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WORKSHOPS

WS-01

The Therapeutic Relationship: Ruptures and Repair

C. F. Eubanks

Adelphi University, Gordon F. Derner School of Psychology, Garden City, USA

Research has consistently demonstrated that a strong working alliance between patient and therapist is a robust predictor of good outcome in psychotherapy across different theoretical orientations, treatment modalities, and patient diagnoses. A growing body of research has also demonstrated that problems, or ruptures in the alliance can be an obstacle to therapy: they are predictive of poor outcome and premature dropout. At the same time, however, the successful repair of ruptures is associated with improved outcome, consistent with the idea that rupture repair provides an opportunity to enhance psychotherapy. This workshop will focus on helping therapists to recognize and address ruptures in the therapeutic alliance. We will discuss and practice identifying interpersonal markers of ruptures: interpersonal behaviors of confrontation (movements against) and withdrawal (movements away) that both patient and therapist may engage in during a therapy session. We will also discuss and practice identifying intrapersonal markers of rupture: therapists' emotions and internal experiences that can alert them to the presence of a rupture. Finally, we will discuss different strategies for repairing ruptures: immediate strategies that aim to address the rupture and get treatment "back on track," as well as expressive strategies, particularly the use of metacommunication to explore the patient's and the therapist's experience of the rupture. We will utilize exercises from Alliance-Focused Training to give participants an opportunity to practice addressing ruptures they have encountered in their own clinical work.



B. Chorpita¹, K.D. Becker²

¹ UCLA, Los Angeles, USA

² University of South Carolina, Columbia, USA

DESCRIPTION:

Low treatment engagement is one of the most common obstacles that clinicians encounter, impacting at least half of all cases in treatment. Addressing these challenges is complex for two reasons: (1) engagement concerns are quite varied and therefore difficult to detect and (2) the evidence base on youth engagement interventions is highly fragmented and unfamiliar to most mental health providers (and researchers).

This workshop will demonstrate a comprehensive system for addressing youth and family engagement concerns that includes: (1) detecting and prioritizing concerns, (2) selecting a well-suited engagement strategy from the evidence base for the prioritized concerns, (3) preparing to apply the strategy in clinical care, (4) delivering the strategy in a treatment session, and (5) measuring whether the chosen strategy improved engagement.

LEARNING OBJECTIVES:

- Explain the 5 dimensions of treatment engagement and identify at least 2 methods for measuring each.
- Describe the flow of evidence-based clinical reasoning and actions related to treatment engagement and identify resources that support each.
- Demonstrate the flow of evidence-based clinical reasoning and actions to plan for addressing treatment engagement concerns for a youth or caregiver.
- Recognize how to apply up to 11 different evidence-based procedures for youth and family engagement.

IDEAL AUDIENCE:

Individuals involved at any level of service delivery to youth and families. This could include clinicians, supervisors, trainees, agency administrators, training directors, as well as clinical trial researchers seeking to improve treatment response in research settings.

RECOMMENDED MATERIALS:

MAP Engagement System
(<https://welcome.practicewise.com/product/map-engagement-system/>)

RELEVANT READINGS:

Chorpita, B.F., Becker, K.D., Park, A.L., Lakind, D., Guan, K., Boustani, M.M., Boyd, M.R., Chu, W., Wu, E.G., & Knudsen, K.S. (2025). Cultivating evidence-based reasoning and action in youth mental healthcare: The Reaching Families multisite randomized trial. *Journal of Consulting and Clinical Psychology*, 93, 65-82. <https://doi.org/10.1037/ccp0000939>.

Becker, K.D., & Chorpita, B.F. (2023). Future directions in youth and family treatment engagement: Finishing the bridge between science and practice. *Journal of Clinical Child & Adolescent Psychology*, 52, 284-309. <https://doi.org/10.1080/15374416.2023.2169926>

Chorpita, B. F., & Becker, K.D. (2022). Dimensions of treatment engagement among youth and caregivers: Structural validity of the REACH framework. *Journal of Consulting and Clinical Psychology*, 90, 258–271. <https://doi.org/10.1037/ccp0000711>

KEYNOTES

K-01

Towards a Translational Model of Childhood Trauma: From Brain Development to Evidence-Based Treatment and Beyond

P. Pechtel

Child and Youth Advocacy Centre, Kelowna, Canada

Over the last 20 years, neurobiological research has critically enhanced our understanding of the impact of childhood trauma on brain development. Despite this progress, significant gaps remain in effectively translating basic research into frontline clinical work for children, youth, and families who experienced trauma. In this talk, I aim to address this need by extracting key guiding principles from the last two decades of research on brain development to evaluate their role in current evidence-based interventions (e.g., PTSD), novel treatment approaches (e.g., social connectedness) and in optimizing clinical contexts. Finally, I will discuss examples of how this translational model of childhood trauma has guided the development of a large-scale, multidisciplinary Child and Youth Advocacy Centre and an “on-the-land” therapeutic community for indigenous and non-indigenous youth.

K-02

A dynamic framework for evidence-based psychological treatments for children and adolescents

B. Chorpita

UCLA, Los Angeles, USA

This presentation will illustrate models for the systematic and strategic application of the best available evidence to guide goal-directed decision making and practice. The historical context will be reviewed concerning the need for broad solutions to improve service quality and outcomes, including the development of the Managing and Adapting Practice (MAP) system, which includes a direct service model for organizing, designing, and implementing evidence-informed practices with youth and families. Key technologies to improve clinical decision making and improve practices and outcomes will be illustrated, and the research supporting these approaches will be presented. Finally, this talk will include an overview of workforce development, education, and training strategies that allow scaling these approaches across systems, regions, and nations.

LEARNING OBJECTIVES:

- Explain the key attributes of the youth mental health treatment literature, and how its size and complexity act as a barrier to implementation.
- Describe the coordinated flow of evidence-based clinical reasoning and action as it spans multiple supervision and treatment events for a specific case.
- Outline key activities, problems, and practices implicated in the use of research evidence in clinical care for youth and families.
- Recognize possible training pathways for a variety of professional and student populations

RELEVANT READINGS:

Chorpita, B. F., & Daleiden, E. L. (2009). Mapping evidence-based treatments for children and adolescents: Application of the distillation and matching model to 615 treatments from 322 randomized trials. *Journal of Consulting and Clinical Psychology*, 77, 566-579.

Chorpita, B. F., & Daleiden, E. L. (2014). Structuring the collaboration of science and service in pursuit of a shared vision. *Journal of Clinical Child and Adolescent Psychology*, 43, 323-338.

Chorpita, B.F., Daleiden, E.L., Park, A.L., Ward, A. M., Levy, M. C., Cromley, T., Chiu, A. W., Letamendi, A, M., Tsai, H. H., & Krull, J. L. (2017). Child STEPs in California: A randomized effectiveness trial comparing modular treatment with community implemented treatment for youth with anxiety, depression, conduct problems, or traumatic stress. *Journal of Consulting and Clinical Psychology*, 85, 13-25. Chorpita, B. F., & Daleiden, E. L. (2018). Coordinated strategic action: Aspiring to wisdom in mental health service systems. *Clinical Psychology: Science and Practice*, 25, 1-14.

Southam-Gerow, M. A., Daleiden, E. L., Chorpita, B. F., Bae, C. Mitchell, C., Faye, M., & Alba, M. (2013). MAPping Los Angeles County: Taking an evidence-informed model of mental health care to scale. *Journal of Clinical Child and Adolescent Psychology*, 43, 190-200



C. Eubanks

Adelphi University, Gordon F Derner School of Psychology, Garden City, USA

A growing body of research has found that alliance ruptures present both obstacles and opportunities: unrepaired ruptures are associated with poor outcome and premature drop-out, while rupture repair is associated with improved outcome and retention in treatment. Hence, therapists benefit from being able to identify and address ruptures. This presentation will draw on findings from a psychotherapy research program to define and describe different types of alliance ruptures and how these challenging yet common occurrences present opportunities for enhancing the alliance and treatment outcome. I will also discuss how therapists can identify alliance ruptures by observing both interpersonal behaviors and their own intrapersonal experience. Finally, drawing on task analytic research findings, I will present different strategies therapists can employ to repair ruptures. Ruptures and repair strategies will be illustrated using video examples.



R. Bryant

University of New South Wales, School of Psychology, Sydney, Australia

In low-and-middle-income-countries, as well as many high-income countries, there is a large treatment gap between mental health needs and available services. This address provides an overview of approaches to reduce the treatment gap. This review will outline the recent pattern of ‘task-shifting’, in which evidence-based strategies are delivered by lay providers who are trained to deliver mental health programs. This review will highlights recent initiatives by the World Health Organization to develop cognitive behavioral programs that are brief, transdiagnostic, and can be readily trained to lay providers with no mental health experience. This review will provide the evidence, the limitations, and the future challenges for scalable interventions. Challenges such as treatment non-response, short-term gains, poor understanding of change mechanisms, and cost-effectiveness will be discussed. The potential for stepped care, maintenance programs, and the role of social determinants will also be discussed to advance the goals of global mental health.



K-05

Meet the Publisher: Publishing Psychological Intervention Studies in Scientific Journals

S. D. Davis¹, W. Rief²

¹ Senior Editor of Lancet Psychiatry

² Editor of Clinical Psychology in Europe (CPE)

In this session we will discuss how journal editors approach papers on psychological interventions. Sophia Davis will talk from the perspective of Lancet Psychiatry and will give an introduction to what that journal looks for in a paper. She will give some examples of papers on psychological interventions published in the journal and why they were seen as meeting the criteria for publication, and she will talk about topics the journal is interested in, key features of an article’s quality, and what to consider when writing up research and submitting it to Lancet Psychiatry. Winfried Rief will add the view of an ejournal that is designed to offer free access both for authors and readers, to complement another perspective in the broad bouquet of scientific journals.

MASTER LECTRURES

M-01

Mental health conditions are complex systems, so what?

C. Bockting

University of Amsterdam, Clinical Psychology in Psychiatry, Amsterdam, Netherlands

Common mental health disorders (depressive-, and anxiety disorders) are a worldwide epidemic and there is no evidence that the epidemic is subsiding. Depression is a major contributor to the overall global burden of disease. Evidence for leading theories that explain the onset and maintenance of depression is fragmented, mostly focusing on a single etiological factor (Kennis et al., 2020, Brouwer et al., 2019, Fu et al., 2021). Whereas, mental health conditions are the result of the interplay of mental-, biological, stress related- and societal factors that can change over time (Holmes et al., 2018). In this presentation you will be invited to explore mental conditions as a complex system. Alternative routes will be discussed that do incorporate the interplay between relevant factors, including societal challenges, other environmental factors, that contribute to mental health conditions in order to explore new targets for prevention and treatment. This has been successfully applied in other fields of science with help of complex systems science and more recently in our field using for example network analyses (Bringmann, et al., 2022, Scheffer et al., 2024a-b). Assuming that mental health is a complex system, doesn't necessarily mean that our interventions have to be complex as well. Examples will be given of interventions that have sustainable effects in treatment of depression and for relapse prevention (Breedvelt et al., 2021, Arjadi et al., 2018, Bockting et al., 2018). Implications for future interventions will be discussed.



M-02

Understanding and Preventing Suicide

R. O’Connor

University of Glasgow, School of Health & Wellbeing, Behaviour Research Laboratory, Glasgow, UK

In this presentation, I will outline the scale of the challenge of preventing suicide. I will highlight the central role of psychology and behavioural science in mapping out the pathways from suicidal thoughts to suicidal acts. The talk will be focused around the integrated motivational-volitional model of suicidal behaviour (O’Connor & Kirtley, 2018). In addition, I will describe the growing evidence for psychosocial interventions to reduce suicide risk with a focus on safety planning. In short, I will present an overview of some of our clinical, experimental and intervention studies to illustrate how psychological, physiological and social factors increase suicide risk and what we all can do to tackle suicide. The wider treatment implications for the prevention of suicide will also be discussed.

SYMPOSIA

S-1a

*Psychologists in Systems of Terror
and Injustice*

S-1a-01

The Involvement of Psychiatrists and Psychologists at Nuremberg

J. Dimsdale

*University of California, Distinguished Professor Emeritus, Department of Psychiatry,
San Diego, USA*

The International Military Tribunal at Nuremberg employed a team of psychiatrists and psychologists who were determined to understand the malice that drove the Nazi cabinet ministers.

This presentation relies on archival research at the Library of Congress and the National Archives, university special collections, and interviews with the few survivors available 70 years after the trial ended. I will discuss how the experts got involved in this trial, the tools they relied upon for making their observations, and their contradictory conclusions. The talk will also touch on how the investigators’ lives were altered by their experiences at Nuremberg.

S-1b

New treatment approaches for children and adolescents – what is done and what works?

S-1b-01

Children and adolescents with suicidal thoughts and behaviors - which psychotherapeutic interventions and diagnostic instruments are used?

T. In-Albon

University of Mannheim, Clinical Child and Adolescent Psychology and Psychotherapy, Mannheim, Germany

INTRODUCTION:

The current report of the Lancet Commission on self-harm points to the urgent need to focus more on self-harm and suicidal thoughts and behaviors as a global challenge due to their frequency and far-reaching consequences at various levels (individual, family, societal). Young people are a particularly vulnerable group. Adolescence carries an increased risk of the onset and escalation of suicidal thoughts and suicide attempts. The prevalence rates for self-injurious behavior are also highest in adolescence. The assessment of suicide risk and the treatment of suicidal thoughts and behaviors is one of the most challenging and responsible tasks of (child)-psychotherapists.

OBJECTIVES:

What interventions are used by child and adolescent psychotherapists in dealing with acute or persistent suicidality in children and adolescents? Which diagnostic instruments are used in cases of suicidal experiences and behavior in children and adolescents?

Method: 40 child and adolescent psychotherapists completed a self-developed questionnaires on interventions and instruments for suicidal thoughts and behaviors based on a comprehensive literature review.

RESULTS:

In psychotherapy with acute suicidal thoughts and behaviors, a safety plan and a risk assessment are most frequently used. In psychotherapy of children and adolescents with persistent suicidal thoughts and behaviors, psychoeducation on suicidal thoughts and behavior, emotion regulation/skill training, risk assessment, resource promotion and safety plan are used most frequently. Free exploration and broadband instruments are predominantly used to assess suicidal behavior.

DISCUSSION:

Child and adolescent psychotherapists use different interventions with adolescents with suicidal thoughts and behaviors and follow guidelines in the chose of interventions.



S-1b-02

Tricks4Kids: Development and pilot study of an online intervention for children experiencing early life stress

N. Nicolai

University of Luxembourg, Department of Behavioural and Cognitive Sciences,
Luxembourg, Luxembourg

BACKGROUND:

Children’s emotion regulation strategies (ERS) can be challenged by early life stress (ELS), such as severe diseases, potentially affecting children’s mental health. Accessible age-appropriate interventions on ERS are scarce, and prevention of mental health problems remains a serious issue. This study aimed to develop an age-adapted online ERS training for children with ELS and to investigate its potential as a supportive intervention.

METHODS:

The content of a 6-session online intervention on ERS for adults (INTER-E, Munsch et al., 2021) was used to create an age-adapted version for children (Tricks4Kids). A total of 9 children aged 8 to 11 years (mean age: 9.2) who had experienced leukaemia either themselves or in a sibling used the app-based online intervention and received asynchronous feedback from a psychologist. Children’s ERS, mental health symptoms, and intervention satisfaction were assessed.

RESULTS:

We developed a brief app-based online intervention with child-friendly content and visualisations. Repeated pre-tests allowed the optimisation of content and user experience according to participants’ and supervisors’ needs. The final version was used by 9 participants, who completed all six sessions. Preliminary analyses indicate fewer difficulties with ERS and fewer emotional symptoms post-intervention. Further, children were highly satisfied with the online intervention and the asynchronous psychological guidance.

CONCLUSION:

The preliminary results are promising. Children’s ERS improved, emotional symptoms decreased, and the intervention was well accepted and considered supportive. Further validation in larger samples will be needed to determine the possible applications of this intervention in this age group.



S-1b-03

Reducing Problematic Parenting Behaviors, Child Neglect, and Internalizing and Externalizing Problems in Multisystemic Therapy for Child Abuse and Neglect

T. Kirsch

University Clinics Basel, Child and Adolescent Psychiatry, Basel, Switzerland

INTRODUCTION:

Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) has been shown to effectively reduce social worker-assessed child neglect, child internalizing, and externalizing problems. However, no research has yet examined the impact of MST-CAN on parenting behaviors or identified intervention targets associated with reductions in child problems.

METHODS:

This study investigated parent-reported changes in child problems, parental psychological control, neglectful parenting, and social worker-assessed neglect over the course of the 9-month MST-CAN program. Additionally, we examined how these parenting behaviours and neglect predict child outcomes. The sample included 143 parent-child dyads (mean child age = 10.5 years; 45.9% girls). Multilevel regression analyses were conducted, with therapist effects also accounted for.

RESULTS:

Results revealed significant reductions in child neglect ($b = 14.10$, $SE = 3.49$, $p < .001$) and child problems ($b = 4.97$, $SE = 0.88$, $p < .001$), with low intra-class correlation ($ICC = .049$ for neglect, $ICC = .017$ for child problems). Neglectful parenting ($b = 0.03$, $SE = 0.05$, $p = .640$) and psychological control ($b = 0.10$, $SE = 0.07$, $p = .140$) were not significantly reduced during MST-CAN. Levels of neglectful parenting, psychological control, and child neglect did not predict changes in child internalizing and externalizing problems during the intervention.

CONCLUSION:

These findings demonstrate MST-CAN's effectiveness in reducing social worker assessed neglect and child problems but highlight the need for improved approaches to addressing parenting behaviors and suggest the importance of using multi-method, multi-informant assessments of parenting in MST-CAN intervention contexts.



S-1b-04

Randomized Controlled Trial on the Efficacy of a Transdiagnostic Online-Prevention Approach in Adolescents (EMPATIA-Study)

A. Hirsig

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

INTRODUCTION:

Most mental disorders emerge in adolescence, yet many adolescents do not receive adequate help. Emerging psychopathology is increasingly recognized as a complex system of rapid shifts and interactions between subclinical symptoms that cut across diagnostic categories. Accounting for this complexity, the indicated prevention program EMPATIA targets transdiagnostic mechanisms functionally related to the development of multiple mental disorders. To offer enhanced accessibility and reach for this underserved group the program is delivered online.

METHODS:

The efficacy of EMPATIA is evaluated in a randomized controlled trial. Adolescents (12-19 years) of a non-help-seeking general population sample with subclinical symptoms but no current or past mental disorder are randomized to the intervention or Care-As-Usual condition. All eight EMPATIA modules address transdiagnostic mechanisms (e.g., repetitive negative thinking, emotion regulation). The program content is presented in videos, audios, and texts. To enhance adherence, participants receive e-guidance. General psychopathology (SDQ; primary outcome), intervention effects on disorder-specific subclinical symptoms, and the onset of mental disorders (secondary outcomes) are assessed at baseline, post-intervention (after 2 months), and at 6-, 9-, and 12-month follow-up.

RESULTS:

158 adolescents were randomized ($M_{age}=15.80$; $SD=1.87$). The 12-month follow-up data is in progress, and we present interim results on post and follow-up EMPATIA-intervention efficacy on the primary and secondary outcomes.

CONCLUSION:

A transdiagnostic online prevention program may have positive effects on various mental health symptoms and shed light on mechanisms that are particularly important for indicated prevention. Thereby, it may contribute to preventing or delaying the onset of mental disorders in adolescents.



S-1c

E-Health

Psychotherapeutic Competencies in Blended-Care Psychotherapy: Their Importance and Key Competence Aspects

M. N. Menz¹, M. Zirenko¹, G. M. Weiher¹, U. Stangier², H. Horz¹

¹ Goethe Universität Frankfurt, Department of Educational Psychology, Frankfurt am Main, Germany

² Goethe Universität Frankfurt, Department of Clinical Psychology, Frankfurt am Main, Germany

INTRODUCTION:

As blended care psychotherapy (BCP) gains prominence, psychotherapists need to expand their competences. Training is an essential component for professional development, however, the specific competencies that should be prioritised in training programmes, and the competencies essential for effective BCP implementation, require careful consideration. To address this, two studies are presented.

METHODS:

First, we conducted a systematic literature review. The search was performed in Web of Science, PsycInfo, and PubMed, including studies published before July 15, 2024, that addressed the following criteria: (1) psychotherapeutic competences, (2) psychotherapy in psychotherapeutic or psychiatric setting, and (3) digital aspects. 35 studies met the inclusion criteria. Second, an empirical study was conducted in which the identified competence domains were assessed in terms of relevance by psychotherapists in different stages of professional development.

RESULTS:

The systematic review revealed seven core domains of psychotherapeutic competences in BCP: 'Therapeutic Relationship', 'Creation of Setting and Infrastructure', 'Technological competence', 'Transfer of Communication and Methods', 'Self-Regulation, Self-Confidence and Self-Care', 'Attitudes' and 'Data Security, Privacy and Legal Issues'. The empirical study is currently ongoing and the results will be presented.

CONCLUSION:

This systematic review showed that blended care places a variety of demands on psychotherapists that require specific competences. The further survey will underline, which of those competencies are seen as needed in BCP by psychotherapists in practice. The domains identified thus far have the potential to serve as the first hint for the development of a training programme and a more fundamental framework.

EmpkinS-EKSpression: Results from a Randomized-Controlled Clinical Trial on the Effects of a Facial Expression-based Training for Cognitive Restructuring

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- ³ Helmholtz Zentrum München, Translational Digital Health Group, Institute of AI for Health, München, Germany
- ⁴ Friedrich-Alexander-Universität Erlangen-Nürnberg, Chair of Biomedical Network Science, Erlangen, Germany

INTRODUCTION:

Due to their increasing prevalence and high clinical burden, depressive disorders (DD) present a challenge for healthcare systems. Low-threshold, smartphone-based interventions rooted in principles of CBT could support existing therapeutic approaches. In addition to cognitive restructuring (CR) techniques, addressing emotional processes could induce lasting changes in dysfunctional cognitive patterns. We developed a smartphone-based intervention combining CR techniques with emotional prompts and evaluated whether the intervention can reduce depressive symptoms.

METHOD:

Within the CRC „EmpkinS“, we conducted a randomized-controlled trial with n = 192 participants (n = 96 meeting the SCID-5-CV criteria for a depressive episode). We compared an single-session intervention combining CR with congruent emotional expression (CR+ADK) with a CR-only intervention (CR) and an active control intervention conducted via smartphone. We compared changes in depressive and positive mood, depressive symptoms, emotional states, and dysfunctional attitudes and automatic thoughts to evaluate the effectiveness of the CR+ADK and CR interventions.

RESULTS:

Data collection is in the final stages. A feasibility study demonstrated changes in positive mood in the CR+ADK interventions and preliminary findings indicate positive effects of the CR+ADK and CR interventions on dysfunctional thoughts.

CONCLUSION:

If the novel interventions prove to significantly reduce depressive mood, they could serve as a short-term intervention to bridge waiting times or compliment CBT. The smartphone-based format allows patients to practice CR in an accessible and scalable format, whereas the emotion expression component might foster engagement with the content of the intervention and thus reduce dysfunctional thoughts and depressive mood in individuals with DD.



S-1c-03

The Sustainable Eating (SEAT) Corner: promoting Sustainable Dietary Behavior through an e-learning Course.

E. Del Conte, L. Tecuta, E. Tomba

This work was supported by the National Recovery and Resilience Plan (NRRP), Mission 4 Component 2 Investment 1.3 - Call for proposals No. 341 of 15 March 2022 of the Italian Ministry of University and Research funded by the European Union – NextGenerationEU; Project title “ON Foods - Research and innovation network on food and nutrition Sustainability, Safety and Security – Working ON Foods”.

University of Bologna, Department of Psychology, Bologna, Italy

INTRODUCTION:

The adoption of sustainable eating behaviors would save an estimated 11 million lives annually as well as contribute to the fight against climate change. According to the American Psychological Association and in line with the UN’s Sustainable Development Goals, education is a key approach psychologists can use to support this transition.

METHODS:

To promote sustainable food literacy (SFL), awareness, and committed action, an e-learning course was developed. It consists of five sequential sections covering food systems, sustainable diets, eco-psychology and eco-emotions, mindfulness and personal values, and guided exercises, for a completion time of approximately 3 hours. Psychology students from the University of Bologna (n = 55) will be recruited. Self-report questionnaires were administered before (T1) and after (T2) the course to assess sustainable eating behaviors, SFL, and personal values. Course feasibility was also evaluated at T2.

RESULTS:

Data collection is ongoing. Of the 55 students, 48 (mean age = 22.9, 79% females) completed T1 assessment, and 35 completed T2 (13 lost to follow-up). Preliminary results show a decrease in SFL, but no significant change in sustainable eating behaviors. However, feasibility scores were high, with at least 80% of participants reporting high satisfaction with the course’s perceived quality and acceptability.

CONCLUSION:

The unexpected change in SFL scores may be explained by the Dunning-Kruger Effect, where increased awareness highlights knowledge gaps, while general incompetence is linked to higher self-reported competence. Despite this, the study demonstrates the feasibility of educational interventions in promoting sustainable transition among university students and psychologists.

S-1c-04

Facilitators and barriers to eHealth adoption in mental health-care workers: Outcomes of a pilot examination.

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Mental health conditions (MHC) have significant implications for social, emotional, and cognitive functioning (Lieberman, 2008). Barriers to treatment access (Brenes et al., 2015; Sorkin et al., 2016) have led to growing interest in the use of digital innovations for mental health (DIMH) (Torous et al., 2021). A growing body of research has examined the benefits of DIMH in the prevention and treatment of MHC (e.g., generalized anxiety: Newman et al., 2014; social anxiety: Enock et al., 2014); depression (e.g. Roepke et al., 2015); bipolar spectrum disorders (e.g. Wenzel et al., 2014); posttraumatic stress disorder (e.g. Miner et al., 2016); and insomnia (e.g. Alamoudi et al., 2023).

One of the primary obstacles to successful DIMH implementation is low acceptability (Lipschitz et al., 2019; Torous et al., 2020; van Kessel et al., 2023). While client perspectives are increasingly understood, less is known of care-provider needs (Miller et al., 2019; Armstrong, 2018), despite their significant implications for professionals’ DIMH uptake and use and the value of professional recommendations for clients (Seegan & McGuire, 2024).

The present study comprises an initial cross-sectional, survey-based pilot examination to better understand the beliefs and needs of Polish mental healthcare professionals in the context of the implementation of DIMH. Pre-registration is currently being finalised via OSF and data collection will be completed in the first months of 2025. The findings of this study are intended to form part of a wider effort to develop a training programme for addressing barriers to DIMH use.

S-1c-05

Developing an anonymous online self-help forum and psycho-educational platform for German Emergency Medical Personnel with mental distress and depressive symptoms: A mixed-methods approach

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⁴ University of Canberra, Faculty of Health, Canberra, Australia

Emergency Medical Personnel (EMP) face daily chronic physiological and psychological strain, heightening their risk for poorer mental health. In order to address this, the RUPERT intervention was developed, featuring an anonymous online self-help forum and an educational platform. We evaluated the potential effectiveness and mechanisms of change of RUPERT (quantitative approach); and explored EMP user perspectives in terms of added value (qualitative approach).

German EMP participated in a prospective online intervention study (single-group, repeated-measures design) with self-report assessments at baseline, 4 weeks, and 12 weeks, and also in a qualitative, longitudinal survey where we explored seven a priori domains regarding EMP perceptions, experiences, and expectations. Quantitative data were analysed using a multilevel approach, with intention-to-treat (ITT, N = 277) and per-protocol (PP, N = 157) analyses, and open-ended responses were analysed using thematic analysis (N = 36).

After 12 weeks of using RUPERT, EMPs reported reduced depression symptoms (ITT: $p = .091$, PP: $p = .037$) and improved wellbeing (ITT: $p = .007$, PP: $p = .006$). Attitudes toward seeking professional help significantly improved at both 4 and 12 weeks (all ITT & PP: $p < .001$). Six overarching themes were generated in qualitative analysis: Shared experiences and mutual understanding; Support networks and Social connection; Access to Information and Practical tools; Barriers to Participation and Usability; Mental health and Work-related challenges; Curiosity and Passive participation.

Our results are a promising first step in the development of a tailored mental health intervention addressing occupational and gender-specific aspects in first responders.

S-1c-06

Virtual Reality-based Psychological Treatment for Public Speaking Anxiety: Results from a Two-armed Randomized Controlled Trial

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INTRODUCTION:

Public speaking anxiety is a debilitating condition for a substantial proportion of young adults. Severe anxiety can result in poor overall mental health and well-being. Cognitive behavioral therapy-based treatments have proven to be effective in reducing public speaking anxiety. However, real-world exposures are costly and hard to implement because of the complexity of the stimuli needed. Therefore, virtual reality-based treatments with video and computer-generated stimuli have been studied more increasingly recently. The aim of this randomized controlled trial was to compare the efficacy of a one-session VR-based cognitive behavioral therapy for public speaking anxiety versus the same treatment divided into three shorter sessions.

