Doctorate in Clinical Psychology
Thesis Abstracts 2014
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.

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Deirdre Buckley

An exploration of the changing relationship with negative emotions for survivors of complex trauma whilst accessing therapy: A research portfolio

Academic supervisor – Mick Power

Aims

The experience of abuse in childhood can lead to psychological distress later in life. The aims of this research portfolio are twofold. First, to review the literature of the impact of therapeutic interventions on depression outcomes for survivors of Childhood Sexual Abuse (CSA). Second, a research study aimed to explore individuals with a history of childhood trauma experience of shame and guilt. More specifically, it examined what factors of the therapeutic process they found helpful or obstructive in their changing relationship with these emotions.

Method

To address the first aim a systematic review of the literature was carried out. The methodology employed strict inclusion criteria and ten Randomised Control Studies were identified and included in the review. A prospective longitudinal qualitative analysis was conducted for the research study. Participants (n=10) were interviewed twice at different time intervals. All were accessing psychological therapy. Data was analysed using the Framework Approach.

Results

Findings from the Systematic Review showed that existing studies are mostly of poor to medium methodological quality; but that therapeutic intervention does improve depression for survivors of CSA. The empirical study found shame and guilt to be core in the experience of psychological distress for these individuals.

Conclusion

Evidence-based therapeutic interventions for the range of complexities experienced in this population are still to be established. Shame and guilt are core to survivors psychological distress and should be assessed and addressed in therapeutic interventions.

Rebecca Cathers

Exploring the acceptability and effectiveness of psychosocial interventions for stroke patients experiencing depression

Academic supervisor – Paul Morris

Post-stroke depression (PSD) is highly prevalent and has a significant impact on stroke patients’ recovery.

The systematic review aimed to build on previous review evidence to investigate the effectiveness of psychosocial interventions on reducing depression levels post-stroke. Multiple electronic databases were searched using a combination of keywords related to depression, stroke and psychosocial interventions. Randomised controlled trials investigating the effect of psychosocial interventions on depression levels for adult stroke patients were included. Methodological quality of included studies was assessed using criteria developed by the authors. Sixteen studies were included, four of which found a significant benefit of psychosocial intervention over control conditions on mood. While the results suggest some psychosocial interventions may be effective in reducing depression post-stroke; confidence in these findings is limited due to methodological limitations within studies. The review identified a number of methodological limitations across all included studies which may explain why previous research has not found any benefit of psychosocial interventions for PSD. Therefore, the evidence base is currently insufficient and further research which utilises a robust methodology is needed before any reliable conclusions can be drawn regarding the effectiveness of psychosocial interventions for PSD.

The empirical study aimed to explore participants’ experiences of an Interpersonal Psychotherapy (IPT) assessment and formulation post-stroke to investigate the acceptability of using this model with patients experiencing PSD and indicate if more detailed quantitative research is justified. Ten participants with post-stroke depression (PSD) received two assessment appointments with a Clinical Psychologist, generating an IPT formulation of their difficulties. Participants subsequently took part in a semi-structured interview about their experience of this process. The results of these interviews were transcribed and analysed using Framework Analysis. Participants were seen to link their difficulties post-stroke to three of the four IPT interpersonal focus areas: interpersonal disputes, role transitions and grief loss. Overall, participants found an IPT assessment and formulation to be acceptable and identified benefits of the sessions including: altering their viewpoint, increasing acceptance of impaired functioning, reducing frustration, increasing positive feelings and leading to improvements in their social support. IPT may therefore be a suitable intervention for PSD and further robust, quantitative research is justifiable. Results suggest acceptance and an altered viewpoint are common following an IPT assessment and formulation; therefore future IPT research should measure changes in these variables alongside mood and behaviour.
Anne Caulfield

What helps? An exploration of protective factors and self-harm

Academic supervisor – Ethel Quayle

Background
Self-harm is important considering the demand it places on health services and its strong association as a risk-factor for suicide. Research regarding protective factors for self-harm is limited, protective factors can be personal or social resources that reduce the impact of negative consequences, in the face of stressors. Identifying protective factors is important, provided they can be enhanced and utilised to inform intervention.

Aims
This thesis had two aims; to systematically review the literature investigating the relationship between social support and suicidality, and to use Interpretative Phenomenological Analysis to explore the factors that support desistance from self-harm.

Method
Quantitative studies, exploring the relationship between social support and suicidality were reviewed systematically. The empirical study employed Interpretative Phenomenological Analysis to investigate self-harm behaviour in context, identify potential protective factors and explore what participants have found to be helpful to desist from self-harm behaviour. Semi-structured interviews were conducted with nine participants (18-61 years) recruited from the Adult Community Mental Health Team.

Results
Findings of the systematic review indicate that there is an association between poor social support and increased suicidality in adulthood. In the empirical study, four main themes emerged from the data: Relief from psychological distress, Difficulties communicating, Social support and Gradual desistance.

Conclusion
Social support may be an important factor that protects against suicidality, however other variables play a mediating role. Findings from the empirical study suggest that treatment providers must be sensitive to the context and function of self-harm behaviour for the individual, and be willing to work to reduce the self-harm behaviour, while being cognisant that self-harm may be protective for the individual and prevent more severe self-harm or even suicide.

Claudia Coelho

A systematic review of constructs and measures of adjustment and adaptation to retirement & A meta-analysis of the relationship between retirement and depression in later life

Academic supervisor – Emily Newman

Objectives
This thesis includes two distinct pieces of work. A systematic literature review (SLR) aimed to identify, organise and evaluate constructs and measures of adjustment and adaptation to retirement (AAR), as these are currently used in the literature. A meta-analysis (MA) sought to systematically evaluate the evidence of the relationship between retirement and self-reported symptoms of depression in later life.

Methods
For the SLR, a comprehensive list of electronic databases, and additional sources, were searched (March-May 2013). The identified constructs of AAR were evaluated in relation to their content, clarity and frequency of use. The identified measures were evaluated in relation to pre-defined psychometric properties and frequency of use. For the MA, an equally comprehensive search strategy was used (December 2012-March 2013). A meta-analysis and systematic assessment of risk of bias were carried out on the studies eventually included.

