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**A better start for children with disabilities: More services for children**

*Rebecca Mathews and David Stokes (APS)*

A Better Start for Children with Disability is a new Government initiative to provide assessment and treatment for children with disabilities. Children diagnosed with sight and hearing impairments, cerebral palsy, Down syndrome or Fragile X syndrome will be eligible for services under this program. A range of health professionals will be involved in providing these services including psychologists. This presentation will provide an overview of the new initiative including how to become a service provider, eligibility criteria for children and eligible interventions. Working with children with disabilities requires specialist skills. An outline of competencies for psychologists seeking to provide services under this initiative will be presented. In addition, this model of service delivery raises challenges for psychologists working within an early intervention framework. This session will seek open discussion of these.



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### **A new behavioural measure of academic procrastination**

*Mark Collins (Private Practice) and John Gross (Australian Institute of Health and Welfare)*

This study developed a new behavioural measure of procrastination in order to estimate the relative contributions of individual and task effects to academic procrastination. Further aims were to compare behavioural procrastination results with results from trait procrastination measures, and to assess the relationship between procrastination and the amount of time spent on a task. A sample of 68 first year undergraduate psychology students (52 female, 16 male) was recruited, of which 48 completed daily study logs over a period of a month. Procrastination was assessed on three tasks - study for an anatomy exam, study for a biology exam, and preparation of a psychology essay. Students procrastinated least on the psychology essay ( $M = .69$ ,  $SD = .20$ ), and similarly for the anatomy exam ( $M = .70$ ,  $SD = .19$ ). Procrastination was much higher for the biology exam ( $M = .95$ ,  $SD = .08$ ). Between-student effects accounted for 30 to 43 percent of the variance of academic procrastination, while task effects accounted for 20 to 30 percent. Behavioural procrastination on each of the three tasks had non-significant near-zero to weak positive correlations with two trait measures of procrastination. Additionally, procrastination on each task had a non-significant weak to moderate negative correlation with the amount of time spent on that task. The poor correlation between behavioural and trait measures of procrastination raises the concern that results from extensive literature available on trait procrastination may have little relevance to procrastination actually exhibited by students.



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## **A profile of the members of the APS College of Forensic Psychologists prior to the introduction of the National Registration and Accreditation Scheme**

*Maria Allan, Alfred Allan and Brooke Harvey (Edith Cowan University)*

The introduction of the National Registration and Accreditation Scheme (NRAS) and the Psychology Board of Australia is bound to influence the discipline and profession of psychology in many respects. One specific group within the APS which is likely to be affected is the colleges, especially the small colleges, such as the College of Forensic Psychologists (College). In the prelude to these changes it was not possible to predict what the changes would be, but at the time the national committee of the College decided that it was necessary to collect data about the members of the College and their activities that could be used in the future to identify changes. Responses were received from 112 of the 289 members of the College at the time, with more than 50% coming in equal numbers from New South Wales and Victoria. About 53% of the respondents were in full or part-time private practice and about 41% had a MPsych and 43% a doctoral degree. Of the 18 participants that had only a 4-year year degree, two were enrolled in a postgraduate degree at the time. More than 55% had done more than 201 hours of supervision in a forensic setting, but there were 8% who had not done any such supervision. About 65% of the respondents had been registered as psychologists for more than 10 years and 59% had been doing forensic work for more than 10 years. Forty percent of the respondents described 81% or more of the psychological services they provided as forensic work. The forensic activities that most respondents indicated they were involved in were assessments and preparing reports, with assessments the activity that consumed most of their time. The implications of these finding will be discussed.



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### **A Service User Constructed Satisfaction Survey**

*Grenville Rose and John Malone (Aftercare)*

In collaboration with a group of mental health service consumers the University of Wollongong has developed a satisfaction survey that aims to evaluate mental health services from a consumer point of view. Published results of a factor analysis of this survey showed two factors explaining consumer satisfaction with mental health services, empowerment and dehumanisation. These two factors are based on whether or not the questions were negatively or positively worded or phrased. The extant literature suggests that factor analysis which results in two factors based on negative wording is influenced not by the properties under study, but is related instead to the wording of the questions. This has been shown to be particularly so for populations that may have some cognitive impairment or low education levels, such as the mental health population. Structural models will be presented that will demonstrate that consumer satisfaction, as measured by this questionnaire, is a single factor, that the model is stable across multiple data sets, and that a shortened, positively worded questionnaire may assist in the evaluation of mental health services from a consumer perspective.



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**An exploration of the demographics and the mental health issues of culturally and linguistically diverse clients**

*Nigar Khawaja , M. Dunne, R. McCarthy (Queensland University of Technology) and V. Braddock (Queensland Transcultural Mental Health Centre)*

A range of mental health services have been established for culturally and linguistically diverse clients in Australia, which offer culturally sensitive and appropriate services to these clients and aim to promote their mental health well being. Queensland Transcultural Mental Health Centre (QTMHC) is one example of such service. It works in partnership with mainstream mental health services as well as ethnic communities and agencies. The present study examined QTMHC's archived data (N = 1499 clients) collected over two years period (2007-2009). The demographic characteristics of these clients as well as their presenting complaints and psychological symptoms were studied by using descriptive statistics and Chi squares. The results indicated that clients were referred from a range of sources and were generally adults. There were more women than men, who sought services. At least half of the clients had language barriers and relied on bilingual workers. Most frequently expressed mental health issues were mood disorder symptoms, followed by symptoms of Schizophrenia and psychosis and anxiety. Acculturation strains and stressors were described as the most common psychosocial issues. Mental health and psychosocial issues differed for age, gender and world regions from which the CALD clients originated. The findings provided an understanding of clients who seek services at a transcultural centre. Various ways in which the cross-cultural services can be further improved are discussed.



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**Apolipoprotein E does not influence cognitive change in young, middle-aged and older cognitively intact adults**

*David Bunce (Brunel University, London, and Centre for Mental Health Research, Australian National University) and Allison Bielak (Centre for Mental Health Research, Australian National University), N. Cherbuin (Centre for Mental Health Research, Australian National University), S. Eastaer (John Curtin School of Medical Research, Australian National University) and K. Anstey (Centre for Mental Health Research, Australian National University)*

Although the apolipoprotein E (APOE) e4 allele is an established risk factor for dementia, there are important questions concerning the allele's association with cognitive decline in the absence of neuropathology. In many of the studies showing e4-related cognitive deficits, future dementia status is unclear. There is uncertainty, therefore, as to whether observed deficits are related to the e4 allele alone, or are associated with the neuropathology of, as yet, undetected disease. Related issues concern the suggestions that (a) the e4 allele is associated with cognitive benefits in young adulthood, but reverses to confer the aforementioned cognitive deficits in later life - so-called "antagonistic pleiotropy" – and (b) conversely, that the e2 allele confers disadvantages in early life but offers protection against cognitive decline in old age. As investigation of these issues will provide important insights into the association between APOE genotype and cognition across the lifespan, we investigated 8-year cognitive change in cognitively intact community-dwelling adults (N=2013) aged either 20 to 24, 40 to 44, or 60 to 64 years at baseline, who were participating in the PATH Through Life Project. Cognitive domains assessed included processing speed, working memory, lexical decision making and episodic memory. Persons with a range of neurological disorders and MMSE scores below 24 were excluded from analyses. Multilevel models provided no evidence that APOE genotype was related to cognitive change in any of the age groups. Neither was there evidence of antagonistic pleiotropy in relation to e4 allele or the reverse effect for the e2 allele. We conclude that in the absence of neuropathology, APOE e4 is not associated with cognitive decline and that the incipient neuropathology of future dementia may explain such associations where they have previously been reported. The practical implications of the findings are discussed in relation to the use of APOE genotype as a biomarker of vulnerability to future cognitive



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**As you like it: Adopting a patient-led approach to psychological treatments**

*Tim Carey (Centre for Remote Health, a joint centre of Flinders University and Charles Darwin University; the Central Australian Mental Health Service)*

The issue of how much treatment to provide to patients has important economic as well as personal implications. Central to this issue is the way in which the amount of therapy is determined. Currently, it appears to be the case that it is the clinician, predominantly, who determines the design and delivery of treatment programs. After discussing the standard approach, data are presented from a program in which patients were offered the opportunity to determine how long they attended treatment for. It is suggested that by considering the role of the patient in determining treatment duration we might be able to redesign treatments so that important therapeutic information is provided in time frames that match patient preferences leading to more efficient and effective services.



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**Attachment to school: Teachers' motivations and classroom dynamics**

*Philip Riley (Monash University)*

The research literature applying attachment theory to organisational functioning is increasing. However, the teacher-student relationship as a key component of school functioning is under-researched from this perspective, with most literature positioning teachers as only care-givers and students as only care-seekers. This unidirectional model of attachment does not account for the growing motivation literature documenting the inter and intrapersonal complexities involved in choosing teaching as a career in the first place. Secondly it also fails to account for the common forms of teacher misbehaviour directed toward students. Adult attachment models on the other hand not only account for these two important issues, but also for the shifting dynamics of classroom interactions. Conceptualising the teacher-student relationship as an adult attachment dyad accounts for teachers' emotional need to become a helping professional, and the associated vulnerability this choice entails, and generates an alternate explanation for common forms of aggressive teacher responses to student misbehaviour: separation protest. The small corpus of literature applying the adult attachment model to classrooms is reviewed, before the postulate that some people choose a teaching career seeking corrective emotional attachment experiences from their students is investigated. The attachment styles of 726 pre-service and experienced teachers, first time principals and experienced principals were calculated from self-reports using the Experiences in Close Relationships and the ECR-Revised instruments. Results reported show significant differences in attachment style by: level of experience, with teachers/principals showing significantly higher levels of security after five years; teacher type (primary vs secondary); gender; and, age. Some interesting interactions between these groupings are also reported. These results are discussed with reference to allowing teachers, psychologists and school leaders to share a common language to discuss many of the emotional aspects of the school experience for the people involved. It is argued that this offers the prospect of more efficacious collaborations between these professionals for student benefit.



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**Attending to health risk information: Is denial always maladaptive?**

*Rebecca Pedruzzi, F. Quirk and Anne Swinbourne (James Cook University)*

It has been widely reported that individuals high in optimism tend to have better health outcomes than individuals who are less optimistic. One explanation for this finding is that optimism is adaptive in confronting threats to health as such an outlook facilitates the processing of information about risks to well being. This processing allows effective planning of behavioural responses which in turn decreases the risk and alleviates anxiety. However, Pedruzzi & Swinbourne have reported opposite effects, whereby optimism is associated with greater levels of denial or disengagement with risk information. One explanation for this contradiction is that in past health research the risk information presented tends to be concerned with modifiable risk factors. Thus optimists may attend to such information as it is useful for planning coping behaviours and eventually alleviating anxiety. The risk information in Pedruzzi & Swinbourne described factors that were largely out of the participants' control. Thus the best anxiety reduction strategy would be to ignore the information as there is no appropriate course of action that would modify the risk. It may well be that optimists are more flexible in their selection of coping strategies than individuals lower on optimism and therefore are more likely to switch strategy depending upon the nature of the risk. The aim of the current study is to further explore this inconsistency in findings. It is hypothesised that participants high on optimism will have greatest attention and recall of risk information only when the health risk is potentially controllable. This effect will be void when the health risk is not controllable. Specifically, optimists will be more likely to employ a strategy such as denial when they perceive the outcome of the situation cannot be controlled than when the risk is perceived as controllable. The results will be discussed in light of current theories of best practice population health promotion and intervention.



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**Barriers to employment and employment support needs of people living with a serious mental health condition**

*Margaret Hampson (Bond University)*

Despite the de-institutionalisation of the mentally ill that commenced in the latter half of the last century, people living with a serious mental health condition remain one of the most marginalised groups in society. A major barrier to social inclusion is the low rate of competitive employment among people affected by a serious mental health condition. Research in Australia and other developed countries consistently indicate employment rates among this group of less than twenty percent. This paper explores the socio-historical context of the current low employment rate of people diagnosed with serious mental health conditions. Contrary to popular belief, research findings indicate that most people living with a serious mental health condition would like to work in regular paid employment and there is increasing evidence that participation in meaningful employment may indeed constitute an integral part of their recovery. The psychological significance of employment for people with a serious mental health condition will be considered in the light of relevant psychological theories. Research findings suggest that social contextual factors may play a powerful role in determining employment outcomes. This paper will highlight the need for a broad based approach to research to inform approaches to interventions to improve employment outcomes. The paper will report on a qualitative research study to identify factors affecting employment and employment support needs in an Australian sample. The study investigates barriers to employment and employment support needs from the perspective of multiple stakeholder groups including clients, carers, health professionals, employers, employment service providers and community members. The author maintains that the management of serious mental health conditions should extend beyond managing clinical symptoms. An integral aspect of managing these conditions should involve supporting clients to identify meaningful life goals such as study, work or community participation and supporting them to pursue these, in spite of symptoms. The importance, in psychological interventions, of behavioural activation in pursuit of valued goals will also be emphasised. Some possible implications for a paradigm shift from a clinic based model to a community based treatment model will be presented.



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**Beyond the baby blues: Changing national practice based on best practice evidence and research**

*Nicole Highet and Carol Purtell (Beyondblue)*

Outcomes from beyondblue national research which indicated that around 9 per cent of women in Australia experience depression antenatally with a rise to almost 16 per cent postnatally prompted the development of the National Perinatal Depression Initiative (NPDI-2008-2013) and significant funding from all Australian Governments. The NPDI has a major focus on health promotion, and its aim is to improve the early detection and prevention of depression and anxiety during the perinatal period, and to provide better care and support for expectant/new mothers experiencing depression and related disorders. All women will be offered screening for depression and anxiety during the perinatal period using the Edinburgh Postnatal Depression Scale and a psychosocial assessment, by primary maternity health professionals. Psychologists have played a significant role in the development and implementation of the NPDI and will provide an ongoing role in assisting with providing Pathways to Care for women who have been assessed as requiring ongoing support for depression and anxiety during the perinatal period. This paper will report on the beyondblue progress on the National Perinatal Depression Initiative (NPDI 2008-2013) including discussion of the finalised beyondblue NHMRC Clinical Practice Guidelines for Depression and Related Disorders in the Perinatal Period. Accredited beyondblue perinatal mental health free online training for all primary maternity and mental health professionals including Psychologists will be discussed. Results of qualitative interviews conducted in 2010 with consumers/carers regarding their experiences of depression and anxiety in the perinatal period and health professional's knowledge and understanding of perinatal mental health will be presented. This qualitative research informed the development of the beyondblue "Just Speak Up" campaign and outcomes of the campaign will be discussed. This paper highlights how research led to a national Initiative and development of evidence based best practice to provide women and their families care, support and treatment in the perinatal period.



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**Breathing a sigh of relief: responding ‘unacceptably’ in the wake of client suicide**

*Jane Clark (University of New England)*

The death of a client by suicide is one of the most profound experiences that a therapist can encounter. Whilst research into this phenomenon has increased significantly over the past ten years, limited literature exists about the ways in which therapists’ grief in relation to such a death becomes disenfranchised. This talk will discuss some of the first qualitative research to explore the experience of therapist disenfranchisement in relation to client suicide. Using a narrative approach to both data collection and analysis, in-depth interviews were conducted with ten therapists to discover the ways in which their grief in relation to their clients’ suicide was ‘silenced’ or disenfranchised. One of the contributing factors to this disenfranchisement, therapists’ experience of ‘relief’ in relation to the death, will be explored in this presentation. To date, the dearth of empirical and theoretical literature that does exist in relation to the experience of relief after death has focused upon the occurrence of loss within personal relationships. Little research, however, has been conducted into the experience of relief within the context of a professional relationship (such as that between therapist and client). Furthermore, the few studies that do acknowledge its occurrence provide little, if any, detailed information about it. This talk, with its focus upon relief after death within a therapeutic relationship seeks, therefore, to broaden and deepen our understanding of this ‘non-traditional’ response to loss by suicide. Through the presentation of data in the form of therapists’ narratives, the personal meanings that therapists attached to feeling relieved, post-suicide, together with the perceived ‘unacceptability’ that such a response evoked, will be highlighted. Implications of the research’s findings for therapist training and supervision will also be discussed.



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## **Building children's resilience after bushfires**

*Ann Locarnini (Monash University), Graham Burrows (Mental Health Foundation of Australia), B. Tonge and G. Melvin (Monash University), A. Sutherland and M. McQueenie (Mental Health Foundation of Australia)*

A need exists to develop ways to rapidly disseminate resiliency principles to those who have been affected by a disaster. Children are the most at risk group in the population after a disaster, hence, tailoring workshops about resiliency principles to teachers and others who work with children represents a pragmatic approach to raising awareness within affected communities. To rapidly and efficiently disseminate resiliency principles to teachers and workers involved in regular care of children following a natural disaster. It was hypothesised that the workshops would result in an increase in knowledge and skills and increased confidence in ability to execute skills. Fifty six teachers, child care workers, maternal and child health nurses, case workers, kindergarten teachers, chaplains and scout leaders took part in resiliency workshops. After consultation with representatives from the local community, a day long workshop was developed. Calming, safety, self and collective efficacy, connectedness and hope as described by Hobfoll's et al. principles of recovery and resilience following mass trauma were examined in reference to young children's needs 18 months post disaster. A forty two page manual was developed to accompany the workshops to illustrate and support practice. Skills and strategies pertinent to Hobfoll's principles were taught, modeled and practiced using vignettes, and participant's own experiences. A brief examination of attachment theory was presented as a guide to appropriate interactions with children to increase children's self-efficacy and resiliency. Pre and post questionnaires were administered to investigate change in resiliency knowledge and confidence in skills and to establish the acceptability of the workshop as an informative experience following a trauma event. Qualitative and quantitative analysis of outcomes of this study will be discussed. The outcomes will provide guidance in the efficient dissemination of resiliency information for workers involved in the care and wellbeing of children.



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**'Buying Affection' - New goals and new possibilities**

*Jody Fairhurst (Six Degrees Social Enterprise CIC)*

A woman in her thirties (known as Jane) was referred with history of anxiety, which had increased a couple of months prior to referral as a result of severe financial difficulties. Jane identified that she was suffering from anxiety, which was characterised by excessive worry, rumination, feelings of guilt and poor self-esteem. This anxiety had affected numerous areas of Jane's life including her relationships and work. Disorder specific self-help was initially used, but Jane's anxiety prevented her fully engaging with this. A recently developed transdiagnostic CBT model was used to map out and formulate how her anxiety was being experienced, its effect on her goals and her use of inflexible control strategies; such as avoiding confrontation, pleasing others and in Jane's words 'buying affection'. Using guided discovery informed by the Method of Levels approach, the therapist encouraged Jane to focus upon underlying goals that may be competing with one another; for example, maintaining secure bonds and friendly relationships with those people she depended on and 'selfishly' looking after her own needs. Jane overcame this tension by adopting the higher-level goal of seeking to be reasonably independent and properly taking care of her own needs. Jane's confidence improved and much of her anxiety was alleviated. Her PHQ-9 scores reduced from 12 to 3 and her GAD-7 scores reduced from 14 to 2. To date, she has continued to maintain these gains, 6 months after completing the brief therapy. The case study illustrates how the Method of Levels approach can be used to help clients work through conflicting goals and to explore adaptive alternatives to inflexible control strategies such as 'buying affection'.



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### **Changes in brain electrical activity of boys with ADHD following neurotherapy**

*Jacques Duff (Swinburne University of Technology) and Richard Clark*

Attention-deficit/hyperactivity disorder (ADHD) is a pervasive developmental disorder reported to affect between 2-20% of children. The disorder is characterised by inappropriate levels of inattentiveness, impulsivity, and hyperactivity. Genetic and electrophysiological studies have suggested dysfunction in dopamine-mediated frontal and norepinephrine-mediated parietal attentional systems. The mainstream treatment for ADHD has been stimulant medication, which blocks the reuptake of Dopamine. Stimulants have short-term benefits for around 60% of children with ADHD, however, long-term benefits have not been demonstrated, and adverse side effects are often intolerable. Since the 1970s, Neurotherapy (EEG-Biofeedback) has shown promise as a safe treatment for children with ADHD. Several recent controlled studies have compared Neurotherapy with stimulant medication, and found Neurotherapy to be as effective as stimulants in redressing symptoms in around 70%-80% of children with ADHD, without adverse side effects. The purpose of this thesis was to investigate changes in the brain electrical activity of seventeen boys with ADHD aged 7 - 15 years (mean 10.35), before, and after Neurotherapy Treatment. The dependent variables were pre- and post-Neurotherapy changes in: (a) Steady-state Visually Evoked Potentials (SSVEP), while performing the CPT-AX version of the continuous performance task; (b) behavioural measures of attention, derived from analysis of key-presses during the CPT-AX task; (c) parent and teacher reports of DSM-IV ADHD symptoms, as assessed by the Australian Twin Behaviour Rating Scale (ATBRS); and (d) performance on a Continuous Performance Task, the Test of Variables of Attention (TOVA). Following Neurotherapy, changes in the amplitude and latency of the steady-state visually evoked potential (SSVEP) indicated that the functioning of medial frontal, right pre-frontal, and right parietal regions significantly improved, suggesting increased activation and speed of neural processing. These changes in brain electrical activity were associated with normalisation of TOVA scores and DSM-IV ADHD symptoms. This research is the first to demonstrate that Neurotherapy results in the dynamic neuromodulation of the dopamine-mediated frontal and norepinephrine-mediated parietal components of the attentional system, as proposed by Tucker and Williamson's (1984) model of the attentional system. It provides further support to the recent controlled studies and Metaanalysis that suggest that Neurotherapy is an effective and efficacious treatment for ADHD. Given that, treatment effects are expected to be permanent and devoid of adverse side effects, Neurotherapy should be

considered as the primary treatment for ADHD. Further research should focus on how to improve protocols and service delivery not only for ADHD but also for other brain based disorders.