METHODS:

A total of 88 participants registered and completed the pre-treatment questionnaires so far. After screening and telephone interviews, 31 participants (age M = 22.03, 67% women) were accepted to the program. Of them, 16 were randomized to a one-session treatment group and 15 to a three-session treatment group. The primary outcome was public speaking anxiety which was measured on a Public Speaking Anxiety Scale (PSAS).

RESULTS:

Preliminary analysis showed a significant decrease in PSAS scores in both groups with large within-group effect sizes. ANCOVA analysis showed no between-group differences. Conclusions. The three-session treatment format seems to be comparable in terms of efficacy to one-session VR-based CBT treatment for public speaking anxiety. This study uses the rolling recruitment strategy, and new participants continue to be taken into the study. We will present on a larger sample and on the effects of presence in VR on efficacy.

S-1d

*Ecological Momentary Assessment of
Food, Mood and Movement*

S-1d-01

The effect of daily interpersonal Emotion Regulation Difficulties on Mood and Eating Disorder symptoms in youth – an Ecological Momentary Assessment (EMA) study

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Eating disorders represent important mental health issues. During youth, subclinical variants, such as loss of control eating (LOC) are becoming more prevalent resulting in similar mental health impairments. Especially in youth, psychological factors such as dysfunctional emotion regulation (ER) and coping with the experience of social exclusion and rejection, seem to play an important role. Rejection sensitivity (RS), defined as the tendency of anxiously expecting, perceiving and overacting to real or imagined rejection, interacts with the individual's ER abilities, negative mood and body dissatisfaction (BD), which might be related to LOC.

In the current daily life study, we investigate the associations between the daily reported exclusion experiences (state), mood, LOC and BD. Furthermore, the moderating effect of RS as a trait factor is being investigated. Findings are discussed concerning the development of LOC and its treatment in youth.

S-1d-02

The role of learning biases in food response training

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INTRODUCTION:

Response training interventions, notably the practice of Go/NoGo (GNG) tasks requiring participants to repeatedly inhibit motor responses to unhealthy food cues, reduce their incentive salience and consumption. While this approach has proven successful, the factors influencing individuals’ responsiveness to the training remain unknown. Here, we tested the hypothesis that (1) Pavlovian bias moderates training efficacy, (2) Pavlovian bias is associated with mechanisms of GNG training at both the neural and behavioral levels. Indeed, associative learning mechanisms have been advanced to underly response training, and both Pavlovian learning and response training modulate item’s motivational saliency. In Pavlovian learning, sign-tracking individuals approach the cue itself (conditioned stimulus, CS), while goal-trackers form associations between the CS and a representation of the outcome.

METHODS:

We used a pre-registered confirmatory longitudinal interventional trial in which participants completed a Pavlovian conditioning paradigm combined with eye-tracking, an EEG recording during a GNG task in the lab before and after a two-week smartphone-based gamified GNG response training targeting preference-matched sugary drink items, randomly assigned to “Go” or “NoGo” conditions in a fully within-subjects design.

RESULTS:

60 participants were recruited for the study. Data acquisition ended in January 2025. Preliminary results will be reported.

CONCLUSION:

Demonstrating this relationship would support the hypothesis that response training devaluation mechanism is a form of Pavlovian learning. This research is the first to link individual learning biases with food response training, supporting the development of personalized interventions targeting maladaptive eating behaviors.



S-1d-03

EMA-validation of the dot-probe task as an experimental marker of eating disorder psychopathology

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INTRODUCTION:

The dot-probe task is an established eye-tracking paradigm for the study of attention bias. In the context of eating disorders, when used with food images, this task has received preliminary support as a marker of the preoccupation with food and the tendency to binge-eat. However, two major questions remain unanswered: whether behavioral findings with the dot-probe task reflect attentional approach or avoidance and whether this task has an ecological validity, supported by ecological momentary assessment of eating disorder symptoms (EMA). To address these questions, two studies were carried out.

METHODS:

In study 1 participants filled out self-report questionnaires of eating disorder psychopathology and completed laboratory tasks including the dot-probe task in combination with eye-tracking. In study 2 participants filled out questionnaires, completed laboratory tasks including the dot-probe task in combination with eye-tracking, and filled out EMA over the course of one week. All study procedures were approved by the Ethics Committee of the Department of Psychology, University of Fribourg. All participants provided written informed consent prior to study enrollment. Recruitment took place at the University of Fribourg.

RESULTS:

The dot-probe task was completed by n = 40 participants in study 1 and n = 49 participants in study two. All 49 participants enrolled in study 2 completed EMA. Data acquisition for study 2 ended in December 2025. Preliminary results will be reported.

CONCLUSION:

This investigation will provide insights into the mechanisms driving attention bias in the dot-probe task and its ecological validity as an experimental marker of binge-eating.



S-1d-04

Emotional eating in daily life – The importance of the emotion assessment

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BACKGROUND:

Eating behavior can be influenced by emotions –so called emotional eating. Research showed that negative emotions can modulate food craving – an intense desire to consume a specific food. As emotions and food craving represent frequent and fluent states, daily life assessment is an ideal approach to assess emotional eating. Ecological Momentary Assessment (EMA) assesses emotions, behaviors and contexts throughout the day capturing momentary states as individuals follow their daily routines. Research showed that stronger negative emotions and higher food craving covary in EMA studies. The current study aimed to specify the nature of negative emotions trying to explain some of the inconsistencies regarding the emotional eating concept.

METHODS:

142 unselected, mainly student-based participants (108 female, mean age = 24.0) completed 14 days of EMA. At six intra-day signals they were asked about momentary emotions (e.g., irritated, depressed, bored), emotional valence/arousal and food cravings. Data were analyzed using multilevel regression models.

RESULTS:

Results showed that boredom did not align with the other distinct emotions so that boredom was treated as discrete emotion. Boredom as well as other distinct emotions (depressed, frustrated) were associated with higher simultaneous food craving. Averaging the other distinct negative emotions showed a positive relationship with food craving. In contrast when examining emotional valence, lower negative valence was associated with higher food craving.

CONCLUSIONS:

Results showed evidence for the presence of emotional craving, the important and unique role of boredom within this framework and indicated that type of emotional assessment plays a crucial role in general.

S-1d-05

Leveraging physical activity towards expedient digital prevention and intervention of affective disorders

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INTRODUCTION:

Physical activity may serve as cost-effective prevention and treatment strategy with limited side effects for counteracting mental disorders. Physical activity improves treatment outcomes especially in affective disorders. However, in-depth research of the underlying psychological and neurobiological mechanisms in daily life is warranted to enable the application of physical activity to live up to its potential.

METHODS:

To study these interactions with high ecological validity, we use mental m(obile)Health approaches including e-diaries, custom-developed mobile sensor technology (e.g., accelerometers) and intelligent real-time feedback systems (e.g., activity-triggered e-diaries). We analyze the intensive longitudinal data via multilevel modeling and associate them with laboratory experiments on biological signatures (e.g., brain imaging).

RESULTS:

I will exemplify the strengths and limitations of this methodological approach by presenting insights we gained into behavioral and neurobiological mechanisms of physical activity as a promising resilience candidate for affective disorder prevention and intervention. First, I will detail on a study showing how the subgenual anterior cingulate cortex is involved in the within-subject association of nonexercise activity and energetic arousal. Second, I will present an investigation providing evidence for physical activity’s capacity to compensate for a lack of affective benefit from momentary aloneness in everyday life and its association with the default mode network.

CONCLUSION:

Finally, I will discuss prominent challenges which need to be resolved to pave the way for mechanism-translation of these insights towards expedient, evidence-based, and individually tailored mental health promotion, which includes but is not limited to digital solutions such as just-in-time adaptive interventions.

S-2a

Innovations in process-based psychotherapy: Bridging the gap between nomothetic and personalized knowledge

S-2a-01

Mapping within-patient concept changes in process-based psychotherapy – A daily ecological momentary assessment study

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INTRODUCTION:

Changes of the within-patient networks are highlighted in process-based CBT. The alliance is a widely recognized process-based concept in CBT and mental health services more generally. The alliance, measured at different stages of therapy, has been shown to reliably predict post-treatment outcomes. However, the manner in which patients’ conceptualization of alliance change over time has not been adequately explored.

METHODS:

Using ecological momentary assessments, we examined 40,251 alliance measurements from 439 inpatients. We conducted dynamic latent class structural equation modeling (DLC-SEM) to examine within-patient concept changes of the alliance during therapy.

RESULTS:

Results suggest that 39% of patients shifted from a three-factor alliance conceptualization of trust, reliance, and motivation to a coordinated (single-factor) conceptualization over time. These within-patient changes were related to higher symptom reduction during therapy.

CONCLUSION:

The study suggests that a significant proportion of patients change their conceptualization of the alliance over time. Previously separate elements are integrated into a coordinated construct. The study is discussed in terms of the clinical usability of the daily ecological assessment to better map and understand within-patient concept changes in process-based CBT.



S-2a-02

Measurement-based care and feedback research enhanced by Large Language Models (LLMs)

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INTRODUCTION:

This presentation discusses a transdiagnostic dynamic network supporting the delivery of personalized feedback to therapists at the start as well as during psychological therapy. The approach focuses on identifying the core individual elements of psychological distress and resources, while also enabling the quantification of multiple dimensions of distress (e.g., cognitive-behavioral, emotional, motivational, and interpersonal stressors) through the application of large language models.

RESEARCH QUESTION:

How can psychological distress and resources be optimally extracted qualitatively and quantitatively from session transcripts and empirically integrated into clinical support tools and adaptive treatment planning for therapists?

METHODS:

Approximately 1,000 session transcripts from 200 patients were analyzed using the large language model Meta AI (LLaMA) to provide feedback to psychotherapists, with emotional and cognitive parameters linked to symptom distress levels for each session. Validation was conducted through empirical assessments of emotional, cognitive, and symptomatic distress at the session level.

RESULTS:

The predictive value of various linguistic parameters for predicting emotional and cognitive symptom distress was demonstrated. Several case examples illustrate how personalized clinical implications can be derived from individual distress parameters and how this information can be graphically presented to therapists in a clinically relevant manner.

CONCLUSION:

New digital assessment methods provide empirical support for personalized clinical support tools, therapy planning, and feedback to therapists. However, further validation studies are needed before practical implementation.

KEYWORDS:

Precision Mental Health, Large Language Models, Feedback, Multimodal Assessments

S-2a-03

Mastery and Motivational Clarification as Mediators of Cognitive Behavioral Therapy versus Exposure-based Cognitive Behavioral Therapy for Depression

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BACKGROUND:

With the rising prevalence of major depressive disorder in the general population, understanding the mechanisms through which therapeutic interventions affect treatment outcomes is crucial. This study investigates the roles of mastery and motivational clarification as mediators of the treatment effectiveness of cognitive therapy for depression.

METHODS:

This secondary analysis used data from a randomized controlled effectiveness trial involving 149 participants (M age = 40.7 years, SD = 11.6; 59.6% females, 40.4% males), who received a maximum of 22 sessions of either cognitive behavioral therapy (CBT) or exposure-based cognitive behavioral therapy (EBCT-R). Cross-lagged panel models were used to examine how mastery and motivational clarification mediated changes in depression severity over time.

RESULTS:

The mediation paths showed a significant positive effect of therapy condition on mastery, with a larger increase for participants in the CBT condition. Mastery had a positive effect on WHO-5 well-being ratings and significantly mediated the treatment effect on well-being. Motivational clarification also had a significant positive effect on WHO-5 ratings but did not mediate the overall treatment effect.

CONCLUSION:

Results suggest that fostering both mastery and motivational clarification within therapeutic interventions can enhance patients' well-being, with mastery specifically mediating the effects of CBT on treatment outcomes.

KEY WORDS:

depression, mechanisms of change, mastery, motivational clarification



S-2a-04

What are the empirical driven process-outcome effect sizes and how we should interpret them? A meta-analytic benchmark study for process-based psychotherapy

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INTRODUCTION:

The potential relevance to better understand the associations between psychotherapy process and therapy outcome is highlighted in process-based psychotherapy. This study aimed at performing a meta-analysis of meta-analyses of process outcome research in order to generate benchmarks for process-outcome interpretations and power calculation.

METHODS:

We performed a systematic search on PubMed and PsycINFO databases searching for meta-analyses reporting correlational process-outcome associations. Based on the extracted effect sizes we performed multilevel meta-analytic models and apply bootstrapping procedures for percentile calculations.

RESULTS:

Forty-three meta-analyses met inclusion criteria, reporting 1,637 effect sizes from 859 unique primary studies. A four-level meta-analytic model resulted in an estimated mean effect size of $r = .24$ ($z = .24$, 95% CI[.22, .27]), significantly different from Cohen's proposed value for moderate effects (vs. $r = .30$; $t(1628) = -4.17$, $p < .001$). Percentiles derived from the multilevel models showed that Cohen's criteria were too conservative, with the 25th percentile = .12, 50th percentile = .26, and 75th percentile = .39. Even when using these less restrictive criteria, the majority of the correlation analyses from primary studies (81.8%) were underpowered to identify at least a moderate effect size.

CONCLUSION:

The current findings might help to enhance effect size interpretations and power calculations in process-outcome research. Further replications are necessary to extend these benchmarks to other areas of process-based psychotherapy.

S-2a-05

From Intuition to Precision: A Study Protocol and a preliminary Proof of Concept for Transtheoretical Personalization in Psychotherapy

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INTRODUCTION:

Despite the established effectiveness of psychotherapy in treating various mental disorders, a substantial proportion of patients experience limited to no improvement, highlighting the need for personalized therapeutic approaches. Few studies have either targeted change mechanisms or recommended individualized sets of specific therapeutic interventions drawn from diverse theoretical approaches. Addressing this gap, this study focuses on the motivational approach (i.e., improvement of motive satisfaction) as a trans-theoretical mechanism of change by investigating how psychotherapeutic interventions can be tailored to individual patients’ intake.

METHODS:

The study will use data from two randomized controlled trials and a naturalistic sample comprising 286 patients and approximately 5574 sessions. Advanced statistical approaches, including hybrid random effect models, will incorporate robust validation techniques, such as leave-one-out cross-validation, to ensure generalizability and prevent overfitting. Video-based analyses of therapy sessions will be conducted to identify and quantify the therapeutic interventions applied during treatment. The resulting data will be used to assess the effectiveness of these interventions in reducing incongruence dimensions, contributing to the development and validation of a data-driven treatment recommendation model.

RESULTS:

The findings are expected to provide personalized recommendations for effective interventions tailored to individual incongruence profiles, offering actionable insights for clinical practice.

CONCLUSION:

This study is driven by the recognition that more advanced strategies are needed to enhance psychotherapy outcomes. It aims to deepen our understanding of transtheoretical mechanisms of change and advance precision mental health through innovative, data-driven approaches.

KEYWORDS:

psychotherapy outcomes, transtheoretical mechanisms, precision mental health



S-2b

The role of biased belief updating in psychopathology

S-2b-01

Biased belief updating in relation to depressive symptoms – Evidence from three studies using feedback from real social interactions

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Depression has been related to difficulties in using novel positive information to update negative beliefs. Research on this issue in the context of social feedback is scarce, though, as previous work mostly used scenario-based experimental tasks. This research investigated biased belief updating in relation to depressive symptoms in the context of real social interactions. Participants from non-clinical samples rated their beliefs about themselves in terms of a number of personality traits. In groups of 3-5 persons, they subsequently played a parlour game together, after which they gave each other anonymised feedback. In Studies 1 and 2 (N=117 each), this feedback was positively manipulated. In Study 3 (N=119), participants received the actual feedback of their co-players, which could be positive or negative. In the end, participants rated their self-beliefs again. In Studies 1 and 2, high depressive symptom severity was associated with less belief updating following positive feedback, but in Study 1 this was found only for negative personality traits. In Study 3, the correlations of depression with updating following positive and negative feedback were not significant. However, in terms of the learning rate, participants with elevated levels of depression learned more from negative than from positive feedback, whereas the opposite was found for people without depressive symptoms. The results provide insights into the psychopathology of depressive symptomatology, as they point to deficits in updating self-beliefs in response to positive social feedback. At the same time, in Study 3, depressive symptoms were related to an increased sensitivity to negative social feedback.

S-2b-02

Modulating cognitive immunization does not influence belief updating: what can be learned about the maintenance of negative expectations?

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INTRODUCTION:

Cognitive immunization refers to the post-hoc devaluation of expectation-violating experiences and is supposed to contribute to the maintenance of negative expectations in depression. Cognitive devaluation strategies can be data-oriented (e.g., questioning the validity of the information) or concept-oriented (e.g., reframing the information as an exception). This study examined whether modulating these strategies after unexpected positive performance feedback influences the maintenance of negative expectations

METHODS:

277 participants with depressive symptoms received unexpected positive feedback following a performance test. Cognitive immunization was manipulated in five groups through videos (data-oriented immunization promotion vs. concept-oriented immunization promotion vs. data-oriented immunization inhibition vs. concept-oriented immunization inhibition vs. no video control group).

RESULTS:

Contrary to our hypothesis, there were no group differences in expectation update ($F(4, 272) = 1.00, p = .408$). However, the manipulation check revealed that participants in the data-oriented immunization promotion group reported significantly more immunization, and those in the data-oriented immunization inhibition group reported significantly less immunization compared to control group. The concept-oriented immunization manipulation did not result in significant group differences.

DISCUSSION:

Data-oriented strategies were more effective in modulating cognitive immunization than concept-oriented ones. However, these differences did not affect expectation updating. Our findings contribute to a picture of mixed evidence regarding the relevance of cognitive immunization in the maintenance of negative expectations.

CONCLUSION:

Our findings challenge the assumption that cognitive immunization plays a central role in maintaining negative expectations in depressive symptoms. Future research should explore relevance of cognitive immunization in the long-term and consider other cognitive factors.

S-2b-03

Are biased and inflexible socio-affective beliefs general or cluster-specific risk markers for psychopathology? A Hierarchical Taxonomy of Psychopathology (HiTOP) analysis

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Previous research has established associations between biased and inflexible interpretations of ambiguity and various mental health conditions. However, existing studies predominantly focus on individual disorders, overlooking the overlap and comorbidity among different conditions. Consequently, the breadth of the transdiagnostic relevance of interpretation biases and inflexibility remains poorly understood. To address this gap, the present study investigated transdiagnostic associations between biased and inflexible interpretation processes and dimensions of psychopathology using the Hierarchical Taxonomy of Psychopathology (HiTOP). HiTOP is a data-driven framework designed to integrate mental health symptoms across traditional diagnostic boundaries. Community-dwelling adults (N = 383) completed a HiTOP self-report battery and the emotional Bias Against Disconfirmatory Evidence task, which measures biased and inflexible interpretations. Bi-factor models were fitted to capture the general p-factor of psychopathology (an overarching dimension representing shared variance across disorders) alongside HiTOP’s different spectra. The p-factor was significantly associated with negative interpretation bias and negative interpretation inflexibility. Positive interpretation bias showed a specific association with the detachment spectrum, which encompasses conditions characterized by emotional detachment, social disinterest, and avoidance of social relationships. These findings suggest that negatively biased and inflexible interpretations are broad transdiagnostic risk markers for psychopathology. Reduced positive interpretation bias may serve as a cluster-specific risk factor for disorders within the detachment spectrum. Future research could explore the mechanisms through which inflexible interpretations contribute to generalized and cluster-specific psychopathological risk.



S-2b-04

Interpersonal Belief-Updating as a Function of Symptom Severity and Mental Disorder: Results from a Transdiagnostic Outpatient Sample

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INTRODUCTION:

Negative interpersonal beliefs, such as “Other people will take advantage of me,” play an important role in the development and maintenance of mental disorders. While psychological interventions often aim to change these beliefs through exposure to contradictory information, evidence suggests that affected individuals frequently struggle to update such beliefs.

METHODS:

More than N = 200 participants from the TransTAM project (recruitment ongoing) meeting diagnostic criteria for ICD-10-GM sections F32-F39 or F4 and beginning outpatient therapy at two study centers participated in a trust game with 2 × 30 rounds using ostensibly real partners. In each round, participants chose between keeping a small amount of money or “investing” it with their game partner. Partners could either exploit participants (resulting in investment loss) or cooperate (returning an increased amount). The game context was set to be either cooperative (80% return of investment) or exploitative (20% return of investment). Participants were randomized to three game sequences: cooperative to exploitative, exploitative to cooperative, or random behavior. Using the Active Inference framework, we analyzed the generative model and corresponding changes in interpersonal beliefs underlying patients’ trust game behavior through simulations and modeling.

RESULTS:

While analyses are ongoing, initial findings indicate that both symptom severity and mental disorder type may affect interpersonal belief-updating following unexpected cooperative experiences.

CONCLUSION:

Preliminary findings suggest that symptom severity and mental disorder type may impair patients’ ability to integrate unexpectedly positive interpersonal experiences into their belief systems.



S-2c

The relationship between eating disorder symptoms and mental health across different ages and circumstances

S-2c-01

Eating Disorder Pathology, Mental Health, and Life Satisfaction of Ukrainian Women during Times of War and Forced Migration

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The Russian military attack on Ukraine is causing destruction, death and suffering. Ukrainians living in the war zones are exposed to life-threatening stressors such as combat actions and bombing. To escape attacks, millions of Ukrainians have left their homes. They have fled to safer regions within Ukraine (internally displaced persons, IDPs) or to other countries (refugees). Once there, they had to adapt to new living conditions with challenges and stressors such as poor housing, social marginalization, and language problems. Our aim was to investigate whether the living conditions of Ukrainians are associated with eating disorder (ED) pathology, mental health, and life satisfaction.

We are conducting an online study to assess ED-pathology (EDE-Q8), depression, anxiety, and somatization (BSI-18), and satisfaction with various aspects of life. So far, 290 Ukrainians (91% women) have participated. We analyzed only women.

We expected that ED-pathology, mental health, and life satisfaction would be worse for Ukrainians who left their homes (IDPs or refugees) than for those who did not. Preliminary analyses did not reveal significant differences between groups in ED-pathology, depression, anxiety, and somatization. However, there were significant and marginally significant differences in the expected direction between the groups for satisfaction with housing, employment, finances, and health.

War-related living conditions of Ukrainian women seem to have an impact on satisfaction with life circumstances, but not on ED-pathology and mental health. However, mentalhealth impairment was high in all groups, suggesting that war-related stressors affect the mental health of Ukrainian women, regardless of where they live.

S-2c-02

Does rapid response of symptoms predict treatment effects in an online CBT-guided self-help program for binge-eating disorder

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INTRODUCTION:

Symptom improvement early in treatment (rapid response) has been shown to predict success in face-to-face interventions for individuals with Binge-Eating Disorder (BED). However, definitions of rapid response vary widely, and its predictive value for binge-eating symptoms following online interventions remains unclear. This study explored whether early symptom improvement predicts outcomes in a CBT-guided online treatment.

METHODS:

Sixty-three adults (87% female, mean age 37.21 years) with BED participated in a CBT-guided online self-help program (online CBTgsh). According to the literature, five different metrics were calculated to define rapid response, focusing on the temporal course of binge-eating during the first four weeks of the eight-session treatment.

RESULTS:

Rapid response did not significantly predict binge-eating frequency either immediately after treatment or at follow-up.

DISCUSSION:

Further research should examine the role of rapid response in treatments of varying durations, intensities, and delivery methods to better understand its influence on treatment outcomes.



Emotional and Behavioral Responses to Social Exclusion in a Virtual Reality Cyberball Paradigm: A Comparison of Youth with Disordered Eating Behavior and Healthy Controls

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INTRODUCTION:

Binge Eating Disorder and its subclinical variant, Loss of Control Eating (LOC), are associated with significant mental and physical health concerns including reduced quality of life, depressiveness, body dissatisfaction, and overweight. LOC is particularly prevalent during youth (ages 14 to 24) a critical developmental period marked by heightened sensitivity to interpersonal rejection. While the Cyberball paradigm, is widely used to study social exclusion, findings on emotional and behavioral responses in individuals with LOC remain inconsistent. This study examines mood, body dissatisfaction and urge to eat in youth with LOC compared to healthy controls.

METHODS:

A virtual reality Cyberball task was adapted to examine the effects of social exclusion in 50 individuals with LOC and 76 healthy controls. Participants completed self-report assessments of mood, body dissatisfaction and urge to eat before and after each Cyberball round (see study protocol Munsch et al. 2021).

RESULTS:

Preliminary data indicated that youth with LOC reacted with slightly more impaired mood to exclusion than healthy controls but with a pronounced increase in mood during recovery and inclusion in the Cyberball paradigm

CONCLUSION:

The effect of exclusion and inclusion on youth with and without mental disorders on mood and other mental health correlates needs to be better understood to tailor interventions to cope with interpersonal emotion regulation.

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S-2c-04

Disordered eating behaviors in adolescent athletes: the role of general and sport-related pressures on weight and appearance

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OBJECTIVE:

Adolescent athletes are at risk of developing disordered eating behaviors (DEB) due to a combination of general and sports-specific pressures. So far, the impact of sociocultural and sports-related pressures regarding weight and appearance on the development of DEB in adolescent athletes remains underexplored. This study aimed to examine the associations between these pressures, body ideal internalization, body dissatisfaction, and DEB. It was hypothesized that sociocultural and sports-related pressures would be associated with greater body ideal internalization, which in turn would lead to increased body dissatisfaction and, subsequently, to higher levels of DEB.

METHOD:

A total of 691 adolescent Swiss athletes (276 males, 415 females; aged 14-20 years) completed online questionnaires assessing DEB, sociocultural pressures regarding appearance, sport weight pressures, body ideal internalization, and body dissatisfaction. Structural equation modeling was used to examine the pathways between these factors.

RESULTS:

Results indicated that sociocultural pressures indirectly influenced DEB through body ideal internalization and body dissatisfaction, as expected. All direct effects between sociocultural pressures and internalization, internalization and body dissatisfaction, and body dissatisfaction and DEB were significant. Contrary to the hypotheses, sport weight pressures were not associated with internalization or body dissatisfaction in either female or male athletes. However, sport weight pressures were directly associated with DEB.

CONCLUSION:

These findings highlight the significant negative impact of sociocultural and sport-related pressures regarding weight and appearance on eating behaviors, emphasizing the need for preventive measures and targeted interventions within the sports context.



Alterations in non-suicidal self-injury and suicidality in adolescents with anorexia nervosa while in hospital care

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INTRODUCTION:

The co-occurrence of anorexia nervosa (AN) with non-suicidal self-injurious behaviour (NSSI) and suicidal thoughts (ST) is linked to greater severity of AN at the start of treatment. However, little is known about its association of NSSI and ST during treatment. This study aims to examine the occurrence and changes in NSSI and ST in adolescents during inpatient treatment.

METHODS:

Data from 256 adolescents with AN, obtained from the German ‘Anorexia Registry’ (2015 – 2024) were examined. NSSI, ST and the Body Mass Index (BMI) percentiles as an indicator of AN severity were measured at baseline and at the end of treatment. Changes in NSSI and ST were categorised and compared with BMI percentiles. Logistic regression was conducted to investigate the relationship between NSSI/ST and changes in BMI percentiles over treatment.

RESULTS:

51.6% of the patients reported no NSSI, 8.2% started NSSI during treatment, 12.9% stopped, and 27.3% continued. 59.0% reported no ST, 6.2% developed ST during treatment, in 13.7% ST stopped, and in 21.1% ST continued. No significant differences in BMI percentiles were found between these groups, and changes in BMI percentiles were not linked to NSSI or ST.

CONCLUSION:

Overall, NSSI and ST tend to remain stable in adolescents with AN, with most individuals continuing these behaviours and few experiencing remission or onset during AN-specific treatment. Future research should focus on larger sample sizes and assess associated psychological factors to better understand the relations between NSSV, ST and AN.

Rejection sensitivity in the sentence completion task and mental health in youth with and without loss of control and binge-eating

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INTRODUCTION:

Rejection sensitivity is the tendency to anxiously expect, perceive, and overreact to perceived rejection. In the context of eating disorders rejection sensitivity could contribute to negative emotions driving loss-of-control eating (LOC) and binge-eating episodes, as dysfunctional coping strategies. This hypothesis was tested in youth and young adults with LOC, binge-eating disorder (BED), and healthy controls (HC) participating in the clinical trial i-BEAT (DRKS00023706).

METHODS:

Participants received a structured diagnostic interview, filled out scales of mood and eating disorder symptoms, questionnaires on interpersonal and appearance-based rejection sensitivity, and were administered the sentence completion task (SCT). SCT comprises open-ended scenarios that participants are instructed to complete. Responses are recorded and assessed for rejection sensitivity by trained raters. All procedures were approved by the competent local ethics committee. All participants provided a written informed consent before study entry.