Results
In the SLR, 27 measures of AAR were put forward for evaluation, and 6 distinct clusters of constructs of AAR were identified. AAR is defined inconsistently in this literature. Most measures that are used to assess these constructs are adapted or imported from other contexts (e.g. mental health, well-being, life-satisfaction). The 7 measures that related specifically to AAR ('retirement satisfaction and role adjustment') lacked detailed psychometric information. Eight non-randomised studies were included in the MA, 5 cohort studies and 3 cross-sectional studies. Studies were grouped and analysed according to these two design-type subgroups. There was evidence of high dispersion of effect sizes, variable risk of bias and methodological and statistical heterogeneity between studies in both sub-groups – cohort (Q=640.728, df =4, p<0.001), cross-sectional (Q=76.611, df=2, p<0.001). Summary effects were therefore not meaningful. Sensitivity and sub-group analyses did not account for high heterogeneity of effect sizes.

Conclusions
The SLR concluded that the variability in outcomes of research on AAR found in this literature may be underpinned, in part, by the different constructs and measures that are used. The 27 measures evaluated did not seem, at face-value, to measure the same construct; their psychometric properties also varied. The interpretation of outcomes, and comparisons between studies, in this area is hindered by this inconsistency. The MA concluded that the relationship between retirement and self-reported depressive symptoms seems to be complex and variable. Effect-sizes of individual studies were small, non-significant and highly dispersed, and heterogeneity of true effects was high. These results may be limited by confounding factors in primary studies. This is discussed and contextualised in relation to the use of non-randomised studies in meta-analysis.
Background
There is an emerging literature suggesting that clinicians can go through a process of personal change when engaging in psychotherapeutic work with trauma, which parallels that experienced by clients themselves. The current evidence regarding the relationship between engaging in psychological therapy and vicarious post-traumatic growth is inconclusive. A number of methodological weaknesses in the existing literature were identified. The review highlights the need for future research to examine the contextual, demographic and psychological factors which allow therapists to experience positive psychological outcomes from their trauma work.

Objective
This study aims to explore vicarious post-traumatic changes in clinicians who work with adult survivors of complex trauma and the role of organisational factors in these changes.

Method
Grounded theory methodology was used to analyse interview data with twelve participants (nine female and three male), all of whom had high complex trauma caseloads.

Results
The study generated a theory proposing that undertaking trauma work involves the interplay between numerous challenges pertaining to clinicians’ expectations of themselves, therapeutic challenges and organisational neglect. Engaging in trauma work with clients leads to psychological and emotional changes in therapists. A lack of organisational support further contributes to such changes, leaving clinicians feeling isolated and overwhelmed. In order to cope with these challenges, clinicians develop coping mechanisms in the form of emotional detachment and accessing external supports. Alongside this, clinicians identify positive effects of trauma work arising from the therapeutic relationship. These positive outcomes appear to mediate the more negative effects of trauma work, relating to psychoemotional changes and lack of organisational support.

Conclusion
These findings suggest a need for a greater understanding of the degree of reciprocity between clients, clinicians and services and the provision of trauma-informed services both for clients and clinicians.

Mary Hughes
An exploration of the relationship between maternal childhood emotional abuse/neglect and parenting outcomes: A systematic review and empirical analysis

Academic supervisor – Jill Cossar

This study investigated the relationship between maternal childhood experience of emotional abuse (CEA) and/or emotional neglect (CEN) and subsequent second-generation parenting outcomes. Firstly, a systematic review of the literature exploring the relationship between these factors was carried out. Twelve studies met our inclusion criteria. Evidence was found of a relationship between maternal experience of CEA/CEN and a negative impact on the subsequent parent-child relationship and parenting behaviours; including greater dysfunctional parent-child interactions, lower empathy, greater psychological control, greater child maltreatment potential and punitiveness. Evidence in relation to the impact on parenting competence was less robust. For practitioners, these findings highlight the importance of considering maternal childhood experiences when working with parents and when attempting to make sense of children’s difficulties. Methodological weaknesses were highlighted and recommendations for future research made. Secondly, a cross-sectional study was carried out which explored whether early maladaptive schemas (EMSs) mediated the relationship between maternal CEA/CEN and attributions of perceived control over failure (PCF) in child care-giving interactions. Mothers (N=111) completed five self-report questionnaires in relation to the above. Multiple mediation analyses using bias corrected bootstrapping were carried out.

In line with expectations, significant relationships were found between both CEA and CEN and EMSs. CEN also demonstrated both a direct and indirect effect on PCF score, via the EMSs Social Isolation/ Alienation. However, the indirect effect was in the opposite direction to that predicted. No other indirect effects were found. CEA demonstrated neither a direct effect on PCF, nor an indirect effect via any of the EMSs. Results are discussed in the context of current research.
Help-seeking within mental health services for individuals with a history of chronic psychosis

Academic supervisors – Matthias Schwannauer/ Helen Griffiths

Background
Help-seeking is a concept of growing interest in the context of psychosis and the move towards early intervention and community-based service models. Despite a preponderance of first episode studies in this field, help-seeking is also of clinical relevance to adults with more chronic psychosis in the face of spiralling patterns of relapse and diminished recovery. Recent research into attachment theory opens up new avenues for exploring aspects of relating in psychosis, including help-seeking in mental health service contexts.

Methods
A systematic review of attachment and psychosis was carried out to critically assess the strength and nature of empirical support for this theory within a clinical context. A social-constructivist based grounded theory study of help-seeking and chronic psychosis was conducted amongst nine individuals in a long term rehabilitation service. This aimed to develop an experiential account and grounded theory of the processes shaping help-seeking for this clinical group. Study findings were reviewed against existing constructs of attachment style, service attachment, recovery style and beliefs about psychosis.

Results
A grounded theory emerged from the study emphasising the importance of three domains; ‘beliefs about the self’, ‘beliefs about others’ and ‘service experience’, in dynamically shaping views to help-seeking and receiving, for those with chronic psychosis. Attachment theory and recovery coping style were seen as compatible with this model.