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**Ageing and facial expression mimicry: Implications for social cognition**

*Phoebe Bailey (University of New South Wales)*

The mimicry of facial expressions is thought to facilitate social interaction, including interpersonal rapport, empathy and emotion recognition. Since older adults experience difficulty with some aspects of empathy and emotion recognition, potential age-related differences in facial expression mimicry were assessed. In Study 1, electromyography (EMG) of the corrugator (i.e., brow) muscle region was used to compare young (N = 30) and older (N = 34) adults' reactivity to pictures of happy, neutral and angry facial expressions. Greater corrugator activity in response to angry faces relative to other expressions is the most reliable means of indexing the mimicry of anger using EMG. Across both age groups angry facial expressions evoked spontaneous mimicry. However, older (but not younger) adults' corrugator responses to angry expressions were associated with reduced anger recognition. Thus, Study 2 tested the possibility that despite explicit emotion labelling difficulties, implicit processing of facial expressions may be preserved in older adulthood. EMG of the corrugator and zygomaticus (i.e., cheek) muscle regions was used to assess young (N = 46) and older (N = 40) adults' mimicry of angry and happy facial expressions, which were presented subliminally using a backward masking technique. The results demonstrate subconscious mimicry of each type of facial expression by both age groups. These data are discussed in relation to a potential dissociation of impaired explicit versus preserved implicit emotion processing among older adults.



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**Cognitive Behavioural Skills Training Groups for higher functioning psychiatric inpatients**

*Lillian Nejad (Monash University), Bianca Bagnara and Gerda Wesseling*

An inpatient skills training group program based on cognitive-behavioural principles was developed by psychologists to address a gap in services for higher functioning patients on psychiatric inpatient units. The program consisted of eight stand-alone modules that covered topics like managing stress, coping with being in hospital, stigma, and relapse prevention. Individuals on two psychiatric inpatient units who were regarded as suitable for the program (as assessed by the staff on the wards according to specific criteria) were invited to attend. The groups were facilitated by psychologists with a nurse from one of the wards in attendance. Participation in the group was completely voluntary and patients were permitted to leave the group at any time. The participants' completed evaluations that assessed their satisfaction and the usefulness of the group; both qualitative and quantitative data will be presented. Preliminary data from a subsequent study determining whether the addition of an in vivo breathing exercise to the group affects patients' stress levels as well as their evaluation of the group, will also be presented.



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**Community psychology contributing to the mental health education of our future doctors: A study utilising narratives of families dealing with mental illness to inform medical students**

*Barbara Anderson and F. Quirk (James Cook University)*

Working in the mental health sector in a community setting provides psychologists with an opportunity to develop relationships with individuals and their families and develop a longitudinal view of the experience of mental illness. These associations allow for a broader view that is often not witnessed by other health professionals who have shorter exposure and perhaps only contact with acute presentations. Community psychologists further use this perspective and these associations to provide quality improvement to the sector through advocacy and education. An important area of education is in the training of our future doctors. Ensuring that our future medical practitioners have knowledge, expertise and positive and enquiring attitudes to people with mental illness is critical to the early identification and treatment of mental illness. Medical educators are similarly concerned with the attitudes of their students to mental illness and in the types of training that their students receive. A project was undertaken with fifth year medical students undertaking their mental health rotation. Using a dialogue based methodology and the narratives of local families an educational tutorial was developed to augment their learning and clinical placement. The aims of the project were to establish whether this education experience would affect students' attitudes to people with mental illness, expressly their willingness to socially interact with people with symptoms of depression and psychosis, and their experiences of their mental health rotation. Medical students over five rotations were assigned to two conditions, intervention and control. Participant attitudes to people with mental illness and their mental health rotation were evaluated via two vignettes measuring social distance and through a questionnaire. 22 participants completed pre and post measures and exhibited raised levels of social distance which remained stable over both conditions. Participants did demonstrate increased self efficacy in working with psychiatric patients. The formation of attitudes to people with mental illness and what constitutes quality contact and learning experiences in education settings was explored. The outcomes have value in informing those involved in undergraduate medical education and the process provided families with opportunity to have legitimate input into the training of the future health workforce.



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## **Consumers and carers in mental health advocacy: How research with advocates can inform the practice and profession of psychology**

*Alison Gee (Australian National University) and Craig McGarty (Murdoch University)*

After four decades of mental health advocacy, there is growing demand for health professionals to collaborate with consumer and carer advocates and government officials to further mental health reform. However, the precise roles that mental health professionals may hold in such a collaborative arrangement remains largely undefined. Research with two Australian systemic advocacy organizations explored advocates' views on future directions for advancing mental health reform and about potential roles for mental health service providers in contributing to systemic advocacy. The two studies employed content analyses of key organizational and communication documents to identify each organization's goals, activities and values and interviews with 4–5 key informants to gain additional insight into perceived roles for collaboration in furthering mental health reform. Results from the first study, conducted with a consumer-run advocacy group, revealed that although the organization focussed primarily on representation and advocacy to improve services for consumers, members strongly aspired to an integrative community of communication and cooperation between consumers, carers, health providers and government representatives to achieve this. The second study, conducted with a consumer and carer advocacy group, demonstrated an organizational structure reflecting collaborative relationships between consumers, carers, government and health professionals at different levels of service and community, thus further defining the potential roles of health professionals at these levels. Advocates in both studies identified a number of requirements for, and barriers to, effective collaboration with mental health services providers, however overall, participants articulated that stronger collaboration would bring many benefits for consumer and carer representation, mental health reform and community integration of people with mental disorders. Findings of this research are directly relevant for the work of psychologists as it suggests that collaborative roles can be fulfilled by psychologists from different fields, sectors and levels of service delivery and development. The field of psychology must therefore consider initiatives that will recognise and encourage psychologists' contributions to systemic advocacy and thus foster positive directions towards the advancement of mental health services and, as a result, positive acceptance of people with mental disorders in the community.



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## **'Coping' as an approach to managing headache/migraine triggers**

*Paul Martin (Griffith University)*

We have argued in three recent publications that the standard clinical advice that headache management should involve avoidance of triggers is open to criticism as it has minimal empirical support and problems in implementation. In addition, the literature on anxiety, stress and chronic pain would suggest that avoidance is generally a maladaptive strategy. We have proposed the 'Trigger Avoidance Model of Headaches' which suggests that fear of the experience of headache drives susceptible individuals to try to avoid headache triggers, and this natural tendency is encouraged by clinicians and advice on the internet. Attempts to avoid triggers will result either in no exposure, or short exposure, to the triggers. This may lead to the capacity of the trigger to precipitate headaches being maintained or increased, through a process of sensitisation, failed habituation/adaptation, or lack of opportunity for learning to cope with the trigger. The research described in this presentation is a randomised controlled trial that compares four approaches to behavioural management of headache triggers: (i) Avoidance of triggers ('Avoidance' – the traditional approach); (ii) Learning to Cope with Triggers ('LCT' – use approach/engage strategies whenever possible reserving avoidance for triggers that are not consistent with a healthy lifestyle); (iii) 'Avoidance + CBT' (a control condition that equates with the coping condition in terms of amount of treatment); and (iv) Waiting-list control ('W-L'). Analysing the data for the first 41 participants to complete the study the reductions in headaches and medication from pre- to post-treatment were, respectively: 'Avoidance', +1.52%, +10.74% (ie increases); 'LCT', -28.76%, -23.40% (ie decreases); 'Avoidance + CBT', -35.50%, -8.78% (ie decreases); and 'W-L', +1.89%, +19.51% (ie increases). These results suggest: counselling trigger avoidance is not associated with decreases in headaches or medication; LCT is a promising approach to trigger management; and Avoidance + CBT is an approach with value because of the strength of CBT but the 'avoid triggers' element has diminished the effectiveness of CBT. These results have both theoretical and practical significance as they provide support for our aetiological model of chronic headaches, and suggest the traditional approach to headache trigger management needs revision.



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**Depressive symptoms and non-affective psychoses: A conundrum**

*Sue Cotton (University of Melbourne), Martin Lambert (University Medical Center Hamburg-Eppendorf), Benno Schimmellmann (University of Bern), Andrew McKinnon (University of Melbourne), John Gleeson (Australian Catholic University), Michael Berk (Deakin University), Leanne Hides (Queensland University of Technology), Andrew Chanen (University of Melbourne), Patrick McGorry (University of Melbourne) and Phillipe Conus (Université de Lausanne)*

Depressive symptoms in 'non-affective' first episode schizophrenia spectrum disorders (FES) are common, but poorly understood, resulting in a range of conceptual and clinical management issues. The focus of this paper is not only on describing the phenomenology of depressive pathology in FES, but also addressing some of issues associated with nosology, assessment, and treatment. Specifically, the following will be discussed: (i) the prevalence and trajectory of depressive symptoms in FES and schizophrenia; (ii) problems associated with the assessment of depressive pathology including the overlap between depressive symptoms and negative psychotic symptoms; (iii) differential diagnosis and whether FES can be reliably differentiated from first episode schizoaffective disorder; (iv) the impact of depressive symptoms on illness course and outcomes from FES; and (v) evidence for current psychopharmacological and psychotherapeutic treatments targeting depressive symptoms in FES. Data from the First Episode Psychosis Study (FEPOS) and the Episode II relapse prevention randomised controlled trial (RCT) will be presented. It will be concluded that there is a need to challenge our traditional Kraepelinian view of schizophrenia as a 'non-affective' psychotic disorder.



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**Designing e-learning: practical steps for an online learning design for distance education**

*Judith Gullifer (Charles Sturt University)*

Teaching through the use of electronic technologies (e-learning) as opposed to the traditional print media has become an increasing reality for educators in higher education. For many educators, learning to integrate e-learning into the curriculum, whilst trying to meet the needs of students, can present a challenging task. For educators delivering subjects by distance education, E-learning can transcend geographical boundaries and time zones through asynchronous, remote delivery to enrolled learners. This presentation describes the author's challenging experience of using an e-learning framework to deliver a fourth year postgraduate diploma in psychology subject: Counseling theory and practice by Distance Education. Using an orienteering metaphor, the paper discusses design aims within the context of the Australian Flexible Learning Framework, and the application of information and communication technologies (ICT), including the Internet, in delivering the course content.



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**Developing graduate attributes in psychology students and fostering engagement: The role of problem-based collaborative learning**

*Gery Karantzas, S. Macfarlane, Greg Tooley and Alex Mussap (Deakin University)*

Recent changes to the accreditation of psychologists in Australia have brought into sharp focus the competencies of psychologists. Now more than ever, psychology graduates need to demonstrate various graduate attributes pertaining to specialist knowledge of the discipline, the application of this knowledge, critical thinking, ethical practice and communication skills. As a result of this recent emphasis on psychology graduate attributes, calls have been made to: (1) assess these attributes in the undergraduate psychology courses offered to students, and (2) design curricula that embed learning activities fostering the development of these attributes while enhancing intrinsic motivation and deep learning. In this presentation, I report on the development and evaluation of a semi-structured problem-based collaborative learning approach to psychology tutorials. The aim of this approach is to assist psychology students in the development of graduate attributes and to enhance student motivation and deep learning. The tutorial approach required students to break up into small groups and navigate a case study across a series of tutorials aided by a workbook. The workbook required students to: read family case notes, reflect on the case study, share ideas with group members, and develop a case conceptualisation. Students' learning styles, intrinsic motivation, and self-assessment on graduate attributes were measured prior to engaging in the tutorial program and were again assessed at the conclusion of each tutorial across (five tutorials in total). Longitudinal analyses of 300 students revealed that the tutorial program was found to significantly increase independent and deep learning in students. Furthermore, the students reported significant increases in their abilities regarding the graduate attributes of critical analysis and problem solving, communication skills and teamwork, and understanding the moral and ethical issues associated with the wider profession of psychology. The implications of this tutorial approach and the assessment of graduate attributes in undergraduate psychology students will be discussed.



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## **Dealing with aggressive humour: Who lacks social competence?**

*Carmen Moran and Bernadette McCosker (Charles Sturt University)*

Up until the last decade, many writers suggested that humour enhances psychological and physical health, helps deal with stress, and assists interpersonal interactions. More recently, however, 'negative' styles of humour have been associated with the opposite pattern, with aggressive and self-defeating humour predicting lower scores on well-being scales. These styles of humour are frequently used in clinical settings, where clients make jokes at their own expense or others'. There is little empirical information on the way interpersonal competencies contribute to these humour styles. To examine the relationship of the negative humour styles to self-esteem and interpersonal competence, and contrast this with positive styles of humour. Participants completed the Humor Styles Questionnaire (HSQ), the Rosenberg Self Esteem Inventory, and the Interpersonal Competence Questionnaire. Ages ranged from 18 to 63 years, with 145 females and 56 males. High self-esteem and low interpersonal competence predicted higher aggressive humour scores, and further analyses revealed self-esteem scores reflected perceived high initiation competence rather than general self esteem. Aggressive humour was also related to poor conflict management. Self-defeating humour was related to low self esteem, but not to interpersonal competence. Gender and age also predicted the use of aggressive and self-defeating humour. People who use aggressive humour may see it as a form of interpersonal competence. Given that aggression is a common form of client humour in therapy, and aggressive humour may lead further aggression in the hearer, the therapist response to humour is salient to the effect of such humour.



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**Debunking the most commonly reported barrier to exercise: Lack of time**

*Kate Moore and Debra Campbell (Charles Darwin University)*

Despite the known health benefits of exercise many people do not do so because of a 'lack of time'. The aims of this study were to ascertain whether exercisers and non-exercisers differ on levels of discretionary time, their ability to structure their time, and whether childhood liking for exercise affected adult participation in and adult liking for exercise. A cross-sectional survey of 131 people ( $M = 36.88$  years,  $SD = 12.31$  years) was recruited of whom 57 were exercisers and 74 non-exercisers. There was no difference between groups on discretionary time or childhood liking for exercise however exercisers reported currently liking exercise more than did non-exercisers. These results were robust when mood was used as a covariate. The correlation between exercise during childhood and current exercise participation was significant but not substantial ( $r = .30$ ). These groups did not differ in their ability to plan their use of time however non-exercisers were less task focused. A lack of discretionary time does not separate exercisers from non-exercisers rather it might be a lack of focus is more relevant. Health promoters, trainers and those working to promote behaviour change, in particular exercise adoption may need to address issues of task focus and implementation as part of their strategies to change behaviours.



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**Developing social and emotional wellbeing in young children: An evaluation of the Fun FRIENDS Program**

*Gavin Beccaria and Kathryn Columbine (University of Southern Queensland)*

Social and emotional well-being plays an important role in young children's development and impacts upon their success in school and in life. Population health and positive psychology perspectives assert that all children can benefit from school based, universal interventions aimed at promoting mental health and enhancing the social and emotional well-being of young children. A non-clinical sample of preschool age children (N = 42) participated in a classroom based, universal social and emotional well-being program titled Fun FRIENDS. Teachers and parents reported on children's social and emotional well-being using the Strengths and Difficulties Questionnaire (SDQ). Data was collected at three time points, allowing changes in social and emotional well-being to be tracked over a period of time. Teacher reported data indicated that several areas of social and emotional difficulty, specifically the emotional symptoms of all children, hyperactivity of boys, and the emotional symptoms, hyperactivity and overall social and emotional difficulties of girls, decreased during the time that the Fun FRIENDS program was implemented. Effect sizes for these observed changes were in the medium to large range. In the absence of a control group, the effects of natural maturation cannot be dismissed as influencing these changes in social and emotional well-being and so results must be interpreted with caution. Parent data identified no significant changes in children's social and emotional well-being over the duration of the study. Further research is needed to explore the discrepancy between teacher and parent data and to evaluate the program more thoroughly with a control group for comparison.



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### **Dietary Omega 3 Fatty Acid requirements following minor Traumatic Brain Injury (TBI)**

*Jacques Duff (Behavioural Neurotherapy Clinic)*

Psychologists are often faced with clients who presents with a range of symptoms including mood disorders, seizures, attention deficits, dizziness and chronic headaches. Some of these patients may have been involved in accidents resulting in minor TBIs, with or without loss of consciousness and psychologists need to probe their clients for a history of TBIs and be aware of the need for a biological intervention. Abnormal profiles of polyunsaturated fatty acids in the plasma phospholipids have been observed in patients with such closed head injuries, indicating that the metabolic response to injury encompasses changes in the metabolism of polyunsaturated fatty acids which are rapid in onset and qualitatively similar to those seen in Essential Fatty Acid deficiency. Following a brain injury, there is a rapid accumulation of free arachidonic acid (AA) and docosahexaenoic acid (DHA) in CSF, released from membrane phospholipids. Although both of these fatty acids are derived from dietary essential fatty acids, only DHA is concentrated in phospholipids of cells of the brain, retina and olfactory bulb. DHA accounts for 25% of the phospholipids in grey matter and Synaptic membranes and photoreceptors share the highest content of DHA of all cell membranes. Given that DHA is primarily involved in the trafficking of neurotransmitters in synapses, and is largely responsible for the synthesis, transport and release of neurotransmitters in synapses. DHA has been shown to be involved in memory formation, excitable membrane function, photoreceptor cell biogenesis and function, and neuronal signaling, and has been implicated in neuroprotection. Many of the membranes that contain significant amounts of G-protein-coupled activity, such as neuronal and retinal tissues and the olfactory bulb, contain high levels of DHA. DHA deficiency leads to the replacement of 22:6n-3 phospholipid acyl chains with 22:5n-6 acyl chains in these membranes, leading to dysfunction. The functional significance of DHA deficiency in animal studies has been amply demonstrated by impaired visual response, learning and attention deficits and mood disorders. Neuroprotectin D1, (NPD1) is infused during ischemia-reperfusion and inhibits oxidative stress-induced brain damage. NPD1 also inhibits the expression of COX-2 enzyme, reducing inflammation and further resultant brain damage. NPD1 bioactivity demonstrates that DHA is not only a target of lipid peroxidation, but rather is the precursor to a neuroprotective signaling response to ischemia-reperfusion, thus opening newer avenues of therapeutic exploration in stroke, neurotrauma, spinal cord injury, and neurodegenerative diseases. Mood disorders, learning difficulties

and attention Deficits and other neurodegenerative damage following TBI are ameliorated by supplementation with the Omega 3 fatty acids, EPA and DHA, from fish oil. Consequently it makes sense to aggressively treat patients with TBIs as soon as possible with fish oils and associated nutrient cofactors.



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**Do students make better cognitive behavioural therapists? A critical examination of the importance of therapist experience**

*Andrew Speirs-Bridge and Fiona Fidler (La Trobe University)*

The literature on the relationship between psychotherapy outcome and years of therapist experience is mixed. The purpose of this empirical research was to clarify this relationship for Cognitive Behavioural Therapy (CBT) delivered by psychologists. In Study 1 the contribution of years of psychologist experience to CBT outcome was measured, and in Study 2 CBT experts were asked for their estimate of the contribution of years of experience and this was compared with the results from Study 1. In Study 1 two meta-analyses (MA) of randomised controlled trials (RCTs) of CBT were conducted—RCTs that used psychology students were compared with RCTs that used registered psychologists with varying levels of experience. A meta-regression (MR) was also conducted using years of experience as the moderating variable. In Study 2 CBT experts were asked to estimate the variance in CBT outcome accounted for by years of psychologist experience. Their estimates were calibrated against the MR results from Study 1. In Study 1 the literature search identified 144 CBT RCTs published since 2005, of which 38 met inclusion criteria. The most common reason for exclusion was insufficient therapist experience data. Using RCT primary outcome measures, psychology students (Cohen's  $d = 1.01$  95% CI [0.59, 1.45]) were found to outperform registered psychologists ( $d = 0.41$  [0.28, 0.54]) as therapists. The MR results suggest that only 1% ( $R^2 = .01$  [.00, .03]) of outcome variance is accounted for by years of experience. Of the 302 experts emailed in Study 2, fifty-seven provided usable responses (20% return rate). The respondents overestimated the contribution of psychologist years of experience to CBT outcome variance by 18%, that is  $M = 19\%$  [14.3, 23.5] compared to 1%. Whilst years of psychologist experience appears to make only a modest contribution to CBT outcome, CBT experts substantially overestimate its role. To generalise these findings to a more naturalistic practice setting at this time is premature, however research directly investigating the external validity of these findings is now critically important.



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**Does age matter when we decide what is in a child's best interests?**

*Antoinette Harmer (Charles Sturt University & Australian National University) and Jane Goodman-Delahunty (Charles Sturt University)*

A range of professionals in Australia work in areas that require them to consider the best interests of the child. Legislative guidelines address factors that should be considered, but do not specify the weight of these factors with respect to children in different age groups. Further, the legislation does not specify what time frame to consider when making decisions about children. This paper reports findings from a national Australian online survey of 800 parents and practitioners working in family and child areas of law. Practitioner groups included legal practitioners, dispute resolution practitioners, family counselors, child protection workers, Family Court consultants and child and family court experts. Factors and time frames rated most important for 1-2 year olds are compared with those for children aged 11-12 years. Implications for practice are discussed. Recommendations are made for further research and training regarding practice standards for professionals interpreting the best interests of children.



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**Does co-worker social support mediate the relationship between work-family conflict and wellbeing?**

*Peter Caputi, G. Stoyles, C. Magee, M. Fernando and D. Iverson (University of Wollongong)*

This paper tests whether co-worker social support, along with supervisor social support mediates the relationship between work-family conflict and well-being in a cohort of secondary school teachers. A sample of 132 secondary school teachers (63% female) from regional high schools in NSW completed an online survey which included measures of burnout, psychological functioning, a self-reported measure of health, support at work (both supervisor and co-worker support), and work-family conflict. It was anticipated that supervisor social support would act as a mediator. However, fewer studies have examined whether support from co-workers mediates the relationship between work-family conflict and well-being. Multiple mediation analyses, with co-worker support and supervisor support as mediators, were conducted to test these relationships. Age of respondent, marital status, teaching experience and whether the respondent had children living at home were included in the analyses as co-variables. On average, respondents reported moderate levels of personal and work related burnout, moderate to high levels of psychological functioning, and good self-reported health. Co-worker social support did not mediate the relationship between work-family conflict and well-being. Unexpectedly, there was little or no evidence of supervisor support within this relationship. Evidence was found to indicate that supervisor support partially mediated the relationship between work to family conflict, and personal and work-related burnout. These findings provide only partial support for the 'direct effects' explanation of social support, that is, social support reduces psychological strain and enhances well-being. Future research directions should include testing whether co-worker support moderates or buffers the relationship between work-family conflict. In addition, future research should also examine family-to-work rather than work-to-family as an independent variable.



