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Poster #1

OUT TO GET ME, OR NOT GOOD ENOUGH? COGNITIVE SUBSTRATES OF POSITIVE EVALUATION FEARS IN SOCIAL ANXIETY DISORDER

Kerri D. Adams, Maggie Michaelis, Kevin C. Barber, David A. Moscovitch | University of Waterloo

Research has established that socially anxious individuals fear both negative and positive evaluation. However, the specific types of beliefs driving fears of positive evaluation (FPE) requires further investigation. While evolutionary theorists propose that FPE results from fear of social reprisal due to increased competition with higher ranked peers (Weeks & Howell, 2012), other researchers postulate that FPE may be driven by concerns about appearing inadequate in the face of increased social standards (Alden et al., 2008; Moscovitch, 2009). In a previous study on a large sample of undergraduates (Barber & Moscovitch, 2016), we administered the Positive Evaluation Beliefs Scale (PEBS), developed to assess these two constructs, as well as questionnaires assessing social anxiety and FPE. Both fear of reprisal and fear of inadequacy were found to be significant predictors of FPE, but only fear of inadequacy was a significant predictor of social anxiety symptoms. The current study investigated similar questions in a clinical sample of participants with social anxiety disorder (SAD; $n=131$). Regression analyses revealed that only fear of inadequacy predicted FPE ($\beta=.43$, $t(128)=4.59$, $p<.001$), with fear of reprisal failing to contribute significant variance ($\beta=.16$, $t(128)=1.74$, $p=.09$). In a subsequent regression analysis with social anxiety symptoms as the outcome variable, inadequacy was again the lone significant predictor ($\beta=.40$, $t(128)=4.33$, $p<.001$), with reprisal contributing only marginally significant variance ($\beta=.18$, $t(128)=1.93$, $p=.056$). Both models accounted for about 30% of the overall variance in outcomes. These results enhance our understanding of the cognitive substrates of positive evaluation fears in SAD. While fears of inadequacy and reprisal may both contribute to the experience of FPE for individuals with SAD, fear of inadequacy appears to be prominent, thus helping to clarify a longstanding debate within the literature and paving the way for experimental studies to examine these cognitive mechanisms more closely in future research.

Poster #2

A GROUP CBT PROTOCOL FOR SOCIAL ANXIETY COMORBID WITH PSYCHOSIS: A PILOT INVESTIGATION

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Social anxiety (SA) is a substantial clinical issue for people with psychosis-spectrum disorders. It has a prevalence rate of up to five times that in the general population and is a predictor of generally poorer outcome, including elevated risk of suicide and substance use and poorer quality of life, compared to individuals with psychosis but without comorbid SA. There are well established CBT treatments for SA, but (1) individuals with psychosis are often excluded from participating in such interventions when they



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are offered in general outpatient settings, (2) psychotic symptoms, such as hallucinations and delusions, may reduce the effectiveness of the standard cognitive restructuring and exposures that are the foundation of CBT SA treatment and (3) stigma and self-stigma regarding a psychosis diagnosis can act as both causal and maintaining factors for SA in this population but are not addressed in standard SA treatment. In the present pilot investigation, we outline the development of a novel CBT SA group treatment intervention designed specifically for people with psychosis. We evaluated its efficacy in a sample of 7 outpatients (3 female), all of whom had a psychosis-spectrum diagnosis and met criteria for SA. Key components of the intervention included (a) addressing stigma and its connection to SA via shame and a core belief of defectiveness and (b) tailoring SA exposures to minimize interference from hallucinations and delusions. Pre- and post-treatment measures included the Brief Fear of Negative Evaluation-II, the Liebowitz Social Anxiety Scale (self-report version) and the Internalized Stigma of Mental Illness Inventory (10-item version). Results showed that fear and avoidance of social situations declined from the first session of group therapy to follow-up one month after the final session. In discussing the results, we highlight how the interaction between psychosis and social anxiety may complicate progress in a social anxiety intervention.

Poster #3

WHAT MOTIVATES (OR HINDERS) SOCIAL APPROACH BEHAVIOUR FOLLOWING EXCLUSION? AN EXPERIMENTAL INVESTIGATION OF HIGH VS. LOW SOCIALLY ANXIOUS INDIVIDUALS

Taylor Hudd & David A. Moscovitch, Department of Psychology and Centre for Mental Health Research | University of Waterloo

Many high socially anxious (HSA) individuals can recall past experiences of social exclusion that impact their current self, other and world views. Social exclusion events are also common to low-SA (LSA) individuals, but evidence suggests they are not similarly impactful. HSAs might respond to these events in ways that make the experience and memory of social exclusions particularly toxic. For instance, LSAs illustrate behavioural motivation to engage socially following a rejection, perhaps in an effort to restore their social network. Yet, under the same circumstances, HSAs do not illustrate the same social approach response. The current experimental study aims to shed light on the mechanism that facilitates this phenomenon. HSA and LSA undergraduate participants undergo a laboratory-based task in which they are assigned to 1 of 2 conditions where they will be made to feel either excluded or included during a “personalized” online game of catch (“Cyberball”). Subsequently, participants rate their levels of negative/positive affect and social pain—an emotional response to rejection that shares neurological overlap with physical pain. Then, they read and are permitted to “like” profile descriptions ostensibly written by their peers in an online environment in which they are instructed that “liking” others will increase the chance that they will be paired with them to complete a subsequent social task (thus serving as a behavioural measure of social approach). Self-report measures of need to belong and self-esteem are also collected. We expect that HSAs will experience more social pain than LSAs following exclusion and that they will, in turn, engage in reduced social approach. HSAs are expected to have



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lower self-esteem and greater need to belong, thereby heightening their social pain in response to rejection. Data will be fully collected and analyzed by April, 2018.

Poster #4

SOCIAL PROBLEM SOLVING, AUTOBIOGRAPHICAL MEMORY AND INTERPRETATION BIAS IN SOCIAL ANXIETY

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Individuals with depression and post-traumatic stress disorder have been shown to score lower on social problem solving measures than healthy controls. These results are thought to be linked to the clinical groups' impaired ability to recall and draw upon specific autobiographical memories containing rich episodic details. However, people with social anxiety disorder (SAD) tend to retrieve *more* specific episodic details in their memories, raising questions about potential implications in social problem solving abilities in this population. The current study examined social problem solving orientation, negative autobiographical memory retrieval, and interpretation bias in a sample of 33 participants with SAD and 22 healthy control participants. Community participants completed the *Waterloo Images and Memories Interview (WIMI)*, the *Social Problem Solving Inventory – Revised (SPSI-R)*, and both a self-report measure and sentence completion task (SCT) to assess interpretation bias. Between groups analyses demonstrated that SAD participants were more likely to generate and endorse more negative interpretations on the SCT ($d = 0.79$ and 1.47 , respectively) and have higher scores on negative problem solving orientation (NPO) on the SPSI-R, indicating a tendency to solve social problems in an impulsive or avoidant style ($d = 2.65$). Correlational analyses with the total sample revealed that NPO was related to the generation and endorsement of a higher percentage of negative words on the SCT ($r = .629, p < .001$ and $r = .548, p < .001$). Additionally, NPO was significantly positively correlated with negative memory details generated on the WIMI ($r = .344, p = .035$); however, Fischer tests demonstrated that these correlations were significantly reduced in strength compared to the relations between NPO and interpretation bias. The results support the idea that NPO appears to draw more heavily upon automatic negative interpretations of social situations than specific recollections of autobiographical instances, though both may play a contributing role.

Poster #5

NEGATIVE AUTOBIOGRAPHICAL MEMORIES IN SOCIAL ANXIETY DISORDER: EXAMINING THE INFLUENCE OF SELF-PERCEPTION AND SHAME

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Individuals with Social Anxiety Disorder (SAD) commonly report experiencing negative self-images during social encounters that can be traced back to autobiographical memories involving social rejection or humiliation. Prior studies have revealed differences between SAD and non-anxious controls in their



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reported memories of aversive social experiences, where SAD participants' memories of aversive events contained significantly more episodic detail than those of non-anxious individuals. The memories were also appraised as more distressing, intrusive, and informative of their self-perceptions. The following study aimed to replicate and extend these findings by examining differences in current feelings of embarrassment and shame about distressing social memories and differences in recalled social status at the time of the distressing memory. Disparaging views of the self and one's social rank are considered to be primary features of SAD and may help to account for the group differences observed in previous research. Community participants with SAD ($n=33$) and healthy controls (HC; $n=19$) completed the *Waterloo Images and Memories Interview* (WIMI). Consistent with findings from previous studies, the SAD group experienced greater negative affect while recalling the memory ($d = 1.50$), and rated their negative memories as more intrusive ($d = 1.18$) and self-defining ($d = 0.95$). SAD participants also experienced more current feelings of shame about the event ($d = 1.83$) and perceived themselves as holding lower social status at the time of the event ($d = -1.96$). The degree to which the event was perceived by individuals as "self-defining" moderated the relationship between group and current feelings of shame about the event ($\beta = .657, p = .033$). Socially anxious individuals appear more likely to draw stable, negative self-information from negative autobiographical memories and consequently, feel heightened shame each time the memory is activated. Findings will be discussed in light of theoretical models of SAD and autobiographical memories.

Poster #6

SELF-HANDICAPPING AS A MODERATOR OF THE RELATIONSHIP BETWEEN SAFETY BEHAVIOUR USE AND ANTICIPATORY ANXIETY DURING A SPEECH TASK

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Self-handicapping involves premeditated decisions or behaviours that act as external reasons for poor performance. Although self-handicapping has never been examined within the context of safety behaviours (SBs), the constructs may interact and predict anxiety preceding an anxiety-provoking task. The absence of a SB may work as a self-handicap by acting as an external reason for why a speech was poorly delivered (e.g., "I didn't get to use a safety behaviour, so *that's* why I didn't do well on my speech"), thus leading to reduced anxiety preceding the speech. To assess the relationship between self-handicapping, safety behaviours, and anxiety during a speech task, we recruited a sample of speech-anxious individuals ($n = 50$, projected final $N = 100$) to deliver a 10-minute speech in front of a judge. Participants were randomly assigned to deliver the speech either with or without SBs. They completed questionnaires assessing self-handicapping and social anxiety, and rated their anxiety immediately before their speech. Preliminary analyses suggest a moderate correlation between self-handicapping and social anxiety ($r = .51, p < .001$). However, condition (SB vs. no SB) did not predict anticipatory anxiety ($R = .03, F(1, 42) = .05, p = .83$). The condition accounted for .001% of the variance in anticipatory anxiety, and the interaction between self-handicapping and condition did not predict anxiety ($R = .34, \Delta F(1, 41) = .00, p = .99$). The relationship between self-handicapping and social anxiety



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has been neglected in the extant literature, yet this research demonstrates a robust association. Although self-handicapping and SBs together did not predict anticipatory anxiety, these preliminary results suggest that further research on the role of self-handicapping in social anxiety is warranted. Self-handicapping may account for obstacles in treatment and provide information about a distinct population of socially anxious individuals who have differing treatment needs.

