

AUSTRALIAN PSYCHOLOGICAL SOCIETY COLLEGE OF HEALTH PSYCHOLOGISTS

## INAUGURAL APS HEALTH PSYCHOLOGY CONFERENCE

5 - 6 APRIL 2013 | CARINS AUSTRALIA

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### **Keynote Address 1: Professor Brian Oldenburg**

*How 'soft touch' is 'high tech': New approaches to improve the prevention and control of chronic conditions*

#### **CHAIR: M. Caltabiano**

Brian Oldenburg (B.Sc, M.Psychol, Ph.D) is Professor of International Public Health and Associate Dean (Global Health and International Campuses) at Monash University in Australia. His research program focuses on health policy, global health and the primary prevention and control of chronic conditions, such as diabetes and heart disease. He has conducted research in health-care settings, work organisations, schools and other community settings in Australia and in countries such as China, Malaysia, India, Sri Lanka, South Africa and Finland. He holds Honorary Professorships in Finland and at University of Queensland and Beijing CDC.

**Abstract:** Follow up and support are critical in maintenance of lifestyle change and self-management for diabetes and many other chronic conditions that are becoming increasingly common in all of our countries. Fifty years of research has clearly demonstrated that long maintenance of behaviours such as abstinence from smoking or diabetes self management are best predicted by ongoing monitoring, support and encouragement, and assistance in solving problems and addressing barriers to more desirable behaviour patterns. However, the provision of ongoing follow-up and support is a big challenge in all of our countries and health systems are generally very poor at delivering and supporting such programs. Compared to the decades over which people need to manage conditions such as diabetes or risk factors such as overweight or high blood lipids, very few of our intervention trials even follow-up people for more than a year or two. More 'high tech' interventions using smartphones and the internet now offer new approaches to monitoring self management and clinical status indicators relevant to diabetes management and progression, linking individuals to needed care, assisting in problem solving, and, even, providing long term social support and encouragement ("soft touch"). These methods can also be combined with new evidence-based approaches that utilize peer support and other 'soft touch' approaches, as well. This presentation will consider some of our recently conducted complex 'real world' intervention trials of telehealth and more 'soft touch' interventions conducted in both developed and developing countries over the past 10 years.

**Keynote Address 2: Professor Helen Winefield**

*Chronic health conditions: The role of health psychology and a self-management plan*

**CHAIR: L.Ricciardelli**

Helen Winefield is a Professor in the School of Psychology and the Discipline of Psychiatry at the University of Adelaide, and a registered Psychologist. She was a founding member of the College of Health Psychologists and also belongs to the Organisational and Clinical Colleges. Starting her career teaching behavioural science to medical students, she now spends most of her time coordinating a Master of Health Psychology. Helen has published extensively and supervised many postgraduate theses, in both roles often collaborating with other health professionals.

**Abstract:** Improving health outcomes for individuals with a chronic health condition is a major concern for industrialised and developing countries. If Health Psychology is to have a real impact on chronic condition solutions in terms of both prevention and treatment, we need to develop new ways of conceptualising our role and preparing to fully participate in the health care system. Is patient-centred care a realistic goal or should the focus be on community-based health psychology approaches? Is interprofessional collaboration a realistic way to achieve optimal patient outcomes? Based on research and projections, this presentation will explore some practical recommendations for health psychologists.

## PRESENTATIONS ABSTRACTS

**Friday April 5, 2013 11.00-12.30pm**

Paper Session 1: HEALTH BEHAVIOUR CHANGE I

CHAIR: P. O'Halloran

Location: Tully III

### **Facilitating behavioural change: The significance of social learning theory for health psychologists**

J. Connor<sup>1,2,3</sup>, M. Gullo<sup>1,3</sup>, G. Feeney<sup>1,3</sup> & R. Young<sup>3,4</sup>

<sup>1</sup>Center for Youth Substance Abuse, The University of Queensland, QLD, Australia

<sup>2</sup>Discipline of Psychiatry, The University of Queensland, QLD, Australia

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Social Learning Theory (SLT) (Albert Bandura) remains one of the most widely supported cognitive theories explaining the acquisition and maintenance of human behaviour. In SLT, Bandura identifies two constructs: outcome and self-efficacy expectancies. Outcome expectancies, sometimes referred to as "if... then" expectancies, are the perceived behavioural and affective consequences of engaging in specific behaviours. Self-efficacy expectancies, considered by Bandura as the "foundation of human agency" refers to a person's belief they can successfully or unsuccessfully regulate their behaviour. Both belief systems can develop vicariously, impacting on health behaviours from a very early age. This presentation examines the application of SLT to facilitate change in unhealthy behaviours. Recent examples of prospective studies by authors in the field of substance use disorders (Alcohol and Alcoholism, Journal of Substance Abuse Treatment) provide additional empirical evidence of clinical utility. These studies highlight that self-efficacy plays a mediational role in both acquisition of unhealthy behaviour and as a target for successful treatment outcomes.

### **Motivational interviewing: an evidence based examination of how it can be best utilised to change health behaviours**

P. O'Halloran

La Trobe University Bundoora

Motivational Interviewing (MI) emerged over the last 20 years as a promising approach for facilitating behaviour change in health and medical settings. Indeed, there is now a considerable literature base concerning the effectiveness of Motivational Interviewing. Motivational Interviewing has been shown in previous systematic and meta-analytic reviews to be an efficacious method in areas such as drug and alcohol use. However, the strength of the specific evidence base for other health behaviours is more variable. This, presentation will review meta-analytic and other evidence regarding the effectiveness of MI for facilitating specific health-related behaviour change. Specific behaviours that will be examined include diet and physical activity, self-care behaviours, and adherence to medical and other treatment regimes. One purpose of this presentation is to document the strength

of the association between MI and specific health behaviours, including preliminary results of a current systematic review being conducted by the present researcher. Gaps in the evidence base for specific behaviours will be highlighted and potential moderators of the effectiveness of MI, such as mode and length of delivery and extent of training will be examined. This presentation will be useful for clinicians who want to utilise MI for facilitating specific health-related behaviour change.

### **Motivations for lifestyle change to achieve weight loss: An interpretative phenomenological analysis**

M. Johnson, K. Reeves & J. A. Richards  
University of Newcastle

Over the last two decades the incidence and prevalence of Australians who are overweight or obese has rapidly increased with two thirds of adults overweight or obese. The use of fear evoking communication messages, fear appeals, is frequently used to promote health behaviour change particularly in relation to obesity. However, there is lack of consensus in the research community about why people change their health behaviours. Employing Interpretative Phenomenological Analysis (IPA); this study examines in-depth discourses of 8 individuals who have been motivated to make healthy lifestyle change leading to weight reduction (i.e. >10% of their body weight), and explores what prompted their efforts to change. The findings suggest that individual as well as social factors come into play when individuals make positive health choices. Fear appeals and health campaigns in general should take a more critical approach and consider the vital importance of socio-cultural factors as barriers to change when designing and utilising health promotion strategies. Consequently, by understanding the motivators that trigger successful weight loss in those who have been able to maintain weight loss, more effective health promotion campaigns and clinical interventions can be developed to address the obesity epidemic in the broader community.

### **Health behaviour change techniques used to prevent gestational diabetes: A systematic review of the literature**

H. Skouteris  
Deakin University

Gestational Diabetes Mellitus (GDM), the strongest known predictor of type 2 diabetes in women, has become a major public health issue and global prevalence is on the rise. The aim of this systematic review was to evaluate health behaviour change techniques used to prevent GDM in controlled trials published over the last decade. Five databases were searched; 9 studies were identified. Three studies had GDM prevalence as a primary outcome measure and six evaluated GDM as a secondary outcome measure, with the prevention of excessive gestational weight gain (GWG) as the primary outcome. Behaviour change techniques included repetition of information, use of verbal/written educational information, self monitoring, goal setting, and planning, in addition to group and individual counselling sessions; such techniques appear to be effective in the prevention of excessive GWG. In contrast, only two studies showed a reduction in GDM incidence. While the provision of information alone was ineffective in preventing GDM, when used in

combination with behaviour modification techniques there was some evidence of the prevention of GDM, albeit the quality of evidence was low as per GRADE guidelines. Further research is needed to identify the strategies that lead to sustained behaviour change and the prevention of GDM.

### **'I'm just not that type of donor': Predicting the willingness to move between donation types using an extended Theory of Planned Behaviour**

K. Bagot<sup>1,2</sup>, B. Masser<sup>1</sup>, L. Bove<sup>3</sup> & K. White<sup>4</sup>

<sup>1</sup>School of Psychology, University of Queensland

<sup>2</sup>Donor & Community Research, Australian Red Cross Blood Service

<sup>3</sup>Department of Management & Marketing, University of Melbourne

<sup>4</sup>School of Psychology & Counselling, Queensland University of Technology

Continued provision of a range of blood-related products is essential to community health, achieved through whole blood, plasma, and platelet donation. However blood donation remains synonymous with whole blood donation. Using an augmented Theory of Planned Behaviour (TPB), this prospective study aimed to identify the factors that predict whether whole blood donors become plasma donors. Self-completion surveys over an eight week period were sent to 1,957 whole blood donors approached by staff in 18 centres to convert to plasma donation in a subsequent attendance. Reminders were sent achieving a 50.7% response rate. Following eligibility screening, plasma donation was objectively assessed for 527 participants. The augmented TPB model provided a good fit (SEM), accounting for significant variance in intention (56.1%), planning (59.1%), and behaviour (59.2%). Attitude, self-efficacy, moral norm, and anticipatory regret were positively associated, while donor role identity was negatively associated, with intention to convert. Planning mediated the relationship between intention and behaviour. The augmented TPB successfully identified the factors that drive conversion of whole blood donors to plasma. When encouraging an array of community health behaviours (different donation types) subsumed under a superordinate category (blood donor), conversion practices should focus on bolstering moral norms, self-efficacy, anticipatory regret and planning.

**Friday April 5, 2013 11.00-12.30pm**

Paper Session 2: OCCUPATIONAL HEALTH I

CHAIR: A. Clarke

Location: Rosser

### **Gender differences in the association between job strain and BMI when moderated by work/life balance, and quality of life**

C. Bean<sup>1</sup>, H. Winefield<sup>1</sup> & C. Sargent<sup>2</sup>

<sup>1</sup>School of Psychology, University of Adelaide

<sup>2</sup>Appleton Institute, Central Queensland University

In light of the current obesity epidemic, it is important to consider how work factors may be associated with BMI. The sample (N = 368, 248 males, aged 28-63 years, M = 43.27, SD = 9.46) comprised full-time employees from a South Australian cohort study. The Job Content

Questionnaire was used to categorise jobs into four groups: low strain, active, passive, and high strain. For men, high job strain coupled with favourable work/life balance was associated with the highest overall BMI; whereas for women, high job strain coupled with favourable work/life balance was associated with the lowest overall BMI. For men, high job strain coupled with high quality of life was associated with the highest overall BMI; conversely for women, low job strain coupled with low quality of life was associated with the highest overall BMI. These results suggest that relationships between job strain, work/life balance, and quality of life are complex and vary by gender. Consequently, non gender-specific strategies to reduce job strain, improve work/life balance, and/or quality of life, may be ineffective in reducing obesity. A better understanding of the how work factors interact with individual differences (e.g. gender) may assist in the formulation of targeted strategies.

