Department of Clinical Psychology and Psychological Therapies

Doctoral Programme in Clinical Psychology Research Conference 2019
Welcome to the Annual Clinical Psychology Research Conference at UEA.

The conference provides us with an opportunity to celebrate our trainee’s achievements and mark this significant point in their progress in training to become a Clinical Psychologist.

First, a huge well done and thank you to everyone involved in producing posters and presentations for the event today. This is the culmination of a significant body of work by yourselves and all those involved in the research projects. As always, it is wonderful to see the high quality of work that is presented, and I am excited to see the range of papers and posters that show just how impactful clinical psychology research can be.

Remember - today’s clinical research is tomorrow’s clinical practice. So I know the projects showcased today will meaningfully impact on service provision and contribute significantly to improving the quality of psychological care for our patients.

As per last year’s conference, as a programme team we wish again to specifically acknowledge the clinical impact of the research produced, with the Ross Chernin Memorial Award. This award is for the thesis research most likely to make a difference to those who use our services and we again thank Ross’s family for their generosity in providing this.

On behalf of the programme team, can I also express sincere thanks to all of our academic and NHS clinical supervisor colleagues and indeed to all supporters of the programme involved in the supervision of these projects - your expertise, guidance and support are invaluable. The work presented today would not have been possible without the collaboration and support of all of you. We also gratefully acknowledge and thank all the participants and service users who have given up their valuable
time to contribute to the research. Finally, we recognise the outstanding support of the many people who make up our larger team, in particular our PGR colleagues: Fiona, Kate, Tracey, Sharon and our local support colleagues: Andrew and Val. Thank you all for your continued support.

Today the main focus is on our trainee colleagues. For the third-year trainees in particular, as this is the end of your training, we wish you good luck and best wishes in the next phase of your career. We look forward to the new relationship we will have with you as qualified colleagues in the profession and to hearing about your continued career success and many achievements. For our current second and first years we hope you will take inspiration from the presentations today as you continue your training and devise your own clinical research. And finally, we welcome our new cohort of trainees starting at UEA on October 1st, 2019. The book of abstracts is a testament to what can be achieved at UEA.

I do hope that you enjoy the conference today and thank you for coming.

Professor Niall Broomfield
Head Department of Clinical Psychology Department and Programme Director ClinPsyD
The UEA Doctoral Programme in Clinical Psychology (ClinPsyD) is a partnership between the University, the NHS, service users, and practising clinical psychologists in Cambridgeshire, Norfolk and Suffolk.

The UEA ClinPsyD Programme places a strong emphasis on the development of research knowledge and skills, and their application to inform practice and to develop the knowledge base of the profession. As part of their training, all Trainees complete substantial research projects in a range of clinically relevant areas. In addition, they will also undertake a service related project in partnership with local clinical services.

This is the third year in which trainees submitted Thesis Portfolios consisting of a systematic review and an empirical paper written up as journal articles ready for submission to academic journals. The Conference provides an opportunity for trainees to share findings from Thesis Portfolios and Service Related Projects, which we hope will inspire new ideas and opportunities for developing and consolidating our valued clinical research collaborations. Last year we introduced the `datablitz’ presentations which we hope will be both a fun and effective way for trainees to share key findings.

We would like to congratulate all trainees who have completed their Thesis Portfolios. This year has seen a further rise in the number of theses being completed in time, and in publications of thesis work. This has taken a lot of hard work and dedication and we congratulate the trainees on this outstanding achievement. We wish them all well in their future careers and hope that they will be inspired to continue applying the rigorous research skills that postgraduate training brings, to solving clinical problems and developing their fields of practice.

Fergus Gracey
Senior Research Tutor and Clinical Senior Lecturer

Laura Pass
Research Tutor and Joint Interim Education Mental Health Practitioner (EMHP) course lead
Ross Chernin Memorial Award

This year’s research conference will be the second year we have presented the Ross Chernin Memorial Award. This is awarded annually to the thesis project that has been judged as most likely “to make a difference” and improve the lives of the people who come into contact with, and use our services. The first ever recipient of the award was Elisabeth Norton for her study entitled: “Parents’ experiences of using cold room facilities after the death of their baby”. Elisabeth’s presentation of her qualitative analysis communicated powerfully the moving stories of participants.

The award is made in the memory of Ross Chernin, a Clinical Psychologist who completed his clinical training on the Programme here at UEA in 2008. After training, Ross was employed locally as a Clinical Psychologist. Through supervising trainees on placement and delivering teaching sessions, Ross continued to be involved with and support the Programme right up until his passing from a brain tumour in 2016.

As a Clinical Psychologist Ross had an interest in Acceptance and Commitment therapy. This was as a time when there was little knowledge about the application of ACT in East Anglia. Ross found the values-based approach of ACT and how it viewed suffering and psychological distress as an essential experience of existence, a helpful way of understanding the human condition. As a clinician, this is where his passion lay, and as a qualified Clinical Psychologist he strove tirelessly to develop ACT in East Anglia. Consequently, a lot of the good work done using ACT in the region is the legacy of Ross’s work and endeavours in this area.

The idea of an award was devised and has been supported by Ross’s family who have generously provided the funding and the prize associated with the award. Given Ross’s dedication to improving the lives of the people he worked with, it is fitting that the award that bears his name recognises the piece of research that is most likely to make a difference to improving the lives of those who use our services.

Adrian Leddy
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An Exploration of the Relationship Between Insulin Misuse and Eating Disorder Psychopathology in Adults with Type 1 Diabetes.

Vicky Matthews
Primary Supervisor: Prof. Siân Coker | Secondary Supervisor: Bonnie Teague

Introduction
This study investigates the prevalence rates of insulin misuse by adults with type 1 diabetes, and explores the relationships between insulin misuse and gender, eating disorder psychopathology and diabetes-related distress.

Results
Insulin misuse was reported by over 60% of respondents. Women were significantly more likely to misuse insulin than men overall and specifically for weight loss and control. Those who had a current or historical diagnosis of an eating disorder were more likely to misuse insulin for weight loss or control than those with no history of an eating disorder. People who reported insulin misuse had significantly higher levels of disordered eating behaviours, more negative feelings about body shape and greater degrees of diabetes-related distress. Diabetes-related distress was the only predictor of insulin misuse.

Method
A cross-sectional, web-based survey was completed by 219 adults with type 1 diabetes living in the United Kingdom, recruited online. Participants completed a measure of insulin misuse, the Eating Disorder Examination Questionnaire, Body Shape Questionnaire and the Diabetes Distress Scale. Data were analysed statistically and compared using χ², independent samples t-tests, logistic regression and MANOVA.

Conclusions
Disclosure of insulin misuse by adults with type 1 diabetes may be suggestive of the presence of disordered eating behaviours or clinical levels of diabetes-related distress. Insulin misuse occurs across the range of eating disorder categories and should be considered as a discrete difficulty. Insulin misuse should be investigated routinely in clinical practice.
The Trajectory of Adolescent Anxiety Symptoms Over the Course of Psychological Intervention Aimed at Depression.

Isobel Wright

Primary Supervisor: Dr Richard Meiser-Stedman | Secondary Supervisor: Dr Gemma Bowers

Introduction

The ‘Improving mood with psychoanalytic and cognitive therapies’ (IMPACT) randomised controlled trial (Goodyer et al., 2017) demonstrated that cognitive behaviour therapy, short-term psychoanalytic psychotherapy and brief psychosocial intervention were equally effective at reducing depression symptoms. It is important to know whether these interventions affect anxiety symptoms, which are frequently concurrent. IMPACT had an intent to treat population of n=465 11-17 year olds who met DSM-IV depression criteria. 40% also met criteria for anxiety disorder. 74.8% of the sample were female, 84.9% were white. Assessments took place at baseline then 6, 12, 36 (end of treatment), 52 and 86 weeks after this. Diagnoses, mood, anxiety, self-esteem, obsessional symptoms, rumination and suicidality were measured. SSRIs were prescribed if indicated.