Conclusions
Individuals with chronic psychosis may continue to experience difficulties with help-seeking and service engagement, even within supported service settings. An appreciation of the interpersonal significance of service interactions, and improved understanding in this area, may help services better anticipate, respond to and adjust their models of engaging for this important clinical group.

Depression in later life: A review of the effectiveness and efficiency of psychological therapies and an empirical exploration of the predictors of attitudes to seeking psychological help

Academic supervisor – David Gillanders

Background
Depression within the older adult population is common. Previous reviews of the literature have considered the efficacy of psychological therapies for older adults. However, they have exclusively focussed on evidence provided by randomised controlled trials neglecting emergent evidence from other therapeutic modalities. Despite the efficacy of psychological and pharmacological treatments many depressed older people go without treatment. The barriers to treatment remain unclear but may include negative attitudes to ageing and lack of mental health literacy.

Aims
This thesis had two aims which are considered separately in two journal articles included within. The first was to update the literature relating to the efficacy psychological interventions including: Cognitive Behavioural Therapies, Reminiscence Therapies, Acceptance and Commitment Therapy and Problem Solving Therapy. The second aim was to empirically explore factors which predict older adults’ attitudes to seeking psychological treatment. The project considered older people’s accuracy in recognising whether they were depressed. It also explored the role of depressive symptoms, cognitive and behavioural variables in predicting attitudes to seeking treatment.

Method
A systematic review of the literature was undertaken to consider the efficacy and efficiency of psychological therapies in the treatment of late life depression. An empirical cross sectional survey recruiting older adults (n = 281), aged ≥65 years was undertaken to examine the effects of depression, cognitive fusion, attitudes to ageing, and valued behaviour on attitudes to seeking professional psychological help.

Results
In the systematic review, of the 1493 articles identified 11 were retained for review. Papers reviewed considered the effectiveness psychological interventions including Cognitive Behavioural Therapies, Reminiscence Therapies, Acceptance and Commitment Therapy and Problem Solving Therapy. The results of the statistical analysis in the empirical work suggested there were significant differences in older adult’s ability to accurately recognise when they are depressed. Attitudes to aging did predict differences in accuracy of depression recognition. Symptoms of depression predicted some recognition accuracy. A multiple linear regression revealed that positive attitudes to ageing and greater cognitive fusion significantly predicted positive attitudes to treatment seeking.
Conclusions
Our results demonstrate psychological therapies could be offered as alternatives to antidepressant medication for older people and within an efficient model of stepped care. The results of the empirical element of this project suggest that attitudes to ageing and cognitive fusion are both predictors of attitudes to treatment seeking. The results further suggest that many depressed older people don’t recognise when they are depressed suggesting a lack of mental health. These findings suggest several implications for clinical practice, psychological therapies and public health.

Personality disorder is common amongst individuals accessing mental health services, with research into its aetiology and impact on services increasing in recent years.

This thesis has two parts. The first is a systematic review of the neuropsychological functioning among forensic samples with diagnoses of psychopathy and antisocial personality disorder (ASPD). Five databases were searched for cross-sectional studies exploring cognitive functioning in psychopathy and ASPD. Twelve studies were reviewed and indicated that individuals with psychopathy and ASPD demonstrate deficits in executive functions, attention, and memory, and that there are some differences in neuropsychological performance between the two disorders.

The second part is an empirical study exploring factors that may influence mental health staff attitudes towards individuals with personality disorder. The study found that staff personality traits, emotion regulation style, empathy and job satisfaction were related to attitudes to personality disorder. Empathy and job burnout predicted attitudes, and mediating relationships between variables were explored.

Reena Lad
Staff Attitudes to Personality Disorder: the role of personality, emotion regulation, empathy and compassion

Academic supervisor – Matthias Schwannauer

The results indicated that a suppressive emotion regulation style and job burnout were likely to lead to negative attitudes to personality disorder, whereas job satisfaction and high empathy would lead to more positive attitudes. Implications for the findings of the systematic review and empirical study are discussed. Further research is required in both areas.
Background
Attention and vigilance is highlighted as an adaptive function which facilitates a faster response to threat. It is also proposed as a maintenance factor in problems with anxiety, and more recently within physical health conditions. Researchers have hypothesised that due to the role of attention in anxiety, modifying this attention will result in a reduction of anxiety levels. In addition, research is now emerging in relation to the role of attention in paediatric health conditions. Due to the importance of early targeting in interventions for both anxiety and physical health conditions, further research is needed in this area.

Aims
The research aims were twofold. The first aim was to review the literature and evidence related to the anxiolytic effect of Attention Bias Modification (ABM) in child and adolescent populations. The second aim was to investigate if children with asthma show an attentional bias to different threat related stimuli (asthma, anxiety or general negative emotion) and the relationship between this and other health related factors.

Method
A systematic review of the current literature was carried out to address the first aim. This included 10 quantitative studies which all examined the effect of ABM on either child or adolescent anxiety levels. To address the second aim, 36 children aged nine to twelve participated in an empirical study. 18 of the participants had asthma, and 18 were asthma free and both groups were asked to complete a computer task designed to measure attentional bias to the different threat related stimuli. In addition, caregivers completed a questionnaire to measure their own anxiety levels, and the children with asthma completed measures focused on quality of life, coping strategies and inhaler use.

Results
Research regarding the effectiveness of ABM for youth anxiety is in its early stages. However, preliminary conclusions can be drawn suggesting that it may be an effective intervention to reduce anxiety levels. Additional, rigorous research is required to standardise treatment protocols and answer further questions. Within the empirical study, repeated measures ANOVA revealed that children with asthma show an attentional bias to asthma cues whereas children without asthma do not. Furthermore, there was no selective attention to general negative words, suggesting that attentional bias was not due to general sensitivity to emotional stimuli. A Pearson’s correlation showed that vigilance to asthma cues was associated with parental anxiety. There was no attentional bias to anxiety symptom words and no significant correlations between bias scores and the measured health related factors.

