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BOOK OF ABSTRACTS

Contents

NEUROCOGNITIVELY-ENHANCED ONLINE COGNITIVE BEHAVIOURAL THERAPY TO IMPROVE MOOD, COGNITION, AND FUNCTIONING DURING DEPRESSION

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Background: Depression is associated with impaired hot (emotion-dependent) and cold (emotion-independent) cognition. Cold cognitive abilities in attention, memory, and executive control have received increased interest as a potential means to achieve a more complete functional recovery. The efficacy of a novel, neurocognitively-enhanced online cognitive behavioural therapy approach (OCBT+), addressing the hot-cold cognitive pathways characteristic of depression, has yet to be determined.

Methods: 100 participants with self-reported, elevated depressive symptoms were recruited and randomly assigned to online cognitive behavioural therapy (OCBT) or OCBT+. Each online intervention consisted of 1 weekly, OCBT module supplemented with either online homework exercises for OCBT or online neurocognitive training for OCBT+, administered over a 5-week period. Measures of depressive symptom severity, everyday functioning, and a battery of objective neurocognitive tests were completed at baseline and post-intervention.

Results: OCBT and OCBT+ contributed to significant improvements in depressive symptom severity and everyday functioning. Improvements in cognitive function for time-dependent measures of processing speed, inhibition, and attention shifting were observed for OCBT. OCBT+ demonstrated significant improvements across all memory measures (immediate memory, delayed memory, % memory retention) and planning ability. Change in planning ability was significantly associated with everyday functioning at post-intervention (r = .541, p = .006) for OCBT+ only, even when controlling for improved depressive symptoms.

Conclusion: OCBT+ addresses both hot and cold cognitive mechanisms in depressive treatment, which cannot be achieved by OCBT alone. Such an integrated hot-cold treatment approach offers potential to facilitate a more complete functional recovery from this highly recurrent and debilitating disorder.

TACKLING PERSISTENT DEPRESSIVE DISORDER: LOOKING *INSIDE* THE PROCESS OF CHANGE

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Looking back at more than 40 years of depression research including over 500 randomized trials, evidence concerning the long-term course of depression after acute treatment is scarce despite the high chronicity rate of up to 30% and a prevalence of chronic depression of approximately 33-50% in clinical settings. In order to develop effective treatment algorithms, we have to go beyond cross-sectional post-treatment study designs, look *inside* the therapist's room and systematically capture and apprehend the processes and key factors of psychotherapy. To set the course for future research, we conducted a twofold approach by implementing a sophisticated combination of qualitative and quantitative study designs:

First: We present data from one of the most comprehensive RCT on the treatment of persistent depressive disorder with the only disorder-specific treatment for chronic depression (Cognitive Behavioral Analysis System of Psychotherapy, CBASP) vs. an unspecific, common factor approach (Supportive Therapy) regarding acute and long-term efficacy (modeling the complete psychopathological time course over 2 years of follow-up), the influence of childhood maltreatment / comorbidities and the occurrence of adverse events or potential side effects of psychotherapy.

Second: In order to look *inside* the process of change, we analyzed 72 videotaped therapy sessions using cubus analysis with multilevel models to identify the key factors and mechanisms associated with successful treatment of persistent depressive disorder. In this way, pivotal questions can be answered to unravel the

underlying mechanisms of change in psychotherapy and to tackle the challenges of treating persistent depressive disorder.

BENEVOLENCE-FOCUSED CBT FOR CHRONIC DEPRESSION: A RANDOMIZED CONTROLLED TRIAL

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Chronic depression is a highly prevalent and difficult to treat disorder. There is only inconsistent evidence for the efficacy of psychological treatments. We developed a group meditation program combining mindfulness with metta (loving kindness) meditation. The specific aim of metta is to enhance a positive attitude, benevolence, towards oneself and others. In previous studies, Metta meditation has shown to be effective in enhancing positive emotions. Based on the results of two pilot studies, we added individual CBT focusing on the principle of benevolence, by using techniques such as behavioral activation and cognitive restructuring.

In the present trial, the efficacy of this combination was examined in 48 patients with chronic depression, randomized to a) either a combination of 8 sessions group meditation and 8 individual sessions CBT, or b) a wait-list control group. Outcome was assessed at pre-, intermediate-, post-treatment and 6-month follow-up. Primary outcome measure was the independent blind rating of depression, using the Quick Inventory of Depressive Symptomatology. Self-report measures were used to assess secondary outcomes.

Four patients (16.7 %) did not complete treatment. At post-test, significant effects of the treatment were found in the primary outcome (QIDS) as well as self-rated depression, behavioral and cognitive avoidance, rumination, mindfulness and social adaptation, with high effect sizes.

The study is the first to demonstrate that metta meditation combined with benevolence-focused CBT is effective for chronic depression. Complete follow-up data will be presented on the EABCT conference 2020. Possible implications for the development of treatments for chronic depression are discussed.