Results

Growth mixture modelling indicated that a 2-class piecewise model was the best fit, with the first slope occurring during treatment and the second slope during the follow-up period. The smaller class (n=46) showed an improvement in anxiety symptoms during but not after treatment, whereas the larger class (n=419) exhibited no significant change in anxiety symptoms. After controlling for gender and baseline anxiety, greater impairment in mood and self-esteem, and increased suicidal thoughts were associated with membership to the non-improving class.

Method

The aim of this study was to utilise the IMPACT dataset to examine anxiety trajectories.

Conclusions

Findings indicate that for most youth, co-occurring anxiety symptoms may not be responsive to these depression treatments. Depression interventions should be tailored to target comorbid anxiety symptoms and post-treatment assessments should identify residual anxiety symptoms for further intervention.
Introduction
Research has documented that parents of children with cancer can experience psychological difficulties following their child’s diagnosis and treatment, including experiencing post-traumatic stress symptoms. Little research has assessed post-traumatic stress in parents of children with a brain tumour, despite suggestions that these parents might be at a higher risk of experiencing post-traumatic stress symptoms.

Results
The study found high levels of post-traumatic stress in parents of children with a brain tumour, with 76% of parents reporting high levels of post-traumatic stress symptoms. The study found that a disengaged coping style significantly increased post-traumatic stress symptoms.

Method
This study used a cross-sectional design to assess post-traumatic stress in parents of children with a brain tumour (N=58). It also sought to examine factors that impact post-traumatic stress symptoms in mothers and fathers of children with a brain tumour.

Conclusions
Clinicians should be aware of post-traumatic stress reactions in parents of children with a brain tumour. More research assessing post-traumatic stress in these parents is warranted; ideally future research would include a larger sample of parents and use longitudinal designs. Further research is also needed to evaluate interventions in this population.
Do Parents of Children with a Food Allergy Report Anxiety, Worry and Post-Traumatic Stress Symptoms, and What Predicts This?

Kate Roberts

Primary Supervisor: Judith Young | Secondary Supervisor: Dr Richard Meiser-Stedman

Introduction

Food allergy is a relatively common health condition in childhood. Initially, parents typically have the main responsibility for managing their child’s allergy, which can in some cases be life threatening. Despite this, there is relatively little research exploring the psychological impact that caring for a child with food allergy could have for parents, with no previous research evaluating post-traumatic stress in this population. The purpose of this study was to explore anxiety, worry, and post-traumatic stress symptoms (PTSS) in parents of children with food allergies, and to evaluate whether these three psychological outcomes could be predicted by allergy severity, intolerance of uncertainty, and food allergy self-efficacy.

Results

81.0% parents reported clinically significant worry, 42.3% met the clinical cut-off for PTSS, and 39.1% reported moderate-extremely severe anxiety. Regression models including allergy severity, intolerance of uncertainty, and food allergy self-efficacy were significant for all three psychological outcome measures. However, intolerance of uncertainty was the only variable to consistently be significantly predictive in these models.

Method

Participants were 105 parents who reported their children to have medically diagnosed food allergies. Participants were recruited to a study on parent wellbeing through an allergy clinic and social media advertisements. Participants completed online questionnaires assessing anxiety, worry, PTSS, intolerance of uncertainty, food allergy self-efficacy, and demographic and allergy information.

Conclusions

This study highlights the need for greater awareness of mental health in parents of children with food allergy. The study also indicates that factors impacting on parents’ perception of threat may be most strongly predictive of psychological outcomes, warranting further research. Finally, the study indicates that intolerance of uncertainty may be a promising target for psychological interventions within this population.
A Qualitative IPA Study Examining the Experience of Storytelling Among Parents of Children with Life-Limiting Conditions (LLC) and Life-Threatening Conditions (LTC) in a UK Paediatric Palliative Care Context.

Tom Mundy
Primary Supervisor: Kiki Mastroyannopoulou | Secondary Supervisor: Judith Young

Introduction
A paucity of literature exists concerning parents of children with life-limiting conditions (LLCs) and life-threatening conditions (LTCs). This study therefore aimed to explore parents’ experiences of telling their story of caring for a child with an LLC or LTC, both a) in a UK children’s hospice context and b) in the community.

Results
From the IPA five superordinate themes emerged: a) ‘bonding with other parents through storytelling’ b) ‘therapeutic storytelling to a hospice professional’ c) ‘storytelling as an educational tool’ d) ‘fear of others reactions to the story’ e) ‘weariness through repetition of the story’.

Method
This study adopted a qualitative research design. Face-to-face, semi-structured interviews were conducted with eight parents, recruited from a UK children’s hospice charity. All parents were actively caring for one child with an LLC or LTC at the time of interview. Interviews were subjected to Interpretative Phenomenological Analysis (IPA).

Conclusions
Themes reflected the understanding that storytelling is often a psychologically positive and therapeutic experience for parents. Parents predominantly benefited from telling their story in a children’s hospice context, although the negative aspects of storytelling predominated in the community. Further exploration of storytelling in parents of children with LLC and LTC is warranted.
Emerging Borderline Personality Disorder or “Shit Life Syndrome”? Clinical Experiences of Diagnosing Borderline Personality Disorder in Children and Adolescents.

Rose Papadopoulos
Primary Supervisor: Dr Joanne Hodgkins & Dr Adrian Leddy | Secondary Supervisor: Dr Paul Fisher | Additional Collaborators: Sarah Maxwell

Introduction
BPD diagnosis during childhood or adolescence is regarded by some as a controversial topic even though diagnosis under 18 years old is permitted under the most recent Diagnostic Statistical Manual (DSM-5, 2013) and the World Health Organisation International Classification of Diseases (ICD-11, 2018). Existing research on clinicians’ perspectives pre-dates these changes to diagnostic criteria. It seems timely to update the literature in light of this and other changes to the political and research context.

Results
Across five identified themes, clinicians spoke about how advances in research mean they feel hopeful about BPD prognosis, although the label can feel uncomfortable in the context of adverse life experiences. Clinicians experienced a push and pull between medical and psychological perspectives in the team, as well as trying to personally negotiate perceived pros and cons of a BPD diagnosis for the young person.

Method
13 clinicians (four therapists, five psychiatrists and four case managers) working in child and adolescent mental health services were interviewed about their views and experiences of the validity, usefulness and value of BPD diagnosis in children and adolescents. Interviews were transcribed verbatim and analysed using Braun and Clarks’ thematic analysis.

Conclusions
This study updates previous research on clinician perspectives of BPD in under 18s, whilst also providing an in-depth exploration of some of the dilemmas being negotiated. Clinical implications are discussed, alongside some recommendations for further research in this area, particularly from the perspective of young people who have, or could attract, a BPD diagnosis.
Volunteer Mentor Experiences of Mentoring Forced Migrants in the United Kingdom: An Interpretive Phenomenological Analysis.

Iona Tynewydd

Primary supervisor: Dr Imogen Rushworth | Secondary supervisor: Dr Joanna Semlyen | Additional Collaborators: Dr Sophie North

Introduction
Research demonstrates the complex nature of supporting forced migrant populations. However, there exists almost no research regarding volunteer experience of supporting forced migrants. This study explored volunteer mentors’ experiences in the United Kingdom.

Results
Four superordinate themes emerged from the analysis: Paralyzed by Responsibility and Powerlessness, Weighty Emotional Fallout, Navigating Murky Boundaries and Enriched with Hope, Joy and Inspiration.

Method
Eight participants were recruited from a single charitable organisation in the United Kingdom. Data were collected using in-depth, semi-structured interviews and verbatim transcripts were analysed using Interpretative Phenomenological Analysis.

Conclusions
Participants experienced a range of emotions as a result of their mentoring; from distress to inspiration. Findings suggest focusing on achievable changes helps mentors manage their distress. The mentoring relationship is hugely important to mentors, but also requires careful navigation. The findings suggest that, whilst a fulfilling experience, significant support is required for volunteer mentors. Theoretical implications and suggestions for organisations, clinical applications and future research are made. The relative strengths and limitations of the study are considered.
“We’ll be on different pages, you know.” The Lived Experience of Being an Opiate Using Couple Whilst in Individual Treatment for Opiate Use.