Conclusion
The results from the systematic review provide further evidence for the role of attention in paediatric anxiety problems. In addition, the outcome of the empirical study suggests an unconscious threat association in childhood asthma. Further research may yield a viable computerised treatment for paediatric anxiety. Regardless of this, it will be important to consider the role of attention in clinical practice, both in the treatment of anxiety and complex chronic health problems such as asthma.
Introduction
Psychosocial behavioural difficulties following acquired brain injury (ABI) have been shown to have a persisting negative effect on quality of life. A systematic review was carried out to look at the efficacy and clinical effectiveness of available psychological treatments for psychosocial behavioural difficulties following ABI. Research was carried out to further understand psychosocial behaviour by exploring the possible underlying cognitive aspects (specifically social cognition) in a traumatic brain injury (TBI) population. The study investigated the relationship between social cognition and psychosocial behaviour post-TBI.

Method
A systematic search of articles published between January 2008 and November 2013 was carried out following the Cochrane (2008) guidelines. Papers were quality assessed to identify strengths and weaknesses. In the research study, forty TBI participants were asked to complete tasks of emotion recognition, theory of mind, cognitive flexibility, processing speed, attention and working memory. Self-rated and proxy-rated behaviour questionnaires were also administered.

Results
The systematic review revealed eight studies for inclusion; three papers on Cognitive Behavioural Therapy, two on Cognitive Rehabilitation Therapy, and one on Applied Behavioural Analysis. The findings suggested that CHA showed the best efficacy and generalization. However, there were also positive results within the CBT studies. The research paper found that the TBI group performed significantly poorer on measures of emotion recognition and three out of the four ToM tasks. The TBI group also performed significantly poorer on measures of processing speed and working memory (executive function). There was no association found between performance on any of the cognitive tests and psychosocial behaviour.

Conclusions
This is an area of limited research, likely due to the challenges of carrying out research in an ABI population. The systematic review highlighted the limited research available which has implications in clinical practice due to a lack of evidence base for potentially effective interventions. The research study results suggest that there is still a lack of understanding of psychosocial behaviour and its underlying cognitive functioning. Further research would improve understanding and could also focus appropriate post-ABI interventions for psychosocial behaviour problems.
Background
Worry is theorised to function as a form of cognitive or experiential avoidance wherein an individual uses repetitive thinking in an attempt to avoid a future event or an aversive internal experience. There is evidence of a closer link between non-verbal thought (e.g. mental images) and emotion, physiology and behaviour than with verbal thought. Based on findings that worry is predominantly a verbal-linguistic activity, with less imagery occurring during worry episodes than during relaxation, it is theorised that worriers may move from non-verbal to verbal thought in order to avoid the greater arousal associated with non-verbal thought intrusions. This carries with it the unintended consequence of reducing emotional processing, leading to a subsequent increase in intrusive thoughts. Whilst cognitive science has emphasised the content of cognition and how this links to emotion, the psychological flexibility model suggests that content is less important than how we relate to our cognitive events. The degree to which we get entangled in our thinking, lack perspective on our thoughts and the degree to which cognition comes to regulate our behaviour over other sources is known as cognitive fusion. It is postulated that some individuals may be more prone to avoiding internal experiences due to the stance they take toward these experiences. In the long-term, worry should lead to a reduction in the experience of intrusive images and memories and an increase in intrusive thoughts; and this relationship should vary depending on an individual’s stance in relation to their internal experiences. The purpose of the current study is to explore the experience of intrusive memories, images and thoughts in an older adult sample, and the relationship of these experiences to level of worry, cognitive fusion and psychological inflexibility.

Method
Sixty-two community dwelling older adults were involved in the study. Each completed questionnaire measures to assess level of trait worry, depression, cognitive fusion and psychological inflexibility, as well as an interview to determine whether diagnostic criteria were met for any mood or anxiety disorder and to complete an interview exploring the experience of intrusive memories, thoughts and images.

Findings
Higher levels of trait worry were strongly associated with higher levels of cognitive fusion and psychological inflexibility. Intrusive memories, images and thoughts were all reported in low levels across the sample. Level of worry was positively associated with the severity but not the occurrence of intrusive memories and thoughts. Higher levels of psychological inflexibility were associated with less occurrence of intrusive memories and images; whereas higher levels of cognitive fusion were associated with the increased occurrence of intrusive images. Higher levels of worry, cognitive fusion and psychological inflexibility were all associated with increased severity of intrusive thoughts. The findings are discussed in relation to previous research and to the Avoidance Theory and Acceptance Model of GAD. Implications are considered for further research and clinical applications.
Holly Newman

Moving towards a recovery focused approach in a low secure forensic mental health setting: Staff perceptions and understanding of the impact of service change.

Academic supervisors – Emily Newman / Ethel Quayle

Background
Evidence suggests that the recovery focused approach provides a new conceptual framework for modern rehabilitation practice; encouraging a movement away from traditional medical treatment, towards a more person-centred, social approach to patient care. Mental health services are increasingly focused on supporting the recovery approach to patient care, with government policies continuing to encourage local teams to develop recovery-focused services. In relation to the recovery focused approach, this thesis had two aims. Firstly, to systematically analyse literature which explores the impact of recovery-oriented training on staff knowledge and attitudes towards recovery practice, and secondly, to explore nursing staff perceptions and experiences concerning moving towards and using a recovery focused approach within a low secure forensic mental health setting.

Methods
Aims were addressed in two separate pieces of work. The first journal article presents a systematic review. Aims were addressed in two separate pieces of work.

Results
The systematic review found that all nine studies demonstrated significant positive changes in mental health practitioners’ self-reported recovery-based knowledge, recovery-consistent attitudes and attributions, and optimism following completion of a recovery-oriented training programme. In journal article 2, five themes were identified: managing risk; patient engagement; service developments; development of job role and ward environment.

Conclusions
The systematic review demonstrated the effectiveness of recovery-oriented training programmes at facilitating positive changes in staff knowledge, attitudes and attributions towards recovery oriented practice in clinical populations. Limitations of the papers included the relatively small sample sizes, the complex nature of the populations reviewed and the high rate of demographic confounding variables identified. The results of the original study provided insight into the views and understandings of forensic mental health nursing staff, specifically, into factors which were perceived to promote and impede the recovery focused approach within a low secure forensic mental health setting. In both articles, results are discussed in relation to clinical implications, strengths and limitations, and directions for future research.

