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Moreover, the high number of patients with psychological complaints seen in Primary Care settings makes impossible individual treatments for most public health systems. In this communication we will introduce a Mindfulness-Based Behavioral Group Therapy designed for Primary Care patients. We will also present the results of a pilot study in a sample of primary care patients.

One hundred nineteen subjects participated in 15 different groups. Seventy-five of these subjects completed treatment and were assessed at the beginning and end of the therapy with three questionnaires (BDI-II, BAI and GHQ). Groups consisted of eight 2-hours sessions. Some groups were conducted by a clinical psychologist and the others by a trained mental health nurse. Paired-sample t tests were used to explore changes in symptoms over the course of intervention. Patients completing therapy showed a significant decreased in all measures under study (p<0.001).

Some study limitations will be commented in the discussion. The benefits of Mindfulness-based approaches for Mental Health Programs in Primary Care will be discussed.

These groups were developed as a means of solving a clinical problem: offering a psychological treatment to the incredibly high population of Primary Care patients consulting for psychological reasons. We found few definitive research in this patients so we think our approach could add and be inspiring.

**CBT-based psychoeducative groups for adults with ADHD and their significant others: an open feasibility study**

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Information on ADHD and treatment options is important after established diagnosis at adult age. Information should be directed to both the affected individuals and their closest network. There is a general lack of interventions that include significant others.

At three outpatient psychiatric clinics, adults with ADHD and their significant others (n=110: 51 with AD/HD and their 59 significant others) took part of a psychoeducational program based on theories from CBT and neuropsychology. Feasibility was evaluated regarding suitability of the intervention at a psychiatric outpatient clinic and treatment completion. In this open trial using within-group design, treatment satisfaction and efficacy were assessed with self-report instruments pre- and post-intervention as well as at 6 months follow-up.

The intervention was judged a suitable treatment option for 94.5% of the individuals with AD/HD as primary neurodevelopmental diagnosis at the outpatient psychiatric clinic. The drop-out rate was acceptable for both individuals with ADHD and their significant others. Both individuals with AD/HD and their significant others reporter good treatment satisfaction. Knowledge about AD/HD increased and relationship quality improved from baseline to post-intervention. The significant others reported a reduction in subjective burden of care such as worry and guilt. These results remained stable or improved at 6 months follow-up.

Findings endorse the value of psychoeducation for adults with AD/HD and their significant others as a feasible and effective intervention. We are currently performing a randomized controlled multicenter trial to further corroborate and broaden the evidence-basis of the current program.

CBT-based psychoeducational program in an outpatient psychiatric setting, is a feasible and potentially efficacious intervention after established ADHD diagnosis, both regarding adults with ADHD and their significant others.

**Fostering resilience: Evaluation of an intervention module**

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Abstract: The personal model of resilience (Padesky & Mooney, 2012) is a resource-oriented CBT-based brief intervention designed to enhance resilience by identifying successful coping strategies and generalizing them to other tasks and problems. This study evaluates the impact of the intervention module on psychopathology, resources and well-being.

The three session intervention module is evaluated in three samples: A randomized sample of college students intervention and control group, patients waiting for psychotherapy, and a group of obese women in a weight reduction group. Measurements were taken pre-, post- and 6-weeks after the intervention.

Results: Pre-post comparisons show small, but significant improvements in the intervention groups in the areas of symptom distress, self-esteem, incongruence, resource activation and quality of life. In comparison to the control group, the student intervention group shows significant improvements. Moreover the intervention is rated as very useful.

This pilot study in three different samples shows that the personal model of resilience is well received in different contexts. It enhances personal resources and well-being and reduces psychopathology. Its impact is comparable to that of other interventions used in the context of positive psychology.

In addition to the reduction of symptoms and problem sustaining factors the person’s resources should be focused in cbt. As competencies the person already has are utilized this approach supports positive self-evaluation.

Reference

Cognitive Therapy (CT) is renowned as being a scientific and evidence-based approach, as well as the most effective type of treatment for a wide array of mental health disorders. There is, however, a dearth of empirical research into optimal approaches to teaching CT. Such research is often fraught with practical and theoretical challenges, which include difficulty adhering to rigorous methodological design, as well as a lack of theoretical and conceptual framework to guide research. One recent theoretical advance in this area is the declarative, procedural, and reflective (DPR) model proposed by Bennet-Levy (2006). It is argued that the central component of this model is the reflective system, which purportedly enhances skills in novel therapists and develops expertise in experienced therapists. However, there are few empirical quantitative and qualitative studies supporting this argument, and in particular, studies that have utilised control groups.