### **Empowering employees to adopt healthy lifestyle behaviour changes**

T. Street & S. Lacey

Wesley Research Institute

Workplaces can provide highly effective environments for health promotion. However, a major challenge for the success of such programs, and an aspect often neglected in the literature, is the need to develop strategies to encourage participation by the greatest number of workers and, in particular, those who would most benefit from the program but are least likely to voluntarily participate. This study addresses this challenge by investigating how employees can be empowered to improve their own health. Focus groups were conducted with employees from a rural Australian mining site of a large international company. Using Prochaska and Clemente's (1992) Stages of Change Model, employees' readiness to proactively manage their health was identified. Employee perceptions were then explored in regards to: healthy behaviours; the link between chronic disease and lifestyle risk factors; and type of information or motivation that would empower them to adopt healthy behaviour changes. Based on these findings, recommendations that guide the development of future workplace wellness programs designed to empower employees to improve their personal health are discussed. The benefits of empowering employees to adopt healthy lifestyle behaviours may filter through to family members and the wider community with the potential to improve individual and community health.

### **Psychological wellbeing and health behaviour of mental health workers**

C. P. Lang & L. Johnson

School of Psychology, Australian Catholic University

The psychological health of mental health workers is important for consumer outcomes, as well as the mental health worker and organisation. Supporting clients with mental illness can impact on workers' health including elevated risks of psychological distress and poor physical health. To provide a holistic examination, employees' physical activity levels, fat consumption, optimism, self-efficacy and workplace belongingness were examined in relation to depression, anxiety and stress and health behaviour. One hundred and seventy-two (83.7% female) mental health workers, aged between 22 and 69 years participated in

this online study. Results showed that optimism and self-efficacy were negatively related to depression, anxiety and stress and positively related to physical activity. Participants with a high sense of workplace belongingness had lower levels of psychological distress and were more engaged in health behaviour. In combination, the predictors explained 49% of the variance in depression, 23% of stress, 13% of anxiety scores and 24% of the variance in health behaviour. Overall it appears that optimism, self-efficacy and workplace belongingness have the strongest relationship with depression, anxiety and stress and health behaviour. Organisations need to consider interventions to support mental health workers' psychological health and increase participation in health behaviour.

### **Resilience as a mediator of self-control demands on wellbeing and job satisfaction in client focused work roles**

M. George<sup>2</sup> & M. Caltabiano<sup>1</sup>

<sup>1</sup>DHS/People Support, Brisbane

<sup>2</sup>James Cook University

The purpose of this study was to explore whether resilience acted as a health protective factor influencing an employee's ability to manage those demands for self-control placed upon them by the nature of their work, and how this influence interacted with employee well-being and job satisfaction. All participants held tertiary health professional qualifications and worked as vocational rehabilitation consultants in a large public sector organization. 1023 employees were invited to participate in the study and 33% (n = 341) responded. 86% (n = 292) were female. Generic information was gathered and the following tests administered: Self Control Demands (SCD); Resilience Scale for Adults (RSA); Job Satisfaction Scale (JSS) and the Depression, Anxiety, Stress Scale-21 (DASS-21). The results support recent findings that self-control demands are a source of stress at work, and demonstrate that resilience mediates the influence of self-control demands on employee wellbeing and job satisfaction. These relationships are important in the complex person-work environment and warrant the attention of Human Resource managers in workforce planning.

### **Emotional intelligence and work performance of nurses**

H. Jawed<sup>1</sup> & N. Ayub<sup>2</sup>

<sup>1</sup>Lecturer, MBA Health & Hospital Mgmt., Institute of Business Management

<sup>2</sup>Head of Department, Business Psychology, Institute of Business Management

A study was conducted to determine the impact of emotional intelligence (EI) on work performance of nurses working in private and public hospitals of Karachi, Pakistan. Moreover, the difference of emotional intelligence and work performance of nurses working in public and private sector hospitals was also identified. The study included two private and two public hospitals of Karachi including a total of 175 nurses (86 nurses from private, and 89 nurses from public) hospitals of Karachi were surveyed using the Wong's Emotional Intelligence Scale and Work Performance Index Scale. According to regression analysis on EI scores and work performance [ $R^2 = .169$ ,  $F(1,173) = 35.179$ ,  $p < 0.05$ ] which reveals that emotional intelligence impacts the work performance of nurses. The results also

suggested significant difference in public and private hospital nurse on EI scores ( $t = 4.190$ ,  $p < 0.05$ ) and work performance ( $t = 2.855$ ,  $p < 0.05$ ). Emotional intelligence had an impact on work performance of nurses working in private and public hospitals of Karachi. Both Emotional Intelligence and work performance levels showed significant difference amongst nurses working in private and public hospitals of Karachi where levels of private hospitals were higher compared to public hospitals generating the need for training and development in the field of developing emotional intelligence to help perform better in managing their demanding duties and responsibilities.

**Friday April 5, 2013 11.00-12.30pm**

Paper Session 3: DEPRESSION, WELL-BEING, AND HEALTH

CHAIR: N. Jeffery-Dawes

Location: Bluewater II

**Young women with sleep difficulties are at greater risk of subsequent depression**

D. Bruck, M. L. Jackson, N. T. Diamond & E. M. Sztendur  
Victoria University, Melbourne

Research is increasingly reporting that adolescents and adults, who report sleeping difficulties, but not depression, have an increased risk of subsequent depression. The current study examined predictive relationships within the Australian Longitudinal Study on Women's Health, conducted over a 9-year period on 9,688 young women. Information was obtained from 4 questionnaires in 2000 (survey 1, aged 21-25 years), 2003 (survey 2), 2006 (survey 3) and 2009 (survey 4). Those women who reported depression at survey 1 were excluded from the predictive depression analyses. Young women at survey 1 who reported sleeping difficulties often in the last 12 months had an increased risk of depression at each subsequent survey (Odds Ratios = 2.53, 3.11 and 1.81 for survey 2, 3 and 4 respectively). The risk of developing depression in survey 2 increased with the frequency of sleeping difficulty reported (rarely = 1.14; sometimes = 1.80; often = 2.53) in survey 1. Thus young women aged in their early twenties who report sleeping difficulties (but no depression) are at increased risk for the subsequent development of depression over the next decade. This has implications for early intervention concerning sleep problems as a possible way to reduce depression morbidity in young women.

**Social group memberships protect against future depression, alleviate depression symptoms and prevent depression relapse**

T. Cruwys<sup>1</sup>, S.A. Haslam<sup>1</sup>, G. Dingle<sup>1</sup>, C. Haslam<sup>1</sup>, J. Jetten<sup>1</sup> & T. Morton<sup>2</sup>

<sup>1</sup>University of Queensland

<sup>2</sup>University of Exeter

Evidence is accumulating that social connectedness is strongly related to depression in community samples. However, the mechanism for this relationship remains contentious and few studies have compared data from depressed and non-depressed samples. The current study uses large-scale population data to demonstrate that the number of group memberships that respondents hold negatively predicts depression symptoms. These



analyses controlled for initial group memberships, initial depression, age, gender, socioeconomic decile, subjective health status, relationships status and ethnicity, and were examined both proximally (across 2 years, N=6188) and distally (across 8 years, N=4671). Among people who met a conservative clinical cut-off for depression, group memberships were three times stronger as a predictor of subsequent depression than for a non-depressed sample. Therefore the evidence suggests that formal membership of social groups is both protective against developing depression and curative of depression. The implications of these results for public health and primary health interventions are discussed.

### **Depression, anxiety and metabolic syndrome in farm men and women**

N. Jeffery-Dawes<sup>1,2</sup>, D. Mellor<sup>1</sup> & S. Brumby<sup>1,3</sup>

<sup>1</sup>Deakin University

<sup>2</sup>AnglicareWA

<sup>3</sup>Western District Health Service

There is increasing attention in research and literature into 'metabolic syndrome' (MetS) due to the important role it plays in the aetiology and clinical course of non-insulin dependent diabetes and coronary heart disease. However, due to large individual differences seen in treatment outcomes, which currently include lifestyle and pharmacological interventions, it has been proposed that other risk factors are involved in MetS. The Hypothalamus-Pituitary-Adrenal cortex axis dysregulation hypothesis posits that psychological factors place additional stressors on the endocrine system, which in turn may elevate biological indicators of MetS. Therefore, both physical and psychological factors may be important in the development and maintenance of MetS, which has implications for targeted interventions and treatment. This study aimed to determine predictive relationships between Depression, Anxiety and/or Stress and MetS in farm men and women, a cohort that has poorer health outcomes and experiences unique psychological stressors. The results revealed that the prevalence of MetS is greater in farm men and women than the general population, and that Depression is related to the emergence of MetS, whilst both Depression and Anxiety are involved in its maintenance. It is concluded that psychological evaluation and interventions should be included in the detection and treatment of MetS.

### **Cognitive behaviour therapy benefits depressed cardiac patients: results of a randomised controlled trial**

R. Higgins<sup>1</sup>, B. Murphy<sup>1,2</sup>, A. Turner<sup>1</sup>, M. Worcester<sup>1,2</sup>, P. Elliott<sup>2</sup>, H. Navaratnam<sup>1</sup>, M. Le Grande<sup>1</sup>, A. Goble<sup>1</sup>

<sup>1</sup>Heart Research Centre, Melbourne, Australia

<sup>2</sup>University of Melbourne, Melbourne, Australia

Depression is common following an acute cardiac event and can occur at a time when behaviour change is strongly recommended to reduce risk of further cardiovascular events. The 'Beating Heart Problems' program was designed to support cardiac patients in behaviour change and mood management.

The program was based on cognitive behaviour therapy and motivational interviewing strategies. A randomised controlled trial (RCT) of the program was undertaken from 2008 to 2010. 275 patients were enrolled into the RCT. All patients attended a hospital-based clinic for assessment of physiological risk factors at baseline (5 weeks after their acute event), prior to randomisation. Treatment group patients attended the 8-week group program. Control group patients received usual care. All patients re-attended the clinic for risk factor assessments at 4 and 12 months. Psychological and behavioural indicators were assessed by self-report questionnaires. Of the 275 patients enrolled into the RCT, 42 (15%) had Beck Depression Inventory-II scores >13 at baseline.. Treatment and control group comparisons were undertaken for this sub-group, using growth curve modelling and testing for group differences over time in psychological, physiological, health behaviour and self-efficacy measures. Significantly greater improvements ( $p<.01$ ) in depression symptoms and self-rated health were reported for the intervention group, as well as significantly larger gains in confidence in managing depression ( $p<.05$ ) and anger ( $p<.01$ ). Trends ( $.05<p<.10$ ) for larger treatment group improvements were also seen for anxiety symptoms and confidence in managing anxiety. A group secondary prevention program that integrates behavioural and mood management strategies leads to decreased depression, increased confidence and improved perceived health in depressed cardiac patients.

### **Music and ageing**

D. Peachey, A. Au, N. Caltabiano, R. Daniel & M. Caltabiano  
James Cook University, Cairns

Aging of the population and health care costs related to ageing have become increasingly important in Australia. Currently the baby boomers demographic are the highest population within this country. The baby boomers birth years is from 1946 - 1960, therefore most of these people are getting closer to retirement age and more dependent on our health care system. Associated with ageing is a range of conditions ranging from deteriorating cognitive and/or psychosocial functions. Musical therapies and musical interventions can induce psychological and cognitive benefits and also have a potential to have a major contribution to the quality of life in the ageing population. Music contributes towards positive self-esteem, enhances feelings of competence and independence and can lessen the experience of social isolation. It is suggested that our ability to perceive music might be based on the same neural resources that operate other higher cognitive functions such as speech and spatial processing. Research shows that musical activity through the lifespan maintains brain plasticity and this in turn has a positive effect on preserving cognitive functioning in people as they age. This study attempts to discuss the relationship between music, psychosocial and cognitive functioning.