Grainne O’Brien

An examination of the contribution of mindfulness and catastrophizing to the presence of anxiety and frequency of COPD related hospital admissions in COPD patients

Academic supervisor – Paul Morris

Purpose
The aim of the systematic review was to explore the role that anxiety plays in hospital admissions for those with Chronic Obstructive Pulmonary Disease (COPD). The empirical study aimed to examine whether the frequency of COPD related admissions is related to psychological factors (anxiety, depression, catastrophising, and mindfulness); disease severity, perceived disability and demographic factors. It also sought to examine whether cognitive factors (mindfulness and catastrophising) may explain unique variance in predicting anxiety and COPD-related admissions when other relevant factors are controlled for.

Methods
The literature was systematically searched for empirical study aimed to examine whether the frequency of COPD related admissions is related to psychological factors (anxiety, depression, catastrophising, and mindfulness); disease severity, perceived disability and demographic factors. It also sought to examine whether cognitive factors (mindfulness and catastrophising) may explain unique variance in predicting anxiety and COPD-related admissions when other relevant factors are controlled for.

Results
Fourteen studies met inclusion criteria for the systematic review, demonstrating mixed results regarding whether anxiety plays a role in COPD related hospital admissions. Findings from the empirical study suggest that a significant relationship exists between disease severity and number of COPD hospital admissions and catastrophising and overall mindfulness predicted 16.3% of variance in COPD hospital admissions (non-significant). Anxiety scores were significantly correlated with breathlessness, depression, catastrophising and mindfulness with catastrophising and mindfulness predicting 22.3% of variance in anxiety (significant).

Conclusions
Further research with robust measures of anxiety and hospital utilization are needed to aid our understanding of the role of anxiety in COPD related admissions. Further research is necessary to determine if mindfulness and catastrophising are useful constructs in predicting anxiety levels and hospital admissions in those with COPD. This will help to inform future psychological interventions with this population.
Background
Sexual violence against children across different mediums, both online and offline is a prevailing problem. Yet there is a dearth of research on clinical characteristics of these contact child sex offenders, and in particular Internet child sex offender groups. Primarily previous research has focused on risk and risk management. In contrast, recently defining clinical characteristics has become a research focus, with clinical needs and deficits such as social anxiety and loneliness being investigated as potential psychological factors that precipitate and maintain offending. Despite this, these clinical characteristics have not been assessed in this offender group in Scotland. It is on this basis that this thesis endeavours to explore these features within the child sex offender population.

Method
A systematic review of the literature was performed to identify if social anxiety is associated with male contact child sex offenders. Secondly, the empirical research study employed an exploratory quantitative design and to inform our understanding of the psychological characteristics of community Internet child sex offenders (N=31) when compared with non-offenders (N = 31). It was hypothesised that social anxiety, loneliness and obsessive compulsive disorder would be greater in the offender sample. Mann Whitney U tests and Kendal-tau correlations were used to investigate the hypotheses between the groups. Initially, contact child sex offenders and violent offenders were recruited for comparison, however due to insufficient numbers were excluded from the final study.

Results
The systematic review suggested an association between social anxiety and sexual offending against children, however results may have been tempered by other 5 factors due to methodological inconsistencies across the studies. The empirical research study found that social anxiety and loneliness were significantly greater in Internet child sex offenders than non-offenders. Additionally, correlations between online cognitions dependency and social anxiety, and dependency and loneliness were significant indicating a possible function of problematic Internet use within this offender group.

Conclusions
Overall, the findings indicated that social anxiety and loneliness were significantly associated with sexual offending against children. However, there may not be a direct relationship due to several possible confounding factors. The role of problematic Internet use may increase clarity on the clinical characteristics of this offender group and warrants further investigation. The implications of this research suggest that treatment may require a focus on social needs and isolation within this group. Strengths and limitations of the systematic review and the research were discussed with implications for clinical practice and future research also being proposed.

Cognitive Behavioural Therapy for psychosis aims to alter an individual’s beliefs about their voices and is the most widely-used psychological intervention for distressing hallucinations. Meta-analyses have shown modest beneficial effects. Mindfulness and acceptance-based therapies are becoming an increasingly popular approach for individuals with a range of mental health difficulties. A systematic review was conducted to evaluate the evidence base for these therapies in the treatment of distressing auditory hallucinations. Nine studies met the inclusion criteria; four controlled studies and five case studies. Overall, the quality of the studies was poor. Reductions in hallucination-related distress, belief conviction, cognitive appraisals and hallucination proneness were noted. Participants’ ability to respond mindfully to hallucinations increased. The literature on mindfulness and acceptance-based therapies for distressing auditory hallucinations is limited at present.

More research is needed before such therapies can be considered evidence-based treatments for distressing hallucinations. The relationship between malevolent and omnipotent appraisals of voices and psychological distress is relatively well-established. It was hypothesised that negative self-schemas mediate the relationship between negative appraisals and voice-related distress. This effect was stronger for appraisals of malevolence.

The 2 results suggest that negative self-schemas and psychological flexibility may be useful targets for psychological therapy for distressing auditory hallucinations. In addition, the results highlight the importance of assessing an individual’s beliefs about their hallucinations when considering treatment options.
Background
Maternal mental health during pregnancy and its effects on offspring outcomes have received increased attention as a public health concern. This thesis aimed to examine and evaluate current research into the long-term effects of maternal antenatal anxiety on offspring’s psychological development and markers of developmental psychopathology. This thesis also aimed to identify protective factors to parental distress during pregnancy. Self-compassion and adult attachment security have been found to be protective psychological factors for ameliorating stress in general adult samples. Therefore the empirical paper aimed to investigate the effect of these factors during the antenatal period.

Method
A systematic literature review of prospective studies examining the effects of maternal antenatal anxiety on child psychopathology and neurodevelopment literature identified 16 relevant prospective studies. The empirical study recruited a general population sample of women and their partners during their second trimester. They completed self-report assessments of self-compassion, adult attachment security, mood and antenatal attachment. Neonatal birth outcome data was collected as follow-up data.

