – biological, psychological and psychosocial – to produce individual case formulations which become the basis for individually appropriate treatment plans. Biological and psychosocial factors are both now realised to often be important iatrogenic factors contributing to the cause and maintenance of sexual problems, requiring evidence-based attention as much as psychological factors. An important implication of this trend has been recognition of the importance of transprofessional collaboration for optimal treatment. This brief session will introduce information about current models of common sexual problems and what best practice treatments can be indicated by this. This will be done by discussion and case studies. Notes and references will be provided.
Students’ academic wellbeing is central to their healthy development. This workshop focuses on the major parts of students’ motivation and engagement as a key part of their academic wellbeing. The workshop addresses critical issues and factors that support (or impede) their motivation and engagement, including students’ resilience and mindset, interpersonal relationships, conditions/disorders that place them at academic risk (e.g., ADHD), developmental changes that all students experience (e.g., puberty), and modern phenomena that all students must learn to manage (e.g., mobile technology). The workshop looks at approaches that have an evidence base, with a focus on what works.

**Learning outcomes:**

Upon completion of this workshop participants will be able to:

- Identify the major parts of students’ motivation and engagement
- Understand developmental and gender differences in motivation and engagement as well as the role of puberty in students’ academic development
- Apply evidence-based approaches to enhance students’ motivation and engagement
- Understand distinct motivation and engagement issues and applications for academically at-risk students
- Understand modern challenges for sustaining students’ motivation and engagement, including appropriately managing mobile technology

**Workshop content:**

- Identification of the major factors associated with students’ academic wellbeing – and the place of motivation and engagement on the academic wellbeing landscape
- Key factors critical to students’ continued motivation and engagement (e.g., academic resilience, growth goals, growth mindset, interpersonal relationships, etc.)
- Key personal factors associated with motivation and engagement such as age, gender, stage of puberty, at-risk status
- Strategies for enhancing motivation and engagement – and a look at resources available to do so
- Modern challenges to motivating and engaging students, including the role of mobile technology in assisting or impeding students’ motivation and engagement

**Audience:**

- Educational, school, developmental psychologists
- Counsellors
- Educational practitioners (e.g., teachers)
- Tutors, coaches, mentors
Finding the whole person in psychological assessment

Dr Tristan Coulter

Concurrent Session 8B, Room C3.1, Level 3, September 29, 2018

Through a contemporary approach to personality psychology, and with an emphasis on data integration, Dr Coulter delivers a practical-based workshop that aims to explore the grounds for creating a comprehensive picture of an individual life. Using examples from his work as a sport psychologist, and drawing on his own applied research, Dr Coulter discusses some of the highlights and challenges of seeking to find the whole person in psychological assessment. In his workshop, delegates will get the opportunity to examine real datasets of elite athletes and coaches in high performance sport and discuss how to make sense of this data in generating a coherent and integrative profile. Dr Coulter will also share what he sees as the potential of this approach in psychological science and how he is currently using it to reshape and advance profiling procedures in the elite sporting context.

Learning outcomes:
- Upon completion of this workshop participants will be able to:
  - Understand what a whole person perspective means in personality psychology, and how this perspective can inform practices in psychological assessment
  - Learn new skills in assessing and integrating different types of datasets in building a comprehensive psychological profile
  - Appreciate different perspectives peers have in their decisions to foreground (and background) key profile data
  - Consider how a whole person approach might inform and develop one’s own practice and/or research.

Workshop content:
- A rationale for a whole person approach in psychology and how this approach links to historical aims in personality psychology
- A specific focus on the work of Dan McAdams and his three-layer framework of personality
- Opportunities to discuss and evaluate datasets of elite sport performers that span these competitors’ traits, characteristic adaptations, and narrative identities
- The pros and cons of a whole person approach to personality assessment
- Potential practical outputs of this approach in psychology.

Audience:
- Students seeking clarity on how to make sense of an individual life
- Personality, sport, and organisational psychologists (of all kinds)
- Practitioners looking to explore potentially new forms of psychological assessment
- Researchers interested in applied assessment.
A randomised trial of personalised Cognitive Behaviour Therapy for alcohol use disorder in a public health clinic

Prof Jason Connor¹,², Mr Jason Coates¹,², Dr Matthew Gullo, Professor Ross Young²,³, Associate Professor Gerald Feeney¹,²
¹The University of Queensland, ²Queensland Health, ³Queensland University of Technology

Concurrent Session 8C, Room C3.2, Level 3, September 29, 2018

Aim: Tailored psychological interventions based on individual risk factors are likely to improve treatment for Alcohol Use Disorders (AUDs). Key risk factors for poor treatment outcome include alcohol craving, positive expectations of alcohol consumption, and impulsivity.

Design: Pragmatic randomised Cognitive-Behavioural Treatment (CBT) trial in a public hospital alcohol and drug clinic.

Method: Three-hundred seventy-nine patients seeking treatment for AUD were randomly allocated into treatment as usual (TAU) or targeted treatment. Patients in targeted treatment were allocated one of three treatment modules focusing on craving, positive expectancy, or impulsivity based on assessment results. Treatment included eight, one hour, sessions of CBT over 12 weeks delivered by clinical psychologists. Targeted treatment was expected to have fewer drinking days and consume less alcohol during the treatment period than TAU. Improvement in targeted mechanisms was predicted to be greatest for patients within matched conditions.

Results: No significant effect of targeted treatment was identified on drinking days or consumption. The craving (b = -18.97, 95%CI = -31.44, -6.51) and impulsivity (b = -26.65, 95% CI = -42.09, -11.22) modules demonstrated significant reductions in their targeted constructs over treatment, above TAU. Only reduction in craving was associated with reduced drinking days (exp(b) = 0.958, p = 0.003) and alcohol consumption (exp(b) = 0.962, p = 0.02). Significant indirect effects for the targeted craving module through craving reduction were identified for reduction in drinking days (β = -0.72, 95% CI = -1.50, -0.158) and alcohol consumption (β = -0.78, 95%CI = -1.72, -0.11).

Conclusions: In the context of a public health service, the effectiveness of individualised treatment targeting risk mechanisms identified during pre-treatment assessment was not confirmed. Some evidence was found for improved treatment response to the implementation of a manualised craving module when pre-treatment craving was high.
Aim: Approximately one-third of children and adolescents are documented to experience recurring somatic symptoms which are ‘functional’ yet medically benign including recurring head-aches and/or abdominal pains. This phenomenon is referred to as functional somatic syndrome (FSS). Notably, there is no gold standard definition or measure for pediatric FSS. Importantly, up to 80% of youth with FSS also experience emotional disorders. However, to date, FSS interventions for youth have primarily focused on pain management, whilst overlooking the co-occurring anxiety and depressive disturbances. Accordingly the aim of the current study is to evaluate the efficacy of our new Cool Kids and Adolescent Health (CKH) program in reducing FSS, anxiety and depressive symptoms in clinically distressed children (aged 7-17 years) experiencing recurring FSS with at least subclinical levels of anxiety and/or depression.

Design & Method: The CKH program is currently being evaluated in an RCT design using a 10 – week wait-list control (WLC) design. The program is manualized and comprises 10 x 60 minute individual weekly therapy sessions. Assessments include clinical interviews and self-report measures. Child and parent dyads are required to complete assessments at baseline (T1); end of therapy/CKH (or at the end of the 10-week wait-list period) (T2); and at 3 follow-up assessments including 3-months (T3); 6-months (T4) and 9-months (T5) post-therapy completion. Results: Sixty children have completed the trial, and all follow-up assessments are due for completion by August 2018. To date, by post-treatment, based on both ADIS interviews and self-report measures, a significantly greater proportion of children in the CKH condition were diagnostic free or at sub-threshold levels for Somatic Symptom Disorder and comorbid anxiety/depressive disorders relative to children in the WLC condition. Discussion: The findings to date provide preliminary support for the efficacy of the CKH program. Findings will also be discussed in context of baseline child/parent moderator effects. Moreover these results have important implications for school-aged children who experience repeated school absences and disruptions to family, social and peer activities due to recurring functional somatic health complaints.
Barriers to self-management in chronic illness: A functional behavioural approach to improve treatment adherence

Mrs Jennifer Kemp
Royal Adelaide Hospital And Private Practice

Abstract: People living with chronic illness face substantial challenges that interfere with their ability to live a valued and meaningful life. These include complex treatment demands, defining life goals with an uncertain future, and taking action despite illness and loss of function. Individual responses to chronic illness are diverse, and balance can be difficult to achieve. People must decide between the urge to self-protect versus the need to make the most of the time they have. Striving towards goals can leave insufficient time for preventative treatment, ultimately resulting in more complications and declining health. Living a ‘normal life’ can result in avoiding their illness and treatment. This workshop will present a model of the common barriers to self-management experienced by people with chronic illness. Together we will explore strategies for how to help people with chronic illness overcome these barriers in order to look after their health and themselves more broadly. Learning objectives:

- Understand challenges to self-management facing clients with chronic illness from a functional perspective
- Develop a brief case formulation for self-management applying these factors
- Explore strategies that can help people build their capacity for self-management

Reference:
The challenges of helping millions of people affected by war, disaster and crisis.....and there is no health system

**Professor Richard Bryant AC**

Concurrent Session 8D, Room C3.3, Level 3, September 29, 2018

War, natural disaster, and humanitarian crises are a major global issue, and it is estimated that over 125 million people are in need of mental health assistance following such events. Most people in need of mental health interventions do not receive it because of lack of resources in countries most affected by disaster and humanitarian crises. This review will identify some of the major mechanisms that promote resilience and also predict poorer mental health outcomes after disaster. It will then outline recent attempts to deliver evidence-based interventions that draw on these mechanisms to address common mental health problems after disasters. It will describe a series of trials conducted around the world using cognitive behavioural approaches but employed by lay providers as a means to permit widespread implementation of evidence-based approaches in poorly resourced settings affected by war, disaster, and humanitarian crisis.
Introduction: The concept of patient-centered care is ubiquitous in healthcare generally and mental health services specifically. Despite the fact that it is discussed widely, and readily endorsed, the extent to which it legitimately guides clinical decision making is much less certain. The patient-centered approach appears to allow clinicians to move patients to the center of considerations about their care while still making decisions about them and for them in terms of the treatment they will receive and for how long they will receive it. Issues that are readily highlighted in mental health services such as noncompliance, lack of engagement, and treatment resistance seem to be at odds with a genuinely patient-centered approach. In this paper, patient-perspective care is offered as an alternative to patient-centered care. Methods/Techniques: This is a position paper describing the principles of an innovative improvement to patient-centred care. Results/Outcome: Adoption of this approach would improve patient outcomes and professional satisfaction. Discussion/Conclusion: A patient-perspective approach would provide clinicians with greater guidance in clinical decision making and would ensure that the patient experience was the foundation for the organisation and provision of services. What are the potential implications for everyday clinical practice of CBT? The implications of patient-perspective care for everyday practice are the design and delivery of more flexible and responsive programs and practices. Patients would be more engaged with treatments with fewer DNAs and more efficient treatments.
Background: Living a happier life is possible for us all if we understand our brains and the big and small things we can do to contribute to our own wellbeing and support the wellbeing of others. In this practical and interactive session, Sue Langley will provide an introduction to the neuroscience of wellbeing, including the how and why of neuroplasticity and latest insights from neuroscience research that can help us live happier lives. She will help participants master the basics of our brain, explore evidence-based approaches for increased happiness at home and at work, and share big and small intentional activities to manage emotions and drive and sustain positive emotions in yourself and others. This session is useful for everyone, even those with a traditional psychology background. Aim/objectives/learning outcomes: This training will enable you to; understand the neuroscience of emotions and how your brain works; be given a grounding in key theoretical understandings of wellbeing from positive psychology; gain practical strategies and evidence-based approaches you can use to improve your wellbeing and support the wellbeing of others; and learn how you can embed these strategies at home and at work. Approach: This session will synthesise key research and translate it into practical applications that individuals can use to move themselves and others toward greater flourishing. Learning will be fun, interactive and engaging, featuring high level frameworks and tangible techniques that can be applied for immediate and enduring results. Prior to the commencement of the workshop participants will receive an article on regulating your brain to function at your best. During the course of the workshop, participants will receive a brief workbook featuring key insights and a reflective exercise, and a follow-up link to download an eBook on brain friendly habits.
With end-of-life choices legislation currently passed in Victoria, and under consideration in several other states and territories, it is timely to review what the role of psychologists is (or should be) in working with people approaching the end of their lives. This panel discussion comprises a series of presentations to highlight the broad range of end-of-life issues relevant to psychologists, particularly in professional practice contexts. The first paper will provide an overview of potential contributions and controversies concerning psychology and end-of-life care. The next paper will draw on research data which looks at the potential challenges and roles for psychologists working with people with intellectual disability at the end of their lives. This goes to the heart of the assisted dying debate and the role of psychologists in assessing decision-making capacity. The final paper will draw on the presenter’s experiences of working as a clinical psychologist in palliative care to reflect on death literacy and the training needs of psychologists going forward.

The panel discussion will conclude with some discussion and suggestions for how to assist psychologists and the profession to better understand end-of-life issues and choices.

**Presentation 1: Psychology and end-of-life: Contributions and controversies**

Although some psychologists have made important contributions to end-of-life research and practice, psychology as a discipline has not given it substantial professional time and attention. This presentation will provide an overview of the contributions and controversies concerning psychology and end-of-life care. In light of legislation concerning voluntary assisted dying in Victoria (and currently under consideration in ACT and WA), the presentation will outline the research on assisted dying and grief outcomes, and consider the practical and ethical implications for psychologists working with clients who might consider end-of-life options.

**Presentation 2: End-of-life and intellectual disability: The emerging role of psychologists**

The confluence of intellectual disability and end-of-life presents particular and nuanced challenges for the psychologist. This presentation draws on ten years of empirical research data from disability care staff and people with intellectual disability to illustrate four emerging roles for the psychologist: 1) supporting client capacity to both understand the end-of-life and to make decisions accordingly; 2) training care staff to engage with their clients on the topic; 3) monitoring the psychological and emotional well-being of all involved; and 4) advocacy at the intersections of the health system and the Australian National Disability Insurance Scheme.

**Presentation 3: Death literacy for psychologists: broadening our knowledge**

Psychologists bring unique strengths to end-of-life care, including the ability to conduct psychological assessments, provide therapy, build teams, evaluate programs and facilitate communication among the variety of players involved – patients and loved ones, patients and medical staff. Drawing on the experience of working as a clinical psychologist in palliative care, the presenter will use case studies to illustrate some of the issues associated with end-of-life and mental health issues in palliative care settings. Common mental health and wellbeing needs of patients will be identified, and point to the potential for psychologists to provide support and education to staff, patients and families during the end stages of a person’s life and following death. To become more capable end-of-life specialists, psychologists need specific knowledge in the palliative care approach, an understanding of end-of-life issues and skills development in working with families. This presentation will argue that psychologists would benefit from developing our death literacy, including the skills necessary to talk about death and dying, and from an understanding of processes such as advance care planning, wills and power of attorney and bereavement needs.
Dr. Antoni will present the rationale and theoretical model used to develop group-based cognitive behavioural stress management (CBSM). He then details the relaxation-based and CBT-based components comprising the 10-week CBSM intervention that has been validated in a wide variety of clinical populations. He summarises results of RCTs in women with breast cancer showing that CBSM reduces adversity and improves psychological adaptation, and modulates neuroendocrine and immunologic/inflammatory processes during primary breast cancer treatment. He will also present effects of CBSM on longer-term clinical outcomes, which are explained by its effects on psychosocial and biobehavioural processes during the first year of treatment. Samples of ongoing and planned work are presented for discussion of future applications.

**Learning outcomes:**
- Upon completion of this workshop participants will be able to:
  - Describe the theoretical model providing the rationale for the development of group-based Cognitive Behavioural Stress Management (CBSM)
  - Describe the content and format of a 10-week CBSM intervention program designed to facilitate adaptation to the challenges of breast cancer
  - Summarise the empirical research demonstrating the effects of CBSM intervention on psychological adaptation, biobehavioural processes and clinical outcomes in women undergoing treatment for breast cancer
  - Understand ways to apply stress management in ongoing and planned future research and clinical work in cancer populations.

**Workshop content:**
- Background on effects of psychological adversity on biobehavioural stress processes that predict poorer health outcomes in women with breast cancer
- Background on behavioural interventions that have been developed to improve skills for adapting to the challenges of breast cancer
- Basic and clinical research is summarised providing the rationale for stress management intervention during cancer treatment to reduce adversity and improve long-term clinical outcomes by modulating neuroendocrine, pro-inflammatory and pro-metastatic signalling during and after primary treatment
- A theoretical model is presented, which was used to develop group-based cognitive behavioural stress management (CBSM)
- Specific relaxation-based and CBT-based components comprising the 10-week CBSM intervention are presented
- Results of randomised controlled trials in women with breast cancer are detailed showing that CBSM reduces adversity and improves psychological adaptation and modulates neuroendocrine and immunologic/inflammatory processes during primary breast cancer treatment
- The effects of CBSM on longer-term clinical outcomes are also presented and putative mechanisms underlying the effects of the intervention on these outcomes
- Samples of ongoing and planned work are presented, which are designed to test specific components of CBSM in briefer formats, linguistic and cultural adaptations and use of remote delivery platforms
- The workshop ends with a discussion of future avenues for intervention development of psycho-oncology researchers and practitioners to consider

**Audience:**
- Psycho-oncology and health psychology researchers
- Clinicians working with cancer patients
- Graduate-level trainees in psychology and related social and cognitive sciences
- Educators in the field of psychology, social work, public health and nursing and allied health professions
This workshop will provide practical guides to the assessment, diagnosis, and treatment of PTSD. It will initially overview recent changes in diagnostic definitions in the wake of DSM-5. It will then identify practical issues needing to be addressed when assessing trauma-exposed patients, as well as describing current assessment tools for diagnosing PTSD. Current evidence for treatment of PTSD will then be reviewed, with an emphasis on practical applications of exposure therapy and cognitive restructuring. The workshop will also address the issue of Complex PTSD, and the specific assessment and treatment associated with this new variant of PTSD. Obstacles to treatment will be identified, and possible means to deal with difficult cases discussed.

**Learning outcomes:**
- Upon completion of this workshop participants will be able to:
  - Understand changes to the diagnosis of PTSD in DSM-5
  - Learn skills to treat Complex PTSD
  - Overcome common obstacles to treating PTSD

**Workshop content:**
- Rationales for changes to diagnostic changes of Acute Stress Disorder and PTSD in DSM-5
- Explanation of the new construct of Complex PTSD, its empirical support, and evidence for treatment strategies
- Outline of case studies of difficult-to-treat PTSD patients, and possible strategies for facilitating better treatment response

**Audience:**
- Students interested in anxiety and clinical disorders
- Researchers interested in diagnosis and assessment
- Clinicians who treat PTSD and trauma-related conditions
Going beyond the apology to Aboriginal and Torres Strait Islander people

Prof Tim Carey, Tanja Hirvonen

Concurrent Session 9E, Room C3.4 & C3.5, Level 3, September 29, 2018

Aboriginal and Torres Strait Islander people are the First Nation peoples of Australia, and whilst being incredibly strong and resilient as First Nation people, there are substantial health disparities that exist between these First Nation peoples and non-Indigenous Australians. In a multicultural society, there is a particular necessity for Australians to know about the ongoing systematic health concerns such as the historical, political, social, and environmental factors that can impact on health and wellbeing for Aboriginal and Torres Strait Islander people and other cultural groups in Australia. This workshop will expose psychologists to the social determinants of health, develop skills in critical thinking and recognise that there are alternative ways of conceptualising wellbeing beyond western biomedical understandings of mental health.

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

• List 5 important factors regarding the background and context to the Apology delivered at the APS Congress in September 2016
• Describe the structure of the content of the Apology
• Identify examples of proactive ways of working in inclusive and culturally safe ways with Indigenous people
• Identify 3 relevant CPD activities that their local APS Branch could offer to members
• Identify 3 key areas in their own clinical practice that could be modified to better reflect the sentiment of the apology

Workshop content:
• Revisiting the Apology – a focus on the wording
• What was the need for the Apology?
• Social and Emotional Wellbeing (SEWB) and the connection with mental health – does it fit or does it not?
• Practical implications of the Apology – what are we doing or not doing differently?
• Identifying principles of effective therapy that apply cross-culturally
• Barriers to implementing the Apology: Identifying what they are and how to overcome them

Audience:
This workshop is relevant for registered psychologists, psychology students, and psychology academics, whether or not they are currently working with Aboriginal and Torres Strait Islander peoples, communities or organisations.
A widespread “tale of terror” amongst those seeking positive social change is that people in Western societies do not care about the common good. Instead, the story goes, people are focused on getting ahead in a neoliberal world obsessed with money, materialism, individual success and status. I argue that this tale of terror not only misunderstands what people care about most deeply, but it also acts as a self-fulfilling prophecy. So what do people care about most deeply? I will discuss a study with New Zealand adults that suggests people’s deepest values concern connection, expression, vitality, the natural environment and spirituality. What is more, when people are made aware that others also hold these values they experience a sense of belonging to a human community, reassurance, and feeling uplifted and hopeful – emotions critical to collective action. I suggest, then, that sharing values creates a “tale of joy” that can help us break away from the neoliberal tale of terror that is currently undermining genuine social progress.
Harm minimisation drug policy implementation efficacy among Australian community based injecting drug users

Ms Danielle Resiak¹, Professor Elias Mpofu²,¹, Doctor Roderick Rothwell¹

¹The University of Sydney, ²The University of North Texas

Concurrent Session 9F, Room C3.6, Level 3, September 29, 2018

Background: Globally, psychoactive substances deemed licit or illicit are used for medicinal and/or recreational purposes. For a percentage of persons, the use of psychoactive substances can lead to dependency or addiction requiring rehabilitation/treatment approaches. In the case of illicit substances, where use is illegal this also involves criminal justice systems. Government approaches to the use of both licit and illicit substances are complex and varied though there is significant support in the scientific literature for Harm Minimisation approaches comparatively to that of a zero tolerance. Of particular importance is the effectiveness of Harm Minimisation programs for persons who inject drugs, namely how well Harm Minimisation programs are designed and delivered at state and local levels. Aims/objectives: This implementation science study aims to determine the effectiveness, reliability and replicability of Harm Minimisation Needle and Syringe programs provided in community based NSW health settings. Specifically, it will examine qualities of program implementation: fidelity, adaptability, and responsiveness to consumer needs from the perspective of providers and program clients alike. Methods: The study will take place in community NSP’s in Sydney NSW. Data will be collected from volunteer participants through mixed methods (survey/interview/focus group). Two participant groups will form the basis of the study; Injecting Drug Users and persons who work at Needle and Syringe Programs in NSW. The IDU participants will be aged 18 years or above, male/female/other, and identify as an injecting drug user who has used or is currently using a NSP at any location in NSW. The Service Provider participants will have been employed/volunteered at a NSP for at least 1 year and be 18 years of age or above. Conclusions: The results of this study may improve current NSP implementation practice and better equip providers to deliver consumer responsive services, while protecting and enhancing the quality of life of persons who inject drugs. Additionally, the study aims to provide policy makers with practice based evidence to support the development, adoption and implementation of evidence based Harm Minimisation policy.
Background: The Government’s response to the National Mental Health Commission’s Review of Mental Health Programmes and Services included the implementation of significant system reforms, including transition of Commonwealth mental health program funding to Primary Health Networks (PHNs) to form a mental health flexible funding pool for services. PHNs will have the flexibility to use this funding to commission regionally delivered primary mental health services suited to local needs. Now that the 31 (PHNs) across Australia are establishing their regional stepped care primary mental health service models, it is timely that the Australian Government Department of Health has recognised the need for information and support for mental health clinicians who are sole traders or small business owners. The Australian Psychological Society (APS) has been funded to develop education and training resources to support sole traders and small business owners to be successful in obtaining contracts with PHNs. The APS is working in collaboration with key stakeholders, including the Australian Association of Social Workers, Occupational Therapy Australia, and the Australian College of Mental Health Nurses to develop webinars, online resources, and telephone support. 

Aims/objectives: This forum will outline the role of the Workforce Transition Support Project in raising awareness of the current mental health reforms in primary mental health led by PHNS, and providing resources to support psychologists to adapt to these changes. The project has a particular focus on sole traders and small business owners who may be interested in accessing funding through PHN commissioning processes. 

Approach/method: The forum will provide an overview of the current primary mental health care landscape, including the barriers and enablers to psychologists providing services within the new PHN commissioning models. Various business models and considerations for preparing to develop tenders will be outlined, including expectations of PHNs, workforce planning, impacts on psychological practice and risk management. The new website and online resources available to support those psychologists interested in tendering for PHN contracts will be showcased. 

Implications/conclusion: Mental health reforms, including the Flexible Funding pool, are intended to be broad in scope and to support a wide range of activities for systems improvement. The project is an exciting opportunity for psychologists to establish sustainable businesses within the growing Primary Health Network sector. The Workforce Transition Project aims to support the ongoing quality, viability, diversity and distribution of psychologists within the primary mental health care workforce.
Aim: To design an intervention and qualification in the area of positive psychology that was available to everyday people in all areas of life. In 2013 the only formal study in the area of positive psychology (the scientific study of optimum human functioning and wellbeing) was the Masters of Applied Positive Psychology at the University of Pennsylvania. We aimed to create an accessible and robust qualification to fill the gap in accredited, evidence-based training. Design: In response to extensive research of emerging needs in workplaces, communities, schools and health-care environments, we designed the 10653NAT Diploma of Positive Psychology and Wellbeing, the first nationally accredited and government certified Diploma qualification to equip people with the knowledge, skill and competence to apply positive psychology to increase individual, collective and organisational wellbeing. The programme has online, face to face components, application in a personal and professional context, and experiential activities to bring positive psychology to life. It is accessible with no prerequisites and can be built into the lives of busy professionals. Method: Participants are 600+ students and over 200+ graduates. Students self-select by enrolling on the course. Participants include both genders ranging in age from 18 - 76 years from a variety of backgrounds, including psychologists, consultants, human resource managers, leaders, coaches, educators and teachers, physiotherapists, an Olympic athlete, students, chefs, Mums and Dads. The Diploma is culturally relevant, with students from across Europe, ANZ, UAE, North America and Asia. Quantitative data was collected through valid and reliable psychometric inventories. Students complete the first set of inventories upon enrolment, attended the face to face component of the course (six days), complete the assessments then after 12 months complete the same inventories again. Qualitative data has been captured through what we call ‘ripple stories’. Results: The presentation will share quantitative data from a variety of wellbeing inventories, showing changes in scores from time 1 and time 2. Qualitative data will be shared with examples of how students from a variety of backgrounds have applied the learnings from the Diploma to create tangible and sustainable change in their personal and professional lives and the lives of others. Conclusion: Studying positive psychology over a prolonged period, in a format that requires application and assessment, has a meaningful and sustained impact on people’s wellbeing, and shows a positive change in how people handle everyday life situations. Results indicate that application over time has a stronger impact than short term exposure to the content. Greater personal connection to the content and other students occurs through intensive face to face learning. A limitation to this study is that the Diploma is a self-select course. Students already have an interest in the content and a motivation to make positive change. We believe this course would benefit everyone and the learnings can be translated to many environments.
Conceptualising the older adult factor in therapy and assessment processes

Dr Leander Mitchell\(^1\), Professor Bob Knight\(^2\)

\(^1\)University of Queensland, \(^2\)University of Southern Queensland

Concurrent Session 9I, Room C2.4, Level 2, September 29, 2018

**Background:** Population ageing suggests that psychologists will be asked to provide assessment and therapy for older adults more frequently in coming years. In addition, the ageing of the Baby Boomer generation means that older adults will have both a higher need for psychological services and will be more accustomed to accessing them. This ‘how to’ session, using the Contextual Adult Lifespan Theory of Adapting Psychotherapy (CALTAP) as a conceptual base, will explore the potential changes necessary in carrying out both psychological assessment and therapy when working with older clients. The session will also explore ways in which ageist stereotypes can affect how the psychologist and the client engage in therapy, and also the making of treatment and assessment decisions, with a view to guiding psychologists in how best to manage such process and clinical decision-making issues. The session will be informative for psychologists at all levels of training. **Aims/objectives/learning outcomes:** The aim of this ‘how to’ session is to provide attendees with the skills to appreciate and understand the potential changes necessary in both therapy and assessment processes when working with older adults. Participants will also learn how to separate developmental ageing influences on older clients from cohort effects, social context effects, and responses to specific challenges of later life. These distinctions will in turn help attendees develop the skills to counter age stereotypes in both their thinking and that of their clients. Attendees will further develop their competencies in undertaking therapy and assessment within an older adult population, minimising the negative impact of stereotypical beliefs of self and others on such processes to ensure better outcomes. **Approach:** The presenters will use case examples to explain these concepts and illustrate ways of using them in real assessment and therapy situations. Attendees are also encouraged to bring their own cases for discussion within the session.
Ethical considerations when working with people approaching the ends of their lives

Prof Alfred Allan

Edith Cowan University

Concurrent Session 10A, Cockle Bay Room, Level 3, September 29, 2018

Background: Psychologists who work with people who approach the end of their lives face ethical challenges that might be unique to this group of people. The situation will become even more complex as jurisdictions introduce so-called assisted dying legislation. Aims: The primary aim of this session is to help psychologists develop a sound understanding of their ethical position when working with people approaching the end of their lives and contrast it to their ethical situation when working with other populations. A secondary aim is to give delegates an opportunity to consider the ethical challenges that they personally might face when they provide services to people approaching the end of their lives. Approach: In this session, I will use the ethical principles that underlie the code of ethics to give both inexperienced and experienced delegates an opportunity to better understand the ethical challenges of working with this group of people. I will also briefly consider the potential role of psychologists under the assisted dying legislation that Victoria has adopted and that might be adopted by other jurisdictions. I will use a lecture approach with opportunities for delegates to engage in small group and self-reflective activities and will provide a handout that reflects the content of the overheads.
What separates the ‘good’ from the ‘great’ performers in high performance sport? What enables some athletes to get to the top and stay there, while others simply fall away? What distinguishes those individuals able to consistently perform to high levels under pressure or successfully comeback from hard defeats and challenging setbacks (e.g., injury)? For many scholars and practitioners in sport psychology, the answer lies in the degree of people’s mental toughness. Over the past two decades, mental toughness has received significant attention in this and other fields where there is an interest in the psychology of high performance. In this talk, I share the journey mental toughness has taken from its vague, anecdotal origins to the much more refined and robust concept it is today. I will discuss different conceptual perspectives of mental toughness and how it is currently being studied from new and different viewpoints. I will also review some of the latest literature focused on the development of mental toughness and the available evidence that links it to improved performance.
How psychology can promote the environment

A/Prof Navjot Bhullar, Dr Tristan Snell, Dr Louise McLean, Professor Donald Hine, Ms Elise Bryant, A/Professor Nicola Schutte, Dr Anthony Marks, Ms Keri Phillips, Dr Wendy Phillips, Dr Michael Hine, Dr Francesca Collins

1University of New England, 2Monash University, 3RMIT University, 4Carleton University

Concurrent Session 10F, Room C3.6, Level 3, September 29, 2018

Psychology is relevant to understanding and promoting the connections between people and the environment, and providing insights into solving environmental challenges we are currently facing. The aim of this symposium is to showcase how psychological principles help better understand the human-environment interactions. The presentations cover topics ranging from understanding the therapeutic effects of virtual contact with nature, and the psychological mechanisms through which the nature exposure exerts its beneficial effect on psychological well-being to the use of insights from psychological theories to increase engagement with pro-environmental behaviours and personal narratives to increase public motivation to address climate change.