**Friday April 5, 2013 11.00-12.30pm**

Paper Session 4: INNOVATIONS AND CHALLENGES IN HEALTHCARE

CHAIR: A. Chur-Hansen

Location: Tully I

**An evaluation of quality of free smartphone and iPad apps in oral health promotion**

E. Howe & L. Michalewska  
Faculty of Dentistry, University of Sydney

This paper provides an exploratory evaluation of minimal cost apps in promotion of oral health within selected community groups (infants, children, teenagers, young and older adults, indigenous and CALD Australians). Available apps were independently coded by four evaluators to determine currency, relevance, authority, accuracy and purpose using the CRAAPI index, (California State University, 2010, modified to include an impact factor). Accuracy and relevance were rated in relation to degree of compliance with the policy guidelines of the Australian Dental Association. Since the technology is relatively new, apps were generally current and up to date. Few apps were found to provide oral health information suitable for older adults or those with CALD or indigenous backgrounds. Apps with high impact and relevance generally scored lower on accuracy and authority and vice versa. Information about the professional qualifications of consultants to app developers was scarce. Many apps had been developed for marketing or entertainment purposes only loosely related to oral health promotion. Some apps were found to promote potentially harmful behaviour. It is recommended that the Australian Dental Association develop criteria for production of quality oral health apps and implement an approval rating for content adherence to national oral health guidelines.

### **Companion animals and human health: What is known and what is not?**

A. Chur-Hansen<sup>1</sup> & H. Winefield<sup>2</sup>

<sup>1</sup>Discipline of Psychiatry, School of Medicine, University of Adelaide

<sup>2</sup>School of Psychology, University of Adelaide

Anthrozoology, also known as human-animal studies, is a developing area of interdisciplinary research. In psychology there has been a history of interest in the therapeutic role of animals, with for example, Freud working with his Chow. However, it is only more recently, since the 1980's, that psychologists have systematically investigated the role of animals not only in the therapeutic setting, but also more widely, in terms of physical, mental, social and community health. In this paper we describe the findings from current literature and why some of the claims about the beneficial relationships between human health and companion animals need further exploration. In particular, we highlight several methodological challenges related to human-animal bond research. We then describe the research that we and our students and colleagues have been conducting at the University of Adelaide, in an effort to address some of the methodological weaknesses of previous research which addresses the overall question "Are companion animals good for human health?"

### **Understanding geographical cancer health inequality in Queensland**

B. Morris<sup>1,4</sup>, J. Dunn<sup>1,2,3</sup> & S. Chambers<sup>4</sup>

<sup>1</sup>Cancer Council Queensland, Australia

<sup>2</sup>School of Social Science, University of Queensland

<sup>3</sup>School of Public Health, Griffith University

<sup>4</sup>Griffith Health Institute, Griffith University, Australia

Cancer survivors in Queensland rural areas are at a disadvantage in terms of more advanced diagnoses, less uptake of screening and treatments, and poorer survival, when compared to people diagnosed in urban areas. There is a paucity of studies investigating the ways in which geographical location can influence cancer health outcomes. The current study is conducting three rounds of Delphi surveys from the perspective of health professionals, community leaders, and cancer survivors in the rural context. This study is also investigating health advantages of living in rural communities, in order to identify protective factors that can be promoted to reduce cancer health inequalities. To date, Round 1 surveys have been collected showing a number of salient themes. Lack of resources, late presentation due to farming commitments, and lack of community knowledge about screening and cancer symptoms are commonly reported. Benefits of rural living, including healthier environment, being personal friends with health professionals, and community networks providing high levels of support, are also reported. Differences and similarities between the reported themes from the three participant groups are discussed. Importantly these results will provide the basis to guide our next steps; including further research and informing policy to reduce these health disparities.

### **The role of psychology in the public health sector: a house of straw?**

J. Sheridan<sup>1,2</sup> & D. Ward<sup>3,4</sup>

<sup>1</sup>Principal Research Fellow, Allied Health Research Collaborative, The Prince Charles Hospital, Brisbane; Adjunct Associate Professor, School of Psychology, Queensland University of Technology, Brisbane

<sup>2</sup>School of Psychology, Queensland University of Technology

<sup>3</sup>Director, Department of Clinical Psychology and Neuropsychology, The Prince Charles Hospital, Brisbane

<sup>4</sup>Queensland Health

There are significant concerns in many high income countries including Australia about health care expenditure and the sustainability of the public health sector. These concerns have come to dominate the health care policy agenda. Public health care services are facing unprecedented economic pressure to deliver core business with tightly defined outcomes and fewer resources, as clearly evidenced in Queensland over recent months. The strategic priorities within acute and subacute services have been sharply defined in relation to length of stay, patient flow and avoidable admissions. This paper explores the role of psychology in acute medical settings within the context of the changing patient profile, reducing length of stay and the current system imperatives. It is proposed that a tiered model of psychological service delivery that connects the specialist fields of clinical psychology, neuropsychology, and health psychology and is cognisant of cost-effectiveness is required. It is argued that despite its strong research base, advanced models of training and clinical supervision, the long term viability of public health care psychology is precarious unless there is concerted efforts align interventions with an understanding of the drivers of health care policy. Some possible reasons for this are explored and recommendations are made in regard to

innovative service models, cross-sector service partnerships, research collaboration and workforce composition.

### **The rising need to improve community and individual health in China: education and service gaps**

S. M. Y. Ho

Department of Applied Social Studies, City University of Hong Kong

China has experienced a parallel growth in both economy and health-related issues in the past 10 years. Life-style diseases like respiratory diseases, malignant neoplasms, cerebrovascular diseases, and heart diseases are among the ten most popular diseases for admission into the urban hospitals in China. In 2009, more than half (51.2%) of the men in China were smokers (similar figures in Australia was 22.3%). In 2010, incidence of tuberculosis in China was 78 per 100,000 people as compared to 6.3 per 100,000 people in Australia. Yet, health psychology training in China is still in its infancy. To date, there are 17 universities offering 94 postgraduate psychology programs among which only 11 (11.7%) are health/medical psychology programs (China Higher-education Student Information, 2012). Besides, the existing health/medical psychology programs tend to put too much emphasis on medical models, offer insufficient internship opportunities, lack indigenous but evidence-based assessment tools and practices. In this presentation, I will first describe some contemporary health-related issues in China. Then, I will discuss some positive and negative factors related to the development of health psychology. The education and services gaps in health psychology in China will be discussed.

**Friday April 5, 2013 1.30-3.00pm**

Paper Session 5: HEALTH BEHAVIOUR CHANGE II

CHAIR: H. Lindner

Location: Tully III

### **Skin cancer prevention and early detection facilitated by text messaging**

M. Janda<sup>1</sup>, P. Youl<sup>2</sup>, P. Baade<sup>2</sup>, H.P. Soyer<sup>3</sup> & A. Marshall<sup>1</sup>

<sup>1</sup>Institute for Health and Biomedical Innovation, QLD University of Technology

<sup>2</sup>Cancer Council Queensland

<sup>3</sup>Dermatology Research Centre, University Queensland

Behaviour change programs delivered via text messaging have been found efficacious to improve physical activity, or stopping smoking; however few have investigated their value in skin cancer prevention or early detection. In 2012, we therefore initiated a randomised trial to compare the behavioural effect of receiving 21 text messages about skin cancer prevention, skin self-examination or physical activity (attention control) over the course of one year, with outcome assessment at three and twelve months post-intervention. At baseline the 546 participants achieved an average mean sun protection habits index score of 2.5 (SD = 0.5) out of a maximum score of 4, with sunglasses most commonly used. Approximately 60% of participants had ever checked at least some areas of their skin for skin cancer, however, only 20% (12% of all participants) had conducted a whole-body exam.

A larger proportion of participants (19%) perceived their risk to develop skin cancer as very likely compared to risk of heart disease (5%) or diabetes (8%), and had already made plans to reduce their risk of skin cancer by either sun protection (24%) or skin examination methods (24%) than their risk to develop heart disease (14%) or diabetes. We will present early behaviour change outcomes (3-month data) at the conference.

### **Knowledge and beliefs about cervical cancer, its prevention techniques and pap smear participation in young Australian women**

M. Maas

Victoria University

The study examined young Australian women's knowledge of cervical cancer, human papillomavirus (HPV), Pap smears and the HPV vaccination. In addition the study also explored how attitudes towards cervical cancer and Pap smears explain Pap smear participation. Basic demographic information was collected along with sexual history, Pap smear history and HPV vaccination status. Based on demographic information, 72 (58%) women met inclusion criteria. Participants answered qualitative questions regarding their knowledge of cervical cancer, Pap smears and HPV vaccination. In addition, participants' attitudes to cervical cancer and Pap smears were assessed using the Health Belief Model. Lastly, intentions of future Pap smear participation was classified using the Transtheoretical Model of Behaviour Change. The results indicated that knowledge was poor surrounding the purpose of Pap smears, HPV's role in the development of cervical cancer and the protection gained from HPV vaccination. Perceived barriers were the only significant predictor of participation in screening. The findings suggest that further education is needed for young women regarding the purpose of Pap smears and HPV vaccinations in cervical cancer prevention. Health practitioners need to be aware of impact that perceived barriers to screening have on Pap smear participation for young women.

### **Making health risk messages more salient: Self-affirmation enhances the effects of emotive alcohol warning campaigns**

B. Schuez & J. Scott

School of Psychology, University of Tasmania

Emotive health promotion campaigns such as 'Don't turn a night out into a nightmare' are core tools for public health. However, their effects on changing health cognitions and behaviour are often smaller than intended. This study therefore tested whether enhancing emotive health promotion campaigns with self-affirmation, the process of focusing on key individual values and accomplishments, would affect intentions to reduce alcohol consumption and actual alcohol consumption in the target group of the campaign (young adults). A randomised exploratory trial was undertaken with a sample of 121 undergraduate students, who were randomly allocated to either a self-affirmation or attention control condition before viewing emotive graphic alcohol warning posters. Intentions and behaviour were assessed via self-report, follow-up after one week. Significant increases in intentions to reduce consumption were observed, and these effects were stronger in participants with high baseline consumption levels. Moderated mediation analyses indicate that self-

affirmation leads to higher intentions in participants with higher behavioural risk profiles, and that these intentions mediate effects of the intervention on reducing actual alcohol consumption. These findings support the use of self-affirmation to enhance the effects of alcohol awareness campaigns, particularly in at-risk populations with high levels of baseline alcohol consumption.