Paul Workman
Primary Supervisor: Dr Caitlin Notley | Secondary Supervisors: Dr Laura Pass & Prof. Siân Coker | Additional Collaborators: Dr Ben Walden

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<td>Recent UK statistics for people exiting drug use treatment showed that opiate users have the lowest rate of successful treatment completion. Research suggests that intimate partners have a significant motivating role for individuals to engage with drug use treatment, and relationships with other drug users can have a detrimental effect on recovery. There is limited UK research to understand the experience of being in treatment for opiate use when also in an opiate using relationship.</td>
<td>Participants rationalised their relationship, negotiated treatment, referenced identity and re-evaluated their relationship. These findings demonstrated the significant influence these relationships have on opiate users’ engagement with treatment and attitudes towards recovery.</td>
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<td>A qualitative Interpretative Phenomenological Analysis study set out to explore opiate users’ lived experience of treatment and maintaining a relationship with another opiate user, collecting in depth experiential data from unique perspectives. Results are presented from in-depth interviews with five participants engaging with drug and alcohol treatment services.</td>
<td>Recommendations for further research highlight the need to understand these relationships at a unit level such as joint interviews or exploring the experience of being a partner not in treatment. Implications for clinical practice include approaches enhancing individual movement towards meaningful life values, couples-based treatment and approaches to engagement.</td>
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The Possible Selves of Individuals with an Acquired Brain Injury.
Laura Barnes

Primary Supervisor: Dr Fergus Gracey | Secondary Supervisor: Dr Joanne Hodgekins | Additional Collaborators: Dr Louis Renoult

Introduction
Possible selves reflect future self-identity, providing concrete form to an individual's hopes, fears and expectations. They enable insight into aspects of motivation, adjustment and identity; key topics within the acquired brain injury (ABI) literature. The primary aim of this mixed methods pilot study was to investigate the feasibility and acceptability of the possible selves method in participants with an ABI for the first time.

Results
All participants were able to describe some possible selves, although a large proportion of 'expected' possible selves were not given. Results indicated good inter-rater reliability of the coding and participant-rated acceptability of the method. Exploratory analyses revealed no significant associations between balance of possible selves, strategies to achieve hopes and brain injury possible selves enmeshment and psychosocial outcomes. However, when brain injury references were re-coded, participants who had 'pre-injury-focused' possible selves i.e. a focus to return to pre-injury functioning, reported higher levels of current-ideal self-discrepancy. Effect sizes are reported to provide future direction for hypothesis testing.

Method
21 participants with an ABI completed an adapted version of Clarke’s (2016) possible selves interview and two questionnaires relating to health-related quality of life and current-ideal self-discrepancy.

Conclusions
Future studies should look to refine the possible selves method as applied to those with an ABI. The results of the current study suggest that the possible selves approach could be a useful construct to explore identity and goal-setting in people with a brain injury.
Introduction
Dementia, a neurodegenerative disease, has been increasing in prevalence due to an ageing population and developments in medical care. With this increase, dementia has become a health priority across the world with campaigns to increase dementia awareness and knowledge in the general population. Poor knowledge and inaccurate stereotypes about dementia are thought to contribute to negative attitudes, stigma and a fear of developing dementia or ‘dementia worry’.

Results
Fifteen peer-reviewed studies met the criteria for inclusion in the review. Six of these studies were cross-sectional studies across the general population, and nine recruited middle to old-age populations. Several methods of measuring dementia worry were utilised. All studies documented the presence of dementia worry, and a combined estimate of 53.3% of participants reported dementia worry across studies. The findings of several potential correlates of dementia worry including age, sex, ethnicity and proximity to dementia were also explored. These showed mixed results, with most evidence indicating that female gender, those closer in proximity to dementia, and those with memory concerns, were associated with greater fear of developing dementia.

Method
A systematic review was conducted to assess the presence of ‘dementia worry’ in the general population. Seven databases (MEDLINE, CINAHL, PsycINFO, PsycARTICLES, Scopus, PubMed, and Embase) were systematically searched and reference lists of included articles were hand searched for relevant literature. A single definition of ‘dementia worry’ and specific inclusion and exclusion criteria were applied. All included studies were quality assessed.

Conclusions
Dementia worry is highly prevalent amongst the general population, with several characteristics associated with higher likelihood of holding a fear of developing dementia. Further research is needed to enable a more cohesive understanding of the concept and the subsequent consequences of ‘dementia worry’. These findings may support healthcare professionals and dementia campaigns target key populations to reduce ‘dementia worry’.

Paul Kennedy
Primary Supervisor: Dr Fraser Smith | Secondary Supervisor: Dr Peter Beazley | Third Supervisor: Dr Joanne Hodgekins

Introduction
Social cognition, including the domains of emotion recognition (ER) and theory of mind (ToM), underpin an individual’s ability to navigate their social environment. Meta-analytic studies have demonstrated that individuals in an at-risk mental state (ARMS) for developing psychosis, or having experienced a first episode psychosis (FEP), exhibit impaired social cognitive functioning across most domains. Recent interest has been on the impact of impaired social cognition on functional outcomes and psychotic symptomatology. However, to date, no meta-analysis of the literature has been conducted to determine the strength and direction of relationship between social cognitive performance, social functioning and psychotic symptoms in ARMS and FEP.

Results
Overall social cognitive performance was positively correlated with social functioning in ARMS (0.12, p=0.015) and FEP (0.205, p<0.001), and negatively correlated with positive (-0.178, p<0.001) and negative symptoms in FEP (-0.221, p<0.001). Emotion Recognition (ER) was positively correlated with social functioning in ARMS (0.131, P=0.01) and FEP (ER: 0.222, P<0.001), negatively correlated with positive symptoms in FEP, (-0.166, p<0.001), and negative symptoms in ARMS (-0.11, p=0.021) and FEP (-0.211). ToM was positively correlated with social functioning in ARMS (0.178, p=0.01) and FEP (0.208, P<0.001), and negatively correlated with positive (-0.189, p<0.001) and negative (-0.3) symptoms in FEP. Pooled correlation coefficient estimates did not differ significantly between ARMS and FEP participants for each social cognitive domain and outcome analysed (all p>0.05).

Method
A comprehensive literature search of four databases was conducted. Thirty-two studies were included for meta-analyses that reported on the relationship between at least one social cognitive domain, social functioning and/or psychotic symptoms.

Conclusions
Better social cognitive performance is associated with enhanced social functioning and lower psychotic symptomatology. Effect sizes were generally small and the clinical impact of targeting social cognitive performance to enhance outcomes in ARMS and FEP is unclear at present.
Being in a Seclusion Room: The Forensic Psychiatric Inpatients’ Perspective.

Louise Askew
Primary Supervisor: Dr Paul Fisher | Secondary Supervisor: Dr Peter Beazley

Introduction
Contemporary qualitative research has explored patients’ experience of seclusion and have found it to be a highly distressing and potentially traumatising experience for patients. The majority of the existing literature has researched seclusion within the context of other restrictive interventions, resulting in findings that can only be considered an overview of the experience. The studies also rarely access participants with histories of considerable violence and imprisonment. This study aimed to answer the question ‘what are forensic psychiatric inpatients’ experience of being in a seclusion room?’

Results
Four superordinate themes were identified; ‘intense fear’, ‘not getting the care I needed’, ‘I am being abused’ and ‘power struggle’. While participants were in the seclusion room, they experienced extreme fear. Staff interaction played a considerable role in shaping the participants’ experience. Staff actions were interpreted as neglectful and abusive. Participants experienced struggling for power with staff, seeking out power when left in a powerless position.

Method
Seven inpatients in a medium secure hospital were interviewed and Interpretative Phenomenological Analysis (IPA) was used to analyse the data.