**Presentation 1: Going green beyond blue: Impact of virtual contact with nature on mood**

**Aim:** In line with biophilia hypothesis (Wilson, 1984), this research investigated positive outcomes experienced from the virtual contact with nature. **Design and method:** Two experimental studies evaluated the effectiveness of virtual contact with nature on mood, and also examined underlying psychological process of perceived restorativeness through which nature exposure exerts its effect on improvements in mood. Study 1 used 360-degree interactive virtual reality, and participants (N = 26) were randomly assigned to experience a natural environment or an urban environment. Study 2 randomly allocated participants (N = 220) to one of the three experimental conditions experienced through video presentations: (1) 'wild' nature, (2) 'urban' nature, and (3) non-nature control. **Results:** Study 1 found that virtual reality experience of a natural environment compared to virtual reality experience of an urban environment resulted in higher levels of positive affect and a greater perception of restorativeness. Restorativeness was a mediating path between virtual reality experience of a natural or urban environment and positive affect. Study 2 revealed that compared to the non-nature control condition, experience of wild nature resulted in significantly higher levels of positive affect and lower levels of negative affect. Experience of urban nature resulted in significantly lower levels of negative affect only compared to the non-nature control video. Experience of wild and urban nature resulted in greater perceptions of restorativeness as compared to the non-nature control video. Restorativeness was a significant underlying psychological mediating path through which nature experience exerted its influence on mood. **Conclusion:** The results demonstrate the potential of virtual reality technology in enhancing well-being, and help inform nature-based green care interventions for mental health as well as for urban planning to maximize beneficial effects of natural environments.

**Presentation 2: Nature Streaming: Evaluating the impact of a perceived live video of nature on restoration**

**Aim:** Contact with natural environments predicts a range of mental health benefits, although for many this contact is inconvenient or impossible. As a result, a variety of strategies have been employed to bring nature into interior environments and urban spaces, including realistic virtual simulations. The aim of this study was to investigate the impact of a perceived live video of a natural environment on attention restoration and stress recovery. **Method:** Sixty participants undertook attention expending and stress inducing tasks, before being randomly assigned to one of three conditions (perceived live video, recorded video, and control). Attention recovery was assessed using Backward-Digit Span (BDS) and the Necker Cube Pattern Control (NCPC) pre and post condition, whilst stress was measured via Skin Conductivity, Heart Rate, and Heart Rate Variability. **Results:** We found that only participants in the live group significantly improved on the NCPC, while stress recovery was similar for both perceived live and recorded groups. Our findings suggest that a perceived live stream of nature may allow for greater cognitive inhibition, an important aspect of learning, while both perceived live and recorded videos effectively reduced sympathetic stress responses. **Conclusion:** This study indicates that live videos of natural environments may be an effective way of improving attention
restoration and stress recovery for those who have limited access to nature, providing greater equity in restorative opportunities for those without access to attractive natural landscapes.

**Presentation 3:** Can personal narratives of climate scientists increase public motivation to address climate change?

**Aim:** The project evaluated the effectiveness of using personal video narratives created by climate scientists to motivate the general public to address climate change. It also evaluated which message and messenger attributes most strongly predicted intentions to take action. **Design and Method:** A Qualtrics panel sample, comprised of, 581 US residents, completed an online survey in which they initially completed measures of climate change beliefs. Each participant viewed a random sample of 6 videos (from a set of 40) from the More than Scientists website, depicting climate scientists explaining why climate change was personally important to them. Each video was coded on a range of measures assessing message (e.g., rationality, emotional tone, present/future orientation, etc.), and messenger (sex, age, likeability, etc.) attributes. Following each video, participants were asked how motivated they were to take action to address climate change. **Results:** Multilevel modelling was used to determine: (1) which message and messenger attributes most strongly predicted viewers’ intentions to address climate change, and (2) whether the magnitude of the message/messenger effects varied as a function of viewers’ pre-existing climate change beliefs. Results indicated that messenger likability was by far the strongest predictor of viewers’ intention to act, and that, for the most part, the magnitude of message/messenger effects did not vary as a function of viewers’ climate change beliefs. **Conclusion:** The study highlights the importance of selecting the right messenger when engaging the public about climate change.

**Presentation 4:** Personality and “Eco-Type”: Using the Big Five to predict combinations of eco-attitudes and eco-behaviours

**Aim:** Research regarding personality traits, eco-attitudes, and eco-behaviours is largely inconclusive and has been limited to investigating these relationships in isolation. This study aimed to clarify past research evidence. It also explored more complex relationships among these variables using a newly developed eco-type classification system, comprised of four eco-types: Active Green, Passive Green, Non-Green, and Honeybee. **Method:** 300 participants (55.33% female, 39.33% male, 1.33% non-binary, and 4% non-reported) aged 18 to 86 years (m = 37.92, SD = 15.27) completed an online questionnaire comprised of the Mini-International Personality Item Pool, the New Ecological Paradigm Scale, and the Pro-Environmental Behaviour Scale. **Results:** Using multiple regression analyses, Agreeableness and Neuroticism were found to predict eco-attitudes, whereas Openness to Experience, Agreeableness, and Extraversion were found to predict eco-behaviours. Findings of a multinomial logistic analysis indicate that Openness to Experience, Agreeableness, and Neuroticism significantly predicted eco-type group membership. In relation to the Active Green eco-type, Non-Greens were likely to have lower Agreeableness and Neuroticism, whereas Passive Greens were likely to have lower Openness to Experience. **Conclusion:** Findings indicate that Agreeableness and Neuroticism are most relevant for motivating pro-environmentalism through higher eco-attitudes, while a higher Openness to Experience may facilitate eco-behaviours with ecological motivations. Understanding these relationships opens pathways for future research, and may inform more effective eco-behavioural intervention development, whereas the eco-type classification system offers a novel way to approach research in pro-environmentalism.
The effect of task- versus self-focused experiential processing on social anxiety

Miss Jessica Inman-Hislop¹, Professor Lynne Harris¹
¹Australian College of Applied Psychology

Concurrent Session 10G, Room C2.1, Level 2, September 29, 2018

Aim: Cognitive models emphasise self-focused attention (SFA) as a key maintaining factor of social anxiety disorder (SAD). Supporting this, evidence from attentional training programs that aim to shift attention from the self to an external focus, such as task-focused attention (TFA), demonstrates that reducing SFA improves social anxiety (eg. Mörtberg et al., 2015). Recently, it has been proposed that engaging in non-evaluative observation of stimuli (experiential processing) during self-focus may be an adaptive form of SFA associated with reduced social anxiety symptomatology (Vassilopoulos, 2008). The current study investigated whether the effects of experiential processing on social anxiety symptoms differ depending on the direction of attentional focus. Design: Experiential processing is suggested to differentially impact high and low socially anxious individuals. Furthermore, no study has experimentally explored the impact of experiential TFA. A quasi-experimental, mixed factorial design was therefore employed, with two between-subjects independent variables (attention condition: SFA or TFA; social anxiety group: high or low), one within-subjects independent variable (time: pre- and post-manipulation) and five dependent variables (state anxiety, endorsement of maladaptive beliefs, SFA, negative self-focused thoughts, mindfulness). Method: Participants were first year psychology students at Australian College of Applied Psychology and general community members. Participants’ social anxiety was assessed using the Social Interactions Anxiety Scale (Mattick & Clarke, 1998) and a post-hoc interquartile split into high and low social anxiety groups was conducted. High (n=47) and low (n=47) socially anxious participants were randomly assigned to either engage in SFA or TFA while completing an online experiential processing task. Data collection was conducted using the online platform Qualtrics, and included self-report and projective measures. Three-way mixed factor analyses of variance (ANOVAs) and a between-subjects factorial ANOVA were conducted to examine the effects of the attentional manipulations on the dependent variables. Results: Experiential TFA decreased SFA and led to a greater reduction in negative self-focused thoughts. However, similar reductions in state anxiety were reported, regardless of attentional focus. Furthermore, experiential SFA led to higher mindfulness, and a greater reduction in endorsement of maladaptive beliefs in high socially-anxious participants. Conclusion: The current study demonstrated the effectiveness of experiential processing as a cognitive mechanism for alleviating social anxiety symptoms. This study extends the literature concerning the role of experiential processing in social anxiety. The findings suggest that reducing SFA is not necessary for reducing social anxiety symptoms, which has significant implications for cognitive models and the implementation of interventions for SAD.
Exploring activity based funding for psychologists in public health settings

**Dr Clare Ramsden**, **Dr Diana Perre**, **Dr Rachel Zombor**

1Tasmanian Health Service, 2Western Health, 3North Metro Health Service

Concurrent Session 10G, Room C2.1, Level 2, September 29, 2018

**Background:** Activity based funding is one of the biggest issues facing the continued viability of psychology in public health settings, and has repercussions for the profession as a whole. It is imperative that as psychologists we understand how our activity is measured and reported on, what activity based funding is and how it operates in our context. If we are to survive as a profession in the modern health service environment, we must be informed, proactive and able to work collaboratively with our business managers and executive, be aware of local, state and national environments and priorities, and develop networks that are able to advocate for psychology in these areas. **Aims:** To improve the understanding of participants regarding what activity based funding is and how it operates in the public health contexts, as well as increase their awareness of methods of activity data recording, including the ways in which this data can and is used across health systems. **Approach:** An overview will be provided of activity based funding, including the six classification systems, the role of the Independent Hospital Pricing Authority (IHPA) pricing determinations, and how these apply to psychology. The panel will also discuss activity data use at local, state and national levels, with reference to successful data utilisation at a local level, the utilisation of activity data at Health Round Table, and the Allied Health National Best Practice Data Sets. This will be followed by general discussion by presenters and participants. **Implications:** Participants will be able to:

- Understand the principles of activity based funding; the various activity classification systems; and pricing determinations for psychology activity.
- Understand the role of the Independent Hospital Pricing Authority (IHPA).
- Understand how activity is captured and utilised in their Public Health Setting and how this is utilised across a number of contexts.
Adaptability in childhood and youth: Its importance for academic and personal wellbeing (and surviving the Zombie Apocalypse)

Professor Andrew Martin

Concurrent Session 10H, Room C2.2 & C2.3, Level 2, September 29, 2018

There is a substantial amount of change, uncertainty, and novelty in children’s and young people’s lives. How they deal with this is important for their pathways into and through adulthood. Adaptability is a positive psychological construct assisting children and young people to regulate cognitive, behavioral, and emotional functions to successfully navigate change, uncertainty, and novelty. This presentation details the key elements of adaptability and summarizes recent research exploring the role of adaptability in academic outcomes and personal wellbeing. Ideas for improving children’s and young people’s adaptability are presented - as is the role of adaptability in helping them survive the Zombie Apocalypse.
Designing an emotions intervention for adolescents with autism and intellectual disability: The Westmead Feelings Program

Mrs Anita Gardner1,2, Dr Michelle Wong1, Dr Belinda Ratcliffe2, Dr David Dossetor1, Ms Jodie Caruana1

1Sydney Children’s Hospitals Network, 2Western Sydney University

Concurrent Session 10H, Room C2.2 & C2.3, Level 2, September 29, 2018

Background: One in 100 children is diagnosed with Autism Spectrum Disorder (Autism) and up to 70% of them will also experience mental illnesses including anxiety and depression (Leyfer et al., 2006). However, unlike Autism, mental health problems are reversible and preventable. While approximately 40-50% of adolescents with Autism also have an Intellectual Disability (ID), there is very little research or evidence-based programs for this vulnerable population that aim to promote mental health, emotional development and social skills. For adolescents with Autism and an ID there are currently no interventions promoting mental well-being. The Westmead Feelings Program (WFP, Ratcliffe et al., 2017; Wong et al., 2018), developed and researched by psychologists at the Children’s Hospital at Westmead, has established the effectiveness of emotion-based learning for primary school-aged children on the autism spectrum, with and without an ID, both in school and clinical settings, in improving emotions competence and reducing symptoms of mental disorder. Aim: This study aimed to explore the lived experience of adolescents with Autism and mild ID in order to inform an adolescent adaptation of the WFP curriculum and to explore the appropriateness of the adapted WFP. Design: This scoping study utilised focus groups to gather quantitative and qualitative data using questionnaires and a semi-structured interview. Method: Five focus groups were conducted. They consisted of 10 adolescents (12-16 years old), with Autism and IQ between 50-75, their parents, 10 educators and 10 professional staff with a minimum of 3 years’ experience working with adolescents with autism and/or ID. The recommendations by AutismCRC (2016) regarding recruitment and participation in focus groups will be described. All sessions were video recorded and transcribed for a thematic analysis. Results: The results from the qualitative and quantitative data will be discussed, including consistency and inconsistency between the focus groups’ reports of the lived experience of adolescents and their families. Co-design elements of the adapted WFP, using socio-emotional examples draw from the home, school and community settings, will also be described. Conclusion: Data collected from adolescents, families and professionals are useful to inform the co-design approach in the development of novel interventions. Co-design is a growing practice in the health sector as it recognises and respects the voice, experience and expertise of the individuals for which the intervention is intended, while also acknowledging human complexity. This study provides a valuable base for future research including testing in a clinical and school based pilot study.
Strengthening school-family collaboration through the use of an in-school, family referral service

Mr Gerald Wurf
Monash University

Concurrent Session 10H, Room C2.2 & C2.3, Level 2, September 29, 2018

Aim: Traditional community-based family services rely on functional referral networks and their connections with schools are often inconstant. A range of studies have found that family services utilising early intervention, multi-system, and multi-tier school-based initiatives can be more effective in meeting the mental health and welfare needs of children and adolescents. This study evaluates the capacity of a school-based family referral service (FRS) to support four, regional schools in delivering services to at-risk students and their families. Design: A mixed-methods design incorporating the use of a school engagement questionnaire, as well as school, and FRS de-identified data was used to evaluate the in-school FRS. Interviews with a small number of clients, family workers, and key personnel were conducted. In addition, four focus groups were used to capture the perceptions of teachers and key personnel. Method: Four participating schools partnered with relevant NSW government departments and a not-for-profit counselling organisation to deliver the school-based FRS. University and Department of Education ethics approvals, as well as parent/carer consents, and student assents were obtained before the research was undertaken. In phase one, 135 students completed an online version of the Student Engagement Instrument (SEI). Qualitative data was collected in phase two of the study utilising protocols that were developed for the interviews and focus groups. Results: On the SEI, students in the participating schools gave the highest ratings for items endorsing the use of extrinsic rewards. Students felt they had supportive relationships with their teachers. Of note, family support for learning received the lowest ratings and this underscores students’ perceptions that family support and engagement with school is limited. Feedback from students and parents who used the in-school FRS was largely positive. The in-school FRS was readily accepted, provided easily accessible case workers, and it improved partnerships between community/health agencies and families. Conclusion: Based on the findings, the FRS in Schools was seen to be a viable service delivery model to address the needs of students who are at risk of disengagement and school dropout. The service was most successful where a high need for tier three (indicated) interventions for students displaying emotional and social difficulties was evident and a comprehensive framework of support was required. Distinguishing features of the program were its role in providing early intervention for vulnerable adolescent students, timely parent support, and its capacity to reduce the family case work responsibilities of school leaders and teachers.
How to embed purposeful career development learning in the psychology undergraduate curriculum

Ms Annissa O’Shea

University of Southern Queensland

Concurrent Session 10I, Room C2.4, Level 2, September 29, 2018

Background: The Bachelor of Psychology (Hons) at USQ Ipswich, a 4-year undergraduate psychology degree, was designed to address a lack of focus on employability outcomes for exiting third and fourth year psychology students, while also provide specialist training experiences for those students who have identified that they wish to train as psychologists in the future. In addition to the standard core psychology curriculum, across the first three years students enrol in six compulsory professional skills courses. These courses are designed to provide a scaffolded learning experience, with increasing levels of autonomy required of the student as their learning moves from a university-based, first year experience to industry-based, third-year WIL experience. To assist students with this transition process, they complete a number of assessable career development learning (CDL) modules. These learning activities focus on developing students’ career management skills, career building capabilities, career awareness and self-understanding. During the WIL round table at the AUSPLAT Australian Psychology Learning and Teaching conference in September 2017, some of these CDL activities were presented and received with great interest. Feedback from this session indicated attendees would be interested in learning more about this CDL content.

Aims/objectives/learning outcomes: Leading on from this, the current session aims to

- Provide an overview of the above degree and explain how CDL informs the design of these experiences
- Introduce relevant theories and frameworks for embedding CDL within a curriculum
- Contrast the provision of meaningful CDL interventions with the provision of ‘careers information’
- Explore the CDL materials in-depth
- Examine how best to design, develop and embed relevant and streamlined career development content into the first three years of the undergraduate psychology curriculum
- Explore how to scaffold CDL into the curriculum given a rigid degree structure and/or limited degree space
- Disseminate knowledge acquired and materials developed while running this program over the past 10 years

Approach: In addition to listening to traditional delivery of content, participants will be invited to engage in small and large group discussion, as well as a range of activities designed to help them identify opportunities for embedding career development learning experiences within their degree, subjects and/or modules. It is not assumed participants attended the AUSPLAT 2017 WIL roundtable. A recap of this material will be provided.
Applying behavioural approaches to support healthy striving and address mental health problems in perfectionistic clients

Mrs Jennifer Kemp

1Royal Adelaide Hospital and Private Practice

Concurrent Session 10I, Room C2.4, Level 2, September 29, 2018

Abstract: Perfectionism as a multi-dimensional personality construct has been explored for decades with particular focus on the relationship to mental health disorders and cognition, and to an increasing degree, direct treatment. As a trans-diagnostic process that can maintain and exacerbate common mental health problems across any context, perfectionism can be targeted to improve mental health and facilitate goal-attainment. To date, few researchers have explored perfectionism from a behavioural perspective (Slade & Owen, 1998; 2008), yet a behavioural model of perfectionistic responding may enhance current treatment options across a wide range of contexts, including academic performance, social anxiety, work effectiveness and chronic health management. This workshop will explore how a functional, contextual behavioural formulation of perfectionism could be used to redirect perfectionistic responding to support healthy striving, as well as target unhelpful perfectionistic behaviours that maintain mental health disorders. The workshop will present case studies and provide opportunities for participants to explore possible applications with their own clients.

Learning objectives:
- Present a functional contextual behavioural formulation for perfectionism
- Use case studies to explore how to harness and redirect perfectionistic patterns of responding to support healthy striving and thriving
- Explore how behavioural treatment strategies could be applied mental health problems such as depression and anxiety using participants’ own case examples
Current youth suicide prevention approaches have tended to take a risk management approach, with longstanding research highlighting contagion effects following publicity of suicide. Despite considerable efforts to prevent suicide in Australia during the last several decades, the rates of suicide amongst young people continue to be of concern. This presentation will begin with an overview of contemporary trends in understanding and responding to young people who present to psychologists and other mental health professionals with suicidal thoughts and behaviours. Recent research has begun to focus on social determinants of health and underlying factors which lead to risk.

The screening of “13 Reasons Why” series in 2017, graphically depicting the suicide death of a young woman, provided an opportunity for these issues to be explored and debated in mainstream and social media internationally. This presentation will outline the range of views from commentators in the media, parents, schools, mental health professionals and most importantly young people themselves. While initial responses tended to focus on the lack of warnings, breaching of media guidelines and potential negative impact on vulnerable young people, the focus quickly shifted towards ways of supporting viewers, particularly young people.

Accordingly, a range of mental health professionals, including practitioners and researchers in the field of suicidology, entered the debate to advocate for greater engagement and discussion with young people. Resources were developed to support adults in having these conversations. The agency of young people increasingly became visible as they began to develop activities within schools and communities to further explore the issue and counter negative messages. Now that the second series has been released, a review of learnings and ongoing concerns will be also be considered.

Participants will be encouraged to reflect upon what impact this may have on future directions for youth suicide prevention as well as their own direct work with young people, families and schools.
Defining and assessing wellbeing across diverse cultures and contexts

Dr. Kate Murray1, Mr. Herdiyan Maulana1, Ms. Sara Parsafar1, Associate Professor Nigar Khawaja1, Dr. Patricia Obst1, Dr. Zoe Hazelwood1

1QUT, School of Psychology and Counselling

Studies of wellbeing have burgeoned in the past few decades. This field of research has emphasised the importance of understanding positive functioning and its correlates independent of and in relation to the large body of research focused on risk and pathology states. The majority of studies on wellbeing have been conducted in Western contexts or used measures and constructs developed in Western contexts in international settings. The current symposium focuses on the use of qualitative, emic approaches to explore cultural perspectives on wellbeing in three distinct groups: Indonesian adults, Iranian couples living in Australia, and Muslim Australians.

The objectives for the symposium include:
1. To review the concept of wellbeing and the existing literature on cross-cultural variations in defining wellbeing.
2. To identify similarities and differences in defining wellbeing across unique cultural groups.
3. To discuss factors identified as influencing wellbeing from diverse cultural perspectives.

The first paper examines conceptualisations of wellbeing among adults in Indonesia, a highly heterogeneous, non-Western, non-industrialised nation, from which there is little prior research on wellbeing. The data identified similarities and differences in wellbeing when compared to wellbeing research from other parts of the world. Participants emphasised the importance of social relationships, fulfilling basic as opposed to material needs, and the role of gratitude and religion in promoting wellbeing.

The second paper includes qualitative data from 17 Iranian couples from a refugee background living in Australia. The study focused on positive and negative factors that influenced wellbeing and identified again the importance of social relationships. There were variations across gender and unique to the experience of forced migration identified in the analyses.

The third paper focuses on the experiences of young adult Muslims in Australia and their perceptions of factors influencing wellbeing. There were considerable similarities with the prior two studies, but this research also identified factors unique to young Muslims in Australia, including the negative impact of experiences of discrimination and negative media coverage. This research identifies the impact of both individual and environmental factors on wellbeing.

Finally, we will discuss the overarching themes identified across the 3 papers. These studies identify unique factors salient to wellbeing in diverse samples and have implications for best practice when working with people from those backgrounds. We will discuss areas for future research and ways in which mixed methods research can continue to build our understanding of wellbeing within diverse cultural groups and in diverse contexts.

Presentation 1: Experiencing wellbeing: Indonesian perspective

Maulana, H. (QUT), Khawaja, N. (QUT), & Obst, P. (QUT)

Aim: The importance of research on wellbeing has been established worldwide. Research indicates that wellbeing may be experienced differently among cultures and nations. However, as much of the empirical work on wellbeing has been conducted on Western populations, there is still limited evidence regarding the perception of wellbeing in non-Western and non-industrialised developing nations, such as Indonesia. As the fourth largest country in the world and with it is unique socio-cultural characteristics, Indonesia is considered as one of the most heterogeneous societies in the world. To date systematic investigation on wellbeing in Indonesia is limited. Design: The present research explored Indonesians experience of wellbeing through a qualitative approach. Semi-structured individual interviews were conducted and analysed using thematic analysis. Method: Thirty Indonesian adults aged 18 to 65 years from the Jakarta region participated in an individual interview, lasting between 30 and 70 minutes, in which they were asked to describe their experience of wellbeing. Data were transcribed using the thematic analysis approach. All research team members were actively involved in coding the data. To maintain the reliability of data analysis, an inter-rater analysis was conducted by using Cohen's kappa method. Results: Thematic analysis of the data revealed three key themes: the ability to fulfil basic needs; maintaining positive social relations; and having a positive perspective such as self-acceptance, gratitude, and spirituality. Participants identified the importance of their ability to afford essential needs, such as education, food, and health as a part of their social obligation to their family. They reported that wellbeing cannot be achieved without sincerely accepting their life as it is and...
conclusively being grateful to God and others. **Conclusions:** The findings indicate that although these overarching themes are common in wellbeing research with other populations, the expression of these themes was unique to the Indonesian context, such as the meeting of essential needs within families as opposed to more material and individual needs identified in other samples. The theoretical implications of how the findings may assist in a better understanding of wellbeing in an Indonesian context are discussed. **Presentation 2:** Influential factors on the resilience and wellbeing of Iranian people from a forced migration background in Australia

**Parsafar, S. (QUT), & Hazelwood, Z. J. (QUT)**

**Aim:** People who live through forced migration typically flee their country of origin due to the fear of persecution and/or threat to their life. Research exploring these experiences provide insight into the negative response to the trauma of forced migration, yet little is known about the possible positive outcomes that may benefit the development of resilience and wellbeing in refugees. **Design:** This study adopted a qualitative approach to data collection and analysis, utilising Interpretative Phenomenological Analysis (IPA), to explore the factors that positively and negatively influence the resilience and wellbeing of Iranian refugees during their resettlement in Australia. **Method:** As part of a larger study, seventeen Iranian couples from a refugee background (mean age of women = 35.6 years; mean age of men = 41.4 years) who left Iran approximately five years ago (range = 4.5-6 years) took part in individual semi-structured interviews to tell their stories about their journey through forced migration and resettlement. For the current study, data at the individual level was analysed. **Results:** Results from the IPA suggest stress factors for Iranian refugee wellbeing include the traumatic nature of the journey, the lack of certainty surrounding their future, and the lack of family support. There were some gender differences; for men, the path to wellbeing was predominantly determined by being permitted to work. For women, community support was strongly related to wellbeing post-migration. **Conclusion:** The results of this study help us understand that forced migration and resettlement in Australia is a complex journey for Iranian refugees, fraught with traumatic experiences and hardships. Community support is an influential factor that can provide individuals from a refugee background with a sense of normality and wellbeing. It is expected that the research outcome will assist policy makers to develop better policies and practitioners to execute programs to support people who have encountered forced migrations. **Presentation 3:** Wellbeing of young Muslims in Australia: Exploring the cultural contexts

**Khawaja, N.G. (QUT)**

**Aim:** Two percent of the Australian population identifies as Muslims. Most of them are young with 70% of Australia’s Muslim population under 44 years of age. Considering they are from a range of culturally and linguistically diverse backgrounds, it is important to explore the cultural context of their wellbeing. The present study examined their perceptions of wellbeing and the factors that promoted or acted as barriers to their wellbeing. **Design:** A qualitative approach included in-depth individual interviews lasting approximately 60 minutes. **Method:** Seventeen participants (5 men and 12 women) between the ages of 18 and 28 years ($M=23; SD=4.2$ years) took part in the study. All participants were interviewed individually; either in person or by telephone. Interviews were transcribed verbatim and analysed using thematic analysis. **Results:** Participants interpreted wellbeing as a multidimensional construct, with psychosocial, emotional, physical, mental and spiritual wellbeing as main dimensions. Participants identified relationships with family members, friends and community and a sense of belonging as the most important factors promoting wellbeing. Faith in God, religious beliefs and values were also regarded as important for wellbeing. Resilience in the form of contentment and the ability to interpret challenges in a positive manner was considered salient for wellbeing. Participants also identified factors that were perceived as obstacles to their wellbeing. Strained relationships with family and friends, not fitting in with one’s cultural group, and not feeling welcomed by mainstream Australians were regarded as factors that impeded wellbeing. Islamophobia represented by discrimination, negative media coverage of Muslims and political positions nationally and internationally negatively impacted the wellbeing of participants. **Conclusion:** The study provides an interesting insight into the lives of young Muslims residing in Australia and has practical implications for stakeholders. Though, at the global level there were similarities with data emerging from the West, many unique features emerged. Wellbeing was social and relational for the young Muslims in Australia. Interactions with the mainstream were considered important as the negative reaction from the society played a significant role in depleting wellbeing. Future directions are discussed.
Anti-vaccination and pro-CAM attitudes both reflect magical beliefs about health

Ms Gabrielle Bryden1, Associate Professor Matthew Browne1, Professor Matthew Rockloff1, Professor Carolyn Unsworth1

