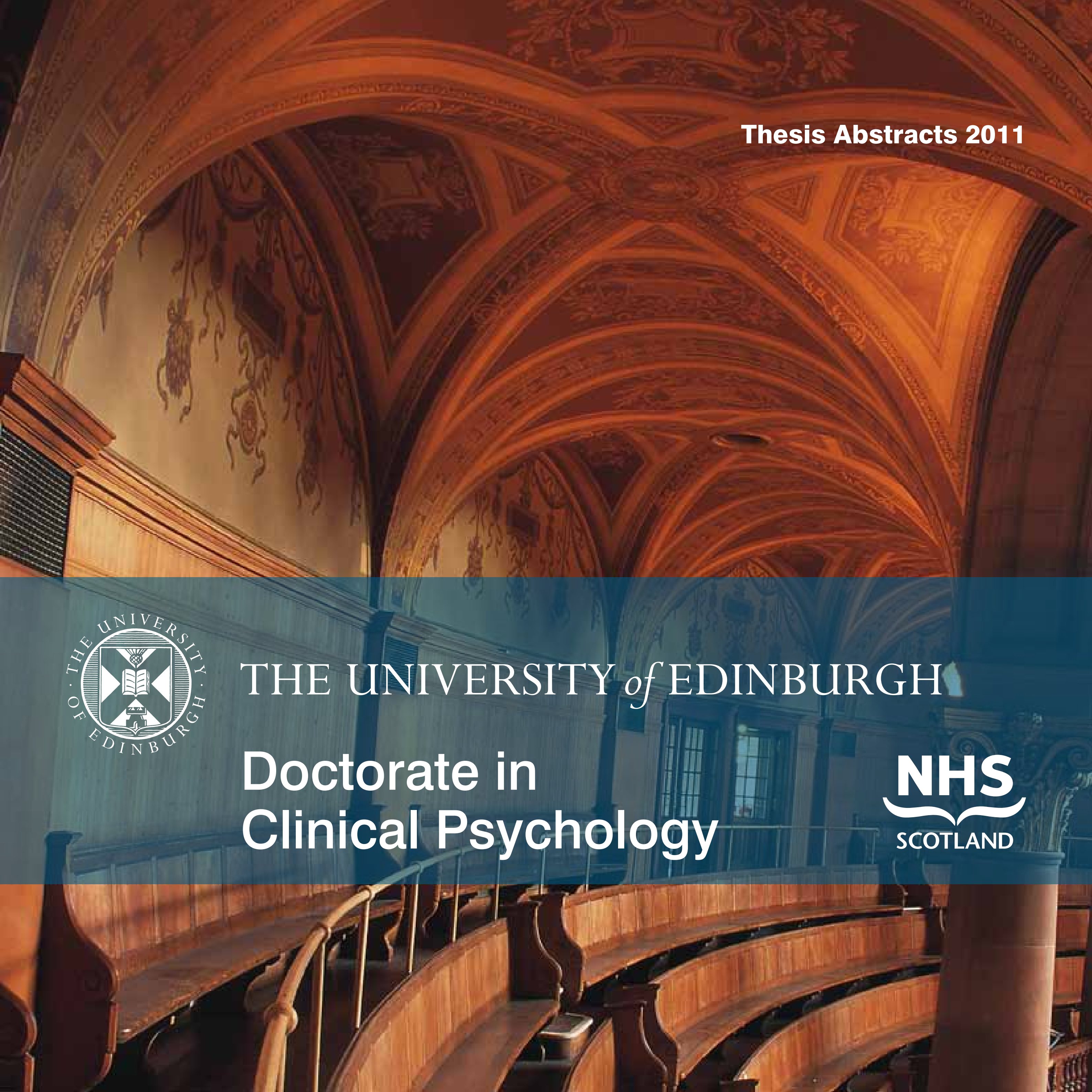

Thesis Abstracts 2011

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Doctorate in Clinical Psychology

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Clinical and Health Psychology Research

The University of Edinburgh / NHS Scotland Doctorate in Clinical Psychology is funded by NHS Education Scotland to provide professional training in clinical psychology.

Trainees undertake substantial thesis projects in a range of areas as part of this training. These booklets are intended to facilitate dissemination of findings from these projects, which we hope will also be communicated via presentations and publications. Interested readers are encouraged to contact authors of projects for further details.

We would like to congratulate all trainees who completed their thesis projects and wish them well in their chosen careers.

The DClinPsychol Programme Team

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Margi Amin

Clinical Supervisor: Kevin Power. Academic Supervisor: Mick Power

The mediating role of childhood abuse and emotion regulation between parental care and suicidal behaviour

Background

Experiences of negative parenting and childhood abuse can have adverse consequences for the child's development particularly in relation to the ability to regulate emotions effectively. There has been extensive research in this area and attachment theory is pivotal. Problems in regulating emotions can involve not being able to recognise, label or manage internal and external states of mind and behaviour. Therefore research has shown that problems in emotion regulation skills due to negative parental and/or abusive experiences can result in long-term psychosocial problems such as depression. Research has suggested that adults with adverse childhood experiences exhibit risky behaviours as a means of managing their emotions such as self-harming, dangerous sexual encounters and substance misuse. Although research has shown that there is an association between these factors no real understanding of the pathways and the potential mediating roles these factors play has been investigated with people presenting with suicidal behaviour, which could be argued as the ultimate form of managing emotions and therefore the internal and external self. Therefore this study aims to answer the following question: Does childhood abuse and dysfunctional emotion regulation mediate the relationship between parental bonding and suicidal behaviour.

Methods

This study involved sixty participants from a suicidal behaviour sample presenting at an Accident and Emergency department aged between 18 - 65. Measures assessing childhood abuse, emotion regulation, parental bonding, suicidal intent, risk of repeating suicidal behaviour, depression and anxiety were completed.

Results

Childhood emotional abuse was found to significantly mediate the relationship between low parental care and risk of repeating suicidal behaviour. A lack of external functional emotion regulation strategies was also found to mediate the relationship between parental care and risk of repeating suicidal behaviour. Finally, a lack of internal functional emotion regulation strategies was found to mediate the relationship between childhood physical abuse and risk of repeating suicidal behaviour.

Conclusions

Preliminary findings of this study suggest that childhood emotional abuse and dysfunctional emotion regulation play a crucial role in further understanding those who engage in and are at risk of repeating suicidal behaviour. Therefore, emotions and emotion regulation within a developmental framework are important when considering long-term adult psychosocial functioning.

