Clinical 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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Carers’ Intentions to Encourage Healthy Diet in People with a Learning Disability: The Application of Theory of Planned Behaviour.

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Background

Unhealthy diet can have negative health consequences including heart disease, some forms of cancer and diabetes. Obesity is the most commonly recognised outward sign of an unhealthy diet. Steps are being taken to improve the health of the general population through encouraging healthy eating, however little has been done to tackle this issue in people with a Learning Disability and specific challenges exist when addressing this population. People with learning disabilities are increasingly living in community settings with support from care staff who have a large influence on their lives, including diet. The Theory of Planned Behaviour (TPB) is a model that has been used to examine many health behaviours with reference to underlying beliefs. This model has only recently been applied to proxy populations, i.e. with one group about the health behaviours of another. The purpose of the current project was to determine if the TPB was a useful predictor of care staffs’ intentions to encourage a healthy diet in their clients with a learning disability.

Method

112 care staff from five voluntary or charitable organisations that provide support to people with learning disabilities were involved in the study and care staff from each completed a TPB questionnaire regarding their intention to encourage healthy eating over the next year for their clients.

Results

The results indicate that the Theory of Planned Behaviour is indeed applicable to this population. The variables which make up the original model of Theory of Planned Behaviour: attitudes, subjective norm and perceived behavioural control, were found to be statistically significant predictors of carers’ intentions to encourage healthy diet in their client. Additional variables (self-efficacy and selfidentity) were not found to improve the model.

Discussion

The current project provides evidence to suggest that the original model of TPB can be used to predict intention of carers to encourage a healthy diet in people with learning disabilities. As this is likely to have some impact on the healthy eating behaviour of people with learning disabilities, the TPB may help to inform interventions to improve the overall health of this client group through improving their healthy eating behaviour. Further research should include the investigation of possible interventions, such as how to create a positive attitude in carers towards healthy eating for people with learning disabilities. Teaching on the contentious issue of duty of care and choice may be another important intervention for care staff. Other suggestions for further research are explored, such as investigating how the predictive power of the model can be increased when using it with this client group.

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Executive Functioning in Multiple Sclerosis: Association with Theory of Mind, Empathy and Quality of Life.

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Background

Multiple Sclerosis (MS) is a chronic, degenerative, neurological condition affecting approximately 85,000 people in the UK. The impact of MS on physical abilities is well-known and there is increasing recognition of the impact of MS on mood and cognitive function. Recently MS has been linked to impaired emotion recognition and impaired Theory of Mind (ToM –the ability to attribute mental states, e.g. beliefs to oneself and others).

Method

This study measured executive function, ToM, empathy and quality of life in an MS sample (n=42). A correlational analysis was then conducted to determine whether executive function was associated with the other variables.

Results

Two executive function measures (Mental Flexibility and Response to Feedback) were significantly associated with two ToM tasks (Revised Eyes and Stories). Mental Flexibility and the Revised Eyes ToM task were significantly associated with measures of empathy, but this effect was not present in the other executive function or ToM tasks. Neither executive functioning nor ToM measures were significantly associated with reported quality of life.

Conclusion

Overall, the MS sample demonstrated specific ToM impairment, no significant empathy impairment and widespread executive impairment relative to normative data. Low rates of depression (10%) and higher levels of anxiety (29%) were found. MS participants rated the psychological impact of MS as equivalent to the physical impact, highlighting the importance of addressing psychological aspects of MS.

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A pilot study investigating the effectiveness of a stand alone cognitive behavioural body image group for patients with bulimia nervosa and eating disorder not otherwise specified.

Objectives

Body image disturbance is an underlying feature of bulimia nervosa and residual body image concerns at the end of treatment are predictive of relapse. There are currently limited studies evaluating stand alone body image interventions with eating disorder populations. Therefore the aim of this study was to evaluate the effectiveness of a six week body image group, specifically designed for patients with bulimia nervosa and eating disorder not otherwise specified (EDNOS) prior to receiving routine treatment. The group aimed to improve satisfaction, attitudes, behaviours and checking cognitions. It also aimed to reduce eating disorder symptomatology.

Design

A between subjects controlled repeated measures design was used.

Method

12 participants were recruited to take part across two body image groups that included components of CBT for body image disturbance. Participants attended six weekly group sessions and also carried out homework activities and mindfulness practice. Measures were administered pre and post treatment, to both the body image and waiting list control group (n=17).