1School of Human, Health & Social Sciences, Central Queensland University

Concurrent Session 11C, Room C3.2, Level 3, September 30, 2018

We examined the relationship between complementary and alternative medicine (CAM) use and vaccination scepticism; and specifically whether a person’s more general health-related worldview might explain this relationship. A cross-sectional online survey of adult Australians (N=2697) included demographic, CAM, and vaccination measures, as well as the holistic and magical health belief scales (HHB, MHB). HHB emphasises links between mind and body health, and the impact of general ‘wellness’ on specific ailments or resistance to disease, whilst MHB specifically taps ontological confusions and cognitive errors about health. CAM and anti-vaccination were found to be linked primarily at the attitudinal level (r = -.437). We did not find evidence that this was due to CAM practitioners influencing their clients. Applying a path-analytic approach, we found that individuals’ health worldview (HHB and MHB) accounted for a significant proportion (43.1%) of the covariance between CAM and vaccination attitudes. MHB was by far the strongest predictor of both CAM and vaccination attitudes in regressions including demographic predictors. We conclude that vaccination scepticism reflects part of a broader health worldview that discounts scientific knowledge in favour of magical or superstitious thinking. Therefore, persuasive messages reflecting this worldview may be more effective than fact-based campaigns in influencing vaccine sceptics.
Aim: The UK NICE guidelines for postnatal care indicate that even sub-threshold depressive symptoms can adversely affect maternal wellbeing and infant development. This has led many countries to initiate universal screening programs for early identification of mothers with depressive symptoms. However, a major challenge following screening is the limited availability of clinical services for treatment programs and the difficulty in engaging busy new mothers with treatment. The aim of this study was to test the effectiveness of a 4-month online nurse-supported, group-based intervention delivered via a mobile phone app. Program delivery began when infants were aged approximately 2 months, and the study aimed to determine whether the intervention reduced levels of maternal depressive symptoms and improved the quality of maternal caregiving when infants were aged 8 months. Design: Randomised controlled trial in the South Australian child health service. Method: Mothers were screened for mild or higher levels of depressive symptoms and parenting problems during a routine 1-4 week postnatal health check by a community child health nurse. Eligible women who consented to participate were then block randomised to receive the intervention or standard care. The intervention was delivered to groups of 20 mothers and consisted of a curriculum about maternal emotional health and parenting. Nurse moderators logged-in to their groups twice a week to tailor the curriculum to the group’s needs and answer questions. The intervention also provided access to peer support and evidence-based information 24 hours a day. Outcomes included parenting competence, maternal depression, and the quality of objectively assessed parent-child interactions. Results. Four groups of mothers were enrolled into the intervention (n = 72), while 61 mothers received standard care. Intervention participants began receiving the program approximately 2 weeks after the postnatal health check, which is much earlier than most current support services. The intervention was well-received, with the majority of mothers logging in at least once per week throughout the first 12 weeks. Conclusion. The study found that using existing routine screening methods, it is possible to identify and enrol mothers with mild or higher levels of depression and parenting problems in a 4 month app-based intervention much sooner than services are usually available. The intervention provided mothers with access to peer and professional support early on in the life of their new baby. It also has the capacity to provide support to a larger number of mothers than traditional face to face services.
Aim: The effect of psychological counselling on wellbeing post Bariatric Surgery was examined in this study. It was hypothesized that a patient who attended 6 or more psychological counselling sessions would have an improved wellbeing score. Design: Participants were recruited via an online survey. Method: 88 persons who had undergone bariatric surgery (gastric sleeve, roux-en-Y gastric bypass, laparoscopic adjustable gastric banding) responded to the survey, 39 of whom had undergone psychological counselling. The SF12 which assess physical and mental well-being was used. Results: The type of surgery the patient had undergone did not seem to have any influence on how many sessions were attended however attending six or more counselling sessions post-surgery was shown to be beneficial in increasing physical wellbeing in participants who had undergone Gastric Sleeve Surgery (Vertical Sleeve Gastrectomy). The Gastric Sleeve group (n = 52) revealed a significantly higher SF12 Physical Component score for patients who attended more than 6 sessions of counselling (\(M = 51.26, SD = 4.71\)). Patients who had attended one to four counselling sessions showed improvement to their mental wellbeing SF12 score. The group who attended between one and four sessions (n = 23) was compared to those who had no sessions (n = 49) and analysed using an independent \(t\) test. The independent \(t\) test showed a significantly higher mental health component score (SF12 MCS) for the one to four session group (\(M = 49.02, SD = 6.12\)). Conclusion: The combination of these findings suggest that more than 6 sessions of psychological counselling after Gastric sleeve surgery is beneficial to physical wellbeing scores while attending one to four psychological counselling sessions post-surgery benefits mental well-being scores.
Background: In Australia, complex or chronic PTSD patients are largely limited to two main models of care: outpatient treatment (often insufficient for the severity of symptoms) or inpatient hospital programs (often used only for crisis care and containment, or highly medicalised settings). Residential treatment centres provide a warm, supportive environment that more closely resembles a home where patients are able to focus on intensive modes of treatment, including evidence-based psychotherapies as well as a suite of adjunctive approaches such as neurofeedback, body-referencing therapies and virtual reality therapy. In 2017, I was fortunate to be awarded a Churchill Fellowship to study these residential treatment centres overseas, given their absence in Australia. Aims/objectives: The aim of this presentation is to highlight the need for an alternative model of care for patients with complex or chronic PTSD, and to share with delegates the different ways in which residential treatment centres operate overseas. Methods: Between March and May, I will be visiting five different residential treatment centres in the UK, Netherlands and the USA. In each centre, I will be meeting with clinical teams to discuss their treatment program, including its design and outcomes; speaking with business managers to gain a clear picture of the different funding models used and the challenges of running such a centre; and also speaking with patients to understand their experience of a residential treatment centre – particularly in comparison to a hospital. Using certain criteria and a systematic comparison approach, I hope to be able to identify relative strengths and weaknesses of each centre, or model for treatment within a residential setting. Conclusions: While I do not yet know the results of these investigations, bring home the knowledge from our colleagues in other countries with a view to sharing new and innovative ways to treat PTSD that are highly applicable to the Australian psychological community.
Preventing PTSD in infants and toddlers

Prof Justin Kenardy1, Dr Alexandra De Young1, Professor Roy Kimble2, Professor Markus Landolt3

1University of Queensland, 2Lady Cilento Children’s Hospital, 3University of Zurich

Concurrent Session 11D, Room C3.3, Level 3, September 30, 2018

Aim: Very young children (age 1-6) are at risk for traumatic injury, yet the psychological impact of the trauma is not recognised. Furthermore little is known about intervention for posttraumatic stress in very young children. This study tested an early intervention in very young children at risk for PTSD following traumatic injury. Design: Randomised controlled trial with two arms, early intervention and usual care. Method: Following hospital presentation for traumatic injury children aged 1-6 years were screened for risk using the Pediatric Emotional Distress Scale and high risk children and parents were provided with two sessions of early intervention at 2 weeks post-trauma using a cognitive-behavioural model. Children were followed up at 3 and 6 months post intervention and assessed using a structured clinical interview. Results: Children who received the intervention had significantly lower levels of posttraumatic stress symptom compared to the usual care group at 3 months. Conclusion: A brief early intervention targeted to at-risk children aged 1-6 helps to prevent the development of PTSD.
Are public sector mental health services meeting the needs of consumers?

Ms Lil Vrklevski1,2, Dr Kathy Eljiz2, Professor David Greenfield2

1 Sydney Local Health District, 2 Australian Institute of Health Service Management, Tasmanian School of Business and Economics, University of Tasmania

Concurrent Session 11D, Room C3.3, Level 3, September 30, 2018

Aim: Consumers of public sector mental health services are a complex and challenging cohort. These consumers require assistance in psychiatric, psychological, relationships, accommodation, social, employment, and legal domains. The study aim was to investigate if a regional mental health service was meeting the needs of consumers. Design: Semi-structured interviews were conducted with staff of a regional mental health service in New South Wales, Australia. Purposive sampling was used to recruit participants. Ethics approval was gained from the participating health and university institutions. Ten staff members from both inpatient and community services participated, with four from each of the five largest professional groups employed: nursing, occupational therapy, psychiatry, psychology and social work. Method: Hour-long interviews were held asking participants: to describe their role; which professional group they were most and least similar to; how role clarity can be achieved; if the needs of consumers are being met; and, in the future, what is required to meet the needs of consumers. The interviews were taped, transcribed and content analysis was undertaken.

Results: All professional groups were unanimous in stating that their role was to deliver and provide access to appropriate care. In general, nurses and occupational therapists saw themselves as most alike and least like psychologists. Psychologists and psychiatrists saw themselves as most alike and least like nurses. Social workers saw themselves as most like psychologists or occupational therapists and least like psychiatrists. Participants thought better role clarity between the professional groups could be achieved with more understanding and use of discipline specific skills and less generic positions. Participants stated the service was meeting consumer needs across three domains. In the area of psychiatric intervention, consumers were provided medication, and psychiatric review. Consumers were found accommodation despite shortages of suitable low-cost housing and consumers were managed appropriately under relevant legislation. Participants identified that there was a range of needs across medical and social dimensions the service was not meeting, predominantly in the area of psychological and psychosocial interventions. Participants explained future services needed to offer more holistic mental health care provided by professionals with discipline specific skills and focus. Conclusion: Mental health consumers will remain a complex and challenging cohort; service providers need skills and abilities that are varied, flexible and adaptable. Role overlap is beneficial and enables a shared understanding but too far and it limits the ability to address the full range of consumer needs.
People with intellectual disabilities (ID) have approximately three times more mental health difficulties than the general Australian population. For children with ID, the prevalence of mental illness is estimated to be as high as 50%. Furthermore, people with ID face stark inequalities when it comes to accessing mental health care, with only approximately 10% accessing appropriate services. Treatments to date for people with ID have largely been limited to behavioural or drug interventions. Parents of children with ID are also vulnerable. They are more likely to experience reduced wellbeing and higher levels of distress. Further options to support them are required. Particularly for children with ID but also their carers, there is a lack of evidence as to effective psychological interventions to address emotional difficulties.

This symposium focuses on research developing psychological interventions for children with ID and their carers. The first presentation considers, via case series, the use of Mindfulness-integrated CBT (MiCBT) as an intervention to reduce psychological distress in carers. The second presentation reports on an exploratory study seeking information from carers as to whether they consider their child with ID might benefit from CBT, how they consider it might be best adapted, and challenges they anticipate in its use. The final presentation discusses the Unstoppable Me! program, a multimodal CBT program for children with mild to moderate ID and elevated anxiety. Based on positive results from a feasibility trial, a randomised controlled trial is proposed. The Unstoppable Me! program has been developed based upon research as to how CBT can best be adapted for the needs of children with ID and involves face to face psychological sessions as well as an online component.

Presentation 1: Mindfulness-integrated CBT (MiCBT) for reducing distress in parents of children with intellectual disability (ID): A case series

**Aim:** Caring for a child with an intellectual disability (ID) is associated with significant psychological distress. Interventions include cognitive behavioural therapy (CBT) and Mindfulness-based Stress Reduction (MBSR). Mindfulness-integrated CBT (MiCBT) may offer a balance between CBT's change focus and MBSR's acceptance focus for these parents and so offer a further option to this vulnerable population. The aim of this study was to assess the potential utility of MiCBT for carers to people with ID. **Method:** Five participants were recruited and provided with one to one MiCBT tailored to parental carers of children with ID. Four participants completed the Depression Anxiety Stress Scales 21 item (DASS-21) pre-treatment and post-treatment. Reliable change analysis was used to identify clinically reliable change. **Results:** One participant dropped out after four sessions, four completed eight of the available eight sessions. Two participants reported reductions in depressive and stress symptoms, and one of these, additionally reported a reduction in anxiety symptoms. All four participants who completed treatment rated it as acceptable. **Conclusions:** MiCBT shows promise as an intervention to assist parental carers of children with ID.

Presentation 2: Potential for children with intellectual disability to engage in cognitive behaviour therapy: The parent perspective

**Aim:** Children with Intellectual Disability (ID) have high rates of comorbid mental illness, yet there is a lack of evidence to inform treatment. The aim of this study was to obtain the opinions of parents and carers of children with ID as to whether they thought CBT could be useful for their children, and if so, what challenges they anticipated and how the therapy might be adapted to meet those challenges. **Design:** A mixed qualitative and quantitative method was employed. **Method:** Thirty parents/carers of children aged 10 to 17 having borderline to moderate intellectual functioning responded to an online questionnaire. Participants were provided with information about the basic components of CBT and its proposed mechanism of action and then asked to respond to open-ended questions. Quantitative data collected pertained to questions on a five point Likert scale as to their child's ability to identify and describe thoughts, feelings and behaviours. Thematic analysis of responses was conducted using an inductive method of identifying themes from the qualitative data collected. **Results:** Responses from nine participants were removed as they did not meet inclusion criteria, leaving 21 participants data for consideration. Five themes
emerged from the qualitative analysis of the parent/carer responses: Emotional Attunement (i.e. parent’s understanding and recognition of their child’s emotions), Role of the Therapist (i.e. ways in which the therapist could engage with the child to facilitate the intervention), Role of the Parent (i.e. ways in which the parents could engage in the therapy process), Suggested Adaptations for Therapy (i.e. how CBT can best be adapted to suit the specific needs of children with ID), and Anticipated Obstacles (i.e. what parents believe could get in the way of the therapy). Seventy-six percent agreed that their child would be able to engage in CBT with assistance. **Conclusion:** Overall the majority of parents believed that CBT is an intervention which their children with ID could engage in, provided that the therapy and therapist adapted to suit their needs. Given this perspective, CBT is an intervention which could be trialed as a means of providing therapy to children with comorbid ID and mental health disorders.

**Presentation 3: A pilot randomised controlled trial of the Unstoppable Me! program for children with intellectual disability and anxiety: Treatment protocol**

**Aim:** Up to 50% of children with intellectual disability (ID) have a comorbid mental illness, yet to date, there has been a lack of evidence-based treatments for this population. The *Unstoppable Me!* program has been developed to assess the application of Cognitive Behaviour Therapy (CBT) to anxiety, in children with comorbid ID. The proposed study will aim to evaluate whether the program is effective in reducing anxiety in children with mild to moderate ID. **Design:** The study will be a pilot Randomized Controlled Trial (RCT) with two groups: intervention and waitlist control. **Method:** Participants will be children with borderline to moderate intellectual functioning, aged eight to eighteen years. The *Unstoppable Me!* therapy program is multimodal, and includes face to face sessions along with an online platform to support practice of CBT skills. The children and their parents will take part in a pre-intervention assessment, followed by ten individual therapy sessions for each child, and a post-intervention assessment. At post-assessment children and parents will again complete measures of anxiety, behaviour, emotional development and quality of life. **Results:** It is predicted that children who participate in the *Unstoppable Me!* program will have significantly lower levels of anxiety when compared with those in the waitlist control group. It is also predicted that children who receive the intervention will have improved emotional development and quality of life. **Conclusion:** It is hoped the trial will provide the basis for a definitive investigation supporting the use of *Unstoppable Me!* program for anxiety in children with ID and support the establishment of CBT treatments for other emotional disorders in this population.
Recent developments in research into the incidence and treatment of psychosocial problems following natural disasters in Australia

Prof David Forbes1,7, Professor Richard Bryant2, Ms Robyn Molyneaux18,7, Professor Meaghan O'Donnell1,7

1Phoenix Australia Centre for Posttraumatic Mental Health, The University of Melbourne, 2University of New South Wales, 3Cardiff University, 4Australian Psychological Society, 5Combat Stress, UK, 6Australian Red Cross, 7Department of Psychiatry, University of Melbourne, 8Foundation for Regional and Rural Recovery, 9Alberta Mental Health, 10King’s College London, 11James Cook University, 12Centre for Traumatic Stress Studies, 13Ryerson University, 14National Center for PTSD, 15Geisel School of Medicine at Dartmouth, 16Asia Disaster Preparedness Center, 17University of South Wales, 18Jack Brockhoff Child Health and Wellbeing Program, Centre for Health Equity, University of Melbourne, 19Department of Social Work, University of Melbourne, 20Department of General Practice, The University of Melbourne and The Royal Women’s Hospital, 21Centre for Transformative Innovation, Faculty of Business and Law, Swinburne University of Technology, 22College of Medicine and Public Health, Flinders University, 23University of Sydney, 24Centre for Transformative Innovation, Faculty of Business and Law, Swinburne University of Technology

Concurrent Session 11F, Room C3.6, Level 3, September 30, 2018

This symposium showcases recent research into the mental health and psychosocial sequelae of disasters and emergencies. Many people experience a range of psychosocial difficulties and distress following disasters, but whilst there is quite a lot of research into the incidence of and treatment for people who develop significant mental health problems, there is less knowledge about the incidence and treatment of other psychosocial impacts. This symposium attempts to fill in some of these gaps. The first paper reports on women’s experiences of violence or assault, and the association between violence, mental health problems and alcohol abuse in communities that are severely impacted by bushfire disasters. The second paper describe the development and pilot testing of an internationally developed, brief intervention that targets poor adjustment following disaster and trauma. This intervention was developed by a consortium of Australian and international disaster experts, and is being trialed following a bushfire disaster in Australia.

Presentation 1: Social Networks and Mental Health Following Natural Disaster

Bryant, Richard (University of New South Wales on behalf of the Beyond Bushfires Consortium)

Aim: Natural disasters are a major cause of mental health problems worldwide. Despite the fact that disasters typically affect large numbers of people and communities, there is poor understand of the social dynamics following natural disasters and how social structures impact on mental health outcomes. Design: In this community-based cohort study, 558 survivors of the Black Saturday bushfires were assessed for mental health outcomes as well as identification of up to 10 people with whom they felt personally close. Method: Data was coded such that networks of social ties could be mapped throughout the communities. Results: PTSD and depression was associated with participants reporting fewer social ties. Depression risk was increased if participants were connected to other depressed people. PTSD risk was increased if participants were linked to others who were not interconnected. Conclusion: These patterns have now been analysed longitudinally over a 2-year period following the baseline assessment, allowing for strong causal inferences to be drawn about the social mechanisms underpinning mental health outcomes after disasters.

Presentation 2: Interpersonal violence and mental health outcomes following a natural disaster

Molyneaux, Robyn (University of Melbourne)

Objective: This study is the first controlled evaluation of self-reported experiences of assault or violence victimization amongst communities impacted by disaster bushfire that includes comparative populations that are unaffected by disaster. The association between violence and mental health outcomes and alcohol abuse was also investigated. Method: Participants were 1,016 adults from high, medium and low-affected communities following a bushfire disaster. Rates of reported violence were compared by areas of fire-affectedness. Logistic regression models were applied separately to males and females to assess the experience of assault and violence in predicting general and fire-related PTSD, depression, and alcohol
Results: Reports of experiencing assault or violence were significantly higher amongst high-affected compared to low-affected regions. Analyses indicated the significant relationship between disaster affectedness and violence was observed for women only, with rates of 0.8%, 2.8% and 7.4% in low, medium and high fire-affected areas respectively. Amongst women living in high fire-affected areas, negative changes to income predicted an increased likelihood of experiencing violence (O.R.=4.30). Amongst women who experienced violence, risk of fire-related and general PTSD (O.R.=2.95, and 5.07, respectively), and heavy drinking (O.R.=3.25) were significantly increased. Conclusions: This study reports that in severely bushfire impacted communities assault or violence is more likely to occur against women. These post-disaster experiences of violence are further associated with post-disaster changes to income, and strongly associated with PTSD and heavy drinking amongst women. These findings have critical implications for the assessment of and interventions for women experiencing or at risk of violence post-disaster.

Presentation 3: The International Program for Promoting Adjustment and Resilience (InterPAR): a brief psychosocial intervention for disaster and trauma survivors

O'Donnell, Meaghan (Phoenix Australia)

Objective: In the aftermath of disaster and trauma, many people experience a range of psychosocial difficulties and distress that impair recovery. While there are evidence based treatments for those who develop psychiatric disorders in the aftermath of disaster, there are no evidenced based interventions for those who do not meet criteria for disorder but who are experiencing psychosocial difficulties and impairment. The aim of this paper is to describe the development and pilot testing of an internationally developed, brief intervention that targets poor adjustment following disaster and trauma. Method: The International Program for Promoting Adjustment and Resilience (InterPAR) was developed using an iterative phased model approach which included a (i) theoretical and consensus phase; (ii) Phase I qualitative study; and (iv) a Phase II pre/post design quantitative study. Results: The theoretical and consensus phase led to agreement on a five session skills based intervention that could be delivered by non-mental health professionals. The Phase I study confirmed that the constructs targeted by the intervention were those reported as problematic by trauma survivors. Participants in the Phase II study (n=15) reported significant reductions in posttraumatic stress, distress and an increase in functioning post study and at 3 months post intervention. Conclusions: Early studies show that the delivery of InterPAR after disaster by non-mental health professionals is feasible, and preliminary data suggests Phase III trials are warranted. Further testing of the intervention using more rigorous designs are now underway.
A case study on working therapeutically in the area of Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health and trauma recovery

Dr Graham Gee

Concurrent Session 11G, Room C2.1, Level 2, September 30, 2018

Following on from Dr Gee’s keynote presentation, this workshop will use a case study format to explore and highlight different ways of working therapeutically in the area of Aboriginal and Torres Strait Islander social and emotional wellbeing (SEWB), mental health and recovery from trauma. Contexts such as the impact of child removal and the Stolen Generations, and client experiences of family or interpersonal violence will explored, with a view to discussing how these types of experiences can shape cultural determinants and therapeutic interventions. Participants will also have the opportunity to engage in a question and answer panel that includes several Aboriginal psychologists.

**Learning outcomes:**

- Upon completion of this workshop participants will be able to:
  - Identify key cultural determinants that need to be considered in assessment, case formulation and therapeutic practice
  - Understand the way in which contexts of adversity such as child removal from family and experiences of interpersonal violence may change therapeutic needs of Aboriginal and Torres Strait Islander clients, and alter therapeutic approaches of the clinician
  - Draw on a range of practitioner strategies that will help to inform their therapeutic practice when working with Aboriginal and Torres Strait Islander clients.

**Workshop content:**

- A case study that will highlight a range of common individual, relational/family, social and cultural factors that may be salient for Aboriginal and Torres Strait Islander clients.
- An opportunity for open and culturally safe discussion of challenges that practitioners may experiencing when working in the area of Aboriginal and Torres Strait Islander SEWB, mental health and trauma recovery.
- A panel of Aboriginal psychologists with a question and answer format.

**Audience:**

- Psychologists
- Social workers
- Counselors
CHIP-Family for young children with congenital heart disease and their families: Psychosocial care in a children’s hospital

**Miss Malindi van der Mheen**, Dr Christopher McCusker, Dr Ingrid van Beynum, Dr Karolijn Dulfer, Mr Eugene van Galen, Dr Ad Bogers, Dr Manon Hillegers, Dr Willem Helbing, Dr Elisabeth Utens

1*Child and Adolescent Psychiatry/Psychology, Erasmus MC - Sophia Children’s Hospital, 2School of Applied Psychology, University College Cork, 3Department of Pediatric Cardiology, Erasmus MC – Sophia Children’s Hospital, 4Dutch Patient Association for Congenital Heart Disease, 5Department of Thoracic Surgery, Erasmus MC

Concurrent Session 11H, Room C2.2 & C2.3, Level 2, September 30, 2018

**Aim:** Children with congenital heart disease (CHD) are at increased risk for behavioral, emotional, and cognitive problems. They often have reduced stamina and participate less in sports. Moreover, parents of children with CHD are at risk for psychosocial problems. Therefore, a family-centered psychosocial intervention for CHD-children is needed. The previously developed ‘Congenital Heart Disease Intervention Program (CHIP) – School’ targeted parents only and resulted in non-significant, though positive, effects as to child psychosocial wellbeing. To improve these outcomes, we expanded CHIP by adding a specific child module and including siblings, thereby creating the multidisciplinary CHIP-Family intervention. Through CHIP-Family, we aim to prevent and minimize psychosocial problems of young children with CHD and their families.

**Design:** We conducted a single-blinded randomized controlled trial comparing the effects of CHIP-Family with care as usual (no psychosocial care).

**Method:** Ninety-three families of children with CHD (4-7 years old) were randomized into either CHIP-Family or care as usual. CHIP-Family consisted of a separate one-day parent and child workshop. The child workshop was provided by two psychologists and a physiotherapist. The child workshop consisted of cognitive behavioral exercises from the Australian-developed Fun FRIENDS program and sports exercises. The parent workshop was provided by two psychologists and a pediatric cardiologist and focused on problem prevention therapy, psychoeducation, parenting skills, and medical issues. Approximately four weeks after the workshop, parents received an individual follow-up session. Baseline and 6-month follow-up assessments consisted of questionnaires filled out by the child, parents, and teacher.

**Results:** The acceptability of the CHIP-Family program to the parents in the intervention group was assessed approximately 2 weeks after completing the program. On average, overall program satisfaction was rated with an 8 (on a scale of 1 to 10). Parents rated the explanation of the cardiologist (86.4%) and meeting other families of children with CHD (77.3%) as most helpful components of the program. Data collection on the effects of CHIP-Family is still ongoing. Results with regards to the effect of CHIP-Family on child emotional and behavioral problems will be presented.

**Conclusions:** Multidisciplinary psychosocial interventions for families of children with CHD are needed. The CHIP-Family intervention has been positively evaluated by participating parents.
"After film club I felt greater and more confident": Building school engagement for CALD students

Dr Laurie Chapin¹, Dr Carolyn Deans¹, Ms Monique Fabris¹

¹Victoria University

Concurrent Session 11H, Room C2.2 & C2.3, Level 2, September 30, 2018

Aim: The aim of this research was to examine the experiences of students attending an after-school film club for students in Years 5-8, and how their experiences contribute to school engagement through the development of skills and positive relationships. The stated goal of the program is to support early adolescents in the middle years (Years 5-8) transitioning from primary through to secondary school, and this research explored the impact on school engagement, a key aspect of successful transitioning.

Design: A qualitative, social constructionist perspective was applied whereby contextual accounts and early adolescents’ voices uncovered culturally specific, social emotional relativities. Interviews were analysed to elucidate the personal meaning students ascribed to their experiences.

Method: St Joseph’s Catholic Primary School is located in Collingwood, an urban area of Melbourne, Australia. The students at the school are from diverse ethnic and demographic backgrounds, with a majority of parents born outside Australia and from lower socioeconomic backgrounds. The school collaborates with an outside community organisation called Polyglot Theatre, which employs program leaders to run an extracurricular weekly film-making program. In addition to the program leaders, there are other adult volunteers who are artists and filmmakers who work with the children during the after-school meetings, as well as dedicate their own time outside the meetings to develop the films. The film club participants reflect the diverse demographics of the school, and each year about 20 students are involved. Students meet weekly to explore film-making as a creative medium and gain skills in all aspects of film-making, editing and production, including performance. Ten students from film club aged between 10-14 years participated in semi-structured interviews.

Results: Students reported that film club fostered a desire to learn, a sense of social connection, and autonomous choosing. This experience moderated developing confidence and self-efficacy, group inclusiveness and the ability to recognise different ways of being in differing contexts. These experiences acted as forerunners to positive outcomes and resilience building. Positive outcomes included the transfer of skills, improved classroom engagement, greater perspective taking, empathy, and social responsibility.

Conclusion: The contribution offered by the present study was to reveal the positive outcomes associated with film club and the effect on emotional aspects of classroom engagement and additionally to explicate the resilience processes for CALD students at risk of school disengagement. Implications for interventions and programs for vulnerable young people will be discussed.
Aim: Given the enormous range of detrimental consequences that student attrition poses (e.g., reduced job prospects for individuals and increased levels of societal inequality), it is essential to understand what factors increase the risk of university withdrawal. However, even though one-in-three students attrite from their studies, research in this field remains methodologically and conceptually limited (e.g., focused on single disciplines). Furthermore, these studies are generally restricted to a consideration of demographic variables, without considering a wide-range of psychological factors that may be even more predictive. Ultimately, this presentation will draw upon large databases to better understand which demographic, study-based, and psychological factors increase attrition risk. Design/Method: This research study synthesises findings from existing publications that have employed ‘data-mining’ approaches with large institutional datasets to identify which factors significantly influence student dropout (e.g., de Freitas et al., 2015 - which represents data from 51,000 students). Ultimately, this wide-spanning ‘metadata’ approach allowed for a large-scale analysis/review to determine which demographic and study-based variables predict actual graduation/attrition outcomes. However, as these institutional-based datasets/publications generally do not consider psychological factors (e.g., individual differences), data from a convenience sample of 2,451 students (representing 15 disciplines/40 universities) was also employed. While this dataset is cross-sectional in nature (and thus does not include actual attrition.retention outcomes), it has identified psychological variables that predict self-reported withdrawal intentions. Results: A wide array of findings will be discussed (with each result offering an individual set of implications). For example, from the existing institution-based studies, it appears that very few demographic variables are significant predictors, while academic-related factors (e.g., academic performance) are more influential. These large institutional datasets generally offer high levels of predictive accuracy; however, the role of some factors still remain tentative (thus requiring more in-depth analyses of student sub-groups). In addition, from the national survey-based dataset, ~20 demographic and psychological predictors of withdrawal intentions were entered into a multiple-regression model. Almost two-thirds of these variables reached statistical significance (in accordance with theoretically-based hypotheses) and, ultimately, burnout, low levels of reward/recognition, and perceived stress were found to have the largest predictive effects (all p < .001). Conclusion: Alongside the practical implications of each separate result, this research highlights the benefits of analysing institution-wide datasets. Furthermore, the advantages of collecting regular/ongoing psychological-based data (e.g., burnout levels) should not be overlooked. This psychological data should also be collected alongside actual retention/attrition outcomes (rather than solely withdrawal intentions, to account for this study’s limitation). Such an approach may ensure that ‘at-risk’ students are offered appropriate support (e.g., instruction- and/or counselling-based), but this must be done ethically (without discriminating against students).
Challenges in delivering internet-based therapy for anxiety in children and adolescents

Prof Susan Spence AO

Fellows Address, Cockle Bay Room, Level 3, September 30, 2018

There is a good deal of evidence now to demonstrate that internet and computer-delivered psychological therapies, under therapist guidance, can produce effective outcomes for a range of child and adolescent mental health problems. Cognitive behaviour therapy, in particular, has been shown to be particularly adaptable to delivery using electronic formats, predominantly delivered through the internet. Effective e-mental health treatment has the potential to greatly increase patient access to therapy and to be of value in addressing the unmet need for clinical services. However, this paper will focus not just on the positive outcomes from research studies, but also on the many challenges that we face in moving from well-controlled clinical trials into implementation of e-mental health for children in real-world, clinical contexts.