### **A randomised controlled trial of an online theory-based intervention to improve adult Australians' sun-protective behaviours**

S. Leske, K. M. White, R. Young, A. Hawkes, C. Cleary, L. Starfelt, & K. Wihardjo  
Queensland University of Technology

Skin cancer is largely preventable through sun-protective behaviour but remains a leading burden of disease in Australia. There is a paucity of evidence-based interventions in this high-risk context to counteract Australian adults' reluctance to sun-protect. This study drew on key determinants that were identified in a prior large-scale survey. An online intervention informed by the Theory of Planned Behaviour and including constructs reflecting personal choice/responsibility to sun-protect, as well as the notion of being tanned as part of the Australian identity, was developed to increase Australian adults' sun-protective behaviours. Participants were randomised to an intervention (n = 200), information-only (n = 200), or control group (n = 20) condition. The single-session intervention focused on encouraging supportive sun safety attitudes and beliefs, fostering perceptions of normative support, and increasing perceptions of control for sun-protection. The information-only group viewed a DVD and studied publicly available sun protection fact sheets. Self-report data were collected pre-intervention and at 1-week and 1-month post-intervention. Primary outcomes were sun-protective intentions and behaviour. The impact of the intervention regarding decisions of sun-protect was examined. Efficacious evidence-based interventions are critical to encourage sun-protection in this high-risk cohort and ultimately reduce the morbidity and mortality burden resulting from skin cancer.

### **Improving sun protection behaviours among outdoor workers**

M. Janda<sup>1</sup>, M. Stoneham<sup>2</sup>, P. Crane<sup>1</sup>, M. Sendall<sup>1</sup>, P. Youl<sup>3</sup> & M. Kimlin<sup>1</sup>

<sup>1</sup>Queensland University of Technology

<sup>2</sup>Curtin University

<sup>3</sup>Cancer Council Queensland

Skin cancers are endemic in Queensland. Outdoor workers are regularly exposed to high doses of ultraviolet radiation (UVR), and have an increased risk to develop non-melanoma skin cancers, possibly melanoma and other UVR-related diseases. In 2010, we therefore embarked on an action-research guided health promotion project, to improve sun protection among outdoor workers in Queensland. We enrolled 14 workplaces from building and construction, rural and farming, local government organisations, or public sector organisations, and engaged management and workers in cycles of assessment, reflection and discussion, planning, implementation and reassessing. Overall, at least one workplace representative from each workplace (range 1-3) and 162 workers were interviewed, and in depth focus groups were held with a subset of workers. Overall, while

most workers (80.9%) were aware of a sun protection policy, only few (6%) were aware of incentives encouraging sun safety. Workers had received training on using personal protective equipment (65%), while less reported having received education on sun safety/skin cancer prevention (54%), or a skin examination at work (17%). Workers attitudes, beliefs, and knowledge and willingness to engage in sun protection differed depending on workplace characteristics and support. These results informed individualised action plans implemented with each workplace.

**Friday April 5, 2013 1.30-3.00pm**

Paper Session 6: OCCUPATIONAL HEALTH II

CHAIR: L. Ricciardelli

Location: Rosser

**"Debuzzing the buzz" for the day: Work engagement and its diminishment**

C. Timms & D. Graham  
James Cook University

Work engagement is an important concept because it is associated with optimum worker well-being and productivity. Theoretical linkages with work burnout and consequent associations with the psycho-social work environment have been influential in the development of assumptions that its antecedents are extrinsic in nature. This qualitative analysis of ten interview responses of professional people, who reported ambivalent scores on the Utrecht Work Engagement Scale (UWES) and disagreement with items of the Oldenburg Burnout Inventory (OLBI), reveals that work engagement can be diminished by intrinsic as well as psycho-social factors. The study examined individual stories within three thematic frameworks. Some respondents reported having to adjust their expectations (formed during training or early career experience) to realities encountered in their careers. The second theme focused on local management contributing to untenable work environments whereby respondents reported that their integrity was compromised. The third theme in the current research investigated the impact of decisions made at 'arms length' by distant management or government legislation that created a heavy burden effectively changing the nature of people's work and affecting their ability to do their job.

**The influence of receiving and providing social support on retiree wellbeing: A longitudinal study**

P. Obst, J. Shakespeare-Finch & J. Oxtoby  
Queensland University of Technology

The aging of the general public in many Western countries has led to a burgeoning interest in factors that influence the health of the elderly. Two such factors are the levels of social support the elderly give and receive. This study assessed the relationship between receiving and providing social support, and retiree level of stress and wellbeing. Retirees (initial N = 168) were assessed on these variables on two occasions, with a three month gap between measurements. Regression analyses showed that receiving social support and having lower stress predicted better wellbeing at baseline. These baseline predictors also predicted



wellbeing at the follow-up measurement. In both analyses the baseline measures of providing social support significantly improved the prediction of wellbeing. This indicates that the elderly receive additional health benefits from providing social support on top of the benefits obtained from receiving support. It is suggested that opportunities for the elderly to provide social support (e.g., volunteer work) warrant further exploration.

### **Deciding when to retire: what is the role of health status?**

H. Winefield<sup>1</sup>, P. Winwood<sup>2</sup> & T. Winefield<sup>2</sup>

<sup>1</sup>School of Psychology, University of Adelaide

<sup>2</sup>Centre for Applied Psychological Research, University of South Australia

The aims were to understand retirement decision-making in post-GFC Australia, and specifically to examine the relative roles of workers' health, finances, and partner support. Participants were volunteers at or near retirement age (52-70 years) who were contemplating or organising part time employment. Structured interviews (N = 15) were conducted by telephone, then transcribed and analysed qualitatively. Eight (53%) were women; 11 were employed (six in part-time jobs), three were unemployed and one retired. In this sample of professional and administrative workers, poor health or injury was reported to cause significant effects on career trajectory, precipitating concerns for a less secure and satisfying retirement. Negative health changes alone did not seem to stimulate retirement itself. The main explanations given for retirement decisions, notably postponement of retirement, focussed on financial state often prompted by diminished superannuation expectations. The influence of partners was not always positive, but in several instances a partner's support seemed crucial in maintaining hope for joint retirement security. Occupational health policies to increase the wellbeing and productivity of older workers need to look beyond maintaining their health, and focus on providing satisfying work and perhaps relationship counselling.

**Friday April 5, 2013 3.30-5.00pm**

Paper Session 7: CHRONIC DISEASE MANAGEMENT

CHAIR: D. Goodman

Location: Tully III

### **Self-Management Intervention for Lifestyle Enhancement (SMILE) Project**

D. Goodman

Cairns and Hinterland Hospital and Health Service, Queensland Health

The Healthy Eating and Lifestyle Program (HELP) is a clinician-led patient education group program designed to assist people with musculoskeletal conditions make healthier lifestyle choices. No formal program evaluation of HELP has been conducted, and no evidence exists regarding its applicability to patients with chronic conditions who were overweight or obese. This project aimed to address these limitations. A program evaluation methodology was developed to assess process and outcome measures using mixed-methods within a pre- and post-test design. Process measures included action plans, self-monitoring diaries, session evaluations and program delivery checklists. Outcome measures included pre- and

post-test assessments of weight and body mass index, health service utilisation, self-management knowledge and skills, weight self-efficacy, stage of change, and psychological well-being. A convenience sample of forty-one participants was recruited, 35 commenced the ten-week program, and 27 attended more than 5 sessions. Process measures indicated HELP has high participant acceptability, is content dense but efficient to deliver according to the manual. Outcome measures demonstrated significant improvements on all outcome measures. A well-powered program evaluation with a larger sample is required to verify these outcomes and evaluate its HELP's effectiveness relative to other self-management programs.

### **Development and evaluation of the APS chronic disease self-management and lifestyle risk modification DVD training program**

H. Lindner<sup>1</sup> & T. Fuller<sup>2</sup>

<sup>1</sup>Australian Psychological Society

<sup>2</sup>University of Exeter

Support for patients to adhere to prescribed medical and lifestyle treatment for a physical illness has been shown to improve health outcomes for the individual and the health care system. A 4-module DVD and workbook-based Chronic Disease Self-Management and Lifestyle Risk Modification (CDSMLRM) skills training package was developed and evaluated with funding from the Federal Government. The training program materials were well-accepted and considered a valuable and important professional development tool by the participants and attendees of the workshops. Overall, the 207 health professional participants from across Australia responded positively, acknowledging the importance of the training package in consolidating the techniques and skills covered in the training. A subsample of participants who attended one of 4 interdisciplinary meeting identified this as a valuable opportunity to network with other local health professionals. The participants reported that ongoing support was necessary to help consolidate knowledge, achieve organisational change, embed skills into practice, and maintain their support systems. Specifically, the participants reported that their learning needs were either partially met (53.3%) or entirely met (46.7%). Across all aspects of the training, the majority of participants felt that follow-up/ongoing support should be interdisciplinary in nature.

### **Intentional health: computer modelling educating patients and guiding collaborative practice**

S. Alder

Busby Medical Practice; University of Sydney

Medical conditions that respond to treatment relatively easily do not require much beyond the biomedical, and might be called "tame problems". Chronic conditions, on the other hand, tend to be "wicked problems". A wicked problem is one for which there is no definitive formulation, is never truly and definitively resolved, tends to be managed in ways that are neither right nor wrong, but simply better or worse, needs solutions which cannot be objectively evaluated and are unique to each problem, have an undefined set of resolutions possible because of all the perspectives possible, is always a symptom of a

deeper underlying problem, and generates solutions will always be part of an on-going chain of unintended consequences. A complex problem requires complex management and interdisciplinary collaboration is called for. In private practice settings lack of time constrains case management efforts, so other methods of driving collaborative practice are needed. The Intentional Health Model is one such method. The IHM provides a computer-based template for visualizing the complexity of chronic conditions, educating patients about the factors that interact to influence health, empowering them to mark out a management or prevention pathway that suits them, and guides and informs interdisciplinary collaborative efforts.

### **Health mentoring and physical activity in COPD patients: anxiety moderates the effects of self-management knowledge**

N. Schuez<sup>1</sup>, J. Walters<sup>1</sup>, H. Cameron-Tucker<sup>1</sup>, M. Nelson<sup>1</sup>, A. Robinson<sup>2</sup>, J. Scott<sup>3</sup>, H. Walters<sup>1</sup>, R. Wood-Baker

<sup>1</sup> School of Medicine, University of Tasmania

<sup>2</sup> School of Nursing, University of Tasmania

<sup>3</sup> School of Psychology, University of Tasmania

**Objectives:** A high percentage of patients with chronic obstructive pulmonary disease (COPD) report elevated anxiety levels. While this may lead to a higher motivation to learn about self-management techniques, panic attacks can prevent anxious patients from translating this knowledge into appropriate actions. This study examines the mechanisms of a health-mentoring intervention among COPD patients at different levels of anxiety and tests intervention effects on self-management knowledge and physical activity. One hundred and ninety-two COPD patients participated in an RCT with three points of measurement. Anxiety was assessed with the Hospital Anxiety and Depression Scale, self-management knowledge at baseline and 6-month follow up was measured with the Partners in Health Scale, and physical activity at baseline and twelve-month follow-up was assessed via accelerometers. Knowledge mediates the effects of the intervention on changes in physical activity. Anxiety does not influence the intervention effects on knowledge; however, increased knowledge leads to more physical activity among non-anxious patients, while it leads to less activity among anxious patients. While health-mentoring interventions can be an effective tool to increase knowledge and physical activity among COPD patients, it is essential to take anxiety into account, as increased knowledge may have detrimental effects in highly anxious participants.