Results

At post treatment, there were significant improvements in body satisfaction and body checking cognitions in group participants. The remaining body image dimensions and eating disorder symptomatology did not show any significant change, however, there were observed decreases on all of these outcomes in the body image group. Qualitative responses suggested that participants had fewer body concerns and more positive/accepting body image thoughts at post treatment. In the control group condition there was no significant change on any outcome measure during a six week period.

Conclusion

The findings suggest that a stand alone body image group has the potential to improve body checking cognitions and satisfaction in patients with bulimia nervosa and EDNOS. These findings support the conduct of a randomised controlled trial in order to further develop the evidence base for the effective treatment of eating disorders.
**Introduction**

Gene therapy is currently being developed for people with cystic fibrosis (CF), a life-threatening condition for which there is no cure. The UK CF Gene Therapy Consortium are preparing for a multi-dose gene therapy trial of sufficient duration that clinical benefit may be seen.

**Aims**

The current study aimed to explore the expectations and beliefs of cystic fibrosis (CF) patients involved in the preparatory phase of the gene therapy trial (the Run-in study), from which participants will be selected for the multi-dose actual gene therapy trial.

**Method**

Twelve participants (six with mild and six with moderate CF) were interviewed using a semi-structured interview. Interviews were recorded, transcribed verbatim and then analysed using a Constructivist Grounded Theory approach.

**Results**

Since entering the Run-in study, half of the patients had increased their expectations of gene therapy being an effective future treatment. Most of the participants hoped to derive clinical benefit from the trial itself though half were unsure of what to expect. Whilst half of the participants expressed the hope of a future cure for CF, the remainder saw gene therapy only in terms of an improved treatment. Participants used several strategies to manage their expectations including not thinking too far ahead and trusting the research team.

**Discussion**

The findings indicate that participants in the Run-in trial are generally eager to be involved in the gene therapy trial and have developed a strong sense of trust in the research team conducting the trials. The levels of optimism expressed for personal benefit from trial were higher than those from earlier studies. Some of the positive expectations were unlikely to be met by the gene therapy trial and participants risk disappointment. However other patients participated with apparently realistic expectations and it seems likely that some patients would have participated even without prospect for personal benefit. Possible areas of psychological support are discussed e.g. a standard clinical interview for all those not accepted for the gene therapy trial; screening for anxiety pre-, during and post-participation.

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Adult attachment, violence and anger in individuals with psychosis.

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Introduction

Existing literature suggests that insecure attachment, specifically dismissive/avoidant attachment is associated with psychosis. Similarly, dismissive/avoidant attachment has also been linked with anger problems, interpersonal hostility and violent offending. However there has been little research looking specifically at the relationships between attachment, anger and violence in individuals with psychosis. The present study explored this by looking at associations between attachment and violence and between attachment and anger (both self-reported and observer-rated) whilst controlling for the influence of symptom severity.

Methodology

The study was correlational in design. A total of 39 male inpatients (forensic and non-forensic) with a diagnosis of schizophrenia, schizoaffective or delusional disorder were recruited. Three measures were administered directly with participants (PAM, NAS-PI, PSYRATS) and two measures were completed with participants’ keyworkers (WARS, BSI-Risk subscale).

Results

As predicted, the association between attachment avoidance and self-reported anger (NAS-PI) was significant. Exploratory analyses revealed a significant association between attachment avoidance and anger arousal and a negative association with anger regulation. However no association was found between attachment avoidance and observer-rated anger. Contrary to prediction, the associations between attachment avoidance and violence (in the last year) were not significant. No significant associations were found between attachment anxiety and any of the other variables. Finally, the presence of psychotic symptoms did not have any important moderating effects on the variables.

Discussion and Conclusions

The finding of an association between attachment avoidance and self-reported anger is discussed in terms of the existing literature, and in the particular context of psychosis. Clinical implications of the findings include that approaches to anger treatment should be sensitive to attachment related difficulties, particularly in individuals with psychosis. Failure to find significant associations between attachment avoidance and violence might be due to low power and relatively low overall rates of recent violence in the present sample. Further research is required before any firm conclusions can be reached about the relationship between attachment and violence in individuals with psychosis.
An Investigation into factors that predict health related quality of life in adolescents with Inflammatory Bowel Disease.