The paper will begin with a summary of a series of research studies conducted by the speaker and her colleagues (Sonja March, Caroline Donovan and others) that has examined the impact of online CBT for the treatment of child anxiety. It will describe the development of BRAVE-Online and how this incorporated strategies that are important in online delivery of treatment.

The BRAVE-Online program includes 10 sessions for children and adolescents, and six sessions for parents (or 5 sessions for parents of adolescents) delivered through the internet. Sessions are completed once per week, providing time between sessions for practice of skills and completion of exposure tasks. BRAVE-Online includes evidence-based CBT components, namely; psycho-education including detection of physiological signs of anxiety, relaxation techniques, cognitive strategies such as thought detection, cognitive restructuring and coping statements, graded exposure, problem solving skills and self and parent reinforcement. The parent program introduces parents to the material being learned by their child, but also includes parent-training strategies for reducing anxious child behaviours (e.g. ignoring fearful behaviour; prompting and rewarding "brave" responses).

In terms of clinical outcomes, the research studies to date demonstrate that clinically anxious young people who complete BRAVE-Online with minimal therapist support show significantly greater reductions in anxiety than youth in a wait list condition. Furthermore, effects are equivalent to those found for clinical-based delivery of CBT. Youth and their parents reported good satisfaction ratings and a strong therapist-client relationship despite having no direct contact with the therapist.

Although these results are encouraging, there remain many challenges before such treatments will be widely adopted within real-world clinical contexts. Although children, parents and clinicians generally hold positive views about the potential value of e-mental health, clinicians have tended to be slow to make use of such approaches in their clinical practice. The paper will discuss some of the issues of concern for practitioners and how these could be addresses in the future. A further challenge is for us to develop effective ways of modifying programs so that they enhance child and parent engagement and completion rates for e-mental health, particularly when therapist support is absent. There are also problems to overcome with respect to funding of treatments when the majority of therapeutic content is delivered by electronic means rather than through face-to-face therapy. Current government funding mechanisms present a barrier to the widespread adoption of e-mental health for children. The paper will also discuss some of the practical issues that face developers of such programs. Rapid changes in technology and the expectations of young people mean that current programs need ongoing upgrading, which can present significant costs. Finally, emerging research evidence regarding the optimal way to deliver e-mental health programs for young people will be discussed. This will highlight some of the exciting developments in the field.

Disclosure: The presenter acknowledges that, although the intellectual property for BRAVE-Online is owned by Unigest/University of Queensland, she could potentially benefit from royalties related to the program.
Hot topics in private practice

**Kaye Frankcom, Qr Louise Roufeil**¹, **Mark Attard**²

¹Australian Psychological Society, ²Norton Rose Fulbright

Concurrent Session 12B, Room C3.1, Level 3, September 30, 2018

**How to show funders you are providing safe, high quality services: The new APS Private Practice Management Standards**

Kaye Frankcom, Louise Roufeil

Funding bodies are increasingly seeking evidence that providers are delivering safe, high quality services. The Australian Commission on Safety and Quality in Health Care is also developing national standards for primary care. In view of the increased emphasis on strong governance within private psychology practices, the APS has upgraded our existing practice standards, originally developed in 2012, to align with the National Safety and Quality Health Service Standards. This session will provide an overview of the new Standards and describe the revisions to the self-audit process soon to be available through the APS Institute.

**What you need to know about the new data breach legislation**

Mark Attard

From 22 February 2018, psychologists for whom the Commonwealth Privacy Act (1988) applies will be required to comply with the Privacy Amendment (Notifiable Data Breaches) Act 2017. This amendment to the Privacy Act establishes a new Notifiable Data Breach (NDB) scheme that sets out the requirements for making notifications when there is an ‘eligible’ data breach. An eligible data breach is where that breach is likely to result in serious harm to a person/s that cannot be prevented with remedial action. Psychologists will be required to notify the affected individuals and the Office of the Australian Information Commissioner (OAIC) as soon as practicable of an eligible data breach. This presentation will describe the psychologists who are required to comply with the Act, and the policies, procedures and actions required of psychologists who must comply with the Act.

**How to avoid an AHPRA notification**

Mark Attard

Receiving a complaint about your professional conduct can be an intensely stressful experience. Psychologists report that a notification against them can be both personally and professionally confronting, and stressful not only for themselves but also their family. There are clear standards of practice expected by the Psychology Board of Australia and failure to meet these standards can result in a notification. However, as a result of the nature of their work, psychologists are also vulnerable to people lodging vexatious complaints against them. This presentation will focus on common situations that can lead to complaints and steps that psychologists can take to minimise the chances of a notification being made against them.
Perinatal and infant mental health advancing into a new age: The role of psychologists

**Dr Charise Deveney**,1,3 **Dr Nicole Highet**,2 **Mrs Julie King**,1 **Mrs Rebecca Wheeler**,1,4 **Dr Bronwyn Leigh**1

1Centre for Perinatal Psychology, 2COPE: Centre of Perinatal Excellence, 3Let’s Talk Psychology, 4RWA Psychology

Perinatal and infant mental health (PIMH) is an interdisciplinary field focused on the health and development of parents and infants from the planning of conception through to three years postpartum. Advances in PIMH have progressed significantly in recent decades with broader inclusion and greater integration. No longer are we focused solely on emotional health in the postpartum period, but also during pregnancy. Similarly, not only are we talking exclusively of maternal mental health but increasingly recognising the mental health of fathers and infants. Working with this population is complex given the vulnerability of this life phase for all involved, and due to the myriad presenting issues within each individual and the relational constellations.

Drawing on recently released and updated clinical and competency guidelines, psychologists will be informed about current thinking, approaches and practices in parental and infant emotional health care. Delegates will also hear how to access high-quality, competency-based training in perinatal and infant mental health practice, elucidating pathways to increase competencies for psychologists interested in this field.

The fundamental purposes of this symposium are to: (1) inform Australian psychologists about current best practice for mental health care in the perinatal period, (2) identify pathways to competency-based training in the psychological care of parents and infants, and (3) outline the implementation of an evidence-informed parent-infant group as an example of applied perinatal psychology.

Presenter 1 will open the symposium presenting on the updated Australian National Clinical Practice Guidelines and free, accredited online ‘basic-level’ training for health professionals. Presenter 2 will continue with a presentation on Australian Infant Mental Health competency guidelines and an examination of working with infants and their parents. Finally, Co-presenters 3 will outline the implementation of an evidence-informed, 5-session, parent-infant group program offered at multi-site private psychology practice setting as an example of applied perinatal psychology. In line with the conference theme, this symposium explores how psychologists can help shape the field of PIMH to advance into a new age of integrated, sophisticated mental health care. Psychologists are uniquely positioned to provide high-quality, evidence-based, competency-informed assessment and intervention with this population to optimise the emotional wellbeing of Australian families and positively influence the developmental trajectory of a new generation from conception, throughout infancy and beyond.

**Presentation 1: COPE: Australian National Guidelines and Accredited Online Training**

**Background:** The recent launch of Australia’s new national perinatal mental health guideline, provides psychologists with the latest evidence surrounding the treatment and management of the range of perinatal mental health including depression, anxiety, bipolar disorder, postpartum psychosis, and new areas of this Guideline include schizophrenia and borderline personality disorder. **Aims/Objectives:** This presentation endeavours to bring psychologists up to date with the latest Guidelines and support their implementation of best practice through the provision of a range of materials and resources. **Method:** This presentation will outline the key recommendations relevant for psychologists in the provision of best practice care in the perinatal period. In addition, participants will be given access to an extensive range of resources for consumers and health professionals to support Guideline implementation. This include free, accredited online training, an innovative Ready to COPE e-guide for women that delivers timely, relevant emotional and mental health throughout pregnancy and the first year postpartum, innovative digital screening platforms and details of a new e-directory to support timely referral. **Conclusions:** Psychologists will be informed about effective mental health care in the perinatal period from the 2017 released Australian Clinical Practice Guidelines. Further, psychologists will be able to extend their knowledge and training beyond this presentation with access to resources and free, online accredited training.
**Presentation 2: How can we remember to Hold the Baby in Mind when treating Perinatal Families? Competencies and training for Australian psychologists.**

**Background:** The new Australian Perinatal National Clinical Practice Guidelines specifically include the infant in risk and safety assessments and also specifically include assessment of mother-infant interaction, which may require Infant Parent Therapy/intervention. However, many psychologists do not have specific training in Infant Mental Health assessment and interventions. **Aims/Objectives:** This paper aims to inspire and facilitate psychologists’ need to identify pathways to competency-based training in the psychological care of parents and infants. This includes examination of a specific knowledge base and skill set and a range of evidence-based interventions in the multidisciplinary field of Infant Mental Health. **Method:** This presentation will explore the Australian Infant Mental Health competency guidelines as developed by the West Australian branch of the Australian Association of Infant Mental Health inc. (AAIMHI WA Competency Guidelines®). It will begin with a definition of Infant Mental Health that highlights the specific knowledge base, and specific skills required to recognise infant distress and signs of problematic parent-infant relationships- particularly in a perinatal mental health context. The existence of specific disorders of infancy will be considered- particularly in light of the recent revision of DC 0-5 (Diagnostic Criteria for Zero to Five-year-olds). Local Australian training pathways to acquire the competencies will be highlighted. Particular attention will be given to the core competency of Reflective practice/supervision. Reflective supervision is an established tool that supports practitioners who work in the emotionally intense field of infant and perinatal mental health. It specifically enhances the ability to hold the baby in mind when perinatal mental health issues demand priority. **Conclusions:** It is hoped that psychologists will regard training in Infant Mental Health Competencies as an achievable and valuable means to not only enhance the long-term wellbeing of the families they see, but an opportunity to increase their own confidence and enrich their own professional satisfaction in this critical work.

**Presentation 3: The First Touch Program: A Parent-Infant Group in a Private Practice Setting**

**Background:** Parenting in the ‘New Age’ is challenging. There has been a shift away from the role of the ‘village’ to an ‘individualised’ approach to parenthood. Socially, the drive to keep life busy can keep human connection at bay. However, parenthood is fundamentally about connecting with ‘the other’- namely the infant, and other caregivers. Importantly, infant social and emotional development is optimised through attuned and responsive caregiving (Stern, 1998). **Aims/objectives:** This paper explores how a private practice setting can provide a space for mothers to connect, tune in, and be present with their baby. A key aim was to offer a mother-infant group program to meet the identified gap in service provision for a universal relationship-based intervention to improve maternal and infant emotional wellbeing while concurrently providing the support of a ‘modern village’. We were particularly interested in addressing maternal mood, reflective functioning and quality of the infant-caregiver bond. **Method:** The First Touch Program (FTP) has been identified as an evidence-informed, structured, universal parent-infant group program that meets recently released NHMRC ‘Report on the Evidence: Promoting social and emotional development and wellbeing of infants in pregnancy and the first year of life’, criteria for promoting social and emotional development and wellbeing of infants in pregnancy and the first year of life. The FTP supports parents to use touch, voice and movement to deepen their bond with their baby. Parents learn how to observe and interpret their baby’s communication cues and respond sensitively. Key theoretical concepts that underpin FTP include Bion’s (1962) ‘container-contained’ model; Slade’s (2005) theory on ‘reflective function’; Fonagy’s (2004) concept of mentalization; Stern’s (1998) ‘motherhood constellation’ of self reorganisation around the presence of the baby; and Winnicott’s (1960) idea of a ‘holding environment’. **Conclusions:** Early qualitative data suggests participants value the group program for social connectedness, space to connect with their infant, and the development of observational skills. Training in the FTP is accessible and implementation of the program is achievable in a private psychology practice setting. Limitations of the study include the absence of a control group.
Examining the prevalence, phenomenology and treatment of social anxiety disorder in psychosis: A systematic review

Ms Carla McEnery1, Dr Michelle H Lim1, Associate Professor Ann Knowles1, Associate Professor Mario Alvarez-Jimenez2

1Centre for Mental Health, Swinburne University of Technology, 2Orygen, The National Centre of Excellence in Youth Mental Health

Concurrent Session 12D, Room C3.3, Level 3, September 30, 2018

Background: Social Anxiety Disorder (SAD) is among the most commonly reported and disabling of the co-morbidities in people with psychosis. Yet, despite its reported elevated prevalence and severity amongst individuals with psychosis, SAD remains under-recognised and under-treated. This is surprising as interpersonal difficulties, social avoidance, and social isolation (hallmarks of schizophrenia) can exert significant negative consequences upon individuals' quality of life and social relationships.

Aim: A comprehensive systematic review of the literature is required to assess the current prevalence, phenomenology and treatment approaches of co-morbid SAD in individuals with psychosis. In particular there is lack of evidence highlighting the relationship between SAD and psychosis along the psychosis spectrum (e.g., from first-episode psychosis to persistent, chronic schizophrenia).

Methods: Electronic databases including the Cochrane Library database, Web of Science, PubMED, EbscoHost and Scopus were systematically searched for any studies (cohort, non-randomised, randomised control trials and/or quasi-experimental etc.) that examine prevalence, phenomenology and treatment of social anxiety disorder in individuals with psychosis as a primary or secondary outcome. Grey literature was also searched using the Google search engine and the ‘open grey’ database, and references of included articles will also be hand-searched.

Conclusion: The proposed review provides an evidence-based narrative synthesis of current literature that examines the prevalence, phenomenology and treatment of SAD in psychosis as a primary or secondary outcome. In doing so, the review attempts to examine SAD in psychosis along the clinical psychosis spectrum in order to uniquely assist in eluddicating any key differences or similarities which may in turn, inform tailored treated of SAD within this heterogenous population.
The impact of multi-graded positions on professional identity, power and patient care in mental health services

Ms Lil Vrklevski\textsuperscript{1,2}, Dr Kathy Eljiz\textsuperscript{2}, Professor David Greenfield\textsuperscript{2}

\textsuperscript{1}Sydney Local Health District, \textsuperscript{2}Australian Institute of Health Service Management, Tasmanian School of Business and Economics, University of Tasmania

Concurrent Session 12D, Room C3.3, Level 3, September 30, 2018

**Background:** Multi-graded positions on community mental health teams have led to blurred boundaries and role overlap between psychiatry, nursing and allied health professionals. Evidence from the frontline of clinical care suggests that blurred boundaries can result in role conflict between professions, as well as a loss of professional identity and feelings of disempowerment. **Aims:** To determine the impact of Mental Health Service multi-graded positions on the strength of professional identity, perceptions of power across disciplines and patient care. **Methods:** The setting was a large metropolitan Mental Health Service (MHS) and participants were drawn from the five largest disciplines - nursing, occupational therapy, psychiatry, psychology and social work. An on-line survey was administered and consisted of four psychometric measures: the Demographic Data Questionnaire (DDQ), Mental Health Activities Checklist (MHAC), Professional Identity Scale (PIS) and Power Questionnaire (POWQ). Data was analysed using inferential statistics.

**Results:** Across the five professions, 320 staff elected to participate, for a 44\% response rate. The average PIS scores for each discipline were Social Work (PIS= 4.40), Psychology (PIS= 4.48), Occupational Therapy (PIS= 4.54), Nursing (PIS= 4.58) and Psychiatry (PIS= 4.62). There was a weak positive correlation ($r=0.230$, $n=320$, $p < .0001$) between PIS and time spent on discipline specific activities (MHAC). There was a weak positive correlation ($r=0.359$, $n=320$, $p < .0001$) between PIS and Power. Even though inpatient staff had higher average PIS ($\mu=45.77$) and Power ($\mu=4.11$) scores than community staff PIS ($\mu=44.80$) and Power ($\mu=3.98$) the differences were not statistically significant.

**Conclusions and clinical implications:** Mental health professionals need skills and abilities that are varied, similar, flexible and adaptable. Role overlap between psychiatry, nursing and allied health is beneficial and enables a shared understanding. However, generic positions can limit the ability of the team to address the full range of consumer needs.
Comparing a multi clinician and a single clinician stepped care workforce for psychological treatments: A systematic review

Prof Tim Carey

Flinders University

Introduction: Stepped care has been promoted as one solution to improving access to psychological services. In the United Kingdom (UK) and Australia a new workforce has been established for the implementation of stepped care. Thus, there are two different models of stepped care: multi clinician stepped care (MCSC); and single clinician stepped care (SCSC). Given that the MCSC Improving Access to Psychological Therapies initiative in the UK was initially economically motivated, it was of interest to discover whether or not an MCSC workforce is more effective and efficient than an SCSC workforce. The objective of this review was to answer the research question “Is an MCSC workforce more effective and efficient than an SCSC workforce?”

Methods/Techniques: A comprehensive systematic review was conducted to identify studies comparing the effectiveness and efficiency of MCSC with SCSC programs in terms of patient outcomes, patient satisfaction, waiting times, and cost-effectiveness.

Results/Outcome: There were no studies identified comparing MCSC with SCSC.

Discussion/Conclusion: The rationale for an MCSC workforce is not clear. The findings of this systematic review are discussed in terms of the way in which treatments are conceptualised and delivered including adopting a patient-led approach to appointment scheduling and a patient-perspective attitude towards treatment provision and recovery. What are the potential implications for everyday clinical practice of CBT? The implications for everyday clinical practice are that each clinician should assume the responsibility of collecting outcome data at each session for all of their patients and they should also titrate the intensity of the treatment based on individual patient need rather than assuming that every patient needs the full treatment protocol. Furthermore, clinicians could adopt the patient-led approach to appointment scheduling and allow patients to make decisions regarding the duration and frequency of treatment.
Background: Approximately 3,000 APS members identify as being in the early stage of their career (0-7 years since graduation). While this member segment has unique support and development needs, relatively little is known about factors that contribute to professional thriving for early-career psychologists. While early-career psychologists are equipped with the necessary foundational professional competencies to undertake their role, stages of ongoing formal (e.g., continuing professional development) and informal professional identity development (e.g., networking and professional relationships) are needed. Of note, the 2016 APS Early Career Member Survey found that only one quarter of the 450 respondents felt well-supported by the APS. Hence, there is significant need for improved support for this member segment. Aims: This forum will provide an opportunity for discussion and problem solving regarding key issues facing early career psychologists. Approach: A facilitated panel and group discussion will be undertaken. A panel of psychologists who have recently transitioned to the mid-career phase will reflect on their experiences, highlighting factors that helped them not only survive, but also thrive, in this challenging career phase. Panel members will represent a broad array of pathways and backgrounds. Implications: Early-career psychologists are required to swiftly transition from highly structured learning environments, either as part of postgraduate education and training or through supervised practice as provisional psychologists, to environments with significantly less support. The forum will provide an opportunity to share useful strategies on managing this transitions and facilitate networking with peers. Issues discussed will be used to inform the APS Early Career Advisory Group (ECAG) on key matters of importance for this cohort, and assist in informing advocacy and new initiatives undertaken by the ECAG.
International research has shown that intimate partner abuse affects many young people throughout adolescence. Despite the recent focus on family and intimate partner violence in Australia, there is almost no Australian data on the frequency or nature of youth intimate partner abuse (YIPA). The current study sought to better understand the frequency and nature of YIPA in Australian adolescents by recruiting 423 participants aged between 14 and 18 from Victorian high schools during 2016 and 2017. Each participant completed an anonymous questionnaire in which they reported their experiences of YIPA victimisation and perpetration. The results showed high rates of both victimisation and perpetration among boys and girls who had been in intimate relationships. Approximately 38% reported being victims of severe YIPA during their most difficult relationship (behaviour involving significant physical violence or sexual violence, or very frequent psychological abuse), and 27% reported perpetrating such behaviour. As was expected, verbally and psychologically aggressive behaviours were reported more frequently than physically or sexually aggressive actions. This was the case for both perpetrators and victims. Gender differences and similarities in YIPA victimisation and perpetration will be discussed, and whether young people recognise when they are experiencing YIPA.
“Oh, there’s an alleged family violence perpetrator at my workplace: How can psychologists help employers respond?”

Dr Peter Streker

Community Stars

Concurrent Session 12F, Room C3.6, Level 3, September 30, 2018

Many Australian employers have recently initiated practices to support the recovery of employees who have survived family violence and protect them from further harm. However, employers are less likely to feel confident about managing an employee who has perpetrated family violence against others. Indeed, many will not even know that family violence perpetrators are part of their workforce. Given the high number of Australians affected by family violence, it is reasonable to assume that many thousands of workplaces, sports clubs and other organisations will be faced with this predicament sooner or later. This interactive workshop aims to help psychologists, at all levels of experience and curiosity, support organisational leaders to manage this issue with greater confidence.

The session will draw on the participants’ collective expertise as we explore a range of scenarios and carefully wade through a swamp of moral, ethical, legal and pragmatic issues that are bordered by zero tolerance approaches at one end and ‘blind eye’ approaches at the other. We will explore how organisational leaders’ responses will be shaped by the location and timing of the incident(s), other people and authorities involved, the manner in which the organisation found out about and investigated the report of violence and a range of other factors.

This session will help psychologists explore how to:

1. describe the contemporary positions, dilemmas and debates surrounding this topic
2. support organisational leaders to construct a system that manages staff who are alleged or confirmed perpetrators of family violence
3. add the management of alleged perpetrators to other aspects of the organisation designed to create safe, respectful working cultures, prevent family violence and support survivors, and
4. tailor practical, legally sound responses to different circumstances.
Background: There is consensus that what teachers do in the classroom directly impacts student’s learning. There is a paucity of data derived from direct observations of teachers working within inclusive classrooms identifying which behaviours support learning within an inclusive classroom. Aim: The aim of this systematic review, therefore, was to determine which practices teachers used to include learners with diverse abilities.

Method: Of the initial 950 citations, 80 studies and their associated reference lists were reviewed. Only 13 met the inclusion criteria. Within these studies, 10 distinct tools that focused on inclusive teacher practices in the classroom, were identified. Data extracted examined the definition of inclusion used and the indicators/items from the tools that relied on direct observation methods. Conclusion: ‘Inclusive education’ is seldom clearly defined and there is yet to be a common nomenclature throughout the literature. Thematic analysis of the 169 indicators/items of observable inclusive teacher behaviours were distilled into 63 codes and subsequently organised into five themes: ‘Collaboration and Teamwork’, ‘Inclusive Assessment’, ‘Instructional Support’, ‘Organisational/Management’, ‘Social/Emotional/Behavioural Support’ (CAIOS). These themes were used to develop to an ‘Inclusive Teacher Behaviour Profile’. Implications for future research and practice are discussed.
Without enough recognition, I might just leave: Relationships between extrinsic motivation, student burnout and withdrawal intentions

**Mr Cameron Williams¹,² Dr Suzanne Dziurawiec²**

¹UNSW, ²Murdoch University

Concurrent Session 12H, Room C2.2 & C2.3, Level 2, September 30, 2018

**Aims:** The high levels of burnout (exhaustion/cynicism), and attrition, that affect one-in-three tertiary students, are extremely concerning. One factor that may influence burnout/attrition levels is academic motivation; that is, whether students are driven by intrinsic motivation (personal interest/enjoyment) or extrinsic motivation (a focus on external rewards including grades/recognition). Thus far, intrinsic and extrinsic motives have generally been linked to positive and negative student outcomes, respectively. However, while a few studies have considered links between extrinsic/intrinsic motivation, burnout, and withdrawal likelihood, existing results remain discrepant. For example, while David (2010) found that extrinsic motivation negatively correlated with burnout (particularly cynicism), other studies have suggested that extrinsic motivation contributes to burnout (Chang, Lee, Byeon, & Lee, 2015). Additionally, studies with college (as compared to school) students remain rare, and these studies have often focused on single academic disciplines (while also overlooking moderation analyses). This study aims to address these limitations. **Design/Method:** Due to this study’s exploratory nature and intention to sample widely, a cross-sectional (electronic-survey) design was appropriate. To offer greater generalisability than previous studies, a convenience sample of 2,451 students (from 15 disciplines and 40 Australian universities) was collected. Gold-standard scales were employed, alongside various methodological protocols that minimised self-report biases. Haye’s PROCESS macro was used for the analyses, to account for limitations of traditional mediation approaches. **Results:** In general, an overall focus on external rewards (grades/recognition) was negatively associated with burnout and withdrawal intentions (both $p < .001$). However, for students who noted that external rewards were the only purpose for trying at university, higher burnout and withdrawal-intention levels were noted (both $p < .001$). Further analyses highlighted that these students also reported lower levels of perceived recognition from their instructors/peers ($p < .001$). While the results are only cross-sectional, serial-mediation analyses suggested that a sole focus on recognition/grades contributed to lower perceptions of received recognition, which in turn contributed to higher burnout, and subsequent withdrawal intentions (95% CI [.04, .22]). Moderating/buffering effects (self-efficacy and resilience) were also noted. **Conclusion:** While this study suggests that focusing on external rewards may not necessarily be detrimental, it is important that this is not the only motive. Therefore, to reduce burnout/attrition, instructors may be able to enhance intrinsic motivation (e.g., through effective instruction), and students who are focused solely on grades/recognition may be offered additional support. Further research may benefit by considering specific types of extrinsic and intrinsic motivation (in terms of burnout/withdrawal).
Background: Almost all young people are online, with digital media now integral to all areas of their educational and social involvement. The rapid growth of portable devices such as mobile phones, tablets and gaming consoles continues to shape young people’s relationships with the online world. Aim: This presentation investigates the ways in which young people’s interactions with the digital world are influenced by, and impact upon, their mental health and wellbeing. It seeks to inform the development of effective tools and resources to support young people and their experiences of different online environments, so that they are prepared for the technological future that faces them. Method: The evidence base for young people’s safe use of the internet has expanded considerably over the past decade, benefiting from heightened interest at a policy level and improved mechanisms for monitoring and reporting on e-safety issues. This evidence review set out to examine the mental health dimensions of young people’s use of the internet, and to identify any areas where new or additional resources might be beneficial. The main focus was on electronically available published academic research literature, policy studies, and evaluations. Conclusion: The evidence outlined in this review demonstrates the very real impact that the internet can have on young people’s mental health and wellbeing, both positive and negative. The review underlines the fundamentally social nature of young people’s interactions with the digital world and patterns of online use that can be linked to patterns of risks and harm. Importantly, the resilience of young people is quite strongly implicated in how online risks are perceived, and their ability to cope with incidents when these occur. This review provides some valuable indications of how young people might be better supported to acquire the online coping skills to manage these risks, and the actions that might be required by families, schools, and professionals working with young people.
Clinical records are an essential element of the provision of quality psychology services. Regardless of setting, quality-records serve a variety of purposes. These include the provision of: a description of client care, an aide memoire and reflective device for the clinician, information for colleagues and other practitioners involved in client's care, evidence of assessments that protect clients and others. There are a range of professional practice issues about which psychologists need to be informed in creating and maintaining records regardless of either their employment sector or status in the complicated environment in which psyching is practiced today. Particularly pertinent are issues of privacy, confidentiality, access and security, the operation of electronic health records, information sharing and data breaches. This session will provide up-to-date advice on such matters den will involve case vignettes and discussion.
This symposium brings together three papers concerning contemporary research in responses to social threats in Australia and abroad. Norton presents a study of responses to humanitarian migrants in regional NSW, exploring the associations that participants had regarding ethnicity, legal entry, and so on, and the implications of these associations for attitudes and actions. In the same vein, Burke examines how appraisals of and responses to climate change are affected by using the lens of “intergenerational justice” to frame the issue. Focusing on the outcomes of climate change for children and future generations, Burke suggests, affects our understanding of who is responsible to act, and recruits new motives for action. Finally, Louis examines perceptions of and support for democracy in relation to the success or failure of protest action, documenting increases in authoritarian trends when respondents respond to scenarios of manipulated government intransigence, or protestor radicalism. Together, the papers illustrate the powerful social factors that shape risk perception and responses to risk in the social context.

Presentation 1: Community understandings of humanitarian entrants: An investigation of Coffs Harbour

Aim: This research drew from Social Representations Theory to investigate how resettled humanitarian entrants are construed by their host communities. Specifically, the labels and associated meanings systems used to identify these groups. Humanitarian resettlement is an active process dependent on the cooperation between new arrivals and their host communities. The socially constructed knowledge held by host communities about humanitarian entrants impacts lived experiences and prescribes the relations that occur between resettled entrants and host community members. Design: A double-word association task was used to investigate firstly, the labels used to identify groups in the community and, secondly the meanings associated with these labels. Method: a total of 192 participants completed a 10-minute online survey; 92 participants were drawn from the university within the community and 100 participants were drawn from the wider community through local organisations. Piping in the online survey enabled participants to answer questions in relation to their own initial responses thereby avoiding researcher bias. Results: The word associations provided a snapshot of how the community was perceived; eliciting the most salient groups within the community and the meaning systems associated with these groups. In both samples, humanitarian entrants were among the top 10 most frequently elicited groups most commonly identified by the labels ‘Refugees’ and ‘Sudanese’. Multidimensional scaling of the word associations and a frequency analysis of the themes elicited for each group suggested that both ‘Refugees’ and ‘Sudanese’ were used to identify humanitarian entrants of African origin. However, the meanings associated with each group varied depending on which label was chosen to identify the group. Positive associations were elicited for both labels along with themes relating to disadvantage, vulnerability and these groups being misunderstood by the wider community. Conclusion: The findings support the theoretical premise that labels are powerful social tools that have the potential to determine the evaluations associated with particular groups. The findings highlight the need to further understand the processes by which resettled entrants are understood by their communities and develop intervention strategies that have mutual positive outcomes.

Presentation 2: Climate change and children: An issue of intergenerational justice

Background: Climate change is an existential threat to current and future generations of children. In the 2015 Paris Agreement, nations acknowledged climate change as “an urgent and potentially irreversible threat to human societies and the planet”. Disproportionately caused by the minority world, it will disproportionately affect the developing world, and children will disproportionately suffer. Climate change is thus an issue of structural violence and intergenerational justice. Aims/objectives: In this paper we aim to show how psychology can contribute in responding to climate change in terms of both reducing the threat of climate change as well as providing tools and strategies for coping with, adapting to, and flourishing in a climate changed world. Method: We begin by outlining the particular concerns about how climate change effects children: their great vulnerability to climate change impacts; evidence of widespread anxiety and other negative emotions about its future impact; and their need to adapt to massive climate-induced changes. We then describe how psychology can contribute in responding to each of these. For example, psychological...
factors are central to the denial and avoidance of the issue that is obstructing speedy action to prevent worse climate change. They are also central to building motivation and skills for effective engagement with the problem. Being given opportunities to contribute to solutions is an effective way to build children’s positive coping capacities, self-efficacy and collective efficacy. Models of positive development provide guidance on how to build young people’s capacity to deal effectively with the wide-ranging changes that climate change will bring.

