

**1st Asian Cognitive Behaviour Therapy (CBT) Conference:
Evidence-based Assessment, Theory & Treatment**

May 28 – 30, 2006

Venue: The Chinese University of Hong Kong, Hong Kong

Proudly organized by:



**Department of Psychology
The Chinese University of Hong Kong, Hong Kong**

and



**School of Psychology
The University of Queensland, Australia**

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The International Advisory Committee:

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Conference Organizers:

Department of Psychology, The Chinese University of Hong Kong, Hong Kong

School of Psychology, The University of Queensland, Australia

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Accredited CE Activity Approved by: (as of May 8, 2006)

Hong Kong Academy of Medicine, CME Accreditation to Community Medicine, Paediatricians, Physicians, and Surgeons.

Division of Clinical Psychology, The Hong Kong Psychological Society

Division of Educational Psychology, The Hong Kong Psychological Society

Hong Kong Occupational Therapy Association

The Hong Kong Physiotherapy Association

Pre-Conference Workshop Schedule

Time: 9:00 am to 5:00 pm

Venue: LCK LT1, Sino Building, CUHK, Hong Kong

Time	May 28, 2006 (Sunday)
08:30 am – 09:00 am	Registration
09:00 am – 09:20 am	Welcoming & Introduction of Professor David Barlow
09:20 am – 11:00 am	Workshop Session I
11:00 am – 11:30 am	Photo Taking & Coffee Break
11:30 am – 01:00 pm	Workshop Session II
01:00 pm – 02:00 pm	Lunch Break
02:00 pm – 03:30 pm	Workshop Session III
03:30 pm – 03:45 pm	Coffee Break
03:45 pm – 05:00 pm	Workshop Session IV

Parking:

Limited parking spaces are available near the workshop venue.

Parking charge is \$20 per hour.

Complimentary parking is available for CUHK Honorary Clinical Supervisors.

Others:

Workshop fee includes lunch and coffee breaks.

Pre-Registration for the main Conference will be available during lunch and afternoon coffee breaks.

Conference Schedule Rundown – May 29-30, 2006

Time	May 29, 2006 (Monday)		May 30, 2006 (Tuesday)	
08:30 am – 09:15 am	Registration	Registration	Registration	Registration
09:15 am – 10:30 am	<u>Keynote Speech K1</u> CBT & Evidence Based Practices (Venue: LKC LT1)		<u>Plenary Speech P2</u> CBT with Physical Illness (Venue: LKC LT1)	
10:30 am – 10:45 am	Coffee Break		Coffee Break	
10:45 am – 12:45 pm	<u>Symposium 1</u> CBT for Depression Disorder (Venue: LKC LT1)	<u>Poster Session A1</u> (10:30 am – 1:30 pm) Application of CBT for Children and Adolescents (Venue: SB UG06 and CKB UG04)	<u>Symposium 7</u> CBT for Anxiety Disorder (Venue: LKC LT1)	<u>Poster Session B1</u> (10:30 am – 1:30 pm) Physical/Mental Health Adversities and Trauma (Venue: SB UG06 and CKB UG04)
	<u>Symposium 2</u> CBT Programs in Asia-Pacific Regions (Venue: SB LT2)		<u>Symposium 8</u> CBT & Trauma Psychology (Venue: SB LT2)	
	<u>Symposium TSCM1</u> Complementing CBT with Positive & Buddhist Psychology (Venue: ELB LT1)		<u>Symposium TSCM3</u> CBT & Buddhist Psychology (Venue: FYB LT4)	
12:45 pm – 02:00 pm	Lunch Break (Venue: ELB 1/F)		Lunch Break (Venue: ELB 1/F)	
02:00 pm – 04:00 pm	<u>Plenary Speech P1</u> CBT to Buddha’s Way & Evidence Based Mindfulness (Venue: ELB LT1)	<u>Poster Session A2</u> (02:00 pm - 04:30 pm) Applications of CBT for Adults (Venue: SB UG06 and CKB UG04)	<u>Symposium 9</u> Teaching CBT in Hong Kong & China (Venue: SB LT2)	<u>Poster Session B2</u> (02:00 pm – 04:30 pm) Evidence Based Assessment & Theory
	<u>Symposium 3</u> CBT for Social Phobia (Venue: SB LT2)		<u>Symposium 10</u> Assessment & Theory (Venue: LKC LT1)	
	<u>Symposium 4</u> CBT for Childhood & Adolescent Disorders (Venue: FYB LT4)		<u>Symposium TSCM4</u> Mindfulness & Acceptance (Venue: FYB LT4)	
04:00 pm – 04:15 pm	Coffee Break		Coffee Break	
04:15 pm – 06:00 pm	<u>Symposium 5</u> Innovations in CBT in Asia (Venue: SB LT2)		<u>Symposium 11</u> Treatment of Childhood Anxiety (Venue: SB LT2)	
	<u>Symposium 6</u> CBT Programs in Thailand (Venue: FYB LT4)		<u>Symposium 12</u> Meeting the Mental Health Needs in China (Venue: FYB LT4)	
	<u>Symposium TSCM2</u> Buddhist Psychology & CBT (Venue: ELB LT1)			
06:45 pm – 09:00 pm	Welcoming Dinner (Venue: Tsim Sha Tsui Chinese Resturant)			

LKC (3rd Floor, Sino Building); SB (Sino Building); FYB (Wong Fong Yuan Building); CKB (Chen Kou Bun Building); ELB (Esther Lee Building)

Daily Conference Schedule:

Pre-Conference Training Workshop – May 28, 2006

Time: 9:00 am – 5:00 pm

Venue: LKC LT1 (Sino Building)

A Unified Treatment Protocol for Emotional Disorders

- Barlow, D. (USA)

Conference Schedule – May 29, 2006 (Monday)

Keynote Speech K1

Time: 9:15 am – 10:30 am

Venue: LKC LT1 (Sino Building)

K1 Cognitive Behavioural Treatments and Evidence-Based Practices: The Future

- Barlow, D. (USA)

Plenary Speech P1

Time: 2:00 pm – 3:00 pm

Venue: ELB LT1 (Esther Lee Building)

P1 Preventing Pathology and Empowering Treatment: A Cognitive-Behavioural Approach to the Buddha's Way and Evidence-based Mindfulness

- Kwee, M. (Argentina)

Symposia 1 to 6; Symposia TSCM1-2

Symposium 1 – CBT for Depression Disorder

Time: 10:45 am – 12:45 pm

Venue: LKC LT1 (Sino Building)

Chair: Oei, T. (Australia)

S1-1 The Efficacy of Group Cognitive Behavioural Therapy (GCBT) with Major Depressive Disorder in Malaysia: A Randomized Controlled Trial - Mukhtari, F. (Malaysia), Oei, T. (Australia), & Jamil, M., & Yaacob, M. (Malaysia)

S1-2 The Efficacy of Cognitive Behavioural Therapy for Depressed Patients with Different Degrees of Cognitive Dysfunction - Chen, Y., Xu, J., & Zhang, T. (China)

S1-3 A Group Cognitive Behavioural Therapy for Depressed Patients - Tsui, W., Lam, B., Lee, P., & Oei, T. (Hong Kong)

S1-4 Improvement of Sleep and Anxiety in Patients of Major Depression with Fluoxetine Combined with Small Dose of Olanzapine - Wei, Q., & Qin, Y. (China)

S1-5 Buddhist Cognitive-Behavioural Therapy for Depression - Lee, M. (USA)

Symposium 2 - CBT Programs in Asia-Pacific Regions

Time: 10:45 am – 12:45 pm

Venue: SB LT2 (Sino Building)

Chair: Phukao, D. (Thailand)

S2-1 Doing CBT with the Brain in Mind: A New Paradigm for Psychological Interventions in the 21st Century - Leung, F (Hong Kong) & Zhong (China)

S2-2 Development and Evaluation of a Culturally Appropriate Treatment Program for People with Alcohol Use Disorders in Thailand - Phukao, D., (Thailand) Saunders, J., Kavanagh, D., Varghese, F., (Australia), Assangkornchai, S., (Thailand), & Bambling, M. (Australia)

S2-3 Cognitive Behavioural Therapy and Knowledge Management in a Changing Workplace - Ai-Hwa, D. (Malaysia)

S2-4 The Multiple Uses of Australian Routine Mental Outcome Measures: Experiences from the field - Hatzipetrou, L., Coombs, T., & White, P. (Australia)

S2-5 Cognitive Behavioural Therapy in New Zealand and Singapore: From a Doctoral Study and Personal Experience - Foo, K. & Merrick, P. (New Zealand)

Symposium TSCM1 – Complementing Cognitive-Behaviour Therapy with Positive and Buddhist Psychology

Time: 10:45 am – 12:45 pm

Venue: ELB LT1 (Esther Lee Building)

Chair: Silberman, J. (USA)

TSCM1-1 From Positive Psychology to Positive Intervention - Some Reflections - Ho, S. (Hong Kong)

TSCM1-2 Positive Intervention Selection - Silberman, J. (USA)

TSCM1-3 The Power of Will as an Antidote to Helplessness: A Buddhist Perspective of Positive Psychology - Pamaratana, S. (Sri Lanka)

TSCM1-4 Cultivating a 'good heart' through Clinical Meditation: A Brazilian Research-Intervention Program on Happiness - Cavalcante, F., & Sousa, A. (Brazil)

TSCM1-5 Confluencing Cognitive-Behaviour Therapy, Buddhist and Positive Psychology - Taams, M., & Kwee, M. (Netherlands)

Symposium 3 – Cognitive-Behaviour Therapy in the Treatment of Social Phobia in the Context of Asian Culture

Time: 2:00 pm – 4:00 pm

Venue: SB LT2 (Sino Building)

Chair- Kwon, J. (Korea)

S3-1 The Effects of Video-Feedback on the Self-Evaluation of Anxiety and Performance in Patients with Social Anxiety Disorder – Chen, J., Sasagawa, S., Kanai, Y., & Sakano, Y. (Japan)

S3-2 Is the CBT approach to SAD helpful to the Japanese Hikikomori (several social withdrawal) adolescents? – Kamimura, E. (Japan)

S3-3 Cognitive-Behavioural Therapy for Chinese Social Anxiety Patients: A Preliminary Evaluation – Liu, X., & Qian, M. (China)

S3-4 The Effectiveness of Bibliotherapy in Combination with CBT for Social Phobia – Kwon, J., & Chung, Y. (Korea)

Symposium 4 - CBT for Childhood & Adolescent Disorders

Time: 2:00 pm – 4:00 pm

Venue: FYB LT4 (Wong Foo Yuan Building)

Chair: Hatzipetrou, L. (Australia)

S4-1 The Efficacy of CBT for Childhood Anxiety, OCD, and Depression – Olsen, S., Oei, T., & Macek, E. (Australia)

S4-2 The Effect of Cognitive Behavioural Play Therapy on the Depressive Symptoms of Selected Filipino Children – Lam, C. (Philippine)

S4-3 Internalizing Problems Among Primary School Children in Hong Kong: A Treatment Outcome Study – Siu, A. (Hong Kong)

S4.4 Maybe I Don't Need to Be So Tough?: Treatment of Depression and Challenging Behavioural in an Adolescent Boy with Asperger's Syndrome - Hatzipetrou, L., Oei, T., & White, P. (Australia)

S4-5 Making Adolescent Lives More Functional: Experiences with Cognitive Behaviour Therapy – Broota, A., & Broota, K. (India)

Symposium 5 - Innovations in Cognitive Behavioural Therapy in Asia: Appraisals of Empirical Support and Cultural Accommodation

Time: 4:15 pm – 6:00 pm

Venue: SB LT2 (Sino Building)

Co-Chairs: Tanaka-Matsumi, J. (Japan) & Oh, K. (Korea)

S5-1 Comparative Study of Two Different Relaxation Trainings Affecting Heart Rate, Salivary Cortisol and Anxiety Levels of College Students - Qian, M., Guan, R., Cai, W., & Li, Y. (China)

S5-2 Provision of Empirically Supported Treatment in Japan: A case of OCD Support Group – Harai, H. (Japan)

S5-3 CBT Programs for Emotional and Behaviour Problems of Children in Korea: Promises and Challenges – Oh, K. (Korea)

S5-4 Behavioural Assessment and Support of Children in Diversified Classrooms: A Collaboration Project - Tanaka-Matsumi, J., Dojo, Y., & Fujita, M. (Japan)

S5-5 Chinese Computerized Cognitive Behavioural Therapy for Panic Disorders: Development, Hurdles, and Preliminary Findings – Li, F. (Hong Kong)

Symposium 6 - CBT Programs in Thailand

Time: 4:15 pm – 6:00 pm

Venue: FYB LT4 (Wong Foo Yuan Building)

Co-Chairs: Thapinta, D. (Thailand)

S6-1 Effect of Cognitive Therapy on Depression of Female Youths in a Welfare Institution – Chatkaew, A., Thapinta, D., & Vivatkunupakan, S. (Thailand)

S6-2 Effect of Positive Self-Talk Training Program on Depression Among Adolescents – Mahakittikun, K., Thapinta, D., & Vivatkunupakan, S. (Thailand)

S6-3 Effect of Cognitive Therapy Program on Depression of Persons with HIV/AIDS – Namsui, K., Thapinta, D., & Vivatkunupakan, S. (Thailand)

S6-4 Lessons Learn of Cognitive Behavioural Therapy and Cognitive Therapy Program in Thailand – Thapinta, D., & Vivatkunupakan, S. (Thailand)

Symposium TSCM2 – Buddhist Psychology and Cognitive-Behaviour Therapy

Time: 4:15 pm – 6:00 pm

Venue: ELB LT1 (Esther Lee Building)

Chair: Lee, J. (Australia)

TSCM2-1 Buddhism and Cognitive Behaviour Therapy – Lee, J. (Australia)

TSCM2-2 Biography, Navayana and Upaya – van der Velde, P. (Netherlands)

TSCM2-3 Reflexive Nature of Consciousness: Buddhism and Cognitive Science – Yao, Z. (Hong Kong)

TSCM2-4 Interfacing Cognitive-Behaviour Therapy and Buddhist Psychology – Kwee, M. (Japan) & Taams, M. (Argentina)

POSTER SESSIONS A1-A2

Session A1 – Application of CBT for Children and Adolescents

Time: 10:30 am – 1:30 pm

**Venue: CKB UG04 (Chen Kou Bun Building)
SB UG06 (Sino Building)**

A1-1 The Effect of Cognitive-Behavioural Social Skill Training for Children with Psychiatric Disorder – Shin, M., Kim, E., & On, S. (Korea)

A1-2 The Effect of Cognitive-Behavioural Treatment of Children with Attention Deficit/Hyperactivity Disorders – Huang, H., Huang, S., Chao, C., Weng, M., Yang, P., & Chen, C. (Taiwan)

A1-3 School Based Social Skills Training in Elementary School: The Relationship Between Self-Report and Teacher-Report – Ishikawa, S., Togasaki, Y., Sato, S. & Sato, Y. (Japan)

A1-4 The Effects of Negative Automatic Thoughts on Anxiety in Adolescence – Ha, E. (Korea)

A1-5 The Decoding Ability for Facial Expression, Peer Relationships, and Emotional Disturbance in Children – Yang, J., Oh, K., Kim, Y., & Moon, S. (Korea)

A1-6 Acquisition and Generalization of Social Skills Using Table Game for Adolescents with Developmental Disabilities – Inoue, M., & Nakamura, M. (Japan)

A1-7 Less Flexibility in Reasoning Among College Students with Delusion-like Ideation – Arakawa, H., Yamasaki, S., & Tanno, Y. (Japan)

A1-8 The Relationship Among the Personality, Stress Responses and Self-Statements of Junior High School Students in Interpersonal Stressful Situations – Tanaka, O., & Koshikawa, F. (Japan)

A1-9 Effects of School-wide Social Skills Training on Primary/Elementary School Children – Sasaki, K., Minosaki, K., & Koseki, S. (Japan)

A1-10 Social Skills Training for Clinic-Referred Children and Adolescents in Korea: A Preliminary Study – Kim, E., & Oh, J. (Korea)

A1-11 Cognitive Behavioural Treatment for Depression in Children and Adolescents – Bae, J., Lee, S., Kim, E., Kang, J., Yang, H., & Oh, Y. (Korea)

A1-12 The Relationship between Adolescent Attachment and Depression: Focusing on Mediating Effects of Early Maladaptive Schema – Kim, E., & Lee, M. (Korea)

A1-13 Application of Self-Efficacy Theory in Childbirth Education – Yip, W., Chung, K., & Tang, C. (Hong Kong)

A1-14 Parenting Self-Efficacy in Chinese Mothers and Fathers: Its Association with Parenting Behaviours and Child's future aspiration – Lai, B., & Tang, C. (Hong Kong)

A1-15 Effects of a Cognitive-Behavioural Group Therapy on Self-Concept, Depression, and Resilience for Korean Middle School Students in High Risk Environment – Hyun, M., Kang, H., Nam, K., Kim, S. (Korea)

A1-16 The Effects of Cognitive and Behavioural Approach on Prevention of Depression in 5th Grade Children – Koseki, S., Minoskai, K., & Sasaki, K. (Japan)

A1-17 A Study of School-Wide Social Skills Training for Primary/Elementary School Children – Minosaki, K., Koseki, S., & Sasaki, K. (Japan)

B2-17 Cognitive Specificity in Internalizing and Externalizing Problems in Community Adolescents – Lee, J. (Korea)

Session A2 – Application of CBT for Adults

Time: 2:00 pm – 4:30 pm

**Venue: CKB UG04 (Chen Kou Bun Building)
SB UG06 (Sino Building)**

A2-1 Cognitive Therapy of Paranoid Schizophrenics: Evaluation of Treatment Effect – Shieh, B., & Wu, C. (Taiwan)

A2-2 Cognitive Change and Social Functioning in Group Cognitive Therapy for Depression – Matsunaga, M., Suzuki, S., Kinoshita, A., Okamoto, Y., & Yamawaki, S. (Japan)

A2-3 The Effects of Video Feedback on the Improvement of Social Self-Image in Clients with Social Anxiety Disorder – Cho, Y. (Korea)

A2-4 Does the Subtype of Social Phobia Affect Outcome of Cognitive-Behavioural Group Treatment for Social Phobia? – Park, K. (Korea)

A2-5 The Effectiveness of Task Concentration Training on Social Phobia – Kim, S., Kwon, J., Ahn, J., & Nam, B. (Korea)

A2-6 Interpersonal Problems as Predictors of Response to Cognitive-Behavioural Group Therapy for Social Phobia – Park, E., Kwon, J., Park, S., & Ahn, J. (Korea)

A2-7 Attention Control with Social Anxiety – Moriya, J., & Tanno, Y. (Japan)

A2-8 The Effects of an Acceptance-Based Treatment on Speech Anxiety Reduction in College Students – Park, S., & Cho, Y. (Korea)

A2-9 A Research on the Effect of Assertiveness Training for University Students with Social Worries – Zhou, S., Liang, L., & Hou, Z. (China)

A2-10 The Effect of Cognitive-Behavioural Intervention Group on the Career Search Efficacy and Career Exploration of University Students – Liang, L., Liu, L., & Hou, Z. (China)

A2-11 The Effect of Cognitive Information Process Career Workshop on the Dysfunctional Career Thoughts – Liu, L., Zhou, S., & Hou, Z. (China)

A2-12 Utilization of CBT in the Mainland of China – Li, Z. (China)

A2-13 The Simultaneous Measurement of Attentional Bias and Interpretative Bias on Social Anxiety – Igarshi, Y., & Shimada, H. (Japan)

A2-14 An Integration of Cognitive-Behavioural and Cognitive-Interpersonal Case Formulations: A Case Study of Culture-Specific Challenges – Liu, E. (Taiwan)

A2-15 The Effect of Creative Play on Socio-Emotional and Cognitive Behaviour Among Sophomore College Students in a State University – Barcarse, D. (Philippines)

Conference Schedule – May 30, 2006 (Tuesday)

Plenary Speeches P2

Time: 9:15 am – 10:30 am

Venue: LKC LT1 (Sino Building)

Cognitive Behavioural Therapy with Physical Illness

- Sensky, T. (United Kingdom)

Symposia 7-12; Symposia TSCM3-4

Symposium 7 - CBT for Anxiety Disorder

Time: 10:45 am – 12:45 pm

Venue: LCK LT1 (Sino Building)

Chair: Chan, E. (Malaysia)

S7-1 Using Hypnosis in CBT Treatment of Clients with Anxiety Disorder – Chan, E. (Malaysia)

S7-2 The Effectiveness of Cognitive-Behavioural Therapy Group for Chinese People with Social Anxieties in Hong Kong: A Preliminary Study – Wong, D. (Hong Kong)

S7-3 Catastrophic Cognitions Do Not Mediate Relationship Between Anxiety Outcome and Quality of Life After a Group Cognitive Behavioural Treatment – McAlinden, N., & Oei, T. (Australia)

S7-4 Cognitive Behaviour for People with Intellectual Disability and Co-Morbid Depressive and Anxiety Disorders: A case Series - Hatzipetrou, L., Nielsen, A., & White, P. (Australia)

S7-5 Negative Life Events and Obsessive-Compulsive Symptoms: Moderating Role of Obsessive Beliefs – Sugiura, T., & Sugiura, Y. (Japan)

Symposium 8 - CBT & Trauma Psychology

Time: 10:45 am – 12:45 pm

Venue: SB LT2 (Sino Building)

Chair: Wu, K. (Hong Kong)

S8-1 The Components and Treatment Effectiveness of Cognitive-Behavioural Therapy in the Psychological Trauma Clinic – Cho, W., & Wu, K. (Hong Kong)

S8-2 Cognitive and Behavioural Model for Social Anxiety Development: The Role of Social Trauma and Parental Overprotection – Yiu, V., & Leung, P. (Hong Kong)

S8-3 Cognitive-Personality Vulnerability and Event Perception in the Prediction of Depression in Chinese Women of Hong Kong – Leung, E., & Tang, C. (Hong Kong)

S8-4 Effects of Cognitive-Behavioural Therapy on Sexual Abuse Related Issues in Bahamian Female Adolescent Victims – Williams, V., & Mohamed, M. (Malaysia)

S8-5 Cognitive-Behavioural Intervention for Chinese Family Caregivers of Dementia Patients –
Gallagher-Thompson, D., Tong, H., Wang, P., Tang, P., Pu, C., & Thompson, L. (USA)

Symposium TSCM3 – Cognitive-Behaviour Therapy and Buddhist Psychology

Time: 10:45 am – 12:45 pm
Building)

Venue: FYB LT4 (Wong Foo Yuan

Chair: Koshikawa, F. (Japan)

TSCM3-1 Zen Buddhist Thought and Psychology: Some Experimental Findings - Koshikawa, F., & Ishii, Y. (Japan)

TSCM3-2 A Cognitive-Behavioural Approach Based on Zen Buddhism: Effectiveness of Shikanho – Koshikawa, F., Kuboki, A., & Ishii, Y. (Japan)

TSCM3-3 Mindfulness: Significant Common Confusions – Milkulas, W. (USA)

TSCM3-4 'The Witness' in Buddhist Psychology and Cognitive-Behaviour Therapy – Soons, P., & Belzen, J. (Netherlands)

TSCM3-5 The Buddha's Four Noble Truths as Conceptual Scheme for the Psychologist, Counselor and Psychotherapist – Pokaeo, S. (Thailand)

Symposium 9 – Teaching of CBT in Hong Kong and China

Time: 2:00 pm – 4:00 pm

Venue: SB LT2 (Sino Building)

Chair: Yiu, G. (Hong Kong)

S9-1 The Consolidation of Evidence Based Psychological Treatments in Hong Kong – Wong, C. (Hong Kong)

S9-2 Teaching CBT in China through systematic Training Workshops: 2000-2006 – Chan, C. (Hong Kong)

S9-3 Practising CBT in Hong Kong and PRC: Lessons and Essence – Ng, K. (Hong Kong)

S9-4 The Effectiveness of CBT training via Psychotherapy Workshops – Liu, Z. (Hong Kong)

Symposium 10 - Assessment & Theory

Time: 2:00 pm – 6:00 pm (with coffee break) Venue: LCK LT1 (Sino Building)

Chair: Obias, P. (Philippines)

S10-1 Doing Psychiatric Assessment with the Brain in Mind: A Systematic Approach in Conducting Differential Diagnosis – Leung, F. (Hong Kong)

S10-2 Perfectionism and Its Relationship with Students' Burnout and Engagement: A SEM Approach – Zhang, Y., Gan, Y., Cham, H., & Liao, H. (China)

S10-3 Intrinsic personality traits in Patients with Generalized Anxiety Disorder – Wei, Q. (China)

S10-4 Development and Initial Validation of Self-Actualization Scale for Educational Manager – Obias, P. (Philippines)

S10-5 Differences of Verbal Recognition in High and Low Obsessive and Compulsive Symptom Individuals – Zhong, J., & Tan, J. (China)

S10-6 The Predictors of Agoraphobia in Patients with Panic Disorder – Choi, Y., Keak, U., Yoon, H., Kim, M., & Kim, K. (Korea)

S10-7 Chaos Theory: A Psychotherapeutic View – Li, X. (China)

Symposium TSCM4 – Working Mechanism of Mindfulness and Acceptance: Looking for Active Ingredients to Enhance Cognitive-Behaviour Therapy Practice

Time: 2:00 pm – 4:00 pm

Venue: FYB LT4 (Wong Foo Yuan Building)

Chair: Sugiura, Y. (Japan)

TSCM4-1 Ability to Refrain from Catastrophic Thinking: A Marker to Understand the Mechanism of Mindfulness – Sugiura, Y. & Sugiura, T. (Japan)

TSCM4-2 Influence of Lecture for Mindfulness and Cognitive Therapy on Students' Emotional-Cognitive State – Ito, Y. (Japan)

TSCM4-3 Effect of the 'Soldiers in the Parade' Exercise on Pain Tolerance: A Component of Acceptance and Commitment Therapy – Muto, T. (Japan)

TSCM4-4 The Insiders' Perspectives: A Qualitative Study of the Treatment Effects of the Mindfulness-Based Cognitive Therapy – Ma, H. (Hong Kong)

Discussant – Harai, H. (Japan)

Symposium 11 – Treatment of Childhood Anxiety

Time: 4:15 pm – 6:00 pm

Venue: SB LT2 (Sino Building)

Chair: Rapee, R. (Australia)

S11-1 Improved Treatment of Comorbid Anxiety and Depression in Adolescents: A Randomized Controlled Trial – Schniering, C., & Rapee, R. (Australia)

S11-2 Cognitive Behavioural Treatment versus an Active Control for Children and Adolescents with Anxiety Disorders – Hudson, J. (Australia)

S11-3 A Group Treatment Program for Parents of Anxious Children: Use of Bibliotherapy Materials – Lyneham, H., Abbott, M., & Rapee, R., et al. (Australia)

Symposium 12 – Meeting the Mental Health Needs of China

Time: 4:15 pm – 6:00 pm

Venue: FYB LT4 (Wong Foo Yuan Building)

Chair: Liu, N. (USA)

S12-1 Meeting the Mental Health Needs of China – Liu, N. (USA)

S12-2 A Historical Review of Mental Health Services in People's Republic of China – Yip, K. (Hong Kong)

S12-3 Can a Less Pejorative Chinese Translation for Schizophrenia Reduce Stigma? A Study of Adolescents' Attitudes Toward People with Schizophrenia – Wong, D. (Hong Kong)

S12-4 The Effects of Relaxation and Imagery Training on the Emotional and Physical Functioning of Chinese Cancer Patients – Wang, J. (China)

S12-5 Application of Cognitive Therapy on Chinese in Hong Kong – Some Clinical and Cultural Reflections – Wong, D. (Hong Kong)

Poster Sessions B1-B2

Session B1 – Physical/Mental Health Adversities and Trauma

Time: 10:30 am – 1:30 pm

**Venue: CKB UG04 (Chen Kou Bun Building)
SB UG06 (Sino Building)**

B1-1 The Impact of Dissociative Experiences on Traumatic Stress in Prostituted Women with Prolonged Trauma – Choi, H., Shin, M., & Lee, H. (Korea)

B1-2 Relationships Among Cognitive Appraisal, Coping Strategies toward Recalling Traumatic Memories and Traumatic Stress Responses in Japanese College Students Who Have High Traumatic Stress Responses – Osawa, K., & Sakano, Y. (Japan)

B1-3 The Effects of Perceived Control and Avoidance Coping on Post-traumatic Stress Symptoms in Female Victims of Domestic Violence – Lee, S., & Cho, Y. (Korea)

B1-4 A Stress Disorder Study on a Terrorist Attack on the Public Traffic System – Sui, S., Li, L., Chen, S., Hou, C., Zhang, Y et al. (China)

B1-5 The Mood State of Paid Blood Donors with HIV and its Relation with Stress and Cognitive Appraisal – Wang, J., Lin, X., & Sun, H. (China)

B1-6 The Relationship of Negative Life Events to Suicide Attempt was Moderated by Dysfunctional Attitude and Mediated by Depression among College Students in Taiwan – Ko, H., Chou, C., Liao, L., & Wu, J. (Taiwan)