RESULTS:

A sample of n=171 participants completed the SCT. Of those, n=78 were HC, n=28 had a BED, and n=11 experienced repeated LOC without meeting BED criteria, while the rest had a different primary mental health disorder diagnosis.

Preliminary analysis revealed higher SCT rejection sensitivity scores in BED and LOC, as compared to HC. Overall, higher SCT scores corresponded to higher self-reported interpersonal and appearance-based rejection sensitivity, higher eating disorder symptoms and mood impairment, and higher emotion regulation difficulties, although these relations differed between groups.

CONCLUSION:

Our findings support the construct validity of the SCT, as a measure of rejection sensitivity, and corroborate its hypothesized role in eating disorder psychopathology.

S-2d

Psychological Mechanisms

S-2d-01

Cognitive Affective Mapping – A New Method for Exploring Psychological Mechanisms in Refugee (Mental) Healthcare

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Refugees and asylum seekers in Germany face significant barriers to accessing healthcare, particularly mental healthcare, leading to a persistent healthcare gap. These barriers, compounded by stress, trust issues, and limited support, negatively impact their mental and physical health. Although social workers assist in navigating the healthcare system, substantial improvements are needed. Cognitive Affective Mapping (CAM), a recently-developed mind-map like method that visualises participants' thoughts and emotions as interconnected networks, offers a novel approach to identifying needs and barriers in refugee healthcare. By revealing shared challenges and divergent viewpoints among different target groups, CAM enhances the understanding of supporting and hindering factors in refugee healthcare.

Findings from two studies using CAM will be presented to introduce this concept in the context of researching refugee healthcare. The first study involved 30 refugees from West Africa, the Middle East, and Ukraine. It revealed a focus among the refugees on well-being resources rather than barriers, highlighting the importance of a resource-oriented perspective. The second ongoing study broadens this approach by including perspectives from 15 refugees and asylum seekers, 15 general practitioners, and 15 social workers.

Both studies demonstrate the value of CAM in clinical psychology research with vulnerable groups, offering detailed individual insights and, through aggregation of multiple maps, broader representations of diverse experiences and psychological processes. This comprehensive approach enhances understanding of healthcare challenges and informs strategies to improve mental and physical healthcare for refugees and asylum seekers. Implications for clinical psychology are discussed to foster dialogue on enhancing healthcare for these populations.

Personality Traits, Negative Affect and Smartphone Addiction Risk: The Moderating Role of Cognitive Flexibility

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INTRODUCTION:

Studies on determining the underlying triggering mechanisms in the development of smartphone addiction may be important in guiding its prevention and early treatment. Therefore, this study aimed to draw attention to the moderating role of cognitive flexibility in the relationship between negative affect, agreeableness, and smartphone addiction risk.

METHODS:

The study was completed with 212 females and 108 males, a total of 320 university students (Mage = 22.18, SD = 1.72, range: 19-26). Data collection tools were Smartphone Addiction Scale, Cognitive Flexibility Scale, Big Five Personality Traits Scale, and Positive and Negative Affect Scale. Process Macro Model 1 analyses were conducted to understand whether cognitive flexibility moderates the impact of negative affect and agreeableness on smartphone addiction risk.

RESULTS:

The first moderation analysis indicated a positive and significant moderating impact of cognitive flexibility on the association between negative affect and smartphone addiction risk (b= 0.024, t = 2.577, p < 0.01, 95% CI [0.005, 0.043]). The second moderation analysis also demonstrated a negative and significant moderating effect of cognitive flexibility on the relationship between agreeableness and smartphone addiction risk (b= -0.095, t = -2.02, p < 0.05, 95% CI [-0.187, -0.003]).

CONCLUSION:

The positive impact of negative affect on smartphone addiction risk decreases in the high cognitive flexibility condition. Moreover, the negative effect of agreeableness on smartphone addiction risk increases in the high cognitive flexibility condition. Thus, it was concluded that cognitive flexibility may be an important cognitive function in reducing smartphone addiction.

KEYWORDS:

Emotions, behavioral dependency, flexible thinking.



Two Cases of Dissociative Identity Disorder in East Java: Developmental Trauma and Sociocultural Factors

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Dissociative Identity Disorder (DID) is the most severe form of dissociative disorder. We report two patients with DID who recently consulted our psychological services in Jember, East Java. The occurrence of two DID cases within 1.5 years is noteworthy, since DID is considered rare in Southeast Asia. This study aims to describe developmental trauma and sociocultural factors that may provide a foundation for DID in both patients. One of our patients was a woman with five alters, and the other was a man with six. For diagnostic purposes, we conducted clinical interviews based on DSM-5 and used the Dissociative Experiences Scale-II (DES-II) for screening. The results showed that both patients met the DSM-5 criteria for DID, with DES-II scores of 86 and 90. Clinical interviews were also conducted alongside the counseling process for further assessment. We found that the patients endured long-term adverse childhood experiences (ACEs), including parental neglect and emotional abuse. Furthermore, they had similar sociocultural backgrounds that contributed to the development of their trauma. They were forced to obey strict rules set by their parents, rooted in Asian cultural values and religious teachings, and were discouraged from expressing their emotions. These parent-child dynamics resulted in feelings of rage and a desire for revenge toward their mothers, which were reflected in the alters’ behaviors and thoughts. We conclude that in these two cases, developmental trauma and sociocultural factors played important roles in the formation of DID.

KEYWORDS:

Dissociative Identity Disorder, developmental trauma, sociocultural factors, Asia.

S-2d-04

The Invisible Thread: Unraveling the Connection Between Adverse Childhood Experiences and Intimate Partner Violence through Self-concept and Self-Esteem in Emerging Adults

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The positive association between adverse childhood experiences (ACEs) and intimate partner violence (IPV) in young adults, both in terms of perpetration and victimization, has been well established. However, little is known about the role of self-perceptions and global self-esteem in the relationship between these variables. In order to expand scientific knowledge on this phenomenon, the present study analyzed the mediating role of domain-specific self-perceptions (e.g., intelligence; physical appearance; social acceptance) and global self-esteem in the association between ACEs and IPV. A total of 233 emerging adults (M = 22.23; SD = 2.88), who have or had a romantic relationship in the past year, participated in this study. Participants responded online to the Childhood Adversity History Questionnaire, the Self-Concept Scale for Emerging Adults, and the Conflict in Adolescent Dating Relationships Inventory. The results revealed a partial mediating effect of self-esteem in the association between ACEs and perpetrated intimate relationship violence, suggesting that higher levels of ACEs are associated with higher levels of perpetrated violence, partially mediated by lower levels of self-esteem. This study reinforces the importance of considering ACEs as predictors of intimate relationship violence in emerging adults and highlights the importance of promoting positive self-esteem in individuals with a history of ACEs.

Manuals Missing, Modifications Unclear: The Challenge of Reproducibility in Psychological Interventions

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INTRODUCTION:

Randomized controlled trials (RCTs) are the gold standard for evaluating the efficacy of psychological interventions. However, the extent to which these interventions adhere to standardized treatment manuals or undergo modifications in practice remains often unclear. Access to manuals and accurate documentation of modifications are essential for transparency, replication, and evidence synthesis. This study investigates the availability of psychological intervention manuals in clinical trials and examines the nature of reported modifications.

METHODS:

RCTs from published network meta-analyses on Anorexia Nervosa, Bulimia Nervosa, Psychosis, Borderline Personality Disorder, and Substance Use Disorder were analysed to identify psychological intervention arms. For each intervention, referenced treatment manuals were retrieved. Reported modifications were categorized as changes in content, structure, cultural adaptations, or unspecified alterations.

RESULTS:

Ninety-three trials encompassing 427 intervention arms were included. At least one treatment manual was available for 303 arms (71.0%), while for 124 arms (29%) manuals couldn't be retrieved. Modifications were documented in 117 arms (27.4%), with content modifications reported in 45 arms (10.5%), structural changes in 5 arms (1.2%), cultural adaptations in 8 arms (1.9%), and unspecified modifications in 24 arms (5.6%).

CONCLUSIONS:

A considerable proportion of psychological interventions lack accessible treatment manuals, complicating the identification of core intervention components. Furthermore, modifications are frequently undocumented, compromising transparency and reproducibility. Standardized reporting of intervention manuals and modifications is essential to enhance the reliability and applicability of psychological treatments. Future research should explore the impact of undocumented modifications on intervention efficacy and patient outcomes.



S-2d-06

The Impact of Meaning in Life and Self-control in Substance Use and Internalizing Symptoms: Discussing Causal Network Findings and a Meaning-centered RCT

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Substance use and internalizing disorders often cooccur and are linked in part through maladaptive coping strategies such as drinking to cope with negative affective states. However, transdiagnostic factors such as low meaning in life or self-control might also contribute to substance (mis)use and internalizing symptoms. In this context, support for meaning and self-control is so far limited to correlational studies that usually assess one of the factors in relation to either substance use or internalizing symptoms. Causal evidence, however, is needed to assess the potential of meaning and self-control as targets for interventions. The proposed talk presents findings from two studies that investigated the causal role of meaning and self-control in substance use and internalizing symptoms. We combined undirected network analysis with a causal inference algorithm that determines causal relations in observational data. Study 1 on a Dutch community sample (N = 475) showed meaning-related factors increased self-control, whereas depression lowered meaning-related factors such as competence and relatedness. Understanding life meaning, on the other hand, lowered depression. Study 2 on wave 7 from the longitudinal cohort study The Netherlands Study of Depression and Anxiety (N = 1725) found that depression reduced locus of control whereas locus of control lowered social anxiety. Together the findings point to the promise of both low meaning and low self-control as potential targets for treatment. This will be further illustrated by discussing a meaning-centered intervention that we are currently testing in a randomized controlled trial with participants displaying subclinical internalizing symptoms.

S-3a

Affective Disorder

S-3a-01

Exploring Residual Symptoms and Functional Impairments in Recurrent Depression: Challenges in Replicability Across Network Analyses

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BACKGROUND:

Depression is the most prevalent mental health disorder worldwide, with a high risk of chronicity and recurrence, significantly affecting patients’ health related quality of life (HRQL) and disability. Recurrent depression is particularly challenging, as residual symptoms after treatment are a strong predictor of relapse. Network analysis has recently gained relevance as a method to explore symptom interconnections, but challenges remain regarding replicability and clinical applicability.

OBJECTIVE:

The aim of this study was to explore the interconnections between residual symptoms of depression and functional impairments at the end of inpatient psychotherapy in patients with recurrent depression, and to test whether these findings could be replicated across two similar samples.

METHODS:

A cross-sectional network analysis was conducted using secondary data from two randomized controlled trials on relapse prevention, involving 408 participants with recurrent depression (NaTel study: N=182; Summit study: N=236). Residual symptoms and functional impairments (mobility, self-care, usual activities, pain/discomfort) were analyzed using pairwise Markov Random Fields to calculate an undirected, weighted network structure. A network comparison test was employed to assess differences between the two networks.

RESULTS:

Low mood, low energy, and concentration problems were identified as the most central symptoms. Concentration problems were most strongly connected to usual functioning. Despite identical inclusion criteria and similar sample sizes, notable differences in centrality indices and overall network structures were observed between the two samples (M= 0.32, p<.005).

DISCUSSION:

The limitations of these analyses will be discussed, focusing on the implications of non-replicability and the impact of sample sizes on network stability.



S-3a-02

Catching rumination in the wild: a mind-wandering-based approach to understanding ruminative thinking

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A challenge in depression research is detect reliable moment-to-moment fluctuations in the nature of thought, so as to be able to determine when and how an individual gets stuck in cycles of ruminative thinking. In this contribution, I will summarize recent work from my lab that uses methodology from mind-wandering research to detect such moment-by-moment fluctuations in thought. As a first proof of principle, we showed that the average proportion of negative, self-related thinking during a mind-wandering experiment is more correlated with depression scores than performance on a reward learning task. We also showed that comparing more and less depressed individuals, sticky mind-wandering is associated with decision impairments. In addition, we showed that even in remission from depression, sticky mind-wandering is associated with worse task performance, especially when it is of negative valence. Taking this all together suggests that it is important to better understand sticky negative mind-wandering, and we are currently working on modeling that process with a dynamical systems model. The objective of such a model is to identify where to most productively intervene to get people out of their sticky mind-wandering state.

S-3a-03

Psychotherapies for Bipolar Disorder: Component Analysis on the Distillation and Matching Method

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INTRODUCTION:

Psychotherapy represents an adjunctive treatment to pharmacotherapy for bipolar disorder (BD). A deeper understanding of what and how it works, from a component-based perspective, is deemed necessary to overcome treatment gaps, enhancing therapeutic effectiveness and quality.

METHODS:

The Distillation and Matching Method (DMM) was applied to randomized trials (RCTs) retrieved from a recent component network meta-analysis (cNMA), as part of a wider EU-funded research project, DECOMPOSE (‘Disentangling psychological interventions for mental disorders into a taxonomy of active ingredients’). Firstly, distillation of active psychotherapeutic interventions into its components (i.e., strategies, techniques, activities) was performed. Absolute and relative frequencies were calculated for the presence of each component per treatment arm. Secondly, association (i.e., matching) between components and specific clinical variables (diagnosis type, age group, and format) was investigated.

RESULTS:

Forty trials were included, with 59 active arms and 21 components, mostly behavioral and cognitive. Beyond medication management, psychoeducation (83%), self-monitoring (63%), and relapse prevention (61%) were the most frequent therapeutic components applied, whereas stress management (9%), emotion regulation (8%), and behavioral modification (6%) the least represented. Motivational interviewing and neurocognitive training appeared only once. Matching analysis showed differential patterns of components within each considered variable.

CONCLUSION:

This is the first project applying the DMM methodology to dismantle psychotherapies for BD, getting a new light into treatment packages. Nevertheless, the assumption of DMM that representativeness of components in ‘winning’ treatments is proportionate to its effectiveness, advocates for the application of more advanced methodologies to better analyze components’ effectiveness and their interactions.



S-3a-04

Depressive symptom trajectories and their predictors across 20 years in a national sample: A latent growth mixture modelling approach

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INTRODUCTION:

Major depressive disorder is a prevalent, heterogeneous condition. The aim of this study was to examine differing longitudinal trajectories of depressive symptoms among a nationally representative sample of adults and to determine characteristics associated with the respective trajectory patterns.

METHODS:

Participants from a large, national, longitudinal study, Midlife in the United States (MIDUS), who provided data across at least the initial two of three waves (N = 3747, AgeMean(SD) = 46.54(12.16), Female% = 53.22%) were assessed totalling an approximate 20-year follow-up period. A latent growth mixture model was conducted to determine classes of distinct depressive symptom trajectories, accounting for age and sex. Characteristics (e.g., cognitive function, sleep, illness history) associated with the respective classes of symptom trajectories were examined using a series of analysis of covariance and multivariate logistic regression models.

RESULTS:

A three-class solution provided the best fit to represent depressive symptom trajectories, namely low and stable severity (77.90%), high severity but improving over time (18.44%), and low initial severity then worsening over time (3.66%). Age and sex influenced the class of an individual’s symptom trajectory, with older age and being male contributing to a greater likelihood of the low and stable trajectory of depressive symptoms relative to other trajectory classes. Post hoc analyses further revealed significant differences in sociodemographic, clinical, cognitive, and psychophysiological characteristics across trajectory classes.

CONCLUSION:

Understanding the longitudinal trajectory of depressive symptoms is of clinical importance to help inform prevention and early intervention approaches for population mental health.



S-3a-05

The efficacy of automated feedback after internet-based depression screening (DISCOVER): an observer-masked, three-armed, randomised controlled trial in Germany

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BACKGROUND:

Despite the availability of effective treatments, most depressive disorders remain undetected and untreated. Internet-based depression screening combined with automated feedback of screening results could reach people with depression and lead to evidence-based care.

METHODS:

DISCOVER was an observer-masked, three-armed, randomised controlled trial in Germany (ClinicalTrials.gov, NCT04633096). Main inclusion criteria were: aged ≥18 years, being undiagnosed with depression, positive depression screen (Patient Health Questionnaire-9, PHQ-9 ≥10 points). Participants were randomly assigned to automatically receive no feedback (NF), non-tailored feedback (NFT), or tailored feedback (TF) on the depression screening result. The NFT included the depression screening result, a recommendation to seek professional diagnostic advice, and brief general information about depression and its treatment. The TF was framed according to the participants’ symptom profiles and treatment preferences. The primary outcome was change in depression severity six months after screening.

RESULTS:

Of 4878 individuals completing the internet-based screening, 1178 (24%) screened positive (mean age 37.1 [SD 14.2] years; 824 70% woman). Depression severity decreased by 3.4 PHQ-9 points in the NF group (95% CI 2.9–4.0; 325 participants), by 3.5 points in the NFT group (3.0–4.0; 319 participants), and by 3.7 points in the TF group (3.2–4.3; 321 participants), with no significant differences among the three groups (p=0.72). Frequency of depression help seeking, psychotherapy or antidepressant treatment did not differ among study groups.

CONCLUSION:

Automated feedback following internet-based depression screening did not reduce depression severity or prompt sufficient depression care in individuals previously undiagnosed with but affected by depression.



S-3a-06

The relationships between attachment avoidance and self-compassion in suicidality among patients with major depression disorder

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Preventive factors against suicidality, such as self-compassion and secure attachment, have been on the scope of recent research in the field of clinical psychology. The role of attachment, though, has not yet been investigated as a possible mediator in the relationship between self-compassion and suicidality in patients diagnosed with Major Depressive Disorder (MDD). This study attempts to investigate whether avoidant attachment, indicated as a risk factor for suicidality, mediates the relationship between self-compassion and suicidality in a sample of 273 adults diagnosed with MDD in Greece. The above variables were measured via a battery of self-reported questionnaires, namely the Suicidal Behaviors Questionnaire-Revised (SBQ-R), the Beck Depression Inventory (BDI-II), the Experiences in Close Relationships Scale (ECRS), and the Self-Compassion Scale (SCS), accompanied by patients’ demographic and clinical information. Data were analyzed accordingly, in order to examine intercorrelations between non-suicidal and suicidal participants by attachment style, self-compassion and self-destructive behaviors. The mediating effect of attachment avoidance in the relationship between self-compassion and suicidality was also examined. Higher attachment anxiety and avoidance predicted increased suicidality and depression, and diminished self-compassion. Differences were observed in all independent variables between groups (suicidal vs non-suicidal), and suicidal participants were overall characterized by avoidance-anxiety attachment styles. Attachment avoidance functioned as a mediator between self-compassion and suicidality. Findings are discussed in light of recent advances in the field of suicide prevention and psychotherapy, highlighting the need for tailoring interventions to utilize current knowledge regarding effective preventive and psychotherapeutic methods for suicidal MDD patients.

S-3b

Psychotherapy

S-3b-01

(Proper) practice helps: Results of a multicentre trial of Deliberate Practice for the acquisition of basic therapeutic skills

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INTRODUCTION:

Deliberate Practice (DP) is a structured method for the acquisition of complex skills that is used in the training of musical and athletic performance. Recently, DP has been applied to psychotherapy training; however, data on its effectiveness and acceptance among students are sparse.

METHODS:

Students of the clinical master's programme at three universities (Erlangen, Essen, Kiel) completed the German version of the Counselor Activity Self-Efficacy Scale (CASES-R) before (baseline) and after (post) 11 hours of teaching basic psychotherapy skills using DP. At both time points, the students also recorded a five-minute interaction sequence with an actor simulating a standardized patient, which were rated by external supervisors (blind to the time of recording) regarding a set of competencies. The students also answered questions about their acceptance of DP.

RESULT:

Pilot data from Essen are currently available. At the time of the conference, we will report on the multicentre data. In the pilot data (n=17), there was an increase in therapeutic self-efficacy (d=1.0) and improvements in the external assessments (d=0.53 to d=0.90). The acceptance of DP was high (8.7±0.7). The structured feedback process was perceived as helpful [8.9±0.3] and hardly any unpleasant feelings were reported. The expert-rated improvements correlated exclusively with the time spent practicing independently with the video prompts between sessions (r =.45, p<.05).

CONCLUSION:

Initial pilot data show that DP is well received by students and leads to improvements in therapeutic self-efficacy and peer-rated skills. Personal practice with provided video prompts correlates with improvements in performance.

S-3b-02

From Painful Memories to Present Relief: Enhancing CBT Efficacy for Depression Through Imagery Rescripting in a Randomized Controlled Trial

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INTRODUCTION:

Depression often involves recurring memories of stressful past events, contributing to its development and maintenance. This study investigates the potential of imagery rescripting (ImRs), a therapeutic technique designed to directly address and modify distressing memories, when integrated into standard cognitive behaviour therapy for depression.

METHODS:

In this randomized controlled trial, 66 patients diagnosed with major depressive disorder undergoing cognitive behaviour therapy were randomly assigned to either an experimental condition (imagery rescripting) or an active control condition (imagery relaxation). The primary outcome measure is the reduction of depressive symptoms, assessed using Beck’s Depression Inventory (BDI-II). Assessments were conducted at baseline, immediately post-treatment, and at 4-week and 8-week follow-ups.

RESULTS:

Preliminary results will be presented, comparing the effectiveness of three imagery rescripting sessions to three sessions of imagery relaxation, both integrated within standard cognitive behaviour therapy for depression.

CONCLUSION:

We will discuss potential implications for future research, including the need for larger-scale trials and investigations into the underlying mechanisms of ImRs. Additionally, we will explore the clinical implications, such as the potential for ImRs to be integrated into standard depression treatment protocols.



S-3b-03

Efficacy of cognitive behavioral therapy in treating repetitive negative thinking, rumination, and worry – a transdiagnostic meta-analysis

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INTRODUCTION:

Repetitive negative thinking (RNT) is a transdiagnostic process associated with the onset, maintenance, and risk of relapse of various mental disorders. However, previous research syntheses addressing the effect of cognitive behavioral therapy (CBT) on RNT are limited to specific diagnoses, treatments, or RNT constructs (transdiagnostic RNT, worry, rumination). In the present meta-analysis, we integrate findings from randomized controlled trials (RCTs) of CBT on RNT across diagnoses, intervention types, and RNT constructs.

METHODS:

We investigate the following questions: What is the overall transdiagnostic efficacy of CBT interventions on all post-treatment RNT outcomes? Which RNT construct is addressed most effectively? Are RNT-specific treatments superior in reducing RNT than less specific approaches? Inclusion criteria were met by 55 studies with a total of 4,970 participants.

RESULTS:

The overall post-treatment effect of CBT interventions on RNT compared to respective control groups was moderate in favor of CBT ($g = -0.67$). Treatment efficacy did not differ significantly by RNT construct. RNT-specific interventions ($g = -0.99$) were significantly more efficacious in reducing RNT than less specific approaches ($g = -0.56$). Treatment efficacy was not significantly enhanced by individual or in-person settings.

CONCLUSION:

Our results advocate a dissemination of RNT-specific treatments in research and practice and a general improvement of CBT treatments by focusing on relevant transdiagnostic processes such as RNT.



S-3b-04

Psychologists’ Knowledge, Usage, and Acceptability of Digital Interventions for Common Mental Health Problems in Refugees and Migrants: Findings from a Cross-Sectional Survey in Sweden

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The growing refugee and migrant population present significant challenges for mental health services, with limited access to culturally and linguistically appropriate interventions. Digital mental health solutions, including internet-based treatment, videoconferencing, and blended treatment, offer promising approaches to bridging this care gap. However, little is known about psychologists’ perspectives on using digital interventions for these populations, despite their key role in implementation.

A national cross-sectional online survey was conducted among Swedish psychologists (N=81) to assess their knowledge, usage, and acceptability of digital mental health interventions for refugees and migrants. Data were analyzed using descriptive and inferential statistical methods.

While most psychologists acknowledged the potential of digital mental health solutions, their actual usage remained low (19.8%). Knowledge gaps were evident, with over 70% reporting low or very low knowledge of digital assessment and treatment for refugees and migrants. However, those currently using digital formats had significantly higher knowledge ratings. The most accepted digital formats included guided ICBT (85.2%), blended treatment (76.5%), and videoconferencing therapy (74.1%). Linguistic accessibility was considered crucial (86.4%), as was cultural adaptation (69.1%), though psychologists already using digital solutions for refugees perceived cultural adaptation as less necessary. The preferred implementation model was through specialized primary care units (46.9%).

Although Swedish psychologists recognize the potential of digital interventions for refugee and migrant mental health, barriers such as limited knowledge, low adoption, and concerns regarding cultural and linguistic adaptation remain. Addressing these challenges could enhance the integration of digital interventions into routine healthcare, ultimately improving access for underserved populations.



S-3b-05

Investigating the Trajectories of Alliance and the Predictive Effect of Early Alliance on Outcome

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Therapeutic alliance is viewed as one of the core mechanisms that predict symptomatic change in child psychotherapy. Literature puts emphasis on early alliance and its effects on outcome especially in short-term therapies. This current study was part of a randomized controlled trial investigating the effectiveness of Mentalization-based Therapy for Children (MBT-C) compared to a Parenting and Child Social Skills Group (PSSG) supported by Scientific and Technological Research Council of Turkey, under the grant number: 121K733). Participants were 193 children (103 in MBT-C group, 90 in PSSG group) aged between 5-12 who applied for the randomized controlled trial with emotional/behavioral problems. Observer-rated alliance measurements were gathered at three different time points from both therapy groups to investigate trajectories of alliance. Contrary to our initial hypothesis of linear increase, the results of multilevel modeling analysis showed a linear decrease overall. Based on this finding, we compared the predictive effects of mean alliance scores (mean of scores gathered at 3 time points) and early alliance scores (first collected alliance scores after 3rd session) on outcome scales. Results showed that while mean alliance scores only predicted symptomatic change as measured with Child Behavior Checklist (CBCL), early alliance scores significantly predicted both symptomatic change and changes in child’s emotion regulation capacity as measured by Emotion Regulation Checklist (ERC). Results on early alliance strength and trajectories are discussed, and future directions are indicated.



S-3b-06

Can Photorealistic Avatars Reduce Negative Therapy Expectations and Build Alliance?

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INTRODUCTION:

The average waiting time for psychotherapy in Germany is almost 20 weeks (1). Blended care offers an opportunity to bring more people into psychotherapy (2). Negative expectations regarding psychotherapy, which impair therapy outcomes (3), could possibly be reduced by photorealistic avatars. In this online experiment, we investigated what photorealistic avatars can be used for in the context of psychotherapy, namely empathy and violation of negative therapy expectations.

METHODS:

In the 4x3 design (condition x time point) the subjects heard an audio that induced negative therapy expectations. Afterwards, the participants saw two videos of a therapist or her photorealistic avatar, whereby empathy was shown in the first video and negative therapy expectations were addressed in the second video.

RESULTS:

Preliminary results show an interaction effect of time and group for the avatar-only condition compared to the human-only condition, with therapy expectations being more positive in the human-only condition. There were no differences for the human-only compared to the Avatar_Human and Human_Avatar conditions, indicating that one human example can compensate potentially weaker effects of avatar interventions. There was a mediation between the alliance after the first video and the therapy expectations at the end of the two videos.

CONCLUSION:

Human contact plays a role in the violation of negative therapy expectations and cannot be completely replaced by an avatar. However, it was less important whether the human therapist showed empathy or addressed negative therapy expectations. An alliance has also been formed with the avatar, which has implications for clinical use.

S-3d

*Dynamic Network Approaches to
Understanding Psychopathology, Social
Interaction, and Neurodevelopment in
Childhood and Adolescence*

A Longitudinal Network Approach to Symptom Stability and Change Over Time in Autism

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BACKGROUND:

Understanding how autism symptoms evolve over time is essential for identifying critical transition points that may inform early interventions. Traditional approaches often assume static symptom structures, overlooking the dynamic interplay between behaviors. This study applies a longitudinal network approach to model the stability and change of autism symptoms across three time points, using diagnostic information from a structured behavioral observation. By tracking centrality metrics, we identify which symptoms act as persistent hubs versus those that fluctuate, indicating potential windows of change. We explore whether shifts in the network structure precede clinically meaningful improvements or deteriorations in social communication, restricted behaviors, and sensory sensitivities.

METHOD:

We construct time-series network models. A graphical vector autoregression (GVAR) model with three time points, where nodes represent observed behaviors, and edges reflect their statistical dependencies, shows how autisms-related behaviors evolve over time.

RESULTS:

Preliminary results suggest that certain symptoms - such as atypical gaze and facial expressions - maintain high centrality across time, highlighting their stability in the autism symptom network. However, we also identify critical transitions, where changes in symptom connectivity predict shifts in overall severity, suggesting key intervention targets.

By leveraging longitudinal network analysis, this study moves beyond traditional categorical models of autism, offering a data-driven framework for identifying early intervention windows. Our findings underscore the importance of monitoring symptom networks over time, providing novel insights into the temporal structure of autism-related behaviors and their clinical implications.