**Conclusions:** The paper will conclude with discussion of particular contributions that peace psychology can make to addressing climate change.

**Presentation 3: Government intransigence and protestor radicalism in relation to conventional action, radical action, and support for democracy**

**Background:** The need for citizens to become engaged in political and civic life is clear. Many challenges from climate change to the integration of refugees and the just treatment of minorities require citizens to be not just informed but active in the challenges of their times. Yet after the social polarization of the “war on terror” and other public controversies, it is clear that people can be radicalised from their experiences in activism, a process which is sometimes problematic for the new extremists as well as their host societies.

**Aims/objectives:** The present talk will present data examining activism in 10 experiments with youth and community samples, to discuss trajectories of radicalisation and deradicalisation.

**Method:** In each study, sympathisers of a movement (e.g., anti-immigration, pro-marriage-equality) were recruited and asked to imagine participating in successful or failed conventional and radical political actions. Willingness to engage in future actions and support for democracy were then assessed.

**Results:** The pattern of results is diverse across contexts, but a consistent finding is that support for democracy can decrease, and radicalization can increase, as a response to government intransigence or other protestors’ radicalism. Individual studies as well as meta-analytic findings will be discussed.

**Conclusions:** The present program of research examines group processes and individual differences linked to radicalization and de-radicalisation in politics. By understanding the dynamic interplay of forces that gives rise to radicalism, we can both understand and intervene to greater effect.
Domestic bliss aids rehabilitation: Quantitative and qualitative approaches to studying daily living activities and couples attachment

**John Alder**

**Diana Dorstyn**

**Elias Mpofu**

University of Adelaide, University of North Texas, People Change Consulting

While rehabilitation interventions can be technically complex and expensive, the research approaches of these papers indicate that engagement in some domestic activities can also contribute to recovery and rehabilitation. A quantitative study of post stroke patients examined the patients engagement in activities of daily living as associated with changes in depression and anxiety. While a qualitative analysis of cases of couples relationships explored the various impacts of having a supportive partner.

**Presentation 1: Post-Stroke Depression and Anxiety: Personal Resourcing for Health Recovery and Sustenance of Activities of Daily Living**

**Mpofu, Elias**

**Fang, Yihong and Athanasou, James**

University of North Texas, USA

University of Sydney

**Background:** Recovery from and sustenance of health and wellbeing following trauma experience requires rehabilitative supports at the personal and lived environment levels. Modifiable personal factors are often targets for rehabilitation interventions aimed to restore, augment and maintain activities of daily living following stroke experience. Post-stroke depression and anxiety may influence activity of activities of living functions in ways important for rehabilitation treatment interventions with people presenting with either of the affective conditions. **Aim and Objective.** The purpose of this study is to explore the influence of modifiable personal factors and depression symptoms or anxiety symptoms on activities of people with stroke attending a community rehabilitation care services. **Methods:** The participants were 137 patients with a Singapore rehabilitation care facility within two weeks after stroke. They assessed for depression and anxiety symptoms using the Hospital Anxiety Depression Scale. Thirty of the participants (28%) had depression symptoms, 55 (40%) had anxiety symptoms while (32%) did not present with either depression or anxiety. **Results:** The activity of daily living functions with depression symptoms were lower than premorbid regardless of demographic background and length of stay in treatment. However, the activity of daily living functions were similar across patients regardless of differences in anxiety statuses. **Conclusion:** This study findings support the view that activity of daily living functions more affected with post-stroke depression rather than with post-stroke anxiety. Activity of daily living function oriented interventions appear to have prospects as a treatment for post-stroke depression rather than for post-stroke anxiety.

**Presentation 2: Couples in rehabilitation counselling: Attachment and identity**

**ALDER, J.**

People Change Consulting

**Background:** Based on their research with SCI survivors, Murphy, O'Hare and Wallis (2012) recommended that rehabilitation practice and research should address the type of social support which can best produce rehabilitation outcomes. Their research indicated different types of social support produced outcomes at different stages and by different agents. **Aims/objectives:** This presentation focuses upon one immediate source or type of social support - the presence, engagement and activity of a client’s spouse/partner. Mills and Turnbull (2004) in “Broken hearts and mending bones: The impact of trauma on intimacy” indicated that the nature and effectiveness of the partner’s support can be influenced when the partner is a secondary victim of the trauma or grief/loss experienced by the client. **Method:** A case study will illustrate the trauma and recovery process as having “ripple effects” on the client's partner and their relationship. An injury, trauma or loss (permanent/temporary) of capacity to a partner can have an effect on the sense of attachment and identity of their partner. Separately Greenberg and Gottman, renowned couples counselling researchers, have proposed that the emotional expression around these attachment and identity issues is fundamental to
the management of stress in couples relationships. **Conclusion:** The case illustrates various approaches to providing a rehabilitation process which attend to the couple as they manage the individual’s recovery from trauma/loss and their relationship.
How to match your transdiagnostic treatments to your complex case formulations (instead of just blunt diagnoses)

Mr Gary Bakker

School of Medicine, University of Tasmania

Concurrent Session 13D, Room C3.3, Level 3, September 30, 2018

Background: The increased use of evidence-based transdiagnostic treatments indicated by explanatory case formulations, rather than by arbitrary, nominal, clinically-irrelevant diagnoses, has left a standardization and taxonomic gap. How do we retain some standardization and communicability in a system that allows an infinite number of factors and models and mechanisms in our case conceptualizations? The concept of psychological-level ‘problem-maintaining circles’ (PMCs), to be found in every evidence-based model of clinical psychological problems (CPPs), for the first time offers a comprehensive transdiagnostic alternative taxonomy of CPPs that is empirically-derived, theory-based, treatment-relevant, codifiable, categorical (not just dimensional), and essentialist. Aims/ objectives/ learning outcomes: (1) To become familiar with the definition and conception of CPPs in terms of psychological-level PMCs. (2) To practise the process of systematic case formulation through identification of likely PMCs from case studies. (3) To become skilled at the selection of therapy approaches directly implicated by identified active PMCs. (4) To practise the codification and communication of identified PMCs within a case formulation. Approach: The PMC model will be introduced. Then, with a PMC taxonomy of CPPs supplied, several case studies will guide solo and group exercises in assessment selection, PMC identification, codification and communication, case formulation, and treatment selection.
Successes and challenges of providing evidence-based support in a community setting to young people

Kristina Clarke, Ms Stephanie Konings, Dr Ursula Sansom-Daly, Dr Fiona McDonald

1CanTeen Australia, 2Cancer Nursing Research Unit, University of Sydney, 3Sydney Children’s Hospital

Concurrent Session 13E, Room C3.4 & C3.5, Level 3, September 30, 2018

There is a wealth of evidence showing adolescents and young adults (AYAs) have proportionally higher rates of psychological distress and a tendency towards poorer help-seeking. Research has indicated that a significant issue in providing mental health services to AYAs is the tendency for the traditional medical system to stratify individuals into paediatric and adult services. Community-based intervention has many advantages to providing psychosocial services to adolescents. Community-based intervention is more flexible and can be easily adapted to the needs of the individual as compared to the more rigid medical system. It can target priority populations easier, connect AYAs and reduce their isolation, and address barriers to help-seeking more readily.

However, there are many challenges to community-based intervention. Community settings typically have multiple stakeholders with differing objectives, which can create a bottleneck in implementation. There is also a need for flexibility in intervention delivery which can conflict with traditional evaluation research designs. The aim of this symposium is to discuss the successes and challenges to community-based psychosocial intervention as it applies to service provision for adolescents and young adults (AYAs). The three presentations describe: different community based interventions for AYAs impacted by cancer, the outcomes that relate to the implementation of the programs in the community setting as opposed to a medical setting, and the challenges to implementation that arise from the community setting.

Each year in Australia approximately 935 young people (12-25 years) complete cancer treatment and enter the survivorship phase. AYAs often experience difficulties readjusting following the disruption and challenges of cancer, and may require additional emotional and social support. To date, there have been challenges to providing this aspect of psychosocial care within the medical system. The first presentation describes Recapture Life, a 6-week online group CBT intervention developed and piloted within an academic setting. The second presentation details Places You’ll Go, a weekend residential program developed and evaluated within a community organisation. Both programs report initial positive outcomes but also inter and intra-organisational challenges to implementation.

The third presentation describes the evaluation of When Cancer Comes Along, a cancer awareness intervention developed for secondary school students. The impact of cancer on the community could be reduced through adoption of healthy lifestyle behaviours and increased community knowledge. Adolescence is a critical age for developing these skills and thus a high school program has potential benefits. Implementation challenges include balancing research evaluation priorities within the school environment.

Presentation 1: ‘From bench to bedside’: Implementing a community-based online group program for young cancer survivors

Aim: The period following cancer treatment is a difficult time for adolescent and young adult (AYA) cancer survivors, and there are currently no rigorously-evaluated programs that provide evidence-based support tailored for this population. We designed an intervention, ‘ReCaPTure LiFe’, to address this need. This manualised, group-based program draws upon well-established cognitive-behavioural therapy (CBT) principles, delivered using online video-conferencing. Following promising phase II randomised-trial results, the next step is to deliver and evaluate the program in community settings. This trial aims to demonstrate that community-delivered Recapture Life is: (i) acceptable, (ii) feasible to deliver and (iii) effective in improving survivors’ quality of life (QoL) and reducing their distress. Design: Using a hybrid implementation-effectiveness design, a phase III trial will evaluate the community implementation of Recapture Life compared with peer-support control groups. A partially-randomised patient-preference design will be used to mimic young people’s real-world support-service selection behaviours. Methods: 112 AYAs aged 15-25 who have completed curative cancer treatment will receive the Recapture Life intervention through partner community organisations (e.g., CanTeen). The intervention’s impact on distress and QoL will be assessed using validated measures, and implementation processes including fidelity, feasibility, cost-effectiveness and maintenance of effects will be evaluated following gold-standard guidelines. Results: We have engaged two large community organisations (one state-based, one national) to deliver the Recapture Life program to their consumers within their existing menu of supportive-care services. Four facilitator-training sessions have been held, as well as one session with consumers evaluating the appropriateness of the program’s content. Following three training sessions, community-based staff’s mean self-reported readiness to deliver Recapture
Life had risen from 4.8-7.2/10 (SD=1.3; Range=6-9). Issues related to inter-organisational research data collection, sharing and storage will be discussed. **Conclusions:** Cost-effective psychological intervention in early cancer survivorship can reduce the burden on health-care systems, whilst simultaneously improving long-term mental health outcomes. The innovative online format of Recapture Life will increase the capacity of community organisations to meet the needs of AYA cancer survivors, including those in rural and remote areas, by providing equitable access to evidence-based care. Implementation challenges can include community-organisation staff turnover, necessitating frequent communication and training between stakeholders.

**Presentation 2: Development and piloting of a community-based residential program for adolescent survivors of cancer**

**Aim:** Young people diagnosed with cancer in childhood or adolescence experience many ongoing psychosocial effects of their cancer treatment, including clinically-relevant symptoms of depression, anxiety, and post-traumatic stress and reduced educational, vocational, and social opportunities. Community organisations offer a venue for providing much-needed support to improve young people’s well-being after cancer. CanTeen, the national Australian organisation for young people living with cancer, has provided peer support and overnight programs for over 30 years. This study evaluated whether CanTeen’s overnight program format could be adapted to incorporate a manualised Acceptance and Commitment Therapy (ACT) program, Places You’ll Go, to help young people cope with the psychosocial impact of cancer. **Design:** A pre-post design was used to evaluate feasibility and acceptability of program delivery and outcomes for clients of a community organisation. **Method:** CanTeen developed a 3-day, manualised program for 12-17-year-olds who have completed active treatment. The program provides opportunities for social support, recreation, and incorporates four ACT sessions. The sessions aim to build skills around managing unhelpful thoughts and emotions, processing change, and moving forward after cancer. Program feasibility and acceptability are evaluated according to Carroll and colleagues (2007) implementation fidelity framework, using questionnaires and interviews completed post-session and post-program by session facilitators and young people. **Results:** The program has been offered annually to CanTeen clients since 2017 and attended by up to 30 young people and 8 psychosocially-trained facilitators each year. The feasibility and acceptability of the program has been indicated by high reported intervention adherence and program satisfaction.

Achieving this level of adherence has been supported within the organisation through the formation of a project working party and provision of a program manual and training. Several challenges in adapting and evaluating an existing program format within a community setting have been identified, including balancing organisational service delivery priorities and traditional evaluation requirements and managing internal recruitment, capacity-building, and support for evaluation. **Conclusion:** The Places You’ll Go program provides a new opportunity for young cancer survivors to receive evidence-informed psychosocial support. Data collected about program implementation provide insight into conducting service development and evaluation within a community setting.

**Presentation 3: Evaluation of a broad-based cancer awareness program for Australian secondary school students**

**Aim** – When Cancer Comes Along is an interactive, secondary school-based presentation for years 9 and 10, comprehensively covering cancer, its prevention and the psychosocial impacts of cancer upon the individual and the family. The project aims to measure the effectiveness of the program in increasing student’s awareness of cancer, improve their self-efficacy and propensity to make positive lifestyle changes to reduce their risk later in life. The program is a first of its kind in Australia, where comprehensive cancer education has not been presented in secondary schools. On the world stage it is a unique program in that it covers the psychosocial aspects of cancer; other similar educational programs have focused on cancer prevention. **Design** – The study is a cluster randomised controlled trial. Schools are allocated to the intervention or wait-list control group. Cancer awareness, self-efficacy and behavioural change are measured pre, post and two-month follow-up. Scores on these domains are compared across the intervention and wait-list control to measure the effects of the intervention over and above regular day-today education. **Methods** – A pilot study was conducted with 113 students from four schools in New South Wales. The full intervention study has commenced with 143 students from four schools having participated to date (65 intervention and 78 wait-list control). **Results** – Pilot results indicate a high degree of acceptability of the program among both participating students and teachers. Though sample sizes are small, early analyses suggest trends that the program is increasing students understanding of the warning signs of cancer and the main behavioural risk factors. Despite initial successes, barriers to implementation have been difficulties with building relationships with schools and organising the logistics of the program. Despite being a study being delivered nationwide, only 4 out of 15 contacted schools have been recruited in a year and only in New South Wales, Victoria and the ACT. **Conclusions** – School-based educational programs have the potential to be an effective and acceptable method for physical and psychosocial health promotion in Australia, but they are hampered by
significant barriers in community implementation. This is in turn compounded by significant differences in administration between states.
'I wasn't like this before I was with him and you don't just bounce back': Recovering from the experience of domestic violence and its legacy on women's mental well-being and economic security

Professor Donna Chung

Concurrent Session 13F, Room C3.6, Level 3, September 30, 2018

This presentation will report on the results of two national studies that have examined the longer term effects of domestic violence on women's mental health and wellbeing. The research findings demonstrate the continuing and intersecting ways in which poor mental health continues for women following separation and how this reverberates on their housing, employment, health and social involvement. The studies show how many women's quality of life and socio-economic position are severely compromised over the longer term following domestic violence. The presentation will highlight the survival and growth strategies women employ and outline areas of practice that could better support women in their recovery journey over the long term.
Development of a strategic framework for addressing the needs of students with disabilities in Sydney catholic schools (case study)

Dr Ian Jackson

Sydney Catholic Schools

Issue: Since the establishment of the Australian Disability Discrimination Act (1992) there has been commitment by Australian schools to promote effective programs for students with disabilities that reflect a range of inclusive practices to ensure equal and active participation of all students. addresses their special learning needs.

Approach: In 2015 the Sydney Catholic Schools Board commissioned the author to conduct a strategic review of its school and system-based services for students with disabilities. In addition, the Board requested the development of five-year Strategic Framework for the provision of effective and innovative services and programs for the 7,200 students with disabilities enrolled in its schools. An appreciative inquiry methodology (Cooperrider, Barrett & Srivastva, 1995) was adopted for this review that included the development of twenty-one school case studies.

Key Findings:

- In all selected schools there was evidence of commitment to provide effective support programs that address the needs of students with disabilities.
- All selected schools were experiencing challenges in addressing the needs of students with significant and complex intellectual, learning, emotional, medical and social needs.
- Most principals, system support staff and teachers reported that they required the development of an overarching, strategic and cohesive leadership and management approach to disability provision.
- Many teachers claimed that they required system support for their schools that better equipped them to provide effective programming for students with disabilities in the classroom, and particularly for those students with significant and complex needs.
- Most respondents cited a range of Special Education needs in their schools that a system-based multi-disciplinary team could address and support.

Conclusion: The strategic review identified the following priority actions to be implemented in providing effective and sustainable support for students with disabilities:

- Planned programs and procedures that met the ongoing needs of students with disabilities;
- High expectations established for student learning linked to a clear and focused school mission;
- Differentiated classroom practices that utilised a wide range of curricular materials and instructional strategies;
- Instructional technology infused and integrated into the classroom curriculum;
- Promotion of whole school ownership and responsibility by each school for the planning, implementation and provision of learning and social outcomes for all students.

The five–year Strategic Framework adopted by Sydney Catholic Schools incorporated these key actions that represented best practice for school and system-based provision for students with disabilities.
Positive Education is the application of positive psychology interventions within school settings for the purpose of increasing students' wellbeing and engagement and learning outcomes. As a whole school approach, Positive Education is classed as a universal prevention of mental illness and promotion of wellbeing. With increasing numbers of schools enthused and interested in Positive Education, there is a greater need to build the evidence for successful implementation processes. This presentation describes a proposed roadmap for Positive Education, defined by the Geelong Grammar School Applied Model of Positive Education which involves four cyclical and interconnected processes Learn it, Live it, Teach it, Embed it (Hoare, Bott & Robinson, 2017). Universal approaches have been criticized for being expensive and difficult to implement, yet studies indicate universal programs can be efficacious in preventing depression (Shochet, et al., 2001) and promoting wellbeing (Schonert-Reichl & Lawlor, 2010) and social and emotional competencies (Durlak, Weissberg, Dymnicki, Taylor & Schellinger, 2011). Research into universal interventions in schools has found that the quality of implementation has an impact on the effectiveness of the intervention in terms of student outcomes (Dix, Slee, Lawson, & Keeves; Durlak & DuPre, 2008). Yet there is a dearth of research and practice knowledge about processes of implementation and their related impact on program effectiveness for the emerging field of Positive Education. The proposed roadmap is a tool to assess, support and guide quality implementation, as opposed to a prescribed implementation system. The methodology for developing the roadmap for Positive Education involved synthesizing implementation evidence from the fields of psychology, public health, organisational, education and social and emotional learning, as well as drawing upon practice wisdom from the Geelong Grammar School's 10 year journey in implementing Positive Education. From a research perspective, the roadmap may be used to help uncover and understand the active ingredients to Positive Education and guide evaluation on effective actions and processes, highlighting how school context impacts delivery and vice versa. The implications for practice and directions for future research are considered. Ongoing refinement and review of the roadmap will occur alongside emerging evidence for how to best support wellbeing in the school community.
Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health and resilience and recovery from trauma

Dr Graham Gee

Keynote Address: Graham Gee, Cockle Bay Room, Level 3, September 30, 2018

The focus of Dr Graham Gee’s keynote presentation will be on Aboriginal and Torres Strait Islander social and emotional wellbeing (SEWB), mental health and resilience and recovery from trauma. Dr Gee will begin with a brief introduction to the SEWB framework as a guiding lens for working with Aboriginal and Torres Strait Islander mental health. This will include a discussion on the importance of considering cultural determinants of wellbeing in assessment and case formulation and sharing research findings and therapeutic observations about how cultural determinants can manifest in clinical work. The focus of the presentation will then turn towards the area of resilience and recovery from trauma, combining lessons learned from 10 years of therapeutic practice with current Aboriginal and Torres Strait Islander research in this area.
Exploring student stress, academic success and the association of stress mindsets at university

Prof Nicholas Burns1, Dr Matthew Dry1, Ms Tassia Oswald

1The University of Adelaide

Aim: The aim of the study was to pilot a modified stress scale, which addressed some limitations of stress scales currently used with student populations, in order to measure student stress and assess its impact on academic success at university. Furthermore, the study aimed to explore students’ Stress Mindsets. Design: Cross-sectional, online questionnaires. Method: Stress was measured in 147 undergraduate psychology students, along with other established predictors of academic success (socio-demographic factors, intellectual ability, personality traits, academic motivations). A modified stress scale was piloted, which addressed some limitations of existing stress scales currently used in student populations. The stress scale allowed students to subjectively rate the number of stressful events they experienced during the semester; the intensity of the stress they experienced; the desirability of stressful events (thus capturing both eustress and distress); and included relevant student-specific stressors, which are often ignored in the literature. Students’ Stress Mindsets, which reflect whether they view stress as enhancing or debilitating, were also measured with the Stress Mindset Measure. Results on all measures were obtained via online questionnaires and were linked with students’ final grade in their psychology course. Results: Results suggest that stress was not associated with academic success ($p>0.05$); however, both Intellectual Ability ($r=0.28, p<.001$) and Conscientiousness ($r=0.20, p<.05$) were, and regression analyses revealed that they explained 10.29% of the variance in academic success ($F(2, 134)=7.68, p<.001$). Exploratory factor analysis and pairwise t-tests indicated that 32% of the variance in the modified stress scale could be explained by 7 distinct factors, and Student-Specific Stressors were identified as the most important source of distress. Students who viewed stress-as-enhancing had greater experiences of eustress ($r=0.17, p<.05$), and decreased experiences of distress ($r=0.34, p<.001$). An interesting relationship was identified between the number of stressful events students reported experiencing, and their Stress Mindset Scores ($r=0.41, p<.001$), suggesting that students who adopt a stress-is-enhancing mindset experienced a greater number of stressors, reinforcing the idea that students who view stress-as-enhancing experience approach orientations to demanding situations. Conclusion: Results suggest that Student-Specific Stressors, related to the university experience, cause the most distress for students. The study revealed that students who view stress-as-enhancing experienced a greater number of stressful events, but more eustress, overall. The results have practical implications for universities, which may work to reduce Student-Specific Stressors, and highlights the potential for universities to introduce interventions to change students’ Stress Mindsets, subsequently changing the way they experience stress, and ultimately improving their wellbeing.
Aim: While the effects of eye-gaze and more recently, facial expression, have been extensively studied, few have considered the influence of these factors in detecting emotionally relevant stimuli. The aims of this study were to; introduce and validate a novel gaze-cueing paradigm; investigate whether congruency between the emotional relevance of stimuli and facial cues effect target detection time, and; to investigate the relationship between threat vigilance, facial expression and environmental context. Design: Participants performed a task in which they were to indicate the location of a target stimulus after the presentation of a central cue. Within-subjects variables were: cue type (happy, angry, disgusted, fearful and neutral faces, and line/arrow) x cue direction (left, right and straight) x target pair (gun/stapler, spider/beetle, money/newspaper and table/chair) x target location (left, right, both locations and neither location). Between-subjects, participants were assigned to detect emotionally relevant or emotionally benign targets. Method: Response times for 181 participants were recorded using an adapted Posner cueing paradigm. Each trial presented a non-predictive, directional or non-directional, central face or arrow cue prior to the onset of two flanking target stimuli. Target pairs were presented in blocks, creating threatening, pleasant/opportunity and benign contexts. Combinations of cue direction and target location created three gaze-cueing contingencies – direction congruent with target location (valid trials); direction incongruent (invalid trials) or no direction indicated (non-directional trials). Participants indicated by keyboard selection where they first saw the target. The data were analysed via mixed analysis of variance and planned contrasts. Results: Results revealed gaze-cue effects for all faces, and threat superiority effects. While greater gaze following was observed for arrows than faces, this did not translate to faster response times. Congruency effects were found in straight gaze trials when participants searched for emotionally irrelevant targets. There was clear evidence of threat vigilance when participants searched for emotionally relevant stimuli. Angry, disgusted and fearful faces resulted in faster response times than happy faces in threat contexts, and neutral faces in the opportunity and benign contexts. No such modulation occurred when searching for emotionally irrelevant targets. Conclusion: These findings indicate the new paradigm was successful in detecting gaze-following, gaze-cueing and threat superiority effects. The findings also demonstrate nuanced interactions that support theories positing the dynamic, competitive interaction of multiple stimulus-driven and observer-dependent inputs in determining relevant stimuli for selective attention.
Aim: There is a need not only for greater access to psychological treatments, but also for improved efficacy in those being delivered. Within the mental health professions, technology has been used to enhance and compliment therapeutic approaches to intervention, assessment, prevention, counselling, and education (Lal & Adair, 2014). The aim of the current study is to address this need by creating and conducting a psychometric investigation on a tool known as the electronic Therapy Attitudes and Process – Therapist version (eTAP-T). Design: Extending upon the work of Clough, Nazareth & Casey’s (2016), Therapy Attitudes and Process questionnaire and Clough, Arentz, Madden & Casey’s electronic Therapy Attitudes and Process questionnaire (manuscript in preparation), the eTAP-T will be adapted from these scales and will be theoretically grounded in the Theory of Planned Behaviour (TPB). The consensus-based standards for the selection of health measurement instruments guidelines will be consulted to ensure quality and consistency in the design of the study (COSMIN, 2011). Expert reviewers will inform, and refine the scale. Methods: Debate and disagreement about what constitutes an adequate sample size for Exploratory Factor Analyses (Costello & Osborne, 2005; Gaskin & Happell, 2014). The 7:1 participant-to-item ration is believed to be a reliable heuristic for further analyses (Cattell, 1978; Hatcher, 1994; Mokkink et al., 2012). Participants will consist of registered mental health professionals. Participants will be recruited via convenience snowball sampling. Participants will be required to complete demographic questions prior to administration eTAP-T and associated scales, online. Results: Preliminary investigation of the scale’s psychometric properties will be conducted. The pool of items will be reduced and the final scale will be analysed for structural, convergent, and divergent validity. Internal consistency and reliability checks will be conducted. Although exploratory in nature, it is predicted that a four-factor structure will emerge. It is anticipated that the factor structure will reflect the four constructs of the Theory of Planned Behaviour. Conclusion: The study offers various implications to the growing body of research on digital interventions and their utilisation by mental health professionals. It is anticipated that the psychometric investigation of the tool will provide support for its’ use in the future. It is anticipated that the eTAP-T will be a useful and valid tool for understanding and measuring the factors related to the use of digital interventions in the mental health sector.
Facebook engagement: Socially connected or socially isolated?
Tharen Kander¹
¹University of Sunshine Coast

Aim: The ability to deduce emotion through non-verbal information is vital to the development of offline-friendships, which in turn is predictive of psychological wellbeing. The present study aimed to investigate whether Facebook-engagement influences non-verbal emotion-recognition, and if this could potentially hamper friendship-quality and psychological-wellbeing in non-socially anxious individuals. Design: Several bootstrapping analyses were run using methods described by Preacher and Hayes (Model 6; 2008). Psychological wellbeing was entered as the dependent variable, Facebook-engagement was entered as the independent variable, and non-verbal emotion recognition and friendship-quality were entered as proposed mediators in the SPSS Macro. This method has been shown to be advantageous over the Sobel test and the causal steps method. Method: The study utilised an online survey that comprised of several questionnaires and an emotional intelligence test. A general population sample (N = 303) was used to examine the causal mechanism for which Facebook engagement influences psychological wellbeing. This mechanism was examined across two age groups; individuals who grew up in the ‘Facebook-era’ (≤ 20 years old) and those who grew up outside this period (≥ 21 years old). Results: Findings show that Facebook engagement predicted a reduced ability to recognise emotions through non-verbal information which had subsequent effects for friendship quality. This partially explained the association between Facebook-engagement and psychological-wellbeing. These effects were only found to be true for the individuals who grew up in the Facebook-era. Conclusion: It was found that the use of Facebook was associated with reduced ability to comprehend the emotions of others, which predicted poorer friendship quality and psychological wellbeing. This association was not prevalent in the older cohort, whose life experience outside the Facebook-era may have acted as a buffer against implications of Facebook engagement. The conclusions of this study should be considered in the context of several limitations. Mainly, this study implemented a cross-sectional design as opposed to longitudinal one. While, cross sectional designs are a first step approach in novel areas of research, their findings are limited. Nonetheless, this study provides enough evidence to open topical conversation amongst health practitioners about how young adolescents use of Facebook, and how it may be a contributing factor to their overall decline psychological health. More importantly, it questions the trajectory of a generation that may be underdeveloped in aspects of interpersonal skills, of whom will go on to reshape the social norms and expectations of society, setting new social standards for subsequent generations.
It has long been established that the left hemisphere of the brain plays a crucial role in the processing of language. This has been attributed to its parallel processing technique, which involves encoding and recognising words as whole units. The right hemisphere exhibits less efficient language processing as it relies on a serial encoding strategy, conducting a letter-by-letter analysis to recognise words. Compound words such as strawberry are made up of two individual words (constituents), and are processed differently to other words. They have consequently been widely studied, however the manner in which each hemisphere processes compound words has not yet been examined. This study aimed to investigate hemispheric differences in the processing of compound words, using orthographic and semantic priming paradigms. A sample of 88 participants (29 males and 59 females aged 18-61) recruited from the general population completed two visual half-field lexical decision tasks. A central compound word prime was followed by a related target (related to the whole prime, the first constituent, or the second constituent) or an unrelated target presented in the left or right visual field; participants made a lexical decision in response to the target word. Analysis of reaction time and accuracy data showed that in the orthographic priming experiment, the hemispheres performed differently. The right hemisphere performed best when targets were related to the first constituent, whereas the left hemisphere performed equally efficiently whether the target was related to the first or the second constituent. In the semantic experiment, there was no difference in performance between the hemispheres. This study thus supports the notion that the hemispheres use different processing strategies for language, and presents new evidence suggesting that the hemispheric asymmetry in word recognition is most evident for orthography. Furthermore, the current study contributes to growing evidence regarding the right hemisphere’s language capabilities, particularly for semantic processing.
Pre-participation mental health screening: An analysis of athletes’ perceptions of mental health services