Conclusions
These findings have implications for the practice of seclusion, suggesting that a carefully tailored therapeutic interaction is required in order to safeguard the mental health of forensic inpatients.
Introduction
Research shows that some parents experience traumatic stress responses to their child’s medical trauma (e.g. cancer diagnosis, surgical procedure). Factors that increase the likelihood of traumatic responses are clinically important to understand. This meta-analysis sought to identify the prevalence of parental Post-Traumatic Stress Disorder (PTSD) and potential risk factors following paediatric medical traumas.

Results
Thirty-three potential risk factors were identified and an estimated pooled prevalence rate of 30.3% (95% CI 25.3 – 35.5%). Risk factors with medium to large effect sizes were found for co-morbid parental psychological responses and functioning, acute stress responses, behavioural functioning of the child, uncertainty around the illness and engaging in negative coping strategies. Children with cancer yielded the highest rates of parental PTSD. Findings are discussed within the context of high heterogeneity.

Method
Searches across three databases yielded 54 studies (N=6743) once exclusion criteria had been applied. Moderator analysis investigated impact of prevalence by trauma type, PTSD assessment type (interview versus self-report measure) and parental gender. Appropriate sensitivity analysis was conducted for studies rated as having a high risk of bias.

Conclusions
This meta-analysis identified a high prevalence of parents developing PTSD following their child’s medical trauma. The identification of these families is clinically important and risk factors can be utilized during screening processes.

Lucy Wilcoxon
Primary Supervisor: Dr Richard Meiser-Stedman| Secondary Supervisor: Kiki Mastroyannopoulou| Additional Collaborators: Aaron Burgess

Introduction
Evidence suggests parents of children who experience a trauma may develop Post-Traumatic Stress Disorder (PTSD), which can have significant consequences for their own and their child’s functioning. As such, identifying the prevalence and possible risk factors for the development of PTSD in parents is of clinical and theoretical importance, and would enhance our understanding of how best to support families in the aftermath of trauma.

Results
The prevalence of PTSD in parents following their child’s single incident trauma was estimated to be 17.0% (95% CI 14.1–20.0%). Pooled effect sizes of 32 potential risk factors for parents developing PTSD were also identified. Medium to large effects were found for factors relating to the parent’s post-traumatic cognition, psychological functioning and coping strategies alongside child PTSD. Small effects were found for pre-trauma factors, objective trauma related variables and demographic factors for both parent and child.

Method
A meta-analysis of 41 studies (n=4370).

Conclusions
Results are consistent with cognitive models of PTSD, suggesting peri and post-trauma factors are likely to play a substantial role in its development. These findings indicate the clinical need for screening parents most vulnerable to adverse post-traumatic reactions within the context of child trauma and tailoring interventions to include the family where necessary.
The Lived Experience of Adolescents with Inflammatory Bowel Disease.

Hannah Crooke
Primary Supervisor: Judith Young | Secondary Supervisor: Dr Imogen Rushworth

Introduction
Inflammatory Bowel Disease (IBD), encompassing Crohn’s Disease and Ulcerative Colitis, has its peak onset in adolescence. The presence of a chronic health condition, such as IBD, at a crucial developmental stage such as adolescence, can have important implications for disease outcomes through the life span. To date, literature has focussed on adults’ experiences of living with IBD and there has been no exploration, in the UK, of adolescents’ sense making of living with IBD.

Results
Three overarching themes were identified: The Turning Point for Health, Acceptance and Resilience, and Fragility of Health Position. Each theme included a number of subordinate themes which reflected the adolescents’ lived experience and were grounded in the raw data. Links between themes are considered.

Method
Eight adolescent participants, five female and three male, with a mean age of 14.6 (range 13-15), were recruited by a paediatric gastroenterology care team. These adolescents had lived with IBD for at least six months to allow for sufficient lived experience. Following receipt of Research Ethics Committee approval, semi-structured interviews were conducted to gather data relating to the participants’ lived experience and sense making of their IBD. An interpretative phenomenological analysis (IPA) was used to analyse the participants’ interviews.

Conclusions
This study provides insight into the lived experience of adolescents with IBD and how they make sense of their disease. Clinical implications are discussed, including the importance of others’ understanding of IBD in providing helpful support and sharing stories of building resilience and acceptance in the face of IBD.
POSTERS – 2016 COHORT

Patients’ and Teachers’ Knowledge of PTSD in Children and Adolescents and Attitudes Towards Screening.

Aaron Burgess
Primary Supervisor: Dr Richard Meiser-Stedman | Secondary Supervisor: Dr Imogen Rushworth

Introduction
To identify parents’ and teachers’ knowledge of post-traumatic stress disorder (PTSD) in children and adolescents. Trauma exposure is common in childhood and adolescence and key adults are relied on to facilitate help-seeking behaviour. This involves recognising trauma events, possible symptoms plus an awareness of available help. Screening measures are often used to aid detection of PTSD and attitudes to their use in schools were explored.

Results
Teachers and parents were accurate in recognising trauma events and PTSD symptoms. However, their understanding was considered broad, with many events not considered traumatic and symptoms not associated with PTSD diagnostic criteria selected (such as parental divorce and substance abuse, respectively). Trauma-Focussed CBT was recognised as an effective treatment, but EMDR was not. Treatments not recommended according to national guidelines were frequently endorsed. Generally, both teachers and parents were supportive of PTSD screening in schools.

Method
A total of 439 parents (mean age 45.16, 87.5% female) and 279 teachers (mean age 41.99, 86.4% female) completed an online researcher-developed questionnaire assessing PTSD knowledge across three domains: traumatic events, PTSD symptoms and evidence-based treatments. Participants were recruited from schools and asked to select from lists which they felt were the correct answers to each PTSD knowledge domain.

Conclusions
Promotion of accurate understanding and recognition of PTSD in children and adolescents from adult’s perspective is necessary for early detection and intervention. Schools could be targeted to promote understanding among parents and teachers. Agreement with screening is encouraging and further research is warranted to understand barriers and facilitators.
Psychotic-Like Experiences in Help Seeking Young People with Borderline Personality Traits: An Interpretative Phenomenological Analysis of Experiences.

Aisya Musa

Primary Supervisor: Dr Paul Fisher | Secondary Supervisor: Prof. Siân Coker | Additional Collaborators: Dr Joanne Hodgekins

Introduction
It is common for psychotic-like experiences (PLEs) to occur in young people who present with traits of borderline personality disorder (BPD traits). While existing literature show the detrimental effects of these experiences, little is known about the presentation and response towards these experiences in young people with BPD traits. This study explores the nature of PLEs in help-seeking young people and how they are appraised and responded to.

Method
In-depth semi-structured interviews were conducted with seven help-seeking young people between the age of 16 to 25 who described themselves as having PLEs and BPD traits and who were currently receiving care from secondary community mental health services in the East of England. Verbatim transcripts were analysed for themes using Interpretative Phenomenological Analysis.

Results
Four superordinate themes emerged from the analysis: the description of experiences, making sense of the experiences, deterioration of sense of self and well-being, and managing and finding respite.

Conclusion
The findings highlight the varied and enduring nature of PLEs in young people with BPD traits, and the despair and loss of control felt as a consequence of the experiences. Study limitations and future directions for research and are discussed in detail.
Online Socialising in Youth Mental Health: Investigating the Roles of Social Connectedness, Basic Needs Satisfaction, Multiple Group Memberships and Fears of Negative Evaluation.

Alice Barber
Primary Supervisor: Kiki Mastroyannopoulou | Secondary Supervisor: Dr Laura Pass
|Additional Collaborators: Dr Joanne Hodgekins

Introduction
Recent theories suggest that individuals with poor social functioning and existing psychopathology may be both at increased risk of negative internet use, while potentially also able to derive greater benefits through compensatory opportunities. However, there is currently a dearth of research investigating online socialising in clinical populations.

Results
In the clinical sample, fears of negative evaluation were lower in online interactions compared to offline interactions, however, levels of social connectedness, needs satisfaction and group memberships were similar across online and offline interactions. Despite spending greater time socialising online, the clinical sample reported significantly lower levels of online social connectedness compared to controls; although this similarly applied to offline interactions. Overall, levels of problematic internet use appeared similar across the samples, although the clinical sample scored more highly in certain subscales.