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**Dorsal stream processing in literate, illiterate and dyslexic readers**

*Sarah Flint and K. Pammer (Australian National University)*

Individuals with dyslexia have often been found to have deficits in coherent motion and visual frequency doubling processing, indexes of global dorsal stream functioning. However, the extent to which dorsal stream functioning contributes causally to dyslexia is less certain. In studies involving pre-literate children it has been demonstrated that there could be a relationship between dorsal stream functioning and poor reading ability, lending weight to the claim that dorsal stream deficits may contribute to reading failure. In applying this line of enquiry to adults, this research investigates the role of dorsal stream functioning in adult literate, illiterate and dyslexic readers, through the use of coherent motion and visual frequency doubling tasks. We demonstrated that, when compared with literate readers, illiterate readers perform more poorly on coherent motion tasks, but possess equivalent visual frequency doubling ability. Whereas dyslexic readers performed more poorly on the visual frequency doubling task compared with both literate and illiterate readers. These findings lend strength to the assertion that dorsal stream deficits may play a role in reading difficulties.



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**Drink before you think: the role of implicit cognitions in alcohol consumption**

*Daniel Lindsay and A. Swinbourne (James Cook University)*

A recently proposed dual-process model of health risk behaviour, the Prototype Willingness Model (PWM) suggests that there are two separate pathways and antecedents to health risk behaviour. The reasoned pathway of the PWM focuses on behavioural intentions, and accounts for the more reasoned and deliberate processes involved in the performance of health risk behaviours. In contrast, the social reaction pathway focuses on behavioural willingness, and assumes that health risk behaviour is as an automatic and impulsive reaction to the social situation an individual finds themselves in. If a dual-process health behaviour model such as the PWM can assess both implicit and explicit alcohol-related cognitions, it may be able to provide a more comprehensive understanding of why individuals initiate and maintain their drinking behaviour. Therefore, the current research aimed to investigate the relationship between the variables of the PWM and explicit and implicit alcohol-related cognitions, with a particular focus on the relationship between implicit cognitions and the social reaction pathway. A university sample of 61 individuals completed an alcohol-related Implicit Association Test (IAT) as well as a questionnaire assessing quantity and frequency of alcohol consumption, explicit alcohol-related cognitions and assessments of standing upon the variables of the PWM. The results suggest that the PWM accounts for significant variability in alcohol consumption among individuals. As well as this, implicit alcohol-related cognitions appear to influence decisions about whether or not to engage in alcohol consumption through both the rational and socially reactive pathways as proposed in the PWM. The current findings support the suggestion that a measure of an individual's implicit alcohol-related cognitions is important for understanding alcohol use because implicit alcohol-related cognitions significantly influenced individual's decisions to drink, regardless of whether those decisions were made after a thoughtful or a more automatic process. The results of this study also hold implications for alcohol advertising in Australia and alcohol-based interventions. Due to the fact that this is the first study to assess the relationship between the PWM and alcohol-related cognitions, further research needs to be done into this area to extend the results found here.



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**Elite athletes need social supports beyond the sporting community**

*Clive Jones (Australian Institute of Psychology)*

This study examined the role of key social supports in reducing burnout symptoms within the elite sporting community. Qualitative and quantitative data were collected from 14 elite road cyclists on a weekly basis over 20 weeks using the Maslach Burnout Inventory, The Fear of Social Consequences Scale, rating scales and interviews on the relationship the athlete had with key support networks in their sport (i.e., coach, teammates, and support staff), and The Family Sports Environment Schedule (to determine the relationship the athlete had with key support networks outside the context of their sport- e.g., parents, siblings, partner, close friend, etc.). Overall the amount of support provided to athletes from those outside the context of their sport (e.g., parents, siblings, partner, close friend, etc.) showed a moderately strong predictive relationship in reducing burnout and was more clearly linked to decreased burnout compared to the relationship the athletes had with their coach, teammates and other support staff. This suggests that organisational structures need to provide opportunity for athletes to stay connected with significant others outside the context of their sport to moderate against the onset of burnout when pursuing high performance goals. This has particular implications for those athletes involved in a significant amount of travel for national and international competitions over regular and extended periods of time.



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### **Embedding the development of intercultural competence in the psychology curriculum**

*Anita Mak (University of Canberra)*

The Australian Psychological Society's code of ethics is firmly grounded in respect for the rights and dignity of people from diverse cultural backgrounds, which in turn requires culturally competent psychological practice. The increasing proportion of university students from CALD backgrounds on university campuses and across all disciplines, including psychology, can provide real-life opportunities for implementing learning activities and assessment tasks targeting the development of intercultural knowledge, attitudes, and skills in psychology education and training. This is vital for preparing for a psychology workforce that is culturally sensitive and competent in working with multicultural teams and clients from diverse backgrounds. This paper reports the outcomes of a pilot project titled "Internationalising the Student Experience Project (ISEP)". Student responses to curricular changes in a health psychology unit are discussed, along with observations of the impact of curricular changes reported by ISEP teachers from other disciplines. This paper also provides a work-in-progress report on a 2-year, cross-disciplinary action research project titled "Internationalisation at Home (IaH): Enhancing the Intercultural Capabilities of Teachers, Students, and Curricula", which has grown out of ISEP and is funded by the Australian Learning and Teaching Council (Priority Project 10-1810). This paper summarises the action research project processes, outcomes, and outputs to date, including consultations with stakeholder groups on what constitutes challenging intercultural social scenarios in classrooms and professional practice settings. Observations and reflections to date suggest that regardless of the disciplinary area and whether it is a classroom or professional practice setting, the development of key social competencies, such as seeking help, making social contact, participation in a group, refusing a request, and giving feedback, is important for communicating across cultures, as is for general social effectiveness. The implications of the interim findings on the remaining phases of the IaH Project, are discussed. As psychology's subject matter includes stereotypes and prejudice, and their effects on interpersonal relationships and students' wellbeing, the applied psychology curriculum provides a natural setting for embedding cultural sensitivity and sociocultural competence.



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### **Experiences and expectations of eating disorder treatment**

*Megan Bishop and Vivienne Lewis (University of Canberra)*

Consumer involvement in the evaluation of eating disorder treatments has been described in the past as a neglected area of research. The purpose of this study was to fill the gap within the Australian literature regarding the quality of eating disorder treatment as perceived by both current and former patients. One hundred and thirty five members of various eating disorder foundations around Australia completed an anonymous online questionnaire regarding their experiences and expectations of eating disorder treatment they had received. Results revealed a significant gap of 4.65 to 5.45 years, between the age of symptom onset, and age at which individuals first sought help or professional treatment for their condition. Results also highlighted the importance that individuals place upon being taken seriously when in treatment, and being treated by a trustworthy, interested and honest professional. Slight differences were found between current and former sufferers, with former sufferers placing a higher level of importance on learning about eating disorders, and recognising that they have a problem. Individual and group therapy were both considered to be helpful forms of treatment, whilst family therapy was regarded as unhelpful by most participants who had received it. As suggested by patients, the treatment of eating disorders could be improved upon if professionals demonstrated more empathy, and if more affordable services were made available.



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**Facilitators and barriers to evidence based practice: Examples from the field of child and family welfare**

*Kerry Lewig (University of South Australia), P. Holzer (Australian Institute of Family Studies), L. Bromfield (Australian Institute of Family Studies) and F. Arney (University of South Australia)*

The current challenge for psychologists is to integrate the best available research evidence with clinical expertise to address the needs of clients in their individual contexts. However, there is a large body of evidence to suggest that the successful transfer of evidence to practice faces some substantial barriers. For psychologist working in multi-disciplinary teams or in fields where evidence-based practice is not widely accepted these barriers can be further exacerbated. The aim of this paper is to report the results of research project designed to explore the barriers and facilitators to evidence-based practice in the Australian child and family welfare sector. The project involved in-depth interviews with a purposive sample of child and family welfare professionals (N = 59) about the barriers and facilitators to research use in their current workplace. Bivariate correlational analysis revealed that years of experience in the field of child and family welfare, ability to clearly and easily understand research reports, access to an up to date database on “what works”, opportunity to be involved in research, and support from colleagues to use research, were significantly positively correlated with the use of research in practice. A significant negative relationship was noted between research use and little time to read research articles, limited training and knowledge on how to seek out, evaluate or apply research, and the need to consider other sources of information. Thematic analyses of qualitative data showed that organisational factors, systems and pragmatic constraints and individual factors were influential in relation to capacity and preparedness to use research. It is important that psychologists entering fields such as child and family welfare recognise that the aspiration of evidence based practice can be frustrated by pragmatic, organisational and systems factors. At the same time psychologists working in such fields are presented with a unique opportunity to model, promote and support evidence based practice amongst those colleagues who are less confident or well versed in this approach.



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**Factorial and concurrent validity of two anxiety measures and anxiety responses among vision-impaired people**

*Peter Terry and Janian Barron (University of Southern Queensland)*

The present research tested the factorial and concurrent validity of a revised version of the Competitive State Anxiety Inventory -2 (CSAI-2), a commonly-used measure of anxiety in competitive domains since its development by Martens, Vealey and Burton in 1990. A revised 17-item version of the CSAI-2, known as the CSAI-2R, was created by Cox, Martens and Russell in 2003, which has shown superior psychometric characteristics and is now favoured over the original by researchers. Another measure, the Emotion and Mood Components of Anxiety Questionnaire (EMCA-Q), developed by Beedie, Lane and Terry in 2005, was used as the concurrent measure. Using a retrospective recall approach, and with the assistance of specialist Job Access With Speech (JAWS) software, 152 adult vision-impaired participants completed an on-line questionnaire that included a range of demographic information plus the CSAI-2/CSAI-2R and EMCA-Q. The usual context of the measures, competitive sport, was re-contextualised to a personally-important event in which the participants had recently “performed.” Principal components analysis with promax rotation showed that the CSAI-2R provided a better fit to the data than the original CSAI-2, explaining 63% of the variance compared to 59%, but complex solutions were found for both measures including several cross-loading items. The factorial validity of the EMCA-Q was supported. The concurrent validity of the CSAI-2R and EMCA-Q was supported via inter-correlations between subscale scores that were exactly in line with theoretical predictions. Group comparisons using single-factor MANOVAs showed no significant differences in anxiety responses among the vision impaired population by gender, age and level of vision impairment. Those with a previously diagnosed anxiety disorder reported higher anxiety scores than those without such a diagnosis. Finally, participants who resided in Australia reported higher level of anxiety scores than those residing outside Australia. The EMCA-Q appears to be a valid measure to use for the vision-impaired people in terms of its factor structure, internal consistency and variance explained, whereas further validation work would be required before the CSAI-2R could be considered validated for use with vision-impaired populations.



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### **Fathers, addictions, and connection with their children**

*Dion Khlentzos (University of Western Sydney)*

Fatherhood is supposed to be a joyful time of experiencing new loving relationships with one's growing family. However, it is also a time of loss: some of the casualties include sleep, sex, time and money. Two particular psychological factors have been shown to limit one's ability to effectively raise children: firstly, the attachment security to one's own parents; and secondly, the socialisation process into parenthood. In Western society, men have traditionally not been as well socially equipped as women to become parents. Men have also been shown to deal with loss more often through substance (or other) addictions. Much evidence abounds linking paternal addiction to poor mental health outcomes in their children. Relationships between addicted fathers and their partners, and between such fathers and their children, have consistently been shown to be impaired. So while it appears to be clear that addiction in fathers leads to poor connection with their children, can improved connection with their children lead to reduced propensity to addiction in these fathers? This is what the present study aims to explore. In fact, some previous studies have demonstrated the effectiveness of parenting programs for treating addictions in parents. The present study will operate in two phases. The initial validation phase will explore, through self-report questionnaires given to fathers in inpatient and outpatient clinics, relationships between the following variables: empathy, attachment to one's child, emotion regulation, and mental health. If the reliability and validity of these scales turn out to be adequate, the same measures will also be used in the second phase of the study. This treatment phase will also consist of an eight-week parenting program known as Tuning in to Kids to be given to a group of recovering fathers of pre-school and primary school children, consistent with the age of the children in previous studies of parents in this program. Preliminary findings from the first phase of the study will be discussed.



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**Forensic implications of reported crime and anti-social behaviour amongst employees in Australia's major mining companies**

*Mark England*

This paper explores the negative psycho-social impact of Australia's major listed mining companies on the communities in which they operate, the dynamics involved and means to counteract these forces for more positive outcomes. Australia's major mining companies stand comparable with any in the world in terms of revenue size. They have global reach and exert considerable political influence. An examination of published data associated with major Australian mining companies indicates that their presence in isolated communities results in higher levels of crime and anti-social behaviour than the general communities in which they operate. The evidence and possible reasons for this are explored with a view to proposing corrective actions.



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## **Forensic psychological assessment and reporting: Closing the gap between research, ethics and practice**

*B. Montgomery (University of Sunshine Coast)*

Forensic psychological assessments are usually intended to answer psycholegal questions about individuals on a range of issues. Presently, they are often undertaken by psychologists with no credentials in forensic psychology, often no specialist qualifications at all. 'Forensic' means only 'involved with the law', not necessarily its investigatory aspects, so a psychologist writing a report for the Family Court, or any court, or a tribunal or even an insurance company, is perhaps unknowingly engaging in forensic practice. Forensic psychological reports typically provide information to non-psychologists regarding the outcomes of assessments and are usually intended to aid decision-making. A psychologist asked for a professional report is being asked to play the role of expert witness. An expert witness is expected to have special knowledge or skills that allow him or her to provide an expert opinion on issues within her or his expertise, so their report is given extra weight in decision-making. It is an important role for a professional psychologist because his or her conclusions may have major impact on people's lives. My observations in cases where I have been asked to review existing psychological reports identify an unacceptable level of variability in the quality of reports, even though these are being relied upon to decide often grave issues. Some contain little of what is expected of an expert witness, being unsupported personal opinions, rambling histories, or unquestioned interviews. Some include the results of psychological tests that were inappropriate for the purposes or lack expert interpretation. Whenever reports such as these are provided to consumers, they bring discredit on the whole of our profession. In this presentation, the aetiology and nature of these problems will be explored and illustrated and recommendations made for rectifying it.



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**Friends, mates and comrades: Exploring older men's friendships**

*Rebecca Shaw, Judith Gullifer and R. Shaw (Charles Sturt University)*

Australia's population, like that of many industrialised nations is ageing. One of the greatest challenges facing an ageing population is maintaining health and wellbeing amongst the old. As a form of social capital friendship has been linked to health and wellbeing among older adults, yet little is known about the friendships of older men. This study aimed to extend Butera and Greif's earlier qualitative investigations by exploring older men's friendships. Six focus groups were conducted in a semi-rural area of NSW with 40 men aged 46 to 85 years, average age 71 years. Using a semi-structured interview, focus groups explored the definitions, dimensions, meanings, and importance of friendship to older men. A thematic analysis identified four themes within the data (friendship definitions and dimensions, dynamic nature of friendship, importance of friendship, and the community of men). Friendship was constructed as a fulfilling relationship characterised by trust, reliability and unconditional acceptance. It is also multi-faceted and may be divided into different types or categories. The dynamic nature of friendship ensures that these types may change depending on the context. Decreased social interaction (as a result of retirement, increased illness, and decreased mobility) was linked to loneliness, depression, and other mental health problems. However associating with other men was both highly valued and associated with better health and wellbeing. Whether formally in defined interest groups, or informally in a social group, being part of a community of men helps older men achieve a sense of purpose and belonging. When working with older men it is imperative to understand this need to come together with other men, while also acknowledging that individual factors (such as personality, mobility) may influence how they construct their friendships.



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**From anecdotal theory to evidence-based practice: A psychologist's role in informing practice in a cancer centre**

*Kerry Tiller, K. Watts and B. Meiser (Department of Medical Oncology, Prince of Wales Hospital)*

Psychologists in oncology are well placed to inform and guide research in areas that have clinical relevance. Metastatic breast cancer (MBC) patients have unique psychosocial needs. Models of psychosocial care demonstrate the importance of matching psychosocial interventions with the level and nature of client distress. Many women with MBC showed distress not at clinical levels necessitating psychological intervention, but were accessing psychological services for support during adjustment process. Funding for staff to meet needs in most appropriate way is not available unless research findings support anecdotal evidence. To develop and evaluate a new breast care nurse (BCN) model designed to meet the supportive care needs of women with MBC. The BCN service was implemented and evaluated at a major public teaching hospital in Sydney. Eligible patients included women aged > 18 years with Stage IV breast cancer and proficiency in English. Health professionals eligible to participate if involved in the care of women with MBC. Eligible patients were identified from the oncology department database and clinical meetings. Self-report questionnaires distributed to patients three months after first consultation with the BCN, and to oncology health professionals eight months after implementation. Thirty-one women with MBC completed the patient evaluation. Seventeen health professionals completed a separate evaluation. Most patients rated the supportive care received through the BCN service as important (84%) and said that it contributed to their care and wellbeing (81%). Patients valued the opportunity to share their concerns with one person. All health professionals reported that the new service had improved supportive care for women with MBC, with 94% rating the new service as successful. Oncologists noted that provision of appropriate support in a timely manner appeared to reduce clinic time and psychologist noted that majority of subsequent referrals were for those clinical levels of distress needing psychological intervention. To provide a comprehensive psychosocial model of care in oncology, the type of intervention should match the level of distress. The metastatic BCN role allows appropriate delivery of supportive care and information needs and is well placed to provide referrals for patients in need of more specialist psychological intervention.



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**Gambling: The money or “your life”?**

*Mal Flack and M. Morris (Charles Darwin University)*

Recent research indicates a diverse range of motivations may be important in explaining problem gambling. However, the role of specific motivations in gambling behaviour and problem gambling are not well understood. Thus, the objective of the current study was to examine the association between a range of gambling beliefs and gambling behaviours. A sample of 2,033 respondents were drawn from the general community and completed a questionnaire concerning their gambling behaviours and beliefs about gambling as an escape, a social occasion, a way to win money, an exciting activity and as a means to enhance self-importance. As expected, those who gambled frequently endorsed the five aspects of motivation to a significantly greater extent than those who gambled occasionally. However, hierarchical multiple regression revealed the escape facet of motivation was the most consistent predictor of gambling frequency, time spent gambling and difficulties with gambling. Of equal interest was the finding that the chance to win money did not make an independent contribution to the prediction of time spent gambling or difficulties with gambling. Taken together, the results underscore the importance of considering a range of motivational influences on gambling behaviour. Moreover, the emotional aspects associated with gambling appear to play a prominent role in sustained gambling behaviour.



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**General Practitioner and patient perspectives on psychosocial issues during colorectal cancer diagnosis, treatment and ongoing care**

*Shane Pascoe (University of New South Wales), L. Crossland (James Cook University), C. Veitch (University of Sydney), J. Beilby (University of Adelaide), M. Harris (University of New South Wales) and the Colorectal Referral Pathways Team*

The difficulties in referring and managing colorectal cancer (CRC) patients can be managed however patients' experiences of psychosocial issues are an important, if unexplored area. Our aims were to assess psychosocial issues during the referral pathway. The objectives were to describe how people first diagnosed with CRC are referred for treatment; examine views of General Practitioners (GPs) and patients about psychosocial issues; and identify strategies for improving the management of psychosocial issues across the referral pathway. We undertook an analysis of in-depth interviews with 60 GPs and cancer patients in focus groups and individual interviews across New South Wales, Queensland, and South Australia. A purposive sampling strategy was used. Recordings were transcribed and data coded using NVivo. The analysis was thematic based on a Social Constructionist theoretical framework. GPs and patients recognized unmet psychosocial needs across the diagnosis, treatment, and ongoing phases of care. A broader GP role allowed improved access however a lack of more complete information transfer influenced a patient's psychological distress. GPs expressed a strong desire for more team-working in the management of cancer patients. Patients experience shock, increase their reliance on family and lack information which often leads to greater participation in patient support groups and a desire to access alternate sources of information. The psychosocial consequences of CRC for patients and their GPs are wide-ranging. Team-working and greater use of Mental Health Care Plans, Team Care Arrangements and other strategies are discussed. There are important implications for health services focussing specifically on the nature of the psychosocial issues experienced and the barriers to information transfer and access to allied health services in particular.



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### **Group Positive Psychotherapy Applications in Turkey**

*Sevgi Guney (Ankara University)*

Group Positive Psychotherapy by Seligman and Rashid consists of 8, 1.5 hour seminars offered across eight weeks to young adults with mild-moderate depressive symptoms. Seminar groups consist of approximately 10 -12 people and therapist and cotherapist (if necessary). The intervention is primarily discussion-based and also the therapist provides brief lectures to introduce new material and the information on the subject discussed in the sessions. Through the 8 sessions the discussed matters are the basic exercises of using strengths, three good things, gratitude visit, savoring, active – constructive responding, life summary, positive services and maintenance discussions. In the paper, the two group positive psychotherapy applications were explained. One is for wives of Turkish Veterans with no psychiatric diagnoses in a psychiatric ward and the other is for university students in Ankara University. The positive psychotherapy inventory was used to assess the progress in the group sessions as pre-post design. The findings showed that Group Positive Psychotherapy is a useful tool for eliminating and coping with everyday problems. Future suggestions were given in the light of positive applied psychology principles and approach.