Ms. Turner Block\textsuperscript{1}, Dr. Rachel Annunziato\textsuperscript{2}
\textsuperscript{1}Fulbright Scholar Program, \textsuperscript{2}Fordham University

Poster Display Period #1, The Gallery, Level 2, September 27 and September 28, 2018

The APA estimated that out of 347 Division I athletic programs, only about 20 employ sport psychologists on staff. Past research has focused on barriers athletes face in seeking mental health services, including stigma and a lack of available support. To further address these factors, the current study delivered surveys across 19 varsity teams to 150 student-athletes at Fordham University. These participants included both genders (47% female, 53% male) ranging from freshmen to graduate students. After informed consent procedures, participants were asked to complete 9 mental health screening measures addressing topics that included General Distress, Disordered Eating and Alcohol Use, recommended by the NCAA. Out of the 150 student-athletes that participated, 98% of participants \((n=147)\) yielded positive screening results. The General Distress measure resulted in the most positive screens with 86% \((n=129)\). These findings suggest that there is a need for universities to have specialized mental health services for their student-athletes.
Aim: The current study endeavoured to test the hypothesis that stop-associated stimuli can, in a bottom-up fashion, activate the same motor cortical inhibitory mechanisms utilised in active suppression of motor responses. Design: The training phase featured a stop-signal task: a speeded motor response had to be performed when a GO-cue was presented, but had to be inhibited if a stop-signal was presented shortly after the onset of the GO-cue. In the subsequent test phase, single-pulse or paired-pulse transcranial magnetic stimulation (TMS) was applied over the primary motor cortex during passive observation of either (i) the Stop-signal (without any need to stop a response) or (ii) an equally familiar Control stimulus never associated with stopping. The dependent variable is the amplitude of the TMS-induced motor-evoked potentials (MEPs). Single-pulse MEP amplitudes index the excitability of the corticospinal pathway at the time of stimulation. Paired-pulse TMS elicits smaller MEPs than single-pulse TMS, because the former engages GABAergic pathways in the motor cortex; therefore, the size of the difference between single-pulse and paired-pulse MEPs can inform about the activity of cortical inhibitory mechanisms during the encounter of stop-associated stimuli. Methods: Thirty-three participants, recruited from the first-year subject pool, completed the experiment. All participants were screened to ensure that they were safe to receive TMS. After the stop-signal training phase, electromyography (EMG) of the task-responding hand records the MEPs while participants were passively exposed to the Stop-signal or the Control stimulus in the test phase. Results: Amplitudes of single-pulse MEPs were significantly smaller in the Stop-signal trials than in Control stimulus trials; this reveals that corticospinal excitability was reduced during exposure to the stop-signal. The difference between single- and paired-pulse MEPs was greater on Control stimulus trials than on Stop-signal trials; this suggests that the stop-signal was likely acting on cortical GABAergic mechanisms, thereby reducing the extent to which the paired-pulse TMS could further reduce MEP amplitudes. Conclusion: This result offers evidence suggesting that the mere sight of cues associated with the act of stopping can automatically decrease the excitability of the corticospinal pathway, likely through the stimulus-driven activation of GABAergic cortical pathways normally implicated in voluntary restraint of motor responses. The current study contributes to the understanding of the neural underpinnings of conditioned motor inhibition, which may be utilised in therapeutic settings to help reduce impulsive behaviours.
Adaptive behaviour has been viewed broadly as an individual’s ability to meet the standards of social responsibilities and independence; however, this definition has been a source of debate amongst researchers and clinicians. Based on the rich history and the importance of the construct of adaptive behaviour, the current study aimed to provide a comprehensive overview of the application of adaptive behaviour models to assessment tools, through a systematic review. A plethora of assessment measures for adaptive behaviour have been developed in order to adequately assess the construct; however, it appears that the only definition on which authors seem to agree is that adaptive behaviour is what adaptive behaviour scales measure. The importance of the construct for diagnosis, intervention and planning has been highlighted throughout the literature. It is recommended that researchers and clinicians critically review what measures of adaptive behaviour they are utilising and it is suggested that the definition and theory is revisited.
Feuerstein’s optimistic (cognitive and emotional) alternative, for learning disabled families seeking S90 restoration in children’s court

Ms Greta Goldberg¹
¹NSW Children’s Court Clinic

Poster Display Period #1, The Gallery, Level 2, September 27 and September 28, 2018

“Wait a Minute ...let us think more deeply and optimistically to understand how Dynamic LPAD Assessment of Learning Potential and Dyadic Mediation, can enhance the cognitive modifiability of the Family Brain”

1. Cognitively, the trauma-disabled families applying for S90 Restoration in the Children’s Court may often fail, despite having accumulated course attendance certificates in parenting or relapse education, which they cannot implement because the generational platform for Parent Mediated Learning Development was simply never there. In these cases, Children’s Court Assessment Orders, will usually request cognitive testing of individuals from such traumatised and culturally diverse families in which the learning and/or intellectual disability of a parent and/or child may have been previously diagnosed or inferred. For such populations Feuerstein’s Dynamic Learning Potential Assessment Devise (LPAD-Digital) can efficiently profile optimal learning style and potential and can therefore provide a more appropriate and optimistic alternative than Normative Standardised Cognitive Testing alone.

2. Emotionally, the quality of bonding and attachment in generationally traumatised families has also been unstable and insecure, resulting in impoverishment in the quality of the parent’s early mediation of learning development for the child. Although such patterns of generational transmission of intellectual and/or learning disability can be handed on in some families, these Dyadic learning patterns are also reversible according to the combined evidence of Feuerstein’s MLE Programs of Mediated Learning Experience backed by his theory of Structural Cognitive Modifiability (SCM) and by Neuroscience fMRI research on Mirror Neurons and Neuroplasticity.

3. This poster describes Feuerstein’s theory, practice, and neuroscience research, in the context of four actual CCC cases in which the author has administered the LPAD-digital in Clinic S90 Assessments. These Reports also recommended parent/child Dyadic MLE Training Programs some of which (eg ROSES) are easily accessible, affordable and structurally suitable as an optimistic alternative to the predictable failures that can occur for such cognitively impoverished families; whether in S90 restoration applications; or in out of home placements; or potentially even in adoption attempts.
Aim: The question of how the human visual system recognizes objects from different viewing directions has been the source of ongoing debate amongst researchers and theorists. Recently, Pizlo (2013) has argued that the symmetry of a three dimensional (3D) object is an essential condition for shape constancy – a symmetrical object, so long as it satisfies certain additional shape constraints, should generate an identical, object-centered 3D representation regardless of viewing direction. The current study was designed to investigate the role of 3D symmetry in object recognition across changes in viewpoint, using stimuli created to replicate those of Pizlo’s research group as closely as possible. Design: Participants’ recognition performance in a sequential matching task was examined for symmetrical and asymmetrical 3D objects across multiple viewpoints, rotated in depth. Method: 32 first year psychology students participated in a first experiment and 28 participated in a follow-up experiment, where the viewpoint locations were altered. Reaction times (RTs) and accuracy were recorded for all trials, and d’ scores were computed to control for possible response biases. Both d’ scores and RTs were subjected to a 2 x 6 within-subjects analysis of variance (ANOVA) with geometry (symmetrical or asymmetrical) and viewpoint difference (0°, 30°, 60°, 90°, 120°, or 150°) as the independent variables. Results: We found that the angular difference between standard and test views had a non-linear effect on the speed and accuracy of participants’ responses for both symmetrical and asymmetrical objects. There was a performance advantage for symmetrical over asymmetrical objects in a first experiment, where certain test viewpoints for symmetrical objects approximated mirror reflections. However, this advantage disappeared in a second experiment, where test viewpoints did not contain any mirror reflections. Conclusion: The results of this study suggest that recognition of both symmetrical and asymmetrical objects is viewpoint-dependent. Symmetrical objects may facilitate shape constancy to the extent that image features are preserved between views.
Individual differences in working memory capacity predict performance on an associative learning task

Irina Baetu\textsuperscript{1}, Nicholas Burns\textsuperscript{1}, Brittany Child\textsuperscript{1}

\textsuperscript{1}University of Adelaide

Poster Display Period #1, The Gallery, Level 2, September 27 and September 28, 2018

**Aim:** To examine the role of working memory in associative learning, we investigated the potentially separable effects of delay and interference on learning performance. It was hypothesised that increasing working memory load during an associative learning task would impair learning; namely, we anticipated that learning performance would be poorer under conditions of delay and/or interference (relative to a control condition), depending on which of these factors is critical to limiting the availability of working memory resources for learning. In addition, we investigated whether individual differences in working memory capacity correlated with learning task performance. **Design:** We employed a within-subjects design in which working memory load was manipulated within an associative learning task. Participants completed three types of learning trials (no-delay [control], delay, interference) randomly intermixed within a single learning task. **Method:** Participants ($N=60$; $M$ age=21 years; 63% female) learnt cue-outcome associations under three conditions of working memory load. In the no-delay (control) condition, cue presentation was immediately followed by outcome presentation; in the delay condition, cue and outcome presentation were separated by a 4-second temporal delay; and in the interference condition, cue and outcome presentation were separated by a 4-second interference task. This learning task was designed to elicit two selective learning effects, blocking and unovershadowing, and learning performance was assessed via both selective learning scores and overall learning scores. Participants’ working memory capacity was measured using four tasks (dot-matrix, sentence span, verbal $n$-back, visuo-spatial $n$-back). From these tasks, a single estimate of participants’ working memory capacities was derived using principal component analysis. Repeated measures ANOVAs were performed to test for differences in both selective and overall learning as a function of working memory load. Finally, to explore the relationship between associative learning and working memory capacity, a series of Pearson correlations were run. **Results:** We found a significant decrease in overall learning in the interference condition relative to the no-delay and delay conditions ($F(2,58)=3.25$, $p=.04$, $\eta^2=.10$; $t(118)=0.29$, $p=.77$, $d=.04$). Likewise, working memory capacity was only significantly correlated with overall learning in the interference condition ($r=.35$, $p=.01$). No significant results emerged for selective learning (all $p$s > .05). **Conclusion:** Our findings suggest that the critical working memory aspect that influences associative learning is interference, rather than delay alone. Critically, under conditions of interference, individuals with higher working memory capacity are capable of maintaining higher levels of learning performance compared to those with poorer working memory capacity.
Aim: Bourgeoning research is seeking to understand how executive functioning (EF) can relate to broader social, personal, and emotional contexts. This study aimed to increase understanding by examining whether ‘hot’ personality aspects could influence performance on so called ‘cold’ objective EF measures. The personality trait of conscientiousness, including the facets of procrastination and perfectionism, have shown conceptual and definitional similarities with EF, and associations with both subjective- and some objective-EF measures. This study further investigated whether conscientiousness, procrastination, and perfectionism, would predict performance on objective EF measures assessing goal setting, cognitive flexibility, information processing, and attentional control. It was hypothesised that: conscientiousness would partially predict EF performance, procrastination and perfectionism would be predictive facets of conscientiousness, and that procrastination and perfectionism would predict EF performance respectively. Design: The study used quantitative methods to observe how self-reported conscientiousness, perfectionism, and procrastination could potentially predict performance on objective EF tasks. Method: Sixty-eight healthy participants aged 19 to 50 were recruited using convenience and snowball sampling. They each completed three questionnaires relating to conscientiousness (Big Five Inventory-10), procrastination (The General Procrastination Scale), and perfectionism (Almost Perfect Scale - Revised). Objective EF measures were also completed: the Tower of Hanoi Test (goal setting), Trail Making Test (cognitive flexibility), Controlled Oral Word Association Test (information processing), and Stroop Test (attentional control). A series of simple and multiple regression analyses were conducted to determine whether scores on each questionnaire were predictive of performance on the respective EF domains. Results: In keeping with previous research, procrastination and perfectionism scores were found to be a significant predictor of conscientiousness ($F(4, 62) = 15.45, p < .001$, adj. $R^2 = .47$). Non-significant predictive relationships were found between the three personality-related variables and all aspects of EF performance. Conclusion: Whilst findings were largely non-significant, the relationship between personality and EF should not be discounted. Variations in the expression of ‘cold’ EF are arguably accounted for, at least in part, by ‘hot’ personal factors (e.g. personality, motivation) in the real world. This study was limited in that objective EF tests are designed to assess deficit, and may not have been sensitive enough to detect variation in a healthy sample. Furthermore, the sample was highly conscientious, also limiting variability. Future research could use a clinical sample or a sample with more varied levels of conscientiousness.
Despite becoming increasingly multicultural, most western nations are characterized by intergroup tensions. Given that the competition for resources, such as housing, jobs, and education between different groups could exacerbate prejudice, using intergroup contact as a social intervention to improve intergroup relations is important and effective. A wealth of studies has examined the positive effect of intergroup contact in the forms of general contact and intergroup friendships, whereas research on the effect of intergroup romantic relationships on prejudice is scant. The present study thus endeavoured to fill this gap by firstly confirming the positive effect of general contact on prejudice as demonstrated in previous studies, and then investigating whether intergroup romantic relationships would be beneficial for intergroup relations between Caucasian and Asian Australians. The current study is the first study that measured all three dimensions of prejudice (affective, cognitive, and behavioural) in a study on romantic relationships and prejudice in an Australian context. Participants completed an online survey to assess their experiences of intergroup general contact, intergroup romantic relationships and intergroup attitudes. Results revealed that those who engage in more, and better quality of general contact with outgroup members exhibited more positive intergroup attitudes. In addition, intergroup general contact quality was more effective in reducing prejudice than intergroup general contact quantity. However, intergroup romantic relationship history, intergroup romantic relationship quantity and quality were unrelated to intergroup attitudes. The implications and future directions for the area of contact and prejudice are discussed based on the contact hypothesis.
A magnetoencephalography study of response inhibition and COMT genotype in schizophrenia

Kim Morris

1Swinburne University of Technology

Poster Display Period #1, The Gallery, Level 2, September 27 and September 28, 2018

Aim: This study investigated the role of a single nucleotide polymorphism of the Catechol-O-methyltransferase (COMT) gene, known as Val108/158Met, in prefrontally-mediated response inhibition in schizophrenia. Design: Response inhibition was investigated using the stop-signal paradigm which enables estimation of the inhibitory stopping process. Magnetoencephalography (MEG) was used to explore neural activation following presentation of the stop-signal in the theta/alpha frequency in the right inferior frontal gyrus (rIFG), a critical region involved in response inhibition. Method: The sample of 27 comprised 15 healthy controls (females = 8; age-range = (M = 31.87, SD = 10.91); Val/Val = 3, Val/Met = 6, Met/Met = 6)) and 12 participants with schizophrenia (females = 4; age-range = (M = 40.42, SD = 10.10) Val/Val = 3, Val/Met = 4, Met/Met = 5)). As part of a larger research project, participants attended an interview and provided a blood or saliva sample for genotyping. Participants then completed the stop-signal paradigm during MEG data acquisition. Analysis of variance was conducted to test for differences in neural activation between three Val108/158Met genotype groups (Val/Val, Val/Met, Met/Met). Results: Neural oscillatory activity in the rIFG was related to response inhibition; the theta-alpha (4-12Hz) response onset corresponded to the presentation of the stop-signal and this activity was greater for successful inhibition compared to failed inhibition. Though no difference was found in stop-signal performance between groups or genotype, differences in maximum oscillatory power and power gradient of the theta-alpha response of the rIFG were found in the schizophrenia group. Within the schizophrenia group the Val/Val genotype had greater power gradient than the Val/Met genotype. A significant interaction between group and genotype was found for maximum oscillatory power: the schizophrenia group with Val/Val genotype had greater activation than healthy controls with Val/Val genotype and schizophrenia with Val/Met genotype. Conclusion: The increased activation during response inhibition associated with the Val/Val genotype in schizophrenia is thought to reflect low baseline signal-to-noise ratio caused by low dopamine, requiring greater activation for signal detection and hence inefficient rIFG function. However, the role of COMT in the prefrontal cortex is more complex than dopamine regulation alone and these mechanisms require further exploration. Understanding genetic involvement in prefrontal function and prodromal cognitive symptoms in schizophrenia may help identify biomarkers and potential interventions in the early stages of the disorder.
Inattentional blindness (IB) is the failure to detect an unexpected object when attention is otherwise engaged, even if one is looking straight at the object. **Aim:** We explored conditions under which participants would detect an unexpected object from a semantic category outside their attentional set. First we pitted attentional set for semantic category against expectation (about number of to-be-presented objects within the attended semantic category). Participants typically experience IB for an out-of-semantic-category unexpected object, and we tested whether violating numerical expectations would lead to detection. Second we tested whether, when given reasons to doubt numerical expectations, visual similarity would determine detection of the out-of-semantic-category unexpected object. **Design:** Participants named primary-task pictures from one semantic category (animals), while ignoring pictures from another category (fruits). Preceding each trial, a numerical cue indicated the number of to-be-presented primary-task pictures. Half of the participants named pictures that were visually similar (four-legged animals) to the unexpected picture (chair), and the other half named visually-dissimilar pictures (e.g., birds). Four numerically-valid-cue trials (T1–T4), designed to build an attentional set for animals based on visual similarity, preceded T5, in which the unexpected chair was presented. In T5, half of the participants received a numerically-valid cue (correctly indicating number of to-be-presented primary-task pictures), and the other half received a numerically-invalid cue (overstating number of primary-task pictures). **Method:** Eighty university students were tested individually. Participants verbally reported animals and were coded as *noticers* or *non-noticers*, depending on whether they also reported the out-of-semantic-category unexpected chair. Rates of noticing were compared between cue-validity and visual-similarity conditions. **Results:** In T5, regardless of visual similarity, participants were less likely to report the unexpected chair in the numerically-valid-cue condition (expectations met) than in the numerically-invalid-cue condition (expectations violated). Following T5, participants were asked, 'Did you notice anything additional to the primary-task pictures?'. This question was intended to cast doubt on numerical expectations, leading to detection of the unexpected chair in T6, regardless of cue validity. Our novel finding was that cue validity determined detection in the visually-dissimilar condition – participants whose expectations were met were still less likely to detect the chair. **Conclusion:** Numerical expectations about primary-task objects impact detection of an out-of-semantic-category unexpected object. We believe this is the first study to demonstrate that casting doubt on numerical expectations broadens attentional set to include visual features, and thus leads to detection of a visually-similar, but not a visually-dissimilar, semantically-unrelated unexpected object.
Mental health literacy (MHL) refers to recognition, knowledge, and attitudes that benefit the mental health of a person to promote recognition, management or prevention of mental health problems. Currently, there are limited psychometrically robust measures of evaluating children’s MHL. The development and delivery of MHL interventions without robust measures means that there is no systematic, quantitative or evidence-based method of evaluation. This has implications for the evaluation of interventions aimed at improving children’s MHL. In addition, the inclusiveness and generalisability of current child-focused MHL scales is threatened by measures that don’t offer the option for verbal administration, meaning that children with disabilities or limited literacy abilities aren’t being accounted for by existing measures. This review aimed to investigate MHL needs for children aged 10-12 years, as well as current measurement practices for children’s MHL. The review found that current measures of MHL are mostly unvalidated or lacking in reported psychometric properties and are not accessible for any child who may have challenges with literacy. Robust child MHL scales are needed to inform and evaluate mental health literacy interventions in order to help provide better mental health outcomes of children.
Changing the brain with non-invasive stimulation

Hakuei Fujiyama¹, Ann-Maree Vallence¹, Ms Kym Wansbrough¹

¹Murdoch University

Poster Display Period #1, The Gallery, Level 2, September 27 and September 28, 2018

The human adult brain can change with experience, a phenomenon called neuroplasticity. Neuroplasticity is a particularly critical process for learning and memory. Not surprisingly, there is a lot of interest in developing techniques that can induce neuroplasticity to enhance learning and memory. In the brain region responsible for voluntary movement – the motor cortex – inducing neuroplasticity non-invasively could, for example, help people to relearn movements after stroke. Repetitive transcranial magnetic stimulation (rTMS) is a non-invasive and innovative brain stimulation technique, capable of temporarily inducing motor cortex neuroplasticity. However, responses to rTMS are highly variable between individuals – limiting the clinical potential of this technique. Recent evidence suggests that applying rTMS at a low intensity (rTMSLOW) can down-regulate cortical inhibition, a process that underlies neuroplasticity. We investigated whether applying the inhibition-reducing rTMSLOW protocol, prior to the conventional plasticity-inducing rTMS protocol, could induce more reliable neuroplasticity responses. Thirty-two healthy adults participated in two experimental sessions: 1) conventional rTMS primed by rTMSLOW; 2) conventional rTMS-alone. The within-subjects design ensured that inter-individual variance in responses to the different stimulation protocols would not confound the results. To measure neuroplasticity, excitability of the motor cortex was measured before and after rTMS; a change in motor cortex excitability indicates rTMS-induced neuroplasticity.

Results showed that applying the rTMSLOW protocol, prior to conventional rTMS, produced longer-lasting and more reliable changes in motor cortex excitability (compared to conventional rTMS-alone). This finding provides preliminary evidence for a reliable approach to induce neuroplasticity in the motor cortex. This is an important first step for the development of rehabilitation interventions that may reliably improve voluntary movement in clinical populations (e.g. stroke survivors and Parkinson’s disease patients).
Metamemory and objective memory as predictors of quality of life in Parkinson’s disease

Natalie Gasson1, Hayley Grant1, Andrea Loftus1

1Curtin University

Poster Display Period #1, The Gallery, Level 2, September 27 and September 28, 2018

**Aim:** The present study aimed to examine the impact of objective memory and three metamemory components (contentment, ability, and strategy) on quality of life (QOL) in a Parkinson’s population, over two time-points separated by two years. It was hypothesised that the metamemory components would account for a significant proportion of the variance in QOL beyond that accounted for by objective memory, age, gender, and disease severity. It was also hypothesised that the predictive strength of the three metamemory components would increase over time. **Design:** A longitudinal correlational design was employed, in which relationships between QOL and the predictor variables were used to develop a predictive model, with comparisons made between models at the two time-points. **Method:** Participants were obtained from the larger ParkC research project at Curtin University, through Parkinson’s support groups, presentations, and general advertising. After screening participants for cognitive impairment, 114 participants (81 male; \( M \) age = 65.15 years, \( SD = 9.01 \)) with idiopathic Parkinson’s disease were included in the present study. Participants were required to complete a battery of assessments, including the Unified Parkinson's Disease Rating Scale to assess disease severity, the Multifactorial Memory Questionnaire to assess the three metamemory components, the Parkinson’s Disease Questionnaire-39 to assess QOL, and the Hopkins Verbal Learning Test – Revised to assess objective memory. Hierarchical multiple regression analyses were used to examine the proportion of variance in QOL accounted for by age, gender, disease severity, objective memory, and the three metamemory components. **Results:** No relationship was found between objective memory and QOL, whilst significant relationships were found between QOL and all three metamemory components. Hierarchical multiple regression analyses determined that in combination, the three metamemory components and disease severity significantly predicted QOL at time one \((R^2 = .52)\), and time two \((R^2 = .34)\). In terms of individual predictors, disease severity \((p < .001)\) and metamemory strategy \((p = .002)\) uniquely and significantly predicted QOL at time one. At time two, disease severity \((p < .001)\) was the only individual predictor of QOL. **Conclusion:** The present findings indicate that metamemory is an important predictor of QOL, and highlight the need to focus on improving perceived memory ability in addition to actual memory ability, to improve QOL in Parkinson’s. As the present sample was not overly impaired based on normative memory standards, further research is required to capture the full extent of the memory, metamemory, and QOL relationship within a Parkinson’s population.
Psychometric properties of the AQoL-8D in bariatric surgery candidates

Jenny Bui¹, A/Prof Leah Brennan¹
¹Australian Catholic University

Poster Display Period #1, The Gallery, Level 2, September 27 and September 28, 2018

The Assessment of Quality-of-Life 8D (AQoL-8D) is a 35-item, self-report generic Health-Related Quality-of-Life questionnaire (HRQoL) with increased sensitivity to psychosocial health outcomes, and has the advantage of allowing for cost-utility evaluation. Few studies of high methodological quality have assessed the psychometric properties of the AQoL-8D in obese populations. The current study evaluated the factor structure, validity and reliability of the AQoL-8D in bariatric surgery candidates, using the standardized The Consensus-based Standards for the Selection of Health Measurement Instruments (COSMIN) approach (Mokkink et al., 2010). Adults with obesity seeking bariatric surgery (n=316) completed the AQoL-8D, 36-Item Short Form Health Survey (SF-36), Epworth Sleepiness Scale (ESS), Beck’s Depression Inventory (BDI-II), Impact of Weight on Quality-of-Life-Lite (IWQoL-Lite), Hospital Anxiety and Depression Scale and Rosenberg Self-Esteem Scale (RSE) as part of routine clinical assessment. There was support for the internal consistency of the AQoL-8D. Bivariate correlations also demonstrated good support for the AQoL-8D’s construct validity and partial support for criterion validity, using SF-36 as the comparator. Results of the confirmatory factor analysis partially supported the three-level, eight factor model of the AQoL-8D. Overall, the AQoL-8D was found to correlate strongest with obesity-specific questionnaires and psychosocial questionnaires and able to discriminate between various levels of depression. The findings suggest that the AQoL-8D is a valid and reliable HRQoL measure in adults with obesity, especially when psychosocial health outcomes are of concern.
Aim: The Trail Making Test (TMT) has been used to assess processing speed and cognitive flexibility since the 1930s. The test consists of two parts: Part A where the numbers 1 to 25 are rapidly connected by lines in order; and Part B where numbers and letters are rapidly connected by alternating between them. In 2001, the Delis-Kaplan Executive Function System (D-KEFS) was introduced and included a TMT version with three additional conditions: cancellation, letter sequencing, and speeded motor tasks designed to determine the influence of these abilities on the switching condition. These assumptions have not been empirically tested and the D-KEFS TMT has not yet demonstrated incremental validity over the original. The increased cost and administration time involved raises the question of whether the D-KEFS provides more meaningful information. Method: A convenience sample of 70 normal participants aged between 20 and 76 was recruited for this study. Participants were assessed with a battery of psychological tests measuring cognitive flexibility, processing speed, verbal memory, verbal fluency, and reading. Comparisons between the two versions of the TMT examined measurement error (confidence intervals), the relationships within and between the two versions (inter-correlations), the differences between tasks (paired sample t-tests), and construct validity using a principal components analysis (PCA). Results: The 90% confidence intervals indicated the two versions have comparable levels of measurement error (a range of 3 seconds for TMT-A and D-KEFS TMT-2; 7 seconds for TMT-B and D-KEFS TMT-4). The shared variance between TMT-A and TMT-B was 35% which was almost twice as strong as between D-KEFS TMT-2 and TMT-4 at 19%. Participants were significantly faster on the TMT-A (M = 22.64) than DKEFS TMT-2 (M = 25.31) but did not differ between TMT-B (M = 54.20) and D-KEFS TMT-4 (M = 56.35). PCA revealed three components in the test battery, Verbal Processing, Visual Sequencing, and Visual Scanning, which accounted for 71% of the variance. The original TMT trials loaded on two separate components, Visual Scanning (TMT-A) and Visual Sequencing (TMT-B), whereas the D-KEFS loadings (Visual Sequencing) failed to separate between number and switching trials. Conclusion: Overall, there was no evidence to suggest that the D-KEFS TMT demonstrated incremental validity over the original. Given the D-KEFS TMT is more expensive, requires additional time, and the absence of evidence to support the purported constructs being measured, it calls into question the appropriateness of using this version in clinical practice.
Aim: Attention is clearly important for processing visual information in our environment. When asked to detect two target stimuli appearing within a rapid stream of images, people consistently demonstrate an ‘attentional blink’, whereby detection of the first target impedes detection of a closely following second target (T2). Researchers have found that making T2 more familiar, for example, by replacing random faces with famous faces, allows people to overcome the attentional blink. This study tests whether familiarity could also allow people to overcome a similar phenomenon known as the ‘emotional attentional blink’ (EAB). This is where people must identify a single target within the image stream, but struggle when the target closely follows an emotionally disturbing image. Since highly anxious people typically display stronger attentional biases towards threatening information, we also test whether the viewer’s anxiety moderates the familiarity-EAB link. Design: Accuracy in the EAB task was analysed as a function of distractor type (threatening vs neutral vs baseline), lag (200ms vs 800ms), and target familiarity (familiar vs unfamiliar). Correlations were used to assess whether anxiety moderated the familiarity-EAB link. Method: Sixty-five undergraduate students completed an anxiety scale (DASS-21) before the experimental task, which included 336 trials. During each trial, participants viewed 18 rapidly presented images, including one target image surrounded by a coloured border. Participants then tried to identify the target image from a nine-image test screen. Target familiarity was manipulated using images of random and famous locations (e.g. Sydney Opera House). Participants’ familiarity ratings for each image confirmed that the familiarity manipulation was effective. Results: Despite improving overall performance, familiarity did not alleviate the EAB, and anxiety did not moderate the familiarity-EAB relationship. To determine whether familiarity exerts differential impacts on the attentional blink and the EAB, we conducted a second experiment, which examined the familiarity effect on the attentional blink, using the same stimuli as our initial experiment. Fifty undergraduate students participated in the follow-up experiment, the results of which suggested that familiarity did not moderate the attentional blink. Conclusion: Previous findings that familiarity moderates the attentional blink are not as generalisable as first thought. Rather, the impact of familiarity on the attentional blink (and perhaps the EAB) might depend on those factors that differed between this study and previous studies, such as the target stimulus category (e.g. faces vs locations), the viewer’s arousal, and working memory requirements of the experimental task.
The relationships between aerobic physical activity, prospective memory and resting brain glucose metabolism in older adults