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Objectives
The main aim of this research was to investigate factors which predict Health-Related Quality of Life (HRQOL) in adolescents with Inflammatory Bowel Disease (IBD). A secondary aim was to investigate agreement between parent reported and adolescent reported HRQOL. A further aim was to investigate gender differences in reported HRQOL.

Method
Fifty-seven adolescents attending a Gastroenterology outpatients’ clinic completed measures of anxiety (Spence Children’s Anxiety Scale), depression (Beck Depression Inventory), self esteem (Rosenberg Self Esteem Scale), parental overprotection (Parental Bonding Instrument) and HRQOL (Pediatric Quality of Life Inventory - PedQL). Parents completed measures of anxiety (Beck Anxiety Inventory), depression (Beck Depression Inventory) and the parent version of the PedQL.

Results
Gender, adolescent and parental psycho-social functioning were found to be significantly associated with HRQOL outcomes. Regression analysis indicated that gender, adolescent and parental psychological functioning cumulatively accounted for a significant amount of the variance in HRQOL outcomes for adolescents with IBD. Agreement on parent and self reported HRQOL was moderate to good across all domains.

Conclusions
This study highlights the influence of individual and parental factors on the quality of life of adolescents with IBD and IBS. Clinical and theoretical implications of these findings are discussed.

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An Investigation of schema modes in the eating disordered population.

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Background

Many eating disordered patients fail to respond to traditional cognitive behavioural therapy. As a result it has been suggested that further research needs to be completed to determine the cognitive processes and mechanisms that underpin these disorders.

Objectives

This research aims to empirically test Young’s Schema Mode concept (Young et al., 2003) within the eating disordered population and determine the relationship between schema modes and early maladaptive schemata, experience of invalidation of emotion during childhood and symptoms of anxiety and depression.

Design

In total 15 patients from an outpatient eating disorders service and 28 non patient controls completed the Schema Mode Inventory, The Young Schema Questionnaire, the Hospital Anxiety and Depression Scale, The Invalidating Childhood Environment Scale, and measures of eating disordered pathology. Non parametric analyses were completed to determine the differences between the two groups. The relationship between all measures was determined using correlation analyses.

Results

The eating disordered group were significantly more dysfunctional than the control group across all schema modes and early maladaptive schemata. Both groups did not display uniformity in their dysfunctional schema modes. The eating disordered group had raised scores in the detached self soother, the compliant surrender and the vulnerable child mode, whereas the control group had lower scores in the detached protector and the vulnerable child modes. The measure of eating pathology was not associated with the total score on any questionnaire measure.

Conclusion

This research indicates that the schema mode concept may be a useful addition to the schema model of eating disorders.

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Sleep problems, anxiety and challenging behaviour in children with learning disabilities and/or autism spectrum disorder.

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Introduction

Children with a learning disability (LD) and/or Autism Spectrum Disorder (ASD) are known to suffer from significantly more sleep problems, anxiety and challenging behaviour (CB) than typically developing children, yet little is known about the relationships between these factors in the child LD/ASD population.

Aims and Hypotheses

The aim of the current study was to examine the relationships between sleep problems, anxiety and CB in children with LD and/or ASD. It was hypothesised that there would be differences between levels of sleep problems, anxiety and CB in children with LD alone, LD and ASD, and ASD alone. It was further hypothesised that there would be significant positive correlations between the three factors and that sleep problems and anxiety would predict a significant amount of the variance in levels of CB.

Method

Postal questionnaires were returned by parents of one hundred and sixty seven parents of children with LD and/or ASD. Questionnaires consisted of parental report measures of sleep problems, anxiety and CB, in addition to general demographic variables.

Results and Discussion

Statistical analysis revealed no difference between groups (LD, LD+ASD, ASD) in relation to sleep problems, however, some differences were found between the groups in relation to anxiety and CB. Correlational analysis revealed significant positive associations between the three factors. A hierarchical multiple regression showed that medication, sleep problems and anxiety accounted for 42% of the variance in CB, with a large effect size. These findings suggest that the relationships between sleep, anxiety and CB found in the TD child and adult LD/ASD populations are also evident in the child LD/ASD population and that these relationships should be considered during clinical practice, particularly in the case of CB interventions where sleep problems and/or anxiety are also present.

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Set Shifting Impairments in an Outpatient Eating Disorder Sample.