Jessica Austin

Clinical Supervisor: Karen Allen. Academic Supervisor: Matthias Schwannauer

The connection between trauma, psychosis and dissociation: An exploratory study involving patients in forensic mental health settings

Background

High levels of dissociation have been found in recent studies involving psychiatric inpatients. Proponents of the 'dissociative psychoses' have found that trauma-focused intervention strategies can improve outcomes of patients with major mental illness. Despite this, levels of dissociation have not been measured in forensic inpatients in Scotland. This study investigates levels of dissociative symptoms (DES-II) within a sample of male patients in secure forensic psychiatry settings in Scotland. It explores levels of psychosis (PANSS) and self-reported childhood trauma (CTQ), current PTSD symptoms (IES-R), levels of depression (BDI-II) and broad attachment style (RQ). Four groups were arbitrarily defined based on presence or absence of psychosis and childhood trauma. It was hypothesised that levels of dissociation would be predicted by presence of childhood trauma.

Methods

A quantitative cross-sectional design was used in which 56 mentally disordered offenders were interviewed across three different secure hospitals in Scotland: The State Hospital – a maximum security psychiatric hospital, and two medium secure facilities. Attempts are made to clarify the relationship of dissociation with different types of childhood trauma and psychosis symptom clusters. By splitting the data into groups the study seeks to discern whether the groups differ significantly on dissociation scores in relation to the childhood experiences they reported and presence of psychosis they are experiencing.

Results

Childhood traumatic experiences were frequent where median CTQ total score = 47.0 (IQR: 42-70.5). Physical neglect was reported by 58.9% of the sample closely followed by emotional neglect (55.4%). 46.4% of the sample reported physical abuse of significant levels, 44.6% reported being emotionally abused and almost a third reported being sexually abused (28.6%). DES-II (dissociation) scores were significantly associated with delusions and hallucinatory behaviour from PANSS. Emotional abuse and sexual abuse were significantly associated with dissociation scores. Mann Whitney tests revealed that dissociation was significantly higher in the groups which reported childhood trauma. Kruskal-Wallis results indicated no significant differences between groups within the data and dissociation scores.

Conclusions

Patients with clinically significant levels of dissociative symptoms were identified. This indicates that dissociation is a key characteristic, warranting further consideration in this sample. Levels and severity of reported childhood trauma were higher than expected. The findings add weight and support to the importance of dissociation and trauma in formulations of male, mentally disordered offenders. Clinical implications of these findings are considered and further directions are discussed.

Arlene Barr

Clinical Supervisor: Jim Law. Academic Supervisor: Ken Laidlaw

Prospective memory functioning after stroke: A research portfolio

Background

Prospective memory is the ability to remember to carry out previously planned actions at an appropriate point in the future. Impairments in prospective memory have been found in a range of neurological conditions. While it is assumed that stroke patients will have similar deficits, there is currently a dearth of evidence to support this.

Methods

A between-subjects design was employed to compare 22 community-dwelling stroke patients to 22 healthy adult controls on a standardised objective measure of prospective memory. Subjective reports of everyday memory were measured using a validated questionnaire. Standardised tests were also administered to measure retrospective memory and executive functioning.

Results

Stroke patient's prospective memory performance was significantly poorer than controls. Depression had a significant influence on time-based prospective memory tasks. Executive functioning was shown to be a good predictor of overall prospective memory ability. Stroke patient's insight into their everyday memory abilities was incomplete.

Conclusions

Prospective memory abilities are reduced after stroke. In light of the potential impact of such difficulties on everyday functioning, this aspect of cognitive functioning should be routinely assessed in clinical practice.

Greig Coull

Clinical Supervisor: Neil Millar. Academic Supervisor: Paul Graham Morris

The clinical effectiveness of CBT-based guided self-help for anxiety and depression: Does it work in practice and what helps people to benefit

Background

To examine the clinical effectiveness of guided self-help (GSH) for anxiety and depression in routine clinical practice, and the role of self-efficacy, therapeutic alliance and socio-economic status in influencing that effectiveness.

Methods

A within-subjects repeated measures design in which participants served as their own controls by completing questionnaires across a control period prior to GSH intervention, then again at post-intervention and 3 and 6-month follow-up. GSH participants completed outcome measures for mental health (HADS) and work/social functioning (WSAS). Factors explored by regression as possible predictors of effectiveness were self-efficacy, therapeutic alliance and socioeconomic status.

Results

Sixty people completed GSH, with analyses indicating effectiveness of GSH in significantly improving mental health and social functioning at post-treatment and 3-month follow-up, but not at 6-month follow-up. Effectiveness was also demonstrated under intent-to-treat conditions ($n = 97$) with medium effect sizes (≈ 0.6) for each outcome measure at post-treatment. Improvement in mental health was predicted by lower self-efficacy and greater therapeutic alliance. Completers of the intervention had significantly higher socio-economic status than non-completers.

Conclusions

The current study has evidenced effectiveness of GSH in routine clinical practice across different primary care services. Effectiveness has been evidenced to be influenced by self-efficacy and therapeutic alliance, indicating the importance of considering non-specific factors when patients access GSH in primary care. This study provides validating practice-based evidence of GSH working in clinical settings, yet underlines the need for further research examining for whom GSH works in order to constructively inform future evidence-based practice.

Colm Dunne

Clinical Supervisor: Linda Kohn. Academic Supervisor: Matthias Schwannauer

The association between attachment and schizotypy

Background

The human genome project has affirmed the importance of non-genetic factors in human development. Attachment style is considered to be a diathesis for psychopathology and an important determinant regarding interpersonal functioning. Epidemiological research has indicated that there is significant aetiological continuity between symptoms of schizotypy and clinical symptoms of schizophrenia. Limited research has investigated the association between attachment and schizotypy.

The aim of this study was to investigate the predictive association between schizotypy and attachment styles, interpersonal functioning and depression within a stress-diathesis model of schizophrenia.

Methods

A quantitative cross-sectional within group design using a clinical sample was employed. Hierarchical linear regressions and path models were computed to investigate the hypothesised predictive association between the variables.

Results

The best predictor of schizotypy is understood in the context of an interaction between developmental vulnerability factors (attachment styles) and current stressors (level of interpersonal functioning). Depression mediated the impact of interpersonal functioning on schizotypy but was not a significant solo predictor of schizotypy.