B1-7 The Deteriorating Factors of “Hikikomori” Absence of Social Participation and Family’s Stress – Sakai, M. (Japan)

B1-8 Mediation Effect of Drinking Motives in Drinking Behaviours among Alcoholic Patients – Kim, M., Cho, Y., Shin, J., & Hwang, K. (Korea)

B1-9 Drinking Refusal Self-Efficacy and Alcohol Expectancy as Predictors of Readiness to Change in Alcoholic Dependent Outpatients – Lee, K. & Ko, H. (Taiwan)

B1-10 The Development of Hostility Intervention Program for High Risk Population of Coronary Heart Disease – Weng, C., Long, G., & Lin, I. (Taiwan)

B1-11 Understanding the Worried Well of AIDS: a Pilot Study Based on the Internet in China – Wang, J., Su, W., & Sun, H. (China)

B1-12 A Cognitive-Interpersonal Approach to Conceptualizing Rupture in Therapeutic Alliance: A Case Study – Liu, E. (Taiwan)

B1-13 Assessments of Depressive-Process and Personality for Cognitive Behaviour Therapy: Theory and Practice of Client-Centered Cognitive Behaviour Therapy – Takashi, S. (Japan)

B2-14 Gender Differences in the Effects of Outcome Expectancy and Refusing Self-Efficacy of Internet Use on Internet Addiction Among College Students in Taiwan: One-year Follow-up – Lin, M., Ko, H., & Wu, J. (Taiwan)

Session B2 – Evidence Based Assessment and Theory

Time: 2:00 am – 4:30 pm

**Venue: CKB UG04 (Chen Kou Bun Building)
SB UG06 (Sino Building)**

B2-1 Cross Cultural Validation Study of the Emotional & Contextual Cue Perception Task – Choi, K., Liu, N., Kleinlein, P., Lee, H., Kang, H., Kwon, J., & Spaulding, W. (USA)

B2-2 The Effects of Depressive Affect, Self-Consciousness, Somato-sensory Amplification, and Somatic Attribution on Somatic Symptoms: Test of a Mediation Model – Shin, H. (Korea)

B2-3 Does the Social Concerns Dimension of a Korean Version of the Anxiety Sensitivity Index-Revised belong to the Domain of Anxiety Sensitivity – Cho, Y. (Korea)

B2-4 Emotional Dysregulation in Young Adults with Borderline Personality Disorder Features: The Role of Emotional Avoidance – Park, J., Koh, S., & Lee, H. (Korea)

B2-5 Factor Structure of the Japanese Version of the Social Problem-Solving Inventory – Revised (SPSI-R) Short Form – Sato, H., Takahashi, F., Matsuo, M., Sakai, M., Shimada, H., & Sakano, Y. (Japan)

B2-6 Research on Mechanism of Anxiety Response Induced by Autogenic Training – Furukawa, H., & Sakano, Y. (Japan)

B2-7 Does Social Cue Recognition in Schizophrenia Differ According to the Perceived Criticism of Family – Kwon, J., Lee, W., Kang, H., Lee, B., Kim, J., Chae, J., & Cho, S. (Korea)

B2-8 Development of Itch Anxiety Scale for Atopic Dermatitis (IAS-D): Reliability and Validity – Himachi, M., Okajima, I., Osawa, K., Hashiro, & Sakano, Y. (Japan)

B2-9 The Relationship Between the Sense of Self-Agency & Schizotypy – Asai, T., & Tanno, Y. (Japan)

B2-10 Development and Validation of Japanese Version of Pain Anxiety Symptoms Scale – 20 – Matsuoka, H., & Sakano, Y. (Japan)

B2-11 Reliability and Validity of the Japanese Version of South Oaks Gambling Screen (SOGS) – Kido, M., & Shimazaki, T. (Japan)

B2-12 Developing a New Response Styles Scale – Shimazu, N., Koshikawa, F., & Kondo, I. (Japan)

B2-13 A Comparison of the Subjective Effects of Standard Exercise with those of Space Exercises in Autogenic Training – Kondo, I., & Koshikawa, F. (Japan)

B2-14 The Correlation Between University Students' Unreasonable Beliefs in Employment and their Stress – Cui, L., & Zhang, Y. (China)

B2-15 MMPI-2 Profiles of Australian and Singaporean Psychiatric Patients – Woo, M., & Oei, T. (Australia)

B2-16 Mechanism of Exposure to Social Anxiety Disorder: Comparison of the Casual Models by Using the Structural Equation Modeling – Okajima, I., & Sakano, Y. (Japan)

Pre-Conference Workshop & Keynote Speech K1

Cognitive Behavioural Treatments and Evidence-Based Practices: The Future

David Barlow, Boston University, USA

Professor Barlow received his Ph.D. from the University of Vermont in 1969 and has published over 500 articles and chapters including close to 50 books and clinical manuals, mostly in the area of emotional disorders and clinical research methodology. The book and manuals have been translated in over 20 languages, including Arabic, Mandarin, and Russian.

He was formerly Professor of Psychiatry at the University of Mississippi Medical Center and Professor of Psychiatry and Psychology at Brown University and founded clinical psychology internships in both settings. He was also Distinguished Professor in the Department of Psychology at the University at Albany, State University of New York. Currently, he is Professor of Psychology, Research Professor of Psychiatry, and Director of the Center for Anxiety and Related Disorders at Boston University.

Dr. Barlow is the recipient of the 2000 American Psychological Association (APA) Distinguished Scientific Award for the Applications of Psychology. He is also the recipient of the First Annual Science Dissemination Award from the Society for a Science of Clinical Psychology of the APA; and recipient of the 2000 Distinguished Scientific Contribution Award from the Society of Clinical Psychology of the APA. He also received an award in appreciation of outstanding achievements from the General Hospital of the Chinese People's Liberation Army, Beijing, China, with an appointment as Honorary Visiting Professor of Clinical Psychology. During the 1997/1998 academic year, he was Fritz Redlich Fellow at the Center for Advanced Study in Behavioral Sciences, in Palo Alto, California.

Other awards of Professor Barlow include Career Contribution Awards from the Massachusetts, California, and Connecticut Psychological Associations; The 2004 C. Charles Burlingame Award from the Institute of Living in Hartford, Connecticut; The First Graduate Alumni Scholar Award from the Graduate College, The University of Vermont; The Masters and Johnson Award, from the Society for Sex Therapy and Research; G. Stanley Hall Lectureship, American Psychological Association; A certificate of appreciation for contributions to women in clinical psychology from Section IV of Division 12 of the APA, the Clinical Psychology of Women; and a MERIT award from the National Institute of Mental Health for long term

contributions to the clinical research effort. He is Past-President of the Division of Clinical Psychology of the American Psychological

Association and the Association for the Advancement of Behavior Therapy; Past-Associate Editor of the Journal of Consulting and Clinical Psychology, Past-Editor of the journals Behavior Therapy and Journal of Applied Behavior Analysis, and Clinical Psychology: Science and Practice, and currently Editor in Chief of the "Treatments that Work" series for Oxford University Press.

He was also Chair of the American Psychological Association Task Force of Psychological Intervention Guidelines, was a member of the DSM-IV Task Force of the American Psychiatric Association and was Co-Chair of the Work Group for revising the anxiety disorder categories. He is also a Diplomate in Clinical Psychology of the American Board of Professional Psychology and maintains a private practice.

Plenary Speech P1

Preventing Pathology and Empowering Treatment: A Cognitive-Behavioural Approach to the Buddha's Way and Evidence-Based Mindfulness

Maurits Kwee, Universidad de Flores, Buenos Aires, Argentina

This presentation overviews how Cognitive and Behaviour Therapies dis/connect to the Buddhist teachings and explains how heartfelt~mindfulness meditation amplifies treatment outcome and might be a prophylaxis for emotional disorders. A New Buddhist Psychology provides a bridge that links a not-self psychology to Rational Emotive Behaviour Therapy and other CBTs up to its cutting-edge development of constructivism and de-constructivism. A prerequisite to modify feeling-thinking-doing is to be aware of the momentary experience that mindfulness might provide if thoroughly practiced. Both CBTs and Buddhist psychological views share the schematic centerpiece that it is not the things which upset us but our own perceptions, beliefs, and attitudes toward those things. This basic premise and palpable training format based on an S-O-R paradigm concurs with the Buddhist quintessential principle of *karma* that explains how intentional/cognitive activities/behaviours relate to emotional disturbance with all its ramifications. However, CBT is not meditation; whereas CBT aims at changing mind content, mindfulness neutrally observes the processes of thinking-feeling-behaving while radically accepting whatever passes the space of Body/Mind. Bare attention forms the G-factor that accompanies the 12 basic meditations offered by the Buddha. Systematically, novices practice mindfulness of the perceivable phenomena referring to Body (through: 1. breathing, 2. behaviors, 3. repulsiveness, 4. elements, 5. decomposing, 6. feelings) and mindfulness of the knowable phenomena referring to Mind (through: 7. hindrances, 8. modalities, 9. sense-bases, 10. awakening, 11. 4-Noble Truths, and 12. an 8-Fold Path). The state of the art of practice as well as of outcome research on mindfulness-based interventions will be concisely reviewed and succinctly illustrated.

Professor Kwee earned his Ph.D. at the Medical Faculty of Erasmus University, Rotterdam, Netherlands. He is a registered Clinical Psychologist as well as Hon. Professor at the Universidad de Flores, Buenos Aires (Argentina) and Visiting Scholar at the Advanced Research Centre for Human Sciences, Waseda University, Tokyo (Japan). He serves as an executive board member of the Society for Constructivism in the Human Sciences and is the President of the Transcultural Society for Clinical Meditation. He published extensively and wrote/edited several books including *Psychotherapy, Meditation and Health, Western and Buddhist Psychology* and recently with Kenneth Gergen and Fusako Koshikawa: *Horizons in Buddhist Psychology: Practice, Research & Theory* (Taos Institute Publishing).

Plenary Speech P2

Cognitive-Behaviour Therapy for People with Physical Illness: A Review

Tom Sensky, Imperial College, UK

Psychiatric morbidity is common in physical illness and not only contributes to patients' distress, but can substantially influence physical as well as psychological outcomes. Cognitive-behaviour therapy (CBT) is being used increasingly to treat psychological problems associated with physical illness. Some particular cognitive concepts will be reviewed that are especially relevant to the understanding, formulation, and treatment of distress in physical illness. Although CBT for those with physical illnesses follows the same principles as CBT for other indications, there are also some key differences, which will be highlighted and discussed briefly. The range of successful outcomes of CBT in physical illnesses will be summarised briefly, and some areas noted where further research would be worthwhile.

Professor Sensky is currently Professor of Psychological Medicine, Imperial College, London, United Kingdom. He is also the President of the International College of Psychosomatic Medicine. He has published widely in international journals such as British Medical Journal, American Journal of Psychiatry, Psychological Medicine, and Archives of General Psychiatry.

Symposium 1: CBT for Depression Disorder

S1-1

The efficacy of Group Cognitive Behaviour Therapy (GCBT) with Major Depressive Disorder in Malaysia: A Randomised Controlled Trial

Firdaus Mukhtar, University of Science Malaysia, Malaysia; Tian P.S Oei, University of Queensland, Australia & M. Jamil, M.Yaacob, University of Science Malaysia, Malaysia

The present study investigated the efficacy of Group Cognitive Behaviour Therapy (GCBT) for patients with mood disorder in Malaysia. 206 patients diagnosed according to DSM-IV with mood disorder were randomly divided into two groups after 90 patients were refused to participate in this study. Thus, group one (n = 60) receives Cognitive Behaviour Therapy and group two (n = 56) as a waiting-list group. The mean age for the patients was 40.46 and range from 20-59 years old. The sex ratio was, 52 males (44.8%) and 64 females (55.2%). In terms of level of education, nine (7.8%) patients completed a primary school, 86 patients (74.1%) completed secondary school, 14 patients (12.1%) completed certificate/diploma, and 7 (6.0%) patients completed undergraduate study. Patients were recruited from local psychiatric hospitals. The GCBT group received two sessions of 3 hours per week based on the GCBT manual for eight weeks (Oei 2002) and waiting-list group were offered the same GCBT treatment or given individual treatment at the end of waiting list. Beck Depression Inventory (BDI), Automatic Thoughts Questionnaires (ATQ), and Dysfunctional Attitudes Scale (DAS) were given to patients at pre-treatment, after 4th weeks, post-treatment and follow-up after three months. Two-way MANOVA was used to analyse the data and the results showed significant main effects for treatment groups (TG), time (T) and interaction of T x TG for BDI, ATQ and DAS showing that Group CBT patients improved significantly and at a faster rate than the waiting list group on the symptoms and the cognitions. Overall findings showed that GCBT is efficacious and applicable for Malay patients with mood disorder.

Symposium 1: CBT for Depression Disorder

S1-2

The Efficacy of Cognitive Behavioural Therapy for Depressed Patients with Different Degrees of Cognitive Dysfunction

Yuanling Chen, Junmian Xu & Tiezhong Zhang, Zhabei Mental Health Centre of Shanghai, China

Objective: To investigate the efficacy of cognitive Behavioural therapy for depressed patients with different degree of cognitive dysfunction.

Methods: Severity—two patients with major depression were assessed with Dysfunctional Attitudes Scales (DAS) and divided into two groups with high and low degree cognitive dysfunction respectively. All patients were then randomly received cognitive Behavioural therapy plus pharmacotherapy (combined therapy) or pharmacotherapy only (drug therapy). All the therapies started from the time patients got into the hospital and last for 20 weeks. Evaluation and analysis were taken before the therapy, when leaving the hospital, and at the end of the therapy (after 20 weeks) as a comprehensive evaluation. At first DAS was used to evaluate the seriousness of the cognitive dysfunction (dysfunctional attitudes cognition) of the patients. DAS was used in evaluation before the therapy started and repeated after the therapy ended. The Hamilton Depression Scale (HAMD) and Beck Depression Investigatory (BDI) were used three times to determine the seriousness of the depression of the patients before the therapy, when leaving the hospital, and at the end of the therapy.

Results: The efficacy of combined therapy was superior to that of drug therapy in the group with high degree cognitive dysfunction at the end of the therapy. HAMD ($F=5.82, P<0.01$); BDI ($F=5.86, P<0.01$); DAS ($F=6.27, P<0.01$). In another group with low degree cognitive dysfunction, the difference between two methods had no statistical significance ($P>0.05$).

Conclusions: Cognitive Behavioural therapy shows better efficacy in depressed patients with high degree cognitive dysfunction.

Symposium 1: CBT for Depression Disorder

S1-3

A Group Cognitive Behaviour Therapy for Depressed Patients

WJC Tsui, BSB Lam, PWH Lee & TP Oei, Queen Mary Hospital, Hong Kong

Background The present study examines the effectiveness of a group cognitive behaviour therapy in reducing depressive mood of patients clinically diagnosed with mild to moderate depression. The group treatment protocol developed by Oei (2003) was adapted and translated into an abbreviated version for treating local Chinese depressed patients. The treatment program focused on reducing negative automatic cognitions, modifying dysfunctional beliefs, increasing activity level and preventing relapse.

Method Subjects (N =10) received 8 weekly sessions of structured group therapy. A repeated measures design with “pre-test”, “mid-way” and “post-test” was employed. Process measures included Automatic Thoughts Questionnaire (ATQ) and Dysfunctional Attitude Scales (DAS). Outcome measures included Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), and Satisfaction with Therapy and Therapist Scale (STSS).

Results There was significant reduction in BDI, BAI, ATQ and DAS scores between the pre- and post- tests. For process measures, significant reduction between pre-test and mid-way was found in ATQ, but not DAS. Reduction between mid-way and post-test for both ATQ and DAS was insignificant. All subjects except one were satisfied with the therapy and therapist.

Conclusion The group cognitive behaviour therapy program was cost-effective in reducing depressive mood of mildly to moderately depressed patients.

Symposium 1: CBT for Depression Disorder

S1-4

Improvement of Sleep and Anxiety in Patients of Major Depression with Fluoxetine Combined with Small Dose of Olanzapine

Qu Wei & Yuanyuan Qin, Third Military Medical University of Chinese PLA, China

OBJECTIVE: To observe the curative effects of fluoxetine combined with olanzapine and the time of its taking effect.

PARTICIPANTS: Totally 140 patients visiting psychological counseling outpatient clinic in the hospital were collected from January 2004 to August 2004. Inclusion criteria: According to the diagnostic criterion of depression of CCMD-3, patients with total scores of 17 items in Hamilton depression rating scale ≥ 28 and age ≥ 18 years old. Exclusion criteria: 1. slight to middle degree of depression (HAMD ≤ 27); 2. convalescent period of schizophrenia and other affective disorder caused by psychosis; 3. drug or alcohol addict. Totally 110 patients accorded with the inclusive criteria. Among them, there were 40 males and 70 females with the course of disease for 4 months to 5 years, aged 18 to 63 with the average (37 ± 12) years old. They all took part in the trial voluntarily. According to the date of admittance, they were divided into odd-numbered date alprazolam group in which there were 55 patients with 21 males and 34 females and double date olanzapine group in which there were 55 patients with 19 males and 36 females.

METHODS: The patients were divided into 2 groups according to the date of admittance. Odd-numbered date group was alprazolam group. 0.4 mg alprazolam was given every noon and before sleep and 20 mg fluoxetine was given at a draught after breakfast every day. Even-numbered date group was olanzapine group. 2.5 mg olanzapine was given before sleep every day and 20 mg fluoxetine was given at a draught after breakfast every day. The course of treatment was 6 weeks. HAMD and HAMA scores of taken were evaluated respectively before and at the end of 1st, 2nd, 4th and 6th week. Reducing score rate was used to decide effective time. Lost rate was presented as

percentage. And improvement of sleep factor and somatization factor in HAMD were observed before therapy and at every observing time period after therapy.

RESULTS: Lost rate in olanzapine group was significantly lower than that in alprazolam group ($P < 0.05$) and the effect was taken at 1 week after therapy(excellence rate 67%). But, scores of HAMD and HAMA at every observing time period in olanzapine group were significant lower than those in alprazolam group($P < 0.01$) and sleep factor and somatization factor at every observing time period improved more significantly than those of alprazolam group($P < 0.01$).

CONCLUSION: Small amount of olanzapine combined with fluoxetine used to treat major depression of the patients can improve sleep and anxiety body symptoms rapidly and then elevate their living quality significantly.

Symposium 1: CBT for Depression Disorder

S1-5

Buddhist Cognitive-Behavioural Therapy for Depression

Ming Lee, University of the West, USA

It is estimated that twenty-five percent of individuals across the world will develop one or more mental disorders at some stage in their life. Depression has become one of the major such disorders in the modern time. More than 120 million people currently suffer from depression. The costs for the treatment and the compensation for the labor loss as a result of this disorder are so high that depression has become one of the major causes of global economic burden. The cost in human suffering from this illness, however, is even beyond estimation. Appropriate treatments, including psychotherapeutic interventions, can help the majority of the patients with this disease.

A number of treatment modalities have been applied to the patients with depression and their efficacies have been extensively studied. It is now generally believed that antidepressant medications, short-term psychotherapies, especially cognitive-Behavioural therapy and interpersonal therapy, and a combination of the two have proven effective for depression. The evidence regarding prevention of depression from happening or recurrence/relapse, however, is less conclusive.

This paper will focus on the discussion of psychotherapeutic approaches based on Buddhist thoughts and practices to the treatment of depression, including such an evidence-based approach as mindfulness-based cognitive therapy (MBCT). A theoretical model and related techniques that incorporate Buddhist teachings and Behavioural disciplines into this approach will be presented. It is in the hope that this new therapeutic approach will be effective not only to the

Symposium 2: CBT Programs in Asian-Pacific Regions

S2-1

Doing CBT with the Brain in Mind: A New Paradigm for Psychological Interventions in the 21st Century

Freedom Leung, The Chinese University of Hong Kong, Hong Kong & Jie Zhong, Peking University, China

Most psychiatrists assume that psychopathology is caused by brain abnormalities. By correcting brain abnormalities through biological interventions, they cure psychopathology. How valid is this assumption? Are brain abnormalities really the causes of psychopathology? Or, are brain abnormalities and symptoms of psychopathology both just the consequences of some other common processes? Psychologists, on the other hand, have long ignored the biological side of the equation in treating psychopathology. Many psychologists assume that anything neurobiological is beyond the reach of psycho-Behavioural interventions. Advances in neuroscience in the past two decades, however, have sparked a revolution in the way we think about the relationships between brain and experiences. It is now clear to neuroscientists that human brain conditions change constantly as a result of enduring changes in behaviours or life experiences. In this paper, we will integrate the latest findings from neuroplasticity to speculate on the mechanisms of how different psycho-Behavioural interventions may lead to changes in brain circuits. Based on these observations, we will argue for a new paradigm for psychological interventions in the 21st century.

Symposium 2: CBT Programs in Asian-Pacific Regions

S2-2

Development and Evaluation of a Culturally Appropriate Treatment Program for People with Alcohol Use Disorders in Thailand

Darunee Phukao, Ministry of Public Health, Thailand, John B. Saunders, David Kavanagh, Frank Varghese, University of Queensland, Australia, Savitri Assangkornchai, Prince of Songkla University, Thailand & Matthew Bambling, University of Queensland, Australia

The increasing prevalence of alcohol dependence is well documented in Thailand. To date, no study has examined the effectiveness of inpatient psychological interventions to facilitate abstinence and reduce overall alcohol consumption. The aim of this study is to examine this issue through a randomized controlled trial.

Intervention

A psychological intervention was developed by integrating Buddhism-Thai cultural knowledge; Motivational Interviewing –Cognitive Behavioural Therapy (BU-MI-CBT) to provide a culturally appropriate group based treatment. Principles of BU-MI-CBT included Chanta (motivation) enhancement, Thai boxing principles for assisting patients in establishing their goals and plans for changing their drinking behaviour, Buddhism Contemplation self monitoring strategies for identifying components of problematic drinking behaviour, Buddhism-Yonisomanasikarn-cognitive strategies for restructuring maladaptive thoughts encouraging patients to maintain problematic drinking behaviour, and behavioural strategies derived from behavioural therapy discipline and from the three fold training Buddhism principles for dealing with high risk situations tempting patient to drink. The Buddhism Four Noble Truth problem solving principle was employed as the therapeutic process to help people change.

Findings

There was a significant reduction in overall alcohol consumption in participants receiving BUMICBT in addition to standard care and this improvement remained relatively consistent and did not decline significantly over the 6-month follow up period. In addition, participants receiving BUMICBT in addition to standard care also demonstrated significantly higher levels of motivation to change, self-efficacy, working alliance and quality of life compared to the control group.

Conclusions

This is the first randomized controlled trial conducted in Thailand evaluating the efficacy of a culturally appropriate treatment for treating inpatients with alcohol use disorders. BUMICBT represents an innovation of alcohol inpatient treatment as it is a culturally appropriate integrating evidence-based contemporary Western approaches which provides an effective option for Thai populations.

Symposium 2: CBT Programs in Asian-Pacific Regions

S2-3

Cognitive Behavioural Therapy and Knowledge Management in a Changing Workplace

Datin Quek Ai-Hwa, University of Malaya, Malaysia

This study presents a perspective on cognitive behaviour by focusing on knowledge management and its importance for work performance of Malaysian graduate employees in a changing workplace that may have implications for Asian Pacific countries. Baseline data were obtained from the survey method by administering questionnaires to a purposive sample (n= 32) of graduate employees. The items in the questionnaires were validated by a pilot test that involved a separate sample of 10 graduate employees that had similar characteristics as the final sample. Feedback from the pilot sample was used to improve the final draft of the questionnaires that were used to collect data from the sample. Responses collected were used to sort these graduate employees into three groups of (1) high (n = 8), (2) moderate (n = 5) and (3) low (n = 19) levels of knowledge management. The findings indicate that large proportions (more than 75 per cent) of graduate employees tended to indicate that knowledge management is important for work performance. Additionally, more than 95 per cent of these graduate employees indicated a desire to participate in a cognitive behavioural therapy programme so as to learn more about knowledge management and its importance for work performance in a changing workplace. In the Malaysian context, workplace learning probably needs to consider cognitive behavioural therapy for the development of knowledge management in employees to facilitate the transfer of skills, knowledge and attitudes to meet the changing needs of the workplace.

Symposium 2: CBT Programs in Asian-Pacific Regions

S2-4

The Multiple Uses of Australian Routine Mental Health Outcome Measures: Experiences from the Field

Luke Hatzipetrou, The Park – Centre for Mental Health, Tim Coombs, New South Wales Institute of Psychiatry, Paul White, The Park – Centre for Mental Health, Australia

Objectives: Following the precepts of the Australian National Mental Health Plan (1998–2003) and the Australian Health Care Agreements 2003 – 2008. Regional governments have continued the introduction of a National Outcomes and Casemix Collection (NOCC) for mental health. Standard measures of health status, disability and distress are collected at admission, 91 day reviews and discharge. The measures introduced under NOCC can inform clinical management planning and quality improvement activities.

Method: Data routinely collected during service delivery on a single subject who presented with multiple complex psychiatric morbidities was used to inform a broader clinical analysis and problem formulation.

Results: The review not only revealed the need for changes in the management of the individual consumer but identified potential improvements in organisational processes to enhance clinical service delivery.

Conclusion: Staff have access to a real time reporting functionality and human resources to support clinical staff but this information is not being used. Further work is required within organisations to improve the quality of the information being collected along with the uptake of existing reporting functionality.

Symposium 2: CBT Programs in Asian-Pacific Regions

S2-5

Cognitive Behaviour Therapy in New Zealand and Singapore: From a Doctoral Study and Personal Experience

**Koong Hean Foo, Paul L. Merrick, Nikolaos Kazantzis, & Mei Wah Williams,
Massey University, New Zealand**

This paper attempts to contribute to the literature on Asian cognitive behaviour therapy (CBT) in three ways which emanated from the doctoral study of the principal researcher that compared the characteristics, practices and skills of New Zealand and Singapore mental health practitioners. First, CBT was found to be the most used form of therapy among the variety of therapy models for the general clientele in New Zealand and Singapore. The reasons for its widespread use included evidence-based, personal preference, client's preference and organisational practice. Two, notwithstanding these reasons, cultural influences of Chinese clients were a mandatory factor to be considered for use of CBT on them. The applicability of CBT with Chinese clients is discussed, including a proposed 5-part model and homework assignments. Three, the principal researcher personally took up the post-graduate course in CBT to better understand its principles, theory, and application. His personal experience about CBT proper and its application on a Chinese client are discussed. With insightful experience on CBT, this paper sums up with an evaluation of two published articles on CBT by Chinese researchers.

Symposium 3: Cognitive-Behaviour Therapy in the Treatment of Social Phobia in the Context of Asian Culture

S3-1

The Effects of Video Feedback on the Self-Evaluation of Anxiety and Performance in Patients with Social Anxiety Disorder

**Junwen Chen, Tokai Women's University; Satoko Sasagawa, Waseda University;
Yoshihiro Kanai & Yuji Sakano, Health Sciences University of Hokkaido, Japan**

The purpose of the present study was to examine the effects of video feedback on the self-evaluation of anxiety and performance of patients with social anxiety disorder (SAD) who were treated by group CBT in Japan. Cognitive restructuring is an effective technique for modifying SAD patients' distorted cognitions but it is always very difficult for patients to practice it successfully. In this study, video feedback is used as a technique to help the patients to get objective information about their performance which will cause the change of their distorted cognitions. Thirty-nine clinical outpatients (18 males and 21 females; mean age =36.15, SD=10.18), who met DSM-IV criteria for SAD, were administered 6 sessions of group CBT, in which the video feedback was conducted after each patient's 4-minute role play. Results indicated that after video feedback, patients reported significant decrease on fear of performance and total fear subscale score of LSAS. Furthermore, significant changes were found on Behavioural assessments. Our results suggested that video feedback could be effective for the modification of subjective anxiety and self-evaluation of performance in SAD.

Symposium 3: Cognitive-Behaviour Therapy in the Treatment of Social Phobia in the Context of Asian Culture

S3-2

Is the CBT Approach to SAD Helpful to the Japanese Hikikomori (Severe Social Withdrawal) Adolescents?

Eiichi Kamimura, Niigata University, Japan

Hikikomori is the Japanese term to refer the severe social withdrawal among adolescents and young adults. They isolate themselves away from any kinds of social (often including much of their family members) activities for a period exceeding six months, or in rare case, decades. It is assumed that, SAD is one of the most major ingredients to this symptom, although other factors are contributing. In a typical case, the hikikomori adolescent shows persistent fear of interacting with other people, even with their family, and their conviction that they possess serious defects make extend their reclusive life style. CBT is viewed as a standard, powerful psychological approach to SAD or Taijin-kyofu (anthropophobia, also popular in Japan and western Asia). Gradual exposure to feared situations, social skills training and cognitive restructuring are promising techniques to modifying hikikomori behaviours and hikikomori style. The speaker is going to present several case reports on CBT intervention for hikikomori adolescents (including parents-training), and discuss the possibility of the CBT for the culture-bound SAD subcategories and the related psychological difficulties.