Method
This cross-sectional study investigated the online socialising and problematic internet use of a sample of young people accessing mental health services (n = 30), compared with two age-matched control samples. Within-group and between-group analyses compared participants’ self-reported online and offline interactions, regarding levels of social connectedness, multiple group memberships, basic needs satisfaction and fears of negative evaluation.

Conclusions
The results support the idea that online socialising may be perceived as less threatening than face-to-face interactions, however, there was limited evidence for either compensatory benefits or increased risks of online socialising for the clinical sample. The lower levels of social connectedness in the clinical sample appear to emphasise the participants' difficulty in experiencing social connection in either online or offline interactions, rather than suggesting specific disadvantages in their online socialising. These results reflect early explorative findings; therefore, replication and extension will be important.
Evaluation of the Efficacy of an Adult Attention Deficit Hyperactivity Disorder Group.

Hannah Crook

Primary Supervisors: Dr Liam Gilligan | Secondary Supervisor: Dr Gemma Ridel

**Introduction**

Attention Deficit Hyperactivity Disorder (ADHD) affects between 2.9% and 4.2% of adults (Faraone & Biederman, 2005; Kessler et al., 2005) and there has been a recent increase in diagnoses being received in adulthood (Chandler, 2013). Pharmacological treatments are widely available but non-medical interventions for ADHD are also recommended (National Institute of Clinical Excellence (NICE), 2018). Therapeutic groups are being developed, and utilised, to help offer this type of intervention. Cognitive Behavioural Therapy (CBT) has been shown to be effective for this population (Battagliese et al., 2015; Virta et al., 2010) but research into group intervention is limited.

**Method**

The primary aim of this study is to evaluate the impact of an ‘in house’ developed ADHD psychoeducation group on measures of general wellbeing and functioning, the Clinical Outcomes in Routine Evaluation – Outcome Measures (CORE-OM) and ADHD symptoms (Adult ADHD Self Report Scale - ASRS). Scores were taken from 13 participants prior to commencing the 8-session group and on completion of the programme.

**Results**

Quantitative analysis showed that participants demonstrated significant change on measures of general wellbeing. Some reliable and clinically significant change was also observed at an individual level on both measures. Despite the small sample size, and difficulties obtaining outcome measures (particularly within this population), the results demonstrate that the ADHD group has a positive impact on attendee’s general wellbeing and functioning.

**Conclusions**

This evaluation demonstrates that this ADHD group is effective in improving participant’s general wellbeing. Less effect was demonstrated for measures of ADHD symptoms and it may be that the group helps improve understanding of ADHD rather than managing ADHD symptomology. Clinical implications highlight that reliable shorter measures of the CORE-OM and ASRS could be utilised to increase data collection and the benefit of additional support sessions are explored.
Psychosocial Outcomes of Cognitive Behavioural Interventions for Children and Adolescents with Inflammatory Bowel Disease (IBD): A Systematic Review.

Hannah Crook
Primary Supervisor: Judith Young | Secondary Supervisor: Dr Imogen Rushworth

Introduction
Inflammatory Bowel Disease (IBD) is a remitting and relapsing disease that is characterised by abdominal pain, diarrhoea and fatigue (Greenley et al, 2010). There is growing evidence that effective support for the psychological and mental health needs of people with long-term conditions can lead to improvements in both mental and physical health (Naylor et al., 2012). Specifically, cognitive behavioural therapy (CBT) based interventions have been shown to improve quality of life, coping skills and adjustment for adult, adolescent and child patients with co-morbid mental health and long-term health conditions (Thompson et al., 2011 & Spurgeon et al., 2005). This review considers the psychosocial outcomes of cognitive behavioural informed psychological interventions for children and adolescents with IBD.

Method
A comprehensive search of electronic databases was conducted to identify studies that used psychosocial outcomes to assess the effectiveness of a cognitive behavioural approach with children and adolescents with IBD. Outcomes reporting on anxiety, depression and general functioning were extracted. A risk of bias assessment was conducted and the quality of the evidence was assessed.

Results
Nine studies were identified and a narrative synthesis framework was used to report the findings. The evidence suggests that children and adolescents with IBD experience a trend towards improvements in depression, anxiety and general functioning following cognitive behavioural informed psychological intervention.

Conclusions
This review supports the use of psychological intervention in improving anxiety, depression and general functioning in adolescents with IBD. Features of interventions that appear to produce more positive outcomes (such as programme length) are explored. Recommendations for clinical practice, and further research, are discussed.
Acceptance and Commitment Therapy for Weight Management.

Hannah Grocott
Primary Supervisor: Dr Peter Beazley | Secondary Supervisor: Dr Sarah Fish

Introduction
This service-related project aimed to assess the acceptability and utility of an Acceptance and Commitment Therapy (ACT) group intervention for weight management as part of an NHS weight management programme. Of interest was whether the intervention, in combination with the usual medical treatment, was successful in improving motivation and commitment to healthy weight management. Feasibility and acceptability were assessed via the successful planning and implementation of the group within the local service context, along with service user experience feedback. Clinical utility was assessed via changes to the psychological variables evidenced in the literature to be related to successful weight management.

Results
Results demonstrated that the intervention can be feasibly delivered and experienced as acceptable and useful within the local patient population and service context. Statistically significant differences were found on the AAQ-W and the Hesitation and Volatility subscales of the ACS-90 pre and post intervention.

Method
A within-subjects repeated measures design was used to compare service users’ pre and post scores on measures of experiential avoidance and psychological flexibility (AAQ-W), weight self-stigma (WSSQ), action-state orientation (ACS-90) and valued living (VLQ). Sixteen participants completed five-weekly ACT group sessions. Data was analysed using Wilcoxon signed-rank tests. Qualitative data collected via patient feedback forms was analysed for reoccurring themes and relevant patient experience information.

Conclusions
Preliminary findings are promising and support the continuation of the ACT group for weight management within the local service context. Recommendations include; an exploration of the maintenance of gains over time, consideration of the timing of the group in relation to the wider weight management programme and evidencing a relationship between the ACT intervention and measurable weight loss outcomes to support a business case for additional funding.
Quantitative Approaches Used to Measure Clinical Staff Attitudes Towards Individuals with Borderline Personality Disorder: A Systematic Review.

Harriet Holroyd
Primary Supervisor: Dr Peter Beazley | Secondary Supervisor: Dr Gillian Bowden

Introduction
A number of studies exist which quantitatively measure attitudes among clinical staff towards individuals with a diagnosis of Borderline Personality Disorder (BPD). The objectives of the current systematic review are to understand the properties and quality of the quantitative measurement approaches that have been used to measure clinical staff attitudes towards BPD, to enable researchers to make better informed decisions regarding measures within this particular research area.

Results
A number of different quantitative measures were identified (n=22). The majority of these were self-report questionnaire-based approaches (n=20). A number of the studies developed a questionnaire or questionnaires for use within the study (n=5). However, the quality of measure development was considered to be poor across the measures reviewed. The quality of measures regarding the psychometric properties varied across the studies.

Method
A systematic review method was implemented to identify relevant papers for inclusion.

Conclusions
There is a need for further work to be carried out regarding the construct of attitudes towards BPD, and questionnaire development and validation to measure this construct. Without this, the reported results of the studies making use of quantitative measures that have not been validated remain questionable. Questionable results will have an impact upon findings and clinical applications.
Staff Attitudes Towards Individuals with a Diagnosis of Borderline Personality Disorder: Can Formulation Reverse the Stigma? A Vignette-Based Design.

Harriet Holroyd

Primary Supervisor: Dr Peter Beazley | Secondary Supervisor: Dr Gillian Bowden

Introduction
Clinical staff who work in mental health settings frequently experience stigmatising attitudes towards individuals with the diagnosis of Borderline Personality Disorder (BPD). The purpose of the current study was to investigate the impact of psychological formulation on attitudes towards an individual with the diagnosis of BPD.