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**Guidelines on the management of cannabis use disorder**

*Ursula Petty, Etty Matalone and J. Copeland (NCPIC)*

This workshop will introduce participants to the recently developed guidelines for the management of cannabis use disorder and related issues. These aim to provide clinicians with a reference point for the identification and management of cannabis related problems. Healthcare practitioners may be confronted with a range of presentations of cannabis use disorder including some complex clinical profiles which include mental health symptoms and acute behavioural disturbances such as psychosis and aggression as well as physical symptoms such as respiratory problems. This workshop is suitable for healthcare practitioners who work in a variety of settings where clients present with cannabis use disorders. Participants will be made familiar with the various aspects of the guidelines including screening, assessment, withdrawal, psycho-education and interventions and will receive a free copy of the guidelines.



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**Impairment in quality of life associated with body dissatisfaction in a general population sample of women**

*Jonathan Mond and Phillipa Hay (University of Western Sydney), B. Rodgers and C. Owen (Australian National University)*

We examined impairment in quality of life associated with body dissatisfaction (BD) in large, general population sample of women. Self-report questionnaires that included measures of BD, health-related quality of life (SF-12 PCS, MCS) and subjective well-being (WHOQOL-BREF Psychological Functioning, Social Relationships subscales) were completed by 5,159 women aged 18 to 42 years who were residents of the Australian Capital Territory (ACT) region. Most participants (86.9%) reported some level of dissatisfaction with their weight or shape and more than one third (39.4%) reported moderate to marked dissatisfaction. Greater BD was associated with increased likelihood of poor quality of life for all (12) items of the SF-12 and for all 9 items of the WHOQOL-BREF considered, the degree of impairment being proportional to the degree of dissatisfaction. Associations were stronger for items tapping mental health status than for those tapping physical health, although higher BD was associated with marked impairment in certain aspects of physical health even after controlling for body weight and other potential covariates. The findings suggest that greater attention needs to be given to BD as a public health problem in its own right, rather than as a risk factor for “more adverse” outcomes.



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## **Improving interdisciplinary care for people with chronic conditions**

*Helen Lindner and Thomas Fuller (Australian Psychological Society)*

Interdisciplinary care is increasingly recognised as being critical to improving health outcomes for people living with chronic conditions. Interdisciplinary care is defined as an integrated approach to health care rather than “multidisciplinary,” where health professionals from a range of disciplines act in “silos.” However, many challenges remain regarding how interdisciplinary care can be provided by health professionals in a coherent, timely and cost-efficient manner. The current research developed and investigated the effectiveness of a training program for health professionals working with people with chronic conditions that addressed these issues. Two-hundred and seven health professionals (including psychologists, nurses, dietitians, general practitioners, and exercise physiologists) from metropolitan and rural environments participated in this trial program. Participants completed a two-hour DVD training package that focused on interdisciplinary care, communication skills, motivational interviewing skills, behaviour change techniques, and the psychosocial consequences of living with chronic conditions. Participants also completed an online assessment of their knowledge of the training package, and thirty also attended a pilot, interdisciplinary, local meeting. Results from an additional questionnaire completed two months after the program revealed changes in attitudes and practice in the provision of interdisciplinary care. This research provides preliminary evidence for the effectiveness of a DVD training package designed to be used by health professionals from disciplines working with people with chronic conditions. Importantly, once developed, the costs associated with the training package are low, while the potential to reach large numbers of health professionals in a timely manner is great.



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**Increasing the work-readiness of Australian psychology undergraduates through curriculum change**

*Janet Byrne, R. Ranzijn, C. Balfour, M. Tuckey, R. Hayward, E. Pearson, G. Jackman and K. Lushington  
(University of South Australia)*

Existing undergraduate psychology programs in Australia are characterised by (a) the integration of teaching with research, but (b) limited practice-based learning. This educational model assumes that a grounding in the scientific basis of psychology necessarily precedes professional training which should be restricted to the postgraduate level. Due to the restricted number of research and professional placements at postgraduate levels, the model fails to accommodate the majority of psychology undergraduates who do not proceed to professional training, leaving them poorly prepared for the workplace. Many undergraduate students enter psychology degrees with the aim of progressing into further professional psychology training and are therefore disappointed if they are unable to progress. Undergraduate students persistently criticise the lack of practical skills training and the consequent negative impact on future careers. Therefore there is growing recognition that the current model does not serve the interests of three-year graduates, the community or industry very well. This limitation is currently being addressed at the University of South Australia. We have modified our curriculum to include innovative practice-based learning experiences, coherent progression in program learning objectives which reflect the Australian Psychology Accreditation Council graduate attributes and graduate work readiness needs, and inter-disciplinary collaboration. The new program is based on our understanding of experiential learning, review of existing psychology programs, student responses, the experience of a broad range of Australian psychology educators, and our understanding of psychology pedagogy and of the national drivers affecting psychology training. The new program is an example of how an accredited sequence in psychology can exist alongside more practical experience and preparation for the world of work. The program aims to increase the work readiness and professional identity of exiting three-year psychology undergraduates.



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**Intervention for depression among palliative care patients and their families: A training program for staff**

*David Halford, Marita McCabe, David Mellor, G. Goldhammer and T. Davidson (Deakin University)*

Clinical depression is currently a significant problem among palliative care patients. Despite the high prevalence in this population however, research indicates that it is under-recognised and under-treated. Due to their high level of day-to-day contact with patients, palliative care staff are ideally suited to detecting depression, referring for assessment and treatment, and providing care for depressed patients and their family members. To this end, the current study aimed to evaluate a four-session depression training program for palliative care staff. This program was designed to equip palliative care staff with the skills to better manage depression among palliative care patients and their families. A total of 103 nursing and allied health palliative care staff (mean age = 44.85, SD = 10.70) across three palliative care services (two serving as experimental and one as a control group), participated in a study to test the efficacy of this training program. Compared to the control group, participants in the experimental groups reported significantly higher post-training levels of knowledge, attitudes and self-efficacy, and lower perceived barriers relating to the detection and provision of care for depressed patients and their family members. The number of patient referrals for depression also increased post-training, relative to pre-training figures. These results indicate that depression training for palliative care staff is an appropriate mechanism to increase detection and care for depressed patients and their family members in this setting.



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**Intrinsic and extrinsic approach and avoidance and/or effort reduction motivations of Wikibookians towards content contribution to open educational texts**

*Amal Hanna and Jacques Metzger (University of South Australia)*

Theories of human motivation have a central position in psychology. Research in the psychology of motivation found that individuals do what they want to do because they enjoy what they do (intrinsic motivation) and/or they would gain some benefits (ego-enhancement and/or rewards) or avoid difficulties (guilt-reduction and/or punishment). Motivation through external contingencies is typically labelled as extrinsic. Self-determination theory (SDT) discusses intrinsic and extrinsic motivation, as well as situations of amotivation in which individuals are unwilling or refuse to perform certain actions. Focusing on situations in which some individuals have volunteered (and are volunteering) to contribute to open educational resources such as Wikibooks raises the following questions: Why do individuals approach Wikibooks to contribute? Do those contributors enjoy contribution and/or do they gain any other benefits? Why do other individuals not contribute to Wikibooks? Do contributors to Wikibooks face situations in which they reduce effort? An online self-report questionnaire was designed to explore goals and motivations of Wikibookians to an open content website, with respect to them approaching and/or avoiding (or reducing) such effort. To explain the results, it is suggested that SDT is not only a replica of Goal Valence (approach-avoidance) Theory (GVT) of (cognitive) motivation, but also that these two theories, to a large extent, can be integrated. This integration adds a new perspective to both SDT and GVT. Implications of the results are discussed with respect to sustainability of open educational resources.



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**Is Inpatient Distress Tolerance Skills Training, with individuals diagnosed with Borderline Personality Disorder, associated with the frequency of urges to use destructive coping strategies and PRN medication during their inpatient stay? A pilot study**

*Ian Smith, Indrani Mukherjee and Jinia Mukherjee-Nath*

Dialectical Behaviour Therapy for Borderline Personality Disorder (DBT) developed by Marsha Linehan (1993) is specifically designed for the outpatient treatment of chronically suicidal patients. Thus, extant research has focussed primarily on the treatment in outpatient settings. The present study focussed on patients in an inpatient setting to determine whether Distress Tolerance Skills Training, with individuals diagnosed with Borderline Personality Disorder, would decrease their frequency of urges to use destructive coping strategies (self harming behaviours) and also their use of PRN medication. In this pilot study 52 female patients completed a distress tolerance diary on a daily basis over a 6 month period. The Distress Tolerance Skills diary based on Marsha Linehan's 'Crises Survival' skills, incorporated within the Distress Tolerance Skill's Module of the Dialectical Behaviour Therapy Program, was designed as an easy to complete tool and provided to the participants on a daily basis, to assess inpatient's learned ability to intentionally stand back to assess, evaluate and accept negative situations, in a non-evaluative and nonjudgmental fashion and to make appropriate responses, beneficial to one's emotional health. The intention of the crises 'survival skills' was to promote crisis intervention skill usage, instead of falling into the intense, desperate, and often destructive emotional reactions that are typically the clinical presentation of borderline personality disordered patients. Results indicated that, although the associations were statistically insignificant, the 'little negative associations' (each reading a phi-coefficient of  $-0.2-0.3$ ) between 'Emotion', 'Pushing Away', 'Thoughts (Distractions / behavioural and cognitive skills), and 'Encouragement' (IMPROVE the moment/ cognitive skill) seem to be promising in that there were some indications for the crises survival skills to be effective in coping with intense sensations of distress instead of heavily relying on PRN medication.



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## **“It’s more than just teaching”: Examining the link with educational philosophy and pedagogical practice**

*Ashleigh Owen (University of Notre Dame)*

This research explores the teaching philosophies and practices of staff within the Tertiary Enabling Programme (TEP) at the University of Notre Dame. The TEP is an alternate entry pathway program which has the role of supporting the increased participation of diverse groups in higher education. Alternate entry pathways assist in promoting social justice as they encourage more equitable access to, and participation in, higher education. Consequently, there is international, national and local interest in these pathways as higher education is considered to provide benefits to the individual and society. In light of the way that these pathways can assist in achieving social justice, it is important that the educational experience of the student once they are engaged in the pathway also promotes social justice. As the educator plays an integral role in this, it is necessary to explore the pedagogy employed within alternate entry pathways, such as TEP, to ensure that teaching philosophy and practice is complementing the social justice agenda. Social constructionism and two theoretical frameworks, cultural capital theory, and critical pedagogy were employed to provide insight. The analysis draws on five semi-structured interviews of TEP staff, which explored their experiences in the TEP as well as the philosophies and teaching practices they utilise. Findings saw the emergence of three factors which can affect the encouragement of social justice in alternate entry pathways: cultural capital, systemic barriers, and critical reflective practice. As a result, the Theory of Transformative Change (TTC) emerged that can potentially guide academic staff in achieving a pedagogy that reflects and promotes social justice.



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**Knowledge transfer and take up: Why including psycho-educational interventions adds value to therapy for children and adolescents**

*Terry Bowles (University of Melbourne)*

A guiding principle of client centred therapy or Rogerian therapy is that the processes and mechanisms of change in therapy emerges from the clients' experience of therapy. Implicit within this principle is the idea that clients have the wherewithal to change and that the therapeutic experience is sufficient to attend to the presenting problems and problems in future. A repeated groups analyses of clinical (n=28) and nonclinical (n=22) respondents has shown that mechanisms known to facilitate change do not naturally emerge as a function of engaging in client centred therapy. A competing principle of therapy is that presenting clients benefit from engaging in psycho-educational experiences that provide them with skills and knowledge to manage and forestall relapse by invoking intervention practices that have been provided through therapy. The discussion addresses the tension between creating a cathartic and engaging experience with the challenge to experiment and acquire knowledge while consolidating and practising skills. Recommendations regarding knowledge and skill acquisition through psycho-educational principles will be explored.



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**Learning to lead: Outcomes of a youth leadership program**

*Tim Edwards-Hart, K. Greenwood and A. Chester (RMIT)*

Anecdotal evidence suggests that youth leadership courses can be life-changing experiences, however little empirical work exists to provide evidence of what actually changes. The aim of the present research was to identify key areas of change in a 7-day residential leadership program for the 26 young adults (13 females, 13 males) who attended. A series of 4 nested studies were designed, using a mixed-method approach. In Study 1 focus groups with previous participants of the program were used to identify potential areas of change and determine the outcome measures for Study 2. Study 2 used a pre post-test, within-group design to assess change directly after completion of the program and at 4-month follow-up. Study 3 comprised in-depth participant-observation of the program and Study 4 involved a focus group of the participants to confirm interpretations of the findings of Studies 1, 2 and 3. Both quantitative and qualitative data consistently reflected positive changes in self-efficacy, openness to experience, and sense of meaning following participation in the leadership program. Results suggest that personality change can take place within an environment that provides both challenge and support. Implications for positive psychology and leadership theory will be discussed.



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**Legal practitioners' views on expert reports in family and child legal matters**

*Antoinette Harmer (Charles Sturt University & Australian National University) and Jane Goodman-Delahunty (Charles Sturt University)*

Legal proceedings in Australia are regularly informed by reports from child and family psychology experts. Specific challenges arise in conveying our scientist-practitioner discipline to end-users (both legal practitioners and parents/carers) who come from a different perspective relative to their own professional or personal needs. This research aimed to better understand expert reports by psychologists from the point of view of legal practitioners. A national Australian on-line survey of 300 legal practitioners working in family and child areas of law explored their views on attributes of reports prepared by psychological experts including (a) the methodology of expert assessments, (b) the style and content and (c) the opinion or recommendations. A common theme was frustration with expert assessments and report contents. Main areas of concern about the practices of experts that emerged from qualitative analyses of open-ended survey responses will be summarised. Results will be interpreted in the context of the limited resources for practitioners and demands for time-efficient expert reports. Recommendations are made to help balance the needs of the legal system, families and expert practitioners whilst maintaining the best interests of the child as the paramount principle.



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## Living well to play well

*Brendan Pawsey (Frameworks For Health) and Matti Clements (AFL Players Association)*

The wellbeing of professional and semi-professional athletes is more in focus today than ever. As professionals they are subject to many of the same rules and responsibilities that govern all workplaces, whilst at the same time, have a time limited career, and are subject to intense public scrutiny. As with people in other workplaces, stress experienced by athletes can cause social, relational, psychological and physical problems and can impact on their ability to perform (in their workplace), in their family and social lives, and can limit their success. Furthermore, stress is a risk factor for the development of mental health concerns such as depression, and the use of alcohol as a tension reduction strategy. Many health models of care emphasise self management of health and related factors but little is known about the applicability of health and wellbeing models for use with elite athletes. The PlayWell project investigates the applicability of a manualised small group based program for use with first year players at all AFL clubs in Australia. Pre and post data has been gathered examining emotional intelligence, resilience, affect and locus of control, to determine the effect of the program on the athletes. This presentation presents a brief literature overview of work to date in this exciting new area, and preliminary data gathered over two time points on four validated scales (as mentioned) and demographic profiles of the cohort.



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**Longitudinal study of personality change and perceptions of parenting behaviours**

*Patrick Heaven, E. Barkus, P. Leeson and Joseph Ciarrochi (University of Wollongong)*

We assessed the relationships between personality change as assessed by the five-factor model and changes in participants' perceptions of parental behaviors. Participants completed the Parental Authority Questionnaire when in Grade 7 (M age = 12.3 yrs.; SD = 0.49) and Grade 12 (M age = 17.0 yrs.; SD = 0.37) as well as the Big Five personality dimensions when in Grades 10 and 12. Altogether, 332 adolescents (149 male; 183 females) provided data on both the personality and parenting questionnaires at the respective time points. There were mean levels changes in personality over time as well as in perceptions of parental behaviors, and these differed by gender group. Increases in perceived parental authoritativeness were associated with increasing optimal personality. Perceptions of increasing permissiveness significantly predicted lower conscientiousness, lower extraversion, and elevated neuroticism, after controlling for all other parenting variables. These effects differed for mother and father as well as participants' gender.



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**Mental health and connectedness: Exploring urban Aboriginal and Torres Strait Islanders understandings of mental health**

*Meegan Kilcullen, Y. Cadet-James and A. Swinbourne (James Cook University)*

It has been acknowledged that the mental health of Aboriginal and Torres Strait Islander people has been 'bedevilled' by the inappropriate application of non-Indigenous models of mental health. Given the poor health outcomes of Indigenous people, another approach to mental health practice is required. The space in which clinical psychology is practiced across cultures continues to be defined, with many services being provided by non-Indigenous practitioners. In order to enhance Indigenous health and wellbeing, it is necessary for non-Indigenous practitioners to find in a culturally safe way in which to enter the negotiated space of cross-cultural mental health. This will be facilitated through understanding both the points of similarity and divergence in perspectives of mental health across cultures. The current study aimed to provide a voice for urban Aboriginal and Torres Strait Islander people to convey their understandings of mental health so that an accurate reflection may be available for those who are engaged in healing through health promotion and disease prevention. This study explored urban Aboriginal and Torres Strait Islander's understandings of mental health using a positive psychology framework. A qualitative research design was conducted with a sample of 19 Australian Aboriginal and Torres Strait Islander participants. Data was collected via individual semi-structured interviews and focus groups. Qualitative analysis was conducted using a grounded theory method. Four themes emerged as reflecting health and wellbeing – coping skills, knowledge social support, and connectedness. The theme of connectedness emerged as reflecting a unique contribution to Indigenous health and wellbeing. The role of connectedness to country, family and kinship, knowledge and social networks were highlighted. Further, the theme of connectedness also emerged as central to supporting cultural identity. This information has implications for cross-cultural clinical practice, through providing a map for non-Indigenous practitioners to engage culturally safe practice. Further, it will support the development of culturally safe health and wellbeing programs that sustain and nurture the cultural identity and mental health of Indigenous people. In this way, meaningful contributions may be made by health professionals to 'closing the gap' in health and mental health outcomes for Indigenous people.



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### **Mental health in asylum-seekers: Depression, demoralisation and treatment implications**

*Debbie Hocking and G. Kennedy (Victoria University) and S. Sundram (Mental Health Research Institute)*

Although asylum-seeking has become a major political issue, research on its psychological impact is still in its infancy and there are few systematic data focusing on the mental health of asylum-seekers in comparison to refugees. However, it has been suggested that prevalence of PTSD, anxiety and depression is higher in asylum-seeker than refugee populations and multiple-fold higher than in the general population. The task for researchers is to understand the connection between these disorders and the traumatic experiences from country of origin and post-migration difficulties inherent in the asylum-seeker experience. The challenge for clinicians is to establish whether an individual's distress is the expected response in the circumstances or whether a psychological disorder is indicated.

Demoralisation is considered to be a consequence of unremitting, unavoidable stress in a range of adverse situations and has been placed on a continuum of depressogenic responses. While there is no uniform definition in the psychological nomenclature, the problem of demoralisation is of theoretical and practical importance. Assessment of demoralisation is relevant to psychological practice, as it aids in the conceptualization of patient problems and treatment formulation. The current study explores whether 'demoralisation-syndrome' is a characteristic of the asylum-seeker population. The relationship between demoralisation and other clinical measures (MDE and PTSD) was explored in an attempt to determine the clinical profile of asylum-seekers and accepted refugees. 131 adult asylum-seekers living in the Melbourne community were recruited; 25% had been granted permanent residency (PR) while the rest (AS) were awaiting the outcome of their applications. The best predictor of demoralisation for the PR-group was a diagnosis of MDE ( $F= 25.6, p<.0001$ ) whilst, the best predictor of demoralisation in the AS-group was a diagnosis of PTSD ( $F= 12.5 P<.0001$ ). The aetiology of demoralisation may differ between refugees of secure (PR) and insecure (AS) visa status, indicating implications for psychological assessment and treatment planning.



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### **Mental, motor, and language development of toddlers with neurofibromatosis type 1**

*Jennifer Lorenzo and B. Barton (The Children's Hospital at Westmead & University of Sydney), M. Acosta (Children's National Medical Centre) and K. North (The Children's Hospital at Westmead & University of Sydney)*

Neurofibromatosis type 1 (NF1) is a genetic disorder with a prevalence of 1 in 3000 people. The most common neurological complications of NF1 in childhood and adolescence are cognitive dysfunction and academic underachievement. However, very little is known about the cognitive and motor phenotype of toddlers with NF1 and its impact on early learning and development. The aim of this cross-sectional study was to examine the mental, motor, and language development of toddlers with NF1. Thirty-nine toddlers with NF1 (aged 21-30 months) and 42 age-matched control children participated in a comprehensive developmental assessment of their mental and motor skills. Parents completed questionnaires evaluating their children's expressive language, adaptive behaviour, and executive functioning. Results indicated that toddlers with NF1 had significantly poorer mental development compared with their healthy peers. The mean mental development score of the NF1 group was in the low average range, one standard deviation lower than the controls. Toddlers with NF1 had significantly poorer motor skills compared with control children. Motor development was in the mildly delayed range in one third of children with NF1. Further, significant differences in the early language skills between the NF1 and control groups were found. Parental responses indicated that over 70% of young children with NF1 had below average scores for productive vocabulary size, use of irregular words, and level of sentence complexity. No differences in adaptive behaviour and executive functioning were noted between the two groups of children. In conclusion, our findings indicate that toddlers with NF1 demonstrate early signs of mental, motor, and language difficulties. Two years of age may be the appropriate time to perform an initial developmental assessment to identify mental, motor, and language impairments in children with NF1. Early identification of difficulties allows for early intervention, which may likely ameliorate the negative impact of cognitive, motor, and language dysfunction associated with NF1, promote the conditions necessary for healthy well-being, and improve the developmental outcomes of children with NF1.



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### **Mindfulness and flow in elite athletes**

*Stuart Cathcart (University of Canberra) and Matt McGregor (South Australian Sports Institute)*

Mindfulness may be related to improved athletic performance including propensity to achieve Flow states. The five-facet mindfulness construct and the relationship between mindfulness and flow have not been examined in elite athletes. We administered the Five-Facet Mindfulness Questionnaire (FFMQ) and the Dispositional Flow Scale to 92 elite athletes. Psychometric analyses supported the validity of the FFMQ. Males scored higher than females on the FFMQ facet of Non-judge. Athletes from individual and pacing sports scored higher on the FFMQ facet of Observe than athletes from team-based and non-pacing sports. Mindfulness was negatively correlated with number of past injuries. Correlations between mindfulness and flow were stronger in athletes from individual and pacing sports compared with team-based and non-pacing sports. Mindfulness correlated with different facets of flow in males compared with females. The results support the use of the five-facet mindfulness construct in elite athletes and suggest the relationship between mindfulness and flow may vary by gender and sport type in this population.