Symposium 3: Cognitive-Behaviour Therapy in the Treatment of Social Phobia in the Context of Asian Culture

S3-3

Cognitive-Behavioural Therapy for Chinese Social Anxiety Patients: A Preliminary Evaluation

Xinghua Liu, Capital Normal University & Mingyi Qian, Peking University, China

Social anxiety disorder (SAD) is a common anxiety disorder. Cognitive-Behavioural therapy (CBT) is the evidence-based effective psychological treatments for social anxiety disorder. Though its efficacy has been demonstrated in a large number of investigations, fewer investigations about the efficacy of CBT for SAD were reported in China. This study aimed to conduct a preliminary clinical evaluation of the effectiveness of CBT for Chinese SAD patients. Two patients with SAD were treated consecutively for 10 sessions. CBT was effective with two patients demonstrating clinically significant improvements in all measures not only in the middle of treatment, but also at the end of treatment. The preliminary results suggest that CBT for SAD appears promising in China. Since the participants were less in present study and no follow up investigation was carried out, future randomized and controlled evaluations with follow up investigation of this treatment for Chinese patients are warranted.

Symposium 3: Cognitive-Behaviour Therapy in the Treatment of Social Phobia in the Context of Asian Culture

S3-4

The Effectiveness of Bibliotherapy in Combination with CBT for Social Phobia

Jung-Hye Kwon & Yusun Chung, Korea University, Korea

Many attempts have been made to modify CBT so as to develop more efficient, cost-effective and affordable treatments. One of these modifications comprises the use of self-help books or bibliotherapy. This study investigated the efficacy of bibliotherapy in combination with CBT in the treatment of social phobia in Korea. In the first phase of study, thirty-eight subjects who met the diagnostic criteria for social phobia according to the Anxiety Disorders Interview Schedule-Revised were randomly assigned to one of three conditions: bibliotherapy with feedback (BT 1), bibliotherapy without feedback (BT 2), and a waiting-list control condition (WL). Before and after treatment, two dependent measures, SPS and SIAS, were administered. Those individuals in the BT 1 and BT 2 groups exhibited significant reductions from pre- to post-treatment on the Social Phobia Scale relative to the WL group. In addition, those individuals in the BT 1 and BT 2 groups exhibited a clinically significant improvement relative to the WL group. However, there were no significant differences between the BT 1 and BT 2 groups. In the second phase of the present study, 16 of the 38 participants received cognitive-Behavioural group-treatment (CBGT) after completing the bibliotherapy. After CBGT, those participants who had received bibliotherapy and shown a clinically significant improvement exhibited a significantly higher reduction on the Social Phobia Scale than both those participants who had received bibliotherapy but did not show a clinically significant improvement and the WL group. The implications for future research are discussed.

Symposium 4: CBT for Childhood & Adolescent Disorders

S4-1

The Efficacy of CBT for Childhood Anxiety, OCD and Depression

Sara Louise Olsen, Tian Po Oei & Emma Macek, University of Queensland, Australia

The purpose of this meta-analytic review was to assess the differential efficacy of CBT treatment formats for childhood anxiety, OCD and depression. Further aims were to examine the quality of the evidence available in the literature so far, and to assess the sensitivity of outcome measures utilised for these populations. Novel to this meta-analysis was the measurement of improvements made by children in waitlist conditions, which was conducted to determine rates of spontaneous remission. Forty-six studies, examining over 2700 children aged 5 to 17, were included in the review. Effect sizes were calculated for 42 of these studies. We found support for suggestions that adding a family component to CBT improves treatment outcomes for children with anxiety and OCD, but not depression. Moreover, the children studied tended to maintain their improved level of functioning up to 2 years following any CBT treatment. This result supported the long term efficacy of CBT for this population. Finally, children with depression were found to have high rates of remission, with up to half of the improvements noted in CBT treatment also noted in children in the waitlist conditions. The implications of these findings for community resource allocation, and the need for diagnostic criteria for childhood depressive disorders specifically, is discussed.

Symposium 4: CBT for Childhood & Adolescent Disorders

S4-2

The Effect of Cognitive Behavioural Play Therapy on the Depressive Symptoms of Selected Filipino Children

Chun Yu Yorgos Lam, La Consolacion College Manila, Philippines

The purpose of this experimental study was to prove the effectiveness of cognitive Behavioural play therapy program in the alleviation of depressive symptoms of selected Filipino schoolchildren from grades 4 to 6. With the Children's Depression Inventory as basis for measuring depressive symptoms, the participants were grouped and the intervention was administered. Using non-parametric inferential statistic treatment, data from the pre- and post-test results were analyzed and conclusions were drawn from these. Results indicate the effectiveness and applicability of the said therapy program, as majority of the participants from the treatment group have decreased level of depressive symptoms. This exploratory research concludes on the possible application of this intervention program, and further investigations of other possible mental health-related areas are suggested.

Symposium 4: CBT for Childhood & Adolescent Disorders

S4-3

Internalizing Problems Among Primary School Children in Hong Kong: A Treatment Outcome Study

Angela Siu, The Chinese University of Hong Kong, Hong Kong

The present study is on the effectiveness of different intervention programs for children with internalizing problem. Mothers whose children were from primary 2 to primary 4 were invited to complete a questionnaire on screening for children's behaviour problems. Children whose score on internalizing behaviour reached the cutoff score were invited to participate in the intervention program. 92 children and their mothers were randomly allocated either to one of the three treatment conditions (n=23, 22, 23 respectively) and completed an 8-session intervention program, or to a wait-list control condition (control group, n=24). Each intervention had a different approach to intervention, namely cognitive-behavioural, play and integrative. These four conditions were compared in order to identify the effectiveness of interventions on reducing internalizing symptoms, enhancing mother-child relationship, and increasing self-esteem. Assessments were conducted at pre-intervention, post-intervention, 1-month and 3-month follow-up time points. Results suggested that intervention of any kind, be it cognitive-behavioural focus or relationship-based focus, could help to reduce internalizing problems. To children, the common core elements for effective intervention were more related to the admiration and the relationship between dyads. To mothers, effective intervention might be more related to their perception of being able to provide warmth during discipline. The results on the impact of different interventions on children provided further insight to local practitioners in evaluating the characteristics of their intervention programs on these children. Limitations on this study were also discussed.

Symposium 4: CBT for Childhood & Adolescent Disorders

S4-4

“Maybe I don’t need to be so tough?”: The Treatment of Depression and Challenging Behaviour in an Adolescent Boy with Asperger’s Syndrome

Luke Hatzipetrou, The Park-Centre for Mental Health, Tian Oei, University of Queensland & Paul White, The Park-Centre for Mental Health, Australia

Background: This study examines the efficacy of a multi-component cognitive behavioural treatment for the reduction of challenging behaviours displayed by a fifteen year old adolescent male with Asperger’s Syndrome and Major Depression.

Method. This is an $n = 1$ case study. The treatment plan consisted of three levels of intervention based upon cognitive behavioural therapy. The intervention was sequentially introduced to the adolescent, family then the carers, in a multiple baseline within subjects design. Self report questionnaires (BAI and BDI-II) and a self report cognitive-behavioural monitoring diary was provided to the adolescent.

Results: The results indicate a reduction in frequency of all four target behaviours, the most notable, the elimination of the self harm and utterances reflecting erroneous cognitions. The results provide support for the use of traditional psychological techniques for the treatment of challenging behaviours and the erroneous cognitions related to depression amongst adolescents with Asperger’s Syndrome. Similarly, the study highlights some of the methodological and clinical limitations in this area of research.

Conclusions: The psychological assessment and functional analysis revealed a range of behavioural contingencies which had functioned to maintain the pattern of maladaptive behaviours, particularly the distorted cognitions, and deficits in social skills and emotional processing. The current findings lend support to the use of traditional psychological interventions modified to address the unique social, emotional and language impairments inherent in people with Asperger’s Syndrome

Symposium 4: CBT for Childhood & Adolescent Disorders

S4-5

Making Adolescent Lives More Functional: Experiences with Cognitive Behaviour Therapy

Aruna Broota & Krishan D. Broota', University of Delhi, India

Cognitive Behaviour Therapy (CBT) is very widely used in psychotherapy in India. In the present paper, two studies have been combined and data presented. The reason being that aggression amongst adolescents is one of the commonest problems faced by teachers, parents and other authorities. The next very serious problem faced by the authorities is depression amongst the adolescent population.

Thus, the present paper is divided into two parts. The first part presents the Role of CBT in the management of Aggression in Adolescents (N=60), ages (15-17years) from a non clinical population of two public schools in Delhi. Subjects were randomly assigned to two groups of 30 each i.e. control and treatment groups. In the control condition, each subject was engaged in 20 sessions and for the treatment group, each subject was given 20 one hour therapy sessions. Three booster phases of 10 sessions each were administered. It was hypothesized that CBT would help in the reduction of anger and aggression. Results indicated that those subjects receiving CBT improved significantly more than those not exposed to the therapy, as this led to decrease in their anger and aggression. It was also observed that CBT helped in reduction of number and intensity of anger related episodes. Anger out subjects appeared to benefit more from CBT. Booster sessions helped in further improvement and maintainance of the behavioural changes that took place. The second part of the study followed the same design as above That is, the sample comprised of a non clinical population of 60 adolescents from another two public schools in Delhi. These 60 were randomly assigned to two groups i.e. experimental group(n==30) who were given 20 cognitive therapy sessions and a control group(n=30) who were engaged in 20 talking sessions Three booster doses of 10 sessions were also given each with a gap of two months. Results indicated that cognitive behaviour therapy helps in the management of depression. An improvement was seen in the symptoms of depression and its related constructs aggression and anxiety. It was also observed that booster sessions also help in the progressive decline in the symptoms of depression, aggression and anxiety.

Symposium 5: Innovations in Cognitive Behaviour Therapy in Asia: Appraisals of Empirical Support and Cultural Accommodation

S5-1

Comparative Study of Two Different Relaxation Trainings Affecting Heart Rate, Salivary Cortisol and Anxiety Levels of College Students

Mingyi Qian, Ruiyuan Guan, Wenhong Cai, & Yang Li, Peking University, China

Object: The aim of this study is to compare the effect of progressive muscle relaxation training and imagery relaxation training on heart rate, salivary cortisol and anxiety level of college students. Methods: 43 college students were randomly divided into two intervention groups and one control group. Four weeks before the terminal exams, the two intervention groups received different relaxation trainings for six times during the period of three weeks. Result: The experimental group receiving imagery relaxation training showed a decreasing salivary cortisol level, while the experimental group receiving progressive muscle relaxation training demonstrated a decrease in temporal heart rate and trait anxiety. The study indicated that both of the relaxation training methods may have the effect to cope with the chronic stress through different mechanisms.

Symposium 5: Innovations in Cognitive Behaviour Therapy in Asia: Appraisals of Empirical Support and Cultural Accommodation

S5-2

Provision of Empirically Supported Treatment in Japan: A case of OCD Support Group

Hiroaki Harai, Kikuti National Hospital, Japan

Obsessive compulsive disorder (OCD) is one of the most debilitating conditions among mental disorders affecting 2 to 3 percent of population. Once being incurable malady, it is now a treatable disease with the development of specific techniques of cognitive behaviour therapy (CBT). While they know that empirically supported treatment (EST) for their specific problem does exist, many of the patients do not have the access to the EST. The therapists who have knowledge and skills to treat OCD are lacking in number. After 1990s, there are radical changes as to the context of health care provision. One is the need of containment of health care costs. A second is the information revolution on medical informatics. A third has to do with increasing public awareness of variations in health care services. Implementing and integrating ESTs in real life health care settings are awaited, and we need some extra expertise to achieve these goals. I developed OCD support group in Kumamoto, “OCD no Kai” in 2002. This is organized by recovered OCD patients. It has started as a group therapy to enhance patients’ motivation of committing exposure and ritual prevention. Now the group expands and aims at educating the general public about OCD, reaching patients with OCD and their family members who do not have the access to proper treatments, and promoting ESTs for OCD in Japan. In 2006, the group has started to reach health care professionals by offering workshops. To my best knowledge, this is the first effort from patients’ side to promote ESTs for OCD in Asian countries. I report how this group has developed, the beneficial effects to enhance the treatment outcome of OCD, and the results of workshops. Dissemination and training of ESTs in Japanese health care context are discussed.

Symposium 5: Innovations in Cognitive Behaviour Therapy in Asia: Appraisals of Empirical Support and Cultural Accommodation

S5-3

CBT Programs for Emotional and Behaviour Problems of Children in Korea: Promises and Challenges

Kyung Ja Oh, Yonsei University, Korea

Psychological treatment of children and adolescents with emotional and behaviour disorders is still unfamiliar to many Korean parents, and availability and accessibility of mental health services for children and adolescents are very limited in Korea. However, there is a growing interest in psychotherapy for children and adolescents in recent years, particularly CBT programs with empirical evidence supporting their effectiveness is gaining wide attention in the community of mental health professionals.

In this presentation, outcome research papers of CBT programs for children and adolescents published in leading journals in mental health fields (e.g., psychology, psychiatry, social work, education) in the past two decades will be reviewed in order to see the specific types of CBT programs that have been developed and their effectiveness with Korean population. In addition, survey data of practicing clinicians regarding their experience with CBT programs for children and adolescents will be presented. Finally, cultural factors that might influence the actual implementation and effectiveness of CBT programs in Korea will be discussed.

Symposium 5: Innovations in Cognitive Behaviour Therapy in Asia: Appraisals of Empirical Support and Cultural Accommodation

S5-4

Behavioural Assessment and Support of Children in Diversified Classrooms: A Collaboration Project

**Junko Tanaka-Matsumi, Yuki Dojo & Masanari Fujita, Kwansei Gakuin University,
Japan**

In Japan, it is estimated that 6.3 percent of Japanese children have learning problems. Japanese educators are seriously probing for ways to improve classroom management and learning of children. In 2002, Kobe City Board of Education started a city-wide project to assist diverse children attending regular classrooms. The Kobe project is designed to link district schools and the educational administration with local universities providing graduate assistants and field consultation and supervision. We are a participating university in this project. Our project is now in the 4th year. The purpose of our presentation is to describe various Behavioural projects that we have developed in the regular classrooms in five elementary schools. In lower grades, teachers are increasingly reporting Behavioural problems in the classroom. According to our functional assessment, these behaviour problems are frequently due to lack of academic skills to follow class or developmental delays in self-control and social skills. To document the Behavioural status of children in the classroom, we developed a 26-item Classroom Behaviour Checklist for Japanese children in grades 1-3. We have recorded both developmentally appropriate and inappropriate behaviours in the classroom. We then compared the behaviour patterns and profiles of target children and those of non-target children within the same classroom. The School community acceptance of our work has been excellent. We demonstrate the feasibility of bringing behaviour analysis and empirically-supported school intervention into the diversified Japanese regular classrooms.

Symposium 5: Innovations in Cognitive Behaviour Therapy in Asia: Appraisals of Empirical Support and Cultural Accommodation

S5-5

Chinese Computerised Cognitive Behavioural Therapy for Panic Disorder: Development, Hurdles and Preliminary Findings

Frendi W. S. LI, The University of Hong Kong, Hong Kong

This paper describes the development and pilot-testing of a Chinese computer programme for the treatment of Panic Disorder (PD). It is an 8-session interactive programme based on the principles of cognitive behavioural therapy (CBT) delivered through internet access. The programme can potentially provide flexibility in the scheduling of treatment, enhance patients' sense of control, reduce treatment avoidance due to stigmatization, thereby promoting early intervention and preventing further disabilities from developing. Similar treatment programmes in English developed for Western cultures have shown promising efficacy in controlled studies including RCTs. However, apart from the obvious language barrier for local PD sufferers to use these English programmes, the content of such programmes are often culture-specific in the illustrations and examples they use. There are also assumptions of certain levels of psychological-mindedness, mental health awareness and psychological knowledge behind different programmes, which may not be applicable to the Chinese culture in general. The present programme uniquely combines evidence-based CBT principles with explanations, illustrations, examples, and motivational styles that are appropriate to the local Chinese culture. Hurdles in programme development, lessons learned, and some preliminary findings will be discussed in this paper.

Symposium 6: CBT Programs in Thailand

S6-1

Effect of Cognitive Therapy on Depression of Female Youths in a Welfare Institution

Chatkaew, A, Phichit Hospital; Thapinta, D & Vivatkunupakan, S, Faculty of Nursing Chiang Mai University, Thailand

Depression which is a psychological problem more frequently found in female youths rather than male youths. It is an important risk factor of suicidal behaviour of the youths. The purpose of this quasi-experimental study was to examine the effect of cognitive therapy on depression of female youths in a welfare institution. The purposively selected subjects were eight female youths resided at the Educational Center for Young Girls in Chiang Mai province. The research instruments consisted of three parts: the Demographic Data Form; The Children's Depression Inventory (CDI) (Kovacs, 1985) translated into Thai version and tested for discriminant validity (1992), and the Cronbach coefficient alpha reliability of .81 conducted by the researcher; and the Cognitive Therapy Program on Depression of Female Youths in a Welfare institution, developed by the researcher team based on the Concept of Cognitive Therapy of Depression proposed by Beck, Rush, Shaw, & Emery (1979), related literature and research review, tested for content validity by three experts. Data were analyzed by using descriptive statistics, the Friedman Test, and post hoc comparison for the Friedman test. Data emerged from cognitive therapy program were also summarized.

The results of this study indicate that the scores of depression of female youths in a welfare institution immediately after participating in cognitive therapy was statistically significant lower than that before participating in cognitive therapy ($p < .05$); and also in 2-week follow up after participating in cognitive therapy ($p < .01$).

Symposium 6: CBT Programs in Thailand

S6-2

Effect of Positive Self-Talk Training Program on Depression Among Adolescents

**Mahakittikun K, Prince of Songkla University; Thapinta, D & Vivatkunupakan, S,
Faculty of Nursing Chiang Mai University, Thailand**

Cognitive distortions and cognitive views of themselves, their future, and their experiences often result in depression among adolescents. Positive self-talk relates to an individual's thought or perception in which they are responsible or in control of themselves and their life.

Purpose of this study was to examine the effect of positive self-talk training program on depression among adolescents. Thirty subjects were purposively selected and assigned to either experimental or control group, 15 subjects each, respectively. Subjects were matched by sex, age, and level of depression (mild to moderate). Experimental group trained and rehearsed positive self-talk, while control group led a routine life. Research instruments consisted of; 1) Demographic Data Form, 2) Beck Depression Inventory IA (BDI-IA) (Thai version) 3) Positive Self-Talk Training Program On Depression Among Adolescents was developed by researcher team based on the Concept of Self-Talk by Nelson-Jones (1990) and related literature review, and tested for content validity by experts, and 4) Burnett Self-Talk Inventory (BSTI)(Thai version) with a content validity index of .82. Cronbach's coefficient of positive self-talk and negative self-talk were at .83 and .82, respectively. Data were analyzed using descriptive statistics, paired t-test and independent t-test. Results revealed that:

These findings show that positive self-talk training program is effective in reducing depression among adolescents ($p < .01$). In addition, to focus on rehearsal of positive self-talk as reducing depression rather than working on reduction or elimination of negative self-talk.

Symposium 6: CBT Programs in Thailand

S6-3

Effect of Cognitive Therapy Program on Depression of Persons with HIV/AIDS

**Namsui, K, Wiang Chiang Rung Hospital; Thapinta, D & Vivatkunupakan, S,
Faculty of Nursing Chiang Mai University, Thailand**

Depression is a common psychiatric problem among persons with HIV/AIDS. It can adversely affect physical health and quality of life. The purpose of this quasi-experimental research, pretest-posttest, follow up control group design, was to determine the effect of cognitive therapy program for HIV/AIDS people with depression. Thirty-two subjects were purposively selected and assigned to experimental and control group, 16 subjects in each group. The subjects were matched by stage of HIV infection, level of depression (mild to moderate) and administration of antiretroviral therapy. The experimental group received cognitive therapy program while the control group received the routine care by a self help group for persons with HIV/AIDS. The research instruments consisted of the Demographic Data Form; the Beck Depression Inventory IA (BDI-IA), which was translated into Thai, Cronbach's coefficient at .91; and the cognitive therapy program on depression of persons with HIV/AIDS developed by the researcher team based on the concept of cognitive therapy of depression proposed by Beck, Rush, Shaw, and Emery (1979) as well as the related literature review. Cognitive therapy program was validated by five experts with content validity index was .81. Data were analyzed using descriptive statistics, one-way repeated measure analysis of variance, and independent t-test. The findings of this study indicate that the cognitive therapy program decreased depression of persons with HIV/AIDS immediately upon the completion of the program which remain in the same level for 2 weeks ($p < .001$).

Symposium 6: CBT Programs in Thailand

S6-4

Lesson Learns of Cognitive Behaviour Therapy and Cognitive Therapy Program in Thailand

Thapinta, D & Vivatkunupakan, S, Faculty of Nursing Chiang Mai University, Thailand

In Faculty of Nursing, Chiang Mai University, Chiang Mai, Thailand there are 4 programs studied that based on Cognitive Therapy and Cognitive Behaviour Therapy (Chatkaew, A; Thapinta, D; Vivatkunupakan, S, 2003; Mahakittikun K; Thapinta, D; Vivatkunupakan, S 2006; Namsui, K; Thapinta, D; Vivatkunupakan, S, 2006; Soiboon, A; Thapinta, D; Vivatkunupakan, S 2005). They were all success to reduce depression in different groups of subjects. We have 2 students in Doctoral degree International program who are on their process using Cognitive Behaviour Modification to reduce depression and to enhance Emotional Intelligence.

The lesson learns from using Cognitive Therapy and Cognitive Behaviour Therapy were collected by 3-5 discussions between the researcher teams in each team work. We found that they have some kind of lesson learns as the same. 1) To train subjects to know about their own automatic thought were not the problem but to train them to sensitive in their own autonomic thought is quite hard and take time. 2) To challenge them changing their cognitive take many times discussion and the old cognitions and thinking always came back. 3) To maintain their new cognitions need support from family member or institute personnel, self reinforcement are around 50-60% work on them. 4) The follow up process are very useful for maintaining new cognitions.

This result indicate that the one who interested to apply Cognitive Therapy and Cognitive Behaviour Therapy in their work need to aware about timing, and follow up process.

Symposium 7: CBT for Anxiety Disorder

S7-1

Using Hypnosis in CBT Treatment of Clients with Anxiety Disorder

Edward Chan, Malaysian Psychology Center, Malaysia

Clinical hypnotherapy provides an unique opportunity for both training clients in applying cognitive behavioural skills as well as accessing their thoughts when confronted with a stressor and thereby opportunity for further coaching in applying cognitive behavioural skills in managing and overcoming various forms of anxiety. Traditional CBT sessions require clients to record down their cognition when faced with their stressors in between sessions and report these results to the therapist during the next session. Very often the accuracy and details of such reports is reduced due to the time lag between the stress experience period and the therapy session. Hypnotherapy provides a unique opportunity to observe and coach the anxious client in action. The paper will present several case studies of using hypnotherapy as a therapeutic medium to train and coach clients suffering from phobias and panic attack.

Symposium 7: CBT for Anxiety Disorder

S7-2

The Effectiveness of Cognitive-Behavioural Therapy Group for Chinese People with Social Anxieties in Hong Kong: A Preliminary Study

Daniel Wong, The University Of Hong Kong, Hong Kong

This was a preliminary study which adopted a randomized wait-listed control design to examine the effectiveness of cognitive-Behavioural therapy group for Chinese people with social anxieties in Hong Kong. Thirty-four individuals participated in the study after the pregroup interview, and were randomly allocated to the treatment and the wait-list conditions. There were 2 experimental groups which received CBGT, with about 8-9 participants per group. Standard measurements of The Liebowitz Social Anxiety Scale, The Dysfunctional Attitude Scale, The COPE scale and The Emotions Checklist were used to measure the outcomes of intervention. Preliminary results suggested that CBGT was able to help members of the experimental group reduce social anxiety, dysfunctional rules and negative emotions, and to increase their adaptive coping skills and positive emotions. No changes in the above measurements were found for members of the control group. The present study also pointed out two categories of dysfunctional rules and assumptions, avoidance of disapproval and perfectionism that might be related to the occurrence of social anxieties among Chinese people in Hong Kong. In the presentation, I shall discuss our cognitive conceptualization of social anxieties and the use of cognitive-Behavioural strategies in helping participants manage their social anxieties. The presentation will end by presenting our views about the applications of CBT on Chinese clients in Hong Kong.

Symposium 7: CBT for Anxiety Disorder

S7-3

Catastrophic Cognitions Do Not Mediate Relationship Between Anxiety Outcome and Quality of Life After a Group Cognitive Behavioural Treatment

Niamh M. McAlinden, University of Queensland & Tian P.S. Oei, University of Queensland, CBT Unit, Toowong Private Hospital, Australia

Clinicians and researchers are now being encouraged to take a more holistic approach to clinical psychology by examining the effects of treatments on patients' subjective well-being and quality of life (QOL), as well as on symptoms. While group cognitive behaviour therapy (GCBT) has been established as an efficacious treatment of anxiety symptoms, few studies have assessed its effects on QOL. The aim of this study was to a) assess the effectiveness of GCBT for improving patients' QOL in addition to reducing anxiety, and b) examine whether catastrophic cognitions mediate the relationship between anxiety and QOL. One-hundred and fifty-four patients diagnosed with various anxiety disorders were treated with eight 3.5-hour sessions of GCBT and completed the Beck Anxiety Inventory, Zung Self Rating Depression Scale, Quality of Life Inventory, and Catastrophic Cognitions Questionnaire (Modified) at pre- and post-treatment. Results indicated that patients experienced a significant reduction in anxiety and a significant improvement in their QOL between pre- and post-treatment. Furthermore, catastrophic cognitions failed to mediate the relationship between anxiety and QOL at both baseline and post-treatment and likewise, change in cognitions over the course of therapy had no mediating effect on the relationship between anxiety and QOL change scores. It was concluded that GCBT is effective for both reducing anxiety and improving QOL in clinically anxious adults and that the anxiety-QOL relationship is not mediated by catastrophic cognitions, although the effects of other types of cognitions have yet to be examined.

Symposium 7: CBT for Anxiety Disorder

S7-4

Cognitive Behaviour for People with Intellectual Disability and Co-morbid Depressive and Anxiety Disorders: A Case Series

Luke Hatzipetrou, Andrew Nielsen & Paul White, Centre for Mental Health Wacol, Australia

Objectives: The prevalence of anxiety and depressive disorders is much higher for people with intellectual disability than for the general population. CBT has been shown to be effective treatment for anxiety and depressive disorders in people with intellectual disability. This is a pilot study of a modularized CBT intervention for this group.

Method: The participants were drawn from a clinical population; an “opportunistic” sample. The intervention involved eight, weekly hour-long sessions. Anxiety was measured with the Beck Anxiety Inventory and the Mini PAS-ADD. Depression was measured with the Beck Depression Index the Mini PAS-ADD. Analysis was by within subject design.

Results: For 14 subjects, there was a significant reduction in symptoms of anxiety and/or depression. 5 subjects withdrew and 2 were worsened by the intervention.

Conclusions: Most of the participants benefited from the study intervention. An additional finding was that people with intellectual disability who have been traumatised may be harmed by CBT. Both patients who appeared worsened had a history of trauma. Both had promising starts to their treatment and both dropped out after doing the emotional awareness training for anxiety. Reasons for this are presented.

Symposium 7: CBT for Anxiety Disorder

S7-5

Negative Life Events and Obsessive-Compulsive Symptoms: Moderating Role of Obsessive Beliefs

Tomoko Sugiura, Japan Society for the Promotion of Science, Yoshinori Sugiura, Shinshu University, Japan

Obsessive-compulsive (OC) symptoms are known to fluctuate over time. One candidate factor behind this fluctuation is stressful life events. This study examined the effects of negative life events on OC symptoms among college students using a longitudinal (quasi-experimental) design. It was also examined whether obsessive beliefs moderated stress effects.

One hundred and eighty-nine students completed the revised Obsessive-Compulsive Inventory (OCI-R; Foa et al., 2002) twice, one month apart. They also completed a questionnaire measuring negative life events during the preceding month (Takahira, 1998) on the second administration. The Obsessive Beliefs Questionnaire 44-item version (Obsessive Compulsive Cognitions Working Group, 2005) was also completed.

Hierarchical regression analyses predicting Time 2 OCI-R were conducted. Time 1 OCI-R was a covariate, followed by beliefs, life events, and an interaction term. Interpersonal stressors enhanced Time 2 OC symptoms, while obsessive beliefs evidenced neither a main effect nor an interaction effect.

A question that cannot be addressed by the above analysis is: Do stressors cause OC symptoms among originally non-obsessives or do they exacerbate OC symptoms among already obsessives? To answer this, post hoc regressions were conducted, dividing the participants by Time 1 OC symptoms. Achievement related stressors exacerbated symptoms when combined with inflated responsibility, with those with high baseline OC symptoms,

Results indicate negative life events can enhance OC symptoms within a relatively short period. Inflated responsibility, a well-studied cognitive vulnerability to OCD, seems to booster the deterioration of OC symptoms by achievement related stressors.