S-3d-02

Investigating the relationship between reinforcement learning and psychopathology in children and adolescents: a network approach

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Past reinforcement learning (RL) studies have implicated valence and uncertainty in modulating the effects of psychopathology on computational parameters. In a previous study of 122 clinical and typically developing individuals aged 8–18, we found that depression, anxiety, and ADHD were associated with distinct RL impairments, including reward processing deficits in depression, uncertainty-related impairments in anxiety, and generalized learning deficits in ADHD. However, it remains unclear which specific symptoms drive these alterations. To address this, we propose applying a transdiagnostic network approach to identify symptom-level influences and interactions that may underpin RL processes. Our aim is to leverage this approach to understand the dynamics between symptoms, RL, and development.

S-3d-03

Mapping Neurodevelopmental Trajectories in Autism: Linking Cortical Thickness to Clinical Phenotypes and Genomic Profiles

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Autism is a neurodevelopmental condition that previous case-control studies associated with variations in cortical thickness (CT) and surface area (SA). However, research investigating neurodevelopmental trajectories of autism along a continuum (i.e., dimensionally) remains limited, failing to capture the extensive clinical heterogeneity characteristic of the autism spectrum. This study adopts a dimensional approach to examine neuroanatomical variation in relation to clinical phenotypes in a longitudinal cohort.

N= 572 participants, aged 6 to 30 years (332 autistic, 27.71% female; 240 non-autistic, 39.17% female), and 109 participants, aged 11 to 18 years (34 autistic, 17.6% female; 75 non-autistic, 34.7% female), underwent structural Magnetic Resonance Imaging (MRI). Measures of CT and SA were extracted from T1-weighted volumetric images and longitudinal changes were estimated using FreeSurfer’s v6.0.0 longitudinal stream. The relationship between clinical and neuroanatomical variation was assessed by fitting a general linear model, incorporating questionnaires representing clinical phenotypes, sex, age, age², IQ, site, and mean CT/ total SA as covariates.

Following random field theory-based cluster correction ($p < 0.05$, two-tailed), higher scores in social communication and interaction were linked to reduced occipital CT, decreased frontal SA, and increased SA in the central and fusiform gyri. Increased restricted and repetitive behaviors were associated with reduced CT in the paracentral and posterior cingulate regions, decreased frontal SA, and increased SA in the posterior cingulate and fusiform gyrus.

The neuroanatomical correlates of autism symptoms, along with their longitudinal trajectories, appear to differ between behavioral domains, suggesting distinct neurodevelopmental markers for core autism phenotypes.



Social Interaction in Autism: Methods for Assessing and Evaluating Atypical Behaviors

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Social interaction deficits are a core feature of autism spectrum disorder (ASD), yet their assessment remains challenging due to the variability and context-dependent nature of social behaviors. Clinicians traditionally rely on structured behavioral assessments such as the Autism Diagnostic Observation Schedule (ADOS-2) and parent-report measures via interview (Autism Diagnostic Interview (ADI-R)) or questionnaire (e.g. Social Responsiveness Scale (SRS)). While these tools provide valuable diagnostic insights, they often lack ecological validity and fail to capture the dynamic nature of social interactions. Emerging methods offer novel approaches to assessing atypical behaviors in ASD. Motion-tracking and automated video analysis enable objective quantification of gestures and facial expressions, reducing observer bias. Eye-tracking technology provides insights into gaze patterns and joint attention, essential markers of social engagement. Speech and prosody analysis reveal differences in turn-taking and vocal modulation, while wearable sensors detect physiological markers such as heart rate variability, indicating emotional arousal during social interactions. Social network analysis (SNA) further enhances our understanding by mapping the structure of peer interactions, highlighting differences in social connectivity and reciprocity. Machine learning and artificial intelligence refine these assessments by identifying subtle, non-obvious behavioral patterns predictive of ASD severity. Integrating these advanced methods with traditional clinical assessments can improve diagnostic accuracy, allow for earlier detection, and promote personalized intervention strategies. Future research should focus on validating these approaches across diverse populations to enhance their clinical utility.

Probabilistic Networks of Joint Attention Sequences in Children with Autism Spectrum Disorder - A Computer Vision Approach

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Joint attention (JA) impairments are a hallmark of Autism Spectrum Disorder (ASD) and play a crucial role in early diagnosis. Traditional assessment methods rely on subjective clinical observation, often requiring clinicians to simultaneously conduct a behavioral test and evaluate performance. This does not only introduce variability but also limits scalability. The present study proposes an automated, computer vision-based approach to assess gaze communication structures (e.g., mutual, refer, follow, shared, avert) from video data, employing probabilistic network modeling to characterize JA sequences.

Video recordings of structured social interactions (i.e., Early Scales of Social Communication) were collected from children with ASD. Gaze events will be automatically extracted using machine learning based on an atomic-level JA coding scheme and computer vision features (i.e., gaze vectors). Sequence models, such as Markov chains, will then be employed to quantify transition probabilities between gaze events and to identify underlying patterns of gaze behavior.

Preliminary results based on manual annotations indicate that individual children with ASD differ in their ability to both initiate and respond to JA, as reflected in the network representations of tester-child interactions. The analyses reveal that these networks underscore the centrality of specific gaze nodes (e.g., avert), which may signal dysfunctional interaction patterns. In addition, developmental or treatment effects can be captured in the transition probabilities over time. These findings underscore the potential of automated gaze analysis and probabilistic networks to complement traditional assessments and support individualized intervention planning.



S-4a

Behavioral Medicine

S-4a-01

Exploring the intersection of climate change concerns and eating behaviors: new challenges for clinical psychology in the current ecological transition

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INTRODUCTION:

The intersection between climate change concerns and eating behaviors is an emerging but underexplored research area, particularly in relation to eating disorders (EDs). This study explores the Eating-Related Eco-Concern (EREC) construct, examining its connections to climate change worry (CCWS), orthorexia nervosa (ON), and ED symptoms in general and clinical populations.

METHODS:

Two studies were conducted. The first assessed 250 participants from the general Italian population using Network Analysis (NA) to explore links among EREC, CCWS, ON symptoms, ED symptoms (EDE-Q), and psychological distress (DASS-21). The second study analyzed EREC’s role in influencing eating behaviors in 39 ED patients and 40 individuals from the general population using regression analyses.

RESULTS:

NA revealed positive associations between EREC and CCWS, EREC and ON symptoms, and ON symptoms and ED symptoms. EREC positively correlated with CCWS and ON symptoms but showed no direct links to ED symptoms or distress, suggesting a distinct pathway to ON risk. In the second study, EREC correlated with sustainable dietary practices in both groups but not with ED symptom severity. Notably, sustainable cooking behaviors were associated with less severe ED symptoms.

CONCLUSIONS:

These findings highlight the complex interplay between environmental concerns, psychological distress, and eating behaviors in clinical and general populations amid the current ecological crisis. While EREC and eco-anxiety may promote sustainable food choices and encouraging sustainable eating habits could serve as an innovative approach in managing ED symptoms and fostering recovery, their influence on ON and ED symptoms requires further investigation.



Eco-Anxiety and Healthy Dietary Behaviors: The Role of Environmental Identity and Psychological Distress

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INTRODUCTION:

As climate change accelerates, ecoanxiety is becoming increasingly common. While it often serves as a driver of pro-environmental behaviors and fosters environmental identity, its broader implications remain underexplored. This study investigates the connections between ecoanxiety, environmental identity, and sustainable dietary behaviors within the general population.

METHODS:

Participants were evaluated using several validated tools: Hogg’s Eco-Anxiety Scale (HEAS), Environmental Identity Scale-Revised (EID-R), Depression Anxiety and Stress Scale (DASS-21), and the Sustainable and Healthy Dietary Behaviors Questionnaire (SHDB). Multivariate analyses of variance (MANOVA) were employed to assess differences in HEAS and EID-R scores based on exposure to climate-related events and dietary motivations. Regression models were used to identify predictors of sustainable food choices.

RESULTS:

Findings revealed that individuals exposed to extreme climate events experienced heightened ecoanxiety. Additionally, participants with ethical or environmental motivations for their dietary choices demonstrated stronger ecoanxiety and higher environmental identity scores. Critical predictors of sustainable dietary behaviors included HEAS-Anxiety about personal impact and EID-R dimensions of nature connection and nature protection. In contrast, elevated distress levels (DASS-21-Depression) were linked to fewer sustainable food choices.

CONCLUSION:

The study suggests that nurturing environmental identity, particularly through practices that enhance connection to nature, may encourage sustainable dietary behaviors while promoting psychological well-being and reducing maladaptive ecoanxiety. These findings underscore the importance of addressing psychological dimensions to drive pro-environmental actions in the face of climate challenges.

S-4a-03

Beneath the Surface: Linking Childhood Adversity to Physical Symptoms Through Alexithymia in Young Adults

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Adverse Childhood Experiences (ACEs) have been consistently linked to negative outcomes in mental and physical health, including increased somatization in adulthood. Additionally, research suggests that alexithymia—a difficulty in recognizing and expressing emotions—may play a mediating role in this relationship. However, empirical studies examining this mechanism remain scarce. This study aimed to investigate the mediating role of alexithymia in the association between ACEs and somatization in Portuguese emerging adults. A total of 260 participants (M = 21.72; SD = 2.58), predominantly university students, completed self-report measures assessing ACEs, alexithymia, and somatic symptoms. Mediation analysis revealed that alexithymia partially mediated the relationship between ACEs and somatization, indicating that individuals with higher exposure to ACEs reported increased somatic symptoms, partly explained by higher alexithymia levels. These findings emphasize the importance of considering ACEs as a key predictor of somatization in young adulthood and highlight the role of emotional processing difficulties in this association. The study underscores the need for preventive interventions focused on emotional regulation skills in childhood, as well as tailored psychotherapeutic approaches for individuals with high alexithymic traits. By addressing emotional processing deficits, interventions may help mitigate the long-term health consequences associated with childhood adversity. These findings contribute to the growing body of research on psychological mechanisms underlying the link between early-life adversity and health outcomes and provide valuable insights for clinical practice.



*Alexithymia and Psychosomatic Phenomena in Psoriasis:
Psychological Phenomena Influencing Patients’ Quality of Life*

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INTRODUCTION:

Psoriasis represents a heterogeneous life-long skin disease presenting global estimated prevalence ranges from 0.91 to 8.5% in adults. Often recognized as a psychosomatic disease, the related psychological components play a fundamental role. Past and recent studies valued the impact of these factors allowing clinicians to reach multidisciplinary perspectives both referred to diagnosis and treatments. Studies highlighting the patients’ quality of life (QoL) and principal psychological influences are needed.

METHODS:

The sample consisted of 118 patients diagnosed with psoriasis aged between 18 and 78 years old (M: 29.88; SD: 13.67) with a female prevalence (56.8%). All involved patients fully completed the protocol consisting of a sociodemographic section, Toronto Alexithymia Scale-20, Diagnostic Criteria for Psychosomatic Research and SF-36.

RESULTS:

The study highlighted high rates of alexithymia and low quality of life. Significant correlations and dependencies underlined the role of sociodemographic variables and alexithymia on subjects’ psychosomatic manifestations and QoL.

CONCLUSION:

The emerged results should serve as evidence-based foundations in order to structure specific interventions aimed at reducing psychopathological risks and improve QoL. The study hypotheses confirmed the presence and the role of clinical psychological phenomena influencing subjects QoL and general functioning. Despite the results matched with previous published relevant studies, further research is necessary in order to establish an international evidence-based network.

Clinical Psychological Phenomena and Psychosomatic Components in Subjects Suffering from Irritable Bowel Syndrome

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INTRODUCTION:

According to current literature, psychosomatic disorders range from 0.8% to 5.9% in the general population. It is known how most patients suffering from medical conditions foresee a significant presence of psychological and psychopathological influential components. Irritable bowel syndrome (IBS) is characterized by noteworthy basic psychological phenomena. The purpose of this contribution is to highlight the presence of psychological components such as alexithymia and psychosomatic phenomena worsening patients’ quality of life (QoL).

METHODS:

The sample consisted of 133 patients diagnosed with IBS, aged from 18 to 73 years old (M = 31.08, SD = 14.14). The clinical protocol included a sociodemographic questionnaire, Toronto Alexithymia Scale-20, Diagnostic Criteria for Psychosomatic Research, and SF-36 Health Survey.

RESULTS:

High rates related to alexithymia and psychosomatic syndromes together with low QoL emerged. Significant correlations regarded alexithymia psychosomatic phenomena. Significant correlations emerged among sociodemographic variables, alexithymia and psychosomatic syndromes. Age, gender and alexithymia predicted psychosomatic symptomatology.

CONCLUSION:

The study showed significant results allowing clinicians to consider the role of predictors and relations among clinical variables. Sociodemographic variables and alexithymia showed to play an important role for psychosomatic syndromes and patients’ quality of life. In the light of the emerged results, it is essential to consider structuring clinical psychological interventions.

S-4a-06

Detecting the active ingredients of psychological interventions for Eating Disorders: the Distillation and Matching Model

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INTRODUCTION:

Identifying the active ingredients of psychological treatments is crucial for improvement, especially in the complex case of eating disorders (EDs), which have unique characteristics due to their critical etiology and onset age. The Distillation and Matching Model (DMM) was applied to detect psychological components of 13 randomized clinical trials (RCTs) on anorexia nervosa (AN) and 21 on bulimia nervosa (BN), selected from two network meta-analyses.

METHODS:

Two independent researchers, licensed psychologists, extracted components from treatment protocols and manuals; through consensus a taxonomy was developed. The selected matching variables were illness duration (>7 vs. <7 years) and treatment length (for BN: 0–9, 10–19, >19 sessions; for AN: 0–19 vs. >20 sessions). Absolute and relative frequencies of components were calculated and matched according to the two variables.

RESULTS:

The most frequent components in both AN and BN were psychoeducation (AN: 83%; BN: 77%) and relapse prevention (AN: 78%; BN: 77%), while the least common were role-play (AN: 4%; BN: 8%) and communication skills (AN: 9%; BN: 5%). AN interventions focused more on weight management (78%) and involvement of significant others (65%), whereas BN treatments prioritized self-monitoring (74%) and cognitive components (64%). Among the least frequent BN components, in contrast to AN, were emotion awareness and regulation (10%) and insight building (10%). Matching analysis showed differential component patterns within each variable.

CONCLUSION:

This study, the first to apply the DMM to EDs interventions, opens the way for investigating their active ingredients, essential for improving research quality and informing better clinical standards.

S-4b

*Psychological therapy of the future:
evidence-based, personalized and
transtheoretical?*

S-4b-01

Targeting suicidality in adolescents and young adults: psychopathology networks, family and social networks and contagion of suicidality in social networks

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This symposium addresses the suicidality among in young, exploring psychopathology networks, social networks and its contagion of suicidality.

Family processes have recently been posed as a possible alternative target for intervention. Here, we present meta-analytic evidence for Attachment-based Family Therapy (ABFT; Schulte-Frankenfeld et al., 2025). Other target points for treatment could be derived from psychological theories (Beck's theory and Joiner's theory). We present a network analysis (Freichel et al., under review) of 1,412 patients presenting to an emergency department with 1-6 months follow-up. Our findings revealed that lack of belongingness was most predictive of suicidal ideation.

Additionally, a meta-analysis will be presented on the effects of exposure to suicidality in the social environment on suicidality (Gavan et al., in prep.). Exposure to suicide was associated with a 2.46-fold (95% CI [2.03, 3.06], N=46 studies) increase in the odds of experiencing STBs, exposure to suicide attempt with a 3.35-fold (95% CI [2.33, 4.84]) odds, exposure to composite suicidality with a 2.57-fold (95% CI [1.88, 3.49]) odds. Suicidality in one's social environment is strongly associated with own suicidality.

Lastly, results will be presented of a study (n=8213) to identify clinical risk profiles of suicidality, performing network analyses (van der Spek et al, under review). The results revealed four distinct clinical profiles with implications for treatment in clinical practice.

The implications of all these findings discussed in an interactive way.

S-4b-02

Competence-Based Trainings for Psychological Treatments – A Transtheoretical Perspective

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INTRODUCTION:

Although in most countries psychotherapy trainings focus on one treatment orientation, such an approach is associated with systematic shortcomings. The priorities from teaching one theoretical framework should be moved to a more rigorous orientation in science and evidence-based practice, and to the needs of patients, even if strategies of different theoretical approaches need to be combined.

METHOD:

We discuss whether competence-based trainings in psychological treatments offer a better framework to facilitate the progress of psychological treatments to a professional academic discipline with transtheoretical exchange, and we provide an example of a transtheoretical education in the basic competences of psychological treatments. A transtheoretical education program requires an umbrella model for case formulation and a transtheoretical definition of intervention goals.

RESULTS:

We provide an adaptation of the traditional model distinguishing vulnerability/resilience, exacerbation, and maintenance of clinical problems for case conceptualization. Dynamic network models offer a further perspective for developing modern, transtheoretical case formulations. Treatment methods should be better classified according to their transtheoretical goals, which offers opportunities to better compare or combine them. We report a case example of how to transform a general competence-based approach in the training of psychological treatments in the academic education system, which found exceptional acceptance from participating students.

CONCLUSION:

Thus, a rigorous competence-based approach to training early clinicians in applying psychological treatments helps to bridge the artificial divide between psychotherapeutic traditions. It also supports the evolution of psychological treatments into an academically robust and highly professional, integrative discipline.

S-4b-03

A 21st Century Principle-Based Training Approach to Psychotherapy: A Contribution to the Momentum of Trans-theoretical Work

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INTRODUCTION:

Despite the finding that the majority of psychotherapists adopt a rather process-oriented and integrative stance, it is uncommon that psychotherapy trainings are transtheoretical and transdiagnostic. Considering principles of change that cut across different schools of therapy holds promise for developing truly research-informed psychotherapy trainings. Common principles of change may answer the question what should be trained. Another important question is how to train. In current psychotherapy training programs, transfer of theory into practice relies mainly on role-playing exercises and supervised practice, both of which have their limitations.

AIMS:

A fantasy for the future would be the development, implementation, and evaluation of a complementary 21st century online principle-based and marker-led psychotherapy training: incorporating the concepts of deliberate practice as well as expert training, the huge potential of technologies, and considering the importance of (context) responsiveness.

CONCLUSION:

To illustrate this idea, we present a training that we are currently developing, an online Alliance-Focused Training.

S-4b-04

From Theory to Practice: A Transtheoretical Treatment and Training Model (4TM)

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INTRODUCTION:

In this presentation, I present the conceptual background and clinical implications of a research-based transtheoretical treatment and training model (4TM).

METHOD:

The model implements findings from psychotherapy outcome, process, and feedback research into a clinical and training framework that is open to future research.

RESULTS:

The framework is based on interventions targeting patient processes on a behavioral, cognitive, emotional, motivational, interpersonal, and systemic/socio-cultural level. The 4TM also includes a data-based decision support and digital feedback and treatment navigation system.

CONCLUSION:

I discuss important problems associated with clinical orientations solely based on one school of thought. I then contrast these concerns with a clinical and training framework that embraces ongoing research, serving as a guiding structure for process-based transtheoretical interventions. Such research-based psychological therapy can take both traditional and novel clinical developments as well as findings from psychotherapy research into account and be adaptively disseminated to a variety of patient populations.



A Process-Based Approach to Transtheoretical Clinical Research and Training

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INTRODUCTION:

The science and practice of psychopathology and psychological intervention of today is more like an island archipelago than it is a single land mass, and connections between different traditions are both limited and fraught with misunderstanding.

METHOD:

Our analysis and solution to the problem is process-based therapy (PBT). PBT defines psychopathology as failed adaptation processes to a given context. Therapy involves adaptation through context-dependent or context-altering applications of biopsychosocial strategies that allows a goal to be met.

RESULTS:

This coherent approach to more transtheoretical and integrative concepts of clinical training and practice provides a firm foundation by targeting biopsychosocial processes of change, analyzing these processes using an idiographic complex network analytic approach, and organizing findings on the intellectual agora of multi-dimensional and multi-level evolutionary science.

CONCLUSION:

PBT is a new empirical form of functional analysis, resulting in interventions and trainings that are built on elements or kernels of direct relevance to client’s specific needs. In PBT, case formulation continues as long as treatment persists.

S-4b-06

Psychotherapy Works – An Inclusive and Affirming View to a Modern Mental Health Treatment

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Psychotherapy is a highly collaborative and individualized mental health practice developed in (post-) modern societies. The mental health outcomes of psychotherapy cover a broad range of psychological factors including the reduction of suffering/symptoms as well as the promotion of well-being, personal values, and personal strengths. There is extensive meta-analytic evidence that legitimate psychotherapy works remarkably well and robustly for most common mental disorders. In addition, there is a large body of meta-analytic evidence supporting the potential relevance of transdiagnostic relationship principles and transtheoretical psychotherapy factors. Based on this ongoing empirical evidence, we propose four relevant implications for future training and practice in transdiagnostic psychotherapy: 1) the development of a transtheoretical legal framework for psychotherapeutic treatments, 2) the formulation of evidence-based transtheoretical interpersonal skills, 3) an orientation toward transtheoretical therapeutic factors, and 4) the exploration of comprehensive psychotherapy outcomes. We conclude with some more general guidance for future directions.



S-4d

Clinical Child- and Adolescent Psychology

S-4d-01

Exploring the Unique and Interactive Effects Between Callous-Unemotional and Autistic Traits with Parental Practices, Care, and Distress in a Community Sample.

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Parental practices and stress are associated with both CU and autistic traits, with parents of children with these traits facing challenges that other parents do not encounter. However, the majority of available studies focused mainly on the unique effects of CU and autistic traits with parental stress and practices without exploring their interaction. The current study examines the distinct associations and interactions between CU and autistic traits with parental practices (parental involvement, poor monitoring, inconsistent discipline, and corporal punishment), care, and distress after considering the effect of conduct problems (CPs), age and sex in a Greek-Cypriot sample (N = 146, Mage = 7.30, SD = 1.43). Hierarchical multiple regression analysis revealed that children with CU traits were more likely to experience negative parenting, while parents showed heightened levels of distress. Notably, the study found no association between CU traits and positive parental practices. Further analysis indicated no significant relation between autistic traits and interactions with the target variables, signifying that these traits are not associated with difficulties in parenting and distress. No sex differences were found in all analyses. Age was negatively significant only in relation to parental distress. These findings provide valuable insights into the impact of CU traits and underscore the need for additional studies investigating the impact of autistic traits, possibly within clinical samples.



S-4d-02

Understanding Cognitive Processes in Children With Social Anxiety Disorder: Impact of a Second Social Stress Task With Brief Interventions

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Social anxiety disorder (SAD) is one of the most common mental illnesses in childhood and adolescence. While cognitive models for the maintenance of SAD in adulthood have been empirically proven, empirical evidence for childhood is lacking. Our aim was to investigate cognitive biases and their changeability in children with SAD.

We hypothesized that children with SAD report more negative and similar positive anticipatory rumination (AR), more self-focused attention (SFA) and similar external-focused attention, more negative and similar positive post-event processing (PEP) compared to a healthy control group (HC). We also hypothesized that brief interventions lead to less negatively biased cognitions and that this effect is greater in HC than in children with SAD.

Participants (9-14 years; SAD: n = 43, HC: n = 48) completed two laboratory sessions (T1, T2) with a presentation in front of a peer video audience. Outcome variables were assessed using questionnaires. During preparation at T2, the children received randomizedly one of two brief interventions (parental support vs. self-instruction).

Children with SAD reported less positive and more negative AR, more SFA and external-focused attention, less positive and more negative PEP than HC. All children reported more negative AR, SFA and negative PEP at T1 than at T2, while the children with SAD reported more positive AR and positive PEP at T2 than at T1. These effects were equally strong in both groups.

The results underline the relevance of cognitive processes in the maintenance of SAD in childhood. Implications for research and clinical practice are discussed.

S-4d-03

Can ‘Limited Prosocial Emotions’ be changed in Early Childhood?An examination of three treatment programs.

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Children with callous-unemotional (CU) traits form a distinct group resistant to traditional parent training interventions designed for children with Conduct Problems (CP). The poor treatment response is attributed to the distinct emotional, cognitive and biological factors involved in the development of CP’s in children with CU traits. The current study examined three distinct interventions designed to target risk factors influencing children with CU traits, namely Child Directed Interaction for CU traits (n = 15), Coaching and Rewarding Emotional Skills (n =16), and Emotional Engagement Intervention (n = 19), against a Waitlist control group (n = 22). The aim of the study was to test whether interventions produced improvements in positive parenting, parental warmth, empathy, eye gaze, and CP’s and CU traits levels. Seventy-two Greek-Cypriot children with CU traits and low empathy (Mage 7.5 years, SD = 1.49) participated with their parents in a quasi-experimental design where participants were allocated to the four groups and were assessed at pre-, post, and 3-month follow-up. Results showed that the CDI-CU produced the largest reductions in parent rated scores for CP’s for boys at post-assessment and girls across assessments. Sex differences showed large improvements in boys participating in the CARES group. The CDI-CU intervention indicated increases in parental warmth and positive parenting ‘Do Skills’ by the DPICS coding tool, demonstrating the effectiveness of intervention components. Improvements in CU traits and affective empathy were shown for children fulfilling the LPE specifier criteria who participated in intervention groups and not in the WL control group.



S-4d-04

How do mothers talk and think about their children? – Family climate in dyads of mothers with borderline personality disorders (BPD) and their preschool children

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Experiences with caregivers are highly influential on child development and are steered on how mothers perceive their children and interpret their behavior. Such processes may be reflected in parental attributions and narrative coherence, the latter describing the mental organization of affective information (Sher-Censor, 2015). These cognitive processes influence emotional reactions, such as criticism, subsumed in expressed emotion (Magaña et al., 1986). Mental disorders can be associated with more hostile attributions (Bolton et al., 2003) as well as an increased expression of criticism (Tompson et al., 2010). We investigated these three facets of family climate in mothers with and without current mental disorders.

Mothers with borderline personality disorder (BPD; n = 172) and their children (aged 0-6 years) were examined and compared to mothers with anxiety or depressive disorders (n = 69), and mothers without any mental disorder (n = 96). Expressed Emotion and Narrative Coherence were coded by blinded raters trained in the respective coding system (Magaña et al., 1986; Sher-Censor & Yates, 2010). Additionally, mothers completed vignettes (Azar et al., 2012; Plotkin, 1984) to provide information on their attributional style.

Mothers with BPD were more critical and less coherent than healthy mothers, and blamed their child more often. Compared to the clinical control group, they again made more hostile attributions and were more overt critical, but did not exhibit more covered criticism or incoherence. This implies that the latter ones are not specifically related to BPD while the firsts may be more specific to the type of disorder.

Growing Up in the Storm:parental mental illness & childhood challenges

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Children of Parents with Mental Illness (COPMI) are at increased risk for behavioral problems, influenced by factors such as perceived parental acceptance-rejection and the stability of the home environment. This study explores the relationship between perceived parental acceptance-rejection, chaotic home environments, and behavioral problems among COPMI. Using cross sectional research design and purposive sampling technique, data were collected from 300 children and adolescents (48.7% boys) aged 11-17 years (M=14.31; SD = 2.23); visiting in and out patient psychiatric units of public sector hospitals of Punjab (Pakistan) with their parent who were diagnosed with mental illnesses (majority with Major Depressive Disorder 53.3%). After receiving consent; Parental acceptance Rejection Questionnaire, CHAOS and Strength and Difficulties Questionnaire along with a demographic sheet, were filled from the participants. Findings indicate that parental rejection and household chaos are strongly associated with each other. Results further revealed that children who exposed to high levels of parental rejection (neglect, rejection & hostility) and chaotic home environments exhibit more severe behavior problems, particularly those with externalizing and tendencies (conduct & hyperactivity). Results of moderation analysis through PROCESS MACRO by Hayes (2022) indicated that chaotic home environment significantly moderate the relationship between parental acceptance/rejection and emotional behavioral problems among children of parents with mental illness. These results underscore the critical need for targeted interventions aimed at fostering emotional security and stability in COPMI. Mental health professionals, educators, andpolicymakers must work together to implement family-focused support programs, parenting interventions, and community resources that promote healthier parent-child relationships and structured home environments.