### **Responsibility & self-management: Age-appropriate transition of power & control for Adolescents with Type 1 Diabetes**

J. Mercer<sup>1</sup> & H. Bridgman<sup>2</sup>

<sup>1</sup>Monash University & Launceston Integrated Care Service

<sup>2</sup>University of Tasmania

Adolescence is a time of significant physical, mental and psychosocial change for both young people and parents. Type 1 Diabetes (T1DM) is a challenging chronic condition requiring a complex regime of daily health behaviours. Optimal health outcomes for a young person

with T1DM involve sustained, whole-family collaboration. As an adolescent develops, parental perceptions of their capacity to self-regulate may increase prematurely, coinciding with the adolescent push for autonomy. This can result in an inappropriate burden of responsibility for the adolescent, resulting in poor psychological and health outcomes. Conversely, prolonged adolescent resistance to take on developmentally appropriate responsibility to self-manage can prove equally detrimental. During this critical period, a pivotal task is to successfully navigate the transition of power/control from parents to young adult, a transition which can be obscured and complicated by any chronic health condition. Conflicts may emerge as a struggle for power/control in the parent-child relationship, manifesting in a number of ways such as misuse of insulin or inappropriate food behaviours, which pose serious health risks. In detail, this presentation will focus explicitly on how a struggle for power/control may manifest and be therapeutically approached with the family.

**Friday April 5, 2013 3.30-5.00pm**

Paper Session 8: RISK AND LIFESTYLE FACTORS

CHAIR: M. McCabe

Location: Rosser

**Obesity needs a supermodel**

J. Rizk, A. O'Donovan & S. Occhipinti

Griffith University, Brisbane (School of Applied Psychology)

Obesity is a condition with serious and numerous physical, social, psychological and economic consequences. Over 63% of Australian adults are overweight or obese, and rates have been accelerating by 1% per year since the 1980s. Research advances have dramatically improved short-term weight loss outcomes, but relapse rates remain at a staggering 80-95%. The literature has criticised the inappropriateness of a one size fits all approach to obesity, given the heterogeneity of the population. The aim of the current research was thus to profile the subgroups of overweight and obese Australians, offering a more detailed 'super' model that can better inform future obesity treatments. A sample of healthy weight (n=485) and overweight/obese (n=475) adults was administered an online questionnaire surveying a broad spectrum of Body Mass Index correlates. Latent Class Analysis was first used to sort individuals into distinct classes, revealing four subtypes of overweight and obese individuals based on self-reported general history, health behaviours and demographic information. Multivariate analyses are now being conducted to determine each of the four group's distinct constellation of personality, cognition, affect and awareness attributes. It is anticipated that this information can offer future researchers ways to develop tailored treatments that target each subgroup's particular obesogenic risk factors.

**Daily stress and pain catastrophising in headache**

C. P. Lang<sup>1,2</sup> & N. E. Fox<sup>1</sup>

<sup>1</sup>School of Psychology and Counselling, Queensland University of Technology

<sup>2</sup>School of Psychology, Australian Catholic University

Daily stress, rather than laboratory-induced or major stressors, seems to be more reliably associated with headache variables. This study explored the relationship between daily stress and catastrophising on headache frequency and severity in a young adult sample. Eighty undergraduate students (69 female and 11 male participants) completed this self-report study. Participants were separated into three groups based on their headache experience persistent headache, infrequent headache and headache-free. Demographic items (including assessment of headache frequency and severity), the Inventory of College Students' Recent Life Experiences, the Depression Anxiety and Stress Scale, and the Pain Catastrophising Scale were used. Greater stress and catastrophising were found among persistent headache sufferers compared with headache-free controls. Additionally, greater stress was reported by infrequent headache sufferers than headache-free controls. As predicted, stress and catastrophising were significantly and positively related to each other. Relationships between catastrophising and headache variables were stronger than the relationships between stress and headache variables. The results indicate that greater stress is experienced by participants with as few as two headaches of any severity per month, although only persistent headache participants reported greater daily hassles. Similarly, pain catastrophising may be elevated in adults with persistent, but not infrequent, headaches.

### **Medical and lifestyle factors associated with male sexual dysfunction**

C. Connaughton & M. McCabe  
Deakin University

There are a number of medical conditions that have been shown to predict male sexual dysfunction (MSD). However, the role of psychological and lifestyle factors in the development and maintenance of MSD are not well understood. Aim: The current study examined the nature of these predictors for MSD overall, as well as for each of the separate dysfunctions (hypoactive sexual desire disorder, erectile dysfunction, premature ejaculation and delayed ejaculation). In addition, the role of medical illness for each of these MSDs was examined. Three hundred and thirty-one men with MSD and 242 men without MSD completed an online anonymous questionnaire that evaluated the above variables. The results demonstrated significant differences in the number of medical conditions between men with and without MSD. Medical factors as well as current psychological and lifestyle factors predicted each of the above MSDs. Discussion: These findings demonstrate the importance of the assessment and treatment of health and lifestyle factors, if clinical interventions for MSD are to be successful.

### **Cognitive and psychosocial functioning in patients with alcohol-related liver disease pre- and post-liver transplantation**

N. Pegum<sup>1</sup>, J. Connor<sup>1,2,3</sup>, G. Feeney<sup>1,2</sup> & R. Young<sup>1,4</sup>

<sup>1</sup>Alcohol and Drug Assessment Unit, Princess Alexandra Hospital, QLD, Australia

<sup>2</sup>Centre for Youth Substance Abuse, The University of Queensland, QLD, Australia

<sup>3</sup>Discipline of Psychiatry, The University of Queensland, QLD, Australia

<sup>4</sup>Institute of Health & Biomedical Innovation, Queensland University of Technology

Cognitive and psychosocial dysfunction is common in both end-stage liver disease and chronic alcohol misuse. The impact of orthotopic liver transplantation (OLT) on cognitive and psychological functioning is not well understood. This prospective study examined changes in these areas pre- and post-OLT in patients with alcohol-related liver disease (ALD). Comprehensive neuropsychological and psychosocial assessment was conducted with 92 abstinent patients with ALD scheduled for OLT. Forty-two patients were available for reassessment 12 months post-OLT. Patients not assessed at follow up were either not yet due for repeat assessment (<12 months), still awaiting transplantation, deceased, or lost to follow-up [42/51 or 83% of patients who could be potentially retested provided follow-up]. Post-OLT, cognitive performance on all instruments fell within normal limits. Greatest improvement occurred in visuomotor speed, complex visual attention processes, and visual abstract reasoning. Performance on memory assessment tasks also improved posttransplantation. Significant reductions post-OLT were observed in depression and anxiety symptomatology in most patients, along with significant improvements in psychosocial adjustment to illness. A portion of the sample continued to report emotional and psychosocial distress. This study found that overall improvement in cognitive and psychosocial function occurs in patients with ALD after liver transplantation. Further research attempting to identify which patients are more likely to experience ongoing psychological distress would assist health psychologists to target treatment in the context of limited resources.

### **First priority? Considering links between homelessness, physical, and mental health in youth health service users**

V. Vatiliotis<sup>1</sup>, E. Klineberg<sup>2</sup>, M. Kang<sup>3</sup>, M. Cummings<sup>4</sup>, G. Pringle<sup>4</sup> & K. Steinbeck<sup>4</sup>

<sup>1</sup>Academic Department of Adolescent Medicine

<sup>2</sup>The Sydney Children's Hospitals Network, Westmead and The University of Sydney

<sup>3</sup>Department of General Practice, Sydney Medical School, Western

<sup>4</sup>Western Sydney Local Health District

Given the itinerant nature of homeless young people, research investigating their physical and mental health has tended towards small, qualitative studies. This research is a collaboration between researchers and service providers at two Youth Health Services in Western Sydney to investigate links between homelessness, physical and mental health in a large sample of marginalised adolescents. Demographic data were collected on all 644 active clients in 2011, aged 12-24 (mean 15.8 years). A retrospective case note review was conducted for 241 clients who saw a medical practitioner or nurse in 2011. Preliminary analysis on 68 clients who saw a medical practitioner identified a significant association between housing and health, where those housed in an accommodation service were more likely to present with a physical health issue than those housed with parents, family or friends ( $p = .025$ ). Clients who presented with a physical health issue also had significantly higher scores on the Kessler Psychological Distress Scale (K10) than those who did not present with a physical health issue ( $p = .030$ ), although there was no relationship between housing type and K10 score. This study highlights the complex and overlapping social, physical, and mental health needs of this vulnerable group of adolescents.

**Saturday April 6, 2013 8.30-10.30am**

Paper Session 9: HEALTH AND RISK ASSESSMENT

CHAIR: M. Caltabiano

Location: Tully III

### **Coping in the self-regulation of chronic illness: the CSCI**

M. Callan

Monash University

The purpose was to develop a measure for assessing coping based on Leventhal's self-regulation model (SRM). One hundred and seventy one community residing adults aged 23 to 94 years with various chronic illnesses participated. The Coping Scale for Chronic Illness (CSCI) has 43 items, comprising 6 subscales (causes, timeline, illness identity, personal control, treatment control, and emotional responses) which mapped onto the illness representation domains of the SRM. Cronbach alpha for the subscales ranged from 0.66 to 0.81 and test-retest reliability from 0.69 to 0.88. The CSCI subscales correlated with comparable scales from a concurrently administered coping measure. The CSCI has demonstrated sound psychometric properties but further research is needed to confirm its dimensional structure and ascertain its discriminant validity.

### **The Medical Social Self-Efficacy Scale for use in culturally diverse groups**

M. Caltabiano, S.L. Costin & M. Ochiai

James Cook University

Immigrants account for a quarter of Australia's total population. Self-regulatory health practices in chronic illness management are dependent on patients' understanding of health behaviours that are required of them, and their ability to communicate effectively in a medical context. This study sought to address a gap in the intercultural medical communication literature by examining patients' perceived ability to perform different communication behaviours. The Medical Social Self-efficacy Scale (MSSE) was developed to assess social self-efficacy within a medical context, for patients of diverse cultural backgrounds. Validation of the MSSE scale with a sample of 113 persons from culturally and linguistically diverse backgrounds indicated that the scale has good internal consistency, with a Cronbach's alpha coefficient of .85. A factor analysis yielded two factors (knowledge acquisition/medical clarification, assertive communication) which accounted for 64% of the total variance. Split-half reliability of the MSSE scale was .84. Predictive validity of the MSSE scale was found for the mental health component and general health subscale of the Short-Form (SF-12). Evidence of concurrent validity was found with the active coping, planning and positive reframing subscales of the Brief Cope. The results indicate that the MSSE scale appears to be a psychometrically sound instrument.

### **The processes of a parent's assessment and helping of their young child's pain**

C. Loopstra<sup>1</sup>, E. Strodl<sup>1</sup> & D. Herd<sup>2</sup>

<sup>1</sup>Queensland University of Technology

<sup>2</sup>The Mater Children's Hospital, Queensland

Procedural pain in infants and young children is poorly assessed and managed. Although behavioural approaches within paediatric psychology provide much understanding of a young child's pain, it has resulted in the minimisation of parents' perspectives and utility in the assessment and management of their young child's pain. Using a more interpersonal appreciation of the experience of pain, we investigated the processes and factors determining parents' assessment and helping of their young child's acute pain. The study used an inductive approach with participants being 19 parents of children aged under three years who had previously or were about to experience an intravenous cannula or nasogastric tube insertion. Semi-structured interviews were conducted and grounded theory-analysis revealed a proposed Model of Parental Assessment and Helping of Child Acute Pain. The model consists of pain assessment, helping strategy selection and helping strategy implementation phases. Our results indicated that a parent's regulation of negative affect experienced in witnessing their child in pain and their resultant state of mind, were the linchpin processes in determining the helpfulness of a parent's assessment and helping during an acutely painful event. The proposed model provides new insights into parental pain assessment and describes parental helping behaviour in a more dynamic and thorough manner.