Symposium 8: CBT & Trauma Psychology

S8-1

The Components and Treatment Effectiveness of Cognitive-Behavioural Therapy in the Psychological Trauma Clinic

Valda W. Cho & Kitty. Y. Wu, Caritas Medical Center, Hong Kong

Background of Study:

Research continuously indicates that the experience of traumatic events can lead to disturbing psychological reactions. Prolonged disturbing psychological reactions could impair patients' normal level of functioning and increase overall health care and economic costs¹. Cognitive-Behavioural Therapy has scientifically proved to be an effective treatment for this group of patients.

This study will examine (1) the Cognitive-Behavioural Therapy components adopted in the Psychological Trauma Clinic; and (2) their treatment effectiveness.

Methodology:

This is a case study of approximately 20 adult outpatients who received Cognitive Behavioural Therapy from the Psychological Trauma clinic. They were found to present prolonged or excessive disturbing psychological reactions upon referral after they were exposed to traumatic events. Sources of referral included general hospitals under Kowloon West Cluster of Hospital Authority.

Treatment components, and participants' demographic and psychosocial variables were found in the database of Hospital Authority and/or collected during the intake interview. Besides, three self-report measures were also used to measure participants' psychological reactions both before and after receiving clinical psychology treatment. These measures included Hospital Anxiety and Depression Scale (HADS), Chinese Version of Impact of Event Scale-Revised (IES-R) and Dartmouth COOP Functional Health Assessment Charts (COOP/WONCA).

Results and Implications:

Intensity and characteristics of participants' psychological reactions after they were exposed to traumatic events would be examined. Components of the Cognitive-Behavioural Therapy offered and their effectiveness to this particular group of participants would be analyzed and discussed.

Symposium 8: CBT & Trauma Psychology

S8-2

Cognitive and Behavioural Model for Social Anxiety Development: The Role of Social Trauma and Parental Overprotection

Venus Yiu & Patrick Leung, The Chinese University of Hong Kong, Hong Kong

Social trauma, parental overprotection, cognitive appraisals transferred from parents to children, Behavioural avoidance and social skills efficacy have been identified as risk factors in predicting the development of social anxiety among children and adolescents. Despite the risk factors identified, the risk processes and pathways have yet to be unfolded. The present study has postulated three different routes to the development of social anxiety: 1) direct condition from social trauma; 2) cognitive pathway from overprotection, as mediated by cognitive appraisals transferred; 3) Behavioural pathway from overprotection, as mediated by Behavioural avoidance and social skill efficacy. The aim of the study was to examine the relationships between these risk factors and the significance of different pathways to the development of social anxiety. 879 adolescents from 4 secondary schools completed questionnaires on their experience of social anxiety. Results from structural equation modeling showed a satisfactory goodness of fit for the model of proposed risk factors and pathways. Implications on the design of the public education programs to enhance public awareness on adolescents' social anxiety and therapeutic parameters on the treatment of social anxiety will be discussed.

Symposium 8: CBT & Trauma Psychology

S8-3

Cognitive-Personality Vulnerability and Event Perception in the Prediction of Depression in Chinese Women of Hong Kong

Eugenie Y. Leung, Castle Peak Hospital & Catherine So-kum Tang, The Chinese University of Hong Kong, Hong Kong

We aimed to examine direct and indirect effects of cognitive-personality vulnerability (CPV) on depression in Chinese women. We also tested the personality-event congruence hypothesis, and specifically, the sociotropy dimension of CPV would match with interpersonal events and the solitude-autonomy dimension of CPV would match with achievement events to predict depression. Both cross-sectional and longitudinal data (six months) were obtained from 161 female depressed outpatients and 135 non-depressed women in the community. We noted that the diathesis-stress relationship existed between CPV and event perception through both direct and indirect paths. However, we only found partial support to the more specific personality-event congruence hypothesis. In particular, for the clinically depressed group, direct effects of solitude-autonomy and goal loss event perception were robust predictors of depression at T1 and T2. Sociotropy at T1 also exerted an effect on goal loss at T2, which was linked directly to depression at T2. For the non-depressed community group, sociotropy interacted with goal loss at T1 and solitude-autonomy interacted with relation loss at T1 to influence depression at T1. The solitude-autonomy dimension also exerted an effect on depression at T1 to influence depression at T2. Based on these findings, we proposed a simplified CPV model with which depression can be predicted by direct effects of solitude-autonomy and indirect effects of sociotropy via goal loss event perception. Limitations and treatment implications were also discussed.

Symposium 8: CBT & Trauma Psychology

S8-4

Effects of Cognitive-Behavioural Therapy on Sexual Abuse Related Issues in Bahamian Female Adolescent Victims

Vanessa I. N. Williams & Mahmood Nazar Mohamed, University Utara, Malaysia

A review of existing literature revealed that sexual abuse can lead to detrimental affects in its victims, whereas making treatment outcome studies imperative. This quan-qual research was geared to examine the efficacy of cognitive Behavioural group therapy for Bahamian female adolescent victims of sexual abuse. The purpose of this study was to examine the effects of a ten-week cognitive Behavioural group therapy program on three symptoms commonly seen in sexual abuse adolescent cases: victimization, poor self-esteem and social avoidance. In this effort, the treatment was designed to reduce feelings of victimization, poor self-esteem and social avoidance. A quasi-experimental pre-test post-test design was used. The sample contained 12 adolescent victims that were placed in either an experimental treatment group (N=6) or a wait-list group (N=6). The results of this study showed that CBT was significantly effective in reducing feelings of victimization and social avoidance in the treatment group compared to the control group. Although a decrease in self-esteem was shown in the treatment group, this result was only significant at the $p < .10$ level. However, those participants in the control group, not receiving treatment, self-esteem worsened after 10 weeks. The findings suggest that CBT is effective in reducing feelings of victimization, social avoidance and self-esteem. In addition, these findings increase the knowledge-base research arena concerning treatment for sexual abuse related symptoms in female victims in the Bahamas.

Symposium 8: CBT & Trauma Psychology

S8-5

Cognitive-Behavioural Intervention for Chinese Family Caregivers of Dementia Patients

Dolores Gallagher-Thompson, Stanford University, Hui-Qi Tong, Pacific Graduate School of Psychology, Peng-Chih Wang, Stanford University, Paulette Tang, Adult outpatient programs and Asian Family Institute, Chunyu Pu Pu & Associates Healthcare, & Larry Thompson, Pacific Graduate School of Psychology

Very little is known about the effectiveness CBT intervention program may have for Chinese family caregivers. This study was aimed to investigate whether a multi-component CBT intervention was effective in reducing psychological stress among this cultural group. A total of 45 Chinese female caregivers (aged 34 to 80) who provided at least eight hours a week of ongoing care to an elderly relative with dementia were randomized to one of two intervention conditions: In-Home Behavioural Management Program (IHBMP) or Telephone Support Condition (TSC). The IHBMP group (n=22) received a 10- to 13-week, home-based, manualized treatment, whereas the TSC group (n=23) received six bi-weekly supportive phone calls and mailed educational materials. Sessions were conducted in English or Chinese. Psychological stress was assessed pre-and post-intervention through three measures: (1) Revised Memory and Behaviour Problems Checklist assesses caregiver burden; (2) Geriatric Depression Scale assesses depressive symptoms; and (3) Revised Ways of Coping Checklist assesses coping strategies in dealing with a primary stressor. Results showed caregivers who received the IHBMP experienced less subjective burden ($p=.022$) and had substantially reduced depressive symptomatology ($p=.017$) than the comparison group. There was little difference in the two conditions on change in general level of stress. The data indicate that CBT can be helpful in alleviating caregiving stress and psychological distress in this group over a short period of time. Additional studies are needed to replicate and determine if the positive effects persist over a longer follow-up period as well as to identify individual difference characteristics associated with improvement.

Symposium 9: Teaching of CBT in Hong Kong and China

S9-1

The Consolidation of Evidence Based Psychological Treatments in Hong Kong

Chee-wing Wong, The Chinese University of Hong Kong, Chinese Association of Cognitive Behaviour Therapy, Hong Kong

Tertiary teaching institutions in Hong Kong are often faced with the dilemma of whether they should teach psychological treatment as a system of knowledge or as a many stand-alone techniques. There is also the dilemma of teaching only those treatments that are validated scientifically, or including diverse approaches for students to choose from. This presentation argues from an evolutionary perspective the advent of knowledge under the rubrics of science, and the social developmental changes in the provider-consumer relationship under the present day healthcare system, with emphasis on transparency, accountability and cost-effectiveness. It is argued that universities should choose what to teach, and to teach psychological treatments as a dynamic and evolving system that changes with research evidence, rather than teaching static techniques handed down from generation to generation. International treatment guidelines will be highlighted to illustrate the point. Efficacy and effectiveness are seen as inter-connected phases of treatment development, rather than as competing ideologies.

Symposium 9: Teaching of CBT in Hong Kong and China

S9-2

Teaching CBT in China Through Systematic Training Workshops: 2000-2006

Calais Kin-yuen Chan, the University of Hong Kong, Chinese Association of Cognitive Behaviour Therapy, Hong Kong

Until recent years, psychotherapy has not received serious attention from mental health authority in the PRC, both in terms of professional training and service deliveries. The first systematic training in CBT only commenced in 2000 with joint collaboration between the Institute of Mental Health at Hunan Medical University and the Department of Psychiatry at the Chinese University of Hong Kong. In this brief presentation, Professor Calais Chan will share with the audience his personal experience of teaching this training program of systematic workshops between 2000 and 2006 in the PRC. The various factors that contribute to the favourable reception of CBT by mental health practitioners, as well as the fast developing trend in recent years will be discussed. Emphasis will also be given to the need to incorporate cultural specific as well as common factors in teaching that arouse interest and insight into the therapeutic mechanisms that make CBT work.

Symposium 9: Teaching of CBT in Hong Kong and China

S9-3

Practising CBT in Hong Kong and PRC: Lessons and Essence

Kee-on Ng, the Chinese University of Hong Kong, Chinese Association of Cognitive Behaviour Therapy, Hong Kong

This paper highlights some of the critical issues in the teaching and practices of CBT in Hong Kong and PRC; more specifically, the role of emotion in CBT will be re-examined. Although the issue of emotion appears to have been clearly addressed in the theories of CBT, its role seems to be implicit and passive, as opposed to being explicit and active. Typically, in CBT, negative emotions are often seen as symptoms that need to be modified, and not a phenomenon in its own right. Consequently, the contribution of the nuances of some emotional processes in psychological disorder has often been overlooked; the recent attention on the important role of anger, disgust, and jealousy is a case in point. There is also a growing body of research which shows that paying attention to our affect can change our thinking and behaviour, inasmuch as thinking can change affect. For this reason, the way how the construct of emotion can be utilized in the development of new treatment strategies will be discussed.

Symposium 9: Teaching of CBT in Hong Kong and China

S9-4

The Effectiveness of CBT Training via Psychotherapy Workshops

Zhening Liu, Central South University, China

There has been a recent surge in interest and popularity in the practice of CBT in China. CBT has rapidly become the mainstream of practice in psychotherapy, primarily owing to its strong empirical basis in both theoretical formulations and treatment outcomes for specific psychological disorders. The author will illustrate the utilization of evidence based CBT intervention strategies in the clinical management of disasters recently occurred in different parts of China. According to the National Mental Health Plan (2002-2010): First-hand psychological support should be included in the comprehensive aid after a disaster. Central South University and the Chinese University of Hong Kong have held Psychotherapy Training Workshops in Changsha, Hangzhou, and Xian. Professionals who went through the systematic training were sent to attend the National Medicine Group in areas of natural disaster. The adherence to international guidelines in traumatic stress management, in particular the use of CBT and related treatments, were found to be particularly useful. A total of 662 people who experienced psychological trauma during a natural disaster have accepted psychosocial intervention along CBT lines. Follow-up assessment showed that their emotional and physical symptoms have been significantly improved ($p < 0.05$). With evidence attesting to the effectiveness of CBT teaching and application, it is envisioned that the influence of CBT will continue to expand both in scope of research, training, and service delivery for a broad range of psychological disorders in the PRC.

Symposium 10: Assessment & Theory

S10-1

Doing Psychiatric Assessment with the Brain in Mind: A Systematic Approach in Conducting Differential Diagnosis

Freedom Leung, Chinese University of Hong Kong, Hong Kong

Symptoms of most psychiatric disorders seldom present in neat packages as stated in diagnostic manuals. Comorbidity is the rule rather than exception. Clinicians often get lost in this complex matrix of comorbidity. For example, how should we understand and treat a patient who presents a complex mixed of anxious, depressive, somatic, and dissociative symptoms? This paper proposes a conceptual framework that ties basic brain organization to the development of different psychiatric symptoms as stated in Axis I of the DSM system. Based on this conceptual framework, a systematic approach in conducting differential diagnosis is also introduced. The implications of this conceptual framework for training and clinical practices will be discussed.

Symposium 10: Assessment & Theory

S10-2

Perfectionism and its Relationship with Students' Burnout and Engagement: A SEM Approach

Yiwen Zhang, Yiqun Gan, Hei Ning Cham & Hui Liao, Peking University, China

This study focuses on the role of perfectionism in college students' burnout and engagement using a structural equation modeling (SEM) approach. A dual-path model is tested in which negative perfectionism (doubts about actions, concerns over mistakes, etc.) associates with burnout symptoms while positive perfectionism (personal standards, organization) has an influence on the antipode of burnout—engagement. A sample of Chinese undergraduates (N=482) completed a battery of questionnaires including the Frost Multidimensional Perfectionism Scale (FMPS), the Maslach Burnout Inventory-Student Survey (MBI-SS) and the Utrecht Work Engagement Scale for Students (UWES-S). Results confirm and expand the hypothesized model by indicating that: (1) burnout and engagement were two separate, though moderately negatively correlated dimensions. However, the positively worded subscale of MBI measuring Professional Efficacy (PE) doesn't load on burnout and appears to be a fourth element of engagement; (2) burnout was mainly correlated with negative perfectionism whereas engagement was correlated with positive perfectionism; (3) positive perfectionism also had a significant influence on burnout, while negative perfectionism did on engagement; (4) the motivational aspect of both burnout and engagement were explained better by the research model. These findings indicate that perfectionism is not all maladaptive concerns but also adaptive achievement striving in a college academic context. Diverse cognitive-Behavioural intervention strategies focusing on perfectionism should be used to reduce students' burnout and enhance their engagement.

Symposium 10: Assessment & Theory

S10-3

Intrinsic Personality Traits in Patients with Generalized Anxiety Disorder

Qu Wei, Third Military Medical University of Chinese PLA, China

OBJECTIVE: To explore the correspondent relationship between generalized anxiety patient and internal ersonality trait through adopting Cattell's 16 Personality Factor Questionnaire(16PFQ)and Zung's Self-rating Anxiety Scale(SAS) to test generalized anxiety patients.

PARTICIPANTS: Totally 100 patients with generalized anxiety disorders who visited the clinical counseling clinical counseling clinic of out-patient in the Southwest Hospital, Third Military Medical University of Chinese PLA for the first time from August 2003 to March 2004 were included, including 40 men and 60 women.

METHOUDS: Catell's 16PFQ was tested with Psychometric Toolbox Standard Edition V2.3 developed by the Insight Group of Peking University. The patients filled out the forms independently after the method being explained clearly by professional staff members. These 16 personality factors included warmth(reserved *vs.* warm; Factor A), reasoning(concrete *vs.* abstract;Factor B), emotional stability(reactive *vs.* emotionally stable; Factor C), dominance(deferential *vs.* dominant; Factor E), liveliness(serious *vs.* lively; Factor F), rule-consciousness(expedient *vs.* rule-conscious;Factor G), social boldness(shy *vs.* socially bold;Factor H), sensitivity(utilitarian *vs.* sensitive; FactoStandard score of each observed index was measured automatically by computer measuring system; Factor I), vigilance(trusting *vs.* vigilant; Factor L), abstractedness(grounded *vs.* abstracted; Factor M), privateness(forthright *vs.* private; Factor N), apprehension(self-assured *vs.* apprehensive; Factor O), openness to change(traditional *vs.* open to change; Factor Q1), self-re-liance(group-oriented *vs.* self-reliant; Factor Q2), perfectionism(tolerates disorder *vs.* perfectionistic; Factor Q3), tension(relaxed *vs.* tense; Factor Q4). The standard score in Zung's SAS was(65.31 ± 7.90).

RESULTS: All the 100 patients entered final analysis.①Result of Cattell's 16PFQ for patients with generalized anxiety disorders: Scores in A, I, L, M, O, Q4 factor of anxiety patients were higher than that of health adult norms(6.19 ± 1.69 , 5.49 ± 1.75 ; 6.63 ± 1.46 , 5.53 ± 1.84 ; 5.84 ± 1.52 , 5.47 ± 1.78 ; 6.22 ± 1.54 , 5.42 ± 1.61 ; 8.32 ± 1.54 , 5.48 ± 1.81 ; 8.10 ± 1.27 , 5.60 ± 1.99 , ($t = -2.03$ to -13.15 , $P < 0.05-0.01$)) while scores in B, C, E, F, G, H, Q1, Q2, Q3 were significantly lower(5.22 ± 1.46 , 5.93 ± 1.97 ; 3.48 ± 1.68 , 5.51 ± 1.75 ; 4.86 ± 1.60 , 5.53 ± 1.83 ; 5.01 ± 2.22 , 5.50 ± 1.89 ; 4.42 ± 1.60 , 5.54 ± 1.66 ; 4.58 ± 1.66 , 5.56 ± 1.84 ; 4.64 ± 1.29 , 5.50 ± 1.72 ; 4.21 ± 1.61 , 5.51 ± 1.90 , ($t = 2.54$ to -15.43 , $P < 0.05-0.01$)). □ Factor C, E and F had a significantly negative correlation with scores in Zung's SAS ($r = -0.273$, $P < 0.01$; $r = -0.217$, $P < 0.05$) while factor Q4 had a significantly positive correlation($r = 0.248$, $P < 0.05$)

CONCLUSION: The development of anxiety with high scores in C, E, F and Q4 correlates with self-personality trait. These 4 personality traits maybe susceptible factor in the development of anxiety disorder and may also affect its severity.

Symposium 10: Assessment & Theory

S10-4

Development and Initial Validation of Self-Actualization Scale for Educational Manager

Peter Howard R. Obias, Philippine Normal University, Philippines

Many foreign cross-cultural researches have been conducted and less locally; and few self-satisfaction of managers in education. This study approximates a Self-Actualization Scale (SAS) instrument.

The SAS instrument was based on the input-process-output. The input constituted the components and indicators. The process stage, components passed phases in coming - up with the test construction. Development and validation of SAS passed a four-phase process: planning, test construction, tryout and analysis, and preparation of the test manual. The instrument is Likert rating consisting of 5-point scale.

Try-out was handed to the doctoral and masteral students in educational management and the Philippine Normal University System.

The findings were:

1. 21 defined components with 120 indicators composed the SAS.
2. 120 items had been developed.
3. The proceedings are self-actualized: Physiological, Rootedness, and Power.
4. The following components had low mean scores in: Temporal Factors, Goal Setting, Status, and Benefits.
5. The indicators with the high mean scores: Maintains sustenance of primary physiological needs, Effective in working, Realizes potentials, and Maintains sustenance of secondary physiological needs.
6. The indicators with low mean scores: Commitments to goal, Able to go out traveling to appreciate beauty of environment, and Able to have time to fulfill religious or apostolate duties and functions.

7. The SAS obtained very high internal consistency.
8. The Pearson Product Moment Correlation Coefficient for Test-Retest statistically computed r. value with very high correlation.
9. The results depicted very high correlation with the Split-half and Spearman Brown.
10. The SAS garnered very high construct validity from Item Total Correlation.
11. The Known-Group Technique of Validation confirmed construct validity and One-Way Analysis of Variance disclosing very high significance

Symposium 10: Assessment & Theory

S10-5

Difference of Verbal Recognition in High and Low Obsessive and Compulsive Symptom Individuals

Jie Zhong & Jie-Qin Tan, Peking University, China

Memory deficit has been posited to play an important role in the etiology of Obsessive-Compulsive Disorder (OCD). However the results of the verbal memory studies in OCD were quite inconsistent. It may be due to the methodology of memory test and index of memory capacity.

In two experiments, the authors adopted the signal detection approach to analyze the data from the verbal recognition test, which include three kinds of materials: emotional, obsessive-compulsive threatened (OCT) and neutral words, in individuals with high and low obsessive compulsive symptoms (HOCs and LOCs). The result in the first experiment indicated that the HOCs exhibit lower sensitivity on neutral words than LOCs. To confirm and extend the findings, the second experiment was conducted, which involved a pure neutral word recognition test and, then, the repetition of the first experiment. Interestingly, the HOCs and LOCs performed no difference in pure neutral recognition test, but repeated the results of experiment 1.

These findings suggested that the HOCs would be vulnerable to the negative or self-related information and can not be recovered when the word was switched to neutral. And our results may relate to the neuropathology of OCD.

Symposium 10: Assessment & Theory

S10-6

The Predictors of Agoraphobia in Patients with Panic Disorder

Young Hee Choi, Uk Hwan Kwak, Hyae Young Yoon, .Mettaa Institute of cognitive Behavior Therapy, Korea Mirihae Kim, & Kyung Hee Kim, Duksung Womens' University, Korea

Objectives: Why do some individuals with panic disorder exhibit agoraphobic avoidance while others do not? What are the predictors of agoraphobia among patients with panic disorder? In order to answer these questions, the present study compared the characteristics between patients with panic disorder who had severe agoraphobia (PDA) and the ones who did not have agoraphobia (PDU) and identified the factors that could predict the development of agoraphobia.

Method: Among patients who visited the department of psychiatry at a university medical center in Seoul, Korea, 213 outpatients with panic disorder(68 without agoraphobia and 145 with agoraphobia) completed questionnaires on panic attack(onset, duration, frequency, etc.), body sensation, anticipatory anxiety, and sociodemographic characteristics which were suggested to be related with the development of agoraphobia in previous studies.

Result: 'Female', 'severity of anticipatory anxiety', 'first panic attack in public place' and specific panic symptoms (fear of going crazy or losing control) turned out to be related with the development of agoraphobia.

Conclusion: The authors concluded that different degrees of and content of cognition (perceived social consequences of having a panic attack) could lead to different susceptibility to the development of avoidance behavior. Clinical implications for cognitive behavioral therapy were discussed.

Symposium 10: Assessment & Theory

S10-7

Chaos Theory: A Psychotherapeutic View

Xiaoping Li, Nanjing Normal University, China

Chaos theory provides a new way of understanding the real, complicated human mind. The applications of chaos theory to psychotherapy not only innovate traditional concepts but also exert great influence in treatment methods. Relying on the science of chaos theory, the essence of human mind is nonlinear, and the chaotic mental status is a dynamical foundation which can bring about more advanced orderly structure. Therefore, allegedly strategic interventions that quickly to dampen or eliminate expressions of systemic disorganization carry a significant risk of danger in that such disorganization is essential to ongoing reorganization. From the perspective of complexity studies, a successful outcome means that the patient feels emotional relief, learns new behaviours or new ways of thinking, resolves old conflicts, or internalizes a new object relationship.

Symposium 11: Treatment of Childhood Anxiety

S11-1

Improved Treatment of Comorbid Anxiety and Depression in Adolescents: A Randomized Controlled Trial

Carolyn A. Schniering & Ronald M. Rapee, Macquarie University, Australia

Comorbid anxiety and depression is a complex problem that affects large numbers of adolescents in the community. Increasing evidence indicates that comorbid anxiety and depression in youth is associated with increased problem severity, decreased treatment response and poor long-term prognosis. In particular, studies have found that comorbid depression among childhood anxiety (or vice versa) is associated with poorer treatment outcome compared to their peers with a unitary disorder. To date commonly used treatments have targeted either anxiety or depression alone and there is a need for superior treatments specifically targeting this high-risk population. The aim of the present study is to examine the effectiveness of a new treatment for comorbid anxiety and depression in adolescents. The new programme combines cognitive behavioural components for anxiety (from our standard *Cook Kids* programme) and depression into one integrated and more intensive package.

Participants include adolescents aged 12-17 years who meet criteria for both an anxiety disorder and a mood disorder on presentation at the Child and Adolescent Anxiety Clinic, Macquarie University, Sydney. Subjects are assessed using a structured diagnostic interview and are also assessed via a number of self-report measures of emotional distress. Subjects are randomly allocated to either wait-list or the new treatment programme.

Preliminary data from this large grant funded study indicate that compared to wait-list, the new treatment shows good results both in terms of self-report indicators and the percentage of diagnosis free youth at post-treatment. Results suggest that targeted programmes specifically addressing the complex interplay of anxiety and depression may be promising in the treatment of adolescents with comorbid internalising disorders. In addition, these types of enhanced treatments may prove to be superior to existing therapies.

Symposium 11: Treatment of Childhood Anxiety

S11-2

Cognitive Behavioural Treatment versus an Active Control for Children and Adolescents with Anxiety Disorders

Jennifer L. Hudson, Macquarie University, Australia

Referred from multiple community sources to the Child and Adolescent Anxiety Clinic (CAAC) at Macquarie University, Sydney, 135 children (ages 7-16 years) diagnosed with a DSM-IV anxiety disorder were randomised to group cognitive behavioural treatment (GCBT) or a non-CBT group support and attention (GSA) condition. The GCBT condition included affect recognition, cognitive restructuring, contingent rewarding and gradual exposure, representing CBT as usual. The GSA treatment provided support to the children and families and psychoeducation on emotions. Both treatments had equivalent family involvement. A multimethod assessment, including structured clinical interviews, self-report, parent-report and clinician ratings, was conducted at pre-treatment, post-treatment and 3 month follow-up. The results will be analysed at both the symptom level and diagnostic level.

Symposium 11: Treatment of Childhood Anxiety

S11-3

A Group Treatment Program for Parents of Anxious Children: Use of Bibliotherapy Materials

Heidi J. Lyneham, Maree, J. Abbott, & Ronald M. Rapee, Macquarie University, Australia

A number of studies have shown highly efficacious treatments for childhood anxiety disorders. While these results have been promising, it is a common finding in mental health that only a small percentage of sufferers ever reach appropriate help. Even if education were sufficient to motivate sufferers to seek help, the resources do not exist in most countries to provide sufficient help. Self-help treatments, through the use of clearly written manuals, may help to reduce the burden of mental health by providing a treatment alternative for a certain percentage of sufferers.

We have previously conducted evaluations of the use of bibliotherapy materials for children with anxiety disorders. The primary aim was to assist parents of these children to act as therapists for their own child. In one study we demonstrated that up to 20% of children were diagnosis free after their parents received bibliotherapy materials with no additional professional contact. In a second study, we showed that augmenting this bibliotherapy program with 9 individual telephone sessions with a therapist, resulted in up to 85% diagnosis free. However, individual sessions via telephone are still very expensive and resource intensive. Therefore the aim of the current study was to examine the value of augmenting the use of bibliotherapy materials with a small number of group sessions aimed only at parents.

To date, we have had a total of 150 children through the study. Children are aged 6 to 12 years and all have a principal diagnosis of an anxiety disorder. They are randomly allocated to one of three conditions: Bibliotherapy augmented with 5 group sessions for parents only; standard 10-session cognitive behavioural group treatment for children and parents; waitlist. Bibliotherapy is provided via a commercially available book, Rapee et al. (2000). Helping your anxious child: A step by step guide for parents, New Harbinger;

and group treatment involves our standard group program, *Cool Kids*, that has previously been shown to have strong effects.

Post-intervention data have all now been collected and 12-month follow-up are being collected currently. Post-treatment results indicate that the augmented bibliotherapy produces outcome results that are as good as our standard 10-session program. Improvements relative to waitlist are demonstrated on diagnostic status, clinician ratings, parent report and child self report.

Symposium 12: Meeting the Mental Health Needs of China

S12-1

Meeting the Mental Health Needs of China

Nancy H. Liu, University of Nebraska-Lincoln, USA

China is currently undergoing drastic social and economic transition, which has had a profound impact on its view of mental health and related issues (Jie & Xiaobing, 1998). With the proliferation of mental health problems, there has been an increasing openness to Western psychology and psychology is increasingly viewed as a valued professional activity (Cheung, Leong, & Ben-Porath, 2003; Butcher, Cheung, & Lim, 2003). Currently a wide array of mental health problems exist, including alarming rates of suicide, increased marital dysfunction, and higher rates of substance abuse (Phillips, Liu, & Zhang, 1999). This symposium will include presenters covering broad but interrelated areas of the history of the Chinese mental health system, stigma and cultural attitudes of mental health as well as current work among researchers and practitioners currently working in Hong Kong and Mainland China. Particular attention will be focused on cognitive therapy as well as the role of mental health in the context of greater health care such as cancer. The Discussion will focus on the future direction of developing an adequate mental health care delivery system in China. This symposium seeks to spark a collaborative understanding regarding the current and future role of empirically validated treatments in meeting the burgeoning mental health needs in China.