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## **Money matters: Materialism, financial practices and their effect on compulsive buying**

*Keong Yap (RMIT), Thi Pham (Monash University) and N. Dowling (University of Melbourne)*

Compulsive buying is a serious clinical problem that leads to severe psychological and financial problems. Past research has shown that individuals who are highly materialistic are more prone to compulsive buying. As such, addressing materialistic values is an essential component in treatment. However, such an intervention can be difficult because it runs counter to a society that values consumerism and consumption. Consequently, current cognitive behavioural treatment programs also include financial counselling components to help improve financial attitudes and behaviours. Although providing financial counselling for compulsive buyers makes intuitive sense, there is very little research on the impact of financial attitudes and financial management practices on the relationship between materialism and compulsive buying. The current study aims to find out if financial attitudes and financial management practices would significantly predict of compulsive buying severity even after controlling for materialism. We hypothesised that financial attitudes and financial management practices would moderate the relationship between materialism and compulsive buying. One hundred and eighteen participants were recruited from Monash University and completed self-report measures of compulsive buying, materialism, financial attitudes, and financial management practices. Results partially supported our hypotheses. Financial management practices, but not financial attitudes, were a significant predictor of compulsive buying after controlling for materialism. In addition, financial management practices, but not financial attitudes, significantly moderated the relationship between materialism and compulsive buying. The current findings support the inclusion of financial management components in current psychosocial interventions and indicate that highly materialistic individuals with poor financial management practices are particularly prone to compulsive buying problems. Results also suggest that while financial counselling can have an effect on compulsive buying, simply increasing positive attitudes to financial behaviours, like saving money, is unlikely to have a significant impact on compulsive buying unless there is an actual engagement in that practice.



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**Moral judgement, moral intention, and attitudes towards performance enhancing drugs in sport**

*Terry Engelberg (Griffith University), Stephen Moston (University of Canberra) and James Skinner (Griffith University)*

Morality has been found to be related to a variety of real and hypothetical sporting behaviours, including aggression, sportspersonship and beliefs about fair play, but little is known about how morality relates to attitudes towards and usage of banned performance enhancing drugs. This study examines the relationship between two components of moral functioning (judgement and intention), derived from Rest's moral functioning model, and young athletes' attitudes towards performance enhancing drugs. Attitudes were assessed with the Performance Enhancement Attitude Scale—PEAS. The study also examines the relationship between attitudes and estimates of performance enhancing drug use. One hundred and nineteen athletes from three age groups (15-16; 17-18; and 19-20 years) read a hypothetical scenario where the use of performance enhancing drugs had to be considered. Participants also completed the PEAS and provided an estimate of how many athletes in all sports used performance enhancing drugs. The results showed that both judgement and intention were significantly related to attitudes to performance enhancing drugs. Participants with a higher level of moral functioning had more negative attitudes towards performance enhancing drugs. In addition, their estimates of performance enhancing drug use were lower than those of participants with a lower level of moral functioning. The results of this study suggest that moral functioning may play a role in the decision to use performance enhancing drugs. It may thus be possible to develop training programs (similar to those found to have been effective in changing attitudes in other sporting contexts) that aim to educate young athletes and thus deter future drug use. Future research should assess the relationship between morality and actual drug use, as well as identifying the antecedents of moral functioning.



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**Motherhood choices in women with Rheumatoid Arthritis: Preliminary data on the effectiveness of a Decision Aid Resource**

*Tanya Covic and Lisa Hallab (University of Western Sydney), Louise Sharpe (University of Sydney), Diana Aspinall (Arthritis NSW) and Nicholas Manolios (University of Sydney)*

Planning a family is a significant decision made in the context of personal, relationship, family, social and occupational considerations. For women with rheumatoid arthritis (RA), a debilitating chronic condition, there is an additional challenge of negotiating that decision in relation to their RA management and the impact of RA on their pregnancy and parenting abilities. This paper reports on the effectiveness of a newly developed evidence-based decision-aid (DA) resource for women with RA. The DA aims to facilitate a shared decision making process and increase women's knowledge and confidence in decision making with respect to their health, needs and values. A randomised controlled study was conducted with women with RA who were recruited nationally and internationally via rheumatology clinics and arthritis websites. Effectiveness of the DA was measured with a pre and post intervention survey on demographic, mood, decisional confidence and RA self-efficacy and knowledge indicators. Preliminary results of this study will be discussed in relation to women's experiences and changes to the levels of RA knowledge and decisional confidence. Previous studies have found DAs to be effective resources across a range of health-related situations. Our study supports the need for such a resource for women with RA and the potential to inform their decisional processes within individual value systems and situational factors.



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## **Moving from rational to irrational modelling: Predicting alcohol consumption**

*Kayla Morris (James Cook University) and A. Swinbourne (James Cook University)*

Traditional health behaviour models (eg. Theory of Planned Behaviour) rest on the assumption that behaviour is the result of a deliberate, rational decision-making process. These 'rational' models however fail to account for the situational influences of behaviour. Thus, the ability to explain spontaneous, irrational behaviour such as binge drinking is limited. A more appropriate theoretical framework has been outlined by Gibbons and Gerrard. The Prototype Willingness Model (PWM) accepts that behaviour is not always rational and may be influenced by a number of situational factors. Through the inclusion of an 'irrational' pathway to behaviour, the PWM has had success predicting health risk behaviours such as binge drinking, which are more likely to be subject to situational influences. The current study aimed to compare the Theory of Planned Behaviour (TPB) and the Prototype Willingness Model's (PWM) ability to predict alcohol consumption within an adult sporting sample ( $M= 30.15$  years,  $SD= 12.48$  years). Participants completed either a paper- or web- based anonymous questionnaire. The total sample ( $N= 319$ ) included males and females from team and individual oriented sports. Sport type comparisons highlight the contrast between the social nature of team sports and individual sports where social pressures to consume alcohol may not be as prominent. Overall, team sports people's quantity of alcohol consumption was significantly greater than individual sports people's. Multiple Regression Analyses (MRAs) were conducted to examine the TPB and PWMs ability to predict team and individual sports people's quantity of alcohol consumption. As expected, the results suggest that the prototype was more salient for team sports people where hazardous alcohol consumption and prototype perceptions were significantly positively associated. The current study has highlighted the association between prototype perceptions hazardous alcohol consumption. Risk behaviour goes beyond the scope of rational forethought, thus the frameworks we employ must also acknowledge this. The important aspect of the PWM is that it provides a more enriched model upon which interventions can be based. It goes beyond the TPB by including social mechanisms that influence behaviour. Future research should now focus on manipulating prototype perceptions in an attempt to reduce hazardous alcohol consumption.



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## **Parent visions of the interface between health and education: What does this mean for practice?**

*Evelyn Bowtell (University of Melbourne), J. Green (The Royal Children's Hospital, Education Institute; Department of Paediatrics and Melbourne Graduate School of Education, The University of Melbourne; & Murdoch Children's Research Institute), R. Aroni (Department of Health Social Science, School of Public Health and Preventive Medicine, Monash University) and S. Sawyer (Centre for Adolescent Health, The Royal Children's Hospital; Department of Paediatrics, The University of Melbourne; and Murdoch Children's Research Institute)*

There is now a substantial burden of disease in adolescence from chronic health conditions. The aim of this phenomenological study was to improve our understanding of the interface between health and educational interventions and to better understand how best to support young people with chronic health conditions. Understanding parent experiences could enlighten and inform practice in both sectors. In adolescence, educational participation is central to peer relations, emotional well-being and future financial independence. In Australia, the education sector has emphasized the need for documentation, policy and procedure regarding student well-being, inclusive of disability and health conditions. Yet, students with chronic health conditions can be invisible, complain that schools are not confidential places and/or rely on others to advocate for them. Researchers have called for increased levels of direct communication between doctors and teachers in order to assist students with chronic health conditions. In this study, parents of adolescents with cancer (n=7), anorexia nervosa (AN, n=9) and cystic fibrosis (CF, n=13) were recruited through The Royal Children's Hospital and The Peter MacCallum Cancer Center, Victoria. Participant recruitment is ongoing. Audio-recorded in-depth interviews were conducted and transcribed verbatim. Content and thematic analysis was conducted on the transcript data sets. Preliminary findings indicate strong themes irrespective of disease type, as well as key disease-specific observations. Most parents invested substantial time educating schools about their child's condition due to perceived lack of awareness of key issues among staff. Parents often operated as the only interface between the medical and educational sectors. Some parents of adolescents with AN reported that they either decided or were coerced by their child to not inform the school of the diagnosis or student needs. Student Health Plans were frequently underutilized across all types of schools and all conditions. Few parents reported utilization of school-based psychologists, yet

school psychologists can be critical in supporting students with a chronic condition. Our findings have significant implications for support in health and educational settings of chronically ill adolescents.



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**People with an acquired brain injury and the criminal justice system**

*Nick Rushworth (Brain Injury Australia)*

Local and international surveys of both head injuries with loss of consciousness and chronic substance abuse are suggestive of high rates - between 40 and 80 per cent - of acquired brain injury (ABI) among detainees in juvenile justice and adult corrections. While the problems of cognition and behaviour specific to ABI place offenders at high risk of re-offending and re-incarceration, ABI receives low recognition and attention throughout the criminal justice system. This paper will summarise the findings of Brain Injury Australia's policy paper on people with an ABI and the criminal justice system recently completed for the Australian Government, including: new, detailed information on prisoner cohorts from three Australian jurisdictions; results from the application of newly-developed Australian ABI screening tools; and the availability, and efficacy, of programs in behaviour management and modification.



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### **Positive psychological capital and self-perceived workplace effectiveness**

*Richard Hicks and E. Knies (Bond University)*

There has been a growing interest in 'psychological capital' among employees and employers over the past decade. The value to the organisation of Positive Psychological Capital (PsyCap) is thought to be high, but few studies have been conducted to demonstrate that this is the case. PsyCap can be assessed in a number of ways but a new measure incorporating perceptions (facets) of self-efficacy, optimism, hope and resilience of employees, the Psychological Capital Questionnaire (PCQ), appears directly useful. How would employees in an international organization in three different countries respond to the questionnaire and to perceptions of their own performance (self-efficacy)? This current paper related PsyCap scores to perceived self-effectiveness scores across a cross-cultural convenience sample of 183 employees in the international organization, covering Europe, America and Asia. Preliminary support for the generalisability of PsyCap in predicting employee effectiveness across cultures was also found. Cultural differences were also detected on the overall PsyCap scores and the scores on the four facets. Assuming self-perceptions of efficacy in performance are related directly to actual performance (for which there is some evidence), these findings suggest that positive psychological capital attributes help increase the productivity of organisations; management might well give attention to organisational human resource strengths to help maintain competitive advantage.



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**Posttraumatic growth through reparation with 'self': Redefining primary and secondary complex traumatic distress in humanitarian aid personnel**

*Lynne McCormack (University of Canberra) and Stephen Joseph (University of Nottingham)*

There is a paucity of research into the experiences of humanitarian aid workers exposed to modern global conflicts and catastrophic disasters. Little is known of how they make sense of any personal moral doubt they may experience as a result of being present or witnessing horrific events. Yet exposure to complex trauma may result in a combination of primary and secondary traumatic responses likely to affect good humanitarian practices in the field and psychosocial reintegration post-mission. This study explored the experiences of two humanitarian workers who were exposed to multiple international crises including genocide. Semi-structured interviews were conducted and data were analysed using Interpretative Phenomenological Analysis (IPA). One theme: Humanitarian growth through reparation with the self overarched five subordinate themes. Four of the subordinate themes highlighted the 'lived experience' of protracted distress, isolation, shame, and resultant high risk behaviours for many years; the fifth theme described a lone journey to find meaning in their lives and redefine healthy altruistic identities. Of interest are the domains of empathy and self acceptance leading to self forgiveness following the shame of perceived failure. Results suggest that post-mission reintegration processes and the maintenance of healthy altruistic identities are important determinant of psychological wellbeing. Therapists have the opportunity to facilitate meaning making leading to redefined moral integrity and growth following exposure to complex traumatic events. Similarly, as positive social support is known to deter the development of posttraumatic responses, organisations' duty of care in providing post mission reintegration protocols for humanitarian returnees can enhance post-mission psychological wellbeing and readiness for redeployment.



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## **Predictors of positive development in emerging adulthood**

*Meredith O'Connor, Ann Sanson, M. Hawkins, P. Fletcher (University of Melbourne), J. Toumborou (Deakin University), D. Smart and S. Vassallo (Australian Institute of Family Studies) and C. Olsson (Deakin University, Melbourne Royal Children's Hospital Campus)*

Understanding the characteristics of healthy psychosocial functioning is a fundamental task for the science of human development, and is a particularly salient issue during the transition to adulthood. Emerging adulthood extends from the late teens to the early twenties and is defined by extensive variability and role exploration, without clear normative expectations. As such emerging adulthood is both a period in which the incidence of risk behaviors and mental health problems is relatively high and a window of opportunity for positive change in life course trajectories. The capacity of young people to successfully take up adult roles as they transition to adulthood is of great social and economic importance to individuals, communities, and societies. Yet, empirical knowledge about how best to foster the conditions for positive change is currently lacking. This presentation will present data on modifiable child and adolescent antecedent factors that promote successful development in emerging adulthood, including individual characteristics, relationship factors, and connections to the community. The sample consisted of 511 males and 647 females who participated in the Australian Temperament Project (ATP) 13th data collection wave at age 19-20 years. The ATP is a representative longitudinal study that has followed young people's psychosocial adjustment from infancy to early adulthood. A multidimensional construct of positive development at 19-20 years was identified using structural equation modeling, incorporating the domains of social competence, life satisfaction, trust and tolerance of others, trust in authorities and organizations, and civic action and engagement. Results from a path analysis showed that higher levels of positive development in emerging adulthood were associated with stronger family and peer relationships, better adjustment to the school setting, higher family socioeconomic status, and better emotional control in childhood and adolescence. Some significant gender differences were observed, with good control of emotions, strong relationships with parents, and community orientation all being slightly more relevant to young men's positive development. The findings provide possible targets for child and adolescent interventions to promote positive development in early adulthood.



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**Preventing drug and alcohol misuse in culturally and linguistically diverse communities: A systematic review and informant reflections**

*Jessica Browne and Andre Renzaho (Deakin University), R. Ramsden (Australian Drug Foundation)*

Culturally and linguistically diverse (CALD) communities in Australia face many health challenges. One of these challenges is a vulnerability to alcohol and other drug (AOD) misuse due to acculturative stress and socioeconomic disadvantage. Mainstream AOD prevention interventions are not optimally effective for CALD communities, and thus the development and implementation of targeted AOD primary prevention interventions for CALD groups is a priority. It is critical that the design and implementation of such interventions draw on the existing evidence base, and to date no systematic review of the relevant literature has been published. Our aim was to synthesise the available evidence to enable practitioners and researchers to more effectively and efficiently consult the evidence-base for the primary prevention of AOD problems in CALD communities. We systematically reviewed alcohol and other drug (AOD) primary prevention interventions in culturally and linguistically diverse (CALD) communities. Only studies that were outcome-evaluated and of sufficient methodological quality were included in the review. Four databases were searched; nineteen articles (16 studies) met the criteria. Only eight (50%) studies reported positive results on at least one key outcome measure (e.g., substance use frequency, intentions to use). Studies that were grounded in psychological and behaviour change theory (particularly social cognitive theory), and/or those that included a family functioning component demonstrated better outcomes than studies that did not have these attributes. Most studies were conducted in the United States; none were conducted in Australia. Structured interviews with five Australian key informants with expertise in refugee health, and/or AOD prevention were conducted to obtain their reflections on the findings of the systematic review. Informants confirmed that AOD primary prevention was a priority for CALD communities in Australia. They stated that outcome evaluation of AOD prevention initiatives in the community was challenging due to lack of resources (e.g., funding). We conclude that the paucity of evidence in an Australian context may limit the effectiveness of AOD preventive practice amongst CALD groups. Outcome evaluations of AOD programs should form part of the funding and service agreements between the government and AOD service providers.



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**Process Experiential Emotion Focused Therapy - A discussion of peer supervision “in-mode”**

*Melissa Harte (Centre for Emotion Focused Therapy), H. Johns (Private Practice) and Shona Tudge (Private Practice)*

Supervision is increasingly being required of trained psychologists to promote high quality counselling, continuous learning and psychological health. Group supervision models can provide invigorating and challenging professional development opportunities, allowing practitioners to enquire, observe, practise and learn in ways that cannot be achieved in one-on-one supervision. Five Melbourne psychologists with varied backgrounds reported on how they successfully used the Process-Experiential Emotion-Focused Therapy (PEEFT) approach to enhance their counselling skills within a peer supervision framework. Monthly meetings were held in an informal setting for approximately two hours. The structured format comprised discussion on preparatory reading, analysis of issues from case examples and a practical exercise. PEEFT methodology requires the therapist to notice and track the client’s emotional and physical sensations using an empathic, client-centred, interventionist approach. Individuals self select as supervisor, therapist or observers according to ‘what is emotionally present’ and participate in triad work. Within a safe and respectful environment practitioners practise PEEFT techniques, reflect and give feedback on the process while remaining “in-mode.” Theory is applied in a sensitive, honest and supportive manner during evaluation. A heightened sense of self awareness, self-efficacy and satisfaction amongst all psychologists was reported. This outcome demonstrates that the PEEFT model of supervision provides an innovative, effective and satisfying model of training and supervision for psychologists in various counselling roles.



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### **Prototypes as a screening tool for mental illness**

*Richard Ziolkowski*

The need for fast, accurate mental health screening tools is vital in the current health care environment. Recently the utility of prototypes as a screening tool has been investigated. Participants are asked to what degree they self-identify with a vignette describing an individual with a mental illness. Responses are recorded on a Likert scale where high self-identification is hypothesised to correspond with a high likelihood of meeting the diagnostic criteria for the illness described. The study reported here compares the efficacy of prototypes with existing screening tools for anxiety and depression, but also explores the effect of stigma and literacy on the likelihood of participants self-identifying with the prototypes. This study advances our understanding of the factors leading to accurate self-identification of mental illness.



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**Promoting self-efficacy for the unknown future – what can be done in an undergraduate curriculum?**

*Wincy Chan (University of Hong Kong)*

Social cognitive theories explained human behaviours as a function of the interaction between the environment and personal beliefs. Learning theories explained (generic) learning outcomes as a function of the interaction between student perceptions of the learning environment and their learning approaches. Research dealing with generic graduate attributes (such as fostering abilities to tackle unfamiliar situations) and that dealing with social cognitive theories (such as self-efficacy for self-regulated learning and for handling uncertainties) have proceeded in parallel with little cross-over of ideas. The purpose of the present study was to bring together the two lines of research in attempt to illuminate the less empirically supported generic graduate attributes research by the theoretically rich literature of social cognitive perspectives. A survey was developed based on the findings of a prior interview study on students' conceptions of generic skills development. Survey items included students' perceptions of the learning environment; approaches to learning; social cognitive skills such as communication, critical thinking, problem orientation, goal setting, and coping; and learning outcomes including course grades and self efficacy for self-regulated learning and for handling uncertainties. 327 undergraduate students completed the survey. Path analysis were used identify relationships among the variables. Findings suggest relationships among perceptions of a positive learning environment, deep learning approaches, effective goal setting and communication skills, self-regulated learning, and self-efficacy beliefs. On the other hand, passive coping strategies were found to be associated with surface learning approach and poor generic learning outcomes. Course grades were not identified as a significant learning outcome. The study identified a number of social cognitive skills that could help the development of self efficacy for self-regulated learning and for handling unknown situations. In particular, being able to set and achieve goals and communicate effectively were found to have a positive effect on students' self-confidence of handling unknown situations and taking initiatives to learn. These are important qualities of a university graduate of the twenty-first century that embraces learning for and from changes. Implications will be discussed.



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**Psychoneuroimmunology - From theory through research to practice**

*Gary Fulcher*

Psychoneuroimmunology (PNI) has been a field of scientific and clinical endeavour for little more than half a century. Its reputation has waxed and waned mainly due to a mismatch between research focus on PNI processes and clinical need for useable treatment approaches. This paper evaluates PNI from theory, through its research roots to its applicability in practice, using multiple sclerosis (MS) as the disease model. The theoretical and research evidence is reviewed and summarised. The paper outlines the endocrino-, immuno- and neuro-chemical theories and bases of PNI in simple language for practitioners. Following that explanation is an evaluation of the research evidence for the effects of psychological stress on MS disease activity and progression. The final presentation describes how the theories and the research evidence combine to shape the psychological treatment applications being used in MS and the early evidence for their success. This paper demonstrates, using (MS) as the disease model, that PNI theory has led to fundamental and applied research to develop applicable treatments for use in practice. It also shows that the scientist-practitioner model has led to a theory/research/applicability feedback loop that maintains the science of the discipline.