Background
Patients with anorexia nervosa have been consistently reported to show impairments in set shifting ability. Such deficits may be associated with characteristics commonly observed in this patient group, such as obsessive thoughts and behaviours around eating, maladaptive problem solving and a rigid thinking style.

Objective
Much of the preceding literature on set shifting ability has involved inpatient samples meeting strict diagnostic criteria for anorexia nervosa. However most eating disorder patients are outpatients and commonly do not meet full criteria for anorexia nervosa. This study thus aimed to investigate the relationship between set shifting ability and psychological characteristics in a community sample of outpatients with symptoms of anorexia nervosa.

Methods
Performance on selected measures of set-shifting ability (Wisconsin Card Sort Test, WCST; Delis-Kaplan Executive Function System, Hayling & Brixton) were compared between an eating disorders group comprising 17 female outpatients with symptoms of anorexia nervosa and a control group comprising 27 students. Set shifting performance was then correlated with eating disorder severity (Eating Disorders Examination), obsessive-compulsive symptoms (Yale-Brown Obsessive Compulsive Scale), and the Social Problem Solving Inventory.

Results
The eating disorder group demonstrated significantly worse set shifting ability than the healthy control group on the primary outcome measure (WCST), with 47% of eating disorder participants showing impairment on this measure. Severity of obsessive-compulsive symptoms and an impulsive and careless approach to problem solving were associated with poorer scores on the WCST in the eating disorder group. Although the eating disorder group were significantly more impaired in set shifting than controls, set shifting ability was not associated with eating disorder severity.

Conclusions
The results indicate that set shifting impairments are present in outpatients with eating disorders with anorexic symptoms, and may be trait characteristics. Impaired set shifting was associated with obsessive-compulsive symptoms and maladaptive problem solving. These findings highlight a need for neuropsychological assessment of eating disorder outpatients in order to identify individuals who may benefit from psychological interventions to reduce the impact of these impairments.

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**Objectives**

Reviews have suggested that stroke patients and family members frequently hold different impressions of the patient’s quality of life. Understanding such differences may be particularly useful for clinicians who wish to help clients adjust to the effects of a stroke. The aim of this study was to investigate how the responses of stroke survivors and their family members differ when indicating the stroke survivors’ quality of life, and whether such differences are associated with greater time elapsed since the stroke onset.

**Design and Method**

A related-subject design and a correlational design were utilised in this study. People who had suffered a stroke within five years were compared with nominated members of their family. All participants indicated the perceived quality of life of the stroke survivor using the WHOQOL-BREF. The time elapsed since their stroke was recorded and the participants’ mood was assessed.

**Results**

No significant differences were found between the stroke survivors and the family members’ views of the stroke survivors’ quality of life. However, agreement between these groups was found to be low in the Social domain of the WHOQOLBREF. Greater time since the stroke onset was found to correlate with greater discrepancy between groups in the Social domain, but not in the other domains.

**Conclusions**

The results suggest that families’ adjustment to stroke does not conclude when improvement in function slows. Instead, a stroke continues to affect families years after the initial stroke. These findings may be interpreted within the context of quality of life response shift, where changes in the stroke survivors’ evaluation of their social lives may not be identified by their families. This may reflect a common trajectory following stroke. The methodological limitations of this study and suggestions for future research are discussed.

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Pilot study investigating the effectiveness of cognitive rehabilitation therapy with patients with schizophrenia with a forensic history.

Julie Dodds
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Clinical supervisor: Joyce Edward, NHS Grampian

Objectives
To evaluate the effectiveness of cognitive rehabilitation therapy with patients with schizophrenia within a forensic population. The intervention aimed to improve domains of cognitive functioning which have been found to be impaired as a result of schizophrenia. Forensic patients with schizophrenia have been found to have greater impairments in cognitive functioning relative to non-violent patients. Therefore interventions which target these deficits are important in rehabilitation interventions.

Design
A within subject repeated design was used. A control measure was also implemented which involved patients being used as their own control.

Methods
17 participants successfully completed the cognitive rehabilitation intervention. Initially 23 participants were recruited. Participants received approximately five hours of the computer-assisted cognitive remediation administered over seven weekly sessions. Outcome measures were cognitive assessments measuring executive functioning, attention, verbal learning and memory, perceptual organisation and visual memory. Outcome measures were administered pre-intervention, during treatment, post treatment and at three months follow up. A control assessment was also administered prior to the commencement of the intervention.