Symposium 12: Meeting the Mental Health Needs of China

S12-2

An Historical Review of the Mental Health Services in the People's Republic of China

Kam-Shing Yip, Hong Kong Polytechnic University, Hong Kong

As an archive of related literature, this paper is an attempt to describe the historical development of the mental health services in the PRC. The development of the mental health services in the PRC could be divided into several stages: the introduction of mental asylums by western missionaries before 1949; indigenization of the treatment model after the establishment of the PRC (1949-1963). Strong political control governed diagnosis and treatment as well as detention and discharge of mental patients during the Cultural Revolution (1964-1976). Later, because of modernization and reform advocated by Deng Xiao-ping, western models of treatment and rehabilitation were gradually introduced by psychiatrists in the PRC. Nevertheless, dilemmas such as human rights versus political control, community integration versus community control, diversity versus centrality, huge demand but inadequate services seemed to challenge the further development of the mental health service in the PRC.

Symposium 12: Meeting the Mental Health Needs of China

S12-3

Can a Less Pejorative Chinese Translation for Schizophrenia Reduce Stigma? A study of Adolescents' Attitudes Toward People with Schizophrenia

Daniel Fu-Keung Wong, University of Hong Kong, Hong Kong

The term *jing-shen-fen-lie-heng* (mind-split-disease) has been used to denote schizophrenia in Chinese societies. Many Asian countries, where the Chinese writing system is used, adopt a similar translation. This study examined whether a less pejorative name *si-jue-shi-diao* (dys-regulation of thought and perception) as a diagnostic label for symptoms of schizophrenia could reduce stigma. Secondary school students ($n = 313$) were randomly assigned to read a vignette with one of four labels: *si-jue-shi-diao*, *jing-shen-fen-lie-heng*, *jing-shen-bin* (mental illness), and no label. Students expressed their social distance, stereotypes held, and attributions toward a young adult who met the Diagnostic and Statistical Manual-IV of Mental Health Disorders criteria for schizophrenia. It was found that psychiatric labeling did not have a statistically significant main effect on attitude measures. However, students with religious beliefs were more accepting towards the target individuals associated with diagnostic label than one with no labeling. The results cast doubts that less pejorative labels can reduce the social stigma of schizophrenia. Some potential drawbacks in using politically correct terms to describe schizophrenia are highlighted.

Symposium 12: Meeting the Mental Health Needs of China

S12-4

The Effects of Relaxation and Imagery Training on the Emotional and Physical Functioning of Chinese Cancer Patients

Jianping Wang, Beijing Normal University, China

The purpose of this study was to examine the effects of relaxation and imagery training on the emotional and physical functioning of Chinese cancer patients. 389 cancer patients undergoing chemotherapy or radiotherapy were randomly assigned to two groups measured with the QLQ-C30 and the POMS. Patients in the intervention group exercised relaxation and imagery skills everyday, and reported significantly less distress and higher global quality of life. Most scores of scales in the QLQ-C30 were better, especially some emotional scales in the POMS. These findings suggest that relaxation and imagery training are effective and beneficial for Chinese cancer patients.

Symposium 12: Meeting the Mental Health Needs of China

S12-5

Applications of Cognitive Therapy on Chinese in Hong Kong: Some clinical and cultural reflections

Daniel Fu-Keung Wong, University of Hong Kong, Hong Kong

This presentation is based on clinical experiences to illustrate the differences in the application of cognitive therapy on Chinese in Hong Kong. The focus of this presentation is on the examination of the application of Western service delivery models in mental health in Hong Kong.

TSCM1 Symposium 1: Complementing Cognitive-Behaviour Therapy with Positive and Buddhist Psychology

TSCM1-1

From Positive Psychology to Positive Intervention – Some Reflections

Samuel M.Y. Ho, The University of Hong Kong, Hong Kong

Positive psychology which has a clear focus on positive emotions, positive character, and positive institution has attracted much attention from psychotherapist and clinical psychologist all over the world. In the past few years, some researchers have started to investigate if the accumulated knowledge of positive psychology could be applied to make people lastingly happier. Evidences gathered so far seem to support the efficacy of some positive psychological intervention strategies (e.g. Gratitude Visit, Three Good Things in Life, Using Signature Strengths in a New Ways) in increasing people's happiness, at least up to 6 months post intervention (Lyubomirsky, Sheldon, & Schkade, 2005; Seligman, Steen, Park, & Peterson, 2005). However, most of the published studies were conducted among normal or sub-clinical populations. It is not known if the same strategies could produce similar effect among patients. On the other hand, there is a growing interest to apply positive psychology strategies to clinical and health settings (Seligman, Steen, Park, and Peterson, 2005), and it is almost certain that such interest will have an impact on psychotherapy in the next few years. It is important, in this junction, to be aware of the current issues of positive psychological intervention. In this presentation, I shall use depression as an example to discuss the following issues related to positive psychological intervention: The similarities and differences between positive psychological intervention and cognitive-Behavioural therapy for depressive patients.

Evidences for and against the usage of positive psychological intervention among clinically depressed individuals. Possible ways of integrating positive psychological intervention and CBT for depressive patients. I shall use my clinical experience and research data, both among normal, cancer, and clinically depressed individuals to illustrate my points throughout the presentation.

TSCM1 Symposium 1: Complementing Cognitive-Behaviour Therapy with Positive and Buddhist Psychology

TSCM1-2

Positive Intervention Selection

Jordan Silberman, University of Pennsylvania, University of Rochester Center to Improve Communication in Health Care, Windber Research Institute, USA

While a great deal of research has investigated the selection of psychopathology-focused interventions, researchers have yet to empirically address the selection of Positive Psychology interventions (also referred to as 'positive interventions' or PIs). There are many reasons that person-PI fit, and thus PI selection, may be important. Careful PI selection may prevent overgeneralizations from directing individuals away from well-suited but generally inefficacious PIs, motivate individuals to engage in well-suited PIs, maximize benefits of utilized PIs, prevent individuals from wasting time with poorly-suited PIs, prevent individuals from cursorily engaging in a variety of poorly-suited PIs rather than delving deeply into a well-suited PI, prevent the “PI attrition” that may occur when individuals cannot find well-suited PIs, and help positive psychologists select PIs despite a lack of diagnoses to use as selection criteria. Trait-based selection research, though potentially useful, may be limited by the staggering number of trait-intervention combinations and the inevitability of hitherto uninvestigated but selection-relevant traits. As a potential preliminary alternative, the present research will investigate PI self selection. Each time a participant in the choice condition selects one of several PIs, a participant in the yoked control condition will be assigned the same PI. Between-group PI efficacy differences will be assessed. Potential trait predictors of effective selection, including mindfulness and emotional intelligence, will also be analyzed. The most recent data will be presented.

TSCM1 Symposium 1: Complementing Cognitive-Behaviour Therapy with Positive and Buddhist Psychology

TSCM1-3

The Power of Will as an Antidote to Helplessness: A Buddhist Perspective of Positive Psychology

Soorakkulame Pamaratana, University of Peradeniya, Sri Lanka

Positive Psychology focuses on the potentials in the human mind which allow one to positively deal with diverse issues of the life. Understanding the mind's ability to choose and to decide among alternatives is important in shaping one's positive view of the life. Early Buddhism of the Pali canon presents a view of human personality which emphasizes its ability for free choice. This point will provide a good base for a comparative study of Buddhist Psychology and Positive Psychology. Character traits, habits and tendencies (*sa-kāra*) in Buddhist perspective are ultimately results of our chosen ways of thought directed by the will (*cetanā*) of the person and thus, they are not in inherent permanent nature but are opened for reform by the use of the same will (*cetanā*) to direct one's actions and thoughts towards a more constructive manner. With this view of human being it is not possible for any individual to be in the state of "helplessness" in which one does not choose to do anything. One is not allowed to see himself and his situations as beyond his control. Though the individual and events are causally related, the will (*cetanā*) of the individual has a room to play within web of connections.

TSCM1 Symposium 1: Complementing Cognitive-Behaviour Therapy with Positive and Buddhist Psychology

TSCM1-4

Cultivating a 'Good Heart' Through Clinical Meditation: A Brazilian Research-Intervention Program on Happiness

Francisco S. Cavalcante & Andre F. Sousa, Universidade de Fortaleza, Brazil

The authors first present an overview of the principal word in ancient Greek for happiness, *eudaimonia* from where the notion of human flourishing is derived. Based on the conceptual framework of genuine happiness that sustains this program, which is understood as the conquest of our inner obscurations and the realization of the natural resources inherent in our heart and minds, the authors present the structure of an 8-week clinical group program for up to 12 persons based on: mindfulness meditation, the authentic communication model of understanding, a nonjudgmental acceptance, and an empathic attitude plus daily homework. This combined approach aims at developing loving-kindness, compassion, empathetic joy, and equanimity that we summarized as cultivating a good heart and genuine happiness. The sessions comprise: (1) a group orientation session to discuss purposes and expectations, (2) 6-weekly 2-hour cultivating sessions and post-assessments (participants write or draw images and feelings boiling during the session), and (3) a final session to qualitatively evaluate the participants' experiences based on the oral and written reports including data of their 'diary of experiencing'. The results prove to be compatible with the outcome of other research-intervention programs on mindfulness found in different parts of the world. Our approach helps to refine attention and develop the faculty of focusing on a chosen object without distraction. The authentic communication emerged as a relevant additional healing ingredient if preceded by meditation practice.

TSCM Symposium 1: Complementing Cognitive-Behaviour Therapy with Positive and Buddhist Psychology

TSCM1-5

Confluencing Cognitive-Behaviour Therapy, Buddhist and Positive Psychology

Marja K. Taams & Maurits G.T. Kwee, Netherlands

There is more than a superficial commonality between BP and PP. The first is an evolving system that adapts to circumstances and, while impacting the West, is undergoing a transformation in its auspicious history by fusing with psychology as an applied science. After courting for more than a century, cross-fertilization is bearing fruit, a process wherein PP plays a significant role. Interest in mindfulness, flow, and compassion provides confidence that a cohesive confluence is underway. An empirical bridge over the two likely merging currents and BP/PP's complementarity vis a vis CBT is described. Empirical may hold a threefold meaning: (1) denoting BP's tenet of 'the 3 empirical marks of existence' (impermanence, suffering, not-self) that reflects a 2nd person ('inter-subjective') stance; (2) referring to 'subjective' inner phenomena (perceivables-imaginables-knowables) accessible only by the mind's eye (the Buddha's 6th sense) that introspects consciousness' content, a 1st person stance; and (3) including an 'objective' 3rd person stance. Only after having eradicated emotional disorder, a quest of awakening can be successfully pursued. A notable way to pervasive happiness is through opening the mind's eye, a discovery that forms a natural part of flourishing the Buddha's meditations will likely expedite. This will eventually unveil one's Buddhanature, likening sexuality's discovery in puberty, enabling ubiquitous insight in intentional behaviours. The Buddhist causality hypothesis is elucidated as a multifunctional process of Inter-Dependent-Origination-Arising/Subsiding of BASIC modalities (Behaviour-Affect-Sensation-Imagery-Cognition). BP is the only not-self psychology to date: not-self experiences daily 'rebirths' of affective states without being concerned about reincarnation.

TSCM2 Symposium 2: Buddhist Psychology and Cognitive-Behaviour Therapy

TSCM2-1

Buddhism and cognitive behaviour therapy

Joseph K.P. Lee, Victorian Institute of Forensic Mental Health, Monash University, Australia

This paper will describe briefly Buddhism and cognitive behaviour therapy as well as their relationships, and then explore in what ways some of the important Buddhist teachings can be used in a framework of cognitive behaviour therapy. These teachings include the experience of emptiness, seeing things as they are, duality and transcending duality, and integration of subjectivity and objectivity. Furthermore, it will also discuss the importance of wisdom-based practice and the utility of evidence-based practice, and finally the means by which one can practise a more wholesome living.

TSCM2 Symposium 2: Buddhist Psychology and Cognitive-Behaviour Therapy

TSCM2-2

Biography, Navayana and Upaya

Paul van der Velde, Radboud University Nijmegen, Netherlands

Most new Buddhists did not grow up as such and in many cases the decision to get involved with Buddhist ideologies is part of a personal development, it belongs to a self-image, to a biographical account. There is the period before one came into contact with Buddhist teachings, there was the contact and there was the decision to go on with it, maybe even of conversion. Many 'new Buddhists' therefore tell their autobiography if they are questioned about their interest in Buddhism. In Buddhism there is practically always a clear relation to the life history of Siddhartha Gautama and the many lives before he reached Nirvana. His life forms the ideal paradigm. However also the lives that are handed down in the 547 Jatakas, or 'birth stories' are of great importance. From these we get to know how he developed his perfections that resulted in his enlightenment.

TSCM2 Symposium 2: Buddhist Psychology and Cognitive-Behaviour Therapy

TSCM2-3

Reflexive Nature of Consciousness: Buddhism and Cognitive Science

Zhihua Yao, The University of Hong Kong, Hong Kong

The reflexive nature of consciousness or self-awareness is often considered a specific feature that distinguishes human beings from other animals. It has been one of the central issues in modern Western philosophy and has become a hot topic in the rapidly-growing field of cognitive science. Within the Buddhist tradition, the reflexive awareness (*svasamvedana*) is one of the key concepts in the epistemological system developed by Dignaga (ca. 480-540) and his followers. The discussion on whether the mind knows itself also had a long history among various Buddhist philosophical schools. To explore these discussions and debates in comparison with relevant studies in the field of cognitive science is an extremely important and interesting topic. The articulation of the Buddhist theory of reflexive awareness contributes to, enriches, and throws light on contemporary study of the human mind, especially its reflexive nature, and invites a dialogue with contemporary sciences of the mind.

TSCM2 Symposium 2: Buddhist Psychology and Cognitive-Behaviour Therapy

TSCM2-4

Interfacing Cognitive-Behaviour Therapy and Buddhist Psychology

Maurits G.T. Kwee & Marja K. Taams, Netherlands

The reflexive nature of consciousness or self-awareness is often considered a specific feature that distinguishes human beings from other animals. It has been one of the central issues in modern Western philosophy and has become a hot topic in the rapidly-growing field of cognitive science. Within the Buddhist tradition, the reflexive awareness (*svasamvedana*) is one of the key concepts in the epistemological system developed by Dignaga (ca. 480-540) and his followers. The discussion on whether the mind knows itself also had a long history among various Buddhist philosophical schools. To explore these discussions and debates in comparison with relevant studies in the field of cognitive science is an extremely important and interesting topic. The articulation of the Buddhist theory of reflexive awareness contributes to, enriches, and throws light on contemporary study of the human mind, especially its reflexive nature, and invites a dialogue with contemporary sciences of the mind.

TSCM3 Symposium 3: Cognitive-Behaviour Therapy and Buddhist Psychology

TSCM3-1

Zen Buddhist Thought and Psychology: Some Experimental Findings

Fusako Koshikawa & Yasutomo Ishii, Waseda University, Japan

It is surely true to say that the ancient tradition of Zen Buddhist thought and practice has been handed down in living form to the present day because of its positive effect on people's minds and behaviour. We believe strongly in the need to determine how this discipline can be put to beneficial use today. In this chapter we discuss three topics. The first is related to our idea about how to comprehend the concept of 'real self'/non-self in Zen thought from a psychological standpoint. The second is related to the technique for realising the non-self state of mind, and we provide some experimental data on it. The third is related to the application of Zen thought to areas of psychology such as health, clinical, and personality psychology. A definition of non-self (Sanskrit, *anatman*), which is a most important concept in Zen, is given with an explanation in psychological terms. The applicability of non-self to personality theory as well as to health and clinical issues are discussed. A detailed description of *Shikanho*, a technique based on 'just looking', is offered as a practical way to reduce mental problems.

TSCM3 Symposium 3: Cognitive-Behaviour Therapy and Buddhist Psychology

TSCM3-2

A cognitive-Behavioural Approach Based on Zen Buddhism: Effectiveness of Shikanho

Fusako Koshikawa, Ayako Kuboki & Yasutomo Ishii, Waseda University, Japan

This chapter examines a psychological approach to non-self (*muga*, Japanese; *anatman*, Sanskrit), one of the central concepts of Zen Buddhism, and introduces *Shikanho* (meaning 'just looking technique'), a cognitive-Behavioural method related to the state of non-self. We also present an experimental study that was conducted to assess the effectiveness of the shikanho technique. The idea for shikanho was suggested by Zen meditation. The aims of this technique are to encourage de-centering and to alter the relation to an object by changing the viewpoint from which the object is seen, and to bring about a decrease in negative feelings provoked by an object by linking the object with neutral feelings. In the experiment we investigated how effective shikanho was in influencing negative moods caused by unpleasant events. Sixty university students took part in the experiment, 30 of whom were assigned randomly to the shikanho group, while the other 30 were assigned to a control group. The former group used shikanho when imagining or foreseeing an unpleasant occurrence, while the control group did not. The effects of shikanho were evaluated at two points in time (before and after using the technique) by means of POMS (Profile of Mood States), JIBT (Japanese Irrational Belief Test), and degree of positive or negative mood (assessed on the basis of 10 words that come to each participant's mind in line with a 7-point Likert scale). Each subject's pulse rate was also measured throughout the experiment. The measured scores were significantly lower in the shikanho group. This finding suggests that the state of non-self is effective in alleviating feelings of negativity provoked by unpleasant events.

TSCM3 Symposium 3: Cognitive-Behaviour Therapy and Buddhist Psychology

TSCM3-3

Mindfulness: Significant Common Confusions

William L. Mikulas, University of West Florida, USA

In the last decade Western psychology had discovered mindfulness, it being a very popular and central concept with many individuals and groups. Unfortunately, there are some very common confusions and confounding related to mindfulness, with significant practical implications. This includes confusions with concentration, acceptance, and Langer's approach.

TSCM3 Symposium 3: Cognitive-Behaviour Therapy and Buddhist Psychology

TSCM3-4

'The Witness' in Buddhist Psychology and Cognitive-Behaviour Therapy

**Paul H.G.M. Soons & J. A. Belzen, Saint Annahospital, University of Tilburg,
Netherlands**

It can be stated that psychotherapy and mindfulness meditation aim at the development of the witness, *alaya-vijana*. This is a state in which man can observe his lower and higher emotions, thoughts and behaviours, without being attached by them. A fully developed Witness is the last phase before entering the level of Mind, non-dualistic consciousness, or silence or void. The first aim of this lecture is to investigate what is stated about this state or concept in the cognitive Behavioural tradition. It seemed evident that this concept is not enough elaborated for CBT to function in confluence with a path of awakening. The second aim is to explore in the Buddhistic tradition how this concept is elaborated. The third aim is to formulate the concept of the Witness into a cognitive behavioural framework with help of Buddhist Psychology. It can be concluded that the concept of the Witness can be reformulated in the cognitive behavioural framework. This is an important step because now there is a connection between CBT and the Buddhist path of awakening on the theoretical level.

TSCM3 Symposium 3: Cognitive-Behaviour Therapy and Buddhist Psychology

TSCM3-5

The Buddha's Four Noble Truths as Conceptual Scheme for the Psychologist, Counselor and Psychotherapist

Soree Pokaeo, Chulalongkorn University, Thailand

As psychologists and scientists, we need a well-organized conceptual map to base our journey into research and service. The Buddha's Four Noble Truths, which was expounded for the first time to a group of five friends over 2500 years ago – if thoroughly studied, examined and experienced – appears to be the one-in-all and all-in-one structural teaching ground. It provides a guide for one's attitudes – thinking, feeling, behaving – and is a source to get to now life including how to relate to others in one's environment. The truths work like a law of nature and if deeply experienced it will bring about right consciousness. Such process will transform the person holistically and lead her/him to live a harmonious life. According to the early Buddhist teaching one can manage to live life in two ways: firstly, the way of the not-right-understanding-of-life (*aviçcâ*) and secondly, the way of right-understanding-of-life (*sammaditthi*). The first way brings about disharmony with the world, others, nature, and creates stress in life as it will bear the fruits of a strong sense of self like self-centeredness and self-indulgence, eventually resulting in a life characterized by everything-is-for-the-self. This is a wrong view accruing unrest, anger, greed, fight, battle, etc. that might affect the entire span of life's domains: from family to friendship, community, business, economy, politics and ecology. The second way of right-understanding-of-life will result in living a harmonious life with the world, which is with human understanding and all due deference that will likely promote peace and a sharing attitude among communities. Understanding the Four Noble Truths can help psychologists to scientifically study the nature of human beings and their relations to the environment, thus benefiting a true prosperity for individual and community.

TSCM4 Symposium 4: Working Mechanism of Mindfulness & Acceptance: Looking for Active Ingredients to Enhance Cognitive-Behaviour Therapy Practice

TSCM4-1

Ability to Refrain from Catastrophic Thinking: A Marker to Understand the Mechanism of Mindfulness

Yoshinori Sugiura, Shinshu University & Tomoko Sugiura, Japan Society for the Promotion of Science, Japan

The term mindfulness can be used to mean not only specific techniques but also specified psychological states. Valid psychometric tools of such states enable us to examine whether a specific technique works through enhanced mindfulness. Diverse techniques, including standard cognitive therapy, seem to foster mindfulness (Teasdale et al., 2002). We have developed a concise questionnaire called the Cognitive Self-Regulation Skills scale (CSRS; Sugiura & Umaoka, 2003), whose subscales capture typical CBT-like skills (Logical Analysis; LA) and metacognitive (mindful) awareness (Refraining from Catastrophic Thinking; RCT). We review a series of studies to elucidate the utility of the CSRS. Overall, the RCT subscale evidenced a strong negative relation with various psychological symptoms. In addition a few ongoing projects suggest that RCT seem to mediate the effects of diverse intervention techniques (e.g., expressive writing [Lepore & Smyth, 2002] and Attention Training [Wells, 1990]). Therefore RCT may be a "marker" to examine how and when mindfulness works. Using CSRS in the context of a variety of interventions will be informative.

TSCM4 Symposium 4: Working Mechanism of Mindfulness & Acceptance: Looking for Active Ingredients to Enhance Cognitive-Behaviour Therapy Practice

TSCM4-2

Influence of Lecture for Mindfulness and Cognitive Therapy on Student's Emotional-Cognitive State

Yoshinori Ito, University of the Ryukyus, Japan

The purpose of this study was to examine the influence of mindfulness and cognitive therapy lectures on undergraduate students' emotional-cognitive states. Half of 136 students attended a mindfulness training (MT) lecture and the other half attended a lecture on cognitive therapy (CT). The MT lectures included an 'Eating Meditation' as an exercise; the lecture on CT included 'Thought Recording'. Both exercises were accompanied by a short explanation. An easing warming-up exercise preceded the implementation of each of the exercises. Before and after the lecture, they were asked to complete two questionnaires: (1) a Depression-Anxiety Mood Scale (DACS; Fukui, 1998) that has been developed to assess negative-positive mood state, and (2) an Automatic-Controlled Cognition Scale – Tension-Anxiety Version (ACS-TA; Kozumi, Ito, & Nedate, 2001) that was developed to assess a subject's balance of an affect-related automatic thought and a rational-controlling thought. In addition, the students were requested to write freely about the lecture in order to evaluate their understanding. The results show that negative moods were reduced and positive moods were increased in both groups. Affect-related automatic thoughts were reduced as well in both groups. However, there was a difference in the transition into rational thoughts. Rational thoughts increased in the CT lecture participants and decreased in the MT lecture participants. It is assumed that rational thoughts reflect a cognitive ability on self-control and problem-solving. This study reveals the differences of influence on rational thoughts brought about by MT and CT.

TSCM4 Symposium 4: Working Mechanism of Mindfulness & Acceptance: Looking for Active Ingredients to Enhance Cognitive-Behaviour Therapy Practice

TSCM4-3

Effect of the ‘Soldiers in the Parade’ Exercise on Pain Tolerance: A Component Analysis of Acceptance and Commitment Therapy

Takashi Muto, Ritsumeikan University, Japan

Acceptance and Commitment Therapy (ACT) is a mindfulness-related psychotherapy derived from Behaviour Analysis, or functional contextualism and relational frame theory. However, the mindfulness-, or defusion-techniques used in ACT should be examined further individually. The purpose of this presentation is to demonstrate some preliminary attempts at component analysis of ACT. My experimental studies examined the effect of the "soldiers in the parade" exercise in order to increase the tolerance time in a cold pressor task, replicating the simplified procedure conducted by Hayes, Bissett, Korn, Zettle, Rosenfarb, Cooper, & Grundt (1999) and Takahashi, Muto, Tada, & Sugiyama (2002). In Experiment 1, participants were divided randomly into 2 groups. The experimental group was implemented with the "soldiers in the parade" exercise, while the controlled group was not. In the post-test, the experimental group significantly increased the tolerance time, but the controlled group didn't. Also, most participants with remarkable increase had the high score of "observation" and "description" of The Kentucky Inventory of Mindfulness Skills (KIMS; Baer, Smith, & Allen, 2004). In Experiment 2, at first, the candidates were screened by the score of "observation" and "description" of KIMS. By the screening, participants was divided into the high score and the low score group. Also, all participants were blindfolded to shut off all visual stimuli, by which some participants were promoted to using a "distraction" coping skill. Both groups were implemented with the same defusion exercise in Experiment 1. However, in the post-test, both groups did not significantly increase the tolerance time. These incoherent results will be discussed on procedural and theoretical levels.

TSCM4 Symposium 4: Working Mechanism of Mindfulness & Acceptance: Looking for Active Ingredients to Enhance Cognitive-Behaviour Therapy Practice

TSCM4-4

The Insiders' Perspectives: A Qualitative Study of the Treatment Effects of Mindfulness-Based Cognitive Therapy

Helen Ma, The University of Hong Kong, Hong Kong

Thirty-five subjects currently in remission or recovery from recurrent major depression completed Mindfulness-Based Cognitive Therapy (MBCT). Twelve months later, the subjects were interviewed regarding their experience of the impact of MBCT on them. The responses were analysed using interpretative phenomenological analysis. The perceived benefits of MBCT evolved around the themes of “Depression-Related Changes”, “Changes in Interpersonal Relationships”, “Changes in Life in General” and “Support from the Group”. Compared to people who had relapsed, a greater proportion of people who had not relapsed reported incidents that reflected two sub-themes of “Depression-Related Changes” -- “Halting the Downward Spiral” and “Breaking Old Problematic Patterns”, and the difference was even more obvious when people whose relapses were triggered by significant life events were excluded. The subjects’ views about problems relating to MBCT were also explored.

Poster Session A1: Application of CBT for Children and Adolescents

A1-1

The Effect of Cognitive-Behavioural Social Skill Training for Children with Psychiatric Disorder

Min-Sup Shin, Eun-Jung Kim & Shing geal On, Seoul National University, Korea

Purpose

About 50 to 60% of ADHD children experience some form of social rejection from their peer group. A group cognitive-Behavioural social skill training is an essential component of treatment for ADHD children because most of ADHD children show lots of socially maladaptive behaviours and are unaware of how such behaviours negatively affect others. As a result, many ADHD children experience low self-esteem, feelings of loneliness, and frustration in social situations. Hence, we examined the effect of group cognitive-Behavioural social skill training for children with ADHD in the outpatient-based clinic setting. The purpose was to help them to increase their social knowledge and to acquire social skills including social entry, conversation, as well as problem solving and anger control.

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Methods

Subjects:

Nine ADHD, 3 Asperger's disorder, 1 LD with ages ranging from 6 to 12 years (mean age = 9 years : S.D; 15 month) participated in the cognitive-Behavioural social skill training program once a week at the department of Child-Adolescent Psychiatry, Outpatient clinic, Seoul National University Children's Hospital. All children met the diagnostic criteria of DSM-IV for ADHD or Asperger's disorder or LD. Some of children also had comorbid disorders(1 communication disorder, 1 tic disorder).

Method:

1. Social Skill Training Program

We had conducted CBT based social skill training which was composed of 12 ninety minutes sessions.

The four major skills covered in the social skill training were: Social entry skills, Conversational skills, Conflict resolution and problem solving skills, and Anger control.

Session 1: Introduction and orientation
 Session 2: Differentiating and perceiving various emotions
 Session 3: Social entry skill I: making friends
 Session 4: Social entry skill II: Joining peer activities
 Session 5: Being a good friend
 Session 6: Play skill I : Conversation skills
 Session 7: Play skill II : Accepting negative outcome in activities with peer group and anger control
 Session 8: Expressing opinion, thought and emotion
 Session 9: Coping with bullying
 Session 10: Learning problem solving skills
 Session 11: Expressing 'I'm sorry', 'Thank you' and How to require and reject
 Session 12: Reviewing and exercising the skills learned at each session

Instruments

The Korean version of Social Skill Rating Scale (Matson, 1998) was administered twice to mothers of children before and after SST program. In addition, co-therapists of SST and teacher evaluated the improvement of children after SST using the same scale. The data obtained from all subjects were analyzed using paired T-test.

Results

Table 1. Means and standard deviations of Matson's social skill rating scale before and after training

Before Tx. Mean(S.D)	After Tx Mean(S.D)	t-value	
Children	114.46(25.40)	145.77(17.29)	-3.93**
Mothers	99.54(38.16)	135.92(44.93)	-4.05**
Therapists	93.46(61.82)	144.38(14.45)	-3.82**
Teachers	114.38(21.24)	153.62(20.98)	6.02***

P < .01 *P < .001

Children, mothers of children, therapists, school teachers reported improved social skills of children after completing SST.