Results
The systematic literature review results indicate that maternal antenatal anxiety can be measured and does have a negative impact on offspring development. The results also identified a broad risk phenotype, suggesting that interventions should not necessarily only be targeted at women reaching clinical caseness. The review highlighted a lack of specificity regarding possible psychological mechanisms of the relationship between maternal antenatal anxiety and offspring outcomes. The results of the empirical paper indicated that higher levels of self-compassion and attachment security were related to fewer self-reported symptoms of distress in mothers and partners. Self-compassion was found to mediate the relationship between attachment security and distress. Neither antenatal attachment nor neonatal birth outcomes were significantly related to attachment security, self-compassion or levels of distress.

Conclusions
The results of the systematic review should broaden public health concern. A need for future research is identified in terms of understanding the process of maternal-foetal programming, protective mediating factors and effective interventions. The role of self-compassion as a protective mediating factor is discussed in relation to identification and treatment of distress during the antenatal period.
Objectives
This thesis aims to further our understanding in relation to childhood obesity and associated psychological difficulties.

Design
The systematic review aimed to investigate the relationship between parental mental health difficulties and childhood psychological functioning in overweight and obese children. The empirical study aimed to examine possible relationships between Body Mass Index (BMI), self-esteem, quality of life, and resilience.

Methods
A systematic review was completed using a comprehensive literature search of relevant databases to identify studies examining the relationship between parental mental health difficulties and childhood psychological functioning.

Conclusions
Interventions targeting childhood overweight/obesity and their psychological effects may need to take into account wider psychosocial factors including parenting and positive factors which may protect against the negative psychological effects of obesity. Further research is needed, particularly in relation to resilience.

Academic supervisor – Paul Morris

Facets of Mindfulness in Health Professionals and Patient Adjustment to Cancer

Systematic Review
Healthcare professionals work in highly emotive environments and are considered to be at high risk of developing burnout due to the nature of their roles. There has been increased interest in applying mindfulness-based interventions for stress reduction in healthcare professionals. Previous reviews have tended to include a heterogeneous mix of patients, healthcare students and healthcare professionals. The inherent differences in these roles limits the conclusions that can be drawn regarding the effectiveness of mindfulness-based interventions for healthcare professionals. The current review aimed to address this gap in knowledge by reviewing mindfulness-based interventions specifically for healthcare professionals. Eight studies were included in the review. It was concluded that despite some methodological weaknesses there was promising evidence of the effectiveness of mindfulness-based interventions in reducing stress and improving well-being particularly when baseline levels of stress were high. The evidence in support of reducing burnout was less conclusive. Future studies employing larger samples using active controls and longitudinal designs will provide valuable information on the long-term efficacy of these interventions.

Empirical Research Study
Several studies have identified psychological adjustment as one of the most important factors correlating with psychological distress and quality of life in people with cancer. Identifying ways to promote positive adjustment to cancer is an important goal in helping to alleviate distress and improve quality of life for this client group. This can be facilitated by identifying robust predictors of distress. Previous studies have identified a number of useful predictors, such as coping styles and psychological adjustment styles. The current study aimed to explore the predictive power of two newer constructs aligned to mindfulness-based processes: self-compassion and cognitive fusion - in determining adjustment to cancer. 114 adults with various cancer diagnoses completed the Mini Mental Adjustment to Cancer Scale, Brief COPE, the Self-Compassion Scale, Cognitive Fusion Questionnaire; and two outcome measures: the Hospital Anxiety and Depression Scale and the Functional Analysis of Cancer Therapy – General. Hierarchical multiple regression was used to explore relationships between predictor variables: mental adjustment, coping style, self-compassion and cognitive fusion, and outcome variables: distress and quality of life. Results showed that a known predictor, emotional avoidance coping and the newer construct, cognitive fusion were significant predictors of distress over and above other

Academic supervisor – David Gillanders
known predictors. Emotional avoidance coping was the only significant predictor of quality of life over and above known predictors and the newer constructs under examination. Self-compassion did not account for any significant incremental variance in distress or quality of life after controlling for other known predictors. The results of this study indicate that interventions focused on reducing cognitive fusion and emotional avoidance are warranted and potentially beneficial in reducing distress in this population.

Introduction
Unpaid carers are known to be at heightened risk of poor outcomes (e.g. financially, physically and emotionally). Conversely it is known that carers can have positive experiences through their caring role and continue to experience good well-being even when distress is present The study proposes that mindfulness, psychological inflexibility and valued living may moderate the relationship between distress and well-being in carers and therefore help ameliorate some of the potentially negative consequences of caring.

Method
55 unpaid carers completed self-report measures of burden, distress mindfulness, valued living and psychological inflexibility. The results were analysed using correlation analysis and moderated multiple regressions.

Results
Psychological inflexibility and valued living were found to moderate the relationship between distress and well-being in carers. There was evidence of valued living having a moderating relationship between burden and well-being. Correlation analysis indicated that there were significant negative relationships between valued living, mindfulness and distress; and psychological inflexibility and well-being. In addition positive relationships were found between mindfulness, valued living and psychological inflexibility and distress.

Discussion
The results of the study provide further support to the existing evidence base for mindfulness and ACT, which is the approach behind the concepts of valued living and psychological inflexibility. This suggests that mindfulness, valued living and psychological inflexibility should be explored further in carers. Recommendations for future research into the use of mindfulness and ACT for carers are discussed.
Adolescent resilience following childhood maltreatment

**Academic supervisor** – Matthias Schwannauer

**Background**

Previous research has demonstrated that a history of childhood maltreatment can lead to significant negative consequences across multiple domains of functioning. A significant minority of individuals remain resilient to such negative consequences, necessitating further research into the factors which protect against negative outcomes in young people who have experienced adversity. A systematic review of the literature was carried out in order to assess the evidence base for factors that predict adolescent resilience following childhood maltreatment. Several factors across the individual, family and community level were identified, however, evidence regarding these factors was mixed. Factors that have been shown to predict resilience in other age groups require further validation within adolescent samples.