Poster #7

"I WAS SO ANXIOUS THAT I BARELY REMEMBER MY SPEECH!" THE INFLUENCE OF SAFETY BEHAVIOUR USE ON ABILITY TO GATHER DISCONFIRMATORY EVIDENCE DURING A SPEECH TASK

Jessica S. Tutino, B.A., Titania Dixon-Luinenburg, Kelsey L. M. Bowie, Molly Rooyakkers., & Allison J. Ouimet, Ph.D. | University of Ottawa

Exposure therapy involves a gradual approach to feared stimuli, which often elicits high state anxiety during initial sessions. The goal of exposure is for clients to gather disconfirmatory evidence about the feared situations, leading to diminished anxiety over repeated sessions. However, as state anxiety increases, cognitive resources are consumed by attention to the anxiety-provoking stimulus. Consequently, clients' ability to attend to disconfirmatory evidence during initial exposure sessions may be compromised. Allowing clients to use safety behaviours judiciously (e.g., keep a bottle of water with them during a speech exposure) during early exposures may lead to reduced anxiety, and therefore increase clients' capacity to identify disconfirming evidence. Speech-anxious participants ($n = 60$, projected final $N = 100$ by May 2018) were randomly assigned to deliver a speech in front of a judge, either with or without safety behaviours. Prior to the speech, participants completed a self-report questionnaire to assess their speech predictions (e.g., how likely it is that they would tremble). Following the speech, participants completed a similar questionnaire to assess the degree to which they believed that those predictions were accurate (e.g., to what degree did they actually tremble). Preliminary findings ($n = 30$ per condition) suggest that participants in both groups reported a significant decrease in their negative pre- to post-speech beliefs ($F(1, 28) = 4.26, p = .04$). However, there were no differences between groups on ability to gather disconfirmatory evidence ($F(1, 28) = .05, p = .82$). These findings have the potential to improve our understanding of the impact of safety behaviours on cognitive processes important to exposure outcomes. Specifically, these findings may shed light on the benefits and drawbacks of judicious use of safety behaviours, and thus, may help to inform cognitive behavioural treatments for anxiety disorders.



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Poster #8

MEASURING SELF- AND OTHER-JUDGEMENTS: EVALUATING THE PSYCHOMETRIC PROPERTIES OF THE WAYS OF THINKING ABOUT SOCIAL BEHAVIOUR QUESTIONNAIRE

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Cognitive-behavioural models suggest that interpretation and judgement biases play a key role in maintaining social anxiety disorder. Many questionnaires assess how individuals evaluate themselves in anxiety-provoking situations, yet fewer assess how they evaluate others—leading to limited understanding of their role in the development and maintenance of social anxiety. To date, researchers have assessed other-judgements using individually created questionnaires; no widely accepted measure of other-judgements exists. The degree to which socially anxious individuals evaluate others in social situations is currently unclear, highlighting the benefit of evaluating self- and other-judgements together. The Ways of Thinking About Social Behaviour Questionnaire (WTSBQ; Voncken et al., 2006) consists of nine vignettes of anxious individuals in social situations. Participants rate how others would think of them if they were the anxious person (Self), and their thoughts about the anxious person if they were an observer (Other). Although researchers have used the WTSBQ, they have yet to examine its psychometric properties. Thus, we evaluated its psychometric properties and assessed its potential for future use. Undergraduate students ($n = 179,500$ anticipated by May 2018) completed an online survey. Preliminary analyses suggest good convergent (e.g., core beliefs, self-compassion; $r_s > .18$, $p_s < .05$) and divergent validity (e.g., fear of positive evaluation; $r = -.05$, $p = .51$) for the WTSBQ-Self. Mixed convergent validity (e.g., other-compassion; $r = .28$, $p < .01$; interpersonal relations, other-oriented perfectionism; $r_s > -.04$, $p_s < .59$), but good divergent validity (e.g., emotion dysregulation, $r = -.04$, $p = .57$) estimates emerged for WTSBQ-Other. T-tests indicate stronger convergent validity correlations than divergent. Reliability and factor structure analyses will be conducted with the full sample. Given that the WTSBQ examines self- and other-judgements, we will discuss our results in terms of refining the measure for use during Cognitive-behavioural therapy for social anxiety disorder.

Poster #9

HOW DO WE STAY SAFE? GROUPING SAFETY BEHAVIOURS IN SOCIAL ANXIETY

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Safety behaviours are strategies that anxious individuals use to shelter themselves from potential social judgment. These strategies protect users from their fears, but also maintain social anxiety by teaching users that their fears were likely avoided by their reliance on the safety strategies themselves. To



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mitigate this process, it is important for researchers and clinicians to have a reliable way of categorizing the many subtle and heterogeneous types of safety behaviours (e.g., from avoiding eye-contact to over-rehearsing conversations; Moscovitch, 2009). The Subtle Avoidance Frequency Examination (SAFE; Cuming et al., 2009) is the most commonly used psychometrically validated measure of social safety behaviours. Developers of the SAFE described a three-factor structure measuring restricting, active, and physical symptom management behaviours, but no studies have attempted to replicate these findings. In the current study, we conducted a confirmatory factor analysis (CFA) on SAFE data collected from an undergraduate sample ($n=328$) and a clinical sample ($n=134$). Results showed that the original factor structure produced poor model fit for the undergraduate sample $\chi^2(461)=1470.70$, $p<.001$; CFI=.820; RMSEA=.082, 90% CI [0.077, 0.87]; and the clinical sample $\chi^2(461)=879.78$, $p<.001$; CFI=.74; RMSEA=.082, 90% CI [0.074, 0.91]. We therefore conducted an exploratory factor analysis using the undergraduate sample to test alternative models. We found that a two-factor structure better fit the data, representing restrictive safety behaviours (e.g., avoiding asking questions) and active safety behaviours (e.g., making excuses about one's appearance). Using a CFA, we replicated the two-factor structure with the clinical sample. This alternative factor structure is more consistent with theoretical classifications of social safety behaviours, which have focused on two subtypes: avoidance and impression management (Plasencia et al., 2011). Thus, this study bolsters the validity and potential utility of the SAFE for measuring and conceptualizing safety behaviours in social anxiety in a manner more consistent with current research.

Poster #10

PSYCHOMETRIC PROPERTIES AND CLINICAL UTILITY OF THE SPECIFIC PHOBIA QUESTIONNAIRE

Melina M. Ovanessian, MA, Department of Psychology, Ryerson University; Nichole Fairbrother, PhD, University of Victoria; Valerie Vorstenbosch, PhD, Ryerson University; Randi E. McCabe, PhD, McMaster University; Karen Rowa, PhD, McMaster University and Martin M. Antony, PhD, Ryerson University

Despite an abundance of self-report measures that screen for the presence of specific phobias, there is a lack of comprehensive, well-validated screening tools for identifying a wide range of fears based on DSM-5 specific phobia types. Thus, we developed a measure to assess fear of a broad range of phobic stimuli, and the extent to which fear interferes with daily life. The *Specific Phobia Questionnaire* (SPQ; Fairbrother & Antony, 2012) was designed to assess the extent of fear and interference for a broad range of objects and situations. The present study assessed the psychometric properties of the SPQ. Data were collected from 2 samples: (1) an adult, treatment-seeking sample ($n=811$) and (2) an undergraduate sample of introductory psychology students ($n=150$). An exploratory factor analysis revealed five factors: (1) Situations and Natural Environment, (2), Blood-Injection-Injury, (3) Animals, (4) Health-Related, and (5) Driving, with internal consistency (Cronbach's α) ranging from .64-.92. The SPQ also demonstrated good convergent and discriminant validity with measures of worry, depression, and measures of other specific phobias, and good test-retest reliability. Results also suggest that SPQ scores are useful for discriminating individuals with specific phobias from those without specific phobias, and for identifying specific phobia types. Overall, preliminary results suggest that the SPQ can serve as a useful tool in both research and clinical settings, and inform intervention and prevention efforts.



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Poster #11

WHAT PREDICTS REPETITIVE AND PROLONGED HAND WASHING?

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Leading models for understanding repetitive behaviour assert that concerns about the safety of oneself or others, combined with an overvalued sense of responsibility, evoke anxiety (Rachman, 2002). This anxiety is not resolved until the person is able to feel certain that potential danger has been neutralized via some kind of action (Salkovskis, 1985; Rachman, 2002). We do not, however, have a good understanding of why that sense of certainty can be so elusive. Prominent explanations suggest that beliefs such as distrust of memory may influence parameters of safety behaviours (such as duration) and that behaviour repetition can have a paradoxical effect on these beliefs, contributing to a self-perpetuating cycle.

Using a naturalistic paradigm, we examined washing behaviours in individuals low and high in fears of contamination ($n = 235$). Findings provide data on the basic phenomenology of hand washing behaviours following contact with a potential contaminant. Those high in fear of contamination washed for significantly longer and included more actions in their wash. They also reported a greater probability of harm occurring, greater severity of potential harm, a greater sense of responsibility for preventing harm, and significantly less trust in their memory and attention. Those high in contamination fears were more likely to report terminating based on an internal sense of cleanliness or completeness. However, increased wash duration was not associated with increased post-wash feelings of cleanliness but rather increased feelings of contamination. Increased wash duration did, however, predict greater post-wash trust in one's senses and greater vividness of memories. Participants who framed their goal for washing in avoidance (rather than approach) terms and those who sought to achieve certainty prior to terminating their behaviour washed for significantly longer. These findings are considered within the theoretical context of cognitive-behavioural models of obsessive-compulsive disorder.

Poster #12

UNWANTED INTRUSIVE THOUGHTS OF HARM IN RESPONSE TO INFANT CRYING AMONG ADOLESCENTS

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Unwanted, intrusive thoughts (UIT) are a common human experience, typically related to one's current concerns and elicited by aversive stimuli and negative mood. There is strong evidence that UIT of infant-related harm (both accidental and intentional) are a normative and likely adaptive postpartum experience. Further, we now have evidence that these UIT can be triggered by infant crying. To date, this phenomenon has not been investigated in adolescents who are often temporary caregivers and potential future parents. The current study investigated UIT of infant-related harm among 130 non-



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parent adolescents (61.5% female) exposed to infant crying during a caregiving experience with a programmed doll, “Ethan”. Participants babysat Ethan for a period of two hours and completed several questionnaires. We tested the hypothesis that (a) gender of caregiver, (b) feelings of responsibility, and (c) negative emotions (i.e., hostile and internalizing) would predict harm thought occurrence and number. Overall, 53.9% of participants reported thoughts of infant-related harm, with no significant gender differences. Increased feelings of responsibility for Ethan predicted fewer harm thoughts ($\beta = -0.23$, $p < 0.05$, 95% CI [-0.78 - (-0.11)]). With respect to negative emotions, participants who reported UIT also reported higher levels of both hostile ($t(120) = -4.30$, $p = .000$) and internalizing emotions ($t(122) = -4.27$, $p = .000$). Moreover, hostile, but not internalizing emotions significantly predicted the number of reported harm thoughts ($\beta = 0.36$, $p < 0.05$, 95% CI [0.098 - 0.37]). Findings show that over half the sample reported UIT of infant-related harm, irrespective of gender, and feelings of responsibility and hostile emotions are predictors of infant-related UIT. They indicate that UIT are part of a normative caregiving experience, even among adolescents, and highlight the need for increased attention to potential UIT and the accompanying distress and frustration among adolescent caregivers of infants.