Conclusion

The results suggest that CBT based SST is effective for ADHD, Asperger's disorder children. However, in a clinic setting ADHD and Asperger's disorder children showed improvements in social skills, but the generalization of the effect into real situations was limited.

Previous studies demonstrated that short-term social skill training programs resulted in very poor generalization to more natural situations (Barkley, 1990; Han et al, 2003). Therefore, longer training sessions (18 to 20 sessions), parent training, and school teachers' help seem to be required for children with poor social skill like ADHD & Asperger's disorder to use the acquired skills in real social situations.

Poster Session A1: Application of CBT for Children and Adolescents

A1-2

The Effect of Cognitive-Behavioural Treatment on Children with Attention Deficit / Hyperactivity Disorders

Huei-Lin Huang, Shun-Chi Huang, Kaohsiung Medical University, Chia-Chen Chao, Chang Gung University, Min-Chia Weng, National Cheng Kung University, Pinchen Yang, Kaohsiung Medical University & Cheng-Chung Chen, Kaohsiung Medical University, Tsyr-Huey (Loving) Mental Hospital, Taiwan

Objective: To investigate the effect of cognitive-Behavioural treatment (CBT) on children with attention deficit/hyperactivity disorder (ADHD) in group therapy.

Method: From 2001 to 2005, 32 sets of children/parents, referred by psychiatrists, participated in five therapy groups for a twenty-two session CBT program. Seven children/parents dropped out and all the data from these children were not included in the study. There were no significant differences in the children's IQ, demographic variables, and education level of parents between the included group and the non-included group. The Child Behavioural Checklist (CBCL) and Teacher Report Form (TRF) were completed by parents and teachers at the first session (pretest) and session 22 (posttest).

Results: (1) All the posttest rating scores were lower or near equivalent to the pretest rating scores. (2) The CBCL showed that anxious/depressed syndrome, somatic complaint syndrome, thought problem syndrome, internalization problems, and total problems were significantly ($p < .05$) different between the pretest and posttest. (3) The TRF showed that withdrawn/depressed syndrome, attention problem syndrome, and inattention subsyndrome, and other problems were significantly ($p < .05$) different between the pretest and posttest. (4) The DSM-orientated scale also showed that affective problems, anxiety problems, and ADHD problems of the CBCL, and affective problems, anxiety problems, ADHD problems, and inattention subscale of the TRF were significantly ($p < .05$) different between the pretest and posttest.

Discussion: The therapeutic processes underlying the treatment effects are discussed.

Poster Session A1: Application of CBT for Children and Adolescents

A1-3

School Based Social Skills Training in Elementary School: The Relationship Between Self-report and Teacher-Report

Shin-ichi Ishikawa, Yasuko Togasaki, Shoji Sato and Yoko Sato, University of Miyazaki, Japan

In Japan, research attention on school based social skills training (SST) has been increased for the past decade (Sato & Aikawa, 2005). However sample sizes of previous studies were relatively small. In addition, although multiple informants were often adopted to examine the effects of group SST, there were no studies to investigate the association or correlation among these different measures. Therefore, the purpose of this study was to implement group SST at the entire school, and to examine the relationship between children's social skills evaluated by self-report and by teacher-report.

All data were available for 303 children (3rd to 6th grade). Classroom teachers completed Social skills questionnaire by teacher-report (Isobe et al., 2001), and the children completed Social skills questionnaire by self-report (Watanabe et al., 2002), and Interpersonal self-efficacy scale (Matsuo & Arai, 1998). Seven sessions of group SST were implemented over a period of four months by classroom teachers.

Results of *t*-tests with adjustment by Bonferroni methods showed that all teacher reported children's social skills and two problem behaviours improved after group SST as well as self-reported peer reinforcement, social approach, and total score of social skills ($p_s < .000$). The teacher ratings and the children's self-ratings of their social skills were positively correlated for each category ($r_s = .26$, $p_s < .000$). However, correlations of quantities of change from pre- to post- training were not significant between the teacher rating and the children's self ratings. The post-pre difference of self-efficacy scores and that of self-reported social skills scores were positively correlated, respectively ($r = .24-.45$, $p < .000$). However interpersonal self-efficacy was not correlated with teacher-rated social skills.

Poster Session A1: Application of CBT for Children and Adolescents

A1-4

The Effects of Negative Automatic Thoughts On Anxiety in Adolescence

Eun Hye Ha, Sookmyung Women's University, Korea

Objectives: The purpose of this study was to investigate the effects of negative automatic thoughts on anxiety in adolescence.

Methods: The participants were 1037 middle school students (521 boys and 516 girls) and 872 high school students (415 boys and 457 girls), they completed self administered questionnaire that was composed of RCMAS and of K-CATS. The ANOVA tests were conducted with gender(2 levels) and grade(5 levels) as independent variables, and Pearson correlation analysis and stepwise multiple regression analysis also were conducted.

Results: The results showed that both anxiety and negative automatic thoughts are very prevalent in females, and the age differences were significant; they were highest in the age of 17, the late adolescence. And the anxiety was significantly predicted by the combination of social anxiety cognition, depressive cognition, hostile cognition, and physical threat cognition, with 47% estimation. Also the social anxiety cognition, depressive cognition, hostile cognition and physical threat cognition significantly predicted the anxiety with 46% estimation in males; in females the social anxiety cognition, depressive cognition, hostile cognition and physical threat cognition predicted the anxiety with 49% estimation.

Conclusion: It appears that negative cognition has strong impact on anxiety in adolescence, both males and females, and that the social anxiety cognition has the strongest impact on anxiety. It finally suggests that the late adolescence is a high-risk period of the anxiety and the negative automatic thoughts, which has implications for the prevention and treatment methods of the adolescents' anxiety.

Poster Session A1: Application of CBT for Children and Adolescents

A1-5

The Decoding Ability for Facial Expression, Peer Relationships, and Emotional Disturbance in Children

Jae-Won Yang, Kyung Ja Oh, Young Ah Kim, Soojong Moon, Yonsei University, Korea

The purpose of this study is to investigate the effects of decoding ability for facial expression on peer relationships and emotional disturbance in children. A total of 256 students from the 2nd to 5th grade in elementary school completed self-reported social anxiety, depression scales and peer nomination of social skill, social sense, and popularity. Besides, 32 still photographs were presented and they were asked to rate the emotion of the persons on the photographs dimensionally (unpleasant-pleasant) and categorically (happy-angry-sad-fearful). All data were analyzed into two age groups, the lower grades (the 2nd and 3rd grade) and the higher grades (the 4th and 5th grade). The mean rating for each photograph in dimensional rating and the category of more than 70% agreement for each in categorical rating were used as the standard for each group. The results showed that categorical error scores were positively correlated to self-reported social anxiety ($r=.24, p<.01$) and negatively correlated to peer-rated social sense ($r=-.22, p<.05$) and social popularity ($r=-.20, p<.05$) in the lower graders. On the contrary, in the case of the higher graders, there were significant correlations between only dimensional error scores and self-reported depression ($r=.19, p<.05$), peer-rated social skill ($r=-.24, p<.01$), social sense ($r=-.35, p<.001$), and peer popularity ($r=-.20, p<.05$), while categorical error scores were not correlated with any scales. The findings suggest that decoding ability for facial expression may be related to childhood peer relationships and emotional disturbance. Besides, it also proposes that the sensitivity of evaluation for decoding skill is different from age groups by the method of rating.

Poster Session A1: Application of CBT for Children and Adolescents

A1-6

Acquisition and Generalization of Social Skills Using Table Game for Adolescents with Developmental Disabilities

Masahiko Inoue & Mayumi Nakamura, Hyogo University of Teacher Education, Japan

This study evaluated the effects of social skills training using table game. Nine adolescents with developmental disabilities were participated. The training session using table game consist of 8-12 sessions. Results indicated that communicative behaviours had improved at the game setting and increased appropriate social behaviour at job settings. The merits of SST using table game were discussed.

Poster Session A1: Application of CBT for Children and Adolescents

A1-7

Less Flexibility in Reasoning Among College Students with Delusion-like Ideation

Hiromi Arakawa, Shudo Yamasaki & Yoshihiko Tanno, University of Tokyo, Japan

Delusion is one of the core symptoms in patients with schizophrenia. Recently, it is found that delusion-like ideations are commonly observed in normal population (Peters et al., 1999), especially in adolescent period. Garety and Freeman (1999) demonstrated that the data gathering bias was specifically related to the formations of delusion-like ideations. The purpose of this study is to investigate whether data gathering bias will be showed among college students, correspond to adolescent, with delusion-like ideations.

Seventeen college students were participated. Participants rated Peters et al. Delusions Inventory (Peters et al., 1999; PDI) and probabilistic judgement task called beads task. PDI is designed to measure both delusion and delusion-like ideation. Participants were divided into two groups by the average of PDI. One was a high score group ($PDI > 14$, $M = 21.13$), the other was a low score group ($PDI < 13$, $M = 6.33$).

The results of the probabilistic reasoning task, the interaction of the group and amount of information was significant ($F(2,17) = 25.96$, $p < 0.01$). Only in obvious (easy) trial, the students with high score of PDI gathered more information than the students with low score of PDI. In ambiguous trial, the amounts of information of both groups were equal. These results imply that students with high score of PDI may have trouble to develop strategies flexibly.

Poster Session A1: Application of CBT for Children and Adolescents

A1-8

The Relationship among the Personality, Stress Responses and the Self-statements of Junior High School Students in Interpersonal Stressful Situations

Otona Tanaka & Fusako Koshikawa, Waseda University, Japan

The aim of this study was to examine the relationship among the personality, stress responses and the self-statements of junior high school students in interpersonal stressful situations. The participants in the present study were 914 junior high school students (455 male, 459 female). The participants completed Self-Statement Inventory for junior high school students in interpersonal stressful situations, Stress Response Scale for junior high school students (Miura, Hukuda and Sakano, 1995), and the big five personality inventory (Murakami and Murakami, 1997). The cognitive theory of depression (Beck, 1976) was applied to constructing a theoretical model, and the model was investigated using path analysis. The result revealed that individuals higher in neuroticism reported more positive self-statements and less negative self-statements, and therefore predicted less stress responses. Individuals higher in agreeableness reported more positive self-statements and less negative self-statements to others or to the situation. However they showed more negative statements to themselves. Individuals higher in extroversion showed less negative statements. The path coefficients for the indirect effects of extroversion, self-statements and stress responses were statistically significant.

Poster Session A1: Application of CBT for Children and Adolescents

A1-9

Effects of School-wide Social Skills Training on Primary/Elementary School Children

Kazuyoshi Sasaki, Kouji Minosaki, Shunsuke Koseki, Hyogo University of Teacher Education, Japan

We examined the effects of school-wide social skills training on children's social skills and psychological stress responses. 704 all grade children answered the Self-rating Scale of Social Skills for Elementary School Children (Shimada, 1998), the Stress Response Scale for Elementary School Children (Shimada, 1998), and the Self-rating Scale of Social Skills for the 1st and 2nd Grades Children; SS1-2 (Sasaki et al., 2005), SS3-4 (Sasaki et al., 2005), SS5-6 (Sasaki et al., 2005) 2 times: pre test and post test. SS1-2 consisted of 7 items. SS3-4 consisted of 18 items, 3 subscales: nonverbal skill, support-encouragement skill, passive skill. SS5-6 consisted of 27 items, 3 subscales: problem-solving skill, relation-maintaining skill, relation-constructing skill. Shimada's Social Skills scale consisted of 15 items, 3 subscales: pro-social skill, withdrawal behaviour, aggressive behaviour. The Stress Response scale consisted of 20 items, 4 subscales: physical states, depressive-anxious feeling, irritated-angry feeling and helplessness. Children participated in a 45-minute session of social skills training once. The training program was designed to increase children's social skills. As a result of training, in the sixth graders, there were significant improvements on pro-social skill, problem-solving skill, relation-maintaining skill and relation-constructing skill from pre test to post test. And also there were significant improvements on depressive-anxious feeling, irritated-angry feeling and helplessness from pre test to post. These results suggested that school-wide social skills training was effective in the short term to enhance children's social skills, and to buffer some psychological stress responses.

Poster Session A1: Application of CBT for Children and Adolescents

A1-10

Social Skills Training for Clinic-Referred Children and Adolescents in Korea: A Preliminary Study

Eun Yee Kim & Kyung Ja Oh, Yonsei University, Korea

The Cognitive Behavioural Treatment Program was administered to children and adolescents with poor social skills in Korea. Elementary and middle school students who were referred by university hospitals in Seoul participated in this program. They were diagnosed with various types of symptoms such as ADHD, Anxiety, Depression, etc., and also exhibited impulsive or inhibited behaviours in social relations. Some of them were referred following individual psychotherapy while others were not. The program were conducted in groups of 3-4 participants and consisted of 10 sessions of activities such as understanding feelings, recognizing social cues, anticipating future outcomes, and learning low and high level social skills. Parent sessions followed at the end of each session. The common difficulties of the participants lay in the areas of recognizing feelings, and understanding a situation from the perspective of others. After learning basic social skills, however, they did not find it too difficult to learn higher level social skills. Most of the participants and their parents who completed the program reported satisfaction, increase of self-confidence, increase of situation-comprehension ability, and increase of number of new friends. This program was more effective to the participants who had undergone individual psychotherapy and those who were inhibited in the peer relationship. Limitations and implications of the study as well as future direction of cognitive-Behavioural therapy for children and adolescents in Korea were discussed.

Poster Session A1: Application of CBT for Children and Adolescents

A1-11

Cognitive Behavioural Treatment for Depression in Children and Adolescents

Joomi Bae, Sangsun Lee, Eunyee Kim, Jihyeon Kang, Hyunjung Yang, Kyungja Oh
Department of Psychology, Yonsei University, Korea

The purpose of present study was to test the effectiveness of the Cognitive Behavioural Treatment Program for Depressive Children from low income families. On the basis of CES-D score and social worker's observations, 11 elementary school students and 4 middle school students (8 boys, 7 girls) from low income families were selected to participate in the Primary and Secondary Control Enhancement Training (PASCET), a group based CBT program for depression developed by Weisz(1984, 1994). The PASCET program consists of 10 sessions of positive activities and cognitive skills to enhance mood. And sessions were conducted in groups of 3-4 children. Children's Depression Inventory (CDI), Children's Automatic Thoughts Scale (CATS), and Revised Children's Manifest Anxiety Scale (RCMAS) were administered prior to and immediately following the training program in order to assess changes in depression, depressive cognition and anxiety. The results revealed no significant difference between pretest and posttest scores in RCMAS, CDI, indicating that the 10 session program did not lead to a significant improvement in depression and anxiety. However, following PASCET program, the participants showed significantly lower posttest scores in the hostility ($t=2.24$ $p<.05$), and the social threat subscale of the CATS ($t=2.45$ $p<.05$). In addition, improvement in the physical threat scale of CATS also approached statistical significance ($t=2.15$ $p=.057$). These results strongly suggest that the PASCET program was successful in making positive changes in the children's negative cognitions. Over 80% of the children and adolescents who completed the program reported a high level of satisfaction, and evaluated the program to be interesting and helpful. Limitations and implications of the study as well as future direction of cognitive-Behavioural therapy for children and adolescents in Korea were discussed.

Poster Session A1: Application of CBT for Children and Adolescents

A1-12

The Relationship Between Adolescent Attachment and Depression: Focusing on Mediating Effects of Early Maladaptive Schema

Eun-Jung Kim & Mi-Youl Lee, Ajou University, Suwon, South Korea

This study examined whether early maladaptive schemas mediated between adolescent attachment and depression using the structural equation modeling. Questionnaires to measure these constructs were administered to 300 high school students. The results were as follows. The emotional deprivation schema, social isolation schema, mistrust schema, defectiveness schema all totally mediated the relationship between avoidant attachment and depression. The abandonment schema, dependence schema, subjugation schema, and vulnerability to harm or illness totally mediated the relationship between anxious-ambivalent attachment and depression. And the two models are fitter than alternatives. Finally, the suggestions and limitations of this study, and directions of future studies were discussed.

Poster Session A1: Application of CBT for Children and Adolescents

A1-13

Application of Self-efficacy Theory in Childbirth Education

WY IP, The Nethersole School of Nursing, KH Chung, & Catherine So-kum Tang, The Chinese University of Hong Kong, Hong Kong

One of the critiques on the effect of childbirth education was a lack of theoretical approach in the design of educational programme. The theory of self-efficacy (Bandura, 1982, 1997) has widely been used as a framework to develop educational interventions in a variety of health promoting research. There are limited studies to explore self-efficacy theory within the context of clinical intervention in childbirth, despite the claims of importance. The researchers have recently applied the theory of self-efficacy (Bandura, 1989) in the development of educational programme to promote Hong Kong Chinese women's confidence for coping with childbirth. The main goal of the educational intervention was to build and instill confidence in first-time pregnant women that they could successfully accomplish behaviours for coping with stress and pain in childbirth and fostering in them a sense of control over the labour process. A range of behavioural coping skills such as relaxation and breathing exercise to decrease anxiety, and cognitive coping strategies to enhance awareness of negative thoughts or distortions contributing distress in the first stage of labour were taught in the program. The self-efficacy theory (Bandura, 1986) is the conceptual framework guiding the overall design of the educational intervention. This theory draws attention to the need to consider both environmental stimuli and contingencies as well as goal setting, self-monitoring, efficacy manipulations in designing interventions. Two information conditions: outcome information and efficacy enhancing information became the focus of the intervention. That means enhancing motivation and being active in using coping skills to cope with childbirth were integrated into the intervention. The women who had attended the educational programme, as compared with those who had not, demonstrated higher perceived level of confidence for childbirth and greater performance of coping behaviours during labour. The details of the educational programme will be delineated and discussed.

Poster Session A1: Application of CBT for Children and Adolescents

A1-14

Parenting Self-efficacy in Chinese Mothers and Fathers: Its Association with Parenting Behaviours and Child's Future Aspiration

Beatrice Lai & Catherine So-kum Tang, The Chinese University of Hong Kong, Hong Kong

Objective: The purpose of the current study is to examine the association between parenting self-efficacy, parenting behaviours and child outcome.

Method: Self-report questionnaires on parenting self-efficacy, parental psychological control, parental coercive control, parental responsiveness, and child's educational and career aspiration were collected from 216 families.

Results: Fathers reported higher levels of parenting self-efficacy than mothers, and both variables were positively correlated with responsiveness. Although maternal and paternal self-efficacy were not associated with child outcome, discrepancy between the two is significantly correlated with child's future aspiration. In families where fathers reported higher levels of parenting self-efficacy than mothers, children tend to have higher educational and career aspiration. In contrast, children who come from families where fathers reported lower levels of parenting self-efficacy than mothers tend to have lower educational and career aspiration.

Discussion: It is of interest that the direction of discrepancy between maternal and paternal self-efficacy is related to child outcome. Implication of findings will be discussed.

Poster Session A1: Application of CBT for Children and Adolescents

A1-15

Effects of a Cognitive-Behavioural Group Therapy on Self-concept, Depression, and Resilience for Korean Middle School Students in High Risk Environment

Myung-Sun Hyun, Ajou University, Hee Sun Kang, Chung-Ang University, Kyoung-A Nam, Hanzhong University & Sun-Hee Kim, Yonsei University, South Korea

Purpose: This study was to examine the effects of a Cognitive-Behavioural (C-B) group therapy on self-concept, depression, and resilience for the middle school students in high risk environment.

Method: A control group pre-post design was used for this study. First grade middle school students were screened using the Children of Alcoholics Screening test (CAST) to identify students who are in high risk environment. The students (n=34) who scored 6 and above (overdrinking family, problem drinking family) in the CAST were included for this study. Participants were randomly assigned to either experimental or control group. Experimental group (n=17) participated in a C-B therapy that consisted of ten sessions over 10-week period. Control group (n=17) didn't participated in a C-B therapy. Participants were assessed before and after the intervention for self-concept, depression, and resilience using Tennessee Self-Concept Scale, Reynolds Adolescent Depression Scale, and Resilience scale, respectively. Confidentiality of all participants was assured and informed consent from students and parents were obtained. Data was collected November to December, 2005.

Results: The average age of participants was 15 years old. The average scores of self-concept, depression, and resilience was 91.38, 52.13, and 95.21, respectively. The findings revealed that in the experimental group, the scores of resilience significantly increased after C-B therapy ($Z=-2.42$, $p=.016$). However, there were no significant changes on the self-concept and depression. In the control group, there were no significant changes in the scores of self-concept, depression, and resilience between pretest and post test.

Conclusion: The cognitive-Behavioural group therapy was effective in improving the resilience for adolescents.

Poster Session A1: Application of CBT for Children and Adolescents

A1-16

The Effects of Cognitive and Behavioural Approach on Prevention of Depression in 5th Grade Children

Shunsuke Koseki, Kouji Minosaki & Kazuyoshi Sasaki, Hyogo University of Teacher Education, Japan

The purpose of this study was to prevent children from depression by administering into Cognitive Psychological Education (CPE) based on ABC theory. A 2(CPE, or control) \times 3(pre intervention, post intervention, or follow up intervention) factorial design was used. Thirty-nine 5th grade children were administered into the CPE group, and executed two CPE sessions which 1 session had 45 minutes. Seventy-nine 5th grade children who were the same school as the CPE group were administered into control group and compared with the CPE group. The depended variables were depression score (DSRS; Birleson et al., 1987) consisted of 16 items, 1 subscales, schema score (Sato, 2004) consisted of 13 items, 1 subscales, and automatic thought score (Sato, & Arai, 2003) consisted of 16 items, 4 subscales: Negative View of Self, Hopeless Thought, Expectancy for Future, and Expectancy for Support. As the result, compared with pre, post and follow-up intervention period, score of depression was significantly decreased (significant level was .05), and scores of schema and automatic thought were significantly more functional one in the CPE group. Especially, negative thought subscales which were Negative View of Self and Hopeless Thought were significantly more functional one in the CPE group. Therefore, this might suggest that the CPE decreased depression, and the effect was brought about by the functional change of schema and automatic thought. Finally, it was suggested that the CPE has the short-term preventional effect for depression in children.

Poster Session A1: Application of CBT for Children and Adolescents

A1-17

A Study of School-wide Social Skills Training for Primary/Elementary School Children

Kouji Minosaki, Shunsuke Koseki, Hyogo University of Teacher Education, Japan & Kazuyoshi Sasaki, University of Teacher Education, Japan

The present study examined the effects of school-wide social skills training on children's social skills and psychological stress responses. 500 all grade children answered the Self-rating Scale of Social Skills for Elementary School Children (Shimada, 1998), the Stress Response Scale for Elementary School Children (Shimada, 1998), and the Self-rating Scale of Social Skills for the 1st and 2nd Grades Children; SS1-2 (Sasaki et al., 2005), SS3-4 (Sasaki et al., 2005), SS5-6 (Sasaki et al., 2005) 2 times: pre test and post test. SS1-2 consisted of 7 items. SS3-4 consisted of 18 items, 3 subscales: nonverbal skill, support-encouragement skill, passive skill. SS5-6 consisted of 27 items, 3 subscales: problem-solving skill, relation-maintaining skill, relation-constructing skill. Shimada's Skills scale consisted of 15 items, 3 subscales: pro-social skill, withdrawal behavior, aggressive behavior. The Stress Response scale consisted of 20 items, 4 subscales: physical states, depressive-anxious feeling, irritated-angry feeling and helplessness. Children participated in a 45-minute session of social skills training once. The training program was designed to increase children's greeting behavior. As a result of training, in the first graders, there were significant improvements on pro-social skill from pre test to post and on stress responses from pre test to post. In the second graders, there were significant improvements on pro-social skill from pre test to post and on stress responses from pre test to post. These results suggested that school-wide social skills training was effective, in the first and second graders, to enhance pro-social skill and to buffer some psychological stress responses.

Poster Session B2: Evidence Based Assessment and Theory

B2-17

Cognitive Specificity in Internalizing and Externalizing Problems in Community Adolescents

Jungyoon Lee, Sungshin Women's University, Korea

This study investigated cognitive specificity that can differentiate between internalizing and externalizing problems. A community sample of 465 adolescents was given the brief K-YSR, K-CATS and K-IBT. From this sample, 4 groups were defined on the basis of the brief K-YSR: internalizing only, externalizing only, mixed, and control. The results were as follows; On depression and social anxiety cognitions, internalizing group showed significantly higher score than externalizing group, and externalizing group showed significantly higher score than normal control group. On hostility cognition, internalizing, externalizing, and mixed groups showed significantly higher score than normal control group and there was no significant difference between internalizing and externalizing group. Mixed group was the most dysfunctional among four groups on automatic thoughts. Internalizing group showed significantly higher score on catastrophizing, anxious overconcern, and helplessness than externalizing group. Externalizing group showed significantly higher score on dependency only than internalizing group. On demand for approval and high self-expectation, internalizing and externalizing groups did not differ significantly. Mixed group was the most dysfunctional among four groups on irrational beliefs. These results indicate that internalizing and externalizing problems are distinguishable on the basis of cognitive distortions. Internalizing group reported significantly more cognitive distortions such as catastrophizing, anxious overconcern and helpless and endorsed significantly more depression and social anxiety cognitions. Whereas externalizing problems were associated with the tendency that depends dysfunctionally on the others. Hostile and physical threat in K-CATS, demand for approval and high self-expectation in K-IBT were common to both internalizing and externalizing groups. The mixed group was more dysfunctional than the other three groups.

Poster Session A2: Application of CBT for Adults

A2-1

Cognitive Therapy of Paranoid Schizophrenics: Evaluation of Treatment Effect

**Bi-Ling Shieh, Kaohsiung Medical University, Chia-Jung Wu, Kaohsiung Kai-Suan
Psychiatric Hospital, Taiwan**

Objective: Schizophrenia costs enormous loss and pain because of the seriousness of the illness and the associated stigma and sense of helplessness. Aiming at reducing psychotic symptoms, or distress/disabilities associated with symptoms or the illness itself, Cognitive Therapy offers an alternative treatment and provides patients with additional useful skills, when medication cannot be of any help, is not sufficient, or produces undesirable side-effects. The purpose of this study was to examine the treatment effect of a staged cognitive therapy program for paranoid schizophrenics.

Method: 18 schizophrenic patients, as treatment group, finished the cognitive therapy program of the present study, and 22 served as control group. Both groups received routine psychiatric treatment as usual. The study employed a staged cognitive therapy program with three stages, ie, 5 cognitive therapy education group sessions, 5 motivation-building sessions, and 12 individualized cognitive therapy sessions, in order to improve the effectiveness of the therapy, by taking into account the pace of learning and the stage of change of individual patients. Patients' psychotic and depressive symptoms were assessed four times (pre-treatment, after education group, after motivation-building, and post-treatment).

Results and conclusions: Repeated-measure analyses of covariance (pre-treatment scores as covariants) showed that the treatment group endorsed significantly less psychotic and depressive symptoms than the control group. In addition, compared to the control group, the treatment group demonstrated significantly better maintenance of the symptom improvement. In short, when cognitive therapy was properly administered, it would result in good effects for paranoid schizophrenics.

Poster Session A2: Application of CBT for Adults

A2-2

Cognitive Change and Social Functioning in Group Cognitive Behaviour Therapy for Depression

Miki Matsunaga, Kibi International University, Hiroshima University, Shin-ichi Suzuki, Akiko Kinoshita, Hiroshima University, Japan

Introduction: Cognitive behaviour therapy for depression emphasizes the modification of negative cognitions. Further, a number of studies have supported that cognitive change is associated with reductions in depressive symptoms. It is also found that social functioning in major depression is impaired. However, it is unclear whether the cognitive change is related to an improvement in social functioning. The purpose of this study was to examine whether the change in cognitions that occur as a result of group cognitive behaviour therapy (GCBT) is associated with the improvement in social functioning.

Methods: Twenty-three patients with major depression (females 3 and males 20) who participated in the GCBT. The GCBT program involved of 12 weekly sessions, each lasting 90 minutes. Each group comprised 5 to 6 patients and 3 instructors. The participants completed Beck Depression Inventory (BDI), Hamilton Rating Scale for Depression (HRSD), SF-36, Automatic Thought Questionnaire-Revised (ATQ-R) at pre- and post-treatment.

Results: Pearson correlation was used to examine whether cognitive change is associated with social functioning. The result revealed that ATQ positive scale scores at post-treatment were significantly associated with SF-36 total scores ($r = .62, p < .01$) and 4 subscales-Vitality ($r = .55, p < .01$), Bodily pain ($r = .44, p < .05$), General health perceptions ($r = .45, p < .05$), and Mental health ($r = .50, p < .05$) at post-treatment.

Conclusions: These results suggest that the modification of negative automatic thoughts during GCBT is possibly associated with the improvement in social functioning for depression.