Ms Anna Jorgensen\textsuperscript{1}, Dr Michael Weinborn\textsuperscript{1}, Dr Belinda Brown\textsuperscript{2}
\textsuperscript{1}University of Western Australia, \textsuperscript{2}Murdoch University

Poster Display Period #1, The Gallery, Level 2, September 27 and September 28, 2018

\textbf{Aim:} Currently, there are no pharmaceutical interventions available for dementia. Attention has turned to lifestyle interventions, such as aerobic physical activity, that may maintain brain health and delay early cognitive decline. Therefore, this study aimed to investigate the relationship between aerobic physical activity and prospective memory in healthy older adults and whether this relationship is mediated by brain health (as indexed by resting brain glucose metabolism). These relationships have implications for creating successful early intervention programs for abnormal aging due to dementia. \textbf{Design:} As this was the first time these relationships have been investigated, a cross-sectional correlational design was used. A simple mediation model using ordinary least squares path analysis in the PROCESS macro for SPSS was carried out, with aerobic physical activity as the predictor, resting brain glucose metabolism as the mediator and prospective memory performance as the outcome. \textbf{Method:} A total of 103 community-dwelling volunteers were drawn from the Western Australian Memory Study cohort, an ongoing longitudinal study into biological and neuropsychological markers of dementia. Participants with a history of psychiatric or neurological disorders or those younger than 60 years were excluded. A final sample of 75 older adults completed the Community Healthy Activities Model Program for Seniors questionnaire, the Western Australian prospective memory test, and had a resting-state 18F-fluoro-2-deoxyglucose positron emission tomography scan. \textbf{Results:} Higher reported levels of aerobic physical activity related at trend level to better event-based prospective memory ($r = .20$, $p < .10$). However, this was not mediated by resting brain glucose metabolism, as no indirect effect was found. An exploratory post-hoc analysis provided tentative evidence that the relationship between aerobic physical activity and event-based prospective memory may be mediated by depression levels (as measured by the Depression Anxiety and Stress Scale-21). A trend level indirect effect through depression was found, with an index of mediation of .026, suggesting a small effect size (90\% BCa = .0014, .0748)

\textbf{Conclusion:} The results suggest that aerobic physical activity may be useful in decreasing subclinical levels of depression as well as maintaining independence in older adults struggling with declines in prospective memory. With further research, the relationships between physical activity, depression and prospective memory may be used in early intervention programs to postpone or even prevent Alzheimer’s Disease and Vascular Dementia.
Interactional processes in transdiagnostic group Cognitive Behavioural Therapy for anxiety disorders

Emma Thompson¹
¹Monash University

Aim: The role of group interactions in maximising therapeutic benefits has long been emphasised in interpersonal and psychodynamic oriented group therapies. However, the impact of such processes in group cognitive-behavioural therapy (CBGT) remains understudied. This study investigated interactions and their directions (Member-Member, Member-Group, and Member-Therapist) during transdiagnostic CBGT for anxiety disorders in predicting treatment outcomes. Method: Participants were 54 adults diagnosed with a primary anxiety disorder and interactions were assessed via observational coding of the video-recorded CBGT sessions. Results: Member-Therapist and Member-Member interactions were not significant predictors of anxiety improvement. However, higher Member-Group interactions predicted higher post-treatment anxiety and less anxiety change per session when controlling for depression and social anxiety. Conclusion: Clients do not appear to draw additional benefit from engaging in more Member-Therapist or Member-Member interactions in CBGT as previously considered, however more research is needed on the active facilitation of Member-Member interactions during CBGT.
The influence of the Val/Met polymorphism of the COMT gene on response inhibition: An MEG study

Miss Toni Pikoos1, Dr Matthew Hughes1, Prof Susan Rossell1

1Swinburne University of Technology

Poster Display Period #1, The Gallery, Level 2, September 27 and September 28, 2018

Background: Deficits in response inhibition are commonly reported in dopaminergic disorders such as attention-deficit hyperactivity disorder, obsessive-compulsive disorder and schizophrenia. Individual differences in the ability to successfully inhibit motor responses have been strongly linked to activation in the right inferior frontal gyrus (rIFG). Similarly, a common variation in the catechol-o-methyltransferase (COMT) gene, known as the Val/Met polymorphism, may also contribute to individual differences in response inhibition due to its role in dopamine metabolism in the prefrontal cortex (PFC). The high activity Val allele contributes to lower dopamine levels in the PFC, whereas individuals with the Met allele tend to exhibit higher dopamine levels. Aim: This study tested the hypothesis that as a result of dopamine variation, COMT genotype groups differ in response inhibition ability, as well as neural activity in the rIFG when withholding a motor response. Design: Twenty-nine healthy adults were genotyped, and completed the stop-signal task while undergoing magnetoencephalography (MEG) recording. The stop-signal task measured response inhibition as participants were required to respond to arrows on a screen, until they heard an auditory tone which instructed them to withhold their response. Results: Individuals with the Val/Val genotype displayed the greatest response inhibition ability, and also showed the fastest and strongest activation in the rIFG while stopping. Furthermore, time-frequency images of the rIFG revealed a significant response in the alpha-theta band which lasted for approximately the same duration as the stopping process, providing further evidence for the role of alpha-theta frequencies in inhibitory control. Conclusion: These findings demonstrate that response inhibition is sensitive to dopamine level, and specifically that lower dopamine levels may lead to better inhibitory control. This may have important implications for treating response inhibition deficits in psychiatric disorders, which are thought to underlie compulsive and impulsive behaviours.
Aim: Social mastery motivation refers to one’s desire to start and sustain social interactions in a certain context, which was suggested to be associated with one’s language development. Similarly, early language skills could contribute to children’s behavioral self-regulation and socioemotional functioning. Drawing on research demonstrating gender differences in play behaviors/occupational choices (in which females are more social-/people-oriented) and early language, behavioral self-regulation, and socioemotional skills (in favor of girls), the present study examined gender differences in the associations among social mastery motivation, language, behavioral self-regulation, and socioemotional skills. Design: This study employed a cross-sectional design. Method: Participants were 134 Hong Kong children (68 boys, mean age 3.80; 66 girls, mean age 3.89) and their parents recruited through local kindergartens’ parent group. Visits were paid to children’s home to conduct a series of assessment on behavioral social mastery motivation (puzzle and Lego building games), verbal and spatial working memory spans, receptive and expressive vocabulary, executive functioning, effortful control and non-verbal intelligence. Parents reported their educational level and their child’s socioemotional skills. Children’s play behaviors during the puzzle and Lego tasks were videotaped, with frequencies of active interaction (child-initiated and child-maintained interaction), passive interaction, and positive affect during interaction being coded. T-test and regression analyses were conducted to address the research questions. Results: Boys exhibited higher frequency of social mastery interactions during the play tasks than girls. Girls' social mastery interaction frequency was positively associated with their language and socioemotional skills; whereas boys' social mastery interaction frequency was not related to their language or socioemotional skills, but negatively associated with their behavioral self-regulation. Boys who tended to exhibit more positive affect during social mastery interaction would demonstrate better expressive vocabulary skill, while expressive vocabulary skill was positively related to their behavioral self-regulation. Conclusion: The results suggest that boys’ social mastery interaction frequency per se did not contribute to their language skills (as occurred with girls), and that boys’ social mastery interaction might not be perceived by their parents as pro-social (as girls), as supported by the finding that boys with higher social mastery interaction frequency were demonstrating lower level of behavioral self-regulation. Although boys, on average, were exhibiting more social mastery interactions than girls, it might be that only those with better quality of positive affect expression would be beneficial to their language and behavioral self-regulation development.
Meta-analysis of the efficacy of virtual reality exposure therapy for social anxiety

Rachel Chesham1, John Malouff2
1University of New England

Poster Display Period #2, The Gallery, Level 2, September 29 and September 30, 2018

Aim: Social anxiety is a common psychological problem and can be extremely debilitating. The overall objective of the study was to examine, through meta-analysis, the efficacy of virtual reality exposure therapy (VRET) for reducing symptoms of social anxiety. I aimed to improve on prior analyses by employing a more methodologically rigorous design. I further aimed to consider the impact of publication bias in order to improve the precision of effect size estimates. Design: Two meta-analyses examined the efficacy of VRET for social anxiety. The first meta-analysis tested whether VRET reduces social anxiety more than a waitlist control condition. The second meta-analysis tested whether the standard treatment for social anxiety, which includes in vivo or imaginal exposure, leads to greater effects than VRET. Method: Electronic databases were searched for published and unpublished studies. Studies had to meet specific criteria for inclusion in the meta-analysis. I first performed analyses with all studies relevant to each analysis. However, not every study used random assignment adequately. For this reason, I conducted a second set of analyses including only trials using random assignment. Results: Nine well-controlled trials provided information about the efficacy of VRET for treating social anxiety. The results of the first meta-analysis, consisting of 233 participants, showed a large statistically significant overall effect size, g = 0.82, indicating that VRET was more efficacious than a waitlist control condition in reducing social anxiety. This effect size decreased to a medium effect, g = 0.71, when taking publication bias into account. The second meta-analysis, consisting of 340 participants, showed no significant difference in effect sizes between VRET and in vivo or imaginal exposure. Further analyses including only studies with random assignment produced similar results. Conclusion: The results of the two meta-analyses indicate that VRET tends to be efficacious, with no significant evidence that it leads to less benefit than the usual treatments of in vivo or imaginal exposure. These results may be useful for clients and clinicians seeking evidence to inform treatment decisions. This study employed a more methodologically rigorous approach than prior investigations and provides up-to-date evidence supporting the use of VRET for social anxiety.
Background: Mentoring supports a personal development relationship where a more experienced or knowledgeable person guides or supports a less experienced or knowledgeable person. Group mentoring presents opportunities to address some of the shortcomings of one-to-one mentoring structures. Many-to-many group mentoring differs from traditional one-to-one models yet it provides unique benefits and challenges. Positive youth development, a strengths-based view of developmental potential where resources are cultivated as assets to be retained throughout development, can support young people’s journey to adulthood. Mentoring has potential to facilitate youth development but consequences for development of youth assets in a school-based, group mentoring setting commonly used by community development agencies are unknown. Operationalized positive youth development provides a structural approach to appraise mentoring experiences.

Aims: To determine youth mentors’ perceptions of the impact of a school-based, many-to-many group mentoring engagement on urban Australian secondary students’ developmental assets. Benefits of mentoring models and types, age- and culture-matching of mentors-mentees, and the role of relationships are discussed. Method: Face-to-face interviews hermeneutically inform a idiographic qualitative study epistemologically informed by IPA. Interviews with mentors and other program stakeholders of an existing school-based mentoring program contribute data alongside observational notes. Results: It is anticipated that mentors will perceive contextual, structural and interpersonal impacts on mentees’ development as viewed through a positive youth development framework. Conclusions: It is expected that findings will be useful for engaging youth in positive development programs, to contribute to the body of knowledge about general youth development and provide additional evidence to support alternative models of mentoring in the community.
The relationship between mixed emotions and psychological well-being: A possible role for ambiguity tolerance

Lena Hattom¹
¹Western Sydney University

Aim: Mixed emotions are defined as the simultaneous experience of positive and negative affect. Recent studies investigating whether this affective state confers potential adaptive value to individuals who experience it have found inconsistent results. The current study aimed to assess whether individual differences in ambiguity tolerance may be a key underlying factor which is mediating the adaptive value of mixed emotions. Design: A mixed within- and between-subjects design was utilised, with emotion condition (mixed or positive) as the within-subjects variable, and ambiguity tolerance (either high or low) as the between-subjects variable. Method: A total of 35 adults participated in the study (26 female, 9 male; age range 18-47 years). Participant emotions were manipulated using musical stimuli which varied cues such as mode and tempo in order to induce either mixed or positive emotions. The experiment utilised a Qualtrics survey which comprised the ambiguity tolerance measure (MAAS; Multidimensional Attitude towards Ambiguity Scale) consisting of three subscales – need for complexity (NC), discomfort with ambiguity (DA) and moral absolutism/splitting (MA/SPLT), a mood measure (12-PAC) and the embedded musical media (18 songs – nine per condition). Mood was measured before and after participants were exposed to the positive and mixed mood conditions in order to determine their comparative psychological outcomes. Difference in mood prior to and following mixed emotions was analysed using a repeated-measures ANOVA, with Time (pre and post mixed emotions) serving as the within-subjects variable, and ambiguity tolerance (split into upper and lower quartiles) serving as the between-subjects variable. Results: There was a significant interaction between Time and ambiguity tolerance, specifically on the NC scale group, $F(1, 10) = 10.30, p = .009$, Wilk’s lamda = .49, $\eta_p^2 = .51$, with the low NC group (pre mixed-cues $M = 14.40, SD = 3.21$, post mixed-cues $M = -3.40, SD = 2.81$) experiencing a greater decrease in positive affect than the high NC group (pre mixed-cues $M = 7.71, SD = 2.71$, post mixed-cues $M = 7.14, SD = 2.81$). Conclusion: The results indicate that individuals with low ambiguity tolerance (represented by low scores on the NC subscale) experienced a decrease in positive affect as a result of experiencing mixed emotions, supporting the central hypothesis. The current study therefore suggests that ambiguity tolerance plays a significant role in protecting individuals against the potential maladaptive effects of experiencing mixed emotions.
Fat talk and its effects on state-based body image in women

Jessica Pearson¹
¹Cairnmillar Institute

Aim: ‘Fat talk’ is a discourse that involves self-disparaging comments regarding physical appearance. Prior research has shown that fat talk occurs extremely frequently among women, and predicts negative body image at the trait level. However, only one study to date (Jones et al., 2014) has explored relationships such as these at the state level. The present study aimed to investigate the frequency of fat talk, and its prediction of three state-based body image constructs among women aged 18 to 40. It was hypothesised that fat talk would occur for the majority of women, and that there would be a positive linear relationship between fat talk and state 1) body dissatisfaction, 2) appearance-based comparisons, and 3) body surveillance.

Design: Ecological momentary assessment (EMA) allowed a comprehensive analysis of the above constructs as they occurred in women’s everyday lives. Method: Three hundred and thirty-six female participants were recruited via online methods and fliers. Of these, 95 completed a demographic questionnaire and downloaded a smartphone application, which prompted them to complete six random assessments per day over a 7-day testing period. Aggregates of participants’ state data were utilised in the analyses. Results: The vast majority (n = 89, 93.7%) of women reported engaging in fat talk at least once during the testing period. Linear regression analyses showed that fat talk significantly predicted state body dissatisfaction (F(1, 93) = 20.66, p < .001), appearance-based comparisons (F(1, 93) = 49.39, p < .001), and body surveillance (F(1, 93) = 21.12, p < .001). Conclusions: Present findings suggest that the more participants engaged in fat talk throughout the day, the more they compared their appearances to others’, engaged in body-checking behaviours, and felt dissatisfied with their appearances. These findings provide further support for longstanding body image theories with regard to the influence of sociocultural discourse on body image disturbance in women. They also extend recent research into the relationship between fat talk and cognitive, emotional, and behavioural expressions of body image to a state context. Key limitations include that the EMA data collection method was potentially too onerous for participants, leading to high sample attrition, and lack of screening for pre-existing mental health diagnoses. However, practical implications are noteworthy with regard to prevention and intervention. Given that body image disturbance has repeatedly shown to predict eating pathologies, psychoeducation and cognitive dissonance programs targeting the pejorative effects of fat talk may serve to combat potential onsets.
Cross-cultural differences in perceptions of modern and traditional types depression between Japan and the United States

**Dr Jun Kashihara¹, Dr Itsuki Yamakawa², Dr Akiko Kameyama², Dr Masaki Muranaka², Ms Lauren Harrison³, Ms Whitney Dominick³, Ms Velinka Marton³, Mr Alvin Nicholas³, Dr Kanako Taku³, Prof Shinji Sakamoto²**

¹Nihon University / Japan Society for the Promotion of Science, ²Nihon University, ³Oakland University

**Poster Display Period #2, The Gallery, Level 2, September 29 and September 30, 2018**

**Aim:** In Japan, psychiatrists have recently proposed two subtypes of depression: traditional type depression (TTD) with melancholic features, and modern type depression (MTD) with atypical symptoms (e.g., mood reactivity, interpersonal rejection sensitivity). People with MTD have been observed in other regions such as Korea, Taiwan, Australia and the U.S. (Kato et al., 2011). Although Sakamoto, Yamakawa, and Muranaka (2016) showed that perceptions of people with MTD are more negative than of those with TTD in an interdependent cultural society such as Japan, it is unknown whether results will be replicated in an independent cultural context. The present study investigated the cross-cultural differences in perceptions of TTD and MTD between Japan and the U.S.

**Design:** Cross-sectional surveys containing vignettes of MTD and TTD were conducted at universities in Japan and the U.S. **Method:** Undergraduate students in Japan (N = 262; 80.69% female; M_age = 19.30, SD = 3.05) and the Midwestern U.S. (N = 182; 74.73% female; M_age = 20.27, SD = 3.87) completed the survey. They read two vignettes, which described the conditions of fictional individuals with either TTD or MTD, and then reported their perceptions of each vignette on 5-point Likert-scale items. Presentation order of TTD and MTD was counter balanced. Pairwise deletion was conducted to handle missing data. **Results:** A series of mixed ANOVA revealed significant interaction effects between Nation and Vignette on several items. Overall, attitudes towards MTD were more negative than TTD in both countries, but the differences were larger in Japan, such as holding aversive attitudes, F(1, 433) = 25.75, p < .001, less willing to provide support, F(1, 437) = 19.89, p < .001, and believing that persons in the vignettes would be diagnosed as depression, F(1, 434) = 7.33, p = .007. **Conclusion:** These results indicated that strengths regarding perceptions of MTD and TTD vary according to cultural contexts. Cultural characteristics, such as interdependent – independent and collectivistic – individualistic, between Japan and the U.S. could affect the results. Implications for the research and practices aimed to promote social support for people with MTD, in addition to TTD, are also discussed.
Aim: The aims of the present study were twofold: Aim 1: To show how individual differences operate and predispose a person to resilience despite significant stress as a consequence of bushfires and other unforeseen events natural and manmade; Aim 2: To understand why individuals uniformly exposed to extreme stress in the context of bushfires perform differently in terms of psychological outcomes relating to wellbeing. Design: Current literature has failed to adequately capture the stress-wellness interface, particularly in the context of natural disasters. Natural disasters offer some advantage in research, in that individuals can be uniformly exposed to a discrete stressor. This study employed a quantitative non-random sampling method to understand why some individuals are able to flourish despite adversity while others succumb to psychopathology. Method: Participants were sourced throughout rural Victoria using a comprehensive recruitment campaign spanning November 2015 to June 2016. The campaign included radio and media interviews with ABC and local newspapers, community seminars, and engagement with key stakeholders. 33-respondents were included ($M_{\text{age}} = 2.88; SD_{\text{age}} = 10.34$). Instruments measuring stress, wellness, coping and personality constructs measuring locus of causality were administered by way of an anonymous survey. Results: The results of the research support the view that the stress associated with a bushfire significantly impacts wellbeing. Notably, however, an individual's enduring beliefs and attributions about cause and effect within the environment, i.e. personality, were shown to be significantly more responsible for changes in wellbeing in the aftermath of a bushfire. Specifically, personality was shown to affect the psychological capital and coping responses of individuals which mediated the relationship between stress and wellbeing. In this way, personality was shown to organise an individual's psychological and behavioural responses to stress. Conclusion: The findings of this research provide critical evidence as to the nature of psychological resilience. Specifically, the dialectical nature of wellbeing and interactional nature of coping and personality in the context of stress were elucidated. These findings provide evidence for new approaches in clinical practice with traumatised individuals and community based programmes, especially those affected by natural disasters. There is evidence of the organising power of personality in understanding human responses to stress. A robust autonomous personality appears to provide inoculation in the face of considerable stress. Policymakers can take direction from this work, given the very real and significant threat that bushfires pose to health and wellbeing of Australians.
Sensory-processing sensitivity: A model to predict social anxiety

**Timothy Campbell**, A/Prof **Kate Moore**

^1Federation University

Poster Display Period #2, The Gallery, Level 2, September 29 and September 30, 2018

**Aim:** Sensory-processing sensitivity, a more recently conceptualised dimension of personality, refers to people’s depth of processing and emotional reactivity to environmental stimuli. Previous research has indicated that highly sensitive people are more acutely susceptible to experiencing social anxiety and related conditions. The aim in this study was to extend understanding of this relationship through an investigation of factors thought to be pertinent to both the functioning of highly sensitive people, and the onset and maintenance of social anxiety. A theory-based model was defined and tested proposing that the use of avoidant coping strategies mediates the relationship between sensory-processing sensitivity and social anxiety, and that the relationship between sensory-processing sensitivity and the use of avoidant coping strategies is moderated by the quality of the parental environment experienced in childhood. **Design:** A cross-sectional correlational study design was implemented to investigate the hypothesised model. **Method:** A sample of 353 adults (260 female, 92 males, mean age = 29.76 years) was recruited through social networking websites to participate in an online survey. The survey comprised four psychometric scales: Highly Sensitive Person Scale; Deakin Coping Scale Avoidant Subscale; Social Phobia Inventory; Parental Bonding Instrument (categories: Optimal; Not Optimal). Statistical testing of the mediation and moderation hypotheses were conducted utilising PROCESS analyses. **Results:** Correlations: as hypothesised, significant positive relationships were observed between sensory-processing sensitivity and both the use of avoidant coping strategies, \( r = .27, p < .001 \), and social anxiety \( r = .58, p < .001 \). A significant positive relationship was observed between the use of avoidant coping strategies and social anxiety, \( r = .42, p < .001 \). Mediation: as hypothesised, the indirect effect of sensory-processing sensitivity on social anxiety, via the use of avoidant coping strategies, was significant, \( R^2 = .077 \), Sobel \( z = 4.107, p < .001 \), indicating a partial mediation effect of medium magnitude. Moderation: contrary to expectations, the interaction effect of sensory-processing sensitivity and parental bonding style upon the use of avoidant coping strategies was not significant, \( \Delta R^2 = .001, F(1, 349) = 0.42, p = .51 \). **Conclusion:** Using avoidance to cope—a strategy that affords poor protection against social anxiety—appears to be an ingrained tendency of highly sensitive people that contributes to the greater prevalence of the condition these people typically experience. Consistent with a diathesis-stress perspective, high levels of sensory-processing sensitivity may be a marker of predispositional vulnerability to social anxiety.
Aim: Internet cognitive behaviour therapy (ICBT) for clinical perfectionism significantly reduces perfectionism and improves general psychological functioning. In the current study, we utilised three of eight online modules with university students, and examined outcomes related to psychopathology and learning regulation (controlled and autonomous). Our chief objectives were to examine the efficacy of this brief intervention and to determine moderators of outcomes. Design: This randomised controlled trial had a 2 (time: baseline, post-treatment) by 2 (condition: control and intervention) design. Method: Participants (N = 62; 74.2% female) were Flinders University students recruited via online and hard-copy advertisements. Participants indicated their consent online, then baseline questionnaires were presented in a randomised order to minimise bias arising from question order. After completing assessment, participants were asked to confirm that they wanted to participate in the intervention (i.e., to be randomised). Of those participants who provided baseline data, 51 agreed to be randomised. Those who declined scored significantly lower on perfectionistic strivings than the control group and had generally better functioning than the randomised participants. Participants randomised to the intervention group completed the online intervention over three weeks, whereas those in the control group were put on a waitlist to receive the intervention. After both groups completed the measures three weeks after baseline, the control group were able to access to the intervention. In the randomised sample, 23.5% did not complete post-treatment assessment; there were no significant predictors of non-completion at baseline. Both completer and intent-to-treat (ITT) analyses were undertaken using general linear modelling and linear mixed modelling, respectively. Results: Completer and ITT analyses indicated a significant interaction between time and condition for perfectionistic concerns. The intervention group (n = 28) experienced significantly greater decreases than the control group (n = 23); within-group effect sizes (ES) were 0.83 (95% CI: 0.28-1.37) and 0.31 (95% CI: -0.28-0.89) respectively. Completer analyses showed a significant decrease in controlled learning self-regulation in the intervention (ES=0.62, 95% CI: -0.05-1.28) compared to the control group (ES=0.07, 95% CI: -0.54-0.67). Participants in the intervention group who scored most highly on depression, anxiety, and self-criticism experienced significantly greater decreases in perfectionistic concerns than other participants. Conclusion: The results indicate that brief, online CBT for perfectionism can reduce students’ perfectionistic concerns and the impact of external pressures in motivating their learning, at least in the short-term. Students experiencing psychological distress appeared to especially benefit from this intervention.
Aim. Depression is increasingly understood in biological or genetic terms, or as being caused in part by biological or genetic factors. These explanatory models of depression that originate from medical discourse, which emphasise the biogenetic factors, have also infiltrated lay understandings of psychological distress. Previous research has demonstrated the profound influence of biogenetic models on how individuals understand and explain their own emotional experiences, including experiences of depression (Lebowitz, Ahn, & Nolen-Hoeksema, 2013; Schreiber & Hartrick, 2002). Extending on this research, the current study examined the relationship between explanatory models of depression and beliefs about emotions; both the malleability of emotional experiences and social expectancies to avoid certain emotions were measured. It was hypothesised that biogenetic explanatory models of depression would be associated with more fixed theories of emotion. Additionally, it was hypothesised that biogenetic explanatory models would be associated with differences in social expectancies to avoid negative emotions, however, due to competing theories, no directional hypothesis was made. Design. The study used a cross-sectional design with correlational data analysis in order to sample an Australian adult cohort and explore these proposed relationships. Method. One hundred and ninety-five undergraduate psychology students responded to an online questionnaire, which contained measures on implicit theories of emotions, social expectancies to avoid negative emotions, beliefs about the cause of depression, and a number of wellbeing indicators. Results. The results of the study indicated that explanatory models of depression were related to theories of emotion; biogenetic explanatory models of depression were negatively associated with malleable theories of emotion ($r = -0.15, p = 0.031$) and psychological models were positively associated with malleable theories of emotion ($r = 0.24, p = 0.001$). Additionally, psychological causal explanations of depression were related to lower social expectancies to avoid negative emotions ($r = -0.21, p = 0.003$). Regression and nonparametric bootstrapping analyses were conducted to determine whether participants’ implicit theories of emotion and/or their social expectancies to avoid negative emotion mediated the relationship between explanatory models of depression and wellbeing. Results suggested that implicit theories of emotion mediated the effect of models of depression on some wellbeing indicators (depressive symptoms and negative affect), and social expectancies to avoid negative emotion mediated the relationship between psychological casual explanations of depression and wellbeing indicators (depressive symptoms, negative affect, positive affect, wellbeing and satisfaction in life). Conclusion. Expanding on research into biogenetic models of depression, the study examines the implications of the proliferation of biogenetic models into social discourse, and in particular their translation into personal beliefs about emotional experiences. These results support the need for multifactorial models of depression (i.e. biopsychosocial) to be used when disseminating information about depression to the public, such as anti-stigma or mental health literacy campaigns.
Vulnerable narcissism as a mediator of the relationship between perceived parental invalidation and eating pathology

Danushika Sivanathan

Australian National University

Aim: Parental invalidation and narcissism have played an important role in understanding the aetiology of eating disorders. The current research aimed to address two main gaps in the literature. The study hypothesized that when controlling for vulnerable narcissism, grandiose narcissism will not be able to predict eating pathology. The study also hypothesized that vulnerable narcissism would be a mediator of the relationship between parental invalidation and eating pathology. An online survey was conducted to collect data. The Pathological Narcissism Inventory was used to capture vulnerable and grandiose narcissism. The Invalidation Childhood Environments Scale was used to capture both maternal and paternal invalidation. The Eating Disorder Examination questionnaire was used to capture eating pathology. The participants of the study were recruited through advertising amongst the university, and on social media and online forums. Data from 394 female participants, recruited from both a student population and the general population, were analyzed using correlational and regression analyses to test the hypotheses. The results of the study showed that when controlling for vulnerable narcissism, grandiose narcissism was no longer able to predict eating pathology. It was also found that parental invalidation had a positive indirect effect upon eating pathology, via vulnerable narcissism, as predicted. The findings of the study indicate that, it is both parental invalidation and vulnerable narcissism that are particularly important in the aetiology of eating disorders. The findings imply that both vulnerable narcissism and parental invalidation during childhood would need to be considered when formulating interventions for eating pathology in a clinical setting. The two main limitations of the study are the cross-sectional nature of the study and some features of the sample. The cross-sectional nature of the study limits its ability to establish causality. Secondly, the participants of the study were from a non-clinical population and were only female. Hence, this limits the generalizability of the study to a clinical population and males.
No influence of naive intelligence beliefs on judgments of learning

Miss Laura Brumby\textsuperscript{1}, Dr Matthew Palmer\textsuperscript{1}, Dr James Sauer\textsuperscript{1}

\textsuperscript{1}University of Tasmania

Poster Display Period #2, The Gallery, Level 2, September 29 and September 30, 2018

**Aim:** Previous research suggests that people who believe intelligence can be developed over time (incremental theorists) may have difficulties in accurately gauging the progress of their own learning (i.e. they have impaired metacognitive monitoring). As incremental views of intelligence are being promoted to educators and policy makers, it is important to understand the nature of these impairments, and the impact they may have on students’ study behaviours. Three experiments were conducted to replicate and clarify the nature of impairments incremental theorists have to their metacognitive monitoring, and investigate the impact this may have on their study behaviours. **Design & Method:** In each experiment, participants studied English-foreign language word-pairs, and provided confidence judgements about the likelihood of their future recall. Participants then completed cued-recall tasks, to indicate the accuracy of their judgements. Views on intelligence were measured using Dweck’s (1999) Theories of Intelligence Scale for Adults. Experiments 1 and 2 were designed to replicate the finding of impaired metacognitive monitoring for incremental theorists in university (Experiment 1, $N = 112$) and online (Experiment 2, $N = 192$) samples. Experiment 3 ($N = 79$) also investigated whether having an incremental view of intelligence influenced the selection of items for restudy. **Results:** In all three experiments, reporting incremental views of intelligence was not systematically associated with differences in metacognitive judgements, recall, or study behaviours. **Conclusion:** These results suggest that endorsing an incremental mindset is unlikely to result in difficulties monitoring one’s learning or making optimal study decisions, at least when considering study materials of differing difficulty.
Therapist-assisted online parenting strategies program (TOPS): An intervention for parents of adolescents with anxiety and depression