S-4d-06

Promoting Socio-Emotional Competencies in Preschoolers: A Preventive Approach to Reducing Emotional Problems

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The early onset of emotional problems, such as anxiety and depression, underscores the importance of preventive interventions during childhood. These difficulties, often emerging before age six, negatively affect emotional and social development, impairing children's adaptive functioning. Interventions that promote socio-emotional skills have proven effective in preventing more severe disorders in later life stages. This study aimed to assess the effectiveness of the SuperKids program, an 8-session intervention designed to enhance social skills and emotional regulation in preschoolers. The sample included 514 children aged 4-6 years, divided into an experimental group ($n = 262$, $M = 4.74$, $SD = 0.63$) and a control group ($n = 252$, $M = 4.72$, $SD = 0.64$). Assessments comprised an emotional recognition task (identifying emotions in 15 images: happiness, anger, sadness, and fear) and an emotional understanding task, where children identified emotions in 13 images and explained their causes. Results revealed significant improvements in the experimental group compared to the control group. Children in the experimental group showed greater accuracy in recognizing emotions, such as sadness and fear, and an improved ability to explain emotional causes. These findings highlight the SuperKids program as an effective intervention to enhance emotional competencies in preschoolers, promoting healthy development and preventing emotional disorders.

POSTER

P1

Clinical Child- and Adolescent Psychology

P1-01

Psychosocial Well-Being Across Online Support Behavior Patterns Among Adolescents

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Many adolescents rely on cyberspace for seeking support in coping with their life challenges. Furthermore, the growing tendency of adolescents to provide help online accords various psychosocial benefits for both the recipient and the provider. The present study investigated differences in psychosocial factors (empathy, prosociality, well-being, self-esteem, and life satisfaction) among four patterns of seeking and providing online help: (a) Transceivers -those who seek and provide help (60% of the present sample), (b) Receivers – those who seek help, but do not provide it (5% of the sample), (c) Transmitters – those who provide help but do not seek it (12% of the sample), and (d) Idlers – those who neither seek nor provide help (22% of the sample). The participants were 428 Israeli adolescents (69% girls; Mage = 16.04, SDage = 1.07). It was found that the four patterns do not differ in gender distribution. The findings also revealed that the adolescents manifesting the four support-related patterns significantly differed in emotional empathy and life satisfaction. The Idlers reported a lower level of emotional empathy and a higher level of life satisfaction than the Receivers. However, the Idlers' reported level of life satisfaction was comparable to that of the Transceivers and the Transmitters. The findings also revealed non-significant differences between the four patterns in prosociality, well-being, and self-esteem. These findings deepen our understanding of how online support behaviors relate to adolescents' psychosocial resources and provide insights for interventions promoting emotional well-being in digital contexts.

P1-02

The Relationship between Polycrisis and the Attainment of Adulthood Criteria: The Moderating Role of Pathological Personality Traits

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This time period between adolescence and adulthood has been recently defined as emerging adulthood. The aim of this study was to examine how the subjective intensity of experiencing polycrisis is related to the attainment of adulthood criteria and the role of pathological personality traits—such as negative affect, disinhibition, and isolation—in this process. The study was conducted on a sample of 68 individuals, primarily women, aged 18–25. The study utilized the Inventory of Adaptive Disorders Related to Polycrisis (IADQ-Poli), the Personality Inventory for ICD-11 (PiCD), and the adulthood criteria assessment tool developed by Nelson and Barry.

Statistical analyses revealed that a higher intensity of experiencing polycrisis was significantly associated with difficulties in achieving independence and adapting to social roles—key adulthood criteria. Moreover, individuals with higher levels of negative affect, disinhibition, and isolation more frequently experienced polycrisis-related stress, further hindering their transition to adulthood. The findings suggest that polycrisis may be a significant factor disrupting the maturation process, particularly for individuals with pronounced pathological personality traits. These results align with previous studies indicating that adaptive difficulties, stemming from social isolation and disinhibition, may delay the attainment of adulthood. Future research should consider a longitudinal approach and a more diverse sample in terms of age and life experiences



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Entering adulthood is a complex transition characterized by significant life changes that shape both personal and professional identities. These challenges are further intensified in an era of polycrisis—overlapping and interconnected crises such as war, post-pandemic effects, economic instability, environmental degradation, or social upheaval—leading to heightened uncertainty and vulnerability of young adults.

In two cross-sectional studies (N = 403 and N = 1,500), we examined whether vulnerability to cumulative polycrisis-related stress of young adults is moderated by pathological personality traits, emotion regulation strategies, and emotional resilience. Our findings revealed that approximately one-third of participants felt close to at least three crises, while 55% experienced stress related to at least one crisis. However, the majority (60%) did not perceive themselves as responsible for any crisis.

Pathological personality traits and emotion regulation strategies accounted for a significant proportion of the variance in cumulative stress. Specifically, stress was positively associated with a lack of emotional clarity, negative affectivity, and anankastia, while dissociality was inversely related to stress. Perceived proximity to the polycrisis was negatively associated with isolation, whereas a sense of responsibility for the polycrisis was inversely linked to dissociality and positively associated with anankastia. Vulnerability to polycrisis-related stress was moderated by emotional resilience and social factors.

These findings highlight the critical role of personality traits—particularly dissociality and isolation—in shaping perceptions of stress and responsibility. Understanding these dynamics is essential for developing support systems that foster psychological resilience during this pivotal life stage.



If I Share With You, Will You Share With Me? A Quasi-Experimental Study on Social Anxiety and Self-Disclosure in Dictator Game

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Social anxiety is characterized by a constant fear of negative evaluation, falling short of standards, low perceived likeability, and difficulties meeting social criteria. Using a quasi-experiment and a zero-acquaintance paradigm, this paper examines sharing behavior, which is represented by the willingness to give money in a Dictator Game. It explores gender and social anxiety differences related to this behavior, in terms of who is prone to receive more money. In addition to this, we investigated how the receiver’s self-disclosure (positive or negative) influences the dictators’ sharing behavior. Based on the original version of Dictator Game, involving a dictator and a receiver, one hundred and five adolescents aged 12–15, played Dictator Game in which they divided coins between themselves and the receiver. Our findings indicate that self-disclosure led to positive and gradual changes for non-anxious speakers. The anxious boy consistently achieved the highest money rate among all speakers, while the anxious girl received the lowest. However, her self-disclosure resulted in an increase in receiving. Across all situations, respondents reported slightly increased feelings of guilt and shame. Taken together, this study sheds light on adolescents’ giving behavior by examining the interaction between adolescents’ social traits and diverse social contexts throughout their developmental stages, ultimately influencing prosocial decision-making.

KEY WORDS:

social anxiety, self-disclosure, dictator game

Examining Academic Motivation And Social Media Use In Adolescents

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INTRODUCTION:

This study explores the relationship between academic motivation and social media use in adolescents. Adolescence is a key period for social and academic development. Social media can influence motivation positively or negatively. The study aims to understand how social media affects adolescents’ academic performance, goal-setting, and overall motivation, offering insights for educators and psychologists.

METHODS:

A qualitative method was used through document analysis. The study examined articles, theses, books, and reports published after 2010, sourced from academic databases and digital libraries. Thematic analysis was employed to identify recurring themes and patterns regarding social media’s impact on academic motivation.

SAMPLE:

No individual participants were involved; data was drawn from existing literature.

RESULTS:

The majority of studies indicate that excessive social media use negatively affects academic motivation and performance. It leads to reduced study time, distraction, sleep problems, and psychological issues such as low self-esteem and isolation. These factors can lower motivation and academic engagement. However, some research shows that when used purposefully, social media can enhance learning by providing access to resources and facilitating collaboration. Guidance from parents and educators plays a key role in this balanced use.

CONCLUSION:

The impact of social media on academic motivation is multifaceted. While excessive use is harmful, conscious and limited use can support learning. Promoting digital literacy and providing structured guidance may help adolescents use social media in academically beneficial ways.

P2

E-Health

*Using machine reasoning to evaluate human reasoning:
development of a large language model to assess and score
responses on the WISC-5 Similarities subtest*

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INTRODUCTION:

The rapid advancement of large language models (LLM’s) has brought to clinical psychology a novel and valuable tool for the assessment of open-ended responses on tests of personality, psychopathology and cognition. How to develop such methods in a psychometrically sound fashion, taking into account diverse languages and potential bias remains an open question.

METHODS:

While designing a LLM-based scoring algorithm for the WISC-5 Similarities subtest, based on part of the data from the Slovenian standardization sample (N=239, mean age=12.7 yr), we examined different design criteria impacting the reliability of the scoring algorithm. We investigated the impact of the LLM architecture (encoder vs. encoder-decoder based), model size (117M vs. 341M vs. 560M parameters) and specific model fine-tuning aimed at improving the capabilities in specific languages (none vs. Slovenian vs. southern Slavic) or in general reasoning ability.

RESULTS:

Although below the standard of human raters our best LLM-based algorithm achieved good reliability when scoring responses in our independent validation sample (rxx=0.85). Larger model size, as well as additional fine-tuning for southern Slavic languages, but not additional training in reasoning ability lead to the best results. Although encoder-decoder models did not provide the best results in terms of reliability (rxx=0.79), they did, in contrast to encoder only models, also display the ability to score novel and previously unseen test items.

CONCLUSION:

LLM’s may revolutionize psychological assessment using open-ended responses as well as test development, given sufficient attention to their design characteristics, explainability, the diversity of languages and the relevant EU legal framework.



Digital Technologies in Psychological Practice: a European Survey on Use, Attitudes, and Training

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INTRODUCTION:

The use of digital tools in mental healthcare is rapidly expanding. However, many psychologists lack the training and support to incorporate these technologies into their clinical practice effectively.

METHODS:

A multilingual online survey was developed and distributed among psychologists across Europe to examine current practices, attitudes, and educational needs related to the use of digital mental health tools.

RESULTS:

The survey is still live and collecting responses. The current preliminary results from 620 psychologists (age M = 47.03, 77% women) showed that 90% used some form of technology in their practice: 1) online consultations (78%), 2) chat or text-based therapy(23%), 3) digital interventions (e.g., websites, apps) (42%), 4) immersive technologies (e.g., virtual reality, augmented reality...) (9%), 5) wearables (e.g., Fitbit, Apple Watch, Oura ring) (11%), 6) artificial intelligence - chatbots (17%), 7) artificial intelligence - other tools (12%), or 8) other (3%). Most used only one type of technology in their practice (43%), while a third of all respondents reported having used at least two types. The vast majority had received no formal training on how to use technologies for psychological practice, with almost half of the respondents feeling unqualified. Finally, 76% reported interest in receiving training on digital mental health.

CONCLUSIONS:

These findings demonstrate that digital technologies play a part in psychological practice. We discuss the possible solution of introducing a ‘digital navigator’ to bridge the gap between the need and availability of training in using digital technologies for psychological practice.

P2-03

Longitudinal interactions between residual symptoms and physiological stress in the remitted symptom network structure of depression

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Residual symptoms and stress are key predictors of relapse in remitted depression, yet standard methodologies often lack continuous, real-time stress sampling, limiting our understanding of their day-to-day interactions. These studies aimed to explore the interactions between physiological stress and residual symptoms using a wearable electrodermal activity (EDA) device, the ADI (Analog Devices, Inc.) Study Watch. In a pilot study, thirteen individuals remitted from major depression completed baseline, daily diary (DD), and post-DD assessments. Participants wore the ADI Study Watch during waking hours for one week, recording skin conductance responses (SCRs), and completed self-reported symptom measures twice daily. Sleep problems, fatigue, energy loss, and agitation were the most frequently reported residual symptoms. Increased residual symptoms were associated with heightened self-reported stress on the same day, and increased SCRs predicted increased residual symptoms the following day. Building on these pilot findings, a full-scale trial was conducted with 22 participants over three weeks. Using two-step multilevel vector auto-regression models, we assessed contemporaneous and dynamic symptom networks. Depressed mood and concentration problems were central across both networks, with SCRs predicting decreased energy loss. Bi-directional interactions between residual symptoms and stress were observed, highlighting the need for interventions targeting both. This study demonstrates that wearable EDA devices can continuously measure stress and provide valuable insights into symptom interactions. The findings underscore the importance of symptom-specific interactions in clinical practice and the potential of bio-signal measures to advance understanding of depressive relapse risk.

Fear of Missing out (FOMO) and Smartphone Overuse: A Cross-Generational Perspective on digital health

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The development of mobile phones and other digital devices has significantly enhanced human communication and task performance in the modern world. However, excessive smartphone use can overwhelm emotions, lead to impulsive decision-making, and exacerbate hormonal imbalances, particularly among young people. In 2004, the term “fear of missing out” (FoMO) was coined to characterize phenomena seen on social networking platforms. Perception of missing out (FoMO) is followed by obsessive activity to keep these social ties. This study aims to explore the negative psychological and emotional consequences associated with problematic attachment to social media. It will conduct a comprehensive review of literature on digital health, smartphone overuse, and FoMO across three generations: Millennials, Gen Z, and Gen Alpha. However, several therapeutic approaches for FOMO, such as cognitive therapy, have been suggested in meanwhile, there have been discussions about potential therapeutic alternatives for FOMO, including cognitive behavioral therapy, which raises the possibility of a clinical intervention. Since FoMO has diagnostic implications and may be a confounding factor in patients who do not react to therapy as normal, it is crucial that new discoveries on the condition are shared with the clinical community.

P2-05

Economic Evaluation of the iCAN intervention: Intelligent, chatbot-assisted outpatient aftercare for depression in adolescents and young adults – a study protocol

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INTRODUCTION:

Depression is a highly impairing mental disorder, causing a high individual burden of disease as well as an economic burden for the society, e.g. by lost productivity. Today, several treatment programs exist, successfully decreasing symptoms and individual suffering. However, those treatments cause costs and it is crucial to determine the cost-effectiveness of those programs in order to efficiently allocate financial resources. This study aims to examine the cost-effectiveness of a smartphone-based intervention following inpatient stay for adolescents and young adults diagnosed with depression to cover the waiting-period until the start of outpatient treatment.

METHODS:

A cost-effectiveness analysis and a cost-utility analysis will be performed. For the societal perspective, direct and indirect costs are assessed with the CSSRI at three measurements points. Quality-adjusted life years (QALYs) will be calculated based on the WHOQOL-BREF, also assessed at three measurements points. For the cost unit perspective, data from health assurances are collected. The intended sample size is N=276.

RESULTS AND DISCUSSION:

As the study is still ongoing, the study protocol will be presented. It is expected, that participants taking part in the intervention, cause less direct and indirect costs, than those in the control group. If shown to be cost-effective, the implementation of the iCAN-intervention into routine care is intended.

P2-06

“I have been hanging on by my fingernails for years – now I have allowed myself to fall” Qualitatively investigating the experience of internet-based psychotherapy for functional somatic disorder

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INTRODUCTION:

Cognitive behavioral therapy (CBT) is an effective treatment for functional somatic disorder (FSD), but access to treatment remains limited in many countries. To address this, internet-based CBT (iCBT) has been shown to improve accessibility and scalability without compromising effectiveness. However, most research on iCBT for FSD has relied on quantitative designs, providing limited insight into participants’ subjective experiences with this digital approach. This study aimed to explore the experience of receiving iCBT for multi-system FSD.

METHODS:

This study was conducted within the context of a larger RCT study testing the efficacy of iCBT for multi-system FSD. Semi-structured qualitative interviews were conducted three months post-treatment with 15 participants who had received therapist-assisted iCBT. The interviews were transcribed and analyzed by two researchers using reflexive thematic analysis.

RESULTS:

The reflexive thematic analysis identified three themes. The first theme explored participants’ descriptions of the changes they observed following treatment. The second theme described how participants had engaged with the treatment content, and what they had found helpful. The third theme addressed the factors that facilitated or hindered engagement with the treatment.

CONCLUSION:

Findings from this study highlight that participants with multi-system FSD found iCBT acceptable, useful, and relevant, and that the internet format did not seem to compromise the delivery of treatment. Nevertheless, several factors inhibited treatment engagement and thereby hampering the attainment of desired treatment outcomes for many.



Dyadic Interactions in Social VR: Influenced by Social Anxiety Levels but not by Anonymization

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INTRODUCTION:

Social Virtual Reality (Social VR) provides a powerful tool for studying complex social interactions in a controlled environment, allowing researchers to automatically collect vast amounts of behavioral data. In the current study, we examined social behavior during dyadic interactions in a custom developed social VR program and investigated their associations with self-reported psychological traits.

METHODS:

128 participants (mean age 22.60 years) engaged in dyadic interactions in social VR. Dyads were assigned to an anonymous condition, in which participants embodied a generic avatar, or a non-anonymous condition, in which participants embodied a self-similar avatar. Dyads conversed on three different topics: small talk on everyday topics (e.g. weather), personal talk on intimate topics (e.g. childhood) and conflict talk involving different opinions (e.g., vegetarianism).

RESULTS:

Our findings reveal that coordination of gaze and speech behaviors in VR mirrors patterns observed in face-to-face interactions, regardless of anonymization. Gaze, speech, and smiling behavior varied sensibly according to the conversation topic. In addition, social anxiety and general psychopathology were related to behavior in a similar pattern, while verticality exhibited an opposite pattern.

CONCLUSION:

Social VR elicited natural interaction patterns similar to face-to-face interactions. In contrast to online communication, anonymization was not associated with behavioral differences. Social anxiety and psychopathology were linked to increased safety behaviors, while verticality showed contrasting tendencies. Notably, social anxiety and psychopathology displayed highly similar behavioral patterns, suggesting that these patterns are not specific to a particular condition. Social VR proves to be an ecologically valid tool for examining complex social interactions.

P2-08

Guided internet-based trauma-focused intervention Spring for Posttraumatic Stress Disorder: A feasibility study in Lithuania

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INTRODUCTION:

Many cases of posttraumatic stress disorder (PTSD) remain untreated because of limited healthcare resources and other barriers. Internet-delivered interventions could help to improve access to PTSD treatments. A guided internet-based trauma-focused CBT intervention 'Spring' for moderate PTSD already demonstrated non-inferiority as compared to individual face-to-face trauma-focused CBT in a large-scale trial in the UK. The current study aims to test the feasibility of Spring intervention adapted to the Lithuanian population.

METHODS:

A single-group pre-post-intervention study design was used. Seven female participants with PTSD completed treatment (mean age 40.8, SD=15.0). One participant dropped out, and one completed the treatment but did not fill out the post-treatment assessment. The International Trauma Interview (ITI) was used for the initial assessment of ICD-11 PTSD diagnosis, and changes in mental health indicators were assessed with self-report measures. We also collected qualitative data on participants' experiences related to mental health changes and intervention use after 3-4 months since completion of the treatment.

RESULTS:

The results revealed a significant reduction in PTSD, depression and anxiety symptoms, with high effect sizes ($r=0.57-0.63$). Six participants no longer met the criteria for probable PTSD according to the self-report measure ITQ. No adverse events were reported. User satisfaction with the intervention was high. Results of the qualitative thematic analysis will also be presented. Conclusion: The study demonstrates the potential of the Lithuanian version of Spring for PTSD treatment. These preliminary positive results suggest it is ready to be tested in an RCT with a larger sample size.

Integrating Generative AI and LLMs in Psychotherapy: A Novel Approach to Enhancing Emotional Awareness and Metacognitive Growth.

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INTRODUCTION:

Emotions are central to psychological well-being, yet many individuals struggle with emotional awareness and integration. The Affective-Metacognitive Psychotherapeutic Training (AMPT) is an innovative 10-session intervention that combines generative artificial intelligence (GenAI) and a large language model (LLM) with a chain-of-thought reasoning framework to enhance emotional processing and metacognitive development. By integrating AI-generated imagery (e.g., diffusion models like DALL·E) and LLM-driven text analysis (e.g., OpenAI GPT-4-turbo), AMPT provides a novel, data-informed approach to psychotherapy. This study evaluates the effectiveness of AI-assisted emotional exploration in improving emotional awareness, regulation, and metacognitive growth.

METHODS:

Participants completed a 10-week AMPT program, beginning with an assessment session followed by nine emotion-focused sessions. Each session involved writing a narrative about a personally significant emotional experience, which was transformed into AI-generated artwork. Patients selected the image eliciting the strongest physiological response and engaged in guided self-exploration, focusing on bodily sensations, associated thoughts, action tendencies, and psychoeducational insights. Additionally, LLM-based linguistic analysis examined metacognitive markers in participants’ texts. Pre- and post-intervention assessments measured metacognitive abilities.

RESULTS:

Findings suggest AI-generated imagery enhances emotional processing by providing a visual anchor for introspection. LLM-driven analysis identified improvements in metacognitive awareness, narrative coherence, and emotional differentiation. Participants reported heightened bodily attunement and improved emotion regulation.

CONCLUSION:

The integration of AI in psychotherapy—combining GenAI for imagery and LLM-driven analysis—enhances therapeutic outcomes. AMPT represents a promising framework for AI-assisted, data-driven psychotherapy, warranting further research in diverse populations.

Transferring the Broad Range of Stress Management Interventions to mHealth: An Exploration

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INTRODUCTION:

mHealth provides an effective medium for low-threshold therapeutic interventions, with a focus on self-management. Previous developments for stress management have predominantly concentrated on specific interventions or intervention classes. Broad comparisons between the full spectrum of interventions for stress management are still lacking. The present study aims to explore users’ preferences in this spectrum.

METHODS:

The study involved two 3-week study phases, with 46 non-clinical users of a stress management mHealth app using 179 micro-interventions. These interventions covered the categories of psychoeducation, skill training, attitudes, habit formation, and relaxation, with a number of subcategories. A decision tree, automatically triggered by stress levels entered as increased by the user, allowed for guided access to the most appropriate selection of interventions for the current stress event. Following every execution of interventions, they should be rated.

RESULTS:

Interventions focused on relaxation, particularly emergency techniques, received the highest ratings, followed by those originating from psychoeducation or habit formation. Conversely, interventions focusing on attitudes or skills training, notably cognitive methods, were the least popular. The most favored individual interventions were ‘tunnel vision’ (an emergency relaxation technique), ‘loosen up’ (a general relaxation technique), and ‘active listening’ (a social skill).

DISCUSSION:

The results indicated a popularity of more passive interventions as opposed to interventions that require more cognitive work. This implies that, in circumstances where interventions are more demanding, it is necessary to consider additional design factors such as simplification to enhance acceptance. A generalization of the results to clinical samples requires further research.

P3

*Mental Disorders:
Diagnostic, Assessment, Epidemiology*

Effect of Negatively Worded Items on the Factorial Structure and Internal Reliability of Psychological Assessment

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This study empirically investigated the effects of negatively worded items on the factor structure and internal reliability of psychological scales and assessments. Negatively worded items typically cluster separately from positively worded items on the scale due to their directionality rather than their content or meaning. Five scales commonly used in psychology were administered: Helping Attitude, Life Orientation, ENRICH Marital Satisfaction, Self-Esteem, and State Self-Esteem. Five samples (588, 436, 355, 480, and 418) from a public university in the UAE participated in the study. Statistical analysis included exploratory factor analysis (EFA) with principal axis factoring as an extraction method, confirmatory factor analysis (CFA), and internal reliability. The results indicated that the Helping Attitude scale has two factors: the first had an eigenvalue of 6.51 and explained 32.57% of the total variance, representing the positively worded items, while the second factor had an eigenvalue of 2.18 and explained more than 14% of the total variance, comprising the negative items. The results also demonstrated that the reliability of the entire scale was affected by the inclusion of negatively worded items. The study concluded that negatively worded items are problematic, adversely impact the psychological scales' factor structure, and decrease internal reliability. These findings have significant implications for the quality and validity of assessments in psychology. Researchers and practitioners are strongly advised against including negative items when developing or using scales. Several alternative procedures are available and have been discussed.

P3-02

Prevalence and Comorbidity of Internalizing Symptoms among Spanish Children: Updated Epidemiological Findings

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According to UNICEF, one in seven children and adolescents aged 10–19 has a mental disorder, a figure that rises to one in five in Spain. However, most epidemiological studies on internalizing disorders and their comorbidity were conducted before the COVID-19 pandemic, a period that saw a marked deterioration in mental health. This study aimed to examine the prevalence and comorbidity of clinically significant symptoms of depression, generalized anxiety, social anxiety, somatic complaints, and posttraumatic stress in a nationwide sample of Spanish children. 2,291 children aged 9 to 12 years ($M = 10.22$, $SD = 0.95$) completed the Sistema de Evaluación de Niños y Adolescentes in schools at the beginning of 2024. Results indicated that 4.7% of participants exhibited clinically significant symptoms of depression, followed by social anxiety (3.6%), generalized anxiety (3.4%), posttraumatic stress (3.3%), and somatic complaints (3.1%). Gender differences in the overall level of symptoms were significant, but weak, for anxiety, social anxiety and somatic complaints. However, girls were significantly more likely than boys to meet clinical thresholds, especially for anxiety ($OR = 3.499$, $95\%CI\ 2.027–6.040$). The findings revealed that clinically significant symptoms of depression were especially comorbid with other problems. Clinical symptoms of posttraumatic stress markedly increased the odds of depression, anxiety, and somatic complaints. Anxiety showed strong associations with both depression and social anxiety. These findings provide updated data on the prevalence and comorbidity of internalizing symptoms in children, emphasizing the importance of early identification and targeted interventions to promote mental health resilience in children.

The Intersection of Problematic Social Media and Gaming Use in Spanish Adolescents: Prevalence and Network Analysis

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Use of social media and video games is an increasingly common leisure activity among adolescents, with potentially negative consequences. Recent evidence indicates that Spanish adolescents lead Europe in social media use and report problematic video game use more frequently than peers in other countries. This study aimed to assess the prevalence of Problematic Social Media Use (PSMU) and Internet Gaming Disorder (IGD) among Spanish adolescents who engage in these activities, and to explore the connections between PSMU and IGD symptoms. A total of 3,309 adolescents aged 12 to 16 years (mean age = 13.64, SD = 1.22) participated in a nationwide study across all Spanish regions. Participants completed questionnaires about daily activities, social media, and video game use. Results showed that 95.1% and 61.6% of participants regularly used social media and video games, respectively. 7.1% of social media users met criteria of PSMU, while 2.4% of video game users met criteria of IGD. Among those who used both social media and video games (n = 1,995), network analysis revealed that using video games to reduce negative feelings and social media to escape from personal problems were central symptoms linking PSMU and IGD. These findings suggest that using screen-based activities as dysfunctional coping mechanisms facilitates the emergence of symptoms related to both issues. Additionally, feeling an increasing need to play or use social media were strong nodes in the network, highlighting the role of tolerance in perpetuating these problems. These patterns imply the need for targeted prevention strategies addressing maladaptive coping.

Heteronormative and cisnormative stereotypes in commonly-used social anxiety scales

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INTRODUCTION:

Within the LGBTQIA+ community, social anxiety is commonly found. This review investigated the language in social anxiety scales used in LGBTQIA+ samples in the last decade. The main aim was to thematically analyze how many scales included excluding language and how often those scales were used for LGBTQIA+ samples.

METHODS:

1155 articles were screened across 7 databases and 17 studies met the following inclusion criteria: include a social anxiety scale, had an LGBTQIA+ sample or subsample, and participants were 18 or older. We further analyzed other available SAD scales.

RESULTS:

9 scales were used within LGBTQIA+ samples; the LSAS, SIAS and the Mini-Spin being the most common. 2 of these scales (LSAS, SIAS) include questions asking about romantic interest and terms like “opposite sex”. Additionally, 3 scales with problematic language which are commonly used in SAD research were identified (SAQ-30, SADS, SPAI), but they have not been used in specifically queer samples. Discussion. Overall, the term “opposite sex” seems to be a popular wording for SAD scale items. This not only assumes participants are heterosexual but also that participants are exclusively cisgender. Therefore, scales including items about romantic interest or terms like “opposite sex” are not inclusive and therefore not appropriate for use with an LGBTQIA+ sample. We recommend that researchers pay close attention to who might be included in their sample and consider using available scales that do not assume heteronormativity or cisnormativity

P3-05

Simulating the impact of depression screening in primary care on the time from depression-onset to first contact with specialized outpatient mental health care

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INTRODUCTION:

Delayed initial help seeking increases the duration of untreated depression, negatively impacting individual burden and clinical trajectories. Depression-screening could reduce the time until first contact with specialized outpatient mental health care (MHC) by improving early recognition. Convoluting isolated epidemiological findings, statistical models can help to examine the time from onset to first contact, in a scenario with depression screening

METHODS:

We estimate effects of depression screening in primary care on the time from onset until first contact with MHC (e.g., psychiatrist, psychotherapist) in Germany. A Markov-model was specified, simulating 10,000 lives from depression-onset until first contact with MHC. Parameters were based on epidemiological (age at onset, spontaneous remission rates) and health service literature (recognition, referral rates, help seeking, sensitivity of screening [Patient Health Questionnaire-9] = 0.85 [95% CI 0.79-0.89]). We compared the time from onset until first contact with MHC when screening always (100% of primary care contacts), half the time (50%) or never (0%).

RESULTS:

Preliminary results suggest greater reduction of the time until first contact with MHC with higher screening frequency: Screening ‘always’ compared with ‘never’ reduced the time until first contact with MHC from 8.7 to 7.2 months (age at first contact reduced from 30.4 to 29.3 years). Over the life course, first contact was reached by additional 10.5% of the sample (total 74.7%).