Conclusions

The potential implications of the findings are discussed in regard to a dimensional stress diathesis model of schizophrenia. The robustness of the research design employed is discussed and suggestions for future research made.

Clive Ferenbach

Clinical Supervisor: Alan Harper. Academic Supervisor: David Gillanders

The process of psychological adjustment to Multiple Sclerosis: Comparing the roles of appraisals, acceptance and cognitive fusion

Background

Research in psychological adjustment to multiple sclerosis (MS) suggests that the way individuals appraise their condition can have an impact upon their psychological well-being and adjustment to their condition. Such research has influenced the development of Cognitive Behavioural Therapy (CBT) interventions in this population. In recent years, Acceptance and Commitment Therapy (ACT) has gathered increasing interest in relation to chronic health conditions. ACT does not target the *content* of thought, but rather focuses on the *contexts* in which thought occurs (i.e. how individuals relate to their experiences).

Methods

A cross sectional design was used to compare the extent to which cognitive appraisals and ACT constructs (‘acceptance’ and ‘cognitive fusion’), mediate the relationship between physical symptoms of MS and psychological adjustment outcomes. It was hypothesised that in comparison to cognitive appraisals, ACT constructs would serve as stronger mediators of the relationship between physical symptoms of MS and outcome measures. This study also piloted a newly adapted measure of MS related acceptance, the Multiple Sclerosis Acceptance Questionnaire (MSAQ). Participants ($N = 133$) completed self-report measures of: MS symptom severity, various cognitive constructs (cognitive appraisals and ACT constructs), symptoms of psychological distress, and satisfaction with life. Multiple mediation analysis was then used to compare competing mediational hypotheses.

Results

In comparison to all measures of cognitive appraisals, the ACT constructs tended to be stronger mediators of the relationship between symptoms and outcome measures (both psychological distress, and satisfaction with life). There was also some evidence for appraisals of 10 personal control mediating the relationship between symptoms of MS and psychological distress.

Conclusions

This research suggests that ACT constructs may be relevant to the process of psychological adjustment to MS, and that ACT based interventions may be worthy of investigation in this population. The newly adapted MSAQ also shows preliminary promise as a measure of MS related acceptance.

Linda Hayward

Clinical Supervisor: Sheelagh Rodgers. Academic Supervisor: Matthias Schwannauer

Hearing Voices: The impact of emotion, interpersonal relating and beliefs about their voices, on people who hear voices (that other people do not hear)

Background

Evidence is increasingly demonstrating that voice hearing is not confined within psychiatric diagnoses; it exists on a continuum. Diagnostic categories no longer fulfil the criteria for validity or reliability; therefore an alternative system is required. Investigating single symptoms like voice hearing could help elucidate factors relevant for the development, maintenance and treatment of voices. The distress experienced can be influenced by a number of elements that result in help seeking. Emotion regulation strategies can help the person manage their reaction. Beliefs about voices, their origin, intent and powerfulness can all impact on the voice hearer. Interpersonal difficulties can exacerbate distress and be reflected in the persons relationship with their voices. This study aims to investigate the areas of beliefs, emotion regulation strategies and interpersonal issues in those who hear voices.

Methods

Two groups of participants (six with low and seven with high omnipotence scores) were recruited through their mental health workers. The participants competed six self-report measures that assessed beliefs, emotion regulation strategies, interpersonal difficulties, dimensions of voice hearing and basic symptoms.

Results

The group with high omnipotence scores use more internal-dysfunctional and internal-impulsive emotion regulation strategies, they find it harder to be sociable and experience more interpersonal difficulties, anxiety and depression.

Conclusions

Overall voice hearers with higher omnipotence scores experience more problems with their voice hearing. Those with higher omnipotence scores used Internal-Dysfunctional emotion regulation strategies more often. These strategies have implications for the maintenance of voices, but also offer potential treatment opportunities within a cognitive behavioural framework. Interpersonal difficulties are also problematic, but again treatment can be appropriately targeted if clinicians assess these difficulties. The beliefs people have about their voices are also important, not only to identify the development pathways of voice hearing for the person, but also to provide information regarding intervention strategies. Additional research is required to further develop the interaction of these elements and their influence on the voice hearer.

Rachel Lowden

Clinical Supervisor: Massimo Tarsia. Academic Supervisor: David Gillanders

Perfectionism and Acceptance: Perspective taking and implicit beliefs

Background

This research examines associations between perfectionism and acceptance for the self and towards others, alongside their link with psychological health.

Methods

Reported beliefs are compared with underlying implicit beliefs, as measured by response latencies on the Implicit Relational Assessment Procedure (IRAP; Barnes-Holmes *et al*., 2006). Ninety-nine native English-language speaking university students completed measures of self-oriented and other-oriented perfectionism, unconditional self-acceptance, acceptance of others and general health; together with the IRAP computer task.

Results

Self-perfectionism scores were observed to be significantly higher than other-perfectionism scores on both explicit and implicit measures. Acceptance of others was significantly higher than self-acceptance on explicit measures; however the two were non-significantly different as recorded by the IRAP. This suggests that participants may have under-reported self-acceptance levels or over-reported their acceptance of others. Possible reasons for this are explored. In addition, all explicit measures demonstrated *no* significant associations with implicit findings; meaning that participants' responses to the assessment tasks appeared to be driven by different processes.

Conclusions

Low levels of explicit self-acceptance were the biggest predictor of psychological distress. As such, this research provides further support for the move towards acceptance-based strategies in the treatment of clinical perfectionism.

Kirsty Macdonald

Clinical Supervisor: Andrew MacDougall. Academic Supervisor: Paul Graham Morris

A comparison of neuropsychological test performance on the Ravello Profile between bulimia nervosa and anorexia nervosa

Background

The Ravello Profile is a battery of standardised neuropsychological measures of areas of functioning that evidence indicates are impaired in Anorexia Nervosa (AN), namely visuo-spatial functioning, central coherence and executive functioning. The neuropsychological profile of individuals with Bulimia Nervosa (BN) is less well established. The current study aimed to examine differences in cognitive performance between people with BN, AN and controls on the Ravello Profile.

