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**ПСИХОЛОГИЈА**

МЕГУНАРОДНА КОНФЕРЕНЦИЈА ЗА ТЕОРИЈА И ПРАКТИКА ВО ПСИХОЛОГИЈАТА  
INTERNATIONAL CONFERENCE ON THEORY AND PRACTICE IN PSYCHOLOGY

- КНИГА НА АПСТРАКТИ -

- BOOK OF ABSTRACTS -

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ПРАКТИКА ВО ПСИХОЛОГИЈАТА**

Скопје, 30. 10 - 1. 11. 2014

Институт за психологија, Филозофски факултет,  
Универзитет „Св. Кирил и Методиј“ Скопје

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**INTERNATIONAL CONFERENCE ON  
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**BOOK OF ABSTRACTS**

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## COMPARISONS OF DIFFERENT MEASURES OF ANXIETY SENSITIVITY

Tatjana Vukosavljevic-Gvozden, Sanja Dutina, Lence Miloseva

Anxiety sensitivity refers to the fear of anxiety based on the belief that anxiety has damaging physical, psychological and social consequences, which is the significant risk factor for the development of anxiety disorders and other pathology. Although the most commonly used measure of anxiety sensitivity is Anxiety Sensitivity Index (ASI), over time other versions have been constructed. The aim of this study is to compare ASI with three later versions: Anxiety Sensitivity Index-Revised (ASI-R), Anxiety Sensitivity Profile (ASP) and Anxiety Sensitivity Index-3 (ASI-3). The sample consisted of 400 adults from Serbia (50% male and 50% female) aged between 18 to 59 years ( $M=30,98$ ,  $SD=7,07$ ). Criteria for inclusion was no history of psychiatric treatment. Analysis of internal consistency show that all instruments, including their subscales, have good internal consistency (alpha coefficients ranging from 0.76 to 0.98). Principal component analysis with promax rotation of AS scores show that only ASI-3 has factor structure which is consistent with the findings from previous studies. In accordance with expectations, correlations and partial correlations of AS measures with trait anxiety and depression show that all instruments have significant partial correlations with trait anxiety (from 0.14 to 0.32) and with depression (from 0.21 to 0.36). ASI-3 has the highest partial correlation with trait anxiety. We can conclude that ASI-3 has the best characteristics and is recommended for use. However, these findings need to be verified on clinical population.

**Key words:** *measures of anxiety sensitivity, factor analysis, reliability*

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## CONNECTION BETWEEN FAMILY FUNCTIONING, EARLY MALADAPTIVE SCHEMAS AND SYMPTOMS

Tijana Mirović, Tatjana Vukosavljević-Gvozden

Schema therapy defines early maladaptive schemas (EMS) as dysfunctional, self-defeating emotional and cognitive patterns that begin early in our development (arising from the problems within family unit) and repeat throughout life. Starting from this postulation, the purpose of this study was to examine interconnections between early maladaptive schemas, family functioning, and symptoms.

The sample consisted of 225 young adults (ages 25-35,  $M=28.70$ ). Family variables were measured with FACES-IV which consists of six scales that assess family cohesion and flexibility dimensions, as well as family communication and family satisfaction. EMS were measured with Young Schema Questionnaire (YSQ - short form) and the symptoms were operationalized with the Global Severity Index (GSI) from the Symptom Check list (SCL-90).

The relation between these variables was analyzed using Hierarchical multiple regression by entering family variables in the first stage and EMS in the second. After entering the family variables in, the model explained 14.7%, with the addition of EMS the model explained 68.5% of variance in GSI. EMS explained an additional 53.8% of variance in GSI, even after statistically removing the influence of family variables ( $R$  Square Change = 0.538,  $F$  Change = 22,886,  $p<0.000$ ).

We conclude that taken together family variables and maladaptive schemas explain large percentage of variance in GSI. Change Statistics show that family variables cease to be important once EMS is entered into the model, meaning that with EMS, we don't need family variables in order to describe GSI. These findings support the clinical importance of early maladaptive schemes, suggesting that the treatment of young adults should take into account cognitive style.

**Key words:** *early maladaptive schemas, family variables, symptoms*

## COMPARISON OF CLINICALLY DEPRESSED, SUBCLINICAL, AND NORMAL CONTROL ADOLESCENT GROUP REGARDING FAMILIAR INTERPERSONAL AND COGNITIVE FACTORS

Lence Miloseva, Tatjana Vukosavljevic-Gvozden

Although much is known about depression in youth, the subclinically depressed population is not yet well understood. The present study attempts to provide a clearer understanding of depressive symptomatology particularly subsyndromal levels of depression in adolescents.

The research was guided by one major research issue which explored whether depressed, subclinically depressed, and normal control adolescents differ in their depressogenic cognitive style as well as in their perceptions of the following five psychosocial variables: family cohesion, family conflict, family expressiveness, critical maternal messages, and peer social support.

The sample consisted of 91 male and female adolescents, aged 13-17, from Stip, R. Macedonia. We examined potential group differences and similarities between adolescents with three diagnostically identified groups: the group of clinically depressed (Major Depressive Disorder-MDD or Dysthymic Disorder-DD), the group of subclinically depressed, and the group of normal control adolescents-exhibiting no depressive symptomatology.

Adolescents selected for the subclinically depressed group exhibited higher than average depressive symptomatology (CDI >12), but did not meet DSM-IV criteria for either MDD or DD. Normal control group adolescents consisted of students from primary and secondary schools in Stip. A variety of familial interpersonal variables, as perceived by the adolescents (cohesion, expressiveness, conflict, and critical maternal communication style) and cognitive variables (adolescent's perceptions of the self, world, and future) were examined.

The following instruments were used: M.I.N.I.; the Self-Report Measure of Family Functioning, Child Version; the Family Messages Measure -Mother; the Multidimensional Scale of Perceived Social Support; the Cognitive Triad Inventory for Children; and the Children's Depression Inventory.

It was expected that groups (clinically depressed, subclinically depressed, and normal control youth) would differ significantly in the composite of the adolescents' depressogenic cognitive style and perceptions

of the following psychosocial variables: family cohesion, family conflict, family expressiveness, critical maternal messages, and peer social support. A MANOVA was conducted with adolescents diagnostic category as the independent variable. Depressogenic cognitive style and the five psychosocial measures were the dependent variables.

The results of the data analysis indicated that this hypothesis was supported. Using Wilk's Lambda, the MANOVA indicated that there were significant differences between diagnostic groups in the composite of the dependent variables,  $F(14, 56) = 3.47, p < .002$ .

Most importantly, the results of this study suggest that adolescents with subclinical levels of depression should no longer be left on the margins of academic and clinical interest. This has extremely important implications for clinic practice, research and public health policy, as well.

**Key words:** *clinical, subclinical, depression, familiar interpersonal, cognitive factors.*