CONCLUSION:

The specified model suggests that depression-screening in primary care reduces the time from depression-onset until first contact with MHC. Future research may extend the model including individual-level determinants of help seeking.

P4

*Psychological Processes and Mechanisms
in Mental and Physical Health*

P4-01

Regretting Parenthood: Associations with Depression, Socio-economic Factors, and Perceived Value of Children

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The phenomenon of regretting parenthood and its associated factors remains largely underexplored. This study aimed to examine potential connections between parental regret and various variables, including socioeconomic background, depression, and cost-benefit expectations related to parenthood.

We conducted a hierarchical regression analysis using data from the 12th wave of the Relationship and Family Panel (pairfam) (2019/2020). Our sample consisted of 2,100 individuals (Mean age = 40.29 years, SD = 6.39; gender distribution: 62% female, 38% male), after excluding cases with missing values.

Notably, 11% of participants reported that, given the choice again, they would likely or certainly opt not to have children. Our findings revealed significant correlations between parental regret and factors such as financial satisfaction, education level, depression, and cost expectations related to parenthood. However, the relationships between parental regret and variables such as relationship status and perceived benefits of parenthood were not statistically significant. Overall, the model accounted for 9% of the variance in the dependent variable “regretting parenthood.”

This study contributes to a deeper understanding of the complex issue of parental regret and lays the groundwork for future research in this area.



Patient Perspectives on the Impact of the MORE (Mindfulness-Oriented Recovery Enhancement) Program for Fibromyalgia: A Qualitative Study

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BACKGROUND:

Fibromyalgia (FM) is a prevalent chronic pain condition that significantly impacts various life domains. The Mindfulness-Oriented Recovery Enhancement (MORE) intervention has demonstrated positive effects on pain and emotional symptoms in chronic pain patients. This study explores how women with FM experienced the MORE program, as part of a larger multicenter clinical trial examining its impact.

METHODS:

In this multicenter trial, 40 FM patients were recruited and randomly assigned to either an 8-week MORE intervention group or a wait-list control group. The study was conducted in German- and French-speaking clinical centers in Switzerland. Participants were assessed at baseline, post-intervention, and at a 12-week follow-up. During follow-up, participants in the MORE group underwent semi-structured qualitative interviews about their experiences. A thematic analysis was applied to the data.

RESULTS:

Only seven participants completed qualitative interviews. Preliminary findings suggest that the intervention led to perceived improvements in pain symptoms, quality of life, and overall well-being. Participants reported sustained benefits after practicing the techniques independently. Notably, thematic differences emerged between language groups, with German-speaking participants emphasizing the program’s benefits more strongly than their French-speaking counterparts.

CONCLUSIONS:

Initial findings suggest that the MORE intervention may help alleviate pain and enhance well-being in FM patients over three months, based on subjective reports. These results highlight the intervention’s potential but require further validation through quantitative analyses to determine its efficacy as a treatment for FM.

P4-03

Connecting nature, mindfulness, eco-anxiety and sustainable eating through the One Health Approach: the Eco-Mindful-Net project

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INTRODUCTION:

Clinical psychological research highlights the significant role of mindfulness and nature connectedness (NC) in promoting pro-environmental behaviors, managing eco-emotions and, ultimately, sustaining health. The mediating factors and relationships between these constructs remain however largely unexplored. Additionally, few studies have specifically examined sustainable eating behaviors, despite their role as well-established factors capable of mitigating climate change at the individual level.

OBJECTIVE:

To deepen the understanding of the relationship between psychological well-being, eco-anxiety, mindfulness, NC and sustainable eating behaviors.

METHODS:

Around 300 adults from general population will complete a 20-minute online self-reported assessment, including an ad-hoc socio-demographic and six psychometric questionnaires regarding psychological wellbeing, eco-anxiety, mindfulness, NC, nature exposure, sustainable and healthy dietary behaviors. A Network Analysis will then be applied to further understand the relationships between all constructs.

RESULTS:

We expect that Network Analysis will return network in which NC and mindfulness are positively correlated each other and with sustainable eating behaviors, while negative correlated with eco-anxiety. Eco-anxiety, at a moderate level, may positively correlates with sustainable eating behaviors.

CONCLUSIONS:

These results could sustain the effectiveness of psychological interventions based on the “eco-centric” perspective – consistent with the One Health Approach – in promoting sustainable eating behaviors. This perspective, together with our expected results, implies that by nurturing mindfulness and NC, we can improve both individual psychophysical well-being and planetary sustainability.

Acknowledgments: This project was funded under the National Recovery and Resilience Plan (NRRP), “ON Foods - Research and innovation network on food and nutrition Sustainability, Safety and Security”



P4-04

A simple explanation for the phenomenon of homosexuality, based on logic, deduction and emotions, is proposed. There is no need for genetic statistics.

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If parents are strongly jealous of their children, the following can be observed or deduced. Using the example of a boy: If a young boy is interested in women or if the boy expresses strong feelings towards other women, as he does not towards his mother, then this can trigger strong feelings of jealousy in the mother.

You can observe 2 things:

- 1. Most people do not own up to their negative feelings such as jealousy and envy. This leads to a change in behaviour, possibly unconsciously. The mother will give the child less love and let him feel that she is jealous in various ways, without even saying a word about the fact that she feels jealousy! This can take on highly perverse proportions and lead to the little boy no longer daring to express his feelings to other women at some point.
- 2. Children perceive the world through feelings. If the mother feels strong jealousy, a child will perceive this, which, as you can safely assume, does not feel pleasant. This can also contribute to a child turning away from the opposite sex.

It can happen that a mother expresses positive feelings when a boy is interested in other boys and thus additionally influences the boy on an emotional level. Jealousy arises precisely when a living being is forbidden in childhood to pursue positive feelings in relation to the opposite sex. These mechanisms apply in the same way to father-daughter relationships and possibly also in the animal world.

P4-05

Coping strategies used for negative emotions over aging in middle-aged women: are they related to aging anxiety, general anxiety and depression symptoms

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The aging process can cause negative reactions, and some people report feeling aging anxiety, which is found to be related to worse mental health. While there is some research on factors associated with higher aging anxiety levels, there is surprisingly little research on what coping strategies are used for aging anxiety and what are their associations with mental health outcomes. The aim of this study was to analyze the associations between coping strategies used for negative emotions over aging and aging anxiety, general anxiety, and depression symptoms. Study participants are middle-aged women, from 30 to 59 years old. The data collection of this ongoing study is planned to be finished by April 2025. The sample of at least 300 women will be reached. Measures used in the study are: COPE brief (Carver, 1997) adapted for negative emotions over aging, the Anxiety about Aging Scale (Lasher & Faulkender, 1993); General Anxiety Disorder scale (GAD-7) (Spitzer et al., 2017) and Patient Health Questionnaire 8 (PHQ8) (Kroenke et al., 2009). Different coping strategies associations with aging anxiety level, general anxiety level and depression symptoms will be analyzed, and results will be presented in this presentation. This will be one of the first studies analyzing what coping strategies are used for negative emotions over aging and how they are associated with aging anxiety and some of the mental health indicators – anxiety and depression levels. This study was financed by the Research Council of Lithuania (LMTLT), agreement No. S-PD-24-58.

An experimental Investigation of Esketamine’s Effects on Dynamic Psychological and Neurobiological Networks in Healthy Participants

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BACKGROUND:

Psychiatric disorders are increasingly conceptualized as disruptions in dynamic networks, where psychopathological symptoms, psychological processes, and neurobiological mechanisms interact and influence each other over time. While pharmacological interventions like Esketamine show promising clinical effects in the treatment of depression and suicidality, we lack understanding of how such treatments simultaneously impact psychological and neurobiological network dynamics. This integrated perspective is crucial for advancing personalized intervention approaches as well as understanding critical hubs in a network.

RESEARCH AIM:

This study investigates how Esketamine influences the dynamic interplay between psychological and neurobiological networks in healthy individuals, providing insights into potential therapeutic mechanisms.

METHODS:

Using a placebo-controlled, double-blind design, 90 healthy participants will receive either Esketamine, Midazolam (active control), or placebo. Our assessment protocol captures both psychological processes (cognitive functioning, reward processing, language comprehension) and neurobiological parameters. We employ ecological momentary assessment over nine days to track psychological states and combine these with neurobiological measurements (fMRI and EEG). This multi-level approach allows us to examine how network dynamics at different levels interact and evolve over time.

CLINICAL IMPLICATIONS:

Investigating how Esketamine influences the dynamic interplay between psychological and neurobiological networks provides a deeper understanding of its therapeutic mechanisms. By examining how network perturbations at one level affect the entire system, we can better predict treatment responses which paves the way for personalized treatments, enabling interventions tailored to each patient’s unique network dynamics.

A Systematic Review of Neural Reward Systems in Problematic Gaming and Gaming Disorder: Neuroimaging Studies Using Video Game Cues and Reward Tasks Pre- and Post-ICD-11 Inclusion

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INTRODUCTION:

Gaming Disorder (GD) is classified as a behavioral addiction in the ICD-11, with neural responses to rewards showing similarities to Substance Use Disorders (SUD). However, studies on GD and problematic gaming present mixed results, with both increased and decreased activation in reward-related brain regions. This systematic review aims to investigate neural changes associated with GD and problematic gaming, focusing on reward activation and comparing studies conducted before and after the ICD-11 classification.

METHOD:

A systematic search will be performed across four databases (PubMed, Web of Science, MEDLINE, and PsycINFO), as well as reference lists of selected articles. Two independent reviewers will manage the selection process and assess inter-rater reliability. The AXIS tool will be used to evaluate study quality. Data will be extracted into tables and synthesized narratively. This review will be registered in PROSPERO.

RESULTS:

We anticipate identifying key brain regions involved in reward processing that are consistently affected in individuals with GD and problematic gaming. Previous research suggests alterations in striatal activity during reward tasks. We expect to find differences between video game cues and non-addiction-related rewards, such as monetary rewards, and variations in neural activation patterns before and after the ICD-11 classification.

CONCLUSION:

The findings of this systematic review are expected to provide more clarity on the neural mechanisms of reward processing in GD and problematic gaming, highlighting potential therapeutic targets. Understanding these neural changes can inform targeted interventions and contribute to the broader field of behavioral addiction research.

The impact of spiritual intelligence on coping with academic and general stress in university students by degree

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INTRODUCTION:

Stress is a major negative factor in students’ wellbeing and performance, heightening the risk of mental and physical health problems, with higher rates in PhD students. The study aims to explore the impact of spiritual intelligence (SI) on general and academic stress in university students through coping style moderated by degree (Bachelor’s, Masters’s or Doctoral).

METHODS:

We employed a cross-sectional design using data collected through convenience sampling from university students without prior diagnosis of burnout, anxiety or depression (Nestimated = 810). Two moderated mediation models will be analysed though Multigroup Structural Equation Modelling with Robust Maximum Likelihood Estimation and WLSMV estimator in R. Latent constructs will be measured with Likert scales: SI (Integrated Spiritual Intelligence Scale, $\alpha = .97$), coping styles (COPE Questionnaire, $\alpha = .70$), stress (Perceived Stress Scale, $\alpha = .84$), academic stress (Perceptions of Academic Stress Scale, $\alpha = .70$). Model fit will be evaluated using RMSEA, CFI and SRMR with bias-corrected bootstrapping confidence intervals to test indirect effects.

RESULTS:

We expect a decrease in academic and general stress at higher levels of SI, with coping style significantly mediating the relationship, as well as degree significantly moderating the indirect effect. At higher levels of SI more adaptive coping styles are expected.

CONCLUSIONS:

Exploring the spiritual intelligence - coping style – academic stress relationship can open a new direction to the efforts of developing and piloting efficient mental health resources to help students manage academic stress and mitigate associated health risks, along with preventing academic drop-out.



The mental health among mental staff in greece in post-COVID period and the role of clinical psychologist

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PURPOSE:

The role of Clinical Psychologist in the post covid- 19 period on medical stuff’s mental health in Greece in 2023-24.

METHODS:

Semi- structured interview, interpretational phenomenological analysis, psychological applications.

INTRODUCTION:

Health professionals were found worldwide to be significantly dealing with mental health issues. Factors such as the increased mortality rate combined with severe deficiencies in Greek Health System significantly increased the mental pressure of health professionals working in sectors directly related to the pandemic and burdened their mental health, with these effects being evident even after almost the end of the health crisis.

RESULTS:

The major themes emerged from the data analysis procedure, regarding the participants’ negative experience of the pandemic, the emotions that they experienced, as well as the strategies that they applied and the risk and protective factors that they detected in their work and life conditions during the pandemic.

CONCLUSIONS:

Useful information regarding the factors that can act as aggravating or protective will be discussed. These data were used in the field of mental health, in order to structure intervention programs that could mentally support the medical and nursing staff in times of post-health crises. At the same time, the narratives of the interviewees highlighted significant operational problems in the health system, which was unprepared to face a health crisis. The role of the Clinical Psychologist is crucial. Applications and therapeutic tools will be discussed but also therapeutic practices to improve some of the dysfunctions of the health system that became more apparent during the pandemic.

P4-10

Youth in crisis: The moderating impact of personal protective factors on the relationship between future anxiety and quality of life in middle adolescence

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Given current geopolitical tensions, including climate change and conflict-driven events, adolescents are likely to experience heightened future anxiety, which impacts their quality of life. This study examines how personal protective factors—internal locus of control and self-efficacy—affect future anxiety and quality of life in middle adolescence in Germany. A total of 84 adolescents (aged 16, 17 or 18 years) participated in a cross-sectional online study in July 2024, using standardized questionnaires: the German version of the Future Anxiety Scale (FAS-d), the Inventory for Assessing Quality of Life in Children and Adolescents (ILC), the General Self-Efficacy Scale (GSE), and the Internal–External Locus of Control Short Scale–4 (IE-4). Results show that up to 63% of adolescents report concerns about climate change, while 25% deny having such worries. Anxiety about the possibility of war in Germany was reported to some extent by 59% of participants. 36% of youth reported below average quality of life. Future anxiety negatively predicted quality of life ($\beta=-0.39$, $p<.001$), whereas internal locus of control ($\beta=0.31$, $p=.002$) and self-efficacy ($\beta=0.25$, $p=.017$) positively predicted quality of life and buffered the adverse effects of anxiety on quality of life, as indicated by significant interaction terms. The model explained 46% of the variance in quality of life ($R^2=0.458$). As middle adolescence is a critical developmental phase where young people prepare for independence, preventive measures should be implemented to reduce future anxiety. Given the significant roles of locus of control and self-efficacy in mitigating anxiety, involving youth in for example political decision-making processes appears necessary.

Unveiling the Symptom Network and Mediators of Depression Prevention in Adults with Chronic Back Pain: Insights from the PROD-BP Trial

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INTRODUCTION:

This paper presents findings from two secondary analyses of the PROD-BP trial, a large-scale randomized controlled trial evaluating a digital intervention for preventing depression in individuals with chronic back pain (CBP). The first analysis examined the mediation effects of quality of life (QoL) on intervention effectiveness. The second analysis applied network intervention analysis (NIA) to explore the symptom network structure and intervention effects.

METHODS:

The PROD-BP trial included 295 adults with CBP and subthreshold depressive symptoms. Mediation analyses, using structural equation modeling, assessed depression severity with QoL (AQoL-6D) and its subscales as potential mediators. NIA was conducted to evaluate the comorbid symptom network using the Patient Health Questionnaire-9 (PHQ-9) and the Oswestry Disability Index (ODI) at baseline and follow-ups.

RESULTS:

Mediation analysis identified QoL, particularly the coping subscale, as a significant mediator of depression prevention. NIA revealed distinct depression and pain clusters, with energy levels (PHQ-9 item 4: Feeling tired or having little energy) as the strongest bridge between depressive and pain disability networks. The digital intervention influenced both depressive and pain symptoms, with changes in energy explaining the highest variance in the network.

CONCLUSION:

Energy-related symptoms play a central role in the depression-pain network, and coping strategies mediate intervention effectiveness. Since coping includes energy-related aspects, interventions should prioritize enhancing coping mechanisms and addressing fatigue to optimize depression prevention in individuals with CBP. Further research should validate and expand upon these findings to advance our understanding of depression prevention in this population.

Falling into nothing: Modelling suicidal ideation as the person-situation-interaction of personality pathology and loneliness

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BACKGROUND:

The predominant theoretical models suggest that suicidal ideation emerges from the interplay of temporally stable and variable risk factors. The present work translated this thought into practice harnessing an intensive longitudinal design built on transdiagnostic constructs.

METHODS:

The sample comprised N = 85 inpatients and N = 95 participants from the community. They completed a baseline dimensional assessment of personality pathology (deficits in the perception and regulation of emotions and relationships, the OPD-SQS) and ten days of ecological momentary assessment (EMA) including situational loneliness and suicidal ideation. We analysed associations of personality pathology with mean levels and variability (Mean Squared Successive Difference, MSSD) of loneliness and suicidal ideation. Autoregressive mixed-effects models with random intercepts and slopes disaggregated between- and within-person relations of personality pathology and loneliness with suicidal ideation at the same and next measurement occasion.

RESULTS:

The EMA protocol yielded M = 48.37 (SD = 18.19) observations/person. Personality pathology was associated with higher levels and greater fluctuations in loneliness and suicidal ideation. The interaction of loneliness and personality pathology predicted suicidal ideation at the same, but not at the next measurement occasion (for which only the main effects of personality pathology and between-person loneliness levels were relevant).

CONCLUSION:

Personality pathology is not only associated with more loneliness and suicidal ideation per se, it also plays a role in whether loneliness tips an individual into suicidality. The relative unimportance of within-person loneliness changes in the prospective prediction of suicidal ideation underscores how fast suicidal crises occur and dissipate again.

Modification of cognitive biases involved in social anxiety using an “Online Contingent Attention Training” (OCAT) procedure: A single-case clinical study

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INTRODUCTION:

Social Anxiety Disorder (SAD) is highly prevalent and influenced by negative attentional and interpretation biases, which impair emotional regulation and contribute to negative repetitive thoughts, stress, and worsening of clinical symptoms. Addressing these cognitive biases is thus essential for effective intervention. This study evaluates the effectiveness of a novel online training program, Online Contingent Attention Training (OCAT), in modifying cognitive biases in a clinical case of SAD.

METHODS:

A single-case (A-B-A) design was implemented over 30 days, using daily assessments of attentional and interpretation biases, negative repetitive thoughts, stress regulation, and affective levels. The training comprised daily sessions of OCAT through 10 days. During the training phase, session-by-session change relationships were analyzed using a pre-whitening method to control for serial dependence. Additionally, six biweekly measures of anxiety and depressive symptoms were collected in a pre-post design.

RESULTS:

OCAT reduced attentional biases toward negative information and increased positive interpretations. These improvements were associated with reduced negative repetitive thoughts, better stress management, and lower negative affect, which persisted in follow-up. Correlational analyses supported the hypothesized mechanisms of change (attentional shift → improved interpretation → reduced repetitive thinking → lower stress/negative affect). Ultimately, patient’s symptoms of social anxiety improved, although they did not reach cut-off criteria of clinical significance.

CONCLUSION:

OCAT is a promising tool for modifying cognitive biases in SAD, reducing negative repetitive thoughts, and improving mood. These findings suggest its potential integration into cognitive treatments for social anxiety.



Mind over mood: Does Regulatory Emotional Self-Efficacy drive Regulation Success?

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INTRODUCTION:

Regulatory emotional self-efficacy (RESE) is linked to adaptive emotion regulation (ER) and mental health benefits, such as fewer depressive symptoms, lower negative affect, and higher perceived social support (Tamir et al., 2007). Individuals with higher RESE also use cognitive reappraisal more frequently, which partially mediates its positive effects on mental health (de Castella et al., 2013). However, its impact on actual ER performance remains unclear. Can higher RESE improve ER effectiveness? Only two studies (Benfer et al., 2018; Bigman et al., 2016) have experimentally manipulated RESE using a placebo pill, both showing reduced negative affect. Since prior research has relied on subjective ER measures, this study also assesses physiological ER success. More importantly, it explores whether RESE can be enhanced through verbal feedback as a more practical, real-life intervention.

METHOD:

ER success is measured subjectively and physiologically via heart rate variability (HRV). RESE is manipulated through positive feedback, reinforced by showing participants a fake EDA curve presented as their own. The study is preregistered on the Open Science Framework (OSF). Participants complete questionnaires online 2-4 days before testing (T0). Emotional responses and ER success ratings are assessed before and after manipulation (T1), with a follow-up after one week (T2).

RESULTS AND CONCLUSION:

Data analysis is ongoing. The findings will be discussed regarding the feasibility of verbal RESE manipulation and its possible effects on ER success, symptom levels, and ER strategy use as well as the stability of these effects.

Dynamic Changes During Therapy with Transcranial Magnetic Stimulation in Depressive Syndrome

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INTRODUCTION:

Understanding psychological and neurobiological mechanisms underlying therapeutic response in patients with depressive syndrome is critical for advancing treatment. Transcranial magnetic stimulation (TMS) offers a non-invasive intervention used to treat patients with treatment-resistant depression. However, predictors of individual treatment response remain poorly understood. Advances in psychological network science allow the exploration of how symptom dynamics contribute to treatment response and its prediction.

METHODS:

This study will investigate whether psychological processes, as reflected in symptom networks, predict treatment response in depressive syndrome. Conducted within the LOEWE DYNAMIC consortium, the study will examine 100 patients receiving TMS across three study sites. Participants undergo extensive pre- and post-treatment assessments, including clinical interviews, self-reported symptom questionnaires, and neuropsychological testing. Daily app-based symptom tracking provides high-resolution insight into symptom trajectories before and during treatment.

ANALYSIS PLAN:

We will analyse the relationships between pre-/post-treatment effects, baseline symptom network characteristics, and symptom trajectories over the treatment course. First, we aim to investigate whether individual baseline symptom network characteristics can predict pre-/post-treatment effects. Second, we aim to identify the initial symptoms that exhibit improvement during treatment and third, whether early improvement can be predicted with individual symptom baseline network characteristics.

CONCLUSION:

By linking dynamic symptom networks to treatment response, the study provides new insights into mechanisms of TMS. These findings support the development of more personalized interventions, enhancing precision in mental health treatment and contributing to understanding treatment processes in mental disorders.

Associations of Gender Role Conflict with Adolescent Boys’ Depression and Anxiety: The Mediating Roles of Father-Son, Mother-Son, and Peer Attachments

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INTRODUCTION:

Adolescent boys face escalating risks of suicide and mental health challenges, with depressive and anxious symptoms identified as critical contributing factors. The perspective of The New Psychology of Men emphasizes the negative impact of gender role conflicts arising from male gender socialization processes on men’s emotional well-being, yet the underlying mechanisms remain unclear. This study aims to explore the associations of gender role conflict with depressive and anxious symptoms in adolescent boys, as well as the mediating roles of father-son, mother-son, and peer attachments.

METHODS:

A total of 1786 Chinese adolescent boys aged 12–17 participated in this study and completed self-report measures. Mediation path analysis was conducted in Mplus.

RESULTS:

Within the framework of male gender role conflict, both the Conflicts Between Work/Study and Family Relations (CBWFR) and Restrictive Emotionality (RE) dimensions were positively associated with depressive and anxious symptoms through father-son attachment, mother-son attachment, and peer attachment. In contrast, Restrictive Affectionate Behavior Between Men (RABBM) was positively associated with depressive and anxious symptoms only through peer attachment. Conversely, Success, Power, and Competition (SPC) was only positively associated with mother-son attachment.

CONCLUSION:

Educators and psychologists are encouraged to consider the significance of reducing gender role conflict in promoting the emotional well-being of adolescent boys in clinical practice. Enhancing interpersonal relationships with parents and peers may help mitigate the negative impact of traditional gender socialization on boys.

Life satisfaction and resources for coping with distress, symptoms of depression and anxiety among Ukrainians during war and forced migration

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The war in Ukraine have a significant impact not only on the living conditions, work and well-being of people, but also on their mental health. The goal of our study was to identify-current levels of distress, the most typical symptoms of depression, anxiety, as well as resources for it’s coping and well-being among Ukrainians during war and forced migration.

METHOD:

We developed an online-questionnaire that includes a series of standardized questionnaires, including the Short Derogatis Symptom List (BSCL), the Postmigration Stress Scale and several blocks of open-ended general questions on various aspects of daily life. The sample consisted of Ukrainians (in Ukraine and forced migrants), more than 250 people.

RESULTS:

The negative effects of the war in Ukraine and migration on mental health were confirmed in our study. Moreover, the results showed that there were no significant differences between forced migrants and Ukrainians who stayed at home in the manifestations of symptoms of depression, anxiety and somatic complaints. The level of use of available coping resources in overcoming the negative effects of stressful influences was also quite high for all the groups studied, although there are quite noticeable differences in the use of certain resources in the groups of forced migrants and Ukrainians who stayed at home.

CONCLUSION:

As results obtained, different living conditions affect satisfaction with various aspects of life, but not the level of manifestation of common mental disorders (CMDs), and also have little effect on the use of certain coping resources in different study groups.

Exploring the Associations Between Food-Related Fear, Psychological Well-Being, and Transdiagnostic Factors in Patients with Eating Disorders: A Network Analysis Approach

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BACKGROUND:

Food-related fear is a core component in Eating Disorders (EDs), playing a crucial role in maintaining ED psychopathology. However, its relationship with broader psychological well-being and transdiagnostic factors remains underexplored. This study investigates the connections between food-related fear, psychological well-being, and transdiagnostic factors in ED patients using Network Analysis (NA).

METHODS:

A total of 325 ED patients were assessed with the Eating Attitudes Test-26 (EAT-26), Eating Disorder Inventory-3 (EDI-3), Fear of Food Measure (FOFM), and Psychological Well-Being Scale (PWB). These tools assessed specific symptoms, general psychological maladaptation, food-related anxiety, and positive psychological functioning.

RESULTS:

The variables with the highest centrality in the network were PWB_Self_Acceptance (strength = 1.257), EDI_General_Psychological_Maladaptation (strength = 0.889), and FOFM_Feared_Concerns (strength = 0.787). Significant positive correlations were found between food-related anxiety (FOFM subscales) and EDs symptoms (EAT-26), particularly FOFM_AE ($r = 0.319$) and FOFM_AB ($r = 0.215$). A negative correlation, although not significant, was found between the PWB autonomy subscale and the FOFM_FC subscale ($r = -0.06$). Finally, general psychological maladaptation mediated the relationship between well-being and ED symptoms.

CONCLUSIONS:

This study highlights the central role of food-related anxiety, measured by the FOFM, as a critical factor linking food-related fears, ED symptoms, and psychological functioning. Network analysis reveals the complex interconnections between these variables, showing that food-related fear is a bridge not only to ED-specific symptoms but also to broader psychological maladaptation. Addressing food-related fears within interventions targeting transdiagnostic factors like emotional dysregulation and low self-esteem may improve therapeutic outcomes.



Intention to Accept a Heart Transplant from Donation after Circulatory Death: A Clinical Psychological Perspective

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INTRODUCTION:

Heart transplantation (HTx) from donation after circulatory death (DCD) is a novel approach in Europe. While its medical feasibility is well established, psychological factors influencing patient acceptance remain unclear. Applying the Theory of Planned Behavior (TPB), this study investigates how TPB components as well as underlying background factors shape the intention to accept a DCD heart compared to traditional donation.

METHODS:

A total of 164 participants (82 patients with heart failure, 82 healthy controls) will complete a questionnaire assessing their intention to accept a DCD heart. The study focuses on different TPB components, such as behavioral beliefs (subjective evaluation of consequences) and attitudes (positive vs. negative evaluation of transplantation). Data will be collected at baseline (T1), after receiving detailed information on DCD (T2), and at a four-week follow-up (T3). Open-ended responses will explore additional factors influencing decision-making.

RESULTS:

This study will provide empirical insights into the psychological mechanisms influencing DCD heart acceptance, for example, the role of attitudes and behavioral beliefs in shaping transplant-related intentions, as well as qualitative insights into reasons for and against heart acceptance. Preliminary findings will be presented at the conference.

CONCLUSION:

By applying TPB, this study provides insights into psychological mechanisms underlying transplant decision-making. Findings will inform clinical psychology to improve psychological interventions, such as pre-transplant psychoeducation, and strategies to enhance treatment adherence, emotional adjustment, and coping with the psychological challenges of transplantation.

Depersonalization as a predictive factor for occupational depression

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World Health Organization predicts that by 2030 depression will be the leading cause of the global burden of disease. Higher risk of depression is connected with challenges in emotional regulation, mainly relying on maladaptive mechanisms that may be beneficial short term but harmful in the long run, such as depersonalization. It is conceptualized as an emotion regulation mechanism that appears in order to avoid internal experiences perceived as unpleasant. It consists of two factors: detachment and emotional numbness. The aim of the studies was to explore how depersonalization mechanism is associated with occupational depression and phenomena connected to burnout syndrome.