Methods

The AN group (N=60) comprised participants from an existing database (Frampton *et al*. 2009). The BN group (N=22) largely comprised participants from NHS adult out-patient services. The control group (N=20) comprised of colleagues, friends and acquaintances of the researcher. Differences between AN, BN and control samples on visuo-spatial functioning, central coherence, executive functioning and error rates were examined.

Results

The AN group performed significantly worse than the BN group on a measure of central coherence and on some measures of executive function, but the BN group did not perform worse than the control group. There was no significant difference between the groups on three measures of visuo-spatial functioning. However, the AN group was significantly slower than both the BN and control group to copy the figure. The results showed some evidence of increased error rates in BN relative to AN, which may reflect greater impulsivity in BN.

Conclusions

The results indicate separate patterns of neuropsychological performance between AN, BN and controls, with AN demonstrating poorer performance on measures of executive function and central coherence, whilst BN participants showed higher rates of errors. The BN group were also generally faster to complete some tasks, indicative of a preference for speed over accuracy or impulsivity. Those working with individuals with AN or BN should take into consideration possible effects of their respective cognitive limitations and adapt interventions accordingly.

Samantha Masley

Clinical Supervisor: Susan Simpson. Academic Supervisor: David Gillanders

Exploring the relationship between cognitive fusion, schema modes and eating disorders

Background

Due to the limited efficacy of psychological therapies for individuals with eating disorders the evidence base needs to de developed further so that clinicians can better meet the needs of their patients. This project is interested in exploring how psychological constructs from Schema Therapy (schema modes) and psychological processes from Acceptance and Commitment Therapy (cognitive fusion) relate to eating disorder symptoms.

Methods

Thirty-one participants with an eating disorder completed measures of eating disorder severity, schema modes and cognitive fusion. Data were analysed using within subjects Pearsons correlations.

Results

Eating disorder severity was significantly associated with both maladaptive schema modes and cognitive fusion. This demonstrates that the more severe the eating disorder the more severe schema modes and cognitive fusion.
The study also found that particular schema modes were characteristic in this eating disorder population. These were the *Vulnerable Child*, *Angry Child*, *Undisciplined Child*, *Compliant Surrender*, *Detached Self-soother*, *Self Aggrandiser*, *Punitive Parent* and the *Demanding Parent*.

Conclusions

This study demonstrates that both the construct of schema modes and the process of cognitive fusion may contribute to our understanding of eating disorders.

Alana McCorkell

Clinical Supervisor: Mike Doyle. Academic Supervisors: Ethel Quayle, Suzanne O'Rourke

Am I there yet? The views of people with learning disability on forensic community rehabilitation

Background

Previously diversion from the criminal justice system for people with LD and forensic needs had meant hospitalisation, but more recently a model of community-based rehabilitation has become possible via new mental health legislation. Community-based orders aim to rehabilitate clients via compulsory, intensive staff support. Although this model is beneficial in theory, empirical evidence suggests there may be a number of issues in practice. The current study aimed to capture the subjective experience of a group of individuals with LD and forensic needs currently on community-based orders.

Methods

Semi-structured interviews were conducted with ten participants subject to a community-based order which obliged them to accept intensive staff support. All participants were male. Ages, index behaviour, and time spent on order varied. The data was transcribed and analysed using Interpretative Phenomenological Analysis.

Results

The main themes which emerged from the data were *A taste of freedom, Not being in control, Getting control back, Loneliness*, and *Feeling like a service user*. Overall the results indicated a general ambivalence towards support.

Conclusions

Participant accounts suggest that the current community rehabilitation model has some shortcomings which need to be addressed. The system as it stands appears to promote high levels of external control, failing to empower clients to self-manage. Suggestions are made for improvements to the current model relating to: achieving clarity over the role of support staff and pathways out of the system; increasing opportunities for service users to voice concerns; empowering staff teams via extensive training and supervision; and directly addressing internalised stigma to promote integration.

William McMurchie

Clinical Supervisors: Fiona Macleod, Kevin Power. Academic Supervisor: Ken Laidlaw

Beating the Blues: Computerised cognitive behaviour therapy for depression and anxiety with older people

Background

With increasing longevity the population of the world is becoming older and there are growing numbers of people over the age of 65 years. This has implications for services providing psychological treatment to older people as there is likely to be an increasing demand for evidenced-based treatments such as Cognitive Behaviour Therapy (CBT) in the coming years. There are, however, relatively few clinical psychologists specialising in working with older people and therefore additional ways of dealing with the growing demands are essential. Computerised Cognitive Behaviour Therapy (CCBT) offers one potential option and NICE recommends *Beating the Blues (BTB)* as the most clinically and cost-effective package for treating depression. However, no study to date has explored the use of *BTB* with older people. The objective of the study was to address this gap in the literature and had the following aims: 1) to explore the uptake rate of *BTB* with older people; 2) to explore the characteristics of older people opting to receive *BTB*; 3) to explore the drop-out rate from *BTB* with older people; and 4) to determine if *BTB* was effective in reducing symptoms of depression and anxiety in older people experiencing these difficulties. The findings were compared to previous research on *BTB* with younger adults.

Methods

A between-groups, repeated measures design (with assessment time as the repeated measure) was used. Participants were given a free choice of receiving *BTB* plus treatment as usual (BTB+TAU) or treatment as usual alone (TAU). Treatment as usual was provided by clinicians from older people community mental health teams (e.g. psychiatric nurses) and the only constraint that was placed in this was that no face-to-face psychological therapy from an accredited therapist could be provided. The participants opting to receive *BTB* also completed eight sessions of BTB *BTB* on a weekly basis. All participants completed a range of outcome measures prior to commencing treatment (pre), after eight weeks (post) and after a further 4 weeks (one month follow-up).

Results

The results indicated that 56.9 per cent of the participants opted to receive *BTB* and they reported having significantly more experience and confidence using a computer than those who declined *BTB*. It was also found that 72.7 per cent of older people completed all eight sessions of *BTB* (27.3 per cent discontinuation rate). This was comparable to what has been found in previous studies of *BTB* with younger adults. A two (treatment group) x three (time) repeated measures ANOVA revealed that, in comparison to the TAU group, the BTB+TAU group showed statistically significant greater improvements on measures of depression and anxiety by the end of treatment. This was maintained at one month follow-up. Furthermore, in comparison to the TAU group the *BTB* had a higher percentage of participants who met criteria for clinically significant improvement by the end of treatment and at one-month follow-up.