Poster #13

CBT FOR PERINATAL ANXIETY: AN UPDATE ON A RANDOMIZED CONTROLLED TRIAL

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The perinatal period (pregnancy and the first 12 months postpartum) is a time of many biological, psychological and social changes in a woman’s life. Although this can be a joyful time, many women experience increased distress. The heightened risk for mood disorders in the perinatal period is well-known, but recent evidence shows that anxiety disorders are at least as prevalent, if not more so, than mood disorders (Goodman et al., 2016) and can also be disabling. Psychoactive medication can be effective for anxiety but many women cannot or choose not to take medication during pregnancy or when breastfeeding. As such, there is a critical need for effective non-medical treatments. Cognitive behaviour therapy is an empirically-supported psychological treatment for anxiety and depression but has received little attention in the context of perinatal anxiety. Our research team developed a new group cognitive behaviour therapy program (CBGT; Green et al., 2015) designed specifically to target anxiety symptoms in women during pregnancy and postpartum. A randomized controlled trial to compare the effectiveness of this 6-week CBGT program to a 6-week waitlist is currently underway. An update on the results of this trial will be presented from a sample of 65 women who have completed CBGT or waitlist within this larger trial. It is hypothesized that CBGT will be associated with significantly greater reductions in anxiety, worry and depressive symptoms than waitlist by post-treatment and that gains will be maintained at 3 months following treatment. Client satisfaction with treatment will also be reported. These results will provide initial validation of a new non-medical intervention for this vulnerable population.



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Poster #14

WORRY AND GENERALIZED ANXIETY DISORDER: EXPLORING POTENTIAL GENDER DIFFERENCES

Kendall A. Deleurme & Alexander M. Penney | MacEwan University

Individuals with generalized anxiety disorder (GAD) experience excessive anxiety and uncontrollable worry about potential future negative events across a variety of domains.

Women are diagnosed with GAD at higher rates than men (National Institute of Mental Health, 2016). However, there is a lack of research examining if the predictors of worry and GAD symptoms vary by gender (Bottesi, Martignon, Cerea, & Ghisi, 2018). This study examines how the Emotion Dysregulation Model (EDM) of GAD, focusing on issues with emotions, and the Metacognitive Model (MCM) of GAD, emphasizing negative beliefs about worry, predict worry and GAD symptoms. Self-report measures of worry, GAD symptoms, the EDM, and the MCM were administered to a non-clinical university sample ($N = 377$). Independent samples t-tests were conducted to determine mean differences between men ($n = 248$) and women ($n = 129$) on these variables. Regression analyses investigated what factors uniquely predicted worry and GAD symptoms for men and women. Results demonstrated that women had significantly higher worry, GAD symptoms, negative beliefs about worry, ability to express emotions, and difficulty regulating emotions. Men scored significantly higher on metacognitive-based measures, such as awareness of thought processing and need to control thoughts. Regression analyses showed that negative beliefs about worry and fear of emotions uniquely predicted worry for men, whereas negative beliefs about worry was the only unique predictor for women. Findings also revealed that negative beliefs about worry uniquely predicted GAD symptoms for both genders, while fear of emotions uniquely predicted GAD symptoms for men, and emotional expressivity uniquely predicted GAD symptoms for women. Results may suggest how different models of GAD could be applied to each gender. Further, findings have implications for GAD treatment, encouraging gender-based approaches.

Poster #15

WHAT IS CERTAIN? PROSPECTIVE AND INHIBITORY INTOLERANCE OF UNCERTAINTY AND NEGATIVE BELIEFS ABOUT WORRY DIFFERENTIALLY PREDICT EMOTIONAL DISORDER SYMPTOMS

Christine A. O'Brien, Geoffrey S. Rachor, & Alexander M. Penney | MacEwan University

Researchers have investigated the role of intolerance of uncertainty (IU) and negative beliefs about worry (NBW) in a variety of emotional disorders, such as generalized anxiety disorder (GAD) and depression (McEvoy & Mahoney, 2013), social anxiety (SA; Hearn, Donovan, Spence, & March, 2013), panic disorder (PD; Morisson & Wells, 2002), obsessive-compulsive disorder (OCD; Tolin et al., 2003), and health anxiety (HA; Melli, Carraresi, Poli, & Bailey, 2016). Recently, researchers have begun to explore the role of prospective and inhibitory aspects of IU in emotional disorders (Mahoney & McEvoy, 2013). McEvoy and Mahoney (2013) define prospective anxiety as relating to cognitive anticipation in IU, while inhibitory anxiety relates to behavioural inhibition in IU. Although IU and NBW have been found to



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contribute to various emotional disorders, researchers have not yet examined the role of prospective and inhibitory aspects of IU while taking NBW into account. As such, the current project aimed to further examine prospective and inhibitory aspects of IU in emotional disorders while also considering NBW. An undergraduate non-clinical sample ($N = 505$) completed online measures of IU and NBW, as well as measures of GAD, depression, SA, PD, OCD, and HA. Regression analyses were conducted to examine which cognitive factors were associated with each disorder, while controlling for the comorbidity of emotional disorder symptoms. Prospective IU uniquely predicted GAD, depression, and SA symptoms. Inhibitory IU uniquely predicted GAD, HA, PD, and OCD symptoms. NBW uniquely predicted GAD, depression, SA, and OCD symptoms. These results provide support for the notion that prospective and inhibitory IU may differentially contribute to various emotional disorders. Further, these results also suggest that NBW plays an important role in addition to IU in predicting specific emotional disorder symptoms. Areas for future research and clinical implications will be discussed.

Poster #16

THE RELATION BETWEEN COPING, DISSOCIATION, GENDER, AND TRAUMA FOLLOWING AN MVA
Sydney A. Hirst, Lindsey A. Snaychuk, Lauren E. Marshall, Danielle L. Shinbine, Melanie L. O'Neill
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Motor vehicle accidents (MVAs) are a significant source of trauma that puts individuals at risk for developing posttraumatic stress disorder (PTSD) (Beck & Coffey, 2007). Females are twice as likely to meet the criteria for PTSD despite reporting less exposure to traumatic events than males (Tolin & Foa, 2006). Additionally, avoidance and peritraumatic dissociation are associated with more severe PTSD symptoms, and this relationship has been shown to be stronger among females (Pacella et al., 2011). Community members and university students comprised of females ($n = 94$) and males ($n = 44$) completed a battery of questionnaires including the Accident Fear Questionnaire (AFQ; Kuch et al., 1995) and the Peritraumatic Dissociative Experiences Questionnaire (PDEQ; Marmar et al., 1997). It was hypothesized that individuals who experienced higher levels of avoidance and peritraumatic dissociation would subsequently experience a greater severity in PTSD symptoms, as measured by the Posttraumatic Diagnostic Scale (PDS; Foa et al., 1997). As well, it was predicted that this relationship would be stronger among the female participants. As hypothesized, a correlational analysis indicated that PTSD symptoms are positively correlated with avoidance ($r = .57, p < .001$) and peritraumatic dissociation ($r = .55, p < .001$). Contrary to the hypothesis concerning gender differences, this relationship was stronger among the male participants ($r = .59, p < .001; r = .77, p < .001$) in comparison to the female participants ($r = .55, p < .001; r = .43, p < .001$). This study is a part of a growing body of research on gender specific risk factors of psychopathology and implications are further discussed.



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Poster #17

EFFECTS OF GENDER ON CHARACTER BLAME AND PTSD FOLLOWING A MOTOR VEHICLE ACCIDENT

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Survivors of motor vehicle accidents (MVAs) are at increased risk of developing symptoms of PTSD (Heron-Delaney, Kenardy, Charlton, & Matsuoka 2013). Prevalence rates for PTSD after a MVA are estimated at 23% of adults in Canada and many symptoms of PTSD can have adverse effects on well-being (Fecteau & Nicki, 1999). Historically, research studies comparing gender differences in PTSD symptoms indicate higher symptom severity and pervasiveness in females compared to males (Christiansen & Hansen, 2015). The more commonly experienced symptoms among females include: anxiety, depression, and self-blame (Christiansen & Hansen, 2015). The current study examined character blame, depressive symptoms, and PTSD symptomology in a 138 community, undergraduate university students sample. It was hypothesized that symptoms of character blame, depression, and PTSD would be greater in females ($n = 94$) compared to males ($n = 44$). Contrary to previous research, bivariate correlations indicated that males with PTSD symptoms following a MVA reported higher levels of character blame ($r = .37, p = .01$) than females ($r = .14$) with regression analyses demonstrating a 12% variance in trauma symptoms for men versus a 1% variance in women. These findings indicate that a more detailed explanation into gender differences of the psychological injuries of MVA survivors is necessary. Clinical implications will also be discussed.

Poster #18

NEGATIVE TRAUMA-RELATED COGNITIONS AS A MEDIATOR OF PTSD CHANGE AMONG TREATMENT-SEEKING ACTIVE DUTY MILITARY PERSONNEL WITH PTSD

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Prolonged exposure (PE) therapy is a well-established treatment for posttraumatic stress disorder (PTSD) that was derived from emotional processing theory (EPT; Foa, Huppert, & Cahill, 2006; Foa & Kozak, 1986). EPT emphasizes the role of negative trauma-related cognitions about the self and the world in the development and maintenance of, and recovery from, PTSD. Negative trauma-related cognitions (e.g., "I'm incompetent") were shown to mediate PTSD change during PE (e.g., McLean, Su, & Foa, 2015), but further research is needed to: 1) examine the role of negative cognitions in other PTSD treatments, and 2) test alternative mediators that may also account for change in PTSD symptoms. One possible alternate mediator is cognitive coping self-efficacy, which has been shown to mediate recovery during cognitive behavioral treatment for other anxiety-related disorders (e.g., Goldin et al., 2012), but



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has not been examined as a mediator of PTSD recovery. Using data from a recently completed trial (Foa et al., 2018), the current study tests two candidate mediators (Posttraumatic Cognitions Inventory [PTCI] and Cognitive Emotion Regulation Questionnaire [CERQ]) on interviewer-assessed PTSD symptoms in a large sample (N=219) of active duty military personnel with PTSD randomized to PE or Present Centered Therapy. Lagged mediational analyses will evaluate the relationship between PTCI/CERQ and PTSD symptoms from baseline to 6-month follow-up, controlling for the temporal precedence of mediator versus outcome variables over time. Bootstrapping will be used to estimate confidence intervals and confirm indirect effects. Analyses will examine PTCI and CERQ, separately, as mediators of PTSD change and will identify the most influential mediator using a multiple mediator model. We will also test whether treatment condition (PE or PCT) moderates the relative strength of mediation. Results will be discussed in terms of EPT and conceptualizations of therapeutic mechanisms of change in PTSD.

Poster #19

DEMOGRAPHIC FACTORS ASSOCIATED WITH TRAUMA AND DEPRESSIVE SYMPTOMATOLOGY AFTER A MOTOR VEHICLE ACCIDENT

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Motor Vehicle Accidents (MVA) are a significant factor in the development of both trauma and depressive symptomatology (Beck & Coffey, 2007; Blanchard et al., 1996). Research suggests that trauma symptoms are higher in females and individuals who sustain severe physical injuries, but other demographic vulnerabilities, such as litigation status and employment status after the accident, have not been explored as factors. Additionally, demographic factors for depressive vulnerabilities are lacking. The current study investigated additional demographic factors that could lead in higher susceptibility of trauma or depressive symptomatology after an MVA. A community and university sample (N = 138) filled out a variety of questionnaires about their accident and their mental health, including the Beck Depression Inventory-II (BDI-II; Beck et al., 1996) and the Posttraumatic Diagnostic Scale (PDS; Foa et al., 1997). Depressive and trauma symptoms were found to be significantly higher in participants who were engaged in current litigation and were still out of work due to their MVA. Compared to those employed, t-tests revealed that individuals remaining out of work had the highest levels of posttraumatic stress ($t(94) = 4.52, p < .001$) and depressive symptoms ($t(93)=4.47, p < .001$). In addition, a one-way ANOVA demonstrated a significant effect of litigation status on trauma symptoms [$F(2, 129) = 4.27, p = 0.01$] with individuals having no involvement in litigation having the lowest level of psychological sequelae. Increased attention on demographic factors, such as post-accident employment and litigation, will allow for more effective assessment, particularly in a medical legal context. Implications for treatment will also be discussed.