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## **Psychological discriminators of successful flat-water canoeing performance**

*John Gross (University of Queensland), Juanita Weissensteiner (Australian Sports Commission) and J. Gross (Australian Institute of Health & Welfare)*

This study aimed to identify and investigate the favourable mix of psychological skills and characteristics critical to successful performance in flat-water canoeing. First, utilising a qualitative methodology incorporating semi-structured interviews with canoeing 'experts' which included experienced and successful High Performance coaches and former elite athletes, a number of attributes were identified as primary contributors to elite performance. These included mental toughness, coping skills, confidence, anxiety control, motivation, adaptive perfectionism and the adoption of psychological skills and strategies. Second, based on these findings, a battery of matching psychological inventories all of which possessed strong psychometric properties were administered to 106 canoeing athletes (male and female) of varying skill level in order to identify discriminating skills and characteristics. This cohort included 66 'pre-elite' level athletes from the Australian Sports Commission National Talent Identification and Development Canoeing Program (age range -13 to 25 years), and 40 'recreational' athletes from a local ACT canoeing club (age range - 17 to 63 years). Results indicated that the pre-elite level athletes were characterised by greater degree of mental toughness, commitment, motivation, adaptive perfectionism, use of psychological strategies, and interestingly, a greater experience of anxiety. Further analyses employing stepwise discriminant function, revealed eleven key factors which best differentiated between the two groups, with the generated model accurately predicting group membership at 96.1%. Practical implications specific to athletic development and performance and directions for future research employing a pluralistic and multi-dimensional approach will be discussed.



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**Psychological factors associated with Facebook use among Australian university students**

*Jason Skues and Ben Williams (Swinburne University of Technology)*

Previous research has found that psychological factors such as the “big five” personality traits, narcissism, loneliness, and shyness influence how individuals use social networking sites such as Facebook. A major limitation of many previous studies is that they examine such factors in isolation, most frequently by simply comparing group means. The purpose of this study was to investigate the psychological factors associated with self-reported Facebook use among Australian university students using structural equation modelling (SEM) to examine the simultaneous effects of multiple individual difference factors. The results are presented, and implications for the development of a screening tool for maladaptive Facebook use are discussed.



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**Reaching out: The benefits of providing a culturally competent psychotherapy service to an Aboriginal community**

*Stephen Meredith (Child and Adolescent Mental Health Service, South Australia), Nylanda Ma (University of Adelaide), Y. Clark (University of Adelaide) and H. Wyld (Child and Adolescent Mental Health Service, South Australia)*

Ngartunna Patpangga is a child and adolescent mental health service for the Aboriginal community of southern metropolitan Adelaide. It is a part of the local community-based Child and Adolescent Mental Health Service (CAMHS), but has been modified to meet the needs of the local Aboriginal community as a result of consultations with members of that community. The aim is to provide a service that is culturally sensitive and culturally safe, thereby overcoming barriers to the use of mainstream CAMHS services by Aboriginal families. In this presentation we describe the model of service delivery employed by Ngartunna Patpangga and a research study whose purpose was to explore the help-seeking behaviours and treatment experiences of carers of Aboriginal children who used the service. Semi-structured interviews were conducted with 12 carers and the data were analysed using thematic analysis to reveal common themes. The results indicate that, while carers initiated the search for help for their children, they usually found their way to Ngartunna Patpangga as a result of initial discussions with workers from other services, such as teachers, social workers and doctors. When offered a choice, all chose the Ngartunna Patpangga rather than the mainstream CAMHS service. Carers reported a range of positive outcomes as a result of using the service, both for their children and for themselves and their family. Carers were particularly appreciative of the outreach model of service delivery, the cultural competence of the therapists and the focus on providing support for the carer as well as the child. Many recommended the service to other carers of Aboriginal children. The implications of these findings are discussed in terms of how culturally competent mental health and other services for the Aboriginal community can be developed and delivered.



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**Red Blood Cell Essential Fatty Acid Profile of children with ADHD and Autism and their relationship to behavioural measures.**

*Jacques Duff (Behavioural Neurotherapy Clinic)*

In recent years evidence has emerged to suggest that neurodevelopmental disorders such as Autism and ADHD are associated with nutritional factors that play a part in their development, treatment and prevention. The central nervous system is rich in long chain polyunsaturated fatty acids (PUFA), in particular, the n-3 fatty acid docosahexaenoic acid (DHA) which comes primarily from oily fish consumption. DHA makes up 30% of the dry volume of brain cells, plays a primary role in laying out optimum myelin sheath on neurons, and concentrates in synapses where it modulates the synthesis, transport and release of neurotransmitters. DHA is therefore critical for the intellectual growth and development of the brain. The consumption of n-3 from fish, and other essential micronutrients required for the metabolism of PUFAs has declined in western diets making some genetically predisposed children more vulnerable to Autism, ADHD and other neurodevelopmental disorders.



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**Relationships between depression and physical activity, fitness and fatness among children of the Lifestyle of our Kids (LOOK) longitudinal study**

*Lisa Olive, R. Cunningham, R. D. Telford and D. Byrne (Australian National University) and R. M. Telford (University of Canberra)*

Physical activity and fitness are associated with reduced symptoms of depression, whilst obesity is positively associated with depression. Consequently, physical activity may prove to be an effective, inexpensive treatment of depression. However, little is known about these relationships among children and limited longitudinal evidence exists. Moreover, previous studies have failed to account for potentially confounding effects of these physical measures on each other. The present study examined both between-child (cross-sectional) and within-child (longitudinal) relationships for depression with physical activity, fitness and percent body fat (%BF) whilst accounting for the potential confounding effect of each physical measure on the other. Data from the Lifestyle of our Kids (LOOK) study involving 723 children from 29 elementary schools were analysed. Participants completed assessments in grade 2 and grade 6. The Children's Depression Inventory was administered in class groups. In addition, the 20m multistage run was used to estimate fitness; physical activity was measured using pedometers, which children wore on their hip for seven consecutive days, and body composition was measured using dual energy x-ray absorptiometry from which %BF was calculated. Data were analysed using general linear mixed modelling to determine relationships at the between-child and within-child level. After adjustment for initial scores, gender, grade and socioeconomic status, relationships between depression scores with physical activity and fitness were significant and negative, and were significant and positive for percent body fat. Further adjustments for %BF on physical activity and fitness did not effect the association between depression and fitness but the association between depression and physical activity was no longer significant. Similarly, after further adjustments for fitness on %BF the association between depression and percent body fat was no longer significant. Our findings suggest that children engaging in higher levels of physical activity and of greater fitness and lower levels of fatness report fewer depressive symptoms. However, only fitness was independently related to depression. Although causation can not be inferred, our findings support the premise that increasing fitness may be beneficial in the treatment of depressive disorders in primary school children and warrants further investigation.



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**Relocation to a retirement village: Investigating the impact on health, wellbeing and social connection**

*Dimity Crisp, Kaarin Anstey, T. Windsor and P. Butterworth*

The increased ageing of the population has highlighted the importance of research into issues surrounding appropriate housing for older adults and the psychosocial resources that promote successful adaptation to significant later-life transitions, such as residential relocation. Specifically, the transition from living within the community to a retirement village may have important consequences for the mental health, well-being and social relationships of individuals in later life. The aim of the present study was to examine the initial experience of relocation in addition to longer term adaptation to retirement village life. The present study employed a prospective longitudinal design to obtain both quantitative and qualitative information concerning the transition of 83 older Australians (aged 57-90 years) to independent living units within a newly constructed retirement village. Residents were followed for 12mths to examine the impact of relocation on health, subjective well-being and social network outcomes. Comparisons are drawn with an additional sample of community residing older adults. While the move is described as highly stressful by residents, reported reductions in feelings of loneliness and isolation, and the positive impact of relocation on increasing social networks comprised of neighbours, emerge as the greatest benefits awarded to residents over time. Identifying the issues and experiences of residents is important for the monitoring and continued improvement of housing options for older adults. Recommendations are made with the aim to inform policy in areas such as housing and identify key factors contributing to an individual's positive relocation experience and mental health in ageing.



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**Revitalising the link from theory to practice: Personalising the evidential connection**

*Neil Rodgers (University of Canterbury)*

Research indicates that a) the actual clinical practice of newly graduated psychologists is more informed by their pre-training beliefs and values than their post-graduate professional training, and that b) there is often a considerable discrepancy between their observed practice and their articulated allegiance to a theoretical framework. Few practitioners engage in or even read research. I suggest that this is because most graduate programs make very little effort to integrate the professional knowledge and skills that they impart with the personal values, beliefs and experiences of their students. In this paper I undertake an integrative review of the literature and propose a reinvigorated model of graduate education that challenges the traditional sequencing of psychology programs and that builds the professional skill base of students on the sturdy foundations of the reflexively examined personal. I propose that situating the personal at the heart of the professional in graduate programs leads to the revitalization of the evidential link between theory and practice, and the consequent development of well integrated, motivated and burn-out resistant research-practitioners.



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**Silenced: Pregnant women, unsolicited attention, and their self-positioning**

*Whitney Darlaston-Jones (University of Notre Dame)*

Historically motherhood has been revered as a sacred rite of passage due to its purpose of continuing both the species and the culture of the community in which the child is born. Therefore pregnancy becomes an object of concern for the community. Consequently people can come to see themselves as 'societal supervisors' who ensure the mother does pregnancy the 'right' way and complies with the rules and norms of society. Since the early twentieth century the hospital based medical model has been the dominant pregnancy pathway within Australia. This model is primarily concerned with the health of the foetus, therefore the mother's role is that of the incubator, which can cause women to feel sidelined. Due to the perceived responsibility of the community to ensure the health of the child, family, friends, medical professionals and strangers often engage in unsolicited and unwelcome attentions towards the pregnant woman. Often the impact of these social interactions and societal discourses of motherhood on pregnant women are overlooked or ignored completely. This serves to construct a complex environment in which women may struggle to find a place where they feel empowered as mothers to be. The project reported here, critically analysed how women experience and perceive unsolicited attention and how they positioned themselves within society as a result. Eight women in their second and third trimesters were interviewed with transcripts analysed using a thematic analysis within a critical feminist framework. Results indicate that every woman operated within a social discourse that she felt silenced her views and desires. These women felt they were silenced during pregnancy in regards to having the inability to make genuine choices about their care, free from critique. They also perceived the silence in terms of having the inability and lack of freedom to express their views on unsolicited and unwelcome interactions. Considering the potential repercussions of silencing it is crucial to understand how women negotiate their changing social position from an individual to a pregnant woman who is now considered public property.



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### **Spiritually Modified Cognitive Behavioural Therapy: Working with Christian Clients**

*Christina Comely*

While Aaron Beck developed Cognitive Behavioural Therapy (CBT) from an evolutionary framework, unlike some other schools of psychology such as Behaviourism, it is not incongruent with a Biblical framework. Many Christian clients have a deep distrust of psychology. If Bible verses and principles they are familiar with can be drawn on in therapy this distrust can be minimized. The Bible frequently mentions cognitive restructuring, dysfunctional schemas and maladaptive core beliefs but uses different terminology. For example, the proverb 'as a man thinks in his heart so is he' encapsulates CBT principles. CBT worksheets can easily be adapted to include 'anchors' – core scriptures to help the shift in belief. Outcome research recognises CBT as arguably the most effective treatment available for anxiety and depression. Incorporating the power of scripture into the daily fight against negative automatic thoughts can make CBT an even more powerful tool to use with Christian clients in the fight against depression and other mental health disorders.



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## **Sun-protection and exposure among young women: Comparisons of various tanning behaviours**

*Ashley Day, Rachel Robert and Melissa Oxlad (University of Adelaide)*

Skin cancer is a major public health issue in Australia, with over 1,800 deaths reported each year (Cancer Council, 2010). Despite a large number of public health campaigns promoting sun-protective behaviour and a reduction in sun-exposure, incidence of skin cancer continues to rise, particularly among young women. Alternatives to traditional outdoor tanning have become available through technological advancements, enabling individuals to achieve a tanned appearance through the use of fake (chemical) tans. It is important to explore the similarities and differences between different types of tanning in order to better identify specific factors to be targeted in health promotion campaigns for each type of tanning behaviour. The current study investigated differences in sun-related behaviours (i.e. sun-protective and sun-exposure behaviours) amongst outdoor-tanners, fake-tanners and tan-avoiders in a sample of young women. The sample comprised 292 female participants, including 188 undergraduate psychology students from the University of Adelaide, and 104 members of the public. The age range was 18-26 years ( $M = 20.49$ ,  $SD = 2.40$ ). Participants completed a questionnaire addressing their tanning behaviour, sun-related behaviours, skin cancer knowledge, skin cancer illness perceptions, appearance motivation, skin type, and demographic information. A small number of psychological factors were found to be significant predictors of sun-related behaviours amongst the whole sample, however different predictors were observed for each of the tanning behaviour sub-samples. Fake-tanners had significantly fairer skin than outdoor-tanners ( $t(88) = 6.35$ ,  $p > .001$  (two-tailed)) with a large effect ( $r = .56$ ). Although fake-tanners reported higher sun-protection levels than outdoor-tanners ( $t(88) = -2.84$ ,  $p = .01$  (two-tailed),  $r = .29$ ), their sunburn levels did not differ significantly. Fake-tanners also reported having significantly more sunburns than tan-avoiders ( $t(115) = 3.46$ ,  $p < .001$  (two-tailed),  $r = .31$ ). Limitations of the current research are discussed and suggestions for further research are provided. The findings of this study suggest that health promotion campaigns need to be better targeted. Given differences in sun-related behaviours between tanning behaviour groups, the present research indicates that a 'one-size fits all' approach to skin cancer prevention may not be appropriate.



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**Supervision outcomes: Supervisor and supervisee perspectives**

*Jan Grant (Curtin University) and Margot Schofield (La Trobe University)*

Clinical supervision is a widely used method of developing professionally competent practitioners, but little is known about its impact on practice. This paper examines supervisor and supervisee perspectives on the impact of supervision on practice, on clients and on supervisees. The paper presents data from a qualitative project based on intensive interviews and reviews of videotaped supervision sessions with 16 supervisor-supervisee dyads. The supervisors were a purposive sample consisting of senior members of the profession with considerable expertise in supervision. Interviews were first conducted with supervisors on their theory of supervision and application of that theory in practice. Then a video of a supervision session was reviewed with the supervisor and then independently with the supervisee. Using the IPR method, supervisors and supervisees explored their reflections on the session. The paper presents data on the perceived impact of supervision on clinical practice, on supervisees, and on the client. Similarities and differences between supervisor and supervisee perspectives are explored.



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### **Supervisors' and students' experiences of Honours supervision in psychology**

*Wendy McKenzie and Sally Carless (Monash University)*

Completion of a fourth or Honours year in Psychology is a pivotal year as students transition from undergraduate studies to either postgraduate professional or research training. Central to the degree is the requirement that students undertake independent research under academic supervision. Although there has been considerable discussion about the quality of effective Masters and Doctoral level supervisors, there has been scant attention paid to understanding the Honours supervisory experience. In Honours, the research project is completed within much shorter and stricter timelines, by more inexperienced students, and is therefore likely to yield unique challenges for supervision. The aim of the research was to identify behavioural indicators of effective Honours supervision from the complementary perspectives of the supervisee and supervisor. Participants included 27 former 4th year psychology students and 27 psychology academics who have supervised 4th year students. The interviews were conducted by students enrolled in a professional Masters program, using a critical incident and behavioural event technique to identify examples of effective and ineffective supervision. Transcripts of the interviews were coded by the authors according to eight key behaviour categories: 1) expert knowledge; 2) expert feedback; 3) project management skills; 4) flexibility and adaptability; 5) interpersonal skills; 6) supportive behavior; 7) engagement; and 8) professional conduct. Overall, there was considerable common ground identified in the responses of the supervisors and supervisees. The behaviours mentioned most frequently by both supervisors and students were: expert guidance on research design and methodology; providing constructive and detailed feedback; being aware of students' needs; and helping with planning and managing timelines. The largest discrepancies were observed where supervisors mentioned the following indicators of effective supervision more frequently than students: clarifying expectations; empathy and understanding; adapting supervision style; being encouraging and supportive; and responding to changing student circumstances. The findings confirm the importance of expert knowledge and interpersonal skills identified as indicators of effective supervision in research on the postgraduate experience. However, the results also highlight areas of particular importance in the supervision of Honours students, such as providing expert advice on research design and analysis, project management skills, and flexibility in supervision.



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**Systematic case studies of four depressed young women counselled with Process-Experiential Emotion-Focused Therapy (PEEFT)**

*Melissa Harte (Emotion Focused Therapy)*

There is a consensus amongst counselling researchers of a need for investigations that employ collaborated systematic qualitative methodology into “what works” in therapy. Process-Experiential Emotion-Focused Therapy (PEEFT) is an integrative, evidenced-based, manualised, experiential therapy developed in the mid 1980’s by Greenberg, Elliott and Rice. PEEFT emphasises the quality of the client-therapist relationship and offers efficient interventions/tasks to assist clients to deal with emotional experience in the present moment. Experiential treatments have been found to be effective with depression, anxiety and trauma in adults. This presentation reports on a study about in-therapy experiences and treatment effects of four severely depressed young women (20 to 26) counselled with PEEFT. The study investigated “change processes” using established psychometric measures and observations in twelve-session PEEFT treatment modules with the four young women in a naturalistic counselling setting. The design is consistent with the flexible framework, presented by Elliott and Zucconi in 2005, for guiding individual and collaborative research for the international investigation on the effectiveness of person-centred and experiential psychotherapies. Further, this study utilised expanded single case designs that take an interpretive approach to examining client change and its causes. In general, these designs aim to: (1) demonstrate that change occurred, (2) examine the evidence for concluding that therapy was responsible for the change, (3) examine alternative explanations for the change, and (4) examine which processes in therapy might have been responsible for change. A simple thematic analysis highlighted themes of change from the client’s perspective. Clinical significance was determined. After six sessions three of the four young women’s level of depression was measured as within mild to moderate ranges. The fourth young woman experienced an unplanned pregnancy and miscarriage during the therapy but her depression reduced by the end of her sessions. All four women described reduction in other reported concerns and major shifts in their perceptions of themselves and their world view. The systematic case study methodology within a participatory inquiry provided an excellent framework for this research investigation by allowing in-depth personal accounts of the four young women’s journeys through their depression and PEEFT counseling.



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## **The application of sustainability in corporate governance in the public and private sectors**

*Mark England (NSW Casino Liquor and Gaming Control Authority)*

This paper outlines differing approaches to sustainability for organisations across the public and private sectors with a view to achieving improved understanding and hence action for sustainability. A series of internationally aligned Australian standards (ISO) have been introduced associated with increased concern for sustainability. These ISO 1400 series standards focus on means by which organisations may measure and behave sustainably in their environment. The standards are examined together with the published performance aims and outcomes in relation to these standards for organisations across public and private sectors. This is a new era for organisational reporting, decision-making and hence behaviour. Because different organisations operate in different environments the measure and application of sustainable behaviour varies considerably. Organisations operating in the private mining and building sectors differ in their interpretation and application of sustainability reporting compared to organisations in the public human services domain. The result is differing organisational behaviour across sectors in their physical and social environments. In these early beginnings of sustainability reporting organisations across and within different public and private sectors can share and learn from each other. This paper examines similarities and differences across and between public and private sectors in sustainability reporting to facilitate such industry learning and development. A consequence of such sharing is that improved sustainability reporting and hence sustainable action by organisations operating in different sectors may result.



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## **The benefits of Yoga for clients with intellectual disability**

*Latha Nithyanandam and Yuliya Yakovenko (Ageing Disability & Home Care)*

The management of Clients with an intellectual disability has come a long way. In the process the effect of Yoga as a potent technique in reducing the stress levels as well as improving the health of people has received a lot of attention. However, not much scientific research has been done in this field. This study is an attempt to answer 2 questions. i) Can Yoga be taught to clients with an Intellectual Disability and if so how can it be done and the next question attempts to answer, ii) whether Yoga is beneficial for people with ID. 15 clients with a diagnosis of intellectual disability with challenging behaviours were included in this study. They were taught Yoga i.e. a combination of stretches co-ordinated with breathing and sound, once a week for a period of 6 months. The programme was designed individually according to each client's needs. The carers at the centre reinforced the programme on the other 4 week days. A before and after evaluation was conducted on measures like the number of days the client attended the day programme, changes in their Individualized programme plan comprising of domains such as motor, self help, language, challenging behaviours etc. and also changes in individual symptoms that some of the clients had as associated conditions. The observations/ perceptions of the carers were also noted down using a 7 point Likert scale measuring their overall well being. The design was a pre and post quasi experimental design and the experimental group was compared to a matched control group. The research is ongoing and the general trend so far has been noted. In these 3 months there have been significant changes in the health status of the clients by way of improvements in their attendance at the Day programme. There were also significant changes in some of the areas in their Individualized Programme Plans (IPP). The Carers' perceptions taken once a month has shown significant improvement in their well being. Unpredicted results namely changes in many of the associated symptoms that many of the clients had is also emerging. Yoga can be taught to clients with an intellectual disability provided it is individualized and adapted to suit individual needs. As for answering the second question about the benefits, the final conclusions would be made at the completion of the study.



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**The Better Relationships in Every Family (BRIEF) program: A group-families intervention in drug counselling - an overview**

*Glenda Hodge*

In 2003, the Odyssey House Drug and Alcohol Rehabilitation Facility (NSW) embarked on an innovative psycho-educational program involving families as well as residents. The rationale for the program was based on long-standing research that found those who successfully overcame drug or alcohol abuse most often have family support - yet families have traditionally been overlooked in the rehabilitation process. In 2003 the author was invited to write and conduct a group family therapy program for Odyssey House. Overall, the techniques employed in the six two-hourly sessions allow participants to open up and communicate their feelings, build rapport and trust (and have fun), while learning ways to improve and build on their relationships. Areas covered in the BRIEF program include communication skills; family relationships, roles and responsibilities; self-esteem and trust building; managing conflict; coping with grief and stress; and the family as a team – moving forward. The program makes use of a number of unique interactive techniques and activities that will be outlined in the paper. Both pre- and post- data has been collected and analysed in the years since the program began, indicating that the BRIEF program is beneficial in the rehabilitative and reconnecting process.