Conclusions

The results suggest that *BTB* is an acceptable and effective treatment for older people experiencing depression and anxiety and the implications of these findings are discussed.

Robyn McRitchie

Clinical Supervisors: Katja Neumann, Margaret Harlin. Academic Supervisors: Karen McKenzie, Ethel Quayle

How do adults with mild learning disabilities experience bereavement and grief? A qualitative exploration

Background

The vast majority of research into the experiences of people with learning disabilities (LD) in regard to bereavement and grief involves the collection of data from second-hand sources, or via quantitative measures. This qualitative study aimed to explore the lived experiences of bereavement and grief in a group of adults with mild LD.

Methods

Semi-structured interviews were carried out with 13 adults (aged 20-72 years) with mild LD who had experienced bereavement within the last 3 years. Data were analysed using interpretative phenomenological analysis (IPA).

Results

Qualitative analysis highlighted 4 themes which mediated individuals' experience of bereavement and grief: (1) Intra- and inter-personal experiences, (2) Core beliefs about life and death, (3) Level of inclusion, and (4) Continuing relationship with the deceased. Participants also showed an ability to evaluate their lived experience in terms of having been helpful or otherwise.

Conclusions

Overall, the findings suggest that individuals with mild LD experience bereavement and grief in a manner much like the general population, in that they experience a wide range of oscillating emotions, are subject to the same (if not more) losses, and hold similar values when it comes to maintaining their relationship with the deceased. The study endorses the role of clear and open communication, the facilitation of informed choice, and a culture of inclusion.

Pamela Mills

Clinical Supervisor: George Murray. Academic Supervisors: Emily Newman, Jill Cossar

Childhood emotional maltreatment and disordered eating in a general adolescent population. Does emotion regulation play a mediating role?

Background

To determine if emotion regulation mediates the link between emotional maltreatment and disordered eating behaviour in a community sample of adolescents.

Methods

Participants were 222 secondary school pupils (aged 14-18 years) from a state high school in a rural area in Scotland. Standardised questionnaire measures were used to gather data on history of emotional abuse and neglect using the Childhood Trauma Questionnaire (CTQ), emotion regulation strategies using the Regulation of Emotions Questionnaire (REQ) and subclinical disordered eating behaviour using the Eating Attitudes Test (EAT-26) and the Dutch Eating Behaviour Questionnaire (DEBQ). Pearson correlation and multiple mediation analyses were conducted to determine significant relationships and to identify whether dysfunctional emotion regulation was a mediator of the relationship between emotional maltreatment and disordered eating behaviour.

Results

Multiple mediation analyses found both emotional abuse and emotional neglect to have a significant direct relationship with EAT-26 total score and DEBQ restraint scores - mediated by internal dysfunctional emotion regulation (with external dysfunctional emotion regulation also being a significant mediator in the analysis with emotional neglect and EAT-26 total). The direct relationship between emotional abuse/neglect and DEBQ emotional eating scores was non-significant, although a specific indirect effect through internal dysfunctional emotion regulation was observed.

Conclusions

To the best of the authors knowledge, this is the first study which has looked at history of emotional maltreatment and disordered eating behaviour focussing on the influence of emotion regulation in particular. Results were indicative of significant indirect effects between emotional abuse and neglect and all measures of disordered eating through internal dysfunctional emotion regulation. Findings suggest the role of emotion regulation warrants further study in the research on childhood maltreatment and disordered eating behaviour.

Penelope Noel

Clinical Supervisor: Kevin Power. Academic Supervisor: David Gillanders

Nature of extent of posttraumatic stress disorder (PTSD) symptoms presenting in an adult psychological therapies service

Background

Posttraumatic stress disorder (PTSD) is complex and no one theory can fully explain the development and maintenance of PTSD symptoms. In Scotland, where trauma focused care initiatives are being considered, little is known about the extent of trauma history and associated symptoms presenting in primary care services. Furthermore, subthreshold posttraumatic stress disorder (sPTSD) has recently been associated with clinically significant impairment. With PTSD symptoms often comorbid with other psychopathology such as depression, individuals potentially seek treatment for these symptoms rather than underlying trauma which therefore may go unrecognised. Studies on the effectiveness of psychological treatment for PTSD demonstrate reasonable efficacy for well developed interventions. However, up to half of individuals may not make significant clinical improvements and withdrawal rates are high. This suggests that current treatments are not acceptable to some individuals and may be ineffective for others.

In light of such clinical challenges the aim of the thesis was to investigate the incidence and nature of trauma symptoms in an Adult Psychological Therapies Service.

Methods

Firstly, a systematic review was conducted to appraise the current level of evidence for prevalence and impairment associated with sPTSD. Secondly, an empirical study was undertaken to review the prevalence of trauma history and symptoms in the service. This was followed by an investigation of the relationships between processes posited to underpin many forms psychological distress by a promising new treatment approach called Acceptance and Commitment Therapy (ACT). These include; cognitive fusion, experiential avoidance and valued action. A quantitative cross sectional design collecting self report questionnaire data was used and mixed statistical methodology employed.

Results

Results from the systematic review suggest that PTSD was associated with the most impairment, followed by sPTSD, then no PTSD. Subthreshold PTSD was reported to be as, or more prevalent than, PTSD. The results from the empirical study found 89 per cent reported exposure to one or more traumatic events, 51 per cent met PTSD screening criteria, whilst a further 7 per cent reached a sPTSD diagnostic cut-off. Trauma history was positively correlated with increased psychological distress at initial assessment. Cognitive fusion, experiential avoidance and valued action were all correlated with trauma symptom severity. Both cognitive fusion and experiential avoidance mediated the relationship between number of traumatic events and trauma symptom severity in a simple mediation model. However, multiple mediation analysis demonstrated that experiential avoidance, over and above cognitive fusion, explained 33 per cent of the variance. In addition, cognitive fusion and experiential avoidance jointly had a significant indirect effect on the relationship between trauma history and valued action. The implications of the findings and further directions are discussed.

Carol Overend

Clinical Supervisor: Aileen Burnett. Academic Supervisor: Suzanne O'Rourke

Investigation of the relationship between cognitive impairment and treatment gain and adherence in mentally disordered offenders

Background

There appears to be clear evidence of cognitive impairment in schizophrenia which is wide ranging and relatively stable throughout the illness. Both cognitive impairment and treatment response have been argued to be highly relevant in risk assessment and management of offenders. However, there does not appear to be any research in this area on mentally disordered offenders. It is on this basis that this study attempts to determine the impact of cognitive impairment on treatment responsivity in mentally disordered offenders.