**Aim**

The first aim of this study was to investigate the role of resilience in the relationship between childhood maltreatment and psychological distress. The second aim was to address a possible role for attachment in mediating the relationship between childhood maltreatment and resilience.

**Method**

Adolescents aged 13 – 17 who were attending Child and Adolescent Mental Health Services were asked to complete measures of childhood maltreatment, individual resilience, attachment and psychological distress.

**Results**

Resilience was shown to mediate the relationship between maltreatment and psychological distress. Attachment avoidance was found to mediate the relationship between maltreatment and resilience but not when emotional reactivity was included in the resilience index. Attachment anxiety did not mediate the relationship between maltreatment and resilience, however, maltreatment history was found to moderate the relationship between attachment anxiety and resilience.

**Discussion**

Generalisability of this study was limited due to possible bias within the recruited sample. Implications of the significant results are discussed along with suggestions for future research.

In order to examine the literature on acceptance and mindfulness in parents of children with developmental disabilities a systematic review was conducted. Twelve studies were included in the review and provided some support for the relevance of these concepts in helping to support parents of children with developmental disabilities. However, general study quality was poor and methodological limitations hampered confidence in these findings. Research considerations are discussed. An empirical study was conducted to examine the relationship between psychological acceptance and family quality of life in parents of children with intellectual disabilities. One-hundred and twenty-nine parents of children with intellectual disabilities participated in a questionnaire based study. Participants completed measures of family quality of life, psychological acceptance, emotional adjustment, mental well-being and impact of the child. Parental psychological acceptance was positively associated with family quality of life and was found to account for around 19 per cent of its variance. Parental emotional adjustment was also positively associated with family quality of life, however, when parental psychological acceptance was added to the regression model emotional adjustment was no longer a statistically significant variable. The results of this study suggest that parental psychological acceptance may explain some of the variance in family quality of life.

**Further research** is needed to ascertain whether interventions that improve parents’ psychological acceptance also improve family quality of life.
Background
Mild Cognitive Impairment (MCI) is a clinical construct reputed to represent an intermediate stage on a continuum between normal aging and cognitive decline. Conceptual and prognostic ambiguity can lead to significant diagnostic challenges and there is a need for accurate screening tests which can assist clinicians with decision-making. A diagnosis of MCI is also associated with considerable uncertainty for patients who may be adjusting to cognitive difficulties along with an increased risk of developing dementia. Beliefs about MCI may influence psychosocial adjustment, and individual differences in ‘psychological flexibility (PF)’, as conceptualised by the Acceptance and Commitment Therapy (ACT) model, may also be involved in this process.

Objectives
In order to evaluate the accuracy and clinical utility of a recently developed screening tool for MCI, the Montreal Cognitive Assessment (MoCA), a systematic review of validation and diagnostic test accuracy (DTA) studies for this measure was conducted. Psychosocial adjustment to a diagnosis of MCI was also a key focus. An empirical study was therefore carried out with the aim of evaluating the possible relationships between cognitive impairment, illness representations about MCI, psychological wellbeing and quality of life (QoL), and to assess the potential involvement of PF.

Method
Following a systematic search of relevant electronic databases and reference lists, validation and DTA studies of the MoCA were identified and evaluated for methodological quality. For the empirical study, patients recently diagnosed with MCI were recruited from local NHS memory clinic services and completed the MoCA and a questionnaire pack assessing illness representations, PF, mood, anxiety and QoL.

Results
The systematic review identified 18 validation and DTA studies. Few of the studies achieved high ratings for methodological quality and problems with representativeness and generalisability were identified. Nevertheless, sensitivity levels appeared robust across studies, though specificity was variable. For the present empirical study, participants reported a spectrum of positive and negative beliefs about MCI. Distress attributed to MCI was associated with anxiety, along with perceptions of more serious illness consequences, while higher PF was associated with higher perceived QoL and mood. Lived experience of MCI appeared to have more relevance to psychosocial adjustment than objective cognitive impairment.

Conclusions
The results of the systematic review indicate that while the MoCA is a robust tool overall in the identification of cognitive impairment, estimates of accuracy may be exaggerated by inter-study variation and bias. More rigorous validation studies are therefore needed. Implications for clinical decision-making regarding MCI are discussed and recommendations for future accuracy studies are outlined. The empirical study supported the findings of previous studies of the relevance of illness representations to psychosocial adjustment in MCI and added to the evidence base by providing preliminary support for the possible involvement of PF. The results suggest that both cognitive content and PF may represent possible vehicles for therapeutic change in patients with adjustment difficulties, and indicate that further investigation of these factors is warranted. Conclusions are limited, however, by small sample size and low statistical power. Replication of these findings with a larger and more representative sample is therefore recommended.
Catherine Varnell

Siblings’ Experiences of having a Brother or Sister with an Eating Disorder: A Qualitative Exploration

Academic supervisors – Emily Newman

Background

Family members of people with eating disorders are often involved in caregiving. To better understand the impact on them, outcomes such as burden, distress, and less frequently quality of life (QoL) are taken into consideration. Despite advancements in the knowledge base surrounding the experiences of adult and parental caregivers of individuals with eating disorders, particularly Anorexia Nervosa, there is a scarcity of qualitative exploration from the sibling perspective, particularly that of adolescent siblings.

Objectives

The systematic review aimed to identify research and synthesise findings relating to informal caregivers’ quantitative ratings of quality of life in the context of eating disorders. The primary study aimed to explore the lived experience of adolescent siblings, particularly Anorexia Nervosa, there is a scarcity of qualitative exploration from the sibling perspective, particularly that of adolescent siblings.

Method

Applying a priori inclusion and exclusion criteria to papers identified from a combination of systematic searches of electronic databases and hand searches of other pertinent literature, revealed eight studies to be included for review. Within the qualitative study, eight semi-structured interviews were carried out with siblings (aged 12-19-years) who had a brother or sister with an eating disorder. An interpretative phenomenological analysis approach was utilised to analyse interview data.