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**The clinical utility and ecological validity of Neurofeedback Training as a treatment modality for Attention Deficit Hyperactivity Disorder**

*Melanie McKenna (University of Southern Queensland) and Michelle Aniftos (Myline Street Mental Health)*

Neurofeedback training is a form of treatment that works on the principles of operant conditioning to assist clients in regulating activity in the brain. During the past 40 years, neurofeedback training has been gaining momentum as a viable treatment modality for the symptoms of Attention-Deficit Hyperactivity Disorder (ADHD), as those utilising the treatment learn to decrease impulsivity and enhance their capacity for sustained attention. The present study utilised the archival data of fourteen participants held by a local clinician and investigated the clinical utility and ecological validity of neurofeedback training as a treatment modality for ADHD in a clinical setting. In addition the viability of utilising the current data in a follow up study was examined. This study found improvements in the capacity for sustained attention and impulse control at a statistically and clinically significant level, and improvements in accuracy at a clinically significant level following 6 to 11 sessions of neurofeedback training. Thus, the clinical utility and ecological validity of neurofeedback training for the treatment of ADHD was supported.



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### **The Contextual Modular Group Psychotherapy of Turkish university students**

*Sevgi Guney (Ankara University)*

Contextual modular therapy (CMT) is conducted in modules of six sessions. It includes cognitive behaviour therapy and the exploration of concealed and unconscious issues. In this study the contextual modular therapy ran in a group format to help everyday problems, feelings of isolation, depressive and anxious feelings and difficulties with interpersonal relationships of our students in Ankara University. The aim of the study was to see the effectiveness of the therapy in a group format in Turkish university students. 21 university students aged between 19-21 yrs old from Ankara University participated in the group sessions. Beck Depression and Beck Anxiety Scales were given to the participants as pre and post test application. Although CMT originally consists of 6 modular sessions, the group application of the contextual modular therapy is conducted in 6 modules of 10 extended sessions. Contextual Modular Therapy is a useful therapy method for everyday problems combined with anxiety and depression scores. Participants reported that they found an opportunity to improve their ability to cope with their problems.



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**The development and implementation of a specialised CBT for Early Psychosis service: Achievements and obstacles**

*Antony Kidman and Yael Perry (University of Technology Sydney)*

There is ample evidence to suggest that psychosocial treatments are a beneficial adjunct to medication for individuals with psychosis. Outcomes from studies investigating the use of Cognitive Behavioural Therapy (CBT) following a first episode of psychosis have shown promising results. Despite this, CBT for early psychosis is not yet routinely available as part of standard clinical practice. Aim: The current pilot study aimed to evaluate the feasibility and effectiveness of CBT for first episode psychosis in a community-based setting. Procedure: Relationships were developed with local community mental health teams, general practitioners and psychiatrists to create a wide range of referral sources. Upon meeting eligibility criteria, N = 25 participants were offered up to 20 sessions of individual CBT, as well as additional booster sessions. Clinical assessments of positive, negative and comorbid symptoms, as well as global functioning were taken before therapy, and after six and 12 sessions. Three month follow up assessments were conducted where possible. Results: Findings suggest that participants showed improvements in psychotic symptoms, mood and global functioning. Additionally, a low dropout rate and positive feedback from participants and referrers suggest that the service was highly acceptable. A number of difficulties emerged with regards to establishing the service. Once these were addressed, referrals increased and positive outcomes were observed. Conclusion: CBT for early psychosis can yield positive outcomes when delivered as part of mental health services across a variety of settings. Obstacles to service establishment and provision, and issues pertaining to the translation of laboratory treatment protocols into real world practice, will be discussed.



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### **The effect of mood on the perception of self-report questionnaire items**

*Madeline Pidcock and Jaylene Brinker (Australian National University)*

Self-report questionnaires are a standard method for measuring treatment outcomes within clinical practice. In a clinical setting a person's mood is expected to vary over time. For example, a person seeking treatment for depression should ideally be less depressed following treatment. However, the effect of mood on the way people interpret self-report questionnaires has not been systematically investigated. The aim of this research was to examine whether mood affects the perceived tone of items taken from self-report questionnaires. Using a mood induction paradigm, participants (n=75) were randomly assigned to either a positive, negative, or neutral mood induction condition. Participants completed a baseline mood measure and then rated a series of items taken from questionnaires, before and after the mood induction. Participants rated the tone of the statements as positive, negative, or neutral. Preliminary results suggest that there is an effect of mood on the way people perceive questionnaire items. If mood affects the perceived tone of questionnaire items, this has implications for the potential effect of mood on the way people endorse questionnaire items. Further research is needed in order to determine whether mood may bias participant responses as this may compromise the ability of a questionnaire to measure its targeted behaviour or concept.



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**The effectiveness of an alarm intervention with overlearning for nocturnal enuresis: a naturalistic study at the RMIT University Psychology Clinic**

*Beau Robertson, K. Yap and S. Schuster (RMIT University)*

The RMIT University Psychology Clinic has been treating enuresis in children and adolescents for over 20 years. The predominant treatment for nocturnal enuresis is an alarm based intervention which has been shown to be effective in clinical trials. The current study explored the effectiveness of an alarm intervention in a naturalistic setting where confounding variables are less controlled. In order to aid comparability across studies, a need exists for the reporting of standard outcome measures in enuresis treatment research. The study addressed this need by reporting on treatment variables including duration, success rates, non-compliance, and relapse. The study, involving 126 participants (95 male and 31 female), examined the effectiveness of an alarm intervention for nocturnal enuresis in a naturalistic setting. Treatment included an overlearning component whereby, after an initial dryness criterion was met, additional fluid was consumed in an effort to reduce the likelihood of relapse. Results indicate that treatment significantly reduced mean wetting from baseline levels during both treatment and overlearning,  $F(1.41, 176.10) = 588.54, p < .001, \eta^2 = .86$ . Wet nights per week reduced from a mean of 5.13 (SD = 1.77) during baseline to 1.88 (SD = .85) during treatment, and 0.64 (SD = .60) during overlearning. The initial dryness criterion was met after a median of 42 nights (mean = 49.4, SD = 31.3), with a median of 10.5 wet nights (mean = 16.7, SD = 24.8). The overlearning criterion was met after a median of 20 nights (mean = 32.0, SD = 28.5), with a median of 1 wet night (mean = 4.5, SD = 7.2). Such outcome measures will aid clinicians, parents, and clients in their understanding of what to expect during an alarm intervention, and assist researchers make comparisons across studies. Despite non-compliance issues observed in a naturalistic setting and the use of intention to treat analysis, results indicate the 'bell and pad' alarm to be effective in the treatment of nocturnal enuresis.



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### **The effect of sports on language functions**

*A Au (James Cook University), Q Guan. (University of Pittsburgh), N.Caltabiano. (James Cook University), Marie Caltabiano (James Cook University), P. Rodwell (James Cook University), A. Myatt (James Cook University), & W. Meng (China National Institute for Educational Research)*

The role of the cerebellum in movement, coordination and language processing has been well documented. This study investigated if exercising behaviour (mediated by the cerebellum) is related to participants' reading abilities. Sixty undergraduates (50 female and 10 male) aged between 17 and 65 years took part in various reading and spelling tasks. Information collected included the level and maintenance of physical exercise a participant undertook over time. Results showed no significant difference between the exercise and no-exercise groups for reading, spelling, irregular word reading and reading of phonologically-regular-pseudowords. Participants who exercised more strenuously did not demonstrate higher reading and spelling accuracies than those who did mild or no exercise. Furthermore, those who maintained the weekly exercise routine over a longer period of time did not have higher reading and spelling accuracies than those who maintained the exercise routine over a shorter period of time. The attributes of the participants used might explain the current findings.



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**The forensic anti-doping interview: From theory, through evidence, to practice**

*Stephen Moston (University of Canberra), Catherine Stipis (James Cook University), T. Engelberg (Griffith University) and J. Skinner (Griffith University)*

The history of attempts to eradicate the use of drugs in sport shows that anti-doping agencies have consistently lagged behind the innovations adopted by drug users. The current scientific (biological) approach to drug detection is essentially only effective in detecting occasional and accidental drug users. The Forensic Anti-Doping Interview (FADI) is a structured interviewing protocol designed to detect athletes who have used banned drugs. The FADI consists of a series of questions about drug use (such as asking the respondent to estimate the percentage of athletes who use performance enhancing drugs). Atypical responses are thus possible indicators of deception, thereby identifying possible drug users. It is primarily based on analyses of confessions and denials made by athletes accused of using banned drugs. It also draws on data from large scale surveys, conducted by the current research team, of members of the public (n=2500) and elite athletes (n=600). The development of the FADI is presented as a possible model for the development of a science of investigative interviewing. Current models of interviewing witnesses draw upon a strong theoretical understanding of the workings of memory. In contrast, models for interviewing suspects (e.g., PEACE, The Reid technique) are largely based on anecdotes, opinions, and pseudoscientific justifications. While still in development, the FADI represents a significant conceptual advance on existing models of interviewing since responses by athletes (or “suspects”) can be compared to established norms.



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**The influence of differing anxiety interventions on the pre-competitive anxiety response and subsequent performance of non-elite athletes**

*Nick Nelson (Massey University)*

The aim of this study was to investigate the influence of differing anxiety interventions on the pre-competitive anxiety response and subsequent performance of non-elite athletes (N=29). Experimental research using a short-term longitudinal design saw participants' compete in five cycling individual time trials (ITT) over a period of five months. Pre-competitive anxiety levels were measured immediately prior to each ITT, using the CSAI-2, and performance was measured as the time to complete each of the ITT. Following the first of the ITT, participants were split into three groups. Groups one and two underwent a 10 week, 1 hour per week cognitive or somatic intervention programme respectively, while group three received no intervention. Baseline testing was conducted both prior to the first ITT and post the final ITT to identify other physiological and psychological variables that may impact upon performance. The findings showed a significant difference between groups in performance, with both intervention groups improving compared to no improvement in the control group. Surprisingly, no significant differences were found between groups in pre-competitive levels of either cognitive or somatic anxiety. However, significant differences were found between intervention groups and the control group in levels of self-confidence, with both intervention groups showing increased levels of self-confidence over the five ITT compared to the control group whose levels remained stable. No significant relationship existed between ITT performance and any of the physiological or psychological variables measured during the baseline testing. Overall, support was found that suggested cognitive and anxiety interventions can influence the performance of athletes.



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**The influence of union membership, precarious employment and government sectors on occupational stress, job security and job satisfaction**

*Louise Bennett (Deakin University) and A. Au (James Cook University)*

Over the last three decades workers have experienced a dramatic shift towards neo-liberalism characterised by a reduction of social and public programs and services, deregulation, privatisation, and increased competition in most markets. This transformation of the workforce has led to a rise in occupational stress levels and a significant reduction in union membership. This study examined the differences in occupational stress, job security and satisfaction levels between union and non union members. It also examined occupational stress, security, and satisfaction levels of workers in precarious and non precarious employment, and compared levels between government and non government workers. The study was completed as a fourth year thesis. Therefore it had a small sample size ( $N=57$ ) consisting of participants recruited from the small city of Cairns and James Cook University, and also the Australian Workers Union, and the Department of Child Protection Services. The questionnaire consisted of 4 scales: Occupational Stress Index, Job Security Index, Job Satisfaction Index and Demographic Questionnaire. Results indicated that union members had significantly higher occupational stress than non union members ( $p=0.000$ ). However, there were no significant difference between the two groups in job security and satisfaction. We also found no significant difference in job stress, security or satisfaction levels between workers in precarious and non precarious employment, nor between workers in government and non government sector. The significantly higher stress levels found among union members compared to non union member implies that it be further examined.



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### **The leadership psychological contract: New model and propositions**

*Sebastian Salicru (Curtin University)*

In the current socio-economic environment of unprecedented change and uncertainty, a better understanding of the aspects that impact the relationship between leaders and their constituencies is both important and urgent. This paper integrates the literatures of leadership and the psychological contract (PC) and presents a new relational research-based model of leadership – The Leadership Psychological Contract (LPC). The LPC is based on a model that was initially developed based on Guest's causal model of the PC, and validated via expert interviews within high performance team environments within the Australian infrastructure industry. Psychometric properties of the corresponding survey were developed using a sample of 700 individual responses (including team leaders). The proposed model is arranged in a meaningful and parsimonious manner. It has four components and seven measurable constructs (three independent variables and four dependent variables), which can be captured via a survey. The first component comprises two drivers (the contract makers) and constitutes the leadership promise, also referred to as the nature of the deal. The second component, or delivery of the deal, is the 'health of the contract' and reflects the leader's credibility, and comprises three independent variables: fulfillment of expectations, trust and fairness. The third component is the 'consequences of the contract', reflects the constituency's (followers or collaborators) behaviours, and comprises four dependent variables: affective commitment, satisfaction, discretionary effort and innovation. The fourth component refers to final outcomes (performance and results).



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**The Marlowe-Crowne social desirability scale and the Apollo Profile scales: Producing a new Apollo social desirability sub-scale**

*Richard Hicks (Bond University)*

In the mid-1990s it was recommended that social desirability scales were no longer needed within personality questionnaires. The NEO-PI-R, for example, followed this practice, as did the Apollo Profile developed in the mid-1990s in Australia. The questionnaires have worked well in their respective fields and are used in selection and development in organisations. The Apollo Profile, a mainly online instrument used internationally for these purposes, has proven useful but many organisational managers including human resource managers, have expressed interest in a social desirability scale or similar that would help them spot those who may be faking their responses and getting unfair advantage over some. Though the Apollo Profile was developed with both single-stimulus and forced choice items, thus moderating the effects if any of faking, the interest from the practitioners has remained unabated. The Apollo Profile developed two earlier scales of unusual responses and advised users of the warnings that could be placed on those whose scores were at the extremes of these unusual scales (such scores if consistent, being correlated with potentially maladaptive organisational practices). However, using the Marlowe Crowne social desirability scale (SDS), a new scale of Apollo Profile items that are related to the SDS total scores was developed. The results of comparisons between the new Apollo social desirability scale against the Marlowe Crown scores and/or against other Apollo Profile scales, including the two Unusual Responses Scales – and across different samples-- are discussed. At the point of writing, the new scale appears to be consistently and significantly related to the Marlowe Crowne, the Unusual Responses Scales, and a number of the Apollo Profile personality scales.



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## **The mental well being and utilisation of mental health services amongst young Australians of refugee background living in South Australia**

*Tahereh Ziaian and Helena De Anstiss (University of South Australia)*

Child and adolescent refugees living in Western resettlement countries are widely believed to be at increased risk of mental health problems associated with a range of pre and post-migration stressors, including exposure to trauma, loss or separation from immediate and extended family members, cultural transition and resettlement difficulties, and major disruption to former ways of living. This study investigated the prevalence of emotional and behavioural problems and patterns of service utilisation among 530 refugee children and adolescents aged 4-17 years living in South Australia. Parents and teachers of children aged 4-17 years and adolescents aged 13-17 years completed the appropriate versions of the Strengths and Difficulties Questionnaire (SDQ). With respect to parent-reported SDQ subscale scores, peer problems were the most prevalent for both age groups and hyperactivity the least so. In the 4-12 group, parents gave their children high scores for peer problems and pro-social behaviour and low scores for conduct. In the 13-17 age group, parents generally rated their children high for pro-social behaviour and high for peer problems, emotional difficulties, and impact. In the 4-12 age group, examination of cross-informant agreement between parents and teachers indicated no discernable agreement in their total difficulties ( $r_s = 0.00$ ,  $p = 0.971$ ), pro-social ( $r_s = 0.22$ ,  $p = 0.053$ ), or impact ( $r_s = 0.15$ ,  $p = 0.202$ ) scores. Similarly, in the 13-17 age group, no discernable agreement was found between parents and teachers in their total difficulties ( $r_s = 0.23$ ,  $p = 0.161$ ), pro-social ( $r_s = -0.06$ ,  $p = 0.734$ ), or impact ( $r_s = 0.14$ ,  $p = 0.449$ ) scores. There was also no discernable agreement between adolescents and teachers in their total difficulties ( $r_s = 0.22$ ,  $p = 0.160$ ) and pro-social ( $r_s = -0.08$ ,  $p = 0.634$ ) scores, although there was some agreement in their impact scores ( $r_s = 0.31$ ,  $p = 0.051$ ). With respect to service utilisation, the majority of children and adolescents with emotional and behavioural problems did not access any services at all, whether in the specialist mental health sector or in any of the others sectors where mental health care was provided. Of those found to have either moderate or severe problems ( $n = 46$ ), only 13.0% accessed a mental health service, and among the most seriously affected ( $n = 27$ ), only 18.5% accessed a service in the six months prior to the survey. When children and adolescents did receive mental health care, it was more likely to be from outside the specialist mental health sector, that is, primary health care and school-based services. Establishing refugee mental health and service

utilisation estimates is important for intervention and prevention. The study has practical implications for policy and practice.



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**The national identity, Australian values, and the treatment of outsiders: Historical and experimental evidence of consensus, contestation, and change**

*Winnifred Louis and Fiona Barlow (The University of Queensland)*

This paper examines the way in which the Australian identity and 'Australian values' change in relation to the treatment of "outsiders". We present the results of a series of experimental and correlational studies which explore the construction and contestation of the Australian identity. These studies examine self-report identification and prejudice on an explicit level, and its relation to other identities such as the inclusive human category, or identification as a White/European Australian versus as an Asian Australian. We also present evidence of the racialised construction of the Australian identity on an implicit level, providing data concerning the closer association between White faces and Australian icons and symbols, compared to Indigenous faces. In our research, identification as an Australian is associated with hostile or favourable attitudes to "outsiders" across a range of contexts, including hostility to Asian Australians, asylum seekers, and Indigenous Australians. These associations of social attitudes and the Australian identity are understood in terms of influence processes, and in particular the operation of group norms (standards or rules for social behaviour). The purpose of the talk is to describe a theoretical model of the operation of identity politics to alter conflictual relations between social groups. We close by discussing implications for interventions, and identifying gaps in the literature for future research to address.



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**The Northern Territory Alcohol and Illicit Drug Court Diversion Programs: Clinical perspectives, client outcomes and recidivism**

*Rosemary O'Reilly-Martinez (Northern Territory Department of Justice)*

Court diversions programs operate across Australia however research about treatment efficacy and recidivism is limited. Furthermore recidivism data is often compared to general recidivism. The focus of this research has been to explore client outcomes and recidivism amongst clients who have completed treatment and those who have not; at two years post treatment completion or discharge from diversions programs in the Northern Territory. There are two operational programs, the Court Referral and Evaluation for Drug Intervention and Treatment (CREDIT NT) which was formed in May 2003. This is a 12 week illicit drug pre-sentence court diversion program. This was followed by The Alcohol Court Act 2005 which has been operational since July 2006. These programs incorporate principles of therapeutic jurisprudence and problem solving courts. The primary purpose being to engage offenders in rehabilitation, decrease recidivism, improve offender health and reduce incarceration rates. Eligibility criteria varies between the programs; CREDIT NT clients do not have to meet criteria for dependence whilst in Alcohol Court clients must meet the DSM-IV-TR criteria for alcohol dependence. Several types of Orders may be made in Alcohol Court, clients typically receive a sentence of imprisonment which is often suspended conditional upon the client successfully completing 12 weeks of treatment followed by up to nine months supervision by Community Corrections. Alcohol abstinence is required for the full term of the Order and clients are breathalysed by Community Corrections officers. The CREDIT NT program in contrast is a pre-sentencing program and clients are typically sentenced at the completion of treatment. Treatment options include outpatient counselling, day programs and fully residential programs. There was marked variance between programs. Alcohol Court 77.5% of those who failed treatment re-offended whilst 46.8% of those who completed treatment re-offended. CREDIT NT clients had lower rates of recidivism compared to Alcohol Clients: 44.7% of those who did not complete CREDIT NT treatment re-offended compared with 18.2% of those who completed treatment.



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### **The role of sleep deprivation in the development of postpartum depression**

*Kerry Thomas and Debra Rickwood (University of Canberra)*

Postpartum depression affects approximately 15% of new mothers, although the prevalence is higher in women from some ethnic backgrounds and women with a history of affective disorders. The range of risk factors for postpartum depression is diverse and includes maternal personality and mood factors, financial and work-related stressors, and factors associated with the delivery. Sleep deprivation has been identified as a risk factor for postpartum depression, although the research in this area is limited, and sleep patterns are rarely included in studies on risk factors for postpartum depression. There is evidence from the general population of the bi-directional relationship between insomnia and depression, and insomnia has been identified as both a symptom of and a risk factor for depression, with considerable symptom overlap between the two disorders. Aim. To examine the current state of knowledge on the role of sleep deprivation in the development of postpartum depressive symptomatology. Procedure. A systematic review of psychological and medical databases, specifically Medline, PsycInfo, PsycArticles, Science Direct and Web of Knowledge databases, was performed using the following search terms: postnatal depression, postpartum depression, risk factors, sleep, & fatigue. Results. The sleep of new mothers during pregnancy and the early postpartum period is significantly altered, with lower sleep quality, less total sleep time, and more disrupted sleep. Persistence of this altered sleep pattern for new mothers is associated with the future development of depressive symptoms. Conclusion. There is promising research into the field of maternal and infant sleep interventions, demonstrating that improvements in infant sleep patterns and maternal sleep lead to an alleviation of maternal depressive symptomatology—improvements that remain long after the completion of the sleep intervention. Many new mothers underestimate the effect of disrupted sleep on their emotional health and would benefit from guidance on the impact of sleep deprivation, strategies for gaining more sleep in the postpartum period, and early training in sleep strategies for themselves and their infant in order to facilitate better sleep and subsequently improved mental health and wellbeing for themselves.



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**The role of organisational psychologists in recruitment and selection consultancy in Australia**

*Mark England (NSW Casino Liquor and Gaming Control Authority)*

Recruitment and selection consulting firms are key employers of organisational psychologists in Australia. This paper identifies key skill gaps for organizational psychologists which serve as a barrier to their entering leadership and management positions. An examination of the leadership and management positions of Australian listed organisations providing commercial and professional recruitment and selection services within Australia and overseas shows an absence of organisational psychologists. Organisational psychologists are employed in technical rather than leadership and management capacities within these organisations. In contrast, scientists employed in Australian listed healthcare and biotechnology organisations may progress to leadership and management positions. The contrast between the organisational progression of psychologist and medical research scientists appears to be a function of the response of the host organisations to economic circumstances. The global financial crisis demonstrated that recruitment and selection firms are highly responsive to economic circumstances. This means that the successful leadership and management of recruitment and selection firms require finance and economic skill sets. Evidence indicates that for organizational psychologists to successfully manage and/or lead major listed recruitment and selection consultancies in Australia they need to develop and apply economic and financial skills.