In order to understand the connection between abovementioned factors, the survey was carried out across two separate samples of Polish employees (respectively N=226 and N=300). Participants completed the following measures: Depersonalization Mechanism Scale, Occupational Depression Inventory, and questions from platform dedicated for burnout prevention – StrongUJ.

Analysis revealed consistent results across both samples. Depersonalization is strongly correlated with occupational depression. It also can work as a predictive factor, but only the detachment aspect was found to be significant. Various aspects corresponding with burnout syndrome, like exhaustion, extensive workload and maladaptive perfectionism were associated with occupational depression.

Understanding the connection between depersonalization and depression can be beneficial not only for the patients, but the clinicians themselves. Increased awareness of the phenomenon and its potential consequences could help in developing preventive actions against depression in the workplace.

Investigating the Interaction Between Self-Referential Processing and Mind-Wandering in Individuals with Varying Depressive Tendencies: An EEG Study

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Depression is often associated with excessive self-focus and maladaptive thought patterns, including increased mind-wandering. Individuals with higher depressive tendencies tend to engage in more frequent and intrusive self-referential thoughts, which may further impair cognitive performance under controlled settings. However, the underlying mechanisms linking self-referential processing (SRP) and mind-wandering in individuals with depressive traits remain unclear.

This study investigates how self-related information affects task performance and neural activity across individuals with varying levels of depressive tendencies. Using electroencephalography (EEG) and a complex working memory task embedded with thought-probe questions, we aim to capture spontaneous thought patterns during task engagement.

In each trial, participants memorized the positions of target items presented randomly within a 4×4 matrix while making judgments about words displayed between sequences of “X”s. Two conditions were included: an SRP condition, where participants responded to trait-related judgments, and a control condition, where they responded to item-related judgments. Cognitive load was manipulated by varying the number of “X”s (three vs. four). In half of the trials, participants answered four thought-probe questions assessing their on/off task state, self/other focus, thought stickiness, and thought valence before the recall phase. Preliminary behavioral results indicate that SRP-induced off-task states significantly contribute to diminished recall accuracy. Additionally, individuals with higher depressive tendencies reported experiencing more sticky and negative thoughts prior to the recall phase.

Overall, this study aims to elucidate the dynamic interaction between SRP and mind-wandering and how depressive tendencies shape these cognitive processes in both behavioral and neural levels.

Identifying Speech Biomarkers of Depression via Automated Speech Recognition: Examining Their Relationships with Cognitive Vulnerabilities

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BACKGROUND:

Prior research suggests that changes in speech, marked by acoustic and linguistic variations, could be objective biomarkers for depression. These changes are potentially linked to reduced cognitive function in depression. However, the relationship between speech and cognitive markers in depression is largely underexplored. This study aimed to investigate whether individuals with higher self-reported depression exhibit significant differences in their speech features compared to those with lower self-reported depression, and if these speech changes correlate with reduced cognitive function.

METHODS:

Depression levels were measured using self-report questionnaires. Speech features were captured by conducting semi-structured interviews. A complex working memory task was designed to characterize participants’ attention states and memory performance under self-referential processing and control conditions.

RESULTS:

Preliminary analysis of collected data (N=26) indicates that individuals with higher depression vulnerability levels exhibit significant alterations in acoustic speech features, particularly in spectral properties such as mel-frequency cepstral coefficients. These variations in speech acoustics were associated with reduced cognitive function, including increased off-task thinking and decreased memory performance. However, no significant linguistic differences, including word usage of first-person singular pronouns and negative emotion words, were observed between less and more depressed groups in the current analysis.

CONCLUSION:

We suggest that acoustic speech changes in the context of depression may reflect the associated cognitive impairments.

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Exposure to communal music may help regulate mood and cultivate feelings of belonging. Across two studies, we tested whether exposure to communally experienced (communal) music could impact participants’ affect following social ostracism and negative mood induction. Participants were exposed to a social media ostracism paradigm (SMOP; n = 106) or an autobiographical negative memory recollection task (ANMIT; n = 116), followed by a communal or a control song. Participants exposed to the communal song showed improved positive affect in both studies (pstudy 1 = 0.004; pstudy 2 = 0.022), whereas affect worsened for those exposed to the control songs. Additionally, participants in the communal condition reported a greater sense of belonging associated with the music compared to the control (p = 0.026), even though positive feelings about the song were not different across conditions (p = 0.059). These findings suggest that communal music may improve affect—improving positive affect by strengthening social connectedness—even when listened to in isolation.

The Impact of Neurolinguistic Programming on Anxiety, Self-Confidence, Self-Esteem, and Performance in Non-Elite Finswimmers.

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BACKGROUND:

The psychology of finswimming athletes has not received a lot of interest. Furthermore, there is relatively little research on neurolinguistic programming (NLP).

OBJECTIVE:

This study examines the effect of NLP intervention used as mental training on the finswimmers’ anxiety, self-confidence, self-esteem, and swimming records.

METHODS:

The study involved thirty young finswimmers (mean age, M = 15.53, SD = 1.024), divided into two groups: the experimental group (N = 15), who did two months of NLP mental training, and the control group (N = 15). We carried out pre- and post-test research design and conducted a follow-up test two weeks after the NLP intervention ended. We used two questionnaires, the French version of the Competitive State Anxiety Inventory-2 Revised (CSAI-2R) and the French version of the Physical Self-Perception Profile (PSPP), along with semi-structured interviews for all three tests. For statistical analysis, we used linear mixed-effects models conducted with R software.

RESULTS:

Results revealed that NLP helped athletes improve their psychological and physical skills. In the post-intervention test and the follow-up test, the experimental group significantly decreased their cognitive anxiety and somatic anxiety and significantly increased their self-confidence and global self-esteem. Furthermore, outcomes showed significant group differences or substantial between-subject variability in the mental skills after the intervention and two weeks later. Consequently, the finswimmers enhanced their swimming records.

CONCLUSIONS:

Our study reinforces previous evidence. NLP showed powerful impact in optimizing finswimmers’ mental health and athletic performance. Besides, the technique showed durable effectiveness.

Linking pattern separation to transdiagnostic symptom dimensions in emotional disorders

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The neural process of pattern separation, in which overlapping representations are transformed into distinct ones, is known as a critical mechanism for learning and memory due to its connection to hippocampal integrity. Dysfunctions in this process have been associated with several psychiatric and neurological disorders including Alzheimer's disease, affective disorders, PTSD and Schizophrenia. Previous research has identified specific mechanisms that may contribute to the relationship between psychopathology and deficient pattern separation. Proposed mechanisms include overgeneralization processes, psychological inflexibility and negative response bias. Given that these mechanisms are not disorder-specific but occur across different diagnostic categories, the question arises whether specific symptom dimensions can be identified that extend across disorders and are linked to shared impairments in pattern separation.

At the current time, approximately 200 patients with emotional disorders (diagnosis from the domains F3/F4 according to ICD-10) from two cognitive behavioral therapy outpatient units completed the behavioral Mnemonic Similarity Task (MST) prior to standard cognitive behavioral therapy (TransTAM project). Additionally, transdiagnostic symptom dimensions were assessed at the beginning of therapy using various questionnaires. First results of this ongoing study will be presented and discussed in the context of current transdiagnostic models. These findings will contribute to better understand the relevance of pattern separation in emotional disorders.

Relevance of aversive dental experiences and emotion regulation in dental anxiety

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Dental phobia (DP) is classified as a specific phobia according to DSM-5 and is characterized by strong fear and avoidance of visits to the dentist and dental procedures. Multiple factors can contribute to the development and maintenance of DP, including the experience of aversive or traumatic experiences during dental treatment in the past. Aversive experiences in the context of dental treatments can trigger symptoms (e.g. intrusive reexperiencing) similar to those that occur in post-traumatic stress disorder (PTSD). Adaptive emotion regulation skills are required to deal successfully with these experiences. How dysfunctional emotion regulation processes known for PTSD relate to dental anxiety has, however, hardly been investigated.

To explore the occurrence of aversive dental treatment experiences and how these are related to PTSD symptoms and emotion regulation, a student sample (N = 171) was surveyed online. The survey consisted of questionnaires on dental anxiety, PTSD symptoms and emotion regulation.

The results show that about 80% of respondents had an aversive dental treatment experience and ~5% of these participants subsequently developed clinically relevant PTSD symptoms. In addition, stronger PTSD symptoms were correlated with dental anxiety. With regard to emotion regulation strategies, dental anxiety was associated with stronger rumination and avoidance and reduced use of reappraisal and acceptance. The results indicate a high relevance of aversive dental treatment experiences, related PTSD symptoms and emotion regulation in persons with dental anxiety. Results will be discussed regarding their implications for the treatment of DP.

Lie-Detection in Borderline Personality Disorder

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Individuals with borderline personality disorder (BPD) were shown to more likely mistrust others. However, individuals with BPD might also tend to judge others mental states more accurately than healthy control (HC) participants in relationship-threatening contexts. We hypothesized that individuals with BPD show better performance in distinguishing lies from the truth, but only when the content is relationship-threatening. Individuals with BPD (n = 34) and HC (n = 34) participated in a lie-detection task. Forty videos were presented, showing protagonists telling stories of varying context (neutral, positive, personally-threatening, and relationship-threatening) and that were either true (20 truths) or made up (20 lies). Participants were asked to categorize each story as a lie or the truth. Depressive symptoms were measured with the Beck Depression Inventory-II. Using signal detection theory, we calculated the sensitivity, i.e. the probability of correctly distinguishing lies from the truth. A repeated measures ANOVA revealed no significant Group x Condition interaction in sensitivity ($p = .64$). Post-hoc analyses revealed an overall better sensitivity in BPD vs. HC ($p = 0.49$) when depressive symptoms were controlled for ($p = .002$). Individuals with BPD did not show increased performance in differentiating lies and truths in a relationship-threatening context. However, when depressive symptoms were statistically controlled for, individuals with BPD performed better than HC, regardless of condition. These results might indicate a better ability to differentiate lies from truth in BPD, if depressive symptoms are low. Future studies are needed to replicate this finding under a priori control for depressive symptoms.

Individual Differences in Functional Connectivity during Suppression of Imagined Threat

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Functional magnetic resonance imaging studies typically rely on between-person analyses. To examine individual differences in functional connectivity, we used Group Iterative Multiple Model Estimation and its subgrouping function to analyze functional magnetic resonance imaging data of 54 participants who were suppressing imagined future threat. A two-stage random-effects meta-analytic approach was employed to examine individual differences. In addition to generalizable connections between brain regions, we identified individual differences in personalized models suggesting different pathways through which individuals suppress future threat. Two subgroups with distinct connectivity patterns emerged: One subgroup (n = 29; 53.70%), characterized by an additional lagged connection from the right to the left posterior cingulate cortex, exhibited comparatively higher anxiety and less brain connectivity, whereas the other subgroup (n=25; 46.30%), showing an additional connection from the left posterior cingulate cortex to the ventromedial prefrontal cortex, was associated with lower anxiety levels and greater connectivity. This study points to individual differences in functional connectivity during emotion regulation.

Unseen Burdens: Stressors Faced by Parents of Psychiatric Patients

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INTRODUCTION:

Parents of psychiatric patients experience significant stress due to their children’s conditions, social stigma, and challenges in navigating the healthcare system. Despite the documented burden on caregivers, research focusing specifically on parental stressors remains limited. This study explores key stressors faced by parents of individuals receiving psychiatric care, contributing to a deeper understanding of their experiences and support needs

METHODS:

A qualitative approach was employed using in-depth semi-structured interviews with 12 parents of psychiatric patients. Participants were recruited through psychiatric institution, and interviews focused on their lived experiences, emotional responses, and caregiving challenges. Thematic analysis identified recurrent stressors and underlying psychological and social factors affecting parental well-being.

RESULTS:

Findings suggest that parental stressors fall into major categories: emotional distress, societal stigma, difficulties in accessing mental health services, financial strain, and family disruptions. Many parents reported feelings of helplessness, anxiety, and isolation, with a lack of support systems exacerbating stress. Navigating psychiatric treatment, including hospitalization and long-term care, was identified as a major burden.

CONCLUSION:

Understanding parental stressors is crucial for developing targeted interventions and support systems. This study highlights the need for comprehensive family-centered mental health services, psychoeducational programs, and support networks. Addressing these stressors can help reduce caregiver burden and improve well-being for both parents and their children.

Experience Sampling Beyond Self-Reports? HRV as a Passive Measure of Emotion Dysregulation – An Example from the Task-Unrelated Thoughts Perspective.

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Experience sampling methods (ESM) offer valuable insights into emotion regulation in patients' daily lives. Their importance is highlighted by recent research indicating discrepancies between ESM and traditional self-report questionnaires assessing the same constructs. However, active ESM (e.g., multiple daily self-reports) can be susceptible to self-evaluation biases and raises concerns regarding participant dropout and measure acceptability. Passive data collection through sensors presents a potential solution to reconcile the scientific need for evaluating everyday processes with patient comfort and acceptability.

This study examined this approach by first conducting a systematic literature review of studies employing heart rate variability (HRV) measures in the context of task-unrelated thought (TUT), a transdiagnostic process encompassing mind-wandering and rumination. Second, we conducted an experience sampling study with 51 participants, assessing TUT, affect, and HRV.

Our results demonstrated that HRV levels were predicted by maladaptive TUT (rumination), but only within a 1-minute time window for HRV measurement. Furthermore, task engagement moderated this relationship. HRV was also predicted by processual, but not con-textual, features of TUT.

Finally, we discuss a checklist for researchers utilizing HRV measures in ESM studies assessing emotion regulation. This checklist addresses key methodological considerations (e.g., HRV measurement time window, confounding factors such as ongoing tasks and movement) and their research and clinical implications.

Multiple Paths from Rumination to Depression: A Network Analytical Framework

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Rumination is considered an emotion regulation strategy that may, under certain conditions, increase the risk of psychological disorders. As a transdiagnostic process, it is a key target in process-based CBT. This study used a longitudinal network analysis to investigate how rumination and related cognitive mechanisms (e.g., avoidance, beliefs about rumination and emotion) interact and contribute to the development of depression and anxiety. Our approach extends the work by Tamm et al. (2024), who used cross-sectional data, by incorporating a two-wave design and examining predictive, time-lagged associations.

Three hundred ninety-seven volunteers were recruited through the internal research participation system at SWPS University. Participants completed a battery of self-report questionnaires: PTQ, CAQ, PNBRS, EBQ, and HADS, to measure, respectively, rumination, cognitive avoidance, beliefs about rumination, beliefs about negative emotion, and depression and anxiety, across two waves, three months apart.

We applied a data-driven network analytical framework to examine predictive associations between psychological constructs across time. The final model included only stable edges, identified through nonparametric bootstrap confidence intervals. Rumination emerged as the most central and influential node in the model. Specifically, rumination (T1) predicted negative beliefs about emotion and negative beliefs about rumination (T2). Negative beliefs about rumination (T1) were associated with depression (T2). Both anxiety and avoidance appeared as isolated nodes, showing no stable links to other constructs.

These findings suggest that beliefs about rumination and emotion may mediate the link between rumination and psychopathology. This highlights them as important intervention targets in psychotherapy.

P5

Psychological Treatments

A Meta-Analysis on Patient Preference for Psychological versus Pharmacological Treatments in Mental Health Problems.

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INTRODUCTION:

Patient preferences are critical in the care of mental disorders, by influencing treatment selection through shared decision-making (SDM). SDM integrates patient preferences into practice, enhancing satisfaction, adherence, and effectiveness (Marshall et al., 2021; Matthews et al., 2021). Both psychotherapy and pharmacotherapy show similar efficacy for depression and anxiety disorders (Huhn et al., 2014). However, a meta-study by McHugh et al. (2013) found that 75% of patients prefer psychotherapy. Minimal comparable work has been done since, making an updated meta-study timely. Therefore, this meta-analysis seeks to address the following research question: What preferences do adults have for psychological treatments compared to pharmacological treatments for mental health problems? Additionally, it explores how these preferences differ across subgroups regarding treatment-seeking status, education, gender, age, mental health condition, socio-economic status, and treatment type.

METHODS:

This meta-analysis updates previous work by including data on traditional therapies (e.g., psychotherapy, SSRIs) and novel pharmacotherapies (e.g., psychedelics). Preferences are analyzed using Generalized Linear Mixed Models with logit-transformed proportions. Random-effects models are utilized to pool effect sizes and examine heterogeneity.

RESULTS:

Preliminary findings will include data from systematic screenings and footnote chasing (up to May 2025). Analyzes focus on preferences for psychotherapy versus pharmacotherapy, including novel treatments. We expect to observe variations based on treatment-seeking behavior, demographics, and other subgroup characteristics.

CONCLUSION:

This analysis seeks to provide insights into treatment preferences for mental health problems, highlighting the importance of aligning interventions with patient preferences. Such alignment could enhance SDM, care engagement, and treatment outcomes in clinical practice.

P5-02

The Reconsolidation of Traumatic Memories Protocol's adjustments to the remote treatment of injured Ukrainian military personnel in hospital settings

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Due to the ongoing full-scale Russian invasion of Ukraine and the intense battlefield combat, many Ukrainian defenders are facing long-term hospitalization due to severe gunshot and explosion injuries, which result in broken bones, spinal damage, limb loss, and more. This experience is physically and emotionally intensive and often leads to post-traumatic stress disorder (PTSD). Undergoing the course of surgical treatment and recovery, injured military personnel also need PTSD-centered psychotherapeutic interventions, which often are unavailable because of the limitations of local hospital settings, ranging from a lack of trained psychotherapists to the absence of separated rooms for psychotherapy suited for postsurgical beds.

The work presents a discussion on online Reconsolidation of Traumatic Memories Protocol (RTM Protocol) administration (structured non-pharmaceutical neuro-based treatment that targets traumatic memory) in hospital settings for patients diagnosed with PTSD due to combat trauma to demonstrate the main adjustments made for online work with military personnel. The procedure concerns physically injured military members with profound mobility impairment in the course of after-surgery recovery.

The main adjustments involved at-place adaptations (using the procedure room, utilizing nurse assistance, ensuring a stable Internet connection) and modifications to the procedure (conducting shorter sessions (up to 45 minutes), delegating some Protocol step administration to patients, and using military jargon and commands).



Positive reappraisal strategies against hostility: benefit-finding and compassion

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INTRODUCTION:

Positive reappraisal strategies, such as benefit-finding and compassion, have been shown to reduce hostility following the recall of anger-eliciting events. However, individuals with a high prevention focus may respond differently to these strategies due to their heightened sensitivity to negative information. This study examined the efficacy of two positive reappraisal strategies—benefit-finding and compassion—on hostility (including anger and behavioral aggression), positive affect and negative affect, while also exploring the potential moderating role of prevention focus.

METHODS:

Using a within-subjects design, participants (N = 102) recalled three distinct autobiographical anger-eliciting memories to induce anger across three conditions (benefit-finding, compassion, and control), and completed writing tasks corresponding to each intervention. Measures were administered before and after the intervention, including manipulation checks, assessments of directed anger, state anger, aggressive tendencies, behavioral aggression, and positive affect and negative affect.

RESULTS:

Results indicated that both positive reappraisal strategies significantly reduced all measures of anger and aggression, compared to the control condition. With regard to positive affect, benefit-finding outperformed compassion, with significant increases in positive affect after benefit-finding, compared to both compassion and control conditions. Changes in negative affect did not differ significantly across conditions, and prevention focus did not moderate the outcomes.

CONCLUSION:

These findings suggest that benefit-finding and compassion are both effective in reducing hostility, while benefit-finding additionally promotes positive affect. Based on theories such as the Broaden-and-Build Theory, this boost in positive affect may facilitate additional benefits when applied regularly. Implications for emotion regulation interventions and future research directions are discussed.



P5-04

Evaluating Psychotherapy Using Network Analyses: A Randomized-Controlled Trial of Individual versus Couple- Enhanced Behavioral Activation for Patients with Major Depressive Disorder

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BACKGROUND:

Despite the effectiveness of psychotherapy for depression, a considerable number of patients do not benefit or relapse after standard care. A distressed romantic relationship is a risk factor for worse outcomes and maladaptive partner responses can impede treatment success. Network analyses provide novel, more detailed insights into the complex associations of psychopathology and relationship variables, treatment course and effects in this randomized-controlled trial (RCT).

OBJECTIVE:

The primary aim is to compare the efficacy of couple-enhanced versus individual behavioral activation in reducing depressive symptoms. Along with examining individual and relationship-focused secondary outcomes, we aim to demonstrate how network models could be used to track changes over the treatment course and examine the mechanisms driving these changes.

METHODS/DESIGN:

N = 100 patients with major depressive disorder and their partners will be randomly assigned to the two treatment arms. Primary outcomes are self-reported and clinician-rated depressive symptoms. Secondary outcomes include additional measures of psychopathology, relationship variables and treatment satisfaction. Participants also complete 21 days of intensive ecological momentary assessment (EMA) before and after treatment. In addition to traditional methods for evaluating RCTs, network intervention analyses (NIT) will be utilized to understand which variables are affected over the course of the treatment. Network comparison tests (NCT) will test for differential treatment effects.

DISCUSSION:

Results will hopefully add novel insights into the efficacy of couple-enhanced interventions on depressive symptoms, relationship variables, their interconnections and changes over time. This will inform efforts to develop personalized treatments, particularly with regard to partner involvement.

P5-05

Steps towards Enjoyment in Life (STYLE): Metta-Based Therapy for Depression - A randomized controlled trial

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INTRODUCTION:

To improve current explanatory models of Major Depression and its treatment, recent research has focused on underlying processes that may contribute to the development and maintenance of the disorder. Lack of positive affect (anhedonia), as a transdiagnostic process, has been identified as hallmark of depression, providing a promising target for effective interventions. Metta-meditation has been shown to improve positive affect by fostering positive feelings towards the self and others. Consequently, Metta-based therapy (MBT) has successfully been implemented to treat (chronic) depressive disorder (Stangier et al., 2022). This talk presents a randomized controlled trial investigating the effects of online-MBT on anhedonia in depressive patients in comparison to a supportive treatment control condition.

METHODS:

Patients with depression and increased anhedonia are randomly assigned to either condition. Both therapeutic programs are administered in an online group-based format encompassing ten sessions. Measurements are taken at baseline, after five weeks of treatment, upon completion of the program, and at a six-month follow-up. Primary outcomes include changes in depressive symptoms and anhedonia, as measured by clinician ratings and self-reports, in addition to positive and negative affect, also measured by self-report.

RESULTS:

The presentation will present preliminary findings from the first two trials (n=30).

CONCLUSION:

This study is the first randomized controlled evaluation of MBT and the first study to examine the effect of MBT on anhedonia and positive affect. Findings from this research have the potential to inform evidence-based interventions targeting anhedonia in depression.

P5-06

Network Intervention Analysis of a Web-Based Training to Improve Clinical Psychologists’ Transcultural Competence

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INTRODUCTION:

Given the importance of culturally sensitive psychotherapy, it is necessary to determine how to promote training in transcultural competence. Transcultural competence consists of several dimensions (skills, knowledge, awareness, therapeutic relationship) that are interrelated, but it is currently unknown how their interrelations facilitate transcultural competence.

METHODS:

We analyzed data from a randomized controlled trial of a web-based training in transcultural competence for clinical psychologists (N = 335). Using network intervention analysis (NIA), we examined the interplay between these dimensions and the effect of training on these dimensions. The network included subscales of the Multicultural Counseling Inventory (skills, knowledge, awareness, therapeutic relationship) and training allocation (training vs. waitlist) as a node, estimated at pre-training, post-training, and two-month follow-up.

RESULTS:

The training only had a direct effect on participants’ knowledge, both at post-training and follow-up. In terms of the interplay between the dimensions of transcultural competence, knowledge had the highest strength centrality, showing the greatest connectivity with the other dimensions in the network. Participants’ skills were associated with a stronger therapeutic relationship at post-training and at follow-up.

CONCLUSION:

NIA provided fine-grained insights into the effect of training. The results of this study suggest that effective training should be multidimensional, addressing each dimension of transcultural competence.



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INTRODUCTION:

Cue exposure is an effective treatment option for substance abuse and dependence [1], but limited resources prevent its widespread application in vivo in routine care. Virtual reality (VR) is a much more effective medium for cue exposure [2], but little is known about the type of cues that are needed to elicit substantial craving. The aim of this study was to develop a VR alcohol cue exposure training for use in routine care and prevention.

METHODS:

A sample of n=42 inpatients with alcohol use disorder (AUD) were exposed to four different VR conditions (within-subjects design, randomized order). We hypothesized that a combination of different drinking-related cues would lead to more intense craving reactions than a single alcohol cue.

RESULTS:

We observed a significant increase in subjective craving in the VR cue conditions, with some differential effects. The paradigm was well accepted by patients and therapists.

DISCUSSION:

Different combinations of alcohol-related cues in VR are capable of triggering subjective craving. No psychophysiological measures were applied in this study. Not all possible combinations of cues were tested.

CONCLUSION:

These initial, positive results show that our VR cue exposure paradigm can now be tested as part of inpatient treatment in patients, and may be useful as part of prevention programmes in populations at risk for developing AUD.

NOTE:

This study received funding from the Bavarian Ministry of Health, Nursing and Prevention (Bayerisches Staatsministerium für Gesundheit, Pflege und Prävention).

REFERENCES:

[1] <https://doi.org/10.1348/014466505X82586>

[2] <https://doi.org/10.1007/s00115-019-0678-6>

Cross-Cultural Differences in Reward Processing and the Effectiveness of Internet-Based Self-Help for Depression: A Randomized Controlled Trial in Switzerland and India

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BACKGROUND:

Internet-based self-help interventions (IBIs) have shown efficacy in reducing depression, yet adherence remains a challenge. Additionally, depression is linked to altered reward processing, which may differ across cultural contexts. This study examines how individuals with depression in Switzerland (WEIRD country representing individualistic culture) and India (non-WEIRD country representing collectivistic culture) respond to monetary and social rewards and evaluates the effectiveness of Deprexis, a digital self-help program, with or without peer-to-peer support.

METHODS:

A three-arm randomized controlled trial (N = 240) allocates participants with depression to Deprexis alone, Deprexis with online peer support, or a waitlist control. The 8-week intervention includes assessments at baseline (T0), mid-intervention (T1), post-intervention (T2), and three-month follow-up (T3). Primary outcome: depressive symptoms at T2. Secondary outcomes: mood responses to monetary and social rewards, anxiety, stress, PTSD, self-efficacy, and self-esteem. Data are collected via RedCap and the Fribourg Reward Task.

RESULTS & CONCLUSION:

Data collection is currently ongoing. Findings will provide insights into cultural differences in reward responsiveness in depression and inform the adaptation of digital interventions for diverse populations. This research aims to enhance global mental health care by tailoring IBIs to different cultural and linguistic contexts.

Rewiring Expectations or Amplifying Rewards? A Study Protocol for a Randomized Clinical Trial on Targeted Psychotherapy for Depression

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BACKGROUND:

Major depressive disorder (MDD) is characterized by dysfunctional expectations and reduced reward sensitivity, both of which contribute to symptom onset and maintenance. Traditional psychotherapeutic approaches often address multiple cognitive-behavioral mechanisms simultaneously, lacking specificity in targeting core dysfunctions. This study examines the efficacy of two mechanism-specific psychotherapeutic interventions designed to either (1) modify maladaptive expectations through expectation violation training (Expectation-Focused Psychotherapeutic Intervention; EFPI) or (2) enhance reward sensitivity and positive reinforcement (Reward Enhancement and Activation Therapy; REACT).

OBJECTIVE:

The primary aim of this randomized clinical trial is to compare the efficacy of EFPI and REACT in reducing depressive symptoms and modifying long-term disease trajectories. The study also investigates underlying cognitive, emotional, and neurobiological mechanisms driving symptom change, contributing to targeted intervention development.

METHODS:

A total of N = 150 patients with acute MDD will be randomly assigned to one of three groups: EFPI, REACT, or a waiting-list control group. Randomization will be conducted blockwise (n = 5 blocks) to ensure balanced group allocation. Each active intervention consists of 10 structured group therapy sessions over five weeks. Primary outcomes include self-reported and clinician-rated depressive symptoms (BDI, MADRS). Secondary outcomes assess expectation processing, reward sensitivity, and emotional regulation. Follow-up assessments at 6 and 12 months will evaluate long-term effects on symptom trajectories.

DISCUSSION:

By focusing on specific cognitive-emotional mechanisms, this study aims to improve understanding of the differential effects of expectation-focused vs. reward sensitivity-focused psychotherapy. Findings will inform the development of mechanism-based interventions and contribute to optimizing psychotherapeutic treatment approaches for MDD.