Results
Post treatment measures on attention, perceptual organisation, visual memory and aspects of executive functioning were found to be significantly improved in comparison to pre intervention and control assessments. At 3 month follow up these improvements in cognitive functioning were found to be sustained.

Conclusion
The pilot study indicated that cognitive rehabilitations are effective in improving cognitive functioning within forensic populations with schizophrenia. These results have the potential to improve functional outcomes and recovery, which could indirectly improve symptoms and risk of future violence. Further research is required in this area to provide additional evidence for this intervention to be available to forensic patients with schizophrenia.
Living a valued life with psychosis - The relationship between psychotic symptoms, illness beliefs, experiential avoidance and success at valued living.

Laura Weinberg
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Clinical supervisor: Gordon Mitchell, NHS Fife

Background

Traditional treatments for psychosis, both pharmacological and psychological, have focused on symptom reduction or symptom control. Alternative approaches to psychosis are now emerging which focus on the acceptance of rather than the avoidance of psychotic phenomena. These approaches encourage individuals to live meaningful lives alongside their experiences of psychosis. One way in which to facilitate this is to promote the identification of important life domains and the engagement in behaviours consistent with ones values.

The aim of this study is to investigate factors associated with success at valued living in a sample of individuals who have experienced psychosis. The association between psychotic symptoms, illness beliefs, experiential avoidance and success at valued living is explored.

Method

Eighty-four individuals with experiences of psychosis completed standardised self-report measures of beliefs about illness, experiential avoidance and valued living. The researcher rated an individual’s psychotic symptoms with an interview-based measure. Data were analysed using correlations and path analysis, an extension of multiple regression.

Results

Results indicated that success at valued living was best predicted by experiential avoidance. Neither psychotic symptoms nor illness beliefs were found to be directly associated with success at valued living. The clinical and theoretical implications of these findings are discussed.

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What basic emotions are experienced in bipolar disorder and how are they regulated?

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Introduction
There remains a lack of theoretical models which can adequately account for the key features of bipolar disorders (Power, 2005).

Objectives
Firstly, to test the predictions made by the SPAARS model that mania is predominantly characterised by the coupling of happiness with anger, while depression (unipolar and bipolar) primarily comprises of a coupling between sadness and disgust. Secondly, to investigate and compare the coping strategies employed to regulate positive and negative emotion between bipolar, unipolar and control groups.

Design
A cross sectional design was employed to examine the differences within and between the bipolar, unipolar and control groups in the emotions experienced and the strategies used to regulate emotion. Data were analysed using ANOVAs.

Method
Psychiatric diagnoses in the clinical groups were confirmed using the SCID. Current mood state was measured using the BDI-II, STAI and the MAS. The Basic Emotion Scale (BES) was used to explore the emotional profiles and the Regulation of Emotion Questionnaire (REQ) was used to measure coping strategies.

Results
The results confirmed the predictions made by the SPAARS model about the emotions experienced in mania and depression. Elevated levels of disgust were also found in the bipolar group generally. The clinical groups used internal dysfunctional strategies more often than the controls for negative emotion. The bipolar group used external dysfunctional strategies more frequently than the controls for positive emotion.

Conclusion
The results support the predictions made by the SPAARS model and suggest that disgust plays a key role in bipolar disorder. Strengths and limitations are discussed and suggestions for future research are explored.

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The Development and Initial Validation of a Scale to Measure Cognitive Fusion.

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Aim
This thesis describes the development and initial validation of a questionnaire to measure Hayes, Strosahl and Wilson’s (1999) constructs of cognitive fusion and cognitive defusion. Within the literature there is currently no specific measurement of these constructs.

Design and Method
Principle Component Factor Analysis was conducted on two independent samples (Study One n = 425 and Study Two n = 167). Reliability analyses were conducted for both Study One and Study Two and validation analyses was conducted in Study Two. All participants in both studies completed the Cognitive Fusion Questionnaire (CFQ). Participants in Study Two completed additional measures related to their satisfaction with life, their beliefs about worry, mindful responding to unpleasant thoughts and images and levels of experiential avoidance.