Results
The results of the study suggest that the addition of a psychological formulation did not alter participants’ attitudes towards the individual within the vignette. However, there was a difference in how participants make causal attributions along the construct of stability regarding the cause of the individual’s behaviour.

Method
The current study had a vignette-based, between-subjects design, which utilised an online survey approach. Clinical staff (N=141) from two large mental health trusts in East Anglia took part in the study. They were randomly assigned to either the Formulation or Non-formulation group. Both groups read a short extract about the same fictitious patient with a diagnosis of BPD and the patient’s presenting difficulties. The Formulation group also read a psychological formulation regarding the patient’s presenting difficulties. Attitudes and how participants made causal attributions were compared between the two groups.

Conclusions
The lack of difference between the two groups is discussed within the study, with possible reasons being that the current sample has less stigmatised attitudes than previous samples or because the way in which psychological formulation has been used in the current study may not have been enough to alter staff attitudes.
Dropout from Psychological Treatments for Depression in Young People: A Systematic Review and Meta-Analysis.

Isobel Wright
Primary Supervisor: Dr Richard Meiser-Stedman | Secondary Supervisor: Dr Gemma Bowers

Introduction
Depression is a prevalent and disabling condition in youth. Treatment efficacy has been demonstrated for several therapeutic modalities. Acceptability of treatments is also important to explore and was addressed by investigating treatment dropout using meta-analyses.

Results
Thirty-seven studies were included (N=4343). Overall estimate of dropout from active interventions was 14.6%. Dropout was equally likely from intervention and control conditions, aside from trials of family/dyadic interventions (dropout more likely from control). Interventions offering more sessions had less dropout and there was less dropout from IPT than other interventions. There were no significant associations between dropout and study quality, treatment duration, CBT, family or individual versus other approaches.

Given limited power, null findings should not be interpreted as confirmed absence of effects. Lack of consistent reporting decreased the factors which could be analysed.

Method
A systematic search was conducted using MEDLINE, CINAHL and PsycARTICLES databases. Peer-reviewed randomised controlled trials investigating psychotherapy treatment of depression in youth were included. Proportion meta-analyses were used to calculate estimated dropout rates; odds ratios assessed whether there was greater dropout from intervention or control arms and meta-regressions investigated associations between dropout, study and treatment characteristics.

Conclusion
Dropout from depression treatment in youth was similar across different types of intervention and control conditions. Future treatment trials should specify minimum treatment dose, define dropout and provide information about participants who dropout. This may inform treatment choice and modification of treatments.
### Introduction

Reflective Practice, as termed by Schön, is a crucial component of personal and professional learning. Reflective practice is regarded as a way that professionals learn from experience to understand and enhance their practice by responding appropriately to self-reflection. Despite playing a crucial role in healthcare settings, there is little agreement on how to assess reflective practice. This study aims to systematically review self-rating instruments that assess reflective practice in healthcare professionals.

### Results

From the studies included in the review, 10 measures of reflective practice or self-reflection were identified and appraised against the critical appraisal checklist. The Reflective Questionnaire (RQ) and Self-Reflection and Insight Scale (SRIS) were the more frequently used measures investigated. Two-thirds of the included studies are of high quality and the remaining are rated to have acceptable quality. With exception of two papers, the majority of the studies demonstrated satisfactory to good psychometric properties of the respective self-rating scale.

### Method

Articles assessing reflective practice in healthcare professions, published in English between 1998 and 2018 from PubMed, CINAHL, and PsycINFO databases, were considered for inclusion. Peer reviewed journal articles that discussed or used a self-rating instrument to measure reflective practice were included. A total of 18 papers were appraised, the strengths and weaknesses of the measures were discussed in accordance with an adapted critical appraisal checklist.

### Conclusions

In general, all self-measure instruments included in this review were potentially generalizable to healthcare professionals or health science programmes with some adaptation. Based on the available evidence the RQ and SRIS are recommended for measuring reflective practice within healthcare settings. Further, future research developing a standardised tool for the review of mixed-method, heterogeneous, questionnaire studies is strongly recommended.
Clinical Psychologists’ Experience of Cultivating Reflective Practice in Trainee Clinical Psychologists During Supervision: A Qualitative Study.

Ivy Su Min Ooi
Primary Supervisor: Dr Paul Fisher | Secondary Supervisor: Prof. Siân Coker

Introduction
Reflective practice (RP) is regarded as an essential competency to maintain high clinical standards by various professional bodies. Clinical supervision is seen as the most common and useful way to encourage RP in healthcare professionals but there is limited evidence on effective strategies for its development. Given this, it is useful to explore how this concept is understood and promoted by qualified clinical psychologists who supervise trainees. This research aims to investigate the experience of clinical psychologist supervisors’ in developing reflective skills in trainees.

Results
Six main themes were identified in this study: 1) Interpersonal Aspects of Supervision, 2) Collaboration and Trainees’ Engagement, 3) Developmental Process of Reflective Practice, 4) Conscious Attempts to Promote Reflection, 5) Awareness of Potential Barriers to Reflection, and 6) Psychological Models and Reflective Practice. Verbatim quotations from research participants were reported in relation to the respective themes.

Method
Ten Health and Care Professions Council registered clinical psychologists were recruited through purposive sampling. Semi-structured interviews and thematic analysis (TA) were employed within the process of data collection and analysis. TA was used to capture the experience of clinical psychologists in developing competencies in reflection in Trainee Clinical Psychologists (TCPs).

Conclusions
A safe and conducive atmosphere is very important in helping to foster RP within supervision as is early identification of potential barriers. Performance-driven behaviours can be addressed by using strategies such as active modelling and self-disclosure. Despite conscious attempts to promote the use of RP in TCPs, the lack of agreed consensus about the concept and the diversity on how to develop RP further complicates how supervisors and TCPs engage in RP. Research attempting to develop a consensus of terms across clinical psychologists would be a useful focus for future research.
**Introduction**

Post-Traumatic Stress Disorder in children and young people has received increasing recognition in recent decades. Despite increased development of evidence-informed interventions and improved disseminations efforts, research has identified a number of barriers to implementing these approaches.

**Results**

Lack of training and supervision was associated with reduced clinician confidence in treating children with PTSD. In addition, analyses identified that a lack of training and supervision were significant barriers to the use of evidence-informed interventions in clinical practice. Other predictors of clinician confidence and use of evidence-informed interventions included profession and years of experience. The results from the vignette phase of the study found the age of the child to be a significant predictor of treatment decision making.

**Method**

This study surveyed clinicians working with children and young people in the UK who have experienced trauma to explore the training and supervision needs and identify the current treatment approaches being offered, alongside clinician confidence in delivering these approaches. Additionally, a vignette study with experimental manipulation explored the service user characteristics influencing the use of evidence-informed interventions.

**Conclusions**

By understanding the training and supervision being received by clinicians and mapping current treatment practice onto the evidence base, the study is able to offer recommendations for future training efforts and dissemination processes. The receipt of training and supervision improves clinician confidence and addresses some of the key barriers to the implementation of evidence-informed interventions. These findings, combined with evidence suggesting a lack of training opportunities being offered to clinicians, demonstrate the need for trauma-focused continued professional development relating to trauma in children and young people.
Course of Post-Traumatic Stress and Depression Among Children and Adolescents Following Injury: Link and Disparity.

Joyce Zhang

Primary Supervisor: Dr Richard Meiser-Stedman | Secondary Supervisor: Prof. Niall Broomfield

Introduction

PTSD-depression has high comorbidity and their relation has been an interest of intensive research. A more comprehensive way to understand the psychopathology is through their developmental courses which incorporate systematic changes over time. The present study aimed to look at the natural developmental trajectories of PTSD and depression symptoms and their connections in children and adolescents by utilizing advanced group-based trajectory modelling (GBTM) method.