Methods

A cohort quantitative research design was used and the data were obtained via the administration of neuropsychological assessments and self-report measures. Neuropsychological data on attention, executive functioning, memory and IQ were matched with treatment gain scores for 114 male mentally disordered offenders. The participants were further matched according to the group treatments they had participated in resulting in five different groups.

Results

Univariate and bivariate analyses were used to explore the relationship between cognitive predictor variables and treatment gain scores. Variables that were significantly associated with treatment gain scores were further investigated using multiple regression analyses. Results indicated that for each group, cognitive variables such as attention and memory were significantly predictive of treatment gain scores.

Conclusions

The results indicate the need to consider cognitive impairment constructs such as attention, executive functioning, memory and IQ when determining appropriate interventions for mentally disorders offenders. Doing so may improve treatment responsivity and have a consequent impact on risk management and recidivism. The research limitations are discussed in relation to the methodology used, and clinical implications and directions for future research are explored.

Tara Pennington

Clinical Supervisor: Louise Duffy. Academic Supervisor: Matthias Schwannauer

"Then one day I broke down". The experience of depression and social anxiety in adolescents with first-episode psychosis

Background

Young people recovering from first episode psychosis experience a high degree of emotional distress and co-morbidity. Depression and social anxiety are highly prevalent following first episode psychosis and have been associated with poorer outcome, increased risk of suicide and lower quality of life. However, there is little research examining how these emotional difficulties relate to the course of psychotic symptoms and subsequent adaptation and recovery. The primary aim of this research was to establish a grounded theory of the experience of mood and anxiety related difficulties in young people who experience a first episode psychosis. Secondly, the research aimed to establish the underlying psychological factors contributing to the relationship between psychosis and affective dysfunction.

Methods

The study used a mixed-methods design with primacy given to the qualitative component (QUAL+quan). Young people (n=10) who had experienced a first-episode of psychosis were interviewed and completed measures of depression, social anxiety and recovery. Interviews were transcribed and analysed using a social constructivist version of grounded theory. Quantitative measures were integrated with the qualitative data, providing a framework for re-examining inferences made in the qualitative analysis.

Results

The overarching theme to emerge was *the experience of a developmental trajectory of psychosis*. Seven key categories were identified: *The build up; coping; breaking point; facing diagnosis; impact of illness; getting stuck and; moving on*. Isolation, low mood and anxiety were universal outcomes and appeared to be mediated by maladaptive forms of coping and mood regulation in addition to psychological appraisals and negative illness-related experiences.

Conclusions

The findings suggest that depression and social anxiety are not co-morbid features of psychosis but are intrinsically linked to the underlying processes involved in coping with and adapting to psychosis. Strengths and limitations of the research are discussed and implications for clinical practice and further research are reviewed.

Melanie Platten

Clinical Supervisors: Gillian Affleck, Cyan Hart. Academic Supervisors: Emily Newman, Ethel Quayle

Mental health, self-esteem and quality of life of adults with cystic fibrosis and their use of an online discussion forum

Background

Improvements in cystic fibrosis (CF) treatment over the last two decades have brought large increases in life expectancy. As a result, researchers have become more interested in the long-term quality of life and psychological wellbeing of adults with CF. Introduction of segregation policies to prevent cross-infection have added a new dimension to life with CF; patients are discouraged from meeting face-to-face and this impacts on access to peer support.

The internet has become increasingly used for social networking and accessing social support resources. This thesis aimed to explore the psychological wellbeing of adults with CF who make use of online social support and the themes emerging within online discussion forums.

Methods

Study 1 is a quantitative survey carried out online which assesses the quality of life, mental health and self-esteem of 74 adults with CF. Study 2 uses framework analysis to provide a qualitative exploration of posts made by participants on an online discussion forum.

Results

Moderate levels of quality of life and comparably high levels of self-esteem were found. Thirty per cent of the sample population scored above threshold for clinical levels of mental health difficulty. Significant correlations indicated that poorer self-esteem was associated with poorer quality of life and greater mental health difficulty. Six themes emerged from the Abstract discussion forum posts including CF treatment, daily living and occupation, health exacerbations, psychosocial processes and issues and the future.

Conclusions

Self-esteem and mental health scores were similar to previous research. However, quality of life was noted to be considerably lower when compared to other research samples. This was thought to be influenced by the overrepresentation of females in the current sample but may also be reflective of the group of people with CF who make use of online resources. Results are discussed in relation to clinical implications, limitations and directions for future research, including the efficacy of internet groups in improving wellbeing and consideration of possible developments in technology to promote socialisation in the CF population.

Jane Russell

Clinical Supervisor: Andy Keen. Academic Supervisors: Paul Graham Morris, Dave Peck

The effect of mindfulness-based stress reduction on quality of life: A meta-analysis

Background

There is substantial evidence that mindfulness-based therapies can reduce symptoms and improve well-being for individuals with physical and mental health problems. In order to evaluate these interventions and understand why they are effective it is necessary to have methods to measure the construct, mindfulness. The aim of this review was to identify available measures of mindfulness and consider their psychometric properties, interpretability and utility for research and clinical practice. A systematic search of the literature identified ten measures, all of which are in the relatively early stages of development. The measures were based on several different conceptualisations of mindfulness and therefore a significant degree of variation between measures was present. The psychometric properties of each measure were summarised and directions for future research considered.

The aim of this review was to investigate the efficacy of Mindfulness-Based Stress Reduction (MBSR) for improving quality of life in individuals with chronic health conditions.

Methods

A literature search was conducted in February 2011 using the following databases: AMED; PsycINFO; MEDLINE; and EMBASE. Effect sizes were calculated using Hedges' g and a random effects meta-analysis was conducted.

Results

The search identified 19 controlled and observational studies which met the inclusion criteria. These included a total of 1424 participants with a range of chronic conditions. MBSR led to greater improvements in quality of life compared to a control condition and the effect size was small to moderate (Hedges g=0.26). Within group effect sizes were also calculated indicating that MBSR had a moderate effect pre to post treatment (Hedges g=0.45) and at follow-up (Hedges g=0.63).