Results
The final solution revealed a two component fifteen item questionnaire accounting for 54% of the variance. Based on item content, the components were labeled entanglement and defusion. The items within the questionnaire reflected Hayes, Strosahl and Wilson’s (1999) constructs of cognitive fusion and cognitive defusion. Internal consistencies as measured by Cronbach’s alpha were .91 (entanglement), .71 (defusion) and .88 (total scale). The measure correlated moderately to highly and in the expected directions with questionnaires measuring individual belief about worry, mindful responding to unpleasant thoughts and images and levels of experiential avoidance. Similarly, there was a significantly negative correlation between the current questionnaire and a measure related to satisfaction with life.

Conclusion
The findings of the above research provide initial support for the CFQ. The results show support for the validity of the scale including content, criterion and construct (convergent) validity of the CFQ.

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Experiences of Recovery in Mental Illness.

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Introduction

In recent years the concept of ‘recovery’ has become increasingly prevalent in both government and health service policy, and in the terminology used by mental health service users. The current study examines the experiences of recovery as described by service users living in a rural / semi-rural population. This is in contrast to the majority of similar studies, which have tended to focus on urban centres where population characteristics, and the services available to service users, differ in many ways. As such, the aim of the current study was to add to the growing theory regarding what constitutes recovery from the viewpoint of service users living in a relatively remote area of the UK.

Methodology

Eight adult participants, all of whom defined themselves as either recovering or having recovered from significant mental health problems, were interviewed about their experiences using a semi-structured interview. Interviews were audio-recorded, transcribed and analysed for emerging themes using a social constructionist version of Grounded Theory.

Data Analysis & Discussion

Analysis revealed a consistent set of themes emerging from the participant interviews. These are encapsulated in the concept of reflection and integration, and the dynamic nature of these phenomena over time. Participants made reference to the nature of their problems and the impact they had on relationships, the treatment they had sought and received, and the effects of their experiences on their notions of themselves as individuals.

Conclusions

The findings of the current study are discussed in the light of existing relevant literature and in relation to current policy initiatives. Comparisons to the emerging theory regarding recovery are drawn, and distinctions made between the existing theory and the findings which appear to be particularly pertinent to the sample population. Suggestions for clinical applications are made. Limitations of the study are also addressed, and areas for potential further research are outlined.

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Attachment security as a predictor of blood glucose control in adolescents with Type 1 Diabetes, when the roles of additional psychological factors are considered.

Sally Henderson
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Introduction
Key studies have found an association between attachment style and poor diabetes outcomes in the adult diabetic populations. Specifically insecure attachment has been found to predict elevated glycated haemoglobin levels (HbA1c). Further studies have indicated that substance use and mental health difficulties also influence HbA1c. These factors have been looked at individually making it difficult to directly assess the overall effect of attachment on HbA1c and the potential mediating effects of substance use and mental health. The adolescent population has not been considered in studies examining these relationships. This study compares attachment security, level of substance use, interpersonal problems, anxiety and depression in relation to their role in blood glucose control in an adolescent population with Type 1 diabetes.

Method
A quantitative, cross sectional, questionnaire design was employed to examine the role of the aforementioned factors in relation to HbA1c level. The target population included all patients aged 14 years to 18 years, inclusive, who attended for review at Diabetes Clinics across Lothian. Participants had a diagnosis of Type 1 Diabetes for at least one year and no additional diagnoses of mental health disorder or other chronic condition. At the clinic patients were approached and asked to complete a set of self report questionnaires.

Measures of attachment were adapted versions of the Relationship Questionnaire (RQ) and the Relationship Scales Questionnaire (RSQ). Interpersonal problems were assessed using the short version of the Inventory of Interpersonal Problems (IIP-32). The Hospital Anxiety and Depression Scale (HADS) assessed levels of anxiety and depression. The Adolescent Substance Abuse Subtle Screening Inventory-A2 (SASSI-A2) was used to measure substance use. Blood glucose levels (HbA1c%) were obtained from clinic staff. A total of 88 participants returned completed questionnaires (response rate 79.3%).

Results
When all correlations between predictors and HbA1c were examined, a negative correlation was found between attachment and HbA1c level. A positive correlation was found between anxiety and HbA1c level. Multiple regression analyses examined the relationship between attachment security and HbA1c before analysing additional predictors in the same model. No significant relationships emerged however the multiple regression model was not a significant fit for the data. Path Analysis considered all relationships between variables simultaneously while also providing information on how the model fits the data. Attachment security directly related to HbA1c levels when the contributions of gender, interpersonal problems and substance use were considered. Anxiety and depression did not predict HbA1c nor did they contribute to any other relationships with HbA1c. Interpersonal problems had a direct relationship with HbA1c when the contribution of substance use and attachment were considered.
Conclusion

Attachment predicts HbA1c. The nature of this relationship is further understood when the contribution of additional psychological variables are considered. Methodological issues, clinical implications and directions for future research are discussed.
Attachment, coping self-efficacy and distress in caregivers of individuals with dementia.