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Poster #20

THE RELATIONSHIP BETWEEN PAIN, ANGER, AND DEPRESSIVE SYMPTOMS FOLLOWING A MOTOR VEHICLE ACCIDENT

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The range of psychological injuries following trauma are complex and not limited to only PTSD. The interplay between pain and anger may play an important role in an individual's physical and psychological recovery following a motor vehicle accident (Koch et al., 2006). The current study examined the role between pain (BPI; Cleeland & Ryan, 1994), anger (TAS; Bagby et al., 1994), and depressive symptoms (BDI-II; Beck et al., 1996) in a community ($n = 68$) and university student ($n = 62$) sample of survivors of a motor vehicle accident. Pearson correlation coefficients showed positive relationships between pain and depression ($r = .37, p = .0001$), anger and depression ($r = .36, p = .0001$), and unexpectedly, no relationship between pain and anger ($r = .03, p = .35$). Regression analysis demonstrated that pain levels and anger were significant predictors of depressive symptoms ($F_{(2, 130)} = 22.15, p = .0001$), accounting for 24% of the variance in depression. These findings suggest that the role of pain and anger in the development of psychological symptomatology such as depression are important and would benefit from further research attention. Clinical implications will also be discussed.

Poster #21

ARE YOU IN CONTROL? EMOTIONAL CONTROL MEDIATES THE RELATIONSHIP BETWEEN ANXIETY SENSITIVITY AND ANXIETY SEVERITY

Cassandra Fehr, Jessica Tutino, & Allison Ouimet | University of Ottawa

Anxiety sensitivity (AS) is the fear of anxiety-related sensations (e.g., racing heart, dizziness) and their perceived harmful consequences (e.g., heart attack, fainting). AS has been shown to be associated with symptoms of anxiety and is a prominent feature in cognitive behavioural (CBT) models. According to CBT models, beliefs about the meaning of anxiety symptoms contribute to increased hyper-awareness and fear of the sensations, thereby leading to behaviours serving to reduce symptoms (e.g., avoidance). Moreover, anxiety refers to a cognitive-affective process by which an individual perceives a sense of unpredictability and loss of control over negative experiences and emotions, often defined in research as anxiety control (AC). Research has consistently found that individuals who perceive a lack of control over potentially negative events and bodily sensations are at an increased risk of experiencing anxiety-related distress. Additionally, previous research in our lab found that people with higher levels of anxiety sensitivity were more likely to endorse the belief that emotions are overwhelming and uncontrollable, which was in turn, related to anxiety severity. In this study, we investigated whether various aspects of anxiety control (i.e., emotional control, stress control, threat control) mediate the relationship between AS and anxiety severity. Participants ($N = 639$ undergraduate students) completed self-report measures of AS, anxiety severity, and anxiety control. Using parallel mediation, we found that emotional control was the only AC dimension that significantly mediated the relationship between



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AS and anxiety severity. People who reported greater AS also reported reduced perceived ability to control their emotions, and, in turn, greater anxiety severity. These findings are consistent with recent research from our lab that links AS and anxiety severity to perceived difficulty controlling emotions. Clinicians may benefit from addressing the role of clients' perceived emotional control abilities as maintaining mechanisms related to anxiety symptoms, thoughts, and behaviours

Poster #22

RELATION OF ANXIETY SENSITIVITY TO COGNITIVE STYLE DURING EXERCISE

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Introduction. Anxiety sensitivity (AS) is a fear of arousal-related bodily sensations that increases risk of anxiety-related psychopathology. High AS individuals tend to avoid exercise due to feared arousal sensations. Stevinson and Biddle (1998; 1999) proposed a model of cognitive style during exercise that crosses attentional focus (internal/external) and task relevancy (relevant/irrelevant) dimensions to yield four distinct cognitive styles.

Methods. The present study was designed to examine relations between AS and cognitive style during exercise using a recently developed and validated Attention and Distraction during Exercise Questionnaire (ADEQ; Pridy et al., under review) to tap the four cognitive styles in Stevinson and Biddle's model. We hypothesized that AS would either be associated with: (a) an externally-focused, task-irrelevant cognitive style during exercise (reflecting a tendency to cognitively distract during exercise as a coping strategy), or (b) an internally-focused, task-relevant cognitive style (reflecting a tendency to focus on bodily sensations associated with exercise). A sample of 875 undergraduates [M (SD)_{age} = 20.04 (3.04) years] completed the 18-item ADEQ as well as the 18-item Anxiety Sensitivity Index-3. Measures were completed online.

Results. Consistent with one of our two alternative hypotheses, using structural equation modelling, we found a significant, positive association between AS and an internally-focused, task-relevant cognitive style during exercise, where higher AS individuals reported an increased focus on bodily sensations associated with exercise during physical activity.

Discussion. The observed relationship between AS and an internally-focused, task-relevant cognitive style during exercise is likely due to high AS individuals' tendencies to attend to and catastrophize about feared exercise-induced bodily sensations. Future work could test whether this cognitive style during exercise mediates the established relationship between AS and exercise avoidance, and if it is malleable with CBT.



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Poster #23

MINDFULNESS BASED COGNITIVE THERAPY FOR RELAPSE PREVENTION IN AN OUTPATIENT MENTAL HEALTH PROGRAM

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Many publicly funded outpatient mental health programs have struggled to manage access and long waiting times due to the high volume of referrals and need for these services. Ways to increase access has been an identified area of focus within Addictions and Mental Health in Alberta and programs have worked hard to manage and reduce waiting times. One way access can be improved is by helping programs provide relapse prevention and facilitating discharge for clients. The objective of this quality improvement project was to evaluate the outcome of a Mindfulness Based Cognitive Therapy (MBCT) group within an outpatient mental health program. Purposes for this group included: relapse prevention, the development of skills and a way to facilitate discharge for clients in a system where needs tend to be greater than resources.

Twenty individuals experiencing a variety of mental health problems who were within the final two to three months of treatment participated in this group. Data was collected at the onset and completion of the group for 14 individuals. Six month follow-up data was collected for six individuals. Satisfaction with the program has been very high. Results also indicate that there have been reductions in both anxiety (49% reduction) and depressive (50% reduction) symptoms and increased skills and knowledge by which to manage the potential for relapse (84% increase). Symptom reductions appear to be maintained at six month follow-up. Relapse was also assessed by tracking Emergency Department and Urgent Care visits, in addition to inpatient and outpatient admissions within the six months following discharge. This data has shown that participants have not accessed other publicly funded mental health services. Although the sample size is small, this project suggests that MBCT may be useful in reducing relapse and facilitating the ending of therapy within an outpatient mental health program.

Poster #24

SELF-ACCEPTANCE MEDIATES THE RELATIONSHIP BETWEEN MINDFULNESS AND PSYCHOLOGICAL WELL-BEING

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Mindfulness interventions are increasingly used in various mental healthcare areas, as they have been associated with reduced negative emotions, as well as enhanced positive psychological functioning, including happiness, enhanced purpose in life, and positive relationships. Recently self-acceptance has emerged as a strong mediator between mindfulness, emotion regulation, and depression. In part predicated on this observation, the current study examined self-acceptance as a proposed mediator



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between mindfulness and psychological well-being, by testing a model where mindfulness promotes self-acceptance by fostering non-judgmental awareness towards the self and experiences as they arise. Therefore we hypothesized that in addition to the direct benefits of mindfulness on well-being, self-acceptance would mediate this relationship. The present cross-sectional study of 542 college students (37.3% male and 62.7% females) used self-report questionnaires (including the Mindful Attention Awareness Scale, the Unconditional Self-Acceptance Questionnaire, the Acceptance and Action Questionnaire, and a Psychological Well-Being measure) to test this model, and examine the relationships among dispositional mindfulness, psychological well-being, and self-acceptance. Results indicated that an original model that employed the suggested factor constructs did not fit the data well, but an alternative model, in which the mindfulness measure was divided into item parcels, fit the model well, as the relation between mindfulness and psychological well-being was fully mediated by self-acceptance. The pattern of results supports the hypothesis that higher levels of dispositional mindfulness are related to greater self-acceptance, which in turn is associated with improved psychological well-being. Implications of these results for theory and practice of mindfulness interventions are discussed.

Poster #25

SMILE, YOU WILL FEEL ... BETTER? COMPARING EXPRESSIVE SUPPRESSION AND EXPRESSIVE DISSONANCE ON MOOD AND ANXIETY

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Emotion regulation is increasingly incorporated in cognitive-behavioural models of psychopathology. Indeed, research findings suggest that certain emotion regulation strategies may be maladaptive responses to stressors, and consequently represent risk factors for mood and anxiety disorders. Two emotion regulation strategies investigated in this study are *expressive suppression* (ES; the inhibition of an emotional expression following the onset of an emotional experience - a “poker face”) and *expressive dissonance* (ED; displaying an emotional expression incongruent to emotional state – smiling when feeling sad). Research suggests that ES may be a maladaptive ER strategy when used recurrently in response to stressors, as studies have found that people report a decrease in positive mood and increase in anxiety when engaged in ES. In contrast to ES research, the facial feedback hypothesis suggests that positive facial muscle activity (i.e., generating a smile-related expression) can significantly increase positive mood states (e.g., “half-smile” in Dialectical Behaviour Therapy). Our goal was to investigate whether ED is a more adaptive strategy than ES using outcomes of mood and anxiety, as the two strategies have not yet been compared in an experimental paradigm. Fifty-one participants (anticipated $N = 84$ by April 2018) were randomized to use Expressive Suppression ($n = 26$) or Expressive Dissonance ($n = 25$) while watching negative emotion-eliciting images. Our preliminary analyses suggest that relative to baseline, those in the ED group reported significantly greater anxiety ($M_{\text{difference}}=1.53$, $SE=.73$, $t(49)=2.08$, $p=.042$, $d=0.82$) and marginally significantly greater negative mood ($M_{\text{difference}}=-$



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1.06, $SE=.54$, $t(49)=2.08$, $p=.056$, $d=0.55$) after watching the negative images. We will also report findings related to objective measures of anxiety (i.e., electrodermal activity). Our preliminary results suggest that contrary to research supporting the facial feedback hypothesis, displaying a positive expression (i.e., smiling) in response to a negative stressor, may not actually be an adaptive alternative emotion regulation strategy to use.