### **From paper to practice: The role of health professionals in promoting the quality of life of organ transplant patients**

B. Denny, M. Kienhuis, & S. Gavidia-Payne  
RMIT University

The quality of life (QOL) of organ transplant patients is heavily researched, with over 3500 studies published on the topic within a 10 year period. Long-term survival after organ transplantation is now the norm rather than the exception, with QOL viewed as a widely accepted criterion by which to measure patient achievement. However, little is known about the clinical use and application of copious amounts of QOL research. This exploratory study, therefore, had two main aims: (i) to examine QOL from the perspective of health professionals who work with transplant patients, and (ii) to investigate the dissemination of QOL research, information, and data to clinical practice. The views of 41 health professionals on QOL were explored using an adapted questionnaire previously used within oncology research. Information elicited included health professionals' attitudes toward the concept of QOL, reported willingness to use QOL instruments and information, and actual use of QOL information in clinical practice. Results revealed inconsistencies between health professionals' attitudes, willingness, and behaviour associated with QOL. Implications for ways in which QOL awareness and sensitivity can be raised by clinical and health psychologists working in the field of organ transplantation are discussed.

### **Prevalence of psychological injury amongst Australian school teachers, and the impact of school factors**



A. Garrick<sup>1</sup>, P. C. Winwood<sup>2</sup>, A. S. Mak<sup>1</sup>, S. Cathcart<sup>1</sup>, A. B. Bakker<sup>3</sup> & K. Lushington<sup>2</sup>

<sup>1</sup>Faculty of Health, University of Canberra, Canberra, Australia.

<sup>2</sup>Division of Education, Arts and Social Sciences, University of South Australia

<sup>3</sup>Department of Work and Organizational Psychology, Erasmus University Rotterdam

Across Australia, the incidence of teacher stress is cause for serious concern, although Education Departments are reluctant to release details. This study explored levels of risk for psychological injury amongst Australian school teachers, as well as the roles of three school factors (psychosocial safety climate, socioeconomic index, and geographic region). We predicted that teachers would report higher levels of psychological injury risk if working in schools with low psychosocial safety climate, low socioeconomic index and located in rural areas. Teachers from across Australia (N=960, 237 males and 707 females) completed an online survey that measured psychological injury risk and relevant school factors. A large number of teachers (26%) reported high psychological injury risk, indicating the need for professional intervention. Analyses also showed main effects for psychosocial safety climate and socioeconomic index in predicting such risk. We found a high prevalence of risk for work-stress related psychological injury amongst the Australian teacher population. Individuals are particularly vulnerable if working in schools that have a low psychosocial safety climate and are located in rural areas. This highlights the important role of school management and Education Departments in maintaining a working environment that supports staff psychologically.

**Saturday April 6, 2013 8.30-10.30am**

Paper Session 10: CHILDREN, PARENTS AND HEALTH

CHAIR: L. Ricciardelli

Location: Rosser

**Perceptions of the supports that mothers and fathers of children with cochlear implants receive in South Australia: a qualitative study**

F. Sands<sup>1</sup>, R. Roberts<sup>1</sup>, A. Gannoni<sup>2</sup> & T. Marciano<sup>2</sup>

<sup>1</sup>University of Adelaide

<sup>2</sup>Women's and Children's Health Network

The purpose of this qualitative research was to explore the perceptions of mothers and fathers of children with cochlear implants regarding the supports they have received from the time their child was first diagnosed with a hearing-impairment. Specifically, the research sought to identify whether or not the informal and formal supports mothers and fathers received in South Australia were perceived as helpful and adequate. Semi-structured interviews were conducted with ten mothers and four fathers from across South Australia. The resultant data was subjected to thematic analysis. Four major themes emerged from the data: (a) navigating the hearing-impairment pathway, (b) service provision, (c) parent connections and relationships, and (d) transitions in hearing-impairment. Findings indicated that parents generally perceived a number of supports they received from health professionals (i.e., audiologists) and social networks, in a positive light. Through parents' stories, gaps in the support were noted and a number of parental needs were identified. The findings provide important insights into what parents of children with cochlear implants

value about the supports and services they receive. Implications for hearing-impaired services are discussed.

### **Applying theory to understanding the health decisions of parents and their children**

K. Hamilton<sup>1</sup> & K. M. White<sup>2</sup>

<sup>1</sup>School of Applied Psychology, Behavioural Basis of Health, Griffith University

<sup>2</sup>School of Psychology and Counselling, Queensland University of Technology

Drawing on social cognitive models and theories that identify the mechanisms underpinning the motivation of human behaviour is important to the prediction and understanding of the adoption and maintenance of health behaviours. The Theory of Planned Behaviour (TPB) is one model that provides insight into the process of behavioural performance and overcomes some of the limitations of other health behaviour models by acknowledging the role of social influences along with the advantages and barriers for people's decision making. However, the TPB is somewhat limited in its explanations of health-related behavioural performance. Thus, in challenging and building on existing theories, it is not uncommon for researchers to select key elements from one model and combine them with aspects of another model. This eclectic approach to understanding behaviour can be seen as a means of theory evolution. This paper will present a series of empirical studies, including TPB-based research examining 580 parents' physical activity decisions for themselves and a study of 162 parents' decisions about their children's health actions, demonstrating how adopting a more integrative theoretical approach can assist in understanding better the health behaviour decision making of parents for their own health and for the health of their young children.

### **Psychological distress, support and negative expressed emotion in parents of CHD children and youth**

P. Stacey<sup>1</sup>, E. Newman<sup>1</sup> & E. Strod<sup>2</sup>

<sup>1</sup>School of Psychology, Australian Catholic University

<sup>2</sup>School of Psychology & Counselling, Queensland University of Technology

The paper reports on a study of parents of patients with Congenital Heart Disease (CHD). Improved survival in CHD in recent times has prolonged parenting of patients with unique health problems and increased risk of mortality. The stress of parenting a CHD patient can negatively affect parenting and the relationship, and may increase risky behaviours in the patient and exacerbate stress. To date, little research has examined the psychological needs of parents of CHD patients. This study examined psychological distress and access to support, in a convenience sample parents of CHD patients aged 5-25 years using a national online survey. We also explored parental negative expressed emotion (EE), a construct from the psychiatric literature that assesses the emotional climate of the parent-child relationship and predicts poor health outcomes in patients. We predicted higher levels of distress and less access to psychological support in CHD parents than the normal population, and that EE would be a factor predicting in parent distress. Preliminary data indicated average levels of distress in CHD parents and below average access to support, and that EE

was a factor in the most distressed parents. We discuss further investigation of EE in this subset and the trial of an intervention.

### **The role of bi-directional mother-child interactions on child eating and weight outcomes**

D. Demir, H. Skouteris, M. McCabe & L. Ricciardelli  
School of Psychology, Deakin University

Obesity among children has been on the rise globally for decades. Previous research has mainly centred on parent-report measures examining uni-directional parental feeding styles and practices. Aim: To use an observational approach examining bi-directional mother-child mealtime interactions and explore potential links with child eating and weight outcomes. In two studies, 12 months apart, home observations of the mother-child mealtime interactions were recorded and coded. Coded dimensions were mother-child responsiveness and affect, maternal control and child compliance. Thirty five mothers of preschoolers participated in Study 1. Thirty three participated in Study 2. Child eating behaviours were rated by mothers. Child weight status was measured objectively by researchers. Correlations, t-tests, and analyses of covariances were conducted. Maternal and child demographic factors were controlled for. The main results highlighted a consistent positive association between mother-child responsiveness and child food enjoyment. Children of unhealthy weight had significantly lower scores on child food fussiness. Further, maternal control was also higher among children of unhealthy weight. Several of the demographic factors were significant covariates. Different combinations of mother-child interactions are linked to child eating and weight outcomes, highlighting the influential role of such interactions in leading to childhood obesity.

### **Does pregnancy look good on me? Investigating body dissatisfaction across pregnancy and postpartum**

B. Evans & A. Francis  
RMIT University

The research investigated relationships amongst body dissatisfaction, body image disturbance in socio-occupational functioning, body image cognitive distortions, social comparisons and psychopathology in pregnant women, and explored changes in the body dissatisfaction variables at different stages of pregnancy. One hundred and twelve pregnant women with an age range of 19 to 43 ( $M = 31.08$ ,  $SD = 4.85$ ) completed questionnaires including the Body Image Disturbance Questionnaire, Pregnancy Figure Rating Scale, Assessment of Body Image Cognitive Distortions, and the Depression Anxiety Stress Scale, at four time points during pregnancy and postpartum. Results indicated body image disturbance was significantly related to dissatisfaction with the bust, stomach, and buttocks at some stages of pregnancy and postpartum. In addition, women, on average, expected an increase in their bust, stomach, and buttocks during pregnancy; however, at least one third reported being dissatisfied with their bodies. A significant difference was found among the four stages of pregnancy and dissatisfaction with both the bust and stomach. No significant difference was found between the four stages of pregnancy and dissatisfaction with the buttocks or the body image disturbance questionnaire. Qualitative analysis provided a more

descriptive understanding of body image disturbance in relation to socio-occupation functioning.

**Saturday April 6, 2013 10.45-12.15pm**

Paper Session 11: CANCER AND HEALTH

CHAIR: S. Burney

Location: Tully III

**Symposium:** Targeting those most at risk and underserved: Developing the evidence base to support young people and their families affected by cancer

U. Sansom-Daly<sup>1,2</sup>, F. McDonald<sup>3</sup>, P. Patterson<sup>3</sup> & L. Kurth<sup>1,4</sup>

<sup>1</sup>Kids Cancer Centre, Sydney Children's Hospital (SCH); Randwick, NSW, Australia

<sup>2</sup>School of Psychology, University of NSW, Sydney, Australia

<sup>3</sup>CanTeen Australia, NSW, Australia

<sup>4</sup>Paediatric Palliative Care Service, Royal Children's Hospital Brisbane

Despite considerable progress in pediatric/adolescent psycho-oncology since its emergence as a discipline, a number of vulnerable populations continue to 'fall through the cracks'. This symposium presents three innovative projects that are leading the way in developing evidence-based psycho-social practice in this field, each addressing three neglected populations, and with a focus on interventions. Talk 1 explores the crisis of successful cancer treatment completion and the return to 'normality' for adolescents and young adults (AYAs) with cancer and their families. 'Recapture Life' is a new online, group-based program to assist young people and families at this time. The adaptation of cognitive-behavioural therapy techniques to the 'omputer screen' in Recapture Life, and the randomised controlled trial evaluating its efficacy, will be presented. Talk 2 continues the theme of adapting evidence-based therapies, and will discuss the feasibility/acceptability of a new, Acceptance and Commitment Therapy-based group intervention called 'Truce', for AYAs with a parent with cancer. Finally, Talk 3 will explore another 'invisible', underserved group: bereaved parents whose child has died from cancer. The presenter will discuss the current state of the field in paediatric oncology bereavement, and present a new platform to better address the needs of bereaved parents in an evidenced-based manner.