Results

The review highlighted low ratings for aspects of quality of life for informal caregivers of individuals with eating disorders, and some emerging comparative and subgroup differences. Three super-ordinate themes emerged from the qualitative exploration: Sibling Identity, The Vulnerable Social ‘Self’, and Intra- and Inter-Personal Coping.

Discussion

Overall the findings provide particular insight into the quality life of informal caregivers and the unique experiences, feelings and various roles of adolescent siblings of people with eating disorders. Implications regarding caregiver support and the needs of siblings specifically are considered. Strengths and limitations, as well as future research possibilities are outlined for both the systematic review and empirical study.

Clemmie Walker

Investigating the role of attachment and coping skills on personality traits and risk-taking in late adolescence

Academic supervisors – Matthias Schwannauer

Introduction

Individuals’ attachment style and coping styles have been suggested to be related to each other whereby early attachment experiences shape the coping behaviours that individuals are most likely to engage in at times of stress. A systematic review was carried out to examine the available literature on attachment status and coping style in both adolescent and adult populations with the aim of establishing what is currently known about the association between these two concepts. A research study was carried out with the aim of investigating the relationship between adolescents’ attachment type, coping style and participation in health risk behaviours. The study also aimed to explore the relationship between attachment, coping and personality state dominance.

Method

A literature search was conducted following PRISMA (2009) and Cochrane (2008) guidelines. Papers were quality assessed and strengths and limitations considered. With regards the research project, a cross-sectional survey design was adopted. Seventy-six first year psychology undergraduate students participated in the study. Participants completed the A-RQ and A-RSQ attachment questionnaires, the ACS coping questionnaire, the TDS and NDS personality trait questionnaires, the YRBS behaviour questionnaire and the SDQ mental health screening tool.

Results

The systematic review yielded 802 papers from use of the search terms. Eleven papers met criterion for inclusion in the review. An association between secure attachment status and active coping was suggested as was a link between avoidant attachment and avoidant coping styles. Research project findings indicated that insecurely attached adolescents are more likely to use non-productive coping than securely attached adolescents. Levels of risk taking behaviour were predicted by use of non-productive coping strategies. Males were significantly more likely to engage in substance misuse risk behaviours than females. Adolescents with higher productive coping demonstrated lower negativism dominance. No relationship was detected between attachment and state dominance.

Conclusions

These findings have important implications for the development of interventions for young people with regards using an understanding of increasing productive coping skills. Attachment theory may present a useful framework for investigating and making sense of the possible links between the use of problem coping styles and participation in health risk behaviours.
The Impact of Early Attachment Experiences on Adolescents’ Mental Health and Future Thinking

Background
Attachment theory (Bowlby, J. 1969, 1973, 1980 Attachment & Loss, Volumes I-III, London: Hogarth Press) proposes that a person’s experiences of care in infancy and childhood lay the foundations for their internal working models of themselves and others. Inconsistent, unpredictable or hostile caregiving can lead individuals to hold negative internal working models which can impact on their mental health later in life. Many looked after and accommodated young people have experienced this type of neglectful or abusive parenting. These experiences of parenting may lead looked after young people to have internal working models of themselves as ineffective and of others as powerful, thus leading them to develop a learned helplessness and a more external locus of control.

Objectives
A systematic review was carried out in order to explore the mechanisms by which the relationship between attachment and depression functions in adolescence. An empirical study aimed to investigate whether young people with negative attachment experiences, those who are looked after and accommodated, have higher levels of depression or a more external locus of control than other young people of the same age and the role these play in their future thinking.

Method
Nineteen papers investigating mediators and moderators of the attachment-depression relationship in adolescence were reviewed. In the empirical study, a group of looked after and a group of non-looked after young people aged 15-18 were asked about their approach and avoidance goals for the future and were asked to rate beliefs in their control over, and likelihood of, achieving these goals.

Results
Evidence was found for a number of mediators of the relationship between attachment and adolescent depression. There were also found to be significant differences between the two groups with differing care histories with regards to levels of depression and locus of control, with looked after young people having higher levels of depression and a more external locus of control. A mediation analysis found that locus of control mediated the relationship between looked after status and future thinking.

Conclusions
A person’s attachment history and experiences of care in early childhood can impact on their levels of depression and locus of control. There are a number of factors which mediate or moderate the attachment-depression relationship, most of which can be attributed to an individual’s internal working model of either themselves or others. Locus of control plays a critical role in young people’s future thinking and professionals working with accommodated adolescents should facilitate these young people to have experiences which will help to increase the internality of their locus of control.
Background

Group Cognitive Stimulation Therapy (CST) has been found to be effective in improving cognitive functioning and quality of life in people with dementia. However, little is known about whether it would be effective if delivered in an individual format.

Design

A small n within-subjects, repeated measures design was used, with participants acting as their own control, to assess whether Individual CST was beneficial for people with dementia.

Method

27 research packs were distributed, 12 returned the opt-in slip, and eight successfully completed the research. Participants completed a four-week baseline period, seven-weeks of Individual CST, followed by a four-week follow up period. Outcome variables were cognitive functioning (assessed at start of baseline and end of intervention), quality of life, self efficacy, activities of daily living (assessed at start of baseline, start of intervention, end of intervention and end of follow up) and anxiety and depression (assessed weekly).

Results

Ratings of depression demonstrated a significant improvement from baseline to follow up and participant quality of life ratings demonstrated a borderline significant improvement. Improvements in cognitive functioning were not significant. However, visual observation of the data suggested that participants with vascular dementia (n=5) demonstrated greater improvements in cognitive functioning than those with Alzheimer’s disease (n=3). The vascular dementia sample demonstrated improvement in the memory and language domains but declined in the17 attention domain, while the Alzheimer’s disease sample demonstrated improvements in the attention domain but a decline in the memory and language domains.

Conclusion

This research suggests that Individual CST may be beneficial for people with dementia in terms of improved quality of life and mood. It also suggests that there may be differences in its benefits between diagnostic groups. This has implications for the provision of future interventions for dementia. Further research is required to further build on these findings in addition to assessing cost-effectiveness before it is offered as a therapeutic option.

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