NEW DEVELOPMENTS: POSITIVE PSYCHOLOGY CONTRIBUTIONS TO THE TREATMENT OF DEPRESSION AND ANXIETY.

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Positive Psychology is defined as the "study of the conditions and processes that contribute to the flourishing of people, groups, and institutions" (Gable & Haidt, 2005). The application of Positive Psychology is the positive psychology interventions (PPIs), which are defined as psychological interventions aimed at raising positive feelings, cognitions or behaviors (Sin & Lyubomirsky, 2009). Studies to date indicate that PPIs increase the levels of well-being and decrease depression, anxiety or stress symptoms (Chakhssi, Kraiss, Sommers-Spijkerman, & Bohlmeijer, 2018).

A multi-component PPI, which included interventions on gratitude, optimism, goal-setting, character strengths was designed and tested in a pilot study (Kotsoni, Kanellakis & Stalikas, 2020). The 6-weeks programme is tested in this study. Participants were recruited through the internet and those presenting with symptoms of depression, anxiety or stress were invited to a screening interview. Out of 193 participants, two groups were formed: intervention (13) and control (13) group. All participants completed self-report questionnaires (Depression, Anxiety and Stress Scale, Mental Health Continuum-Short Form, Satisfaction with Life Scale, Scale of Positive and Negative Experiences) when the programme started, on the completion and at 3-months follow-up.

The results indicated statistically significant decreases in depression, anxiety, stress, and negative emotions, as well as increases in well-being, satisfaction with life and positive emotions among the people who attended the programme. No changes were observed in the control group. Our findings suggest that a programme consisted of evidence-based PPIs could be offered to people suffering from depression, anxiety or stress to managing their difficulties.

PREDICTIVE MODEL FOR DEPRESSION IN ADOLESCENCE BASED ON COGNITIVE VULNERABILITY FACTORS

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Introduction: Within the Cognitive Vulnerability-Transactional stress model of depression in adolescence, there is a significant association between risk factors of depression, and the level of symptoms of depression. The main objective is to investigate and determine the role and relationship of predictive risk factors and clinical and subclinical depression in order to build predictive model for depression.

Materials and Methods: The research was conducted in clinics and schools in the three main centers of socio-demographic regions in North Macedonia. The sample consisted of: the clinical group 139 (33.7%); the subclinical group, 133 (32.3%) and 140 (34.0%) respondents in control group, aged 13-17 years. Predictive factors for depression were measured by a set of instruments.

Results and Conclusions: When the predictive model of depression in adolescence was built solely on the basis of risk factors for cognitive vulnerability, negative life events and their interaction, the analysis showed that there was significant prediction of depression levels in predictive models of the clinical group (62.5%), the subclinical group (63.3%) and the control group (65.9%). In the predictive model of the *clinical group*, *ruminative response style* has the role of the strongest predictor of levels of depression symptoms, and the lowest are negative life events. In the predictive model of the *subclinical group* the strongest significant predictors are *dysfunctional attitudes*, and the weakest is the interaction between negative life events and dysfunctional attitudes. The analysis of the results in the *control group* singled out the *negative inferential style* as the strongest predictor, and the weakest is the ruminative response style.

NON-SUICIDAL SELF-INJURY, SUICIDAL BEHAVIOR AND SENSE OF COHERENCE AMONG ADOLESCENTS WITH DEPRESSIVE DISORDERS: CLUSTER ANALYSIS

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Introduction: There is a need for better understanding of the associations and distinctions between non-suicidal self-injury (NSSI) and suicidal behavior. Since low sense of coherence (SOC) has been recognized as a possible marker of suicidality, the aim of our study was to investigate the inter-relation between NSSI, suicidal behavior and sense of coherence among adolescents with depression, using cluster analysis.

Method: A group of 97 older adolescent patients with depressive disorders were interviewed to assess the lifetime presence of non-suicidal self-injury, and suicidal intentions/attempts, and filled in the Sence of Coherence – Orientation to Life Questionnaire. Two-step cluster analysis included the following predictors: NSSI, suicidal intentions/attempts, SOC – comprehensibility, SOC – manageability, and SOC – meaningfulness.

Results: The analysis revealed three different clusters. The first cluster (N=33) comprised patients with NSSI (100%), with suicidal intentions/attempts being present in 60%, and with the low meaningfulness as the most prominent SOC facet. The second cluster (N=38) encompassed patients with suicidal intentions/attempts (100%), with no NSSI, and with low manageability as the dominant SOC facet. The third cluster (N=26) involved patients with no NSSI (100%) and no suicidal intentions/attempts (100%), with high manageability as the leading SOC facet.

Conclusions: The results speak in favour of the NSSI (with or without suicidal behaviors) as an entity distinct from those suicidal behaviors not accompanied by NSSI, with sense of coherence as a possible indicator, among adolescents with depression. These findings may have practical implications.