Poster #26

EFFECTS OF INTERPARENTAL CONFLICT DURING DIVORCE ON OFFSPRING: A MULTIDIMENSIONAL INVESTIGATION

Phillip Radetzki, Psychology Department, MacEwan University, and Sean Rogers, Psychology Department, MacEwan University

Research has revealed the negative consequences divorce has on children. Among other risks, children of divorce are vulnerable to greater levels of anxiety and depression than are children of intact marriages. However, researchers have recently found that not all cases of divorce are equivalent. High levels of interparental conflict during the divorce process not only contributes to major depressive disorder and alcohol dependency in offspring, but also a negative view of family, the self, and the social world. Unfortunately, there are still many effects of interparental conflict on children that remain either under-researched or un-researched. The present study aims to contribute to the area by investigating the impact of interparental conflict during the divorce process on the mental health of adult children. Specifically, it was hypothesized that perceptions of high interparental conflict (PIC) during the divorce process will positively correlate with irrational beliefs (IB), generalized anxiety disorder (GAD), and materialist orientations (MO), while negatively correlating with well-being (WB), emotion regulation (ER), and interpersonal competence (IC) in adult children of divorce. As such, six self-report measures were administered online to a non-clinical sample of psychology university students ($N = 126$). Preliminary analyses revealed significant positive correlations between PIC and PWB and GAD. Meanwhile, analyses revealed significant negative correlations between PIC and IB and ER. Analyses will continue this spring to determine the degree to which PIC predicts the presence of PWB, GAD, and IB, ER. Ultimately, findings may have relevance in guiding families through divorce, including helping those affected along the way.



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Poster #27

CLINICAL IMPLICATIONS FROM A META-ANALYSIS EXAMINING THE ASSOCIATION BETWEEN EARLY LIFE STRESS AND CHILD-/ADOLESCENT-ONSET DEPRESSION

Jennifer-Ashley Hoffmeister, Psychology Department, Biomedical Physiology and Kinesiology Department, Simon Fraser University, Alison Tracy, Psychology Department, University of British Columbia, Eunice Ip, Psychology Department, University of British Columbia, Kathryn L. Humphreys, Psychology Department, Stanford University, and Joelle LeMoult, Psychology Department, University of British Columbia

Several recent meta-analyses have demonstrated the association between experiencing early life stress (ELS) and the onset of depression in adulthood; however, the association between ELS, including different forms of ELS, on child- and adolescent-onset depression has not been quantified in a meta-analysis. We recently conducted a meta-analysis to examine the association between various forms of ELS and major depressive disorder (MDD) diagnosis during childhood or adolescence, and to test which characteristics modify this association (LeMoult, Humphreys et al., in preparation). We found that ELS was associated with significantly increased risk for MDD prior to adulthood. These findings stress the importance of focused prevention of MDD among individuals who experienced ELS and reducing exposure to preventable forms of ELS. There is a small developmental window in which prevention efforts might mitigate the risk for MDD diagnosis, and may have long-term consequences for MDD severity, recurrence, and associated functional impairment. Children and adolescence who have experienced ELS might benefit from targeted interventions that focus on skills, such as emotion regulation, that are impacted by experiencing ELS and that are implicated in risk for depression. Our findings also underscore the importance of understanding different ELS assessment methodology. Interview-based methods of assessing ELS yielded a larger estimated effect size than studies who used alternative methods. Thus, the method of assessing ELS has important clinical implications. One possibility for this finding is that interview-based assessments of ELS allow people to respond with more detailed information than questionnaire-based assessments. In this case, it is possible that the nature of clinical assessments which are interview-based may more accurately determine increased risk for MDD. Overall, results from this meta-analysis are relevant to clinicians working with children and adolescents who have experienced ELS; findings can inform both the method of ELS assessment and the timing of interventions



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Poster 28

GAMBLING-RELATED COGNITIVE DISORTIONS MEDIATE THE RELATIONSHIP BETWEEN DEPRESSION AND PROBLEM GAMBLING SEVERITY

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Previous research has shown that symptoms of depression are highly prevalent among individuals with disordered gambling. Furthermore, depression has been shown to increase problematic gambling behaviors. However, little is known about the psychological mechanism by which symptoms of depression lead to disordered gambling. Herein, we tested whether cognitive distortions may represent one such mechanism, as cognitive distortions are key characteristics in both depression and gambling disorder and have been shown to predict gambling severity. Thus, it is plausible that gamblers with comorbid depression may exhibit greater cognitive distortions, specifically gambling-related cognitive distortions. This association may in turn explain greater gambling severity among individuals with comorbid depression and disordered gambling. We assessed this possibility among 396 treatment-seeking individuals with disordered gambling (224 men, 171 women) in Sao Paulo, Brazil. Diagnoses of gambling disorder were confirmed via structured clinical interviews. Participants also completed self-report measures of depression symptom severity (Beck Depression Inventory-II), gambling-related cognitive distortions (Gamblers' Beliefs Questionnaire), and gambling severity (Gambling Symptom Assessment Scale). Results indicated that increased symptoms of depression were significantly associated with both increased problem gambling severity and increased gambling-related cognitive distortions. Further, gambling-related cognitive distortions predicted greater problem gambling severity when controlling for depressive symptomology. Critically, results from the Preacher and Hayes bootstrapping method indicated that the relationship between symptoms of depression and increased problem gambling severity is mediated by gambling-related cognitive distortions. These results may have important clinical implications. Specifically, cognitive-behaviour therapies may benefit from targeting gambling-related cognitive distortions among individuals with depression and co-morbid disordered gambling.



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Poster #29

COGNITIVE CHANGE IN COGNITIVE BEHAVIOURAL THERAPY VERSUS PHARMACOTHERAPY FOR DEPRESSION: A LONGITUDINAL MEDIATION ANALYSIS

Leanne Quigley, Centre for Addiction and Mental Health; David Dozois, Western University; Lena C. Quilty, Centre for Addiction and Mental Health; University of Toronto

Cognitive behavioural therapy (CBT) has demonstrated efficacy in the treatment of Major Depressive Disorder (MDD). CBT is based on the cognitive model of depression, wherein dysfunctional cognition contributes to the onset and maintenance of depression. CBT is thought to improve depressive symptoms by producing adaptive change in cognition. The present study evaluated whether changes in cognition mediate treatment outcome in CBT versus pharmacotherapy for MDD. The sample consisted of 104 participants meeting diagnostic criteria for MDD as assessed by structured clinical interview. Participants were randomized to receive 16 weeks of CBT ($n = 54$) or antidepressant medication (ADM; $n = 50$). Measures of depressive symptoms (*Hamilton Depression Rating Scale*; HAMD) and cognitive content were collected at Week 0 (pre-treatment), 4, 8, and 16 (post-treatment). The cognitive content measures included the *Dysfunctional Attitudes Scale* (DAS), *Cognitive Distortions Scale* (CDS), and *Automatic Thoughts Questionnaire – Negative* (ATQ-N). Structural equation modeling (i.e., autoregressive mediation models) was used to evaluate the longitudinal relationships between treatment condition, each of the cognitive variables, and depressive symptoms. The results indicated that depressive symptoms and dysfunctional cognition significantly decreased over the treatment period for both the CBT and ADM conditions, and that this decrease occurred earlier in treatment for participants in the ADM condition. In each of the autoregressive mediation models tested, no evidence was found for longitudinal mediation of the relationship between treatment condition and change in depressive symptoms via change in any of the cognitive variables. There was also no evidence for the reverse mediation relationship (mediation of the relationship between treatment condition and change in the cognitive variables via change in depressive symptoms). The study thus did not find support for the cognitive mediation model of CBT; the implications of the results for CBT theory and mechanism research are discussed.



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Poster #30

A CBT APPROACH TO EPISODIC DEPERSONALIZATION

Leanne Quigley, Centre for Addiction and Mental Health, and Judith Laposa, Centre for Addiction and Mental Health; University of Toronto

Depersonalization is a subjective sense of unreality or detachment from oneself. Depersonalization disorder (DPD) involves persistent or recurrent experiences of depersonalization that cause significant distress or impairment in functioning. Despite a documented prevalence rate of 1 – 2%, there is a paucity of scientific inquiry into the nature, etiology, and treatment of DPD. There is currently no empirically supported treatment for DPD and scarce literature to guide clinicians working with patients with this disorder. This poster will review the conceptualization, course, content and outcome of a client who presented for help with episodic depersonalization experiences. Substance use precipitated the onset of the client's depersonalization experiences, which resulted in his perception of an altered form of consciousness that was sustained in the absence of further substance use. He experienced recurrent episodes of depersonalization accompanied by fear of loss of reality/consciousness and destruction of his mind. Treatment included standard CBT interventions, including cognitive restructuring, interoceptive exposures, and situational exposures. Strategies based on Acceptance and Commitment Therapy (ACT) were also incorporated into the treatment. Over 10 sessions, the client experienced a significant reduction in symptoms and improvement in functioning based on subjective report and standardized measures. This case demonstrates the potential utility of CBT and acceptance-based treatment for episodic depersonalization.

Poster #31

INVESTIGATING WHETHER TRAIT COGNITIVE REAPPRAISAL MODERATES THE EFFECTS OF EXPRESSIVE SUPPRESSION ON AFFECT

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Emotion regulation (ER) strategies are responses that allow people to consciously or unconsciously alter the emotional experience of an event. Researchers have investigated the impacts of ER strategies on positive affect and negative affect. While encountering emotion-eliciting events, individuals may attempt to regulate their emotions through cognitive reappraisal (CR) or expressive suppression (ES). People who use CR tend to report higher levels of PA and lower levels of NA than those who use ES. However, the co-activation of these emotion regulation strategies has not been well-studied. The purpose of our study was to investigate how trait cognitive reappraisal moderates the effects of state expressive suppression on mood and anxiety. Sixty female students (anticipated N by April 2018 = 84) completed an online survey assessing ER strategies and psychopathology symptoms. We randomly assigned participants to either maintain an emotionally unexpressive face (expressive suppression) or to react as they normally would as they viewed negatively-valenced arousing pictures from the International Affective Picture System. They reported their affect at 4 points throughout the task using



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the self-assessment manikin. We hypothesized: 1) Participants who self-report high trait CR in both groups will have higher positive affect after the picture task. 2) Participants who self-report high trait CR in both groups will experience lower levels of anxiety after the picture task. Using moderation analyses, our preliminary results suggest that neither trait cognitive reappraisal nor condition predicted positive affect ($F_{(2,47)} = 1.13, p = .35$), or level of anxiety ($F_{(2,47)} = .43, p = .73$). These findings are relevant to cognitive-behavioural therapy (CBT), which often focuses on restructuring cognition and changing behaviour to reduce distress and impairment associated with emotions such as anxiety and depression. Specifically, we will discuss our findings in terms of the interactive effects of simultaneous ER strategy use.

Poster #32

A SYSTEMATIC REVIEW THAT DOCUMENTS THE STRATEGIES INCLUDED IN COGNITIVE AND BEHAVIORAL THERAPY PROGRAMS AND THE EFFECTS ON INTERNALIZED DISORDERS

Catherine Fréchette-Simard, Isabelle Plante and Jonathan Bluteau, Department of Special Education University of Quebec in Montreal

This poster aims to present a systematic review that identifies the strategies used in programs based on cognitive behavioral therapy (CBT) to prevent and treat symptoms of anxiety, depression, and internalized behaviors of children and adolescents. Based on an online search (ERIC, PsycInfo, Virtuose UQAM, and Google Scholar), 61 studies describing different cognitive behavioral programs were selected. Results showed that 40 strategies were implemented in at least one program. However, none of the strategies were systematically present in all programs, and only few were reported in more than 50% of the studies. Cognitive restructuring and problem solving were the most popular strategies to treat depressive symptoms, whereas anxiety programs also generally included relaxation and exposure. Furthermore, six strategies were identified in a single anxiety program, whereas nine strategies were implemented in only one depression program. These results suggest that in anxiety and depression programs designed for children and adolescents, the label “CBT” encompasses a wide variety of programs with only few similar strategies. Such findings highlight the need to define a common basis for CBT programs, in order to better reflect CBT therapy and to identify the effectiveness of the strategies included in these programs.