Ms Sarah Khor1, Ms Catherine Fulgoni1, Prof Anthony Jorm2, A/Prof Glenn Melvin1, Dr Bei Bei1, Dr Michelle Blumfield1, Dr Katherine Lawrence1, A/Prof Marie Yap1

1Monash University, 2University of Melbourne

Poster Display Period #2, The Gallery, Level 2, September 29 and September 30, 2018

Aim: The role of parenting is a recognised mediating influence for the treatment and prevention of adolescent anxiety and depression. Currently accepted face-to-face family-based interventions are limited by service availability and accessibility, as well as financial costs. Internet-based parenting programs have emerged as a potential solution to these treatment barriers. The Therapist-assisted Online Parenting Strategies Program (TOPS) was developed as a response to address this service need and to assess the effectiveness of such interventions in reducing symptoms of adolescent depression and anxiety. Method: This therapist-supplemented, individualised online parenting program was developed through consultations with parents and practitioners. A double-baseline open-label trial (N=70) will commence in early 2018. Parents of adolescents aged 12-17 years currently in-treatment for depression or anxiety will be recruited through referrals made by the mental health professionals’ network, flyers advertised on social media or parenting websites and through community mental health service providers. Parents will receive up to 9 web-based modules (completed at their convenience) and up to 13 telehealth sessions run via teleconference by a therapist-coach, which includes an orientation session. The parenting program covers areas of: 1) the parent’s relationship with their teen; 2) parental involvement; 3) developing supportive relationships; 4) establishing family rules; 5) minimising conflict; 6) encouraging good health habits; 7) problem solving; 8) helping parents manage their teen’s anxiety; and, 9) professional health seeking. Primary outcomes of changes to parenting behaviours measured against developed evidenced-based parenting guidelines, and changes to adolescent levels of depression, anxiety and sleep problems will be examined. Results: Feedback provided by parent participants from an initial pilot feasibility study supporting program delivery, and preliminary data on participant characteristics and program engagement from the open-label trial, will be presented. Conclusion: If successful, the TOPS program will form part of a multi-level intervention platform, bridging the gap between parent self-help and face-to-face counselling for adolescents with internalising disorders. (Universal trial number: U1111-1206-3980; ANZCTR registration number pending)
The role of perceived threat in Australians' endorsement of asylum seeker policies

Miss Emily Pattison¹, Emeritus Professor, Graham R Davidson¹

¹Federation University

Poster Display Period #2, The Gallery, Level 2, September 29 and September 30, 2018

Aim: Australia's treatment of asylum seekers continues to polarise public debate. The present study sought to investigate factors such as the role of threat and gender that may influence Australians' endorsement of deterrence-based government policies. Design: The study employed a cross-sectional correlational survey design. Research has identified threat as a strong predictor of prejudice toward out-groups. Using the integrated threat theory of prejudice, the study examined the role of perceived threat in shaping Australians’ political attitudes towards asylum seekers. Method: Participants were recruited online using convenience and snowball sampling (N = 255). Participants completed an online questionnaire that assessed their support for specific aspects of government policy (offshore detention and processing, children in mandatory detention, Operation Sovereign Borders, provision of temporary protection, third country resettlement) and their perceptions of asylum seekers as threats (realistic threat, symbolic threat, intergroup anxiety, negative stereotypes). Hierarchical multiple regression analyses were used to examine the combined and unique influences of perceived threats and sociodemographic factors on overall and individual government policy endorsement. Results: All components of threat were significantly correlated with policy endorsement, with higher levels of perceived threat being associated with higher levels of policy endorsement. Additionally, the hierarchical multiple regression analyses showed that realistic threat (β = .36, p <.01), symbolic threat (β = .36, p <.01), and endorsement of negative stereotypes (β = .23, p <.01) were significant predictors of total government policy endorsement and of endorsement of individual aspects of policy, e.g., offshore detention, third country resettlement and Operation Sovereign Borders. A multivariate analysis of variance also revealed a significant gender difference, with males scoring higher than females on measures of threat and policy endorsement. Conclusion: The findings suggest that Australians may endorse deterrence-based policies because they feel threatened in various ways by asylum seekers. Australian men reported feeling more threatened than women and are therefore more likely to endorse policies that supposedly minimise the perceived threat. From a theoretical perspective, the findings make a contribution to the intergroup literature by providing support for the predictive validity of perceived threat. The current findings have important practical implications that highlight the need to develop strategies which dissociate asylum seekers from the perception of threat. By shifting people's mindsets about asylum seekers and refugees, support for the policies that cause human suffering may be reduced.
Aim Research regarding preferences for therapists’ sex is extensive but inconclusive. Even less is known on whether accommodating preferences for therapists’ sex affects help-seeking. The present study investigated the preferences of Australian respondents for the sex of a potential therapist and whether accommodating such preferences affects help-seeking. Design The study employed a within subjects survey design and used a convenience sample recruited via social media. Method Demographics, preferences for therapists’ sex, problem type, and likelihood to seek help if preferences for therapists’ sex are accommodated or not were collected via an online questionnaire. Analyses included tests for group differences and regression. Results Accommodating preferences for therapists’ sex predicted help-seeking. At baseline, males were less likely to seek help than were females; however, this difference seems to have been more related to the accommodation of preferences rather than to clients’ sex. There was an effect of sex of respondent on preferences for therapists’ sex, with respondents of both sexes preferring a therapist of the opposite sex. Conclusion The results suggest that in order to enhance mental health seeking behaviour, it is prudent to monitor and accommodate clients’ preferences for therapists’ sex. Additionally, more males could be encouraged to enter the mental health professions. This informs education and health policy. Future research could further explore the effects of occupation and problem type on preferences for therapists’ sex and help-seeking.
Wide-awake drunk: The effects of alcohol mixed with energy drinks on the sleep electroencephalogram in young adults

Ms Madeline Anderson¹, Dr Christian Nicholas¹

¹The University of Melbourne

Poster Display Period #2, The Gallery, Level 2, September 29 and September 30, 2018

Sleep is the body’s primary mechanism to effect physical and mental restoration. Despite the prevalence of the consumption of alcohol mixed with energy drinks (AmEDs) amongst young adults, to date, no objective research has investigated AmEDs’ effects on sleep. This study aimed to pilot this investigation utilising spectral analysis of the sleep electroencephalogram (EEG); the gold standard in quantitative sleep measurement. Delta EEG activity (0.1-4Hz) during slow-wave sleep (SWS), particularly during the first sleep cycle, is thought to be a central marker of sleep quality. Micro-structural disruptions to SWS – commonly indicated by increases in alpha (8-12Hz) or beta (>16Hz) activity – are associated with cognitive and physical impairment. Both alcohol and caffeine (the primary psychoactive ingredients in AmEDs) exhibit independent disruptive SWS effects; alcohol increases alpha power and caffeine increases beta power. It was therefore hypothesized that AmEDs would similarly exhibit these effects.

As alcohol and caffeine exhibit variability in their respective metabolisms, this study utilised a repeated measures design with four levels (alcohol, ED, AmED, placebo). Participants included 14 young adults aged 18-25 (7 females, $M=20.93$, $SD=1.33$ years). Exclusion criteria were confounding health, psychiatric, substance use, or sleep problems were indicated. Given patterns of AmED consumption reflect those of binge drinking, a target BAC of 0.08% was utilised; caffeine levels were dosed to 2.5mg/kg of body weight. Participants spent five nights in The University of Melbourne Sleep Laboratory. Following an adaptation night, participants consumed one of the four beverages before sleep each experimental night. Sleep data was visually scored; then, power spectral analysis was utilized to measure delta, alpha and beta power during SWS in the first sleep cycle.

Results revealed that alpha power was significantly increased in alcohol, $F(1,13) = 4.95$, $p = .04$, and AmED, $F(1,13) = 5.73$, $p = .03$, conditions. No delta or beta effects were observed across conditions relative to placebo, $p > .05$. In conjunction, AmEDs appeared to adopt alcohol’s disruptive SWS effects. Given this study is the first to pilot this investigation, and only focused on SWS in the first sleep cycle, it is paramount that further investigation be conducted across all EEG power spectra across the night. This will potentially elucidate the extent of AmEDs’ disruptive sleep effects. In turn, this will aid the development of educative and legislative initiatives to protect young adults from consuming substances that may potentially negatively impact their long-term psychosocial and physical health.
Psychodermatology: Enhancing treatment by multidisciplinary management and an effective classification system of common skin disorders

Dr Harrison Edwards

University of Queensland

Poster Display Period #2, The Gallery, Level 2, September 29 and September 30, 2018

Background: Psychodermatology involves the complex relationship between skin pathology and psychological issues. Attention to this area has increased as a greater understanding of the magnitude of the multifaceted biopsychosocial paradigm develops. Psychodermatology incorporates a broad spectrum of dermatological pathology associated with psychological issues. The psychological issues, for example anxiety, obsessive compulsive disorder, psychosis, substance abuse (and withdrawal) can cause, maintain, and exacerbate the dermatological pathology. Conversely, the dermatological pathology can cause, maintain and exacerbate mental health issues, for example anxiety, depression, low self-esteem, feelings of stigmatisation, and suicidal ideation. A multidisciplinary approach starting with GP referral to a psychologist and a dermatologist is the preferred way to manage many of the conditions which fall into this classification.

Aims: It is likely that a psychologist will be presented with patients with dermatological pathology following referral from a GP for a mental health issue. The aim of this poster is to present psychologists with an effective classification system for the more common dermatological conditions associated with mental health issues and to encourage a multidisciplinary approach to management.

Method: There is no universally accepted single classification system of psychodermatological conditions. Presented here is a photo essay classification of some of the common dermatological conditions affecting patients that a psychologist may see.

- Dermatological disorders in which psychological issues are important contributors to the aetiology and course of the skin condition, for example, acne, psoriasis, eczema, and herpes simplex.
  1. Psychological disorders with dermatological symptoms for example obsessive compulsive disorder, skin picking disorder, hair pulling disorder, lichen simplex, and psychogenic pruritus.
  2. Dermatological disorders with psychological symptoms as a result of the skin disease, for example albinism, alopecia areata, hyperhidrosis, and skin disorders which are disfiguring resulting in depression, low self-esteem, feelings of stigmatisation, and suicidal ideation.

Conclusion: Many skin disorders are associated with mental health issues. A multidisciplinary approach to management of these skin disorders is recommended. Often following GP referral, a psychologist will be involved in treating mental health issues associated with skin pathology. It would be beneficial for psychologists to be familiar with an effective classification system of these common skin conditions and their biopsychosocial implications as our understanding of these complex disease interactions continues to develop.
Healthy body, healthy mind... healthy mouth? – An investigation of oral bacteria, cortisol and C-reactive protein in adolescent depression and anxiety

Stuart Dashper¹, Helen Mitchell¹, Orli Schwartz¹, Julian Simmons¹, Carra Simpson¹

¹The University of Melbourne

Poster Display Period #2, The Gallery, Level 2, September 29 and September 30, 2018

Aim: The inflammatory hypothesis posits that peripheral inflammation may contribute to the pathophysiology of depression and anxiety through dysregulation of cortisol secretion in the hypothalamic-pituitary-adrenal axis. This research aimed to investigate whether oral dysbiosis, the imbalance within an oral bacterial community, provides such a source of inflammation. This is the first investigation of this relationship in humans, and in particular focuses on adolescence, a development period marked by high rates of early inflammatory oral disease and the emergence of depression and anxiety disorders. Method: Path analysis examined whether oral dysbiosis is associated with an increase in adolescent anxiety and depression symptoms, both directly and via the inflammatory marker C-reactive protein and the hormone cortisol. Adolescents (N = 110; 69 females) aged 14.25 to 18.83 years old (M = 16.87), reported internalising symptoms using the Spence Children’s Anxiety Scale and the Center for Epidemiologic Studies - Depression Scale. Basal cortisol and C-reactive protein were calculated using an area under the curve equation from assayed saliva samples collected morning and evening across two days. Oral dysbiosis was assessed using three alpha diversity measures, the Chao1, Simpson’s, and Shannon Indices, obtained from 16S ribosomal ribonucleic acid gene sequencing. Results: An increase in the Chao1 Index, but not Shannon and Simpson’s Indices, significantly predicted increased depression and anxiety symptoms. Given the weighting of this index, an increase in rare bacterial species predicted increased depression and anxiety symptoms, rather than dysbiosis in abundant core species. C-reactive protein and cortisol did not mediate this relationship, and no paths were moderated by gender. Exploratory analyses revealed a greater number of rare bacterial pathogens in the high anxiety and/or depression symptom group compared to the low symptom group. Conclusion: These findings suggest rare pathogenic species did not elicit a systemic inflammatory response, as indicated by C-reactive protein. Localised pro-inflammatory communication by cytokines, or poor oral self-care preceding dysbiosis, require further investigation as possible mechanisms for the direct association between rare bacteria and internalising symptoms.
The role of dysfunctional sleep beliefs, maladaptive perfectionism and worry about sleep in perception of sleep quantity and quality

Rebecca Cole
University of Western Australia

Aim: Research has revealed that insomniacs tend to underestimate total sleep time (TST) and perceive sleep quality as poor. However, a lack of non-clinical research means it is unclear whether distorted sleep perceptions are specific to insomnia or a more general phenomenon. This study aimed to explore the sleep quantity and quality perceptions of normal sleepers and investigate the influence of two psychological factors on sleep perceptions: dysfunctional sleep beliefs (DBAS) and maladaptive perfectionism.

Method: Participants were 56 undergraduate students from The University of Western Australia; 40 were recruited via an online noticeboard and 16 were recruited via an email inviting them to participate. Participants completed the Dysfunctional Beliefs And Attitudes About Sleep (DBAS-16) questionnaire and the Almost Perfect Scale–Revised (APS-R). Participants then collected a Fitbit Alta HR wristband. They wore their Fitbit on three consecutive weeknights and completed a corresponding sleep diary each morning. Error in TST estimation was calculated per testing night by subtracting a participant’s sleep diary estimate of TST from their Fitbit estimate of TST. These scores were then averaged to produce one TST estimation error score per participant. Perceived sleep quality was measured via the sleep diary with a Likert-type question.

Results: ‘Worry about sleep’ was the DBAS subscale most closely associated with sleep perceptions: worry about sleep was negatively associated with perceived sleep quality ($r = -.32^*$) and positively associated with TST estimation error at trend level ($r = .23^†$). A mediation analysis revealed an indirect effect between maladaptive perfectionism and TST estimation error via worry about sleep ($ab = .12^*$). Correlational analyses revealed that subjective TST, but not objective TST, was significantly associated perceived sleep quality ($r = .45^{**}$). This association remained positive even after controlling for actual time asleep (objective TST). A mediation analysis revealed that the relationship between subjective TST and perceived sleep quality was mediated by worry about sleep ($ab = .07^*$). Conclusion: Worry about sleep was most closely associated with TST underestimation and perceived sleep quality, which is in line with Harvey’s (2002) Cognitive Model of Insomnia. Maladaptive perfectionism was found to play a more distal role, which is consistent with Lin et al.’s (2017) study. Potential limitations include the use of Fitbits and a university student sample. This study suggests that early intervention for insomnia may be benefited by ‘feedback-driven strategies’ aimed at: correcting inaccurate sleep quantity perceptions, reducing worry about sleep and improving sleep quality perceptions.
Aim: To evaluate the equivalence of scores from digitally assisted and standard administrations of the Wechsler Intelligence Scale for Children®-fifth edition (WISC®-V; Wechsler, 2014). Design: This study employed a randomly assigned equivalent-groups design, whereby performance of participants was compared between those who undertook the test in the digital format (using Pearson digital platform Q-interactive™) and those in the traditional paper format. Method: Participants included 350 non-clinical, general population children aged 6-16 years who were selected out of the WISC-V standardisation project; including 175 participants who completed the test in the digital format and 175 demographically matched participants who completed the test in the paper format. Participants completed the WISC-V battery excluding the Coding and Symbol Search subtests. Results: All effect sizes of format administration fell within the established criterion for Q-interactive equivalence (i.e. 0.20 or less). Furthermore, with the exception of two out of ninety statistical tests, there were no statistically significant differences in format delivery (i.e. digital vs. paper) by demographic (age, gender, ethnicity, SES) or ability level. Conclusion: These findings indicate digital administration does not affect performance of non-clinical children on the WISC-V. We conclude that the WISC-V has been developed in a way that minimises digital effects and maintains construct equivalence. The use of original normative data is supported and WISC-V users can feel confident in the application of pre-existing reliability and validity data.
Exploring the protective role of fathers’ and mothers’ involvement in adolescent suicidal ideation
Ms Danielle Dabley¹, Ms Teerousha Mootin², Associate Professor Susana Gavidia-Payne³
¹RMIT University, ²RMIT University, ³RMIT University

Poster Display Period #2, The Gallery, Level 2, September 29 and September 30, 2018

Aim: Parental involvement has been shown to be a key protective factor for reducing adolescents’ suicidal ideation (SI). However, the roles of mothers and fathers have often been conceptualised into a single parental construct, without considering their differential effects on male and female adolescents’ SI. This study examined the relationships between fathers’ and mothers’ involvement with male and female adolescents’ SI. It was hypothesised that higher levels of fathers’ and mothers’ involvement would be associated with lower levels of male and female adolescents’ SI. Design: Cross-sectional, between-subjects research design, which involved family triads of mother, father and adolescent. Mothers and fathers completed a separate parental involvement questionnaire and adolescents completed SI inventory. This addressed limitations in previous research that has been reliant on adolescents’ report on parental relationships, without considering the diverse roles of mothers and fathers as reported by the respective parent. Adolescents aged between 15-19 years were selected, as they have the highest rates of completed suicides in Australia. Method: Fifteen Australian family triads were recruited (adolescents: 7 males, 8 females). The study was advertised on RMIT University Update, Facebook and online forums. Parents and adolescents expressed their interest by contacting the researcher, who in turn emailed plain language statement, online questionnaire link and a family code to access the questionnaire. Pearson correlations tested the relationship between fathers’ and mothers’ involvement and male and female adolescents’ SI. Fisher’s r-to-z transformations explored the differences between these correlations. Results: A strong significant negative correlation was revealed between father involvement and male adolescents’ SI, \( r(N = 15) = -.93, p = .003 \). Moderate negative correlation between father involvement and female adolescents’ SI was found to approach significance, \( r(N = 15) = -.68, p = .06 \). A non-significant negative correlation was found between mother involvement and male adolescents’ SI, \( r(N = 15) = -.29, p = .53 \). A non-significant positive correlation was revealed between mother involvement and female adolescents’ SI, \( r(N = 15) = .16, p = .71 \). Conclusion: Fathers were shown to be more protective than mothers with lower levels of male adolescents’ SI, which may be indicative for clinicians to facilitate positive father involvement. Mothers’ and fathers’ involvement did not present protective with female adolescents’ SI, which may suggest clinicians to consider other relationships when working with female adolescents. Future research should expand the sample size, inclusive of diverse households and consider variables that might mediate the relationships.
Aim: Post-traumatic stress disorder is a debilitating syndrome, affecting approximately 30% of those who experience childhood trauma. Whilst effective treatments exist, they have high rates of attrition and non-engagement. Augmenting traditional interventions, such as trauma-focused cognitive behaviour therapy, is an approach often used to address this problem. However, the current most prescribed adjunct therapy, psychoactive medication, suffers from significant stigma and similar non-engagement. Therefore, the current study aimed to evaluate the acceptability of a novel adjunct, canine-assisted therapy (CAT). Design: Children in particular are difficult to engage in trauma-focused therapies due to their cognitive and emotional immaturity. Many of the useful tools for addressing therapy non-engagement, such as collaboration, are ineffectual with child clients. Consequently, the current study chose to evaluate how the addition of CAT would alter opinions on the appropriateness of TF-CBT as an intervention for children who have experienced trauma. Method: A community sample of Australian parents and caregivers (N = 267) read one of two vignettes describing problematic behaviour following sexual trauma in either a 6- or 13-year-old girl. Participants then rated their acceptability of three described treatment alternatives; traditional therapy alone, with medication and with CAT, using the Treatment Evaluation Inventory–short form. Mixed-design, factorial ANOVAs were used for statistical analysis. Results: A significant effect of treatment type on ratings of acceptability was found, F (1.66, 435.48) = 72.63, p = <.001. Regardless of the child’s age, traditional therapy with CAT (M = 34.30, SE = 0.46) was more acceptable than both traditional therapy alone (M = 32.16, SE = 0.48), and with medication (M = 26.22, SE = 0.73). Experience with dogs had no significant impact on acceptability for all approaches, F (1.66, 435.48) = 0.20, p = .773. However, experience with medication did, F (1.66, 435.48) = 4.68, p = .014, in particular, the medication adjunct was more acceptable to those with experience (M = 27.62, SE = 1.22) than those without (M = 24.83, SE = 0.80). Conclusions: CAT as an adjunct to traditional cognitive-behavioural approaches holds promise as a way to improve acceptability. This approach has significant potential as it does not seek to replace but instead enhance current empirically robust procedures. The evaluation of treatment acceptability may be a particularly important consideration going forward in Australian intervention research, given changes in intervention planning resulting from the new NDIS.
Examining the psychosocial outcomes experienced by out-of-hospital cardiac arrest survivors

Alannah Giavara

Poster Display Period #2, The Gallery, Level 2, September 29 and September 30, 2018

Aim: While survival from out-of-hospital cardiac arrest (OHCA) has recently been increasing, the psychosocial outcomes of survivors remain somewhat uncertain. Research has suggested that outcomes such as anxiety, depression and sleep disturbances may affect an individual’s quality of life (QoL) following cardiac events, and these outcomes are often most severe during the first few months post-arrest. The aim of the current study was to compare levels of anxiety, depression, and sleep disturbances in OHCA survivors and normative samples. The second aim of the research was to assess the relationships between anxiety, depression, sleep disturbances and QoL. Design: A quantitative, cross-sectional design was implemented for the current study. Data was collected at one timepoint in the participants recovery (at up to three months post-arrest) to assess the acute phase of negative psychosocial symptoms. Data was collected via online and face-to-face survey platforms. Method: Potential participants were recruited by the Victorian Ambulance Cardiac Arrest Registry (VACAR), and follow-up contact was made by study investigators to seek consent to participate in the current study. Participants completed a battery of psychological assessments, including the Hospital Anxiety and Depression Scale (HADS), the Short Form-12 (SF-12), and the Pittsburgh Sleep Quality Index (PSQI). Statistical analyses, including t-tests and correlation analyses were conducted to assess whether the study hypotheses were supported. Results: Results indicate that OHCA survivors may be at increased risk for a range of psychosocial difficulties, with wide variation in functional outcomes. Conclusion: This research provides crucial insight into the psychosocial functioning of OHCA survivors in Australia. Further research into psychosocial outcomes following OHCA will enhance the generalisability of findings and contribute to the development of appropriate interventions and services for survivors.
Aim: The United Nations Environment Programme (2016) asserts that urgent action is required to avert the catastrophic impacts threatened by climate change. In this study we investigated whether moral framing of climate-change messages following Haidt and Joseph’s (2004) moral foundations theory could evoke emotional responses, and in turn increase moral engagement and climate-change mitigation intentions. We also aimed to test if the effects of message frames would differ according to political orientation. Design: A mediational path model was used to test the effects of two moral messaging types (versus a control condition) on intentions via emotions and moral engagement. Paths were predicted to differ between those of liberal and conservative political orientation. Method: Australian residents (N = 178), recruited through social media, were randomly assigned to one of three treatment conditions: one framed to evoke moral purity, the second to evoke moral harm and the third a neutral condition. Each group was presented with a treatment video as part of an online survey. Following the videos, participants indicated levels of emotional response (disgust, fear, guilt and compassion), moral engagement with climate change, and intentions to engage in climate-change mitigation actions (individual and political). Results: Path analysis revealed that the effect of the message frames on intentions was fully mediated by guilt and moral engagement regardless of political orientation. Conclusion: Our results suggested that activating moral engagement may be a significant avenue to increase behavioural intentions, particularly in conservative audiences. Evoking guilt and compassion are suggested emotional paths for increasing moral engagement in both conservatives and liberals, and encouraging personal and political actions against climate change.
A meta-analysis of five experiments assessing the effects of trigger warnings on reactions to ambiguous photos

Ms Victoria Bridgland¹, Ms Deanne Green¹, Ms Jacinta Oulton¹, Ms Melanie Takarangi¹
¹Flinders University

Poster Display Period #2, The Gallery, Level 2, September 29 and September 30, 2018

Trigger warnings are messages that alert a person that upcoming content may contain themes that could ‘trigger’ extreme emotional reactions. However, we currently don’t know whether trigger warnings reduce aversive reactions or increase distress. Here, we were interested in whether a warning message about the graphic nature of upcoming visual material (photographs) would influence how viewers react towards that material. We conducted a series of experiments assessing participants’ emotional reactions to the same ambiguous photo stimuli presented with or without a trigger warning. We also manipulated the emotional valence of the photos, by pairing each photo with either a negative, neutral or no headline (between subjects). Our hypotheses were only partially supported. We found that warning messages led to small but significant increases in anxiety and negative affect. However, the warnings had negligible effects on emotional reactions to stimuli. Thus, trigger warnings may provide minimal benefit in real-world applications.
Perceptions of IBD within patient and community samples: A systematic review

Miss Elia-Jade Polak, Associate Professor Frances O'Callaghan, Dr Megan Oaten

1Griffith University

Poster Display Period #2, The Gallery, Level 2, September 29 and September 30, 2018

Background: Inflammatory Bowel Disease (IBD) is a chronic, gastrointestinal condition that involves symptoms such as diarrhoea and bowel incontinence, which can accidentally occur in public. An individual's health and wellbeing can be affected by unhelpful cognitive and behavioural factors, such as maladaptive representations of one's illness and repressing emotions (Moss-Morris, 2013). Additionally, the cognitions and behaviours of the general public can further impact those with IBD. Within the IBD literature, common cognitions and behaviours that are explored are: illness perceptions, perceptions and experiences of stigmatisation, and the emotional reactions experienced in response to IBD. Aims/Objectives: We aimed to review the illness perceptions, the perceptions and experiences of stigma, and the negative emotional reactions. Lastly, we reviewed how these factors impact upon the overall health and quality of life of individuals with IBD. Method: A range of databases (e.g., Psych INFO, PubMed) were searched over a period of two years. One reviewer individually screened titles and abstracts using the specified inclusion criteria, and this process was repeated by a second reviewer. Subsequently, if these met the criteria, then the full text versions were again screened, and the data were extracted. Conclusions: A total of 79 studies were included in this review. Results indicated that those with negative illness perceptions of their IBD were more likely to utilise maladaptive coping strategies (e.g., avoidance) and experience poorer psychological health and quality of life. Health-care professionals overestimated the personal control that individuals have over IBD. In regards to stigma, both groups (i.e., those with and without IBD) were found to anticipate stigma more than it was actually experienced, with fewer studies reporting experiences of stigmatisation, than that of anticipated stigma. Lastly, those with IBD were most likely to experience fear about bowel accidents occurring in public. Health-care professionals, however, underestimated or wrongly identified the emotions that those with IBD experience. These factors were suggested to impact upon the quality of life and health-care engagement of individuals with IBD. Overall, there has been more research completed on the perceptions and reactions of those with IBD, than those without the disease. Future research should focus on investigating other people's views of IBD and determining how this impacts upon those with the disease. Finally, these results have clinical implications for those with IBD, such as targeting illness perceptions and facilitating adaptive responses to emotions during treatment, as well as educating IBD health-care professionals about these factors.
Predictors and correlates of family outcomes of early intervention for young children on the autism spectrum

Rachelle Wicks

Griffith University

Poster Display Period #2, The Gallery, Level 2, September 29 and September 30, 2018

Aim: Family outcomes of early intervention (EI) for children on the autism spectrum have received limited research attention to date. The current study aimed to address this shortfall by utilising a modified Double ABCX model of family adaptation to explore potential child, parent, and family predictors of family outcomes and the perceived helpfulness of EI. Given the vital role of parents and families in supporting and advocating for their child across a range of environments and transitions, the impact of EI on parents and the whole family and perceived benefits warrants consideration.

Design: Cross-sectional data from Time 1 of the Longitudinal Study of Australian Students with Autism (LASA), an ongoing sequential study financially supported by The Cooperative Research Centre for Living with Autism (Autism CRC), were analysed.

Method: Mothers (n = 97) of children on the spectrum aged 4 to 5 years (M = 60.47 months; SD = 6.62; 87.6% male) completed an online questionnaire package. The package included a demographic questionnaire, measures of access to early intervention, child and parent clinical measures (e.g., Parent Stress Index – Short Form (PSI-SF), and Family Outcomes Survey-Revised (FOS-R) Section A & B.

Results: Different predictors emerged for different outcomes. Child characteristics (ASD characteristics, challenging behaviour, communication skills) were associated with family outcomes at the bivariate level. However, when entered into the Double ABCX model, child characteristics were largely nonsignificant in predicting family outcomes and perceived helpfulness once combined with parent (parent stress, education level) and family (income) factors. Aspects of parent stress, particularly perceptions of stress related to interaction with their child (PCDI), was most consistently related and the strongest predictor of family outcomes and perceived EI helpfulness.

Conclusion: Parent and family factors, particularly aspects of parent stress, are important predictors of family outcomes of EI and may therefore influence whether parents perceive benefits from their engagement with EI services. Consequently, potential risk factors for poor attainment may be suggested, which is important given the heightened responsibility placed upon parents and families under funding arrangements in Australia that focus on parental selection of interventions (e.g., see DFHCSIA, 2012a). Overall, findings indicate a shift in the focus of EI outcome evaluation is required that views parents and families as meaningful to overall optimal EI outcomes.