Poster Session A2: Application of CBT for Adults

A2-3

The Effects of Video Feedback on the Improvement of Social Self-Image in Clients with Social Anxiety Disorder

Yongrae Cho, Hallym University, Republic of Korea

The purposes of this study were to examine the effects of video feedback on the improvement of social self-image and to explore predictors of response to the video feedback in clients receiving group cognitive-Behavioural therapy for social anxiety disorder. Eighteen university students diagnosed with social anxiety disorder in Korea were asked to perform their feared social tasks before a video camera in group sessions and were then shown the video of their performance. Following the video feedback with cognitive preparation, participants made significantly lower ratings of their social anxiety-related Behavioural responses and negative performance aspects compared to the same ratings made prior to the video feedback, whereas their ratings of positive performance aspects following the video feedback did not differ from those made before the video feedback. Initial frequency of safety behaviours was significantly correlated with change on the ratings of the positive and negative performance aspects following the video feedback. Higher likelihood estimates of feared social outcome and more negative social self-concept at pre-treatment were each related to less improvement on the ratings of the positive performance aspects. These findings suggest that negative social self-image in individuals with social anxiety disorder can be effectively improved by video feedback.

Poster Session A2: Application of CBT for Adults

A2-4

Does the Subtype of Social Phobia Affect Outcome of Cognitive-Behavioural Group Treatment for Social Phobia?

Kee-Hwan Park, The Catholic University of Korea, Korea

The present study examined if the subtype of social phobia affected outcome of cognitive-Behavioural group treatment (CBGT) for social phobia. Although the generalized subtype clients (n=10) had more severe symptoms than the specific subtype clients (n=15) at the start of treatment, both subtypes didn't show difference of symptom severity at the termination of treatment. Moreover, the generalized subtype clients had higher homework compliance than the specific subtype clients. At the evaluation, both subtypes show the same degree of improvement. It was, however, revealed that the generalized subtype clients improved somewhat more than the specific subtype clients. Overall, this study suggests that both subtypes show the same degree of improvement upon completion of CBGT for social phobia.

Poster Session A2: Application of CBT for Adults

A2-5

The Effectiveness of Task Concentration Training on Social Phobia

So-Jung Kim , Jung-Hye Kwon, Jung-Kwang Ahn & Bora Nam, Korea University, Korea

Introduction: According to the model of social phobia by Clark & Wells (1995), an important factor maintaining social phobia is self-focused attention. Individuals with social phobia pay a lot of attention to the internal (interoceptive) information. The biased attention causes them to be overwhelmed by somatic symptoms like blushing, trembling, sweating and freezing and to behave inappropriately in fearful social situations. Although there have been a number of studies on negative effects of self-focused attention to social anxiety, direct treatments in attention processes have been rarely done. The purpose of this study is to explore effects of a task concentration training (TCT), which helps to shift attention externally. Method: Subjects will be recruited among volunteers who meet the DSM-IV criteria for social phobia and have self-report somatic symptoms. When agreed to participate in the study, subjects will be randomly assigned to TCT or waiting list. The TCT is a Behavioural training which consists of a series of hierarchical exposures, listening exercises, speaking exercises etc. The TCT will be conducted in groups of 4-6 for five sessions. Before and after treatment, Korean version of Social Avoidance and Distress Scale (SADS), Brief Fear of Negative Evaluation (BFNE), Blushing, Trembling and Sweating Questionnaire (BTS-Q) and Self Focused Attention (SFA) will be administrated for all subjects. So far, five participants have been recruited. It is planned to recruit 10 more participants and 15 controls. Analysis: Level of social anxiety, fear of showing bodily symptoms and self-focused attention will be compared between TCT participants and waiting-list controls using one-way ANOVA.

Poster Session A2: Application of CBT for Adults

A2-6

Interpersonal Problems as Predictors of Response to Cognitive-Behavioural Group Therapy for Social Phobia

Eun-Hee Park, Jung-Hye Kwon, Seo-Jung Park & Jung-Kwang Ahn, Korea University, Korea

The effectiveness of cognitive-Behavioural therapy (CBT) for social phobia has been well documented. However, response to CBT seems to vary according to patients' characteristics. Qualitative differences in interpersonal style such as hostility versus submissiveness could lead to differential response to CBT. The purpose of this study is to determine whether a subtype distinction based on maladaptive interpersonal responses would provide qualitative distinct socially phobic subgroups. A second goal is to examine differential response to CBT according to interpersonal subtypes. About 30 to 40 subjects will be recruited from a waiting list of people who want to participate in CBGT (Cognitive-Behavioural Group Treatment) at Korea University Social Phobia Counseling Center (<http://www.koreauniv-socialphobia.com>). The subjects will be selected through an individual face-to-face clinical interview using the Korean version of Anxiety Disorders Interview Schedule-Revised for DSM-IV (ADIS-R). All the participants are required to complete the Korean version of Inventory of Interpersonal Problems (IIP). The CBGT consists of eight 90-min sessions on a weekly basis. Before and after the CBGT, the Korean version of Brief Fear of Negative Evaluation (BFNE), Social Interaction Anxiety Scale (SIAS), Social Phobia Scale (SPS) and the ratings by co-therapists will be administered. In the first phase of analysis, cluster analysis will be performed on the subscale scores of K-IIP. In the second phase of analysis, treatment response of subgroups will be compared using ANOVA.

Poster Session A2: Application of CBT for Adults

A2-7

Attentional Control with Social Anxiety

Jun Moriya & Yoshihiko Tanno, The University of Tokyo, Japan

Social anxiety people have selective attention towards aversive stimuli. It is assumed that the attentional bias towards threat stimuli is associated with maintenance of social anxiety. Recent research suggests the attentional control regulates the attentional bias. So this study investigates the relationship between social anxiety and attentional control. To measure self-reported attentional control, I used a Japanese version of Effortful Control (EC) scale for college students. Effortful control is related to executive functioning and this scale has three subscales: Inhibitory Control, Activation Control, and Attentional Control. Social anxiety was assessed with Social Phobia Scale (SPS). I hypothesized that high social anxiety people were low in effortful control, especially attentional control. The result indicated that effortful control and attentional control score were negatively correlated with SPS. This finding implies that it is effective for treatment of social anxiety to regulate attentional control. Future investigations should develop the way to control attention, train social anxiety people to get attentional control, and explain that control of voluntary attention can reduce the social anxiety.

Poster Session A2: Application of CBT for Adults

A2-8

The Effect of an Acceptance-Based Treatment on Speech Anxiety Reduction in College Students

Sungshin Park & Yongrae Cho, Hallym University, Republic of Korea

While a number of studies have demonstrated the effects of traditional cognitive-Behavioural therapy in Korea, there are few published studies evaluating the efficacy of acceptance-based treatments. Moreover, for speech-anxious subjects, the effects of acceptance-based treatments for alleviating their anxiety have not been examined yet. The purpose of the present study was to examine the efficacy of an acceptance-based treatment for speech-anxious college students. The hypotheses for this study were as follows: first, the acceptance-based treatment would be effective for decreasing anxious response to an impromptu speech; second, the acceptance-based treatment would produce more beneficial effects for anxious response to a speech than the non-acceptance treatment. 34 speech-anxious college students were randomly assigned to the two treatment conditions. After the first speech task, participants received the acceptance-based treatment or the non-acceptance treatment, and the second speech task followed. Prior to and following the two speeches and one session of treatment, multimodal assessment tools, including the measures of performance anxiety, anticipatory anxiety, probability and cost estimates for anxiety appearance, self-focused attention, performance expectation, self-perception of performance, systolic pressure, diastolic pressure, and pulse were administered. Scores on all dependent measures in the participants who received the acceptance-based treatment were significantly improved, suggesting strong support for the first hypothesis. The acceptance group experienced a decrease in their systolic pressure more than non-acceptance, providing partial support for the second hypothesis. The results of this study provide empirical evidence for the efficacy of an acceptance-based treatment for university students with high speech anxiety.

Poster Session A2: Application of CBT for Adults

A2-9

A Research on the Effect of Assertiveness Training for University Students with Social Worries

Sili Zhou, Linghan Liang, Zhi-jin Hou, Beijing Normal University, Beijing, China

Assertiveness is the ability to express one's thoughts and feelings without violating the rights of others (Alberti & Emmons, 1974). This study is exploring the effect of assertiveness training on university students' interpersonal competence. 20 college students who self reported to have social worries were recruited. They were randomly distributed into experimental group and control group. There were ten people in each group. The intervention lasted for five weeks, two hours for each session. Pretest-Posttest Control Group Design was used. During pre- and posttest, Interpersonal Communication Competence Questionnaire (Yuan Wei, 2005) was administrated and the role-plays were videotaped. The results demonstrated that assertive training was an effective method to intervene university students with social issues.

Poster Session A2: Application of CBT for Adults

A2-10

The effect of Cognitive-Behaviour Intervention Group on the Career Search Efficacy and Career Exploration of University Students

Linghan Liang , Linlin Liu & Zhi-jin Hou, Beijing norm University, China

The Career Search Efficacy Scale (CSES; Solberg, Good, & Nord et al., 1994) was used as a group screen test. 30 undergraduate students with low score on CSES were selected to form two treatment groups and one control group. Based on Bandura's (1977, 1986) social learning model, 5-sessions intervention was given to two treatment groups. One group emphasized the awareness of career development and understanding the importance of career exploration. The other group added specific guidance of career exploration and homework. Significant group differences in CSES scores and career exploration scale scores were found among three groups.

Poster Session A2: Application of CBT for Adults

A2-11

The Effect of Cognitive Information Process Career Workshop on the Dysfunctional Career Thoughts

Linlin Liu, Sili Zhou, Zhi-jin Hou, Beijing Normal University, Beijing, China

The career workshop was designed based on the cognitive information process theory (Peterson, Sampson, & Reardon, 1991). The Career Thoughts Inventory (CTI; Sampson, Peterson, Lenz, Reardon, & Saunders, 1996) and General Decision Making Scale (GDMS; Scott & Bruce, 1995) were used as pretest. Five sessions career workshop were given to 40 senior university students. CTI was administrated as a post-test after the workshop. The significant difference was found pre- and post-test. The effect of training on different decision making style students was discussed.

Poster Session A2: Application of CBT for Adults

A2-12

Utilization of CBT in the Mainland of China

Zhan-jiang Li, Capital University of Medical Sciences, China

The paper reviewed the articles published in Chinese journals of China mainland from 1995 to 2006. The results demonstrated that the nurses and some psychiatrists treated many mental disorders with CBT in hospital, for instance, anxiety and depressive disorders, mood disorder, eating and somatoform disorders, and schizophrenia etc. A few psychologists remediate students' mental problem with it in schools or universities. Most of researches showed significant effect on them, but some limitation in method existed. Many therapists make use of CBT based on the main principles of it. There is no special procedure for each disorders. It points out the research fields of CBT in future.

Poster Session A2: Application of CBT for Adults

A2-13

The Simultaneous Measurement of Attentional Bias and Interpretative Bias on Social Anxiety

Yuri Igarashi & Hironori Shimada, Waseda University, Japan

It has been reported that social anxiety is characterized by bias for information process. It is suggested that interpretative bias and attentional bias effect on maintenance of social anxiety disorder. Although both biases were studied separately from each other, they occur in information process. Then, there will be an interaction in both biases. The purpose of this study was to measure both biases at one time and examine relationship between both biases.

Thirty two undergraduate students participated in this experiment as members of high, medium and low social anxiety group. Attentional bias was measured by the task of dot-probe. The task had two kinds of stimulus that is social threat word and neutral word. Difference between reaction time of threat word and neutral word was used as score of attentional bias. Results of ANOVA, social anxiety (high, medium, and low) \times stimuli (social threat, neutral), revealed that there was not a significant effect.

Interpretative bias was measured by the video task. Participants were asked to describe their impressions of the scene as if they were actually in that situation. The subjects' narrative responses were measured by a third person. The results of the ANOVA for social anxiety (high, medium, and low) \times situation (social, non-social) revealed that there was a significant interaction between social anxiety and situation in depression-anxiety score. Therefore, the occurrence of interpretative bias in social anxiety could be confirmed in this study.

Finally, relationship between interpretative bias and attentional bias was discussed.

Poster Session A2: Application of CBT for Adults

A2-14

An Integration of Cognitive-Behavioural and Cognitive-Interpersonal Case Formulations: A Case Study of Culture-Specific Challenges

Emily Tung-Hsueh Liu, Fu-Jen University, Taiwan

The case study presents a 26-year-old Chinese American male with Major Depressive Disorder and Generalized Anxiety Disorder. Case formulation and treatment were based on a Cognitive-Behavioural perspective, using the case formation model by Persons & Tompkins (1997). In addition, given that interpersonal issues were pertinent in this case, a supplemental conceptualization and intervention of the cognitive-interpersonal cycle, based on the work of Safran & Segal (1999), was added. Specific interventions such as “cognitive restructuring,” “relaxation,” “role-play,” and “metacommunication” were implemented.

The case is notable for it highlights culture-specific challenges in doing CBT with Chinese/Taiwanese clients. Certain beliefs (e.g., “I am not good enough”) served not only self-defeating, but also motivating, functions. The omnipotent cultural values (e.g., “Keep telling yourself that you are not good enough; don’t ever be satisfied with your accomplishments”) have led to depression and anxiety, in the meantime, however, they have also motivated the self-disciplined man to become a more successful person. Specific culture-related challenges in doing cognitive restructuring are discussed.

Poster Session A2: Application of CBT for Adults

A2-15

The Effect of Creative Play on Socio-Emotional and Cognitive Behaviour Among Sophomore College Students in a State University

Domingo O. Barcarse, Philippine Normal University, Philippines

Therapeutic creative activities are beneficial in improving the quality of life. It help individual better manage anxiety and other related problems. Engaging in dancing, singing, acting and writing has been shown to be effective in helping individuals. Research showed that respondents become expressive and productive in their work, enhance communication skills thus promote feelings of self-worth and attaining sense of belongingness thus increase level of participation

The effect of creative play on the socio-emotional and cognitive behaviour among college students was conducted among physics sophomore students at Philippine Normal University. The research methods consisted of a mixture of quantitative and qualitative interviews. Questionnaires were develop and administered at the start of semester to identify problems encountered. The researcher chose creative play with dance and singing while performing as a form of self and group Behavioural assessment. The period of study consisted of five months.

Findings indicate that there is significant effect in enhancing socio-emotional behaviour and interpersonal relations. The relations between members have improved. Cognitive behaviour development was also manifested.

Respondents were able to express freely their personality, such as their emotional life, and their decision making. Development of strong cohesion between members also manifested resulting to increase holistic and logical thinking.

Results suggest that unconscious behaviour and collective unconscious were manifested based on personal dreams.

Poster Session B1: Physical/Mental Health Adversities and Trauma

B1-1

The Impact of Dissociative Experiences on Traumatic Stress in Prostituted Women with Prolonged trauma

Hyunjung Choi, Min-Sup Shin, Hoon-Jin Lee, Seoul National University, Korea

Prostitution is known as a sexual exploitative system that delivers multiple traumatic experiences to women within. Therefore, women in prostitution seem to cope with their prolonged traumatic experiences through dissociation meant by psychological escape. With the participation of forty-six women who had been prostituted across South Korea, this study focused on dissociative experiences which results in multiple traumatic stress. Dissociative experiences were assessed by Dissociative Experiences Scale-Korean Version (DES-K) which measures various types of dissociation including disturbances in memory, depersonalization, derealization, absorption and imaginative involvement. Prostituted women with and without childhood sexual abuse by significant others (by parents, relatives, partners etc., CSA) and control group without prostituted experiences nor CSA were compared. When experienced both CSA and prostitution, women had the highest level of all traumatic stress and dissociative experiences. In fact, they showed higher tendencies in interpersonal problems, affect regulation problems, and posttraumatic reexperience symptoms compared with prostituted women without CSA. Somatization and identity issues were especially related to prostituted experiences, than to CSA. Having experiences of prostitution without CSA, women had higher levels of somatization, identity problems and interpersonal problems, affect regulation problems, posttraumatic reexperience and avoidance compared to the control group. In hierarchical regression analysis, dissociation predicted traumatic stress beyond CSA. Retrospective ratings of dissociation during prostitution predicted somatization and identity problems in prostituted women. DES-K scores predicted hopelessness and posttraumatic reexperience symptoms also. In addition, DES-K scores mediated the relationship between CSA and affect regulation problems.

Poster Session B1: Physical/Mental Health Adversities and Trauma

B1-2

Relationships among Cognitive Appraisal, Coping Strategies toward Recalling Traumatic Memories and Traumatic Stress Responses in Japanese College Students who Have High Traumatic Stress Responses

Kaori Osawa & Yuji Sakano, Health Sciences University of Hokkaido, Japan

Previous studies suggest that negative appraisal to traumatic experiences may increase or maintain traumatic stress responses. Several studies found that using maladaptive coping strategies (e.g., avoidant coping) to traumatic experiences were related to traumatic stress responses. The purpose of this study was to investigate the relationships among coping with recalling traumatic memories, cognitive appraisals, and traumatic stress responses in a college sample. The hypothesized model about the relationship was examined by using structural equation modeling (SEM).

Forty hundred and sixty-eight participants (180 males and 288 females) completed Event Checklist (from CAPS), Cognitive Appraisal Rating Scale (CARS; Suzuki & Sakano, 1998), the Japanese version of Ways of Coping Check Lists-Revised (WCCL-R; Kodama et al., 1994), and Impact of Event Scale-Revised (IES-R-J; Asukai et al., 2002). One hundred ninety-five participants (42 males, 53 females, mean age 20.46, $SD=1.44$) showed scores on IES-R-J above 25 (cut-off point). As the results of using SEM, the hypothesized model fitted the data well ($GFI=.860$, $AGFI=.825$, $CFI=.928$, $RMSEA=.047$).

The results of this study suggested that people who appraise to recalling traumatic memories as uncontrollable tend to adopt distancing coping strategies and frequent use of such strategies may increase traumatic stress responses. Furthermore, the results indicated that people who appraise to recalling traumatic memories as threat tend to adopt adaptive coping strategies such as problem-focused coping and positive cognitive coping, but these strategies are not related to traumatic stress responses. Implications of this study for the treatment of traumatic stress were discussed.

Poster Session B1: Physical/Mental Health Adversities and Trauma

B1-3

The Effects of Perceived Control and Avoidance Coping on Post-traumatic Stress Symptoms in Female Victims of Domestic Violence

Sungjin Lee & Yongrae Cho, Hallym University, Public of Korea

We examined how domestic violence, perceived control, and avoidance coping influence post-traumatic stress symptoms in a sample of female assault victims. The dimensions of perceived control (past, present, future) were derived from the temporal model (Frazier, Berman, & Steward, 2002). 103 participants completed the Korean versions of the questionnaires to assess domestic violence, perceived control, post-traumatic stress symptoms, and avoidance coping. After controlling for the level of domestic violence, past control, present control, and avoidance coping each contributed significantly to the prediction of post-traumatic stress symptoms. In accordance with the analytic steps outlined by Baron and Kenny (1986), a series of regression analyses were used to examine the role of perceived control and avoidance coping in mediating the relation between domestic violence and post-traumatic stress symptoms. The findings revealed that both past control and avoidance coping mediated the relation between domestic violence and post-traumatic stress symptoms. Based on these results, we proposed a model of post-traumatic stress symptoms in female assault victims. According to the proposed model, both past control and avoidance coping would mediate the relation between domestic violence and post-traumatic stress symptoms, and present control would be associated with lower level of post-traumatic stress symptoms regardless of the level of violence. The results of path analysis revealed that our proposed model fit the observed data adequately. Therefore, the findings suggest that the importance of avoidance coping as well as perceived control (particularly past and present control) should be considered in order to help prevent and treat female assault victims' post-traumatic stress symptoms more effectively.

Poster Session B1: Physical/Mental Health Adversities and Trauma

B1-4

A Stress Disorder Study on a Terrorist Attack on the Public Traffic System

Shuangge Sui, Lingjiang Li, Shulin Chen, Cailan Hou, Yan Zhang, Jinli Zhang, Yan Li, Jing Zhang, Jiansong Zhou, Central South University, Jian Zhou, The Second Hospital of Hunan Province, Bin Ni, Zhuo Zhang, The Seventh Hospital of ChangSha, Ning Ma, Weihui Li, Changjie Shi, Gongying Li & Hongxian Chen, Hospital Central South University, China

OBJECTIVE: To investigate the incidents of post traumatic symptoms after a blast on the public traffic system in a city in China.

METHOD: On 20th day and 44th day after a terrorist attack on the public traffic system, 72 people (victims, age and sex matched civilians, relations of victims ; n=27,26,19) were interviewed. The following questionnaires were used: Self-rating Questionnaire –20(SRQ-20), Post-traumatic Stress Disorder Checklist Civilian Version–17(PCL-17), Self-rating Anxiety Scale (SAS), Self-rating Depression Scale (SDS), Coping Style Scale (CSS).

RESULTS: The probabilities to generate Acute Stress Disorder (ASD) on victims and their relations are 50%(n=3) and 12.5%(n=1) respectively on the 20th day, and Post-traumatic Stress Disorder (PTSD) are 33.33% (n=7) and 25%(n=1) on the 44th day. No civilians meet the ASD or PTSD diagnoses of Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV). The generation probability of PTSD is higher in the female (46%, n=6) than in the male (16.7%, n=2). The medicine score of PCL-17, SAS and SDS is higher in the female than in the male also ($P<0.05$, $P<0.05$, $P<0.01$). The degree of burned body surface of victims is positively correlated with the score of persistent symptoms of increased arousal in PCL-17 (n=16 , Pearson Correlation=0.589, $p=0.016$)

CONCLUSION: The psychology and behaviour of the victims and their relations are significantly influenced. The generation probability and degree in female are much higher than in male. The high relation depended on PTSD means a possible resolution way to prevent and reduce PTSD in the accident terrorist attack.

Poster Session B1: Physical/Mental Health Adversities and Trauma

B1-5

The Mood State of Paid Blood Donors with HIV and its Relation with Stress and Cognitive Appraisal

Jianping Wang, Xiuyun Lin, Beijing Normal University & Sun Hongwei, Shandong Weifang Medical College, China

This study investigated the mood state of Paid Blood Donors with HIV and its influential factors. 185 subjects between the age of 18 and 60, who were infected by selling plasma, were measured with HIV/AIDS Stress Scale, AQ, BDI and SAS. Results indicated that 92% subjects showed severe depression and 85% severe anxiety; stress of economic status, bringing up children, bereavement and HIV-related symptoms affected their mood state significantly; threat and challenge appraisals functioned as moderators between stress and mood state. Findings suggested that the stress of economic status and threat appraisal primarily led to the subjects' severe mood disorders.

Poster Session B1: Physical/Mental Health Adversities and Trauma

B1-6

The Relationship of Negative Life Events to Suicide Attempt was Moderated by Dysfunctional Attitude and Mediated by Depression among College Students in Taiwan

Huei-chen Ko, Cheng-Hsiang Chou, Ling-chen Liao & Jo Yung-Wei Wu, National Cheng Kung University, Taiwan

Suicide has become the second leading cause of death among 15- to 24-year-olds in Taiwan. Increased death rates from suicide among college students have been a great public concern during recent years. Integrating and examining the stress-vulnerability and mental health models for suicide in a nationally representative sample of college students in Taiwan, we hypothesized that the relationship of negative life events to suicide attempt was moderated by dysfunctional attitude and mediated through depression. A total of 3,993 students, sampled nationwide by a stratified and random-cluster method, participated in the study, with a final collection of 3,733 valid questionnaires. A comprehensive survey including demographic background, as well as dysfunctional attitudes, depression and suicide attempts were conducted. Overall, 10.2% college students reported having made a suicide attempt during the past 12 months. Female students were more likely to report suicide attempts than males. After controlling gender, age, and academic satisfaction, the multivariate logistic regression analyses performed to predict suicide attempt showed that negative life events, and the interaction between dysfunctional attitudes and negative life events reached significance; however, this significance disappeared after entering depression in the next step, though separately, depression was able to significantly predicted suicide attempt. Further analyses revealed that negative life events predicted suicide attempt only in the group with a moderate or higher mean score of dysfunctional attitudes, but not in those with a lower mean score. The results supported our hypotheses.

Poster Session B1: Physical/Mental Health Adversities and Trauma

B1-7

The Deteriorating Factors of “Hikikomori”: Absence of Social Participation and Family’s Stress

Motohiro Sakai, Shigakukan University, Japan

“Hikikomori” is a social problem currently observed in Japan. It was supposed that there were some hundreds thousands persons in the “Hikikomori” (Kawakami et al., 2003). Individuals in the “Hikikomori” exhibits severe social withdrawal and other psychological and Behavioural disturbances (Sakai et al., 2004).

The purpose of study was to investigate the factor affecting absence of social participation of the person in the “Hikikomori” and family’s stress. Four hundreds forty six families were requested to complete a set of the Hikikomori Behaviour Checklist (Sakai et al., 2003; HBCL), the Irrational Belief to the Individuals in the state of “Hikikomori” (Takizawa et al., 2003; IBIH), and Stress Response Scale-18 (Suzuki et al., 1997; SRS-18).

First, the results of multiple regression analysis indicated that social anxiety, avoidance from family members, decreased activity, and unsteady life pattern were positively correlated to absence of social participation, but aggressive behaviour was negatively correlated to absence of social participation. Second, the results of multiple regression analysis indicated that aggressive behaviour, incomprehensible maladapted behaviour, and IBIH were positively correlated to the family’s stress responses.

It was suggested that the importance of intervening in the family from the results of this research. Results of this study were discussed within the theoretical framework of parent training for solving conduct problems in childhood and adolescent.

Poster Session B1: Physical/Mental Health Adversities and Trauma

B1-8

Mediational Effect of Drinking Motives in Drinking Behaviours among Alcoholic Patients

Minkyung Kim, Dasarang Central Hospital, Yongrae Cho, Hallym University, Jaejeong Shin & Kyungnam Hwang, Dasarang Central Hospital, Korea

Cooper and colleagues (1995) developed and validated a motivational model delineating the antecedents and consequences of drinking to enhance positive emotions and to cope with negative emotions. Using path analyses, this study evaluated mediational effects of drinking motives in the relations between psychological vulnerability factors and drinking behaviours, based on a motivational model of alcohol use proposed by Cooper et al. (1995). Furthermore, we examined if their mediational model would be applicable to the data in a Korean sample of alcoholics. The results of path analyses indicated that both their mediational model of drinking motives and its partly modified models demonstrated inadequate fit to the data. Consequently, by separating the original mediational model of drinking motives into several parts according to two sets of drinking motives, we sought to explore models suitable for our sample. A new mediational model of the coping motive in which both tension reduction expectancy and avoidance coping affect alcohol use through mediation of coping motive, tension reduction expectancy influences drinking problems through mediation of coping motive, and avoidance coping affect drinking problems directly was supported. In addition, another mediational model of enhancement motive in which positive emotions affect alcohol use and drinking problems through mediation of enhancement motive was also supported. These findings indicated that the original mediational model of drinking motives proposed by Cooper et al.(1995) did not seem to be suitable for a Korean sample of alcoholics. Instead, alternative mediational models of drinking motives were proposed, based on the results with our sample.

Poster Session B1: Physical/Mental Health Adversities and Trauma

B1-9

Drinking Refusal Self-efficacy and Alcohol Expectancy as Predictors of Readiness to Change in Alcoholic Dependent Outpatients

Kun Hwa Lee & Huei-Chen Ko, National Cheng Kung University, Taiwan

Objective: The Transtheoretical Model (TTM) suggested the roles of self-efficacy and decisional balance in the stages of change of addictive behaviours. However, DiClemente and his colleagues proposed that readiness was a more generic concept than stages, and that motivational readiness was viewed as a willingness or openness to adopt a particular behaviour. The present study was designed to examine the relationship of alcohol expectancies (AEs) and refusal drinking self-efficacy (DRSE) to the readiness to change in alcoholic dependent outpatients.

Method: A total of 164 participants who met the diagnostic criteria for alcohol dependence, were enrolled from outpatient clinics. Participants completed The University of Rhode Island Change Assessment Scale (URICA), situational confidence questionnaire (SCQ), and Alcohol Expectancy Questionnaire (AEQ).

Results: A hierarchical regression analysis showed that only negative alcohol expectancy (NAE) significantly predicted readiness to change, while DRSE and positive alcohol expectancy (PAE) failed to show a significant prediction.

Conclusion: The results showed that NEA serves as a more appropriate role in detecting readiness to change than other variables, suggesting the development of effective strategies for decreasing negative outcome expectancies in the promotion of motivational readiness should be considered and evaluated.

Poster Session B1: Physical/Mental Health Adversities and Trauma

B1-10

The Development of Hostility Intervention Program for High Risk Population of Coronary Heart Disease

Chia Ying Weng, Guan Hua Long & I Mei Lin, National Chung-Cheng University, Taiwan

We plan to develop an 8-weeks hostility intervention group therapy program. The participants are 20 Chinese high hostility male adults, randomly assigned to experimental and control group respectively. Base on Beck (1999), hostility is a negative schema which individual holds toward the world. Through hostile schema, individual projects selfish, cynical image onto others and takes these images as others' feeling toward themselves. The hostility schema are formed and maintained by their cognitive characteristics, namely egocentric bias and vulnerable self image. Egocentric bias lead hostile individual to believe that others explain situations as the way he/she does. And this is why offenders deserve to be punished, for they know they are hurting the victims and never mean to stop. The primal beliefs of hostile individual lead them to attribute negatively toward others' behaviour. Besides, hostile individual usually has an unstable self-esteem. Their hypersensitivity comes from their vulnerable core image of themselves and believing that "Others are all evil, I fell distress because they treat me unfairly". Once got hurt they switch from an innocent victim to a powerful punisher, which allows them to restore damaged self-esteem but confirm their core images at the same time. This program will train the participants to use cognitive behaviour strategies to explain other's behaviour more flexibly, restore impaired self-esteem, manage negative emotions, and control aggressive behaviours.