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## **The role of theory of mind and attribution processes in disposition to forgive**

*Philip Chittleborough and Elizabeth Wertheim (La Trobe University)*

The role of perspective-taking in forgiveness has been examined in forgiveness models and empirical investigations, however little is known about the actual cognitive processes associated with perspective-taking that are linked with forgiveness – nor the mental capabilities required to engage in this process. This paper puts forward a theoretical argument that forgiveness is partly a function of an individual's ability to formulate a theory of mind for other people's behaviour. It also argues that forgiveness is more likely if a person has a tendency to make more complex and situational (rather than dispositional) attributions for the behaviour of others. This study seeks to determine whether such associations exist, examining the relationship between disposition to forgive and both the ability to consider another's viewpoint (theory of mind) and the tendency to make complex, situational attributions. Approximately 100 adult participants were recruited through social networks, snowball sampling, and advertisements, and through invitations to university students who volunteered to be placed on a participant registry in a university psychology department. Participants were invited to complete an on-line questionnaire that measures disposition to forgive (using the Heartland Forgiveness Scale), dispositional perspective-taking and empathic concern (using sub-scales of the Inter-personal Reactivity Index), attributional style and complexity related to negative interpersonal events, and theory of mind (the Imposing Memory Task). In the Imposing Memory Task participants read stories and then were tested regarding understanding of the perspective of an individual in the story as well as recall of simple story events. Responses were timed. The paper will report on the data and analyses conducted to date. Analyses will centre around multiple regression analyses predicting forgiveness from dispositional measures, attribution styles, and theory of mind measures including both accuracy of, and time to, recall, controlling for demographic and simple memory measures. Findings from this research will help determine whether individuals with a greater disposition to forgive others for past transgressions have a more developed theory of mind and differ in the sorts of attribution processes following negative interpersonal events. The research will potentially shed further light on some of the mechanisms involved in forgiveness.



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**The social psychology of ‘Making Poverty History’: The role of identity, emotion and beliefs in motivating anti-poverty activism**

*Emma Thomas (Murdoch University)*

Thoraya Ahmed Obaid, Executive Director of the UN Population Fund, is quoted as saying: “If world leaders decide to meet the Millennium Development Goals, I think it can be done by 2015... The question is, is there a political will to make this investment?” One way to increase political will is to have an actively engaged constituency. This paper explores social psychological responses to poverty, with a focus on ways to promote greater collective efforts to overcome poverty and preventable disease in the developing world. We outline three social psychological factors which have been shown to mobilise support for anti-poverty action. These are: meaningful social identities that can mobilise collective action; productive group-based emotions; and group efficacy beliefs. We describe an intervention that aligns these three motivational factors through small group interaction to increase anti-poverty activism.



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### **The wellbeing of adolescents following parental separation**

*Jodie Lodge (Australian Institute of Family Studies)*

The aim of the study was to understand the effect of parental involvement after separation, evident through care-time arrangements, on adolescent wellbeing. The research also sought to understand how adolescent children view their experiences of parental separation, and identify help seeking and support used by adolescents. The study sample was composed of 623 adolescents aged between 12 and 18 years whose parents separated after the introduction of the family law reforms in July 2006 (ages at separation ranged from 9 to 15 years). The study of adolescents was nested within a larger national longitudinal study of separated families in Australia. Socio-demographic information, experiences and opinions of family relationships and separation, help seeking, and measures of wellbeing and adjustment, were collected using telephone interviews with both adolescents and their parents. The results show that while no single post-separation arrangement is in the best interests of all children because of the diversity of families and children's situations, adolescent age and gender were important factors. Other key findings reveal that promoting a warm, secure and trusting relationship with at least one parent is of great importance in helping adolescents adjust to life after parental separation. In addition, the results shed light on what adolescents want in their care-time arrangements, how they express their views, who they turn to for support, their relationships with parents and others, and their understanding of issues concerning parental conflict. The importance of parenting and interparental relationships shown in this study has implications for judicial and counselling practice. Ways in which adolescent adjustment and recovery is likely to be enhanced are also highlighted.



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**Thinking well: Evaluating a psychoeducational group program designed to introduce the basics of Cognitive-Behavioral skills**

*Sarah Cotton and J. Bull (ThinkGroup Psychology) and Heather McCormack (Wattlecreek Psychology)*

As an important adjunct to individual therapy, a six week psychoeducational group program (i.e., Thinking Well) was designed to introduce the basics of Cognitive-Behavioural Therapy (CBT). In providing a framework for discussion, the development and content of this program will be outlined as well as data from a three year pilot study (150 participants treated in 22 groups that combined diagnostically heterogeneous individuals). Encouragingly, evaluation of the program shows a significant improvement in both depression and anxiety as measured by the Beck Depression (BDI-II) and Anxiety (BAI) Inventories respectively. Additional qualitative feedback from participants also provides important considerations for: program refinement; development of an advanced CBT program (i.e., Core Beliefs); and a number of complimentary programs (i.e., Assertive Living and Stress Less). Finally, embedded against the broader empirical support for the group approach, the implications of this research will be discussed in light of the current low uptake of group therapy within Australia (i.e., less than 1% of usage under the Medicare Benefits Schedule initiative ) including a number of practical suggestions designed to address this important issue.



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**Trauma and children post natural disaster: A call to action for all psychologists**

*Steven Little (Massey University) and Angeleque Akin-Little (Behavior, Education, and Research Consultants)*

It is clear that exposure to traumatic events is not uncommon in childhood and adolescence and psychologists, particularly those working in schools should have some training in meeting the needs of this segment of the population. This paper summarizes the incidence of trauma in children worldwide and then discusses interventions for trauma (Trauma-Focused Cognitive Behavior Therapy & Cognitive Behavioral Intervention for Trauma in Schools) which have been empirically validated for use with children and/or adolescents. The authors of this presentation specifically discuss response to trauma post-natural disaster beginning the discussion with data indicating the number of natural disasters worldwide in the last 10 years. A summary of a project (Project Fleur de Lys) which attempted to integrate a 3 tier model into a systematic intervention system for schools in New Orleans post-Hurricane Katrina is also discussed as is the authors' work with the children of Christchurch subsequent to the earthquake there. In addition, the concept of post-traumatic growth, cultural considerations in working with children from diverse societies, and training needs of psychologists working in the schools are addressed.



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### **Trauma training and practice in New Zealand**

*Steven Little (Massey University)*

Courtois and Gold highlight the need for graduate psychology programs in the United States to include trauma-related material throughout the curriculum in order to meet the need for trauma-related services in the population. The need for such training is not limited to the United States however. The intent of this paper is to (a) survey graduate training programs in clinical and educational (school) psychology in New Zealand to ascertain their existing provision of training in working with individuals exposed to traumatic events, (b) discuss the need to increase culturally appropriate trauma-focused training in graduate education in New Zealand, and (c) discuss an existing program provided by the New Zealand Ministry of Education to provide support to schools and children who have been exposed to traumatic incidents. Preliminary data indicate that the training needs of graduate students in psychology in New Zealand closely parallel those in the United States described by Courtois and Gold. The Ministry of Education, however, does provide excellent support in training professionals in the management of traumatic incidents in schools. Unfortunately, these services are focused only on the school community and not individual children who may have been affected by trauma. Recommendations will be made regarding trauma training in New Zealand at both the graduate and post-graduate level to meet the unique needs of the bi/multicultural community in Aotearoa/New Zealand.



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**Treatment evaluation outcomes for clients seen in a private psychology practice through the Better Access (Medicare rebate) scheme**

*Chris Mackey and Laura Capitanio (Chris Mackey And Associates)*

This paper reports on the effectiveness of psychological therapy for anxiety and depression symptoms offered to over 800 clients seen through the Better Access (Medicare rebate) scheme in a specialist private psychology group practice in Geelong, Australia. It provides additional objective evidence to supplement findings from the official evaluation report on the Better Access scheme released in March 2011. Clients were offered a range of clinical psychological interventions consistent with a cognitive-behavioural treatment approach. A range of outcome measures was used to evaluate not only reduction of anxiety and depressive symptoms, but also therapeutic alliance and positive psychological health and wellbeing. Outcome measures used included the Outcome Rating Scale (ORS) and Session Rating Scale (SRS), Beck Anxiety Inventory (BAI) and Beck Depression Inventory (BDI), the Positive and Negative Affect Scale (PANAS) and the Satisfaction with Life Scale (SWLS). In addition to overall findings based on the above measures, data will be presented on the treatment outcomes of over 400 clients diagnosed with a depressive condition in response to psychological treatment, both with and without conjoint treatment with medication. This data offers relevant treatment outcome benchmarks for everyday clinical settings including private practice settings.



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## **Understanding how the satisfaction of basic needs predicts motivation to participate in development opportunities**

*Tony Machin (University of Southern Queensland)*

This study examined the role that satisfaction of three types of basic needs played in explaining two types of motivation to participate in development opportunities. Within Self-Determination Theory (SDT), the satisfaction of intrinsic needs for autonomy, competence and relatedness is considered to be critical in the development of more autonomous types of motivation. The study also included measures of six components of psychological well-being (PWB), including autonomy, positive relations with others, environmental mastery, personal growth, purpose in life, and self-acceptance, in order to evaluate the relative importance of two separate approaches to explaining motivation to participate in development opportunities. A survey of 351 employed persons (including 85 males) collected data on six measures of PWB, three basic need satisfaction scales, autonomous and controlled motivational mindsets, six workplace factors, and five personality dimensions. The latter were included to assess the importance of more distal factors. The two best sets of predictors were the six PWB variables (explaining 26% and 27% of autonomous and controlled motivation respectively), while the five personality dimensions explained 24% and 22% of autonomous and controlled motivation respectively. Satisfaction of basic needs were relatively less important (explaining 11% and 11% of autonomous and controlled motivation respectively), while workplace factors accounted for 12% and 6% of autonomous and controlled motivation respectively. By choosing the best predictor from each set, a hybrid model that included the PWB scale Personal Growth, the workplace factor Training and Career Development, and the personality variable Conscientiousness was able to predict 32% and 30% of autonomous and controlled motivation respectively. Satisfaction of the basic need for Competence did not contribute significantly to the model. The results did not provide any support for the satisfaction of basic needs as being important in understanding employees' motivation to participate in development opportunities. Further analysis identified that only Personal Growth was a significant predictor of males' levels of autonomous and controlled motivation.



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### **Use of the TREAD scale with young people at risk of abuse in romantic relationships**

*Kylie Murphy (RMIT)*

Abusive dynamics that become established in young people's early romantic relationships cause social, emotional and physical harms in the short term and can carry forward into their future relationships. Such dynamics are not uncommon, affecting over a third of the relationships of Australian adolescents and adults. Measures to evaluate the effectiveness of skills-focused relationship abuse prevention programs are critical to promoting effective practice in this area but are not currently available to prevention practitioners. This presentation summarises the findings of a recent scale validation study with 152 adolescent girls ( $M = 14.7$  years; range = 13-17). Tendency to Resist or End Abusive Dynamics (TREAD) in romantic relationships, as measured by the 19-item TREAD scale, was found to be normally distributed in this sample, with a mean score of 2.42, a potential range of 1 to 5, and an actual range of 1.36 to 4.13. Factor analysis revealed three unique but inter-related TREAD sub-constructs: Conflict-Retaliations TREAD, Denigration TREAD, and Dominance-Possessiveness TREAD. The TREAD scale overall and its sub-scales demonstrated adequate internal consistency and strong criterion validity as concurrent predictors of exposure to abusive partner behaviours. These findings support the validity of the TREAD construct and are consistent with the Dyadic Slippery-Slope model of chronic relationship abuse. This model posits a bidirectional relationship, in the form of a negative feedback loop, between one's exposure to abusive partner behaviours and one's TREAD. Potential uses of the TREAD scale by school-based psychologists and other psychologists who work with adolescents entering romantic relationships will be outlined. The TREAD scale might prove useful in evaluating interventions aimed at increasing both girls' and boys' capacity to resist abusive relationship dynamics; preliminary evidence relating to this question, from an ongoing gender-inclusive program trial, will be tentatively presented.



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**Using restorative justice conferencing as a preparation for couples therapy: A case study**

*Rexton D'Cruz*

People go to couples therapy to learn how to work through their differences, communicate better and problem-solve challenges in their relationship. Often, this cannot happen either because of ambivalence or the relationship is too volatile and the environment is far from conducive. Restorative Justice Conferencing (RJC) can provide the 'circuit breaker' required for moving people towards a more lasting solution through Emotionally Focused Couples Therapy (EFCT) or Integrated Behavioural Couples Therapy (IBCT). Restorative justice is a philosophy that embraces a wide range of human emotions including healing, compassion, forgiveness, mercy and reconciliation. RJC brings the disputing couple together so each can hear, in a supportive and facilitated environment, how their actions are impacting on the other partner. Integral to the RJC is that the two people negotiate an agreement on the best way forward.



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**Ventral stream processing in literate, illiterate and dyslexic readers**

*Sarah Flint and K. Pammer (Australian National University)*

Individuals with dyslexia have often been found to have deficits in coherent motion and visual frequency doubling processing, indexes of global dorsal stream functioning. However, the extent to which dorsal stream functioning contributes causally to dyslexia is less certain. In studies involving pre-literate children it has been demonstrated that there could be a relationship between dorsal stream functioning and poor reading ability, lending weight to the claim that dorsal stream deficits may contribute to reading failure. In applying this line of enquiry to adults, this research investigates the role of dorsal stream functioning in adult literate, illiterate and dyslexic readers, through the use of coherent motion and visual frequency doubling tasks. We demonstrated that, when compared with literate readers, illiterate readers perform more poorly on coherent motion tasks, but possess equivalent visual frequency doubling ability. Whereas dyslexic readers performed more poorly on the visual frequency doubling task compared with both literate and illiterate readers. These findings lend strength to the assertion that dorsal stream deficits may play a role in reading difficulties.



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### **Web-based cognitive behavioural therapy for postnatal depression**

*Jeannette Milgrom (Austin Health), B. Danaher (Oregon Research Institute), C. Schembri (Parent-Infant Research Institute, Austin Health), J. Seeley (Oregon Research Institute), J. Ericksen (Infant Research Institute, Austin Health), M. Tyler (Oregon Research Institute), A. Gemmill (Parent-Infant Research Institute, Austin Health), P. Lewinsohn (Oregon Research Institute) and S. Stuart (University of Iowa)*

Although symptoms of depression have been shown to be reduced through internet interventions, no research has examined the efficacy of internet-based treatment of postnatal depression (PND). This is despite the potential of internet-based therapy to increase treatment uptake and accessibility, and the necessity of addressing the unique needs of depressed perinatal women, including infant and partner difficulties. We report on the development and testing of an internet intervention for PND (MumMoodBooster). Development of the intervention was achieved through an iterative process (culminating in systematic usability testing). We began by surveying women on the acceptability/desirability of internet intervention for PND, preferred content, and perceived benefits and barriers to use. Next, we conducted formative research using focus groups with postpartum women to adapt the content, structure, and design of the successful Getting Ahead of Postnatal Depression intervention. The resulting MumMoodBooster intervention will be described and embodies the key Cognitive Behavioural Therapy elements that have been found to be effective in our PND face-to-face intervention as well as a library of partner and infant modules, a web forum and telephone support. The final phase of development was systematic usability testing. Once functioning program components were created, 22 participants in Australia and the USA were recruited to a “think-aloud” procedure to test user-system interactions. Measures included the System Usability Scale, the Computer Self-Efficacy Scale and items adapted from the Technology Acceptance Model. The MumMoodBooster intervention was then evaluated in a feasibility trial with 25 women and preliminary results reflecting good acceptability and improvements on measures of depressive symptoms will be discussed.



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**Why do only human reared baby mammals need to suck a dummy or a body part?**

*Elsie Mobbs (Liverpool Hospital, NSW)*

Mammalian newborn displace the oral tactile imprinting behaviour onto an inanimate object or a self body part in the circumstance of maternal nipple deprivation. Human reared baby mammals displace their genetically determined sucking latch just as human babies do. The amount of cross sucking in commercial group calves is related to the amount of exposure to, or deprivation of, the maternal cow nipple. Commercial piglets deprived of the maternal nipple will suck on an adjacent piglet's umbilicus to the point of evisceration of the abdominal contents. Cats, dogs and other pets are known to suck their own bodies (thumb-sucking), bedding (dummy-sucking) or body parts of their owners (equivalent to cross sucking) following maternal nipple deprivation and in veterinary science this is referred to as stereotypical behaviour or obsessive compulsive disorder. Humans share the M6P/IGF2R gene with other mammals and marsupials as evidenced in its presence in the marsupial opossum but not in the monotreme platypus. This gene controls the evolutionary behaviour of crawling from the birth canal to the nipple and latching so it is not surprising that when there is maternal nipple deprivation the behaviour is displaced onto a decoy or supernormal stimulus. Oral tactile imprinting can be concluded to be a survival strategy providing the newborn with nourishment and immunological protection and precedes visual attachment behaviour as many mammals are born blind. Even a zebra newborn takes about a week to recognise and follow its mother – ungulate mothers need to stay physically close to their newborn until visual recognition and attachment following can take place. Latchment comes before attachment.



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## **Workplace bullying: The role of psychologists in risk management models**

*Carlos Capponechia (University of New South Wales)*

Workplace bullying is one of the most widespread workplace issues that can affect people's mental health. It is now firmly viewed as an occupational health and safety hazard, which must be managed using a risk management system. However, operationalising risk management for psychological hazards is not always easy, given traditional health and safety practice is geared to physical hazards. This paper highlights the ways in which psychologists can have an important role in improving the management of this hazard, and psychosocial hazards in general, by reviewing key issues from international research, and cases that demonstrate poor practices. Current approaches to managing workplace bullying are largely reactive, uncoordinated, and not always evidence based. Prevalent attitudes include that that bullying is merely a "personality clash"; that it results from a pathology; or that it is simply about an individual's perception of events. Complaints procedures often include conflicts of interest, and accordingly, targets fail to report bullying due to fear of retribution and lack of confidentiality. Policy and training interventions suffer from a lack of consistent implementation. Psychologists thus have an important role in leading awareness of the unique features of psychological hazards, how they can be better accommodated, and how misconceptions about them, that create barriers to prevention, can be overcome. The basic principles of risk management comprise identification of the hazard, assessment of its likely impact, and the development of strategies to control it. Many psychologists are involved in individual control strategies, but consistent with a risk management paradigm, a more integrated approach is required. The temporal model of workplace bullying controls, which prioritises interventions over time, can be used to design an effective complement of control strategies, so that tertiary or non-specific strategies, such as resilience training, are not relied upon in isolation. The nature and use of mediation needs further clarification, as current research suggests that it is contraindicated for workplace bullying. Further, the role of counselors and consultants in giving proactive advice to organisations needs further consideration, because they can influence system and work design to optimise workplace bullying interventions and integrate them with normal business practice.



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**Why was my psychoanalytic article rejected? Suppression and deflection of erotomania in the anal character: Can it lead to analytic neurosis?**

*Gary Bakker*

What gets published in the psychoanalytic literature, and why? An article was submitted to a major psychoanalytic journal, with 9 pre-identified deliberate significant flaws in it. The article was (nearly two years later) understandably rejected. But most of the reasons given by the three reviewers were outside the 9 expected, with only 3 of the 9 cited by any of them. Just one change, recommended by all three reviewers, may have seen it published, and this change was not among the 9 deliberate flaws. The criteria for publication appear to differ greatly between the psychoanalytic and the mainstream empirical psychological literature.



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### **Working alliance and recovery in an Australian mental health NGO**

*Grenville Rose, J. Malone and Melanie Whiticker (Aftercare)*

Goal setting, recovery and the working alliance are concepts that have been used effectively in a number of settings to improve the wellbeing of mental health service consumers. The latter concept stresses the establishment of a good working relationship between the health worker and the person receiving assistance. Though there is strong evidence for the effectiveness of these concepts, the relationships between them have not been adequately explored. The concept of the working alliance necessarily involves both the perceptions of the consumer and health worker and thus it would be useful to study the relationship of the consumers' and workers viewpoints of the working alliance in relation to psychological distress and recovery. The relationships between recovery, psychological distress and feelings of personal wellbeing often tend to be assumed rather than studied, and a quantitative measure of these relationships would assist in mapping the process of recovery. The current study, a quantitative survey conducted in a medium sized Australian mental health NGO, investigates these areas from both the health worker and consumer point of view. It investigates the congruence between the worker and consumer views of the alliance and then relates those perceptions to consumer satisfaction with life, psychological distress and recovery. The results show that consumer perceptions of the working alliance are more predictive of recovery than health worker perceptions. Examining the relationship of goal setting to recovery found, counter-intuitively, that setting more goals meant a lower level of recovery and higher level of psychological distress. This result held when length of time receiving service was controlled for. The results strongly suggest that the best information regarding a client's recovery will be gained from the client and that the working alliance is good indicator of recovery and wellbeing, but that merely setting goals may be counterproductive unless attention is paid to the goal setting procedure.



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**Working from home: Should psychologists follow the trend?**

*Rebecca Mathews and David Stokes (APS)*

There is a long history of psychological service provision out of a home office. While there are a number of obvious benefits to working out of a home office, more recently there has been increased scrutiny around the appropriateness of this as a therapeutic setting. In particular, safety, boundary crossings and the impact on the professional relationship have been highlighted as issues when providing therapeutic services in a domestic setting. Psychology is a profession where clear boundaries between professional and client are critical to the provision of ethical and professional service delivery. This presentation reports on a review of the literature investigating working from a home office and the impact this may have on psychology service provision.



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