Poster #33

BUILDING A CBT GROUP PROGRAM AT A COMMUNITY HOSPITAL

Joanna Szczeskiewicz

Trillium Health Partners – Credit Valley Hospital, Mississauga, ON

Most research on effectiveness of CBT groups for anxiety and depression is conducted with clients who meet well defined admission criteria. Everyday practice does not occur in optimal circumstances and requires balancing of referral pressures, treatment criteria and resource availability. In Ontario, most hospitals adopted group based services and rely on Level of Care Utilization Scale (LOCUS) as a resource



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allocation tool. Based on LOCUS scores, clients are assigned to intensive programs (Partial Hospitalization Program or Intensive Outpatient Program) that offer between 10 and 20 hours of group contact per week or an outpatient program that offers up to 3 hours of group contact per week. All programs are time-limited.

At Trillium Health Partners – CVH site, intensive programs are rooted in dialectical behaviour therapy and focus on risk stabilization and building of emotion regulation skills. The outpatient program consists of a CBT group for anxiety and a CBT group for depression.

CBT groups were developed with three objectives in mind: (1) ensuring that the program fits along the continuum with other services with clients entering the program as a stand-alone treatment or as phase two of treatment after completion of DBT; (2) providing evidence-based treatment for symptoms of depression and anxiety; and (3) accounting for needs of clients who present with symptoms of PTSD and/or OCD.

The proposed poster aims to describe program's structure and admission criteria developed to meet these three objectives, use of case conceptualization to personalize treatment and bridge between DBT and CBT, and weaving of OCD and PTSD related information into the group curriculum. Preliminary data show that group completers have achieved clinically significant improvement as measured on BDI-II, BAI and PSWQ. Chronic pain and exacerbation in symptoms of bipolar disorder were the main culprits for treatment non-completion.

Poster #34

CLIENT FEEDBACK REGARDING PERCEIVED STRENGTHS AND AREAS FOR IMPROVEMENT FOLLOWING INTERNET-DELIVERED COGNITIVE BEHAVIOUR THERAPY

Victoria A. M. Owens, Joelle N. Soucy, Heather D. Hadjistavropoulos, Nichole Y. Faller, and Amber Klatt

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Cognitive Behaviour Therapy (CBT) is a well-established treatment for a variety of mental health concerns; unfortunately, barriers to accessing in-person services (e.g., time limitations, stigma) contribute to the undertreatment of mental health. To address these barriers, Internet-delivered CBT (ICBT) was developed and has shown comparable effect sizes to CBT in existing literature. ICBT programs typically involve clients reviewing educational materials online and may be paired with therapeutic support. The current study aimed to understand the perceived strengths and areas for improvement denoted by 135 clients that participated in the Wellbeing Course, a transdiagnostic ICBT program. The Wellbeing Course consists of 5 lessons provided over 8 weeks; the course presents psychoeducation along with information on broad skills that clients can apply to a variety of mental health concerns (e.g., thought challenging). In the current study, the Wellbeing Course was coupled with therapist support, which involved clients receiving weekly online messages from a therapist. At the end of program, feedback was elicited from clients regarding what they liked about the program and suggestions for what can be improved in the future. Of the 278 comments submitted by clients, 177 (i.e., 64%) noted



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perceived strengths and 101 (36%) of statements provided suggestions for ways to improve the program. Feedback suggests that clients perceived the ability to download content for future use, read about other clients' experiences, and the content of the lessons as strengths of the Wellbeing Course. Clients noted several areas for improvement such as increasing the number and variability of client stories available, increasing the allotted time to complete the program, and ensuring therapist availability matches client need. Results from the current study provide insight into preferences among clients seeking ICBT. Areas in which clients suggest improvements will be considered in the future development of ICBT protocols.

Poster #35

INTERNET-DELIVERED COGNITIVE BEHAVIOUR THERAPY FOR CHRONIC HEALTH CONDITIONS: A META-ANALYSIS

Vanessa Peynenburg, Psychology Department, University of Regina, Swati Mehta, Psychology Department, University of Regina, and Heather Hadjistavropoulos, Psychology Department, University of Regina

Chronic health conditions are associated with high levels of psychological distress, with many individuals experiencing comorbid anxiety and or depression. There is a growing body of research examining the use of Internet-delivered cognitive behaviour therapy (ICBT) for managing the symptoms of anxiety and depression in individuals with chronic health conditions. The goal of this current research was to examine the effectiveness of ICBT on anxiety and depression among persons with chronic health conditions. MEDLINE, CINAHL, PsycInfo, EMBASE, and Cochrane were searched for relevant studies published from 1990 to December 2017. A study was included if the following criteria were met: 1) trial examined the use of ICBT; (2) sample experienced a chronic health condition; 3) participants > 18 years of age; and 4) trial reported the effects of ICBT on psychosocial outcomes (e.g., anxiety, depression, etc.). Twenty-one studies met inclusion criteria and investigated the following chronic health conditions: tinnitus ($n=8$), fibromyalgia ($n=3$), pain ($n=5$), rheumatoid arthritis ($n=3$), cardiovascular disease ($n=1$), and spinal cord injury ($n=1$). Pooled analysis was conducted on the primary and condition specific outcomes using the software package Comprehensive Meta-Analysis (version 3). The Cochrane Risk of Bias tool was used to assess the risk of bias on the included studies. Pooled analysis demonstrated small effects of ICBT in improving anxiety ($SDM=0.47\pm 0.09$, 0.30-0.65, $p<.001$) and depression ($SDM=0.43\pm 0.07$, 0.30-0.56, $p <.001$). Sub-analyses of condition specific outcomes also demonstrated small to moderate effects. While ICBT produced similar effects as traditional face to face cognitive behaviour therapy; it was significantly more effective in improving primary outcomes compared to waiting-list and attention controls. ICBT shows promise as an alternative to traditional therapeutic interventions among persons with chronic health conditions. Future research on long term effects of ICBT for individuals with chronic health conditions is warranted.



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Poster #36

DEVELOPMENT OF ONLINE MOTIVATIONAL INTERVIEWING FOR ENHANCING ENGAGEMENT IN INTERNET-DELIVERED COGNITIVE BEHAVIOUR THERAPY

Joelle N. Soucy, Victoria A. Owens, Heather D. Hadjistavropoulos, and Vanessa A. Peynenburg, Psychology Department, University of Regina

Internet-delivered cognitive behaviour therapy (ICBT) is a new approach to disseminating cognitive behaviour therapy (CBT) that improves client access to mental healthcare. Despite the efficacy of ICBT for anxiety and depression, younger clients and clients with higher baseline distress are less likely to complete treatment. Research suggests that ambivalence to change is related to attrition. Motivational interviewing (MI) is designed to resolve ambivalence by facilitating clients' intrinsic motivation to change. Given similar issues of dropout in CBT, MI has been integrated into the treatment process and has further enhanced outcomes. Research on the integration of MI and ICBT has focused solely on MI in the form of static questions. Titov et al. (2010) found that clients with anxiety who received online motivational questions were significantly more likely to complete ICBT relative to those who received no MI, although symptom improvement did not differ between those who did or did not receive MI. Review of the literature on integration of MI in online therapy reveals there is a need to improve how MI is integrated into ICBT. In addition to static questions, videos and personalized written feedback should be offered to more accurately simulate face-to-face MI. This has the potential to maximize outcomes of ICBT. The aim is to describe a recently developed online MI pre-treatment to ICBT that uses questions, videos, and written feedback to engage clients in treatment. Specifically, the MI pre-treatment includes exercises, such as values clarification, importance and confidence rulers, and looking forward and back. Details regarding the protocol will be outlined in the poster along with future research direction involving the protocol. Developing an adjunct to ICBT that aims to resolve ambivalence has the potential to serve as a cost-effective method of improving outcomes, especially among clients who are at increased risk of dropout.

Poster #37

TECHNOLOGY-FACILITATED SEXUAL VIOLENCE: GENDER, ATTITUDES AND EXPERIENCES

Lindsey A. Snaychuk, Psychology Department, Vancouver Island University and Melanie L. O'Neill, Psychology Department, Vancouver Island University

Technology-facilitated sexual violence (TFSV) is an understudied but prevalent phenomenon that can have serious implications on its victims. Historically, research has focused on offline sexual harassment or online harassment of a non-sexual nature, and little time has been dedicated to sexual violence perpetrated through digital means. This research examines the various TFSV behaviours that are commonly experienced by individuals and their attitudes towards such behaviours. The sample ($n = 105$) consisted of undergraduate students enrolled at Vancouver Island University. Participants completed an online survey used to measure their perceived seriousness of certain TFSV behaviours as well as assess their experiences with the specific TFSV behaviours listed on the TFSV-V (Powell & Henry, 2016). Results indicate that females consistency tended to rate TFSV behaviours as more serious than males and be at increased risk of victimization. Females experienced 70% of behaviours listed on the TFSV-V at double



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their rate of their male counterparts. The top three most commonly experienced behaviours on the TFSV-V were different between genders. These findings suggest that gender plays a role in victimization outcomes. Future research should look to further investigate the role that gender plays in TFSV victimization beyond an undergraduate population.

Poster #38

CASE STUDY: A MODULAR APPROACH TO TREATMENT FOR PICA IN YOUNG FEMALE WITH A TRAUMA HISTORY

Rachel Moline¹, Sharon Hou¹, & Kristel Thomassin¹ | ¹University of Guelph

Pica is the persistent consumption of nonnutritive, nonfood substances. The prevalence of this disorder is currently unknown. However, it is typically observed in individuals with intellectual disabilities (ID) and developmental delays. Despite the potentially adverse complications associated with this condition (toxicity, internal obstruction), there is currently no gold standard treatment for pica. The low base rate of this disorder has hindered opportunities for the development of evidence-based treatments. Accordingly, clinicians are likely less inclined to treat this disorder because of limited training opportunities. The present case study outlines the conceptualization and delivery of a modular approach to treatment for a 10-year-old Caucasian female presenting with pica, without a diagnosed ID. The client also presents with a complex trauma history, including severe malnutrition in utero and neglect in her early years. She currently lives with her adoptive parents. Primary targets for treatment included reducing pica behaviours and improving the parent-child relationship; secondary targets included behavioural difficulties and social-emotional concerns. A clinical assessment, using caregiver and child self-report (CBCL, MASC, CDI, Conners), in addition to observations and clinical interviews, was conducted to inform the treatment plan. Thus far, treatment has involved psychoeducation and intervention with caregivers in tandem with individual sessions with the client. Weekly caregiver ratings of the client's pica behaviours and behavioral difficulties were gathered. Over the course of 14 sessions spanning approximately 4 months, marked changes have been observed in both primary and secondary targets. Changes in pica behaviours continue to be monitored over the course of treatment. This case review offers a novel investigation into a modular approach for treating pica in a child without a comorbid ID. Emphasis is placed on outlining the treatment plan given the paucity of evidence-based treatment for this population.