### **Talk 1: Adapting evidence-based therapy to the computer screen in paediatric/adolescent oncology**

U. Sansom-Daly, C. E. Wakefield, R. A. Bryant, P. Patterson & R. J. Cohn

Recent medical advances mean that over 80% of young people diagnosed with cancer now survive. Following successful cancer treatment completion, young people and their families return to their homes and are expected to transition 'back to normal'. Considerable research has identified that the early post-treatment period is a time of psychological vulnerability and potential isolation, as the period in which families are most likely to process the trauma of the cancer experience, coincides with a reduction in hospital-based support. In Australia, the high proportion of families who live a great distance from their metropolitan based hospitals exacerbates this sense of isolation/disconnection. To address this gap, our team

has devised a new program of psychological support, called 'Recapture Life'. Using evidence-based cognitive-behavioural techniques, Recapture Life involves six, weekly, small-group sessions, delivered online using innovative video-conferencing technology. This new program takes a selective preventative approach to teaching adaptive coping skills at the crisis of cancer treatment completion, and has been adapted for two vulnerable populations: adolescents and young adults, and parents of young children, who have recently finished cancer treatment. This talk will discuss the multisite randomised-controlled trial evaluating Recapture Life, and evidence relating to the efficacy of this new program.

**Talk 2: Evaluating 'Truce': An acceptance and commitment therapy program for adolescents and young adults who have a parent with cancer**

F. E. J. McDonald, P. Patterson, E. Davis

For adolescents and young adults, having a parent diagnosed with cancer can lead to elevated levels of psychological distress, uncertainty, family functioning disruption, and challenge the development of their coping skills. In response to this, a 7-week face-to-face group program called Truce was developed. Using Acceptance and Commitment Therapy, it includes mindfulness, values-based living, dealing with difficult thoughts and feelings, psycho education and parental involvement. This paper will report on the Truce program, evaluation protocol, and preliminary results related to program fidelity and participant satisfaction for one group. Fidelity was ensured through training and support for facilitators, and measuring facilitator program adherence, and participant exposure and engagement. Like fidelity, satisfaction was high and both parents and young people agreed they would recommend the program. Parents reported positive changes in their children's behaviour and family interactions, and young people felt better able to handle difficult thoughts and feelings. These preliminary results suggest that Truce has the potential to enrich the lives of young people impacted by parental cancer.

**Talk 3: The right help, in the right place, at the right time: Meeting the needs of bereaved parents whose child has died from cancer in Australia**

L. Kurth, C. E. Wakefield, V. Russell & R. Cohn

While the incidence of deaths from childhood cancer has reduced significantly, at least three children die from cancer in Australia each week. The grief associated with the loss of a child is profound and the associated personal and social costs for family, friends and the broader community are far reaching. Bereaved parents of children diagnosed with cancer describe a dual loss - that of their child, and that of the healthcare team. Most children diagnosed with cancer in Australia are referred to one of eight tertiary paediatric oncology units situated in Melbourne, Sydney, Newcastle, Brisbane, Adelaide and Perth. For many families, this means travelling vast distances from home for treatment, separation of family members for extended periods of time and for children where there exist no more curative options, often the return home for palliative and end of life care. At the very time families need the familiarity and professionalism of the paediatric oncology team - on returning home many bereaved parents describe feeling abandoned and isolated. This paper will describe a new

national research study which we anticipate will contribute toward the development of best practice bereavement support for families following the loss of a child to cancer in Australia.

### **Individual papers:**

#### **Why me? Attribution among cancer patients: A qualitative study**

#### **A qualitative exploration of treatment decision-making among individuals diagnosed with an acoustic neuroma**

J. Brooker<sup>1,2</sup>, L. Shand<sup>3</sup>, S. Burney<sup>1,2</sup>, J. Fletcher<sup>1,2</sup> & M. Dally<sup>4</sup>

<sup>1</sup> Cabrini Monash Psycho-oncology, Cabrini Health, Melbourne, Australia

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<sup>3</sup> Deakin University, Melbourne, Australia

<sup>4</sup> William Buckland Radiotherapy Centre, The Alfred Hospital, Melbourne, Australia

An acoustic neuroma is a benign intracranial tumour that arises from the vestibulocochlear nerve. Management options include surgical removal, stereotactic irradiation or observation. A range of symptoms may be present at diagnosis or following treatment and include unilateral hearing loss, balance disturbance, facial paralysis, facial numbness and pain, eye dryness, tinnitus, and headache. Treatment decision making by acoustic neuroma patients is a neglected area of research. The purpose of this study was to use focus group methodology to acquire an understanding of treatment decision making processes and influential factors in treatment decisions in this population. Twenty-one participants who had been diagnosed with an acoustic neuroma attended one of four focus groups. Focus group transcripts underwent thematic analysis. Themes related to treatment decision making processes included barriers to and enablers of information acquisition; diversity in information sources; perceived bias in treatment advice received from clinicians; shared decision making; and uncertainty. Factors that were influential in final treatment decisions were fear of side-effects; previous experience with other health problems; medical contraindications; tumour size; apprehension regarding treatment failure; and clinician recommendations. Treatment-decision making was a challenging process for many participants. Future research into treatment decision aids for acoustic neuroma patients is warranted.

#### **Home based palliative care: A systematic literature review of the self reported unmet needs of patients and carers**

A. Ventura<sup>1</sup>, L. Ricciardelli<sup>1</sup>, S. Burney<sup>2</sup>, J. Fletcher<sup>3</sup> & J. Brooker<sup>4</sup>

<sup>1</sup> School of Psychology, Deakin University

<sup>3</sup> Head, Cabrini Monash Psycho-oncology, Cabrini Health

<sup>4</sup> Deputy Head, Cabrini Monash Psycho-oncology, Cabrini Health

<sup>5</sup> Research Fellow, Cabrini Monash Psycho-oncology, Cabrini Health

While the unmet needs of palliative care patients and carers from the perspective of bereaved caregivers have been well documented, the identification of these needs from current patients and carers is under-investigated. Given that home based care is one of the

main models of palliative care, the aim of this systematic literature review was to identify the self-reported unmet needs of patients and carers currently receiving palliative home care. The review was conducted in accordance with the PRISMA guidelines. Seven bibliographic databases were searched, yielding twelve qualitative studies, three quantitative studies and one mixed design study for inclusion. The most frequently reported unmet need was effective communication with health care professionals, the lack of which negatively impacted on care received. Physical care needs were met, which indicates that the palliative care services examined in the review were providing satisfactory care in this area, but lacking in other areas. The focus therefore should be on improving other aspects of patient care including communication to prevent or reduce suffering in areas such as psychosocial and spiritual domains. Valid and reliable quantitative measures of unmet needs in palliative care are needed to examine this area more rigorously.

**Saturday April 6, 2013 10.45-12.15pm**

Paper Session 12: ADOLESCENT HEALTH

CHAIR: E. Strodl

Location: Rosser

**Self-management in adolescents with chronic illness; a new research clinic**

E. Klineberg<sup>1,3</sup>, D. McKay<sup>1,3</sup>, M. Wilson<sup>2</sup>, S. Towns<sup>2,3</sup> & K. Steinberg<sup>1,3</sup>

<sup>1</sup>Academic Department of Adolescent Medicine, The Children's Hospital at Westmead

<sup>2</sup>Adolescent Medicine Unit, The Children's Hospital at Westmead

<sup>3</sup>Sydney Medical School, The University of Sydney

Chronic physical illness or disability now affects almost 1 in 3 adolescents in Western countries. Improvements in medical care and the increased prevalence of certain chronic illnesses have resulted in an increased number of adolescents with chronic illness who must transition from paediatric to adult services. As they mature it becomes increasingly appropriate for adolescents with chronic illness to become more involved in the management of their health, with primary responsibility for care moving away from their parents. Each of these transitions occurs against a background normal and expected physical, cognitive and psychosocial development. We hypothesise that the successful transition to self-management of chronic illness is influenced by these cognitive and psychosocial changes, and that health trajectories may be altered by the purposeful teaching of core skills to enable self-management. Using The Flinders Program TM to both assess and facilitate self-management skills, together with measures of social connectedness, mood, illness perception and family functioning, the CCSM Clinic aims to support existing clinical teams in their care of adolescents and improve the adolescents ability to self-manage. Data will be collated from clinic participants to inform future research and clinical practice in this emerging area.

**Anorexia Nervosa: Young people and their families' experiences of treatments**

G. Mogorovich

Dr Nerina Caltabiano Practice

Anorexia Nervosa (AN) is a serious psychiatric disorder. It typically begins in adolescence, but often persists throughout life, with a course marked by chronicity and relapses. Treatments are generally more likely to be successful when provided early in the onset of the illness, but much still remains unknown regarding their effectiveness. The most researched approach to date is the "Maudsley" or family-based treatment (FBT) for adolescents with AN. FBT has been available in Child and Youth Mental Health Services (CYMHS) in Queensland since 2005. A study has been undertaken to examine its effectiveness by comparing it to other treatments provided in CYMHS across Queensland. Telephone interviews using a semi-structured questionnaire were conducted with young people who had attended and completed treatment at CYMHS. FBT was found superior to other treatments with regard to physical markers of recovery, satisfaction with the services and therapy received, and strength of the therapeutic alliance. Typically the respondents had encountered difficulties with early detection, appropriate intervention and access to specialist services. They had struggled with the under-recognition of the illness at the primary health level and reported a general lack of information, support and flexibility from services. All interviewees stressed the need for more research, accessibility and flexibility of services and increased support for both the young people and their families.

### **The role of health beliefs in the physical and psychological functioning of adolescents with complex medico-psychosocial presentations**

A. Rushworth<sup>1</sup>, E. Klineberg<sup>2,3</sup>, H. Bibby<sup>1</sup>, K. Steinbeck<sup>2,3</sup> & S. Towns<sup>1,3</sup>

<sup>1</sup>Adolescent Medicine Unit, The Children's Hospital at Westmead, Sydney

<sup>2</sup>The Academic Department of Adolescent Medicine, The Children's Hospital at Westmead, Sydney

<sup>3</sup>The University of Sydney

The Complex Adolescent Clinic at the Children's Hospital at Westmead provides treatment for adolescents presenting with somatic symptoms where no organic cause has been identified (sometimes known as somatoform disorders or complex medico-psycho-social presentations). The Clinic offers multi-disciplinary treatment taking a rehabilitative approach that aims to improve the quality of life of adolescents and their families. The team attempts to a) include family members in treatment, and b) help families to gradually draw a link between somatic and psychological aspects of their condition. A sample of 50 adolescents was recruited from this clinical setting and their psychosocial and physical functioning was assessed at baseline, and at 4 months and 12 months later. It was hypothesised that the way the adolescents and their parents understand and attribute the symptoms, in regards to their beliefs about the symptoms, controllability and causality would be associated with adolescent functional outcomes. Preliminary analysis suggests that the role of parental health beliefs is particularly influential on adolescent functioning. Implications for intervention and management of adolescents with complex medico-psychosocial presentations will be discussed.

### **Early adolescents' helping behaviours when a friend is injured in a fight: the role of an extended Theory of Planned Behaviour**



B. Reveruzzi, L. Buckley, K. Dingli, R. Chapman & M. Sheehan  
Centre for Accident Research and Road Safety, Queensland, QUT

This paper examines the role of first aid training in increasing adolescent helping behaviours when taught in a school-based injury prevention program, Skills for Preventing Injury in Youth (SPIY). The research involved the development and application of an extended Theory of Planned Behaviour (TPB), including "behavioural willingness in a fight situation", "first aid knowledge" and "perceptions of injury seriousness" to predict the relationship between participation in SPIY and helping behaviours when a friend is injured in a fight. From 17 Queensland high schools, 1000 Year 9 students (mean age = 13.5, 40% male) completed surveys measuring their attitudes, perceived behavioural control, subjective norms and behavioural intention, from the TPB, and added measures of behavioural willingness in a fight situation, perceptions of injury seriousness and first aid knowledge, to predict helping behaviours when a friend is injured in a fight. It is expected that the TPB will significantly contribute to understanding the relationship between participation in SPIY and helping behaviours when a friend is injured in a fight. Further analyses will determine whether the extension of the model significantly increases the variance explained in helping behaviours. The findings of this research will provide insight into the critical factors that may increase adolescent bystanders' actions in injury situations.