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Introduction
The study investigated if coping self-efficacy (CSE) mediated the relationship between attachment style and distress (anxiety, depression and stress) in informal caregivers to individuals with dementia (CGID).

Methods
A convenience sample of CGID (N=68, mean age 61, SD 15.8) were recruited through organisations providing caregiver services (N=17). These organisations distributed questionnaires to the CGID, containing self-report measures of attachment style, CSE, perceived stress, anxiety, depression for the carer and functional ability of person cared for.

Analysis
Hypotheses were explored using correlations, partial correlations, multiple regression analysis and the Sobel test.

Results
CGID reported a significant decline in the quality of their relationship to care receiver over period of care. They also had clinically significant levels of anxiety (41%) and depression (21%).

CSE was found to mediate the relationship between anxiety (Sobel= 3.155, p=.001) and self-model of attachment. CSE was negatively correlated with depression (r=-.537, n=68, P<.001), and perceived stress (r=-.537, n=68, p<.001), but was positively correlated with self (r=.439, n=68, p<.001) and other-models (r=.295, n=68, p=.015) of attachment.

Discussion and Conclusions
Results are discussed in relation to attachment and social cognitive theory. Findings indicated that CSE may play an important role in caregiver distress. Further research should consider interventions to heighten the CSE beliefs of carers.

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An investigation into care staff knowledge of the concept of a learning disability and whether a training package can alter any deficits in this knowledge.

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Introduction
Due to the changing terminology used to describe people with a learning disability the general population has become confused about the definition. Care staff employed to work with this client group can also lack knowledge about what constitutes a learning disability. This thesis aims to examine care staff understanding of the concept of a learning disability, their understanding of the individual difficulties faced by someone with a learning disability and their role in providing support. A one-day training programme was implemented and changes in carer knowledge was measured.

Method
There are two components to this study. Part one is a quantitative, questionnaire based study, examining participants' knowledge of the concept of a learning disability and its associated deficits both pre and post training. Care staff were invited to attend a training day based on the ‘Understanding Learning Disabilities’ package (MacKinnon et al., 2004). Participant knowledge was measured and analysed pre and post training. Part two is a qualitative study that used Interpretive Phenomenological Analysis to explore participants’ understanding of the training and its impact on their practice.

Results
After training, participants’ knowledge of a learning disability and its associated deficits had significantly increased. This knowledge was retained when measured one month later. Qualitative analysis indicated that participants struggled to either remember or articulate its content twelve months later although they reported benefits, including enjoyment and experiencing an increase in confidence after attending. Participants also discussed difficulties with regard to its practical utilisation including; knowing what to do when strategies failed, struggling when personal beliefs clashed with practical advice, appropriately balancing duty of care and feeling abandoned due to a lack of managerial support.

Discussion
This study increased participant knowledge of the concept of learning disability and associated cognitive deficits by using a standardised training package. Several study limitations were observed both methodologically and ethically. The study did not adequately address the practical utilisation of the training at the one month follow-up; therefore an Interpretive Phenomenological Approach (IPA) was used to examine this. IPA illustrated benefits not identified during part one of the study including enjoyment and increased confidence about working with this client group. Several practice and training related difficulties were highlighted. Participants also placed importance on several carer qualities that reflected those identified by the literature examining therapeutic alliance.

Conclusion
A one-day training package examining participants’
knowledge of a learning disability and its associated cognitive deficits significantly increased knowledge in these areas. These knowledge gains were maintained one month later. Twelve months later participants identified some positive aspects of the training although they struggled to remember its content, and experienced difficulties with technical language and articulating concepts. Participants were generally able to demonstrate their knowledge using examples taken from their work.

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Feedback on the Abstract Booklet

Thank you to everyone who provided feedback on the first abstract booklet (2008). We were pleased to hear that many trainees and practitioners found the booklets useful. Any thoughts or suggestions regarding the booklets are welcome and can be sent to Paul Morris at p.g.morris@ed.ac.uk

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