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Poster #39

GROUP COGNITIVE BEHAVIOUR THERAPY FOR CHILDREN WITH ANXIETY AND AUTISM SPECTRUM DISORDER: FEEDBACK AND ACCEPTABILITY AS RATED BY PARENTS, CHILDREN, AND CLINICIANS

Krista Haley Smith Johnston, Psychology Department, BC Children's Hospital & Simon Fraser University; Melanie McConnell, Psychiatry Department, BC Children's Hospital & University of British Columbia; Kristen McFee, Psychology Department, BC Children's Hospital & University of British Columbia; Grace Iarocci, Psychology Department, Simon Fraser University

Facing Your Fears (FYF; Reaven et al., 2011) is a modified, evidence-based (Reaven et al., 2012) group cognitive behavioural therapy (CBT) for anxiety among children with Autism Spectrum Disorder (ASD). The treatment developers have found FYF to have good acceptability ratings from parents, children, and clinicians (mean= 4.15 out of 5; Reaven et al., 2015) in a multi-site US-Canada collaboration. Clinician-researchers at BC Children's Hospital (BCCH) facilitated 15 of these groups with high functioning (IQ>70; mean: 102.08) children with ASD ages 8 - 13 years (mean: 11) and their parents. As a tertiary/quaternary health-care centre, referrals to BCCH are often complex; at intake, children who participated in FYF met criteria for 2.8 anxiety disorders on average, in addition to numerous other mental health concerns (e.g., ADHD, depression, receptive or expressive language disorders). Preliminary analyses indicate statistically significant improvements in anxiety from pre- to post-group (Johnston et al., 2017). The goals of the current clinical evaluation were to assess acceptability as rated by parents (n=65), children (n=60), and clinicians (n=10) who participated in FYF at BCCH. Both quantitative and qualitative feedback will be presented. Overall, acceptability was high as rated by parents (range: 3.57-4.6/5), children (range: 3.29-4.47/5), and clinicians (3.52/4). Parents, children and clinicians agreed that graded exposure was one of the most helpful components of the group; however, only 3 of the 5 published RCTs examining group CBT treatment for youth with ASD and anxiety include exposure. Clinicians were asked to evaluate their skill development in several core areas (e.g., mental health issues in ASD, modified CBT, behaviour management skills), identify core components of the treatment for participants, and provide qualitative feedback about important and challenging aspects of facilitating group. Discussion aims to support ongoing efforts to facilitate community dissemination.

Poster #40

PRELIMINARY FINDINGS FROM A GROUP-BASED EVALUATION OF COMPREHENSIVE BEHAVIOURAL INTERVENTION FOR TICS IN ELEMENTARY-AGED CHILDREN

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Comprehensive Behavioral Intervention for Tics (CBIT) is as an evidence-based treatment for decreasing tic frequency, severity, and related impairment (Woods et al., 2008). Despite promising advances in the psychological treatment of tic disorders, most children in need of intervention have not received CBIT (Woods et al., 2010). A promising avenue for addressing this service-delivery gap is to offer the intervention in a group-based format. Group delivery of CBIT has the potential to provide services to more individuals in need of intervention for tics. The present study attempted to address this gap by



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evaluating the acceptability and effectiveness of group-based CBIT (i.e., “Tic Busters”) for reducing tic severity, number of tics, tic frequency and tic-related impairment in children with tics. Seventeen 9- to 12-year-old children with tics and their parents participated in an eight session group-based CBIT. Outcomes for children with tics were assessed before and following group using questionnaire (child and parent) and clinician rated semi-structured interviews (Yale Global Tic Severity Scale). Data were analyzed using within-subjects analysis of group treatment outcomes. Preliminary results from the first 17 participants ($n=20$ by the time of the presentation) revealed that children who participated in the Tic Busters group had significantly fewer tics ($M= 5.9, SE= 0.5$ vs $M= 4.4, SE= 0.6$), less frequently occurring tics ($M= 6.2, SE= 0.6$ vs $M= 4.4, SE= 0.5$) and less severe tics ($M= 28.3, SE= 2.2$ vs $M= 17.6, SE= 2.5$; $t(12)= 4.35, p< .01$) overall, following treatment. Tic-related impairment was also significantly lower ($M= 27.5, SE= 3.5$ vs $M= 11.7, SE= 3.7$) following treatment, $t(11)= 3.98, p< .01$. Parents were also satisfied with the group ($M = 4.57$; range = 3.7 – 5.0). The study provides initial evidence supporting the acceptability and effectiveness of group-based CBIT in a clinical sample of elementary-aged children.

Poster #41

CBT FOR CHILDREN & YOUTH WITH INTELLECTUAL DISABILITY & ANXIETY

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Reported prevalence rates of mental health concerns are significantly higher amongst children with limited intellectual functioning than amongst typically developing children (Douma et al., 2006). Approximately 6% to 17% of typically developing youth meet criteria for a psychiatric disorder, compared to 25%-50% of youth with intellectual disabilities (Dekker & Koot, 2003). Of psychiatric disorders, anxiety disorders are the most prevalent, yet least treated mental health concern across all children and adolescents (Chavira, Stein, Bailey, & Stein, 2004). Research exploring how to support anxiety in people with limited intellectual functioning has lagged behind research focused on the broader population (Hagopian & Jannet, 2008). Cognitive Behavioral Therapy (CBT) has a large evidence base in reducing anxiety (Hofmann & Smits, 2008). Although individuals with intellectual disability may have some of the requisite skills to engage in CBT, recognizing cognitions and cognitive mediation appear to be particularly challenging for this cohort (Oathamsahw & Haddock, 2006). Further, CBT relies heavily on verbal communication. CBT may need to be rethought for children with intellectual disability, as verbal communication is typically an area of difficulty (Gargiulo, 2009; Rice, 1989). Research on evidence-based interventions or modifications to CBT that support children and youth with intellectual disability and coexisting verbal and metacognitive difficulties in how to manage feelings of anxiety is critical. This poster will summarize the current body of research surrounding CBT for children and youth with intellectual disability and comorbid anxiety. Implications for clinical and community based practice will be discussed. Resources for further reading will be referenced.



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Poster #42

THE ASSOCIATION BETWEEN PARENT AND CHILD PSYCHOPATHOLOGY: THE ROLE OF EMOTION REGULATION AND PARENTAL EMOTION SOCIALIZATION

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Kristel Thomassin, Department of Psychology, University of Guelph

Research has demonstrated a link between parent psychopathology and children's development of psychological problems. Given the implications of emotion skills in psychopathology, literature has extrapolated that parents' psychopathology may be transmitted to children through emotion-related factors. We sought to examine emotion-related parental and child factors in tandem, to investigate a possible multiple-mediational pathway by which parental psychopathology is associated with child psychopathology in a large sample ($n=704$) of parents (50% mothers) of children aged 8 to 12 years. Parents completed self-report measures, including the Brief Symptoms Inventory-18, Difficulties in Emotion Regulation Scale, and Coping with Children's Negative Emotions Scale, and measures about their child, including the Brief Monitor Scale, and Emotion Regulation Checklist. Using SPSS multiple-mediation PROCESS macros, we included parents' emotion regulation difficulties, parents' unsupportive reactions to children's negative emotions, and children's emotion regulation skills as mediators in tandem. All variables significantly mediated the link between parents' and children's psychopathology symptoms. Higher parent psychopathology symptoms were related to higher difficulties in parents' emotion regulation skills ($b = 1.231, SE = .057, t(702) = 21.254, p < .001$), which were related to higher parental unsupportive reactions to children's negative emotions ($b = .020, SE = .001, t(701) = 14.883, p < .001$). Higher unsupportive parental reactions were related to lower adaptive child emotion regulation skills ($b = -1.199, SE = .161, t(700) = -7.468, p < .001$), which were related to higher child psychopathology symptoms ($b = -.391, SE = .067, t(699) = -5.859, p < .001$). These findings emphasize possible avenues for innovation in altering these trajectories and promoting positive, healthy psychological outcomes for children of parents with psychopathology. For instance, emotion-related parenting training coupled with interventions to improve emotion regulation skills for these parents may contribute to the prevention of the potential adverse psychological outcomes for their children.



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Poster #43

THE PERPETUATION OF PROBLEMATIC BELIEFS: ADVERSE CHILDHOOD EVENTS AND EXPERIENCES WITH GUILT AND SHAME IN ADULTHOOD AS MEDIATED BY INTERPERSONAL PROBLEMS

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Adverse childhood events (ACEs) are linked to an array of psychological difficulties in adulthood (Felitti et al., 1998). Specifically, ACEs can lead to externalized emotional problems that manifest in the form of guilt-related cognitions, and internalized problems such as shame-related cognitions (Covert et al., 2003). This study's purpose was to understand the mediating impact of interpersonal problems on the connection between ACEs and guilt- and shame-related cognitions in adults. We investigated interpersonal problems that have been linked to guilt and shame: sensitivity, ambivalence, and aggression (Horowitz et al 1988). The Adverse Childhood Events Questionnaire (ACE), the Inventory of Interpersonal Problems (IIP-PD), and the Personal Feelings Questionnaire 2 (PFQ-2 Brief) were administered to participants ($n = 249$) from a community sample living in Western Canada at a single time point. Participants were 45.6% White, 38.4% Asian, 86% heterosexual, 73.2% female with an average age of 25.9 years ($SD = 10.6$), and 72.8% with an average socio-economic status (SES) of less than \$20,000 per year. Results indicated that the relationship between ACEs and guilt was mediated by interpersonal sensitivity, $b = .415$, $t(249) = 4.195$, $p < .001$, and interpersonal aggression, $b = 1.95$, $t(249) = 2.170$, $p < .05$. Additionally, the relationship between ACEs and shame was mediated by interpersonal sensitivity, $b = .523$, $t(249) = 5.730$, $p < .001$. This study indicated the mediating effect of interpersonal problems on guilt and shame in adults who have experienced ACEs. It builds on foundational knowledge about the effects of trauma during childhood. These findings indicate that clinicians may impact guilt- and shame-related cognitions by targeting interpersonal problems. Specifically, interpersonal sensitivity and interpersonal aggression to reduce guilt and interpersonal sensitivity to reduce shame. Continued research will further our understanding of how cognitive-behavioural therapists can use interpersonal contexts to impact maladaptive beliefs.

Poster #44

EVALUATING GROUP THERAPY IN AN ADULT CONCURRENT DISORDERS OUTPATIENT PROGRAM

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Group therapy is often a central component of treatment for adults with concurrent disorders; however, the evaluation of its effectiveness is often overlooked due to time constraints, clinical demands, and less emphasis on research in publicly-funded outpatient programs. Adults in our program spend 66% of their



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time in groups, underscoring its importance in being evaluated. Our core groups include Level III (intended for patients who are contemplative about changing their addiction and includes groups on motivational interviewing, emotional coping, and communication), and Level IV (intended for patients committed to abstinence and includes groups on cognitive-behavior therapy (CBT), emotional regulation, and life traps). The current study evaluated these groups by determining whether patients a) improved regarding mental health and motivation to change substance use, and b) were satisfied with the groups. In 2016-2017, 55 patients in Level III and 58 patients in Level IV completed pre- and post-group questionnaires, including the Decisional Balance Questionnaire (DBQ; Prochaska & DiClemente, 1983), Brief Symptom Inventory (BSI; Derogatis & Spencer), and satisfaction surveys. Regarding Level III, on the DBQ, there was a significant reduction in patients' positive reasons for continuing to drink/use drugs ($p = .045$) and a significant increase in patients' negative consequences associated with their drinking/drug use ($p = .032$). There were significant reductions in scores on all BSI subscales (e.g., Depression, Anxiety; $p < .05$) excluding the Somatization subscale. Patients rated the quality of Level III as excellent (48%), good (47%), and fair (5%). Regarding Level IV, there were significant reductions in scores on all BSI subscales ($p < .05$), excluding the Anxiety subscale. Patients rated the quality of Level IV as excellent (64%), good (34%), and fair (2%), with the CBT group component being rated the most favorably. The implications of these findings and for improving program evaluation will be discussed.