In the present study, we present a comparison of self-perceived competence in cognitive therapy in two cohorts of first year postgraduate clinical psychology trainees, one with standard instruction in cognitive therapy, the other with the inclusion of self-practice and self-reflection exercises. Results and areas for further research are discussed with reference to utility of incorporating self-practice and self-reflection methods into postgraduate clinical psychology training programs. These results provide further evidence regarding techniques that can enhance the training of novice therapists, and potentially improve expertise in experienced therapists.

**French Language Symposia**

**La psychoéducation de groupe pour le trouble bipolaire : Une approche efficace et rentable**

**Martin D. Provencher, Université Laval, Canada**

Implantation et efficacité d’un groupe psychoéducatif pour le trouble bipolaire dans les Centres de santé et services sociaux au Québec

**Martin D. Provencher, Université Laval, Canada; Lisa D. Hawke, Université Laval, Canada; Meggy Bélair, Université Laval, Canada; Anne-Josée Guimond, Université Laval, Canada**

Plusieurs études ont démontré l’efficacité des groupes psychoéducatifs comme traitement d’appoint pour le trouble bipolaire (Provencher et al., 2012; Weber Rouget & Aubry, 2007) et la psychoéducation est maintenant reconnue dans les lignes directrices psychiatriques (Yatham et al., 2009, 2013). Un de ces groupes ayant été validé empiriquement au cours des dernières années est le « Life Goals Program », développé par Bauer et McBride (2003). La première phase de leur programme (LGP) est constituée de six rencontres structurées de psychoéducation dont l’objectif principal est de donner de l’information sur la maladie et les traitements ainsi que d’enseigner des stratégies de prévention de la rechute. Dans une première étude, nous avons implanté ce groupe psychoéducatif auprès de patients présentant un trouble bipolaire à l’Institut universitaire en santé mentale du Québec (Provencher et al., 2009). Dans la présente étude, nous avons procédé à la formation des intervenants et au transfert du LGP dans deux Centres de santé et services sociaux de la ville de Québec au Canada. Des 73 patients ayant participé au groupe psychoéducatif, 74 % ont complété le traitement. La satisfaction des patients et des intervenants envers l’intervention est très élevée. Les résultats suggèrent que la psychoéducation est associée à une augmentation des connaissances et de l’acceptation de la maladie, ainsi qu’à une diminution des symptômes dépressifs. Au cours de la présentation, nous présenterons le rationnel pour l’utilisation de la psychoéducation dans le traitement du trouble bipolaire et nous discuterons de la pertinence d’augmenter l’accessibilité à ce genre d’intervention dans le réseau de la santé.

**Efficacité à long terme de la psychoéducation et approche alternative pour les patients non répondeurs**

**Jean-Michel Aubry, Université de Genève, Switzerland**

La psychoéducation est un élément complémentaire à la pharmacothérapie et fait partie intégrante du traitement des troubles bipolaires. La psychoéducation de groupe selon le modèle de Bauer et McBride (programme d’objectifs personnels ou POP) est utilisé dans notre centre des troubles de l’humeur depuis plus de 10 ans. Elle se compose de 2 phases, une première très structurée de 6 semaines, suivie d’une 2ème phase beaucoup plus longue et de durée variable, pendant laquelle les participants travaillent sur des objectifs personnels qu’ils ont eux-mêmes choisis. Dans l’étude présentée ici, l’impact à long terme de cette approche sur le nombre et la durée des hospitalisations a été évalué.

Quatre vingt-cinq patients (55 femmes et 30 hommes) avec un trouble bipolaire (48 TB I et 37 TB II) ont été inclus rétrospectivement. Cinquante patients ont participé à la phase 1 et 35 patients à la phase 1 et 2 du POP. Le nombre et la durée des hospitalisations ont été évalué en comparant les 3 ans avant la participation au POP et les 3 ans après la fin de la phase 1 ou phase 1 + 2.

Les résultats montrent que le nombre d’hospitalisations était diminué significativement pour les participants de la phase 1 (p=0.017) et pour ceux qui avaient participé aux 2 phases (p= 0.035).

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