Results

All participants’ PTSD symptoms reduced to non-clinical level whereas 20.9% of them presented enduring depression. 80% participants were observed to be resilient (42.4%) or to be able to recover within two months (35.6%) while 21.9% experienced high-level PTSD symptoms but recovered in nine months’ time. A dichotomous pattern was found in depression trajectories. The trajectories described a chronic depression group (20.1%) in contrast to two mild symptom groups (35.9%, 34%). Conditional trajectory membership analysis showed high synchronicity between PTSS and depression groups, but further predictor analysis revealed disparate predictors. Peri-event panic (CPP), appraisal (CPTCI), rumination, thought suppression at week 2 predicts slow recovery from PTSS while pre-trauma anxiety scale (CPAS), post-trauma anxiety (SCAS) and appraisal (CPTCI) predicts chronic depression.

Method

Participants had a single event traumatic event were entered into the study. Their PTSD and depression symptoms were measured at 2 weeks, 2 months and 9 months. 217 children and adolescents aged between 8 and 18 who did not receive intervention entered the analysis. The GBTM joint modelling yielded a three trajectories model for PTSD and a three trajectories mode for depression.

Conclusion

Cognitive appraisal may hold the key to explain PTSD depression comorbidity.
A Qualitative Exploration of Fatherhood After Acquired Brain Injury (ABI).

Karen Cregan
Primary Supervisor: Dr Fergus Gracey | Secondary Supervisor: Dr Catherine Ford | Additional Collaborators: Dr Audrey Daisley

Introduction
This study explored how men who were fathers before acquired brain injury (ABI) experience their fatherhood.

Results
Four superordinate themes emerged: (1) what being a father means, (2) altered relationships with others, (3) becoming lost and finding their way through, and (4) renewed fatherhood. Each theme was present in all interviews.

Method
Seven fathers participated in semi-structured interviews. Interpretative phenomenological analysis (IPA) was used to explore their meaning-making of fathering experiences.

Conclusions
This study is the first to explore experiences of fatherhood after ABI in the UK. The findings provide valuable insight into the lived experience and suggest areas to be explored in clinical intervention and research that may be useful for fathers following ABI. A future study could complement this current research by exploring women’s experiences of motherhood after ABI.
Introduction
To date, there is little explicit focus on ABI survivors’ experiences of coupled relationships. This review aims to summarise current literature representing the ABI survivor perspective.

Results
Five themes were identified: (1) being a changed partner, (2) altered roles as survivors, (3) sexuality, (4) connectedness and (5) ongoing acceptance, commitment and understanding. Findings from the review support the view that survivors’ relationship experiences appear vulnerable following the impact of ABI on coupled life.

Method
A systematic search of databases and hand search of relevant journals was carried out, providing: sufficient depth of information, participant quotations and insight into the coupled experiences of ABI survivors. Identified studies are summarised into a data extraction table and common qualitative themes extracted and discussed concerning relevant literature. Five papers met inclusion criteria and were rated as high quality using the CASP quality rating tool for qualitative research.

Conclusion
Many of the experiences expressed by survivors’ highlight perceived barriers to relationships. Further research focus is warranted exploring possible strengths and facilitators to relationship continuity which clinicians may begin to draw on in working with couples after ABI.
# A Qualitative Exploration of the Process of Smoking Cessation for People with Dual Diagnosis.

Leonora Marshall

Primary Supervisor: Dr Caitlin Notley | Secondary Supervisor: Dr Imogen Rushworth

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<td>This study aimed to explore the process of smoking cessation for people with comorbid substance misuse and mental health diagnosis (dual diagnosis).</td>
<td>Overall, participants felt pessimistic about their ability to achieve cessation. Intrapersonal aspects of motivation and ability to achieve cessation were perceived as key barriers to behaviour change. Results also emphasised the multiple layers of interpersonal, social and system factors that interact with intrapersonal factors to influence smoking cessation.</td>
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<td>Semi-structured interviews were undertaken with eight people with dual diagnosis. A grounded theory approach was used to analyse the data and generate a model of the process of smoking cessation for this group.</td>
<td>If smoking cessation interventions are to be successful for people with dual diagnosis, they not only have to address individual barriers to change, but also the wider social, cultural and systematic context.</td>
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Post-Traumatic Stress Disorder in Young Children Exposed to Road Traffic Accidents: Understanding the Role of the Family.

Lucy Wilcoxon

Primary Supervisor: Dr Richard Meiser-Stedman | Secondary Supervisor: Kiki Mastroymnopoulo

Introduction
Young childhood is a time when exposure to trauma occurs most frequently, and when children are highly vulnerable due to their limited emotional, cognitive and psychological development and their sole dependence on their caregivers. Strong associations have been reported between parent and child post-traumatic reactions to acute trauma. The present study aimed to explore the role of parent cognition and behaviour as possible mechanisms through which this association occurs, alongside the role of child demographic, developmental and post-trauma processing in explaining child post-traumatic stress disorder (PTSD).

Results
Results suggested poorer fragmented memory, developmental age, parent-child separation, parenting behaviour and parents’ maladaptive appraisals each account for unique variance in child PTSD at six months post-trauma. However, only parental overprotectiveness was found to play a mediating role between parent acute post-traumatic stress symptomology and child PTSD at six months.

Method
114 parents of young children (aged 2-10 years) who had experienced a road traffic accident were recruited from three hospital Emergency Departments. Parents completed self-report questionnaires assessing their cognitive processing, parenting behaviour and their child’s cognitive processing in the acute period post-trauma (2-4 weeks). Child PTSD was later assessed through parent-report measures at six months post-trauma.

Conclusion
These findings add to earlier work in this area to suggesting a multi-factorial model of PTSD in children; drawing on cognitive, behavioural, systemic and attachment theories. The results suggest a clinical need for including parents within the assessment and interventions offered to children following exposure to a single-incident trauma.
Evaluation of the Anger Management Cognitive Behavioural Therapy (CBT) Group for Adults with Traumatic Brain Injury (TBI).

Paul Workman
Primary Supervisor: Dr Fergus Gracey | Secondary Supervisor: Dr Kate Psaila

**Introduction**
This study evaluated the efficacy of a group programme based on cognitive behavioural therapy (CBT) principles for anger management with people with traumatic brain injury (TBI) delivered through a community neuro-rehabilitation service. From three groups completed between 2016 and 2018, 22 participants took part in six weekly sessions of the programme, with 20 participants completing.

**Results**
Over a quarter of participants demonstrated reliable improvement and clinically significant change in depression and over a third of participants showed a reliable improvement in anger expression and 10% moving to clinically significant recovery at the end of the group. Change on anxiety, self-esteem and trait and trait anger were small in comparison. Feedback for the group was mainly positive.

**Method**
Improvements in depression, anxiety, self-esteem and anger were measured using the reliable change index (RCI) and clinically significant change (CSC) criteria. Generic health status was assessed at a group level. The measures used were the State-Trait Anger Expression Inventory 2 (STAXI-2), Hospitalised Anxiety and Depression Scale (HADS), Rosenberg Self Esteem Scale (RSES) and the EQ5D-5L. A participant feedback form was also completed. Calculations of RCI and CSC were conducted using the Jacobson and Truax (1991) method for the STAXI-2 and clinical cut offs for the HADS and RSES. Group analysis was conducted on the EQ5D-5L and the Visual Analogue Scale (VAS). Completion of the group was associated with perceived improvements in overall health rating.

**Conclusion**
CBT group for anger in a TBI population was associated with improvements in anger as well as other psychological domains including depression, anxiety and self-esteem. However, findings from this evaluation must be considered with caution when concluding the effectiveness of the anger management group as there was no comparison or control group. Limited qualitative feedback from the participants prevented more in-depth understanding of their group experiences.
“It bonds you even closer” – The Relationship Experience of Individuals within Opiate Using Couples: A Qualitative Systematic Review.