Poster Session B1: Physical/Mental Health Adversities and Trauma

B1-11

Understanding the Worried Well of AIDS: a Pilot Study Based on the Internet in China

Wang Jianping, Su Wenliang, Beijing Normal University, & Sun Hongwei, Shandong Weifang Medical College, China

The increasing population of the worried well of AIDS (WWA) in China fueled questions on how it happened. This online study compared WWA (n=31) with general population (GP, n=130) and suspected people with HIV (SPWH, n=66) using AIDS Related Attitude Scale and EPQ-RSC. Results showed that WWA had less confidence in dealing with HIV than other groups and higher sexual guilt than SPWH; WWA were higher on neuroticism and more likely to use internal attribution for the infection. HIV stigma was positively related to sexual guilt and internal attribution. These findings had implications for understanding and counseling for the WWA. The increasing population of the worried well of AIDS (WWA) in China fueled questions on how it happened. This online study compared WWA (n=31) with general population (GP, n=130) and suspected people with HIV (SPWH, n=66) using AIDS Related Attitude Scale and EPQ-RSC. Results showed that WWA had less confidence in dealing with HIV than other groups and higher sexual guilt than SPWH; WWA were higher on neuroticism and more likely to use internal attribution for the infection. HIV stigma was positively related to sexual guilt and internal attribution. These findings had implications for understanding and counseling for the WWA.

Poster Session B1: Physical/Mental Health Adversities and Trauma

B1-12

A Cognitive-Interpersonal Approach to Conceptualizing Rupture in Therapeutic Alliance: A Case Study

Emily Tung-Hsueh Liu, Fu-Jen University, Taiwan

Results of a meta-analysis revealed that across 79 studies, therapeutic alliance was associated with the effectiveness of psychotherapy (Martin, Garske, & Davis, 2000). While therapeutic alliance is undoubtedly fundamental in CBT, ruptures in therapeutic alliance can also be transformed into opportunities for change.

This case study presents a 27-year-old Taiwanese male who began experiencing symptoms of social phobia 4 years ago, following a sudden “change-of-heart” by a female with whom a brief romantic relationship took place. Over the course of the long-term therapy, the client overcame his fears of associating with “anyone” by gradually allowing himself to process about his inner thoughts and feelings with the female therapist. Meanwhile, the client appeared to be progressively more dependent on the therapist – the first female who seemed to accept him since his heart was broken.

The therapeutic task of discussing the boundary issues led to a rupture in therapeutic alliance: The client subjectively experienced “rejection” and expressed negative reactions. In conceptualizing the case, the therapist views such alliance rupture not as a form of noncompliance, but as being reflective of the maladaptive nature of the client’s cognitive schemas and cognitive-interpersonal cycle (Safran & Segal, 1996). The case study illustrates the resolution of the alliance rupture via “metacommunication,” based on Safran and Muran’s (2000) model. Applied implications are discussed.

Poster Session B1: Physical/Mental Health Adversities and Trauma

B1-13

Assessments of Depressive-Process and Personality for Cognitive Behaviour Therapy: Theory and Practice of Client-Centered Cognitive Behaviour Therapy

Sugiyama Takashi, Yamanashi Eiwa College, Japan

This study reports a Japanese adolescent case to discuss the use of the depressive self-others process theory suggested by Japanese longitudinal psychological evidence and Millon's personality style theory on making assessments for cognitive behaviour therapy. This depressive process theory has its origins in sociometer theory of self-esteem (e.g., Leary, 1999), depressive self-focus theory (e.g., Sakamoto, 2000) and depressive interaction theory (e.g., Joiner et al, 1992). It has been tested statistically (e.g., Sugiyama, 2004, 2005a). This theory assesses depressive process in three steps, the prevention stage, the cognitive-emotional symptom (the character before depression) stage, and the social interaction stage, so it would offer the effective therapeutic methods of intervention in each stage. To make these methods successful, the therapeutic-relationship would be indispensable. Some research suggests the Sense-of-Acceptance, the feeling to being valued by others, makes moods positive, and thoughts constructive under the mood congruent effect (Sugiyama, 2005b). If the therapist deals with the client's wishes carefully, the client's Sense-of-Acceptance would be strengthened, and the therapeutic effects would be heightened. This view introduces the effect of Rogers's conditions (Rogers, 1957) into cognitive-Behavioural methods. As the personality assessments based on Millon's theory reveal individual wishes of interpersonal issue, it would be used to establish therapeutic-relationship effectively. The author, being conscious of therapeutic-relationship, applied cognitive restructuring to an adolescent case in the cognitive-emotional symptom stage. Negative automatic thoughts on interpersonal scenes, interactive behaviour with others and depressive tendency, and GAF had been improved through 10 sessions in half a year.

Poster Session B1: Physical/Mental Health Adversities and Trauma

B1-14

Gender Differences in the Effects of Outcome Expectancy and Refusing Self-efficacy of Internet Use on Internet Addiction among College Students in Taiwan: one-year follow-up

**Min-Pei Lin, Huei-Chen Ko, Jo Yung-Wei Wu, National Cheng Kung University
Medical College, Taiwan**

Based on Bandura's social learning theory, the aim of this study was to examine the effects of outcome expectancy and refusing self-efficacy on Internet addiction (IA). Schools were first stratified into technical or non-technical colleges and then into 7 majors. A cluster random sampling by department was further applied to randomly choose subjects from each major. In 2002, a total of 3,585 students were sampled from the colleges in Southern Taiwan. The Outcome Expectancy and Refusing Self-efficacy of Internet Use Questionnaire, and the Chen Internet Addiction Scale were used to assess the cognitive factors and the levels of IA. College freshmen, sophomores and juniors in 2002 were followed-up one year later in 2003. The final valid sample was 1,655, gaining a response rate of 46.16%. To determine if outcome expectancy and refusing self-efficacy measured in 2002 affected IA in 2003, a hierarchical multiple regression analysis was conducted. After controlling for IA assessed in 2002, IA in 2003 was predicted by positive and negative outcome expectancy, refusing self-efficacy, as well as the interactions between gender and the three cognitive factors, respectively. Further analyses showed that the three cognitive factors significantly predicted IA among female students. However, among males, refusing self-efficacy of Internet use was unable to predict IA, while negative outcome expectancy mediated the relationship between positive outcome expectancy and IA. The results suggested that gender difference exists in the effects of outcome expectancy and refusing self-efficacy.

Poster Session B2: Evidence Based Assessment and Theory

B2-1

Cross Cultural Validation Study of the Emotional and Contextual Cue Perception Task

K. H. Choi, N. H. Liu, P. Kleinlein, University of Nebraska-Lincoln USA, H. J. Lee, H. S. Kang, J. H. Kwon, Korea University, Korea & Spaulding, W.D, University of Nebraska-Lincoln, USA

Emotional perception and cultural differences are both factors of great interest in current studies of cognitive and Behavioural treatment of schizophrenia. The purpose of this study is to revise an existing test of emotion perception for use in cross-cultural research on schizophrenia. The Emotional and Contextual Cue Perception Task (ECCPT) was originally developed by Masuda et al. (2006) to study cultural differences in perception of emotion. It consists of cartoon portrayals of specific emotions, with and without contextual information. The task requires the subject to identify which of 5 emotions is being portrayed, and the intensity of the emotion. Initial research with the task suggests there are cultural differences in use of contextual cues in interpreting emotional expressions. The original task consists of 64 items. It can be shortened by about 30% while preserving the counterbalanced distribution of emotional categories and contextual conditions. To be suitable for use with people with severe mental illness, the task must be shortened, and possibly simplified. In the present study, a subset of the original items will be selected. To ensure that the shortened version remains sensitive to cultural differences, 100 American and 100 Korean college students will be tested. To determine whether the shortened version is sensitive to the effects of severe mental illness, 50 American and 50 Korean people diagnosed with schizophrenia will be tested. Accuracy of emotional perception for emotion type and intensity will be compared in a 2 (Korean vs. American) by 2 (normal vs. schizophrenic) ANOVA.

Poster Session B2: Evidence Based Assessment and Theory

B2-2

The Effects of Depressive Affect, Self-Consciousness, Somato-sensory Amplification, and Somatic Attribution on Somatic Symptoms: Test of a Mediation Model

Hyun-Kyun Shin, Chonnam National University, South Korea

The present study tested the validity of a partial mediation model to explain the experience of somatic symptoms. The model is a comprehensive model that includes the depressive affect, self-consciousness, and cognitive processes, such as somato-sensory amplification and somatic attribution. The assumption was that depressive affect might predict somatic symptoms directly and self-consciousness and cognitive variables might mediate this process. An alternative model was full mediation model, that is, depressive affect might predict somatic symptoms mainly through the mediation of self-consciousness and cognitive variables.

The partial mediation model and the full mediation model were tested in 479 Korean undergraduates. The results of structural equation analyses showed that the partial mediation model fitted the data very well, while the full mediation model didn't. In conclusion, the partial mediation model of somatization was supported by the data of Korean undergraduates. This result implies that depression affects the experience of somatic symptoms not only directly, but also induces high self-consciousness, somato-sensory amplification of trivial bodily sensations, and somatic attribution. Thus, the experience of somatic symptoms is increased by high self-consciousness and cognitive biases. Results from this study provide further understanding about the mechanisms of Korean somatization and suggestions for prevention and treatment of somatization.

Poster Session B2: Evidence Based Assessment and Theory

B2-3

Does the Social Concerns Dimension of a Korean Version of the Anxiety Sensitivity Index-Revised belong to the Domain of Anxiety Sensitivity?

Yongrae Cho, Hallym University, Republic of Korea

Two studies were conducted to examine whether the social concerns dimension of anxiety sensitivity(AS) is best conceptualized as belonging to the domain of AS and/or the domain of negative evaluation sensitivity(NES). In Study 1, a sample of university students($N = 319$) in Korea was administered measures of both Korean versions of the Anxiety Sensitivity Index-Revised(ASI-R) and the Brief Fear of Negative Evaluation scale(BFNE) and their responses were subjected to exploratory factor analyses. Items from the ASI-R loaded onto factors representing the four AS constructs (i.e. concerns about cardiovascular and gastrointestinal sensations, concerns regarding respiratory sensations, psychological, and social concerns) and items from the BFNE loaded onto a single factor labeled fear of negative evaluation. In Study 2, another sample of university students ($N = 353$) in Korea was administered a self-report battery consisting of the ASI-R, the BFNE, and the Speech Anxiety Thought Inventory (SATI)-Subscale 2. Confirmatory factor analyses indicated that among the four hierarchical factor models, a novel hierarchical factor model provided the best fit to the data. In the hierarchical factor model, the social concerns factor had its highest loading on a NES factor and a secondary loading on an AS factor. In contrast, the first three factors of the ASI-R loaded onto AS factor, while the BFNE and SATI-subscale 2 factors loaded onto NES factor. These findings suggest that the social concerns dimension of the K-ASI-R represents a blend of NES and AS, but that it taps the former more strongly than the latter.

Poster Session B2: Evidence Based Assessment and Theory

B2-4

Emotion Dysregulation in Young Adults with Borderline Personality Disorder features: The Role of Emotional Avoidance

Jin-Mi Park, Sungryong Koh & Hoon-Jin Lee, Seoul National University, Korea

The present study investigated the emotional dysregulation of borderline personality disorder. Study 1 was performed to investigate the mediating effects of emotional avoidance on the relationship between the vulnerability factors (intensity of negative emotion, emotion regulation skill deficit) and the self-mutilation. The PAI-BOR, the Avoidant Personality Scale, the Acceptance and Action Questionnaire, the White Bear Thought Suppression Scale, the Affect Intensity Measure, and the Inventory of Altered Self Capacities were administered to 610 college students. The results showed that the vulnerability factors affect self-mutilation only through emotional avoidance. Study 2 was performed to investigate the emotional avoidance by recording eye movements and the effect of imagery self-mutilation by recording psychophysiological response. Fourteen borderline-avoidant, eleven borderline, eleven avoidant, fourteen normal control groups were selected out of 610 college students. In eye movement measures, individuals with BPD features showed fewer 'regression-in' and more 'regression-out' eye movement to negative stimuli than the other groups. In psychophysiological measures, the groups with BPD features showed decrease in heart rate during self-mutilation imagery and increase in heart rate during neutral imagery. These results suggest that (a) self-mutilation seems to be maintained by tension-reduction effect, and (b) emotional avoidance could contribute to the self-perpetuating cycle of self-mutilation.

Poster Session B2: Evidence Based Assessment and Theory

B2-5

Factor structure of the Japanese Version of the Social Problem-Solving Inventory- Revised (SPSI-R) Short Form

H. Sato, University of Miyazaki, F. Takahashi, M. Matsuo, Waseda University, M. Sakai, Shigakukan University, H. Shimada, Waseda University, & Y. Sakano, Health Sciences University of Hokkaido, Japan

The Social Problem-Solving Inventory-Revised (SPSI-R; D’Zurilla et al., 1998) is one of the most widely used measures of social problem-solving skills. The SPSI-R is a 52-item inventory that is based on a theoretical model introduced by D’Zurilla & Goldfred (1971), and its reliability and validity were sufficiently high with the data in the USA (D’Zurilla et al., 1998), Spain (Maydeu-Olivares et al., 2000), China (Siu & Shek, 2005), and Japan (Sato et al., 2006). A 25-item short form of the SPSI-R, which measures the five major dimensions (i.e. Positive Problem Orientation, Negative Problem Orientation, Rational Problem Solving, Impulsively/Carelessness Style, and Avoidance Style), is also available. The purpose of this study was to examine the factor structure and psychometric property of the Japanese version of the SPSI-R short form. Participants of this study were 706 undergraduate students (mean age= 19.9±2.0 years). Results of confirmatory and exploratory factor analysis demonstrated that this scale was 5-factor structure which consists of “Positive Problem Orientation”, “Negative Problem Orientation”, “Rational Problem Solving”, “Impulsively/Carelessness Style”, and “Avoidance Style”. Our finding was consistent with the original SPSI-R short form. Almost all items loaded significantly upon the single factor with loadings greater than .40, and the model fit indices suggested that the data fit in well with the model. Furthermore, the Japanese version of the SPSI-R short form showed adequate internal consistency and concurrent validity. These findings indicated that the SPSI-R short form is a reliable and valid inventory to assess social problem solving skills with Japanese sample.

Poster Session B2: Evidence Based Assessment and Theory

B2-6

Research on Mechanism of Anxiety Response Induced by Autogenic Training

Hirokazu Furukawa & Yuji Sakano, Health Science University of Hokkaido, Japan

Autogenic Training (AT) is one of the effective relaxation methods in CBT. Recent studies reported that some patients feel much anxious during AT exercises. However, the mechanism of increase of anxiety response has not been clarified. The purpose of this study is to investigate the mechanism of anxiety response induced by AT. Subjects were 81 undergraduate students, who were requested to perform a set of questionnaires including Anxiety Sensitivity Index (ASI) and State-Trait Anxiety Inventory-Trait (STAI-T) before practice. After one month practice, subjects were requested to perform a set of questionnaires including acquisition level of heaviness, acquisition level of warmth, and achievement level of passive concentration.

Comparison between subjects who increased anxiety response by AT and subjects who decreased anxiety by AT revealed that subjects with increase of anxiety response by AT showed lower achievement level of passive concentration, higher ASI and STAI-T than subjects with decrease of anxiety by AT. Results in path analysis suggested that :

- (1) Individual with a high trait anxiety cannot achieve passive concentration, and the anxiety response increased as a result, and
- (2) Individual with a high anxiety sensitivity increases anxiety response.

Finally, clinical implications of this study were discussed.

Poster Session B2: Evidence Based Assessment and Theory

B2-7

Does Social Cue Recognition in Schizophrenia Differ According to the Perceived Criticism of Family?

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Hye-Sung Kang, Byunghee Lee, Jin-Sung Kim, Joong-Min Chae, Sung-Hoon Cho,
Korea University, Korea**

Introduction: Individuals with schizophrenia have been demonstrated to be less able than comparison groups to recognize negative facial affect and identify interpersonal cues present in social situations. Several investigators argued that arousal affects social cue recognition in individuals with schizophrenia. It has been noted that individuals living in highly critical family environment are chronically exposed to high arousal states coming from negative emotion. They are likely to withdraw from social interaction in an attempt to guard against exposure to arousing stimuli and thus have social cognitive deficit for negative emotions, especially the aroused emotions of fear and anger. The purpose of this study is to examine whether there is relationship between schizophrenic patients' perceived criticism of family and social cue recognition ability. Method: About 30 subjects will be recruited from community rehabilitation centers. All subjects meet criteria for schizophrenia or schizoaffective disorder according to DSM-IV. Subjects will be excluded from participation if they have a chart history of neurological injury or severe mental retardation. The Emotional and Contextual Cue Perception Task (ECCPT) will be administered in addition to the Perceived Criticism scale (PC) developed by Kwon (1999) and other measures assessing positive and negative symptoms. Analysis: Accuracy of emotional perception for emotion type and intensity will be compared between high PC patients and Low PC patients using one-way ANOVA

Poster Session B2: Evidence Based Assessment and Theory

B2-8

Development of Itch Anxiety Scale for Atopic Dermatitis (IAS-AD): Reliability and validity

Mika Himachi, Isa Okajima, Kaori Osawa, Makoto Hashiro & Yuji Sakano, Health Sciences University of Hokkaido, Japan

Atopic dermatitis (AD) is a chronic skin disorder. Adult AD patients generally show a high anxiety level. It is indicated that anxiety in adult AD patients causes high rate of scratching behaviour. However, the study on the anxiety to itch has not been conducted enough in adult AD patients. The purpose of this study is to develop the Itch Anxiety Scale for Atopic Dermatitis (IAS-AD) to assess the anxiety to itch in adult AD patients and examine whether IAS-AD predict affection of AD.

The participants were 294 undergraduate students. Forty-four undergraduate students were diagnosed as atopic dermatitis. The participant completed the IAS-AD, the State-Trait Anxiety Inventory - form JYZ (STAI-JYZ), and the level of subjective itch by using Visual Analogue Scale (VAS).

Result of exploratory factor analysis revealed that the IAS-AD consisted of 17-items loading on two factors, which were named “Environmental-induced type” and “Stress-induced type”. Internal consistency of each factor was sufficiently high ($\alpha=0.88-0.91$). Result of *t* test revealed that undergraduate students with atopic dermatitis showed higher scores than healthy students in IAS-AD ($t(47)=4.70, p<.001$). In addition, result of logistic regression analysis revealed that the IAS-AD predicted the morbidity of AD. It is concluded that the IAS-AD have high internal consistency and validity, and that the IAS-AD have potential significance for the clinical and research application.

Poster Session B2: Evidence Based Assessment and Theory

B2-9

The Relationship Between the Sense of Self-agency and Schizotypy

Tomohisa Asai & Yoshihiko Tanno, The University of Tokyo, Japan

Introduction: The present study examined the relationship between schizotypy and the sense of self-agency. Schizotypy may be seen as both a dimension of normal individual differences and an indicator of the predisposition to schizophrenia and schizophrenia-spectrum. The sense of self-agency is the sense that “I’m the one who is causing or generating an action”. It can be said that the positive symptoms of schizophrenia, which include auditory hallucinations and alien controls, are related to the small sense of self-agency.

Method: In the present study, two hundred and twenty-four students were rated with Schizotypy Traits Questionnaire (STA). STA is a 37-item true-false self-report questionnaire based on the DSM-III diagnostic criteria for Schizotypal Personality Disorder. The students of the top 25% (>18 , the high schizotypy group) and the bottom 25% (<9 , the low schizotypy group) participated in the two experiments. In Experiment 1, they pressed the key and the tone was generated after some delay on the personal computer. In Experiment 2, they moved the mouse and the pointer went off in a different direction. They were required to judge whether they felt the sense of self-agency in the both experiments.

Results and Discussions: The results show that the high schizotypy group has smaller sense of self-agency than the low schizotypy group. This may indicate that the positive symptoms of schizophrenia are caused by the small sense of self-agency.

Poster Session B2: Evidence Based Assessment and Theory

B2-10

Development and Validation of Japanese Version of Pain Anxiety Symptoms Scale-20

Hirofumi Matsuoka & Yuji Sakano, Health Sciences University of Hokkaido, Japan

Although pain-related fear is one of the important factors for developing and maintaining chronic pain, there is no self-report questionnaire to measure pain-related fear in Japanese. A questionnaire of pain-related fear used in many studies is Pain Anxiety Symptoms Scale (PASS) and a short version of the PASS (PASS-20) was developed. The purposes of this study were to develop and validate the Japanese version of PASS-20. The questionnaire including PASS-20, scale of pain severity, the interference sub-scale of Brief Pain Inventory, State-Trait Anxiety Inventory (STAI), Self-rating Depression Scale (SDS), and Anxiety Sensitivity Index (ASI) were administered to 449 undergraduate students. Confirmatory factor analysis replicated the factorical structure of the original PASS-20 which has four component comprising cognitive anxiety, escape/avoidance, fear, and physiological anxiety. Correlation analyses showed that the score of PASS-20 has significant correlations with the scores of pain severity and interference. Also, the score of PASS-20 were highly correlated with ASI score, but less correlated with STAI score. This result indicated that PASS-20 has high discriminant validity. The results of hierarchical regression analysis revealed that total score of PASS-20 was the predictor of pain severity and interference while STAI and SDS scores were controlled. These results suggested that the Japanese version of PASS-20 have high validation.

Poster Session B2: Evidence Based Assessment and Theory

B2-11

Reliability and Validity of the Japanese Version of South Oaks Gambling Screen (SOGS)

Moritoshi Kido, Tsuneo Shimazaki, Kwansei Gakuin University, Japan

A The South Oaks Gambling Screen (SOGS) was originally developed to screen for pathological gamblers in the clinical settings, and its use has been expanded to other settings such as prevalence studies of pathological gambling in the general population in foreign countries. Although there have been two studies on translation of the SOGS into Japanese, reliability and validity of the translated version of the SOGS have not been confirmed yet. The purpose of the present study was to examine the reliability and validity of the Japanese version of SOGS (SOGS-J) using two different groups: a university student group (N = 96) and a gambler group (N = 66). Analyses indicated that there were sufficient internal consistency and reliability. In addition, the SOGS-J demonstrated sufficient construct validity to differentiate the university student group from the gambler group. As a result, this test as a whole can be used in Japan, The details of the analyses will be shown at the presentation.

Poster Session B2: Evidence Based Assessment and Theory

B2-12

Developing a New Response Styles Scale (RSS)

Naomi Shimazu, Fusako Koshikawa and Ikuyo Kondo, Waseda University, Japan

Response Styles Theory of depression (Nolen-Hoeksema, 1987) hypothesizes that people who engage in ruminative responses to depression will show longer depression than people who take action to distract themselves from their symptoms. The Response Styles Questionnaire is widely used to measure the response styles, but recent studies have pointed out the necessity to reconsider the validity and factor structure (Trenor, Gonzalez, & Nolen-Hoeksema, 2003; Ito, Takenaka and Agari, 2002). The purpose of this study was to develop a new Response Styles Scale (RSS). The factor structure of RSS was examined by exploratory factor analysis and confirmatory factor analysis. Exploratory factor analysis revealed a four factor solution. The four factors were labeled "Negative rumination response", "Distraction response for avoidance", "Rumination response for problem solving" and "Distraction response for mood changing". Each factor consisted of seven items, twenty eight items as a total RSS. The RSS showed high internal reliability, with Cronbach alphas ranging from 0.82 to 0.89. Confirmatory factor analysis supported four factor model compared to two factor model. It indicates that RSS is a four factor solution comprised of two rumination factors and two distraction factors. The concurrent validity with the Self-Preoccupation Scale and Problem Focused Coping Scale were adequate. These results show that RSS as a standardized questionnaire to measure response styles of depression has sufficient reliability and validity.

Poster Session B2: Evidence Based Assessment and Theory

B2-13

A comparison of the Subjective Effects of Standard Exercises with those of Space Exercises in Autogenic Training

Ikuyo Kondo & Fusako Koshikawa, Waseda University, Japan

Autogenic Training (AT) is occasionally incorporated in CBT as one of stress management techniques. Among AT's various techniques, the Standard Exercises is well-known and has been used most often. On the other side, recently the Space Exercises which is another technique of AT begins to get attention as a technique for obtaining relaxation easily. However there are a few studies on effects of the Space Exercises. Therefore the purpose of this study was to compare the subjective effects of the heaviness and the warmth Standard Exercises (SE) with those of the first Space Exercises (SP) on Japanese college students. All the participants practiced either of them for 3 weeks, and were asked for questionnaire about subjective effects which they became aware of during exercising. The results of subjective effects categorized by the KJ method revealed that the participants felt psychological, physical and environmental effects during practice in both groups, however, that the participants in SE group especially felt effects on distraction and awareness of tiredness, on the other hand, the participants in SP group especially felt effects on increase of concentration, reflection on oneself and pleasant awakening.

Poster Session B2: Evidence Based Assessment and Theory

B2-14

The Correlation Between University Students' Unreasonable Believes in Employment and their Anxiety

Lixia Cui & Yaling Zhang, Capital Normal University, China

Choosing employment results in university students' over anxiety. Their over anxiety' factors coming from themselves are their competence and ideal, especially those believes in self, employment, decision-making, values and so on. Some unreasonable believes in employment will cause many emotional and Behavioural problems such as anxiety, suppression and so on. By questionnaire this research studied the characteristics of these unreasonable believes in employment and its correlation with anxiety. It will help university students recognize their illogic and take place of all these unreasonable believes with positive thinking in order to come through employment challenge .

Poster Session B2: Evidence Based Assessment and Theory

B2-15

MMPI-2 profiles of Australian and Singaporean psychiatric patients

Matthew Woo and Tian P.S. Oei, University of Queensland, Australia

The use of the MMPI-2 as a useful measure of psychopathology has been shown in extensive studies. However, there is limited research on the ability of the MMPI-2 to measure differences across diverse cultures. This study aims to extend the research on Caucasian-Chinese MMPI profiles to the countries of Singapore and Australia by examining cross-nation variations. Participants were recruited from psychiatric outpatient clinics and consisted of 70 and 107 patients from Singapore and Australia respectively. It was predicted that similarities across the two cultures would be observable, and differences reflected on specific scales. The overall findings indicate that MMPI-2 profile comparisons are comparable between Australian and Singaporean subjects, with considerably more similarities than differences. However, there are significant differences on specific MMPI-2 subscales including the Lie, Hypochondriasis, Addiction Potential Scale, Overcontrolled-Hostility, Fears, Health Concerns, and Negative Treatment Indicators. It is suggested that the differences are a reflection of cultural and ethnic distinctions specific to each country, whereas the commonalities between the two nations indicate comparable overall profiles.

Poster Session B2: Evidence Based Assessment and Theory

B2-16

Mechanism of Exposure to Social Anxiety Disorder: Comparison of the Causal Models by Using the Structural Equation Modeling

Isa Okajima & Yuji Sakano, Health Sciences University of Hokkaido, Japan

Although the effect of exposure to anxiety in social anxiety disorder (SAD) is showed consistent findings in previous studies, inconsistent findings are showed in the effect of exposure to negative belief. The purpose of this study was to investigate the causal relationship among “anxiety”, “negative belief”, and “avoidance behaviour”, and to construct a model of mechanism of exposure for SAD.

Participants were 487 undergraduate students (180 male , 245 female , 62 participants' data on sex were missing; Mean age=21.09 [SD=7.94]). The measures were as follows: the Social Phobia Scale (SPS), the Social Interaction Anxiety Scale (SIAS), the Fear of Negative Evaluation Scale (FNE), and the Liebowitz Social Anxiety Scale-Avoidance subscale (LSASA).

Three causal models were hypothesized referring to the previous studies and were compared by using the structural equation modeling (SEM). Result of comparison among three causal models showed that the model 1 that “avoidance behaviour” influences “anxiety” and “anxiety” influences “negative belief” is best fit (AIC=325.963, GFI=.938 , AGFI=.915 , CFI=.952 , RMSEA=.056). In the model 1, the influence of “avoidance behaviour” on “anxiety” ($r=.45$), and “anxiety” on “negative belief” ($r=.60$).

It is suggested that exposure for SAD improves anxiety directly and improves “negative belief” indirectly. Therefore, Treatment such as cognitive restructuring to improve negative belief directly in addition to the exposure is more effective for SAD.

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The Chinese University of Hong Kong- Chung Chi Campus Map



The Chinese University of Hong Kong - Main Campus Map