Conclusions

These findings suggest that MBSR does have a positive and significant effect on quality of life for individuals with chronic health problems. These effects appear to be maintained at follow-up. However, publication bias and ceiling effects may have been present and there was some evidence to suggest that MBSR was not more effective than active treatment controls.

Daniela Schulze

Clinical Supervisor: Kevin Power. Academic Supervisor: Dave Peck

An examination of the relationships between patterns of attachment, self-esteem, social problem-solving and drinking behaviour in problem drinkers

Background

Early psychological and environmental factors appear to play an important role in the development of alcohol abuse and alcohol dependence and increasing self-esteem and problem-solving abilities is often the aim of psychological interventions for these problems. The purpose of this study was to examine parental bonding, self-esteem and problem solving in alcohol-dependent individuals, using multi-dimensional measures.

Methods

An inpatient sample from a specialist treatment facility consisting of 90 volunteers who completed questionnaires focusing on alcohol consumption (*Timeline Followback*), alcohol-related problems (*Alcohol Problems Questionnaire*), self-esteem (*The Self-Liking/Competence Scale [Revised]*), social problem solving (*Social Problem Solving Inventory [Revised]*) and perceived parenting (*Parental Bonding Instrument*). Inclusion/exclusion criteria were applied. The data were analysed using Pearson Correlations and Stepwise Regression.

Results

Alcohol problems were related to maternal parenting patterns but not paternal parenting patterns. A significant negative relationship was found between social problem solving and alcohol problems; a positive significant relationship was found between alcohol problems and the dysfunctional styles of social problem solving (*Negative Problem Orientation, Impulsivity/Carelessness Style, Avoidance Style*). Both aspects of self-esteem were significantly related to parental care, social problem solving and alcohol-related problems. The hypothesised role of self-esteem as a mediator between Maternal Care and alcohol problems, and between social problem solving and alcohol problems, was not supported.

Conclusions

In problem drinkers, dysfunctional aspects of problem solving and low maternal bonding during childhood and adolescence appear to be related to their alcohol problems. Although a role of self-esteem in the development and maintenance of alcohol problems has been identified, the precise mechanisms through which self-esteem, problem solving and parental bonding are connected with alcohol problems has yet to be established. However, self-esteem and social problem solving need to be considered as important factors when planning treatment options. In addition, the negative effects of drinking alcohol at an early age on problems later in life were discussed.

Laura Shewan

Clinical Supervisor: Rowan Crawley. Academic Supervisors: Karen McKenzie, Ethel Quayle

Being a parent with a learning disability; A qualitative study

Background

When people with a learning disability become parents this is often viewed with concern and disapproval from others. Specifically, an individual's ability to manage the complexities of parenting is questioned and assumptions of incompetency are made. Little is known about the how parents themselves understand their learning disability, and how they perceive this to impact on them as a parent.

Methods

Semi-structured interviews were conducted with eight parents (three mothers, five fathers) with a learning disability. Interviews were recorded and transcribed. Analysis was carried out using Interpretative Phenomenological Analysis (IPA).

Results

Five master themes were identified: *The self as different identities; The opinions of powerful others; Accepting the reality; The same but different and Learning to cope*.

Conclusions

Findings suggest that parents with a learning disability hold three separate identities: as a person with a learning disability; as a parent and as an individual with personal likes and strengths. However, in becoming a parent, identity as a person with a learning disability is emphasised. Parenting experiences appear to be shaped by the opinions of others, which often creates realities to accept and standards to be adhered to. Parents with a learning disability are all too aware and fearful of the consequences of not adhering to these set standards; the removal of their child.

Vivien Smith

Clinical Supervisor: Paula Collin. Academic Supervisor: Paul Graham Morris

Experiences of specialist inpatient treatment for anorexia nervosa: A qualitative study from adult patients' perspective

Background

Response to treatment in anorexia nervosa entails various challenges, including an increased risk of relapse and re-admission in those treated as inpatients. A better understanding of patients' experiences is paramount to improve treatment acceptability and outcome. This qualitative study aimed to explore the lived experiences of adult female inpatients undergoing a specialist inpatient treatment programme for anorexia nervosa.

Methods

Semi-structured interviews were carried out with 21 female participants (aged 18-41 years) with a diagnosis of anorexia nervosa, undergoing treatment in a specialist inpatient eating disorder unit. Data were analysed using interpretative phenomenological analysis (IPA).

Results

Qualitative analysis highlighted 5 master themes which underpinned treatment experiences: (1) Shifts in control, (2) Experience of transition, (3) The importance of supportive staff relationships, (4) Sharing with peers and (5) Process of recovery and self-discovery.

Conclusions

Overall, findings suggest patients experience a process of change and adjustment during inpatient treatment in relation to their levels of perceived control, attachment to the treatment environment and a sense of self-identity. Treatment experiences appear to be influenced by the development of supportive relationships and the provision of individualised care.

Jennifer Strachan

Clinical Supervisor: Mike Henderson. Academic Supervisor: Matthias Schwannauer

'Facing Choices': A mixed-methods approach to patients' experience of care and discharge in an inpatient mental health unit

Background

This thesis addresses patients' conceptualising of the experience of admission to and discharge from an inpatient mental health unit, and the role of measurable psychosocial constructs in this conceptualisation.

Methods

An embedded mixed-methods design was employed. Categories and concepts developed using grounded theory were compared and contrasted with standardised assessment ratings.

Twelve adult patients of an acute mental health unit took part in two separate interviews about their experience of admission and discharge, and completed standardised measures of anxiety and depression, social support, attachment style and illness beliefs. Interview data were analysed using social constructionist grounded theory. Relationships between participants' contribution to constructed categories and their responses to standardised assessments were discussed in the context of extant literature.

Results

A total of fourteen categories were constructed, organised around a central theme of choices, planning and decision making. Many categories were comparable to existing constructs in attachment theory and the literature addressing illness appraisal, including mentalisation, the safe haven, internal working models, self as illness and shame. Standardised assessments supported and enhanced these interpretations.

Conclusions

Understanding of the process and adaptation to the inpatient experience can be enhanced by reference to the concepts of attachment theory and social cognition. Incorporation of these concepts into current care practices and future service development may improve the inpatient experience.