P5-10

Psychological well-being and quality of life in caregivers of individuals with neurocognitive disorder: effectiveness of psychological support interventions

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INTRODUCTION:

Caregivers of individuals with neurocognitive disorders are at high risk of developing severe psychological distress and burden. It is therefore crucial to develop effective interventions to mitigate the impact of caregiving on their health. The aim of this study was to evaluate the effectiveness of psychological support interventions for caregivers of individuals with neurocognitive disorders, as implemented in the ORA Project (funded by the CARIPARO Foundation, Italy).

METHODS:

A total of 102 caregivers (mean age = 64.7 years; 62 females) participated in the study: 75 received psychological support interventions (N = 41, individual support [IS]; N = 34, group support [GS]), while 27 received no treatment (control group [CG]). All participants completed standardized questionnaires on caregiver burden, anxiety, depression, stress, and quality of life at baseline (T0) and after six months (T1).

RESULTS:

Preliminary results (N = 65) show a significant reduction in burden ($p < .001$) and stress ($p < .05$) at the end of the intervention in the GS group, whereas scores remained stable in the IS group. In contrast, the CG exhibited a significant increase in stress ($p < .05$) and a deterioration in quality of life ($p < .001$). Psychological interventions appear to be effective compared to the absence of intervention. Specifically, group-based psychological interventions demonstrate greater effectiveness than individual interventions, as they are associated with a reduction in stress and burden among caregivers of individuals with neurocognitive disorders.

CONCLUSION:

These preliminary findings suggest the effectiveness of the psychological interventions implemented within the ORA Project.



Unguided self-help to bridge waiting time to face-to-face therapy in a university student mental health service: An interrupted time-series analysis

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BACKGROUND:

Dramatic increases in mental health services utilization across university settings, mean students often spent long periods waiting for evaluation and treatment.

AIMS:

To assess whether digital unguided self-help delivered while waiting for face-to-face therapy could reduce anxiety and depression and improve functioning in university students.

METHOD:

We conducted a retrospective analysis of routinely collected data from the student mental health service at the University of Padova. From June 2022, all treatment seeking students waiting for clinical evaluation and treatment received a digital self-help stress management booklet (The World Health Organization's Doing What Matters in Time of Stress/DWM). The clinical evaluation included depression (The Patient Health Questionnaire-9), anxiety (The Generalized Anxiety Disorder-7) and functional impairment (The Work and Social Adjustment Scale). Single group interrupted time series (ITS) analyses were performed to compare outcomes in users who started a treatment between October 2021 and June 23rd 2022 (pre-intervention) and between June 24th 2022 and November 18th 2023 (post-intervention).

RESULTS:

749 Italian students (77% women) with a median age of 23 were included. 411 (55%) received the intervention and 338 (45%) did not. ITS indicated the intervention was associated with immediate and sharp decreases in depression (level change $\beta = -2.26$, 95% CI -3.89, -0.64), anxiety ($\beta = -1.50$, 95% CI -3.89, -0.65) and impaired functioning ($\beta = -2.66$, 95% CI -4.64, -0.60), all largely maintained over time.

CONCLUSIONS:

A digital self-help stress management booklet shows promise in bridging waiting time for face-to-face treatment, by reducing anxiety and depression and improving functioning.

Innovative Indirect prevention approach targeting distress in university students: A prospective randomized controlled trial protocol

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BACKGROUND:

Higher education is a critical period for the onset of mental disorders, but despite high prevalence rates treatment uptake remains limited. Objectives: The present study is aimed to test feasibility and clinical efficacy of (Self-Help Plus; SH+) for university students experiencing heightened distress and to reduce stigma associated with it.

METHODS:

We will conduct a prospective, multicenter, parallel group randomized controlled trial, recruiting university students across all years of higher education experiencing significant distress as demonstrated by a score of at least 16 at the Kessler psychological distress scale (K-10) administered at baseline. Eligible participants will be randomly assigned to the intervention group (SH+) or control group (Psychological First Aid). SH+ is a brief, scalable, low-intensity, transdiagnostic self-help intervention, developed by the WHO, designed to help individuals to cope with distress. SH+ will be delivered exclusively online. Both clinical and feasibility outcomes will be considered. Primary clinical outcomes will include distress at post-intervention, (assessed by K-10) while secondary clinical outcomes will be depression (measured by PHQ-9), anxiety (measured by GAD-7) and subjective well-being (assessed by WHO-5). Feasibility outcomes will cover easy access to the intervention and rating scales as well as number of sessions attended and time spent in each of them.
Trial registration number: NCT06606249

CONCLUSION:

We expect to provide an evidence-based rationale for the efficacy of SH+, as a scalable and transdiagnostic intervention. Scaling it at large-scale may entail relevant implications in reducing both significant distress in university students and long waiting lists in mental health services.

Efficacy of psychotherapies for adults with Borderline Personality Disorder for anxiety, depression, anger and quality of life outcomes: a preliminary meta-analysis.

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INTRODUCTION:

Although psychotherapies are the first-line evidence-based treatment for Borderline Personality Disorder (BPD), effort is still needed to elucidate how they impact on less investigated outcomes.

METHODS:

Meta-analytic database ‘metapsy’ (www.metapsy.org) for BPD was updated and consulted. Search strings were entered in PubMed, Embase, PsycINFO, Web of Science and Cochrane library in January 2024, targeting randomized clinical trials (RCTs) assessing the efficacy of psychotherapies for adults with diagnosed BPD. Standalone designs (psychotherapies versus control interventions) and add-on designs (psychotherapies plus usual care versus usual care) were differentiated. Selected outcomes were posttreatment self-reported anxiety, depression, anger and quality of life. Effect size g (Hedge’s g), random effects models and heterogeneity (I²) measures were analyzed.

RESULTS:

From forty-four RCTs (thirty standalone versus fourteen add-on) were further identified RCTs ranging from thirteen to twenty-seven (931-2060 participants) on selected outcomes. Twenty standalone (g=-0.50; 95%CI [-0.92;-0.07]; I²=83.92) and seven add-on (g=-0.50; 95%CI [-0.94;-0.05]; I²=67.17) RCTs on depression revealed comparable medium effect sizes. Conversely, eight standalone (g=0.12; 95%CI [-0.03;0.27]; I²=19.88) RCTs on quality of life provided only a small effect size. As to anger, ten standalone(g=-0.37; 95%CI [-0.6;-0.13]; I²=60.47) and three add-on(g=-0.23; 95%CI [-1.55;1.09]; I²=66.56) RCTs indicated similar and small to medium effect sizes. Lastly, for anxiety, nine standalone (g=-0.38; 95%CI [-0.74;-0.01]; I²=62.07) and six add-on (g=-0.64; 95%CI [-1.28;0]; I²=79.62) RCTs provided small to large effect sizes.

CONCLUSIONS:

Psychotherapies for BPD significantly reduce depression in adults whereas for other selected outcomes mixed results are observed. Additionally, strength of evidence is undermined by substantial heterogeneity.

P5-14

Exploring the therapeutic potential of a psychedelic virtual reality experience on patients with alcohol use disorder

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Studies have indicated that psychedelics (e.g. psilocybin) seem to alleviate some symptoms of alcohol use disorder (AUD), however, it is currently unclear if these effects are strictly neurochemical or could in part be attributed to the subjective experiences induced by psychedelics. In this study, we are exploring whether a virtual reality (VR) simulation of a psychedelic trip could also elicit therapeutic effects compared to a VR control condition in patients with AUD. Namely, in these preliminary results we focus on the changes of Alcohol Craving Questionnaire's (ACQ) subscales and the State Anxiety Inventory (S-AI) scores but also the qualitative results.

In the first phase, 39 patients receiving treatment for AUD were recruited and randomly assigned to either the experimental or control condition. Analyses (ANCOVA or Kruskal-Wallis) conducted on a final sample of 33 patients found no statistically significant group differences in ACQ or S-AI scores. However, there were statistically significant differences in the subscales of the Mystical Experience Questionnaire suggesting that the experimental condition did elicit the intended psychedelic-like effects. Additionally, short interviews were conducted immediately after the experience to help the participants make sense of the experience and to potentially help consolidate the effects of the VR experience. Preliminary results of the interviews suggest that a number of participants from both groups felt more at ease compared to their pre-experience state and might have experienced something akin to a revelation or insight. Final results for both quantitative and qualitative data will be presented at the event.

Assessing the availability of psychological treatment protocols for severe mental disorders

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INTRODUCTION:

Open access to psychological treatment manuals is crucial for advancing research and clinical practice, particularly in low-/middle-income countries where access to mental health care remains scarce. Despite recognition of the need for freely available treatment protocols for improving transparency, replicability, and dissemination of research findings, access to intervention manuals remains limited.

METHODS:

As part of the European Research Council-funded DECOMPOSE project, we examined the availability of psychological intervention manuals tested in randomized clinical trials (RCTs) for severe mental disorders. We identified RCTs through recent network meta-analyses and retrieved treatment protocols via trial publications or their published protocols and referenced manuals. When these were unavailable, we contacted study authors directly.

RESULTS:

We identified 260 RCTs with 412 active treatment arms. Of those, 19 RCTs had published protocols. Contact details were unavailable for 11 RCTs. For the remaining 230 RCTs, we contacted 450 authors. Authors shared full protocols for 43 trials (1 of which had a published protocol not previously identified), shared extra material but not the treatment protocol for 13 trials, and refused to share for 73 trials. We received no reply for 101 trials. Overall, treatment protocols or manuals were retrievable for 354 active arms, 103 of which were publicly available.

CONCLUSIONS:

Our findings reveal a significant lack of freely available intervention manuals, limiting the implementation and replicability of psychological treatments. Coordinated action is needed to ensure open access to these materials for more replicable research, wider dissemination of results, and improved access to evidence-based mental health care.

P5-16

Challenges and Preliminary Outcomes of the First Early Intervention for Psychosis Service in Athens, Greece: A Two-Year Review

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The aim of the study is to assess the effectiveness of early intervention in young adults who are treated in the first Early Intervention Service for Psychosis (PNOES Ath) in Athens, Greece, along with clinical psychodynamic variables and highlight the challenges that emerged in the first two-year experience. This is a prospective, pre-and-post design study with repeated measures at baseline, 6 months, and 1 year of treatment. All eligible 25 patients so far (18 males and 7 females, mean age 27,4) completed the following scales: (a) Positive and Negative Syndrome Scale (PANSS), (b) World Health Organization-Quality of Life (WHOQOL-BREF), (c) Recovery Assessment Scale (RAS), (d) Defense Style-Questionnaire (DSQ-40), (e) Experience in Close Relationships Scale (ECRS) and (f) Client Attachment to Therapist Scale (CATS). Among the most indicative outcomes are the engagement (84%), disengagement (10%), drop-out (6%), and relapse rates (4.2%). The preliminary findings suggest that early intervention is effective in the recovery process of young adults who face a first psychotic episode. However, several challenges such as coordination of care, communication with different treatment teams, or difficulties arising by patients’ diverse needs should be addressed to optimize care delivery and outcomes. Further evaluation needs to focus on long-term impacts, sustainability, and the integration of Early Intervention in Psychosis Support Services (EIP Support Services) into the broader mental health care system in Greece.

P5-17

Impact of group processes on distress, interpersonal relationships and social role in university students following a stress prevention program.

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University students' stress negatively impacts physical and mental health. To maximize outreach, universities are implementing stress prevention in group settings. The therapeutic alliance and the quality of the therapeutic relationship in a group are pivotal mechanisms in group psychotherapy, influencing treatment efficacy. This study aimed to assess the impact of group cohesion, working atmosphere, and negative relationships on distress symptoms, interpersonal relationships, and social roles in university students following a stress prevention program.

Sixty-four university students were randomly assigned to an intervention group or a wait-list control group. The reported results focus on the intervention group (N=32; M = 21, 22 years, SD = 2.27), which participated in weekly 2-hour sessions for two months. The stress prevention program integrated mindfulness, social skills training, cognitive-behavioral techniques, and emotion regulation strategies. Self-report paper questionnaires assessing group cohesion and therapeutic relationships were administered after the first, fourth and final sessions.

Results of simple linear regression and multilevel analysis showed that negative intra-group relationships significantly predicted changes in social role difficulties (e.g., at work or school) ($b = .35$, $t = 2.39$, $p = .022$) and quality of life ($b = .35$, $t = 2.39$, $p = .022$), both within and across sessions. No significant results were found between positive relationship, positive work and the psychological outcomes. Group cohesion increased significantly across sessions, with variability observed across participants (all $p < .05$).

The results highlight the importance of promoting good cohesion and a positive atmosphere in stress prevention programs for university students.

*Compassion Focused Therapy and Metta-based Therapy:
A Systematic Review with Meta-Analyses*

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INTRODUCTION:

Compassion Focused Therapy (CFT) and Metta-based Therapy (MBT) are two therapeutic approaches designed to cultivate compassion and benevolence towards oneself and others. The objective of the planned systematic review and meta-analysis is to examine the current state of research on the efficacy of these approaches in reducing depressive and other psychopathological symptoms, decreasing self-criticism, and enhancing self-compassion.

MATERIAL AND METHODS:

A systematic literature search will be conducted using the databases PubMed, PsycINFO and Web of Science to identify relevant studies with a randomized, controlled study design that apply either CFT or MBT to clinically relevant populations. The process of systematic literature search will be described in more detail and subsequent meta-analyses will be performed based on the identified studies.

RESULTS:

The findings will be presented, including the effect sizes for each therapeutic approach across the examined variables. Additionally, heterogeneity will be reported, along subgroup analyses where applicable.

DISCUSSION AND CONCLUSION:

The discussion will summarize the effects of both therapeutic approaches on the measured outcomes and evaluate their potential as valuable additions to the repertoire of psychotherapeutic techniques. Furthermore, a comparative analysis of CFT and MBT will be conducted, and future research directions in this field will be explored.



P6

Others

Advancing Understanding of Maternal Obesity and Offspring Neurodevelopment: Epigenetic Insights and Intervention Strategies

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A growing body of literature points to a concerning link between maternal obesity during the preconception and pregnancy periods and the neuropsychiatric and behavioral health of offspring. This proposed research emerges from a comprehensive review of current scientific knowledge, aiming to delve into the epigenetic mechanisms that may underlie these associations and to explore the potential of early interventions to mitigate the adverse effects on offspring neurodevelopment.

OBJECTIVES:

- To investigate the epigenetic changes associated with maternal adiposity during preconception and pregnancy periods and their impact on fetal neurodevelopment.
- To identify potential dietary, lifestyle, and environmental factors that may moderate the relationship between maternal obesity and offspring outcomes.
- To develop and propose targeted interventions that could improve maternal health and potentially ameliorate the adverse effects on offspring neurodevelopment.

METHODS:

- Conduct a systematic review of the current literature on epigenetic modifications related to maternal obesity and offspring neurodevelopment.
- Utilize animal models and human cohort studies to explore the specific epigenetic markers and pathways influenced by maternal adiposity.
- Design and pilot a randomized controlled trial of preconception weight management and lifestyle intervention programs to assess their impact on maternal and offspring health outcomes.

EXPECTED OUTCOMES:

- Identification of key epigenetic markers that may serve as early predictors of neurodevelopmental disorders in offspring.
- Development of personalized intervention strategies based on individual epigenetic profiles to optimize maternal and offspring health.
- Provision of evidence-based recommendations for public health policies and clinical practices aimed at reducing the incidence of neuropsychiatric and behavioral disorders associated with maternal obesity.

The History of Clinical Psychology in Greece: A Brief Review – Legal Deficiencies, Practical Dimensions and Challenges for the Future

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BACKGROUND:

The history of clinical psychology in Greece spans more than 150 years. However, this branch of psychology concerned with the assessment and treatment of mental illness and psychological problems has not yet acquired the institutional and general recognition to which it is entitled.

AIMS:

This article intends to highlight, chronologically, the basic elements of the history of clinical psychology in Greece, beginning with the important contribution of the work of philologist Panagiota Kazolea-Tavoularis.

RESULTS:

From the first references in the context of medical studies during the 19th century, clinical psychology gradually develops through its application in pedagogical, laboratory, and clinical contexts to become an independent discipline alongside the consolidation of general psychology. Special mention is made of the scientists who pioneered this direction.

CONCLUSION:

The present review highlights historical milestones and concludes with the current situation, in which important steps have been taken. However, significant changes are needed at the institutional level.

P6-03

Paradoxes in Mental Healthcare: Exploring service gaps in treatment and care for patients with extensive hospitalization experience

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Patients with extensive hospitalization experience present challenges for mental health-care by disrupting continuity of care across service systems. This study explores how mental healthcare services address the needs of these patients, focusing on service gaps between hospitalization and community services. By examining the underlying reasons for their reliance on hospitals, the study offers insights into the lived experiences of this marginalized group. The study aims to provide knowledge that can enhance treatment and care for patients with severe mental disorder.

Using a narrative explanatory design, we interviewed 14 patients with extensive hospitalization experience. A holistic-content analysis revealed shortcomings in community services that contributed to frequent hospitalizations. These inconsistencies contributed to paternalistic treatment and collaboration issues, misaligning services with patients’ needs. Patients were frequently labeled as “difficult” and placed at inappropriate levels of care, sometimes resorting to extreme measures to access the care they required.

The study highlights paradoxes and contradictions between goals, policies and service provision in mental healthcare. Patients were caught between two extremes entrenched in a struggle with services, either to gain access to support or to break free from service constraints. We argue that better access to institution-based treatment and care could provide benefits to these patients and help bridge service gap. Establishing long-term, well-staffed residential facilities would not only relieve hospitals of the burden of frequent readmissions but also enhance service integration. This would provide a much-needed middle ground, ensuring that patients receive the appropriate level of care while preventing unnecessary hospitalization.

P6-04

Self-compassion as an influencing factor against consequences of exclusion at the workplace (ostracism) in the setting hospital

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The aim of this paper is to evaluate whether “self-compassion” as a resource has an influence on the construct “workplace ostracism” in the hospital setting.

Employees in the health care sector are confronted with high demands and much human suffering. Time-pressure, technical change, economic limitations have created work structures in which humanity and compassion are increasingly relegated to the background. The meaning of workplace ostracism has received little attention in this context.

The subject group of 152 individuals working in the hospital setting was surveyed on this issue using five standardized questionnaires. Four research questions were posed and statistical testing procedures, as T-tests, one- and two-factor ANOVAs, Pearson’s correlations, and regression analyses, were used to test ten pairs of hypotheses for statistical significance.

Results of the study support the negative relationship between workplace exclusion in the hospital setting and stress, burnout, and job dissatisfaction, and especially show the positive relationship between self-compassion and burnout.

Compassion must be affirmed as a guiding principle at the core of future healthcare systems. Compassion is an essential component of quality in healthcare. In this way, the concept of self-compassion gains importance through personal empowerment in the sense of a resource and a health-promoting measure.



P6-05

(Don't) Ask me anything: Psychotherapy outpatients' self-reported symptoms and their relations to structured diagnostic interview satisfaction and acceptance

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Previous research has found highstructured diagnostic interview satisfaction and acceptance rates among psychotherapy patients, but interviews were conducted in a research environment by external interviewers. To derive further implications for clinical practice, data on patient ratings of psychotherapist-delivered interviews during treatment are needed. Moreover, contextual and clinical factors relate to patients' interview ratings, but relationships with patients' self-reported symptoms have not been investigated yet.

N = 575 psychotherapy outpatients from a university-based treatment facility responded to an interview questionnaire after a structured diagnostic interview was delivered by their respective therapist during a pre-treatment phase. The questionnaire included ratings of overall interview satisfaction and ten interview acceptance items. Additional routine data on overall, depressive, and anxious symptom burden, as well as interpersonal problems relating to "affiliation" and "dominance" were included for analyses. Multilevel model analysis was used to predict overall interview satisfaction with patients' symptom burden and interpersonal problems. Bonferroni-corrected correlations between symptom burden, interpersonal problems, and acceptance item ratings were computed.

Mean overall interview satisfaction was high among outpatients. Symptom burden and interpersonal problems did not predict overall interview satisfaction. However, post-hoc multilevel analysis revealed that social avoidance was negatively related to overall interview satisfaction. Overall and specific symptom burden positively correlated with negative aspects of interview acceptance.

Psychotherapy patients' symptom burden relates to specific aspects of interview acceptance, rather than to overall satisfaction. Further investigations of specific, especially interpersonal symptoms and interactions with therapist-related factors are needed to inform therapists and improve structured diagnostic interview training.

P6-06

Stuck in the Past: People who self harm generate more past oriented future goals

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INTRODUCTION:

Goal generation is critical in mental healthcare interventions. Research with people who have depression and addiction show they report more immediate and less specific and positive future goals. In people who self-harm, findings are mixed, with only some studies demonstrating differences in the positivity and specificity of future goals, and none showing differences in the immediacy of goals. This pilot study explored the differences in future goals generated by individuals reporting self-harm.

METHODS:

A secondary data analysis was conducted using text frequency analysis from an online experiment and survey involving 68 participants in the future goal condition, with 34 (50%) reporting current self-harm.

RESULTS:

The self harm versus control group reported more past related words and fewer present related words but comparable future related words in their goal descriptions. This effect persisted after adjusting for depression, anxiety, and total number of words, suggesting no overall difference in effort. There were no differences in positivity or specificity of goals.

CONCLUSION:

This pilot evidence suggests that individuals who self-harm may use more past-focused language in generating future goals, while having comparable positive and specific language. Clinical implications will be discussed.

Protective and risk factors for mental health in times of global pandemics: A systematic review

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INTRODUCTION:

The COVID-19 pandemic had a significant impact on psychological well-being, with many reporting increased stress early on (Ahmed et al., 2023). However, approximately 66% of individuals demonstrated resilience and maintained good mental health throughout (Schäfer et al., 2022). This raises questions about the psychosocial factors that differentiate resilient from nonresilient responses. While initial studies have explored these factors, they are limited to specific risk groups (Liang et al., 2024) and early pandemic phases (Magson et al., 2021).

METHODS:

We will conduct a systematic review and living evidence synthesis of longitudinal studies published since 2002 on mental health trajectories during pandemics (e.g., COVID-19, Ebola). Eligible studies must assess psychological outcomes at three or more time points. Studies involving populations affected by pandemic-related stressors will be included, while cross-sectional designs, studies with fewer than 150 participants, or insufficient time points will be excluded. Independent variables will include psychosocial risk and protective factors identified in prior literature.

RESULTS:

We will present initial findings on the effects of pandemics on mental health and preliminary insights into key psychosocial risk and protective factors. Early results will provide a first indication of how these factors influence mental health trajectories across different population groups.

CONCLUSION:

This project aims to understand the psychosocial factors affecting mental health during pandemics. It presents initial findings on mental health impacts and insights into resilience and vulnerability across diverse populations. The results will inform evidence-based interventions and strategies to enhance resilience and reduce psychological distress during global health crises.

P6-08

Effects of Olfactory Training on Depressive Symptoms in Elderly Individuals – Preliminary Results

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Depression is a serious and complex disease. Depressive disorders strongly affect quality of life and are associated with considerable morbidity and mortality (Cuijpers et al., 2020). There are two main methods of depression treatment: pharmacological treatment and psychotherapy (Cuijpers et al., 2023), as well as suggested alternative or supportive approaches, such as physical exercise (Zhao et al., 2020) and transcranial direct current or magnetic stimulation (Farah et al., 2016). The sense of smell is intertwined with emotional functioning and depressive symptoms at both behavioral and neuroanatomical levels. Regular olfactory stimulation seems to be another promising avenue for depression treatment (Leon & Woo, 2022). Olfactory training is a regular, systematic exposure to a set of odors, originally designed for the rehabilitation of the sense of smell in clinical practice (Pieniak et al., 2022). This study hypothesized that olfactory training might mitigate depression in elderly individuals. The study sample comprised 101 elderly individuals (experimental and control groups) who underwent olfactory training. Depressive symptoms were assessed using the PHQ-9 questionnaire (Kroenke et al., 2001). Results suggest no significant effect of olfactory training on depression. However, the potential effects call for further replication with a larger sample size.



P6-09

RECONNECTED: A complex system approach towards resilient and CONNECTED: Vulnerable European communities in times of change

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On behalf of the RECONNECTED Consortium*

Global events such as climate change, geopolitical conflict, forced migration, and technological and cultural shifts are likely to increase stress levels across populations and challenge mental health and wellbeing. RECONNECTED is a Horizon Europe funded project that responds to this problem by developing and testing a digital support system to promote resilience and connect vulnerable populations (i.e. elderly, migrants, people with low SES, youth) with the aim to protect their mental health.

Two lines of work will be conducted. First, we develop and test an integrative conceptual framework to better understand the conditional relations between global events, risk and protective factors, and mental health in various populations in nine countries (n=350 per country). Participants complete a survey and 14 days of ecological momentary assessment. This data will be complemented by registry data on environmental factors. Second, we develop and culturally adapt a digital support system -which includes components of mental health literacy, personalised microinterventions, and social prescribing- with stakeholders and use a factorial trial design to test the intervention in the same populations in nine European countries (n=256).

The two lines of work will result in actionable target points and implementation scenarios that will be translated into a long-term migration path. At the conference, we will present the different intertwined research lines in the project.

P6-10

One size fits none: Bridging the gap between idiographic and nomothetic methods in clinical psychology

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INTRODUCTION:

The collection of intensive longitudinal data becomes increasingly popular in clinical psychology. While idiographic analysis is key to understanding one specific individual, it is also of scientific importance to find shared patterns between individuals in order to derive generalizable statements. Therefore, there is a need for bottom-up analysis methods that allow for analysis on the idiographic level first and subsequently help to identify homogeneous subgroups that still preserve individual effects. The aim of this review is to present different bottom-up methods available and discuss their use in clinical psychology. Furthermore, it seeks to bridge the gap between idiographic and nomothetic analyses, as it will show the possibilities of using both approaches without staying only at the individual level and thus being too specific, but also without potentially distorting the results through aggregation on the group level as has been done in traditional nomothetic analyses.

METHODS:

A literature review is currently being conducted using the databases PubMed, Science Direct, Psycarticles and PsycInfo.

RESULTS:

So far, over 10 studies using or developing bottom-up analysis methods have been identified. The methods can be roughly categorized as using (1) a two-step approach with hierarchical clustering, (2) k-means clustering on model estimates, (3) probabilistic clustering and (4) S-GIMME and similar algorithms.

CONCLUSIONS:

Even though S-GIMME is probably the best known and used bottom-up algorithm at the moment, there are also other methods in the literature. Further analysis will need to show their advantages and disadvantages for clinical use and how they compare to S-GIMME.

Fully Idiographic Network Analysis to Explore the Dynamic Interplay among Symptoms in Mental Health: A Scoping Review

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INTRODUCTION:

Network analysis (NA) is widely used in mental health research to describe psychological conditions. NA has predominantly relied on cross-sectional data, to characterize the relationships between symptoms across individuals at a single time point. However, fully idiographic network analysis (FINA) offers a more personalized perspective by estimating symptom networks at the individual level using intensive data collection. Since FINA is a recently emerging analytical approach, a comprehensive overview is needed of the methodological and analytical strategies employed in constructing person specific networks. To map common practices and identify trends and gaps, we conducted a scoping review of the literature using FINA in mental health.

METHODS:

We searched MEDLINE, PsycINFO, Scopus, and Web of Science for peer-reviewed journal articles (published until November 2024). The initial search identified 12,241 resources, of which 43 were included in the review. Information was extracted on study and sample characteristics, data collection methods, and analytic techniques.

RESULTS:

We observed high heterogeneity between the studies. However, depression was the diagnosis where FINA was most frequently applied. Commonly data collection methods included experience sampling and ecological momentary assessment, and the FINA model most frequently employed was graphical vector auto-regressive. Most studies estimated both contemporaneous and temporal networks, and fewer than half share their data following open science practices.

CONCLUSION:

We offer recommendations to guide researchers in planning, conducting, and reporting FINA studies, addressing current gaps in applying FINA in mental health. This review encourages rigorous description and construction of person-specific symptom networks, supporting the personalization of clinical interventions.



P6-12

Reduced perceived well-being of persons with mental disabilities and association with digital information accessibility

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Health-related information is increasingly researched online or with the use of digital means (such as AI for instance). It is however not yet clear whether and how the digitalization improved access to information might promote the well-being of people with disabilities as well as their perceived self-determination. Disability is not often studied in the field of clinical psychology. To examine the association between wellbeing and information access, we collected responses from people with visible or invisible disabilities with online questionnaires. We recruited 50 participants via professionals, specialized associations and social media. Our results revealed differences in well-being scores among the types of disability, with the lowest scores on the WHO-5 scale of well-being reported in participants with mental disabilities. In addition, the most important life domains associated with well-being were health status, living together and personal relationships. People with disabilities also reported a high need and low satisfaction with information about well-being and autonomy, and when information is accessible, they more often access it from the internet. In conclusion, these preliminary results indicate the importance to foster access to online information related to well-being and social support for people with disabilities, in particular mental disabilities.