Poster #45

ASSESSING THE EFFECTIVENESS OF AN ADOLESCENT CONCURRENT DISORDERS TREATMENT PROGRAM USING A NEW PROGRAM EVALUATION STRATEGY

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Program evaluation is an important component of outpatient mental health programs for determining the impact and effectiveness of services and for making decisions on how to strengthen existing programs. Our outpatient treatment program for adolescents with concurrent disorders consists of open-ended individual and family therapy involving motivational interviewing and cognitive behaviour therapy as well as psychiatric consultation. Program evaluation historically entailed administering outcome measures at intake and discharge; however, early dropout rates and time limitations of clinicians led to small and skewed sample sizes. The current study analyzed a new program evaluation strategy to determine whether a) the sample size increased, b) the selected measures were sensitive to change, c) patients improved regarding substance use and mental health symptoms, and d) patients and parents were satisfied with the program. From 2016-2018, approximately 80 adolescents (aged 14-21) completed baseline and follow-up measures at 3 month intervals until discharge. Measures included the Substance Use Questionnaire (SUQ; Brache, 2013), Brief Symptom Inventory (BSI; Derogatis & Spencer, 1982), and treatment satisfaction surveys completed by a parent/guardian and the patient. Repeated measures ANOVA compared means of SUQ variables (e.g., typical substance use, past week substance use) and BSI subscale t-scores (e.g., depression, anxiety) over multiple time-points to determine improvement and/or change in substance use and mental health symptoms over the course of treatment, and descriptive analyses summarized treatment satisfaction over time. Implications for program improvement as well as for future program evaluation initiatives will be discussed.



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Poster #46

IF I LIKE IT, I MAY SEEK IT: THE POSITIVE INTERPRETATION OF BODILY SENSATIONS AND SEXUAL SENSATION SEEKING MEDIATE THE RELATIONSHIP BETWEEN GENDER AND PARAPHILIC INTERESTS

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In nonclinical samples, men report more paraphilic sexual interests than women (Dawson et al., 2016). Recent research suggests that men interpret their bodily sensations more positively than women (Kane & Ashbaugh, 2017), which could account for the sex difference in arousal toward paraphilic acts. Additionally, men report greater sexual sensation seeking (SSS) than women (Kalichman et al., 1995). It is also probable that people who interpret their bodily sensations more positively also report more SSS. Thus, the current study examined whether the positive interpretation of bodily sensations and SSS would mediate the relationship between gender and paraphilic interests. Two hundred ninety-four undergraduate students (50% men, 50% women) completed the Positive Interpretation of Bodily Sensations Scale (Kane & Ashbaugh, 2017), the Sexual Sensation Seeking Scale (Kalichman et al., 1995), and the Paraphilia Scale-Interests subscale (Seto et al., 2012). Paraphilic interests were rated on a bipolar scale from -3 (indicating repulsion) to +3 (indicating arousal). A serial mediation (10,000 bootstrap samples) was conducted with gender and paraphilic interests as the independent and outcome variables, respectively. The positive interpretation of bodily sensations and SSS were included as mediators in this order. Results indicated that men's greater arousal/lesser repulsion to the paraphilic interests was mediated through two pathways: 1) greater SSS, and 2) a more positive interpretation of bodily sensations, which was in turn related to greater SSS. With the mediators, gender's effect on paraphilic interests was no longer significant. These findings suggest that the ways in which people interpret their bodily sensations, as well as their tendency to seek varied, novel, and high-risk sexual experiences, play a key role in explaining sex differences in atypical sexual interests. Etiological implications are discussed.

Poster #47

CONQUERING INSOMNIA: COGNITIVE BEHAVIORAL THERAPY FOR INSOMNIA (CBT-I) -WORKSHOP FOR COMMUNITY MENTAL HEALTH CARE PROVIDERS

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Insomnia affects 15-33% of the population with even higher prevalence rates in the elderly and clinical populations. CBT-I (Cognitive Behavioral Therapy for Insomnia) is considered the first-line treatment for chronic insomnia due to its superior long-term efficacy, lack of side effects, and patient preference compared to sedative-hypnotics, which are associated with significant side effects and risks. CBT-I also doubles the improvement rates of depression compared to antidepressant medication alone in depressed patients with insomnia. It improves other co-morbidities including pain and fibromyalgia, substance abuse, and PTSD. There is a shortage of clinicians trained to deliver this highly effective treatment.



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A half-day workshop (didactic presentation, case-examples and video demonstration) was designed for CMH providers to provide education about CBT-I.

The workshop was evaluated through a satisfaction evaluation questionnaire and a pre-/post-workshop knowledge questionnaire. 87.5% of participants were satisfied with the workshop and 96.4 % of respondents agreed that the workshop was relevant to their work. After the workshop, learners showed increased self-perceived confidence in CBT-I related knowledge including the components and assessment of sleep hygiene. Additionally, their self-perceived confidence in ability to implement CBT-I in their practice improved. Conclusion/ Limitations: A brief interactional workshop can increase providers' self-perceived knowledge and comfort with using CBT-I strategies in patient care. Longitudinal instruction with higher-level evaluation is needed for more meaningful impact on practice changes and clinical outcomes.

Poster #48

SENSITIVITY TO REWARD AND PUNISHMENT DIFFERENTIATES ASPECTS OF DISORDERED EATING

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Researchers have begun to substantiate the critical role that sensitivity to reward and punishment holds in disordered eating (DE; Stapleton & Whitehead, 2014). Specifically, heightened sensitivity to reward may promote overeating (i.e. vulnerability for bingeing behaviours; BB; Eneva et al., 2017; Schienle, Schafer, Hermann, Vaitl, 2009) whereas higher sensitivity to punishment may increase fear of being overweight and lead to greater weight control behaviours (i.e. purging, restricting, exercise, laxatives; WCB; Eneva et al., 2017; Mussap, 2007). The current study examined the relationship between self-reported scores of sensitivity to punishment and reward (SPSRQ; Torrubia, Avila, Molto & Caseras, 2001) and DE in first-year undergraduate students (N = 349, 73% female). DE group classification indicated that 17% of participants reported engaging in WCB, 23% in BB, 17% in both WCB and BB, and 44% reported no DE, with significantly different endorsement rates between genders for the WCB (89% female) and BB (59% female) groups ($\chi^2 = 17.52, p < .001$). MANOVA analysis revealed that sensitivity to reward differed between groups ($F(3, 341) = 5.53; p = .001$); individuals who engaged in either WCB ($p = .009$), BB ($p = .008$), or both ($p = .000$), had higher reward sensitivity than individuals who had no DE. Results for sensitivity to punishment indicated ($F(3, 341) = 4.07, p = .007$) that individuals who engaged in both WCB and BB had higher punishment sensitivity than those who engaged in only BB ($p = .003$) or no DE ($p = .004$). Males were higher in reward $F(1, 341) = 13.73; p = .000$ and lower in punishment $F(1, 341) = 5.65; p = .018$) than females, however, there were no gender by group interactions. Results indicate that heightened reward may be a risk factor for DE, and heightened punishment may be a risk factor for multi- versus single-method DE.



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Poster #49

LONG-TERM ASSESSMENT OF THERAPISTS' CONTINUED USE OF EVIDENCE-BASED PRACTICES FOLLOWING PARTICIPATION IN AN EFFECTIVENESS TRIAL

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In recent decades, there has been an increased demand for the dissemination of evidence-based practices (EBPs) in clinical care settings, which has led to a surge of research on the implementation and sustainability of EBPs. Given the significant resources needed to implement EBPs, one important area of research focus has been on whether therapists trained in these EBPs continue to use the therapeutic techniques and programs post-training or post-research trial. The current study examined continued use of a transdiagnostic treatment, the MATCH program (Modular Approach to Therapy for Children and Adolescents with Anxiety, Depression, Trauma, or Conduct Problems; Chorpita & Weisz, 2009), that includes 33 empirically-supported practices (referred to as 'modules'). The sample of therapists had participated, about 5 years earlier, in a randomized effectiveness trial of MATCH in community mental health agencies in the northeastern United States. Twenty-eight therapists (74% of total eligible therapists) completed questionnaires on their current use of MATCH modules, on perceived effectiveness and difficulty of each module, their attitudes toward EBPs, and their satisfaction with the MATCH program. Continued use ranged from 46% to 58% ($M = 51%$) for Anxiety modules, 46% to 64% ($M = 53%$) for Depression modules, 33% to 42% for Trauma modules ($M = 37%$), and 38% to 69% ($M = 57%$) for Conduct modules. The modules used most frequently were Relaxation for Depression, Getting Acquainted for Anxiety, Safety Planning for Traumatic Stress, and Praise for Conduct Problems. Additional analyses will examine perceived effectiveness and difficulty as well as variables (e.g., therapist attitudes) that may be related to continued use. Knowledge about the extent to which EBPs are sustained years later by therapists may offer important insights into ways to maximize resources and facilitate implementation and sustainability.

Poster #50

AT-RISK LEVELS OF BORDERLINE PERSONALITY FEATURES AND DIFFICULTIES IN EMOTION REGULATION AMONG SEXUAL MINORITY ADULTS

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Emerging research indicates that sexual minorities are overrepresented among individuals with borderline personality disorder (BPD) and among those with at-risk levels of borderline personality (BP) features (Zanarini, 2008; Reuter et al., 2016). These studies, however, focus primarily on adults from inpatient settings or adolescents from the community. Therefore, little is known about the rates of sexual minority adults with at-risk levels of BP features in outpatient settings. To address this gap, the current sample was derived from five studies using community and university samples ($N = 519$; $M_{\text{age}} = 21.62$, $SD = 5.29$; 75% female; 48% Asian) to compare the at-risk levels of BP features and difficulties with emotion regulation among sexual minorities and their heterosexual counterparts. Seventy-two



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participants self-identified as being sexual minorities (i.e., they reported sexual orientations that were not primarily heterosexual). Participants were assessed for BP features (PAI-BOR; Morey, 1991) and difficulties in emotion regulation (DERS-SF; Kaufman et al., 2015). The results indicated that sexual minorities reported higher levels of BP features ($M = 35.46$, $SD = 13.18$; $t = -4.08$, $p < 0.001$) and difficulties with emotion regulation ($M = 48.80$, $SD = 12.24$; $t = -4.02$, $p < 0.001$) compared to their heterosexual counterparts ($M = 28.86$, $SD = 12.95$; $M = 41.78$, $SD = 12.62$, respectively). A greater proportion of sexual minorities reported at-risk levels of BP features (41.7%) compared to their heterosexual counterparts (26.2%; $\chi^2 = 7.33$, $p = 0.007$). These findings are comparable to past research conducted with clinical and adolescent community populations (Hatzenbuehler et al., 2008; Reuter et al., 2016), further highlighting the need for more research on the mechanisms that put sexual minorities at-risk for BPD. These results also suggest that emotion regulation deficits could be an important treatment target for sexual minorities presenting with at-risk levels of BP features.