Melissa Varley

Clinical Supervisor: Andy Summers. Academic Supervisor: Ken Laidlaw

Clinicians' views of computer-guided CBT in adult mental health and factors related to referrals

Background

Computer-guided CBT could help to increase much needed access to low-intensity psychological interventions. Evidence for effectiveness has led to the inclusion of certain packages in NICE guidelines but application in clinical settings is unclear. Low uptake and high dropout suggest problems with acceptability and barriers to uptake. Studies neglect to report on acceptability to clinicians despite indications that clinician-related variables and attitudes could influence their use of CCBT. This study investigates clinicians' views of CCBT and factors related to referring to it, following experience of low referrals to a CCBT pilot, with the aim of learning more about barriers to access and how this might be improved.

Methods

A mixed quantitative and qualitative design was used. An online survey was developed to gather views on CCBT, its implementation and demographic information. This was sent to a sample of clinicians in the clinical psychology department, mental health nurses and general practitioners, some of whom were involved in the CCBT pilot project and some not. Descriptive statistics, non-parametric correlations, chi-squared analyses and framework thematic analysis was carried out on 72 completed surveys.

Results

Most clinicians identified both benefits and concerns of CCBT. Most approved of CCBT but likelihood to refer varied and many preferred to offer other interventions. Clinician-related variables associated with likelihood to refer were whether clinicians saw mild to moderate cases, approval of CCBT and perceived patient uptake. Views regarding the effectiveness of CCBT influenced choices to offer it, with negative beliefs about effectiveness including a perceived need for human contact. There was moderate interest in receiving CCBT training. Most thought it should be accessed widely, with some concern raised about access in public settings. Although GPs were not involved in the CCBT pilot, many expressed interest in receiving training and referring.

Conclusions

Clinicians' views of CCBT are mixed and some believe it is ineffective and unacceptable to patients, which influences their decisions to offer it. This includes perceptions about key aspects of therapy, such as human contact. Therefore some clinicians need more convincing of the CCBT evidence-base before they are likely to refer to it. Nevertheless there is moderate interest in using CCBT and more so in those seeing mild to moderate cases. CCBT may have a position in stepped care services but views of referrers should be considered and training offered. More research is needed on implementing CCBT, barriers to access and its role alongside other interventions.

Mhairi Williams

Clinical Supervisors: Katie Mackie, Hamodi Kayal. Academic Supervisor: Emily Newman

Can sense of coherence predict therapeutic outcome of a brief guided self help intervention?

Background

The construct sense of coherence (SOC) is proposed to explain the variation in the way people cope and it has been linked with positive mental health. Evidence suggests that level of SOC may be able to predict therapeutic outcome. There is a lack of evidence regarding individual predictors for treatment response of guided self-help services. Therefore, SOC is an important construct to consider.

The purpose of this study was to investigate whether a client's sense of coherence at the start of a guided self-help intervention could predict their therapeutic outcome. The possibility that coping style mediated this relationship was also examined.

Methods

The study employed a longitudinal survey design. Participants were patients aged 30-64 years attending a guided self-help service for mild-moderate psychological difficulties. Participant data was collected pre and post intervention (3 weeks to 3 months after initial appointment).

Results

A significant negative association was found between SOC and pre intervention anxiety and depression scores. No significant relationship was found between SOC and post intervention anxiety and depression scores (therapeutic outcome). Multiple regression analysis found that sense of coherence and coping style were not significant predictors of therapeutic outcome.

Conclusions

It is important to determine the causality of SOC's relationship with mental health because if SOC can be influenced via psychological intervention this may promote positive mental health and effective coping. Therefore, further research is required to determine if SOC has clinical application.

Lindsey Wilson

Clinical Supervisor: Tracy McGlynn. Academic Supervisors: Jill Cossar, Ethel Quayle

"It is tough being a boy": A grounded theory study of help-seeking pressures and promoters encountered by 12 and 13 year old boys

Background

This grounded theory study explored the views of adolescent boys aged 12 and 13 on the factors that influence their help-seeking decisions for less severe forms of psychological distress.

Methods

Semi-structured interviews with 12 participants from a local secondary school and a community setting were analysed according to grounded theory methods. The data analysis abstracted categories of data to construct a substantive theory of help-seeking.

Results

Participants' views revealed an interaction of 'pressures and promoters' that affected adolescent boys' help-seeking decisions. These related to relationships with others, mental health support and education, being a boy, and individual factors.

Conclusions

Mental health education and awareness should be promoted amongst adolescent boys and the adults and professionals that they encounter so that they may be encouraged to seek help for psychological distress.

Judith Wishart

Clinical Supervisor: Amanda McKenzie. Academic Supervisor: Karen McKenzie

Understanding staff responses to challenging behaviour in adults with a learning disability: The role of knowledge, attributions and emotion regulation style

Background

Knowledge and attributions are frequently cited as variables which may help to understand staff responses to challenging behaviour in people with a learning disability. Previous research has found only partial support for Weiner's (1980, 1986) model of helping behaviour within a learning disability context. The study developed a clinical definition of 'helping behaviour', and examined knowledge of challenging behaviour and the combination of attributions from Weiner's (1980, 1986) model in predicting staff helping behaviour. In addition the emotion regulation strategies of cognitive reappraisal and expressive suppression were investigated in moderating the relationship between attributions and helping behaviour, developing an overarching framework between attributions, staff stress and positive staff approaches to challenging behaviour.

Methods

One hundred and seven support staff completed self-report measures of knowledge of the term and management of challenging behaviour, causal attributions, emotion regulation style and behavioural response to challenging behaviour.

Results

Knowledge and helpful attributions were significantly correlated with helping behaviour, however, when regressed onto helping behaviour, only knowledge significantly contributed to the variance. No significant correlations were found between emotion regulation styles and attributions. No moderating or mediating effect was found for emotion regulation styles on the relationship between attributions and helping behaviour.

Conclusions

The results suggest that knowledge is the only significant predictor of positive staff approaches in managing challenging behaviour. There was limited support for the application of Weiner's (1980, 1986) model of helping behaviour. Individual differences in emotion regulation style did not provide an overarching framework between attributions, staff stress and positive staff approaches. Clinical implications, study limitations and directions for future research are presented.

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Feedback on the Abstract Booklet

Thank you to everyone who has provided feedback on previous abstract booklets. We were pleased to hear than many trainees and practitioners found the booklets useful. Any thoughts or suggestions regarding the booklets were welcome and can be sent to Paul Graham Morris at p.g.morris@ed.ac.uk

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