Paul Workman

Primary Supervisor: Dr Caitlin Notley | Secondary Supervisors: Dr Laura Pass & Prof. Siân Coker

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<td>This review paper aimed to synthesise the existing qualitative literature on opiate using couple relationships to identify implications for clinical application and research, and to determine gaps in the literature.</td>
<td>The search process yielded 10,964 papers. After assessment of eligibility, 27 studies were included. The centrality of opiates within couple relationships was a reported theme in terms of sharing opiates, bonding through opiate use, and primacy in the relationship. Relationships were constructed as unique, sites of safety, through care, love and intimacy. However, relationships were also undermined by the influence of heroin, most significantly through conflict, impaired sexual intimacy, jealousy and mistrust. A link between the relationship and opiate use was highlighted through the high order themes of intimacy in drug practices, care and collusion, enmeshed relationships and social alienation. Partner influence in negotiating treatment for opiate use and gendered dynamics were also discussed.</td>
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<td>Medline, PsycINFO, Embase, CINAHL and Scopus were systematically searched for articles published from inception to January 2019. Inclusion criteria was that studies used qualitative methods to explore couples’ relationships in the context of opiate use.</td>
<td>This review provides insight into the complex relationships of opiate using couples, highlighting positive aspects to their relationships, but also how opiates become foundational to these relationships, creating an environment where the relationship can be undermined or destabilised. Clinical implications include considering assertive outreach for couples, utilising couples-based approaches, and prioritising screening for domestic abuse within these relationships.</td>
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A Systematic Review and Meta-Analysis of the Psychosocial Outcomes of Psychological Interventions for Borderline Personality Disorder in Children and Adolescents.

Rose Papadopoullos

Primary Supervisors: Dr Joanne Hodgekins | Secondary Supervisor: Dr Adrian Leddy

Introduction
Globally, adolescent BPD is a topic that is being actively researched and seen by some as a priority for public health with an emerging literature around the role of early intervention. This paper aims to review this evidence to ask; how effective are early interventions for children and adolescents with BPD or ‘BPD traits’?

Results
Three RCTs and eight non-randomised trials were identified with a combined total of 523 participants, spanning a wide range of intervention types and study designs. Heterogeneity and variability between studies was significant. The pooled effect size for each of the three outcome domains was negligible, though some of the higher quality papers demonstrated large individual effect sizes. Most consistently, the quality of life domain showed improvement.

Design and Method
A systematic literature search was conducted across six electronic academic databases: Academic Search Complete; AMED; CINAHL Complete; MEDLINE Complete; PsycARTICLES; PsycINFO. Quality was rated using a standardised tool. Outcome data from quantitative papers were included in a meta-analysis focussing on three domains; BPD symptoms, General psychopathology, and Quality of life. The outcomes from qualitative papers were reviewed narratively.

Conclusions
This review and meta-analysis provide some tentative data suggesting that early interventions for BPD might have a positive impact on young people, particularly on quality of life outcomes. However, pooling the RCTs in this meta-analysis suggested that interventions had little benefit over and above standard clinical care. Well-conducted RCTs and longitudinal studies would be a welcome addition to this emerging evidence base.
What are the Experiences of Parents When Caring for a Child with a Life-Limiting Condition or Life-Threatening Condition? A Systematic Review and Narrative Synthesis.

Tom Mundy
Primary Supervisor: Kiki Mastroymnopoulos | Secondary Supervisor: Judith Young

Introduction
Life-limiting and life-threatening conditions in children have significantly increased in prevalence over the last decade. To interpret the needs of parents caring for these children an understanding of their experiences is required.

This article aimed to systematically review and synthesise published qualitative literature involving parents’ experiences of caring for a child with a life-limiting or life-threatening condition.

Results
Overall the search yielded 12 eligible articles. Five key themes were identified from the synthesis: (a) ‘navigating the system’; (b) ‘burden of care’; (c) ‘living with uncertainty’; (d) ‘strength through adversity’ and (e) ‘connecting with other families’.

Method
SCOPUS, PsycINFO, the BNI, Web of Science, CINAHL, AMED and MEDLINE were searched systematically from 1997-2017. Manual searches for further relevant articles were conducted in four additional databases. Relevant articles that met the inclusion criteria were critically analysed and synthesised using the narrative synthesis method of Popay et al (2006).

Conclusion
Themes indicate that parents encounter similar positive and negative experiences across conditions. Parents experience positive emotional change and growth, although they could also benefit from additional nursing and psychological support to manage caregiver burden. Rare illnesses and fathers’ experiences require further research.
Effects of Short-Term Transcutaneous Vagal Nerve Stimulation on Heart Rate Variability and Executive Control in a Non-Clinical Sample: Study Protocol for a Randomized Trial.

Wiki Tay

Primary Supervisor: Dr Naoko Kishita | Secondary Supervisor: Dr Isabel Clare

Introduction

Deficits in executive functioning (EF) often lend to compromised ability to meet the changing demands of daily living in an adaptive and flexible manner, which could impact upon the affected individuals and their families in experiencing quality life. According to the neurovisceral integration model, the regions of the brain associated with EF and the heart shares a common reciprocal circuit via the vagal nerve. In line with the model, previous research has demonstrated that persons with greater vagal function perform better in EF tasks. Furthermore, transcutaneous vagal nerve stimulation (tVNS) that provides electrical stimulation to the vagus nerve has shown to influence positive outcomes of EF. However, the direct relationship between tVNS, EF, and vagal function has not been explored. Hence, the present study aims to investigate the effects of tVNS on EF and vagal function to help inform future research in developing alternative treatment for people with difficulties in EF.

Method

A randomized, single-blinded between-subjects design will be used, with tVNS (active-tVNS vs. sham-tVNS) as the independent variable. There will be three dependent variables: (1) heart rate variability (HRV) – an index of vagal function, (2) performance on Flanker task – a measure of executive control that is a component of EF, (3) performance on Lexical Decision Task (LDT) – a control measure. This study will aim to recruit 40 participants. Following data collection, a mixed ANOVA will be carried out to establish whether participants in the active-tVNS condition do better in the Flanker task, but demonstrate no difference in performance on LDT, compared with sham-tVNS. Further exploratory analysis will also be conducted to investigate if HRV is a significant mediating variable between the tVNS conditions and performance on the Flanker task.

Results

This project is currently in the data collection phase and 14 participants have been recruited so far.
Contacts

To find out further information about any of these projects, please contact either the main author or one of their supervisors.

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It has been another exciting year for international developments on the Programme. We have again received a very high number of high-quality international applications to our innovative international route for Clinical Psychology training. We are delighted to welcome two new international students from Malaysia and South Africa to join our new 2019 entry cohort of trainees.

In addition to new arrivals, we have our first two international student graduates from the Programme this year and we wholeheartedly congratulate them. Both are working in public services in their respective countries; Hong Kong and Norway. Furthermore, we have two trainees about to complete the Programme, having undertaken our first full placements in Singapore and Malaysia.

This year has seen a number of successful international visits by Programme staff to Norway, Singapore, Malaysia and Australia to secure placement opportunities for our trainees in 2019/20. We look forward to working with our Clinical Psychology colleagues in these respective countries in the coming years and we are delighted by the range of learning opportunities these placements will provide for all trainees.

The breadth of our international work has extended this year to include consultancy with the World Health Organization (WHO) and the Ministry of Health (MOH), Malaysia. Paul Fisher designed a Mental Health Literacy Programme to be delivered and rolled out across Malaysia and he, together with Siân Coker and local collaborator Alvin Ng from Sunway University, were involved in the delivery of this initiative. Further meetings have been held with the WHO to explore next steps with this work. Siân has
recently returned from a six-month sabbatical, hosted by Sunway University in Malaysia. The goals of the sabbatical were to consolidate and extend our partnerships in S.E Asia and beyond and a number of new collaborations and training opportunities, including those in Centres of Excellence in Australia, have emerged as a result.

Finally, two of our trainees have just returned from the international training opportunity in a NGO in Kuala Lumpur, Malaysia and we hope that you will enjoy hearing about how this experience has influenced their development as Clinical Psychologists and what they will take forward to working in services in the NHS.

We believe that these developments continue to strengthen our international focus and the quality of the training experience that we offer.

Professor Siân Coker

Siân Coker and Paul Fisher at the World Health Organization (WHO) offices in Kuala Lumpur, Malaysia.