### **The development of a text/email messaging intervention to improve adherence in adolescents with severe haemophilia**

E. Strod<sup>1</sup>, S. Brown<sup>2</sup> & J. Wu<sup>3</sup>

<sup>1</sup>School of Psychology and Counselling, QUT, Brisbane

<sup>2</sup>Royal Children's Hospital, Brisbane

<sup>3</sup>School of Nursing and Midwifery, QUT, Brisbane

In its severe form, haemophilia poses a significant risk for injury and mortality without strict adherence to medication regimes. Adherence to medication drops significantly in adolescents. The challenge of intervening in this population is compounded by relatively small numbers over large geographical distances. The use of new technologies such as text messages and emails may provide an acceptable and sustainable method of delivering interventions for poorly adherent adolescents who have severe haemophilia. This presentation will report on the development and piloting of feasibility of such a text and email messaging intervention. The development phase will included a focus group with haemophilia staff at the Royal Children's Hospital in Brisbane, as well as focus groups with teenagers within Queensland who have severe haemophilia. These focus groups will inform the development of the content of the text and email messages, as well as providing information on process issues such as acceptability of the frequency and timing of the messages. The second phase of the project involved piloting the intervention on a small sample of adolescents with severe haemophilia in order to gain initial feedback on the intervention before it is trialled on large sample using a randomised control trial.

**Saturday April 6, 2013 1.15-2.45pm**

Paper Session 13: BODY IMAGE AND HEALTH

CHAIR: R. Roberts

Location: Tully III

### **Social comparisons and body image in preadolescence: A qualitative study of children's use of appearance and ability-related social comparisons**

G. Tatangelo & L. Ricciardelli

Deakin University

Social comparisons are an influential factor in the development of body dissatisfaction for adults and adolescents, and have been shown to negatively impact on health and well-being. However, few studies have examined the role of social comparisons in the development of children's body dissatisfaction. Existing studies with children have been questionnaire based and have resulted in inconsistent findings, particularly for preadolescent boys. In order to ensure that the constructs were understood and grounded from children's lived experiences, this study employed a qualitative design with individual and focus-group interviews. Thirty-six children, (8-to-11 years, 19 boys, 17 girls) participated in individual interviews and 32 children (16 boys, 16 girls) participated in focus-group interviews. Several of the children had difficulties identifying their social comparisons when they were asked directly, but the majority displayed using social comparisons indirectly in their discussions about peers and the media celebrities. Girls were more likely to engage in appearance-related comparisons, whereas boys were more likely to engage in sports/ability-related comparisons. Overall, peers were a more frequent target for comparison than media celebrities. However, when comparing themselves to celebrities, boys generally felt inspiration, whereas girls felt negative emotions such as jealousy. Further studies are now needed to more fully examine how social comparisons are used differently by boys and girls, and how these can be used to promote more positive health and well-being.

### **Body satisfaction among adolescents in eight different countries**

M. McCabe, M. Fuller-Tyszkiewicz, D. Mellor, L. Ricciardelli, H. Skouteris & A. Mussap

Deakin University

The current study examined body satisfaction and the value of body size among adolescents in Australia, Fiji, Malaysia, Tonga, Tongans in New Zealand, China, Chile and Greece. In total, 2489 adolescent females and 2152 males participated in the study. The results demonstrated that males were more satisfied with their body than females. Males generally had a lower BMI than females, except for males in China and Malaysia. Attitudes towards large bodies for males and females varied by cultural group. These results demonstrate the strong cultural similarities in body satisfaction, but the differences that occur in relation to a large body.

### **Discrimination: An ongoing a problem for most Australians with craniofacial conditions**

R. Roberts

School of Psychology, University of Adelaide

For adults with craniofacial conditions persisting differences in appearance are common, and it has been suggested that discrimination related to the stigma of facial disfigurement is "the last bastion of discrimination." Perceived discrimination is associated with a range of negative effects on both mental and physical health. This study aimed to establish the level of perceived discrimination experienced by adults with congenital craniofacial conditions in Australia, and to examine factors related to discrimination. Adults (n = 111) who had been treated at the Australian Craniofacial Unit, Women's and Children's Hospital, Adelaide completed measures of discrimination, and a range of psychosocial variables. Participants reported a range of everyday discrimination experiences, with mean scores suggesting occasional experiences of discrimination in all areas assessed, with the most common experience being "People act as if they are better than you" Discrimination was correlated with age, satisfaction with life, mental quality of life, anxiety, depression, self esteem, social support and satisfaction with appearance. These findings suggest that discrimination is a significant issue for many adults with craniofacial conditions that should be considered when working with this population to improve physical and mental health outcomes.

### **The role of skin tone dissatisfaction and peer behaviour in the tanning behaviour of young adults**

A. Day<sup>1</sup>, C. Wilson<sup>2,3</sup>, R. Roberts<sup>1,4</sup> & A. Hutchinson<sup>2,3</sup>

<sup>1</sup> School of Psychology, University of Adelaide

<sup>2</sup> Flinders Centre for Innovation in Cancer, School of Medicine, Flinders University

<sup>3</sup> Cancer Council South Australia

<sup>4</sup> Senior Lecturer, School of Psychology, University of Adelaide

Skin cancer is the most commonly diagnosed cancer in Australia, with over 434,000 annual diagnoses. Despite decades of public messages warning of the health risks associated with sun exposure, desire for a tanned appearance remains high. This study investigated the role of skin tone dissatisfaction and peer tanning behaviour in the tanning behaviour of n=528 young adults (Females n=438, Males n=247) aged 18-26 (M= 20.58, SD= 2.06) who reported having a Western ethnic background. Dissatisfaction with skin tone (in this case, wanting your skin to be darker than it currently is) was observed for both genders, with no significant difference between the groups. Reported tanning behaviour of friends was associated with frequency of outdoor tanning behaviour in both males and females, and fake tanning behaviour in females. The significance of skin tone dissatisfaction and peer behaviours are explored, and potential mediation is discussed.

**Saturday April 6, 2013 1.15-2.45pm**

Paper Session 14: CLINICAL INTERVENTIONS

CHAIR: J. Stanford

Location: Rosser

**5 stages of recover in eating disorders: Are we falling short of stage 5, Complete recovery?**

P. Stapleton

Bond University

Anorexia Nervosa (AN) is the 3rd most common chronic adolescent issue and the most fatal of all psychiatric conditions, and the true incidence of Bulimia Nervosa (BN) is estimated to be as high as one in five in the student population. Gold standard treatments still appear to fall short in long-term studies. For Bulimia, Cognitive Behavioural Therapy (CBT) reviews indicate only 50% cease bingeing, and psychodynamic approaches result too in only 50% success at long term follow-up points. Enhanced versions of CBT are showing promise for BN but the gap remains with treatment of AN. The National Institute for Clinical Excellence suggests there is insufficient evidence to make evidence-based recommendations regarding the treatment of AN in adults; the Maudsley approach is focused on children still living at home, with duration of less than three years; and outcome data for newer approaches such as Acceptance and Commitment Therapy are still in progress. This presentation will focus on a model of recovery with five stages: Denial, Resignation, Ongoing Battle, Apparent Resolution or Recovery, and Healing and Transformation (Fodor, 1997), and how current treatment approaches may fall short in directing sufferers into stage five: Healing and Transformation.

### **Clinical oral health psychology: treatment interventions for dental problems**

E. Howe & D. Evans

Professional Practice, Faculty of Dentistry, University of Sydney

This presentation provides a review of psychological assessment and treatment protocols for psychological conditions presenting in dental medicine and methods for improving the effectiveness of interprofessional collaboration between psychologists and dentists. Conditions with psychological, social and behavioural components, referred to psychologists by dentists, include acute and chronic orofacial pain, parafunctional habits (bruxism, clenching, jaw posturing, thumb sucking and fingernail biting), abnormal gagging and appearance problems associated with craniofacial anomalies (e.g. cleft lip and palate). Effective treatment of such conditions as dental anxiety, blood-injury-injection phobia or stress-related muscle tension requires psychologists to be cognizant of both the patient experience and current practices within the dental surgery environment, including dental treatment procedures and oral disease prevention strategies. Certain medical or psychological conditions treated by multidisciplinary teams (e.g. eating disorders, depression, autism) and trauma (e.g. oral, sexual or physical abuse or injury) also require recognition of patient psychological needs and the special management techniques utilised in dental surgeries. A small handbook, summarising treatment guidelines for clinical health psychologists, will be provided in this presentation.

### **Interdisciplinary pain management: Evidence and practical implementation**

J. Stanford

Empower Rehab

Research strongly supports multidisciplinary pain programs, but formal programs can currently only service a very small percentage of people with chronic pain, and often have long waiting lists. This presentation identifies the core components to effective interdisciplinary pain management, drawing on the literature and clinical experience. An

overview of the chapter 'Interdisciplinary pain management - the role of the psychologist' will serve as the basis to raise treatment components such as education and understanding about pain, the role of function, effective goal setting, and how to break down the divisions between disciplines. The evidence supporting Cognitive Behaviour Therapy and Acceptance and Commitment Therapy will be provided. The presentation then explores various clinical settings, identifying some of the strengths of current options as well as some of the obstacles. Strategies to more effectively achieve a standard of care that the evidence supports will be discussed.

### **Does the simultaneous management of sleep health and mental health improve outcomes?**

D. Bruck & M.L. Jackson  
Victoria University, Melbourne

It is now well understood that significant sleep difficulties co-exist with many mental health concerns. This paper will review our current understandings of the role of sleep issues in anxiety, depression, suicide risk, substance abuse and recovery from sexual assault. In psychological practice it is easy to give more emphasis to the presenting 'daytime' mental health problems than co-existing significant sleep problems. Thus the systematic implementation of evidence-based interventions around sleep difficulties may be overlooked, or the psychologist may feel that sleep will spontaneously improve as the mental health issues are successfully treated. However, given that mental health problems may need time-intensive interventions over a prolonged period it is important to ask whether a significant focus on sleep will help achieve desired treatment outcomes in a more timely or effective manner. Evidence that considers the efficacy of the simultaneous management of sleep and mental health difficulties will be reviewed. Practical sleep improvement strategies that may be implemented will be considered and, where available, the literature on the use of such strategies as part of a mental health program will be evaluated.

### **Toxic environment: outcomes of parental methamphetamine addiction on child psychological health**

C. Asanbe<sup>1</sup>, C. Hall<sup>2</sup> & C. Bolden<sup>3</sup>

<sup>1</sup> College of Staten Island/City University of New York (CSI/CUNY), USA

<sup>2</sup> Roane Community College, Crossville, TN, USA

<sup>3</sup> Tennessee Technological University, Cookeville, TN, USA

A representative sample of 58 preschoolers (aged 4-5) and 78 school-age children (aged 8-9) from methamphetamine-producing (MP) and non-producing (NP) homes was drawn from a rural community in the south eastern part of the United States, for two separate studies. Children from the NP homes serve as the comparison group. For each of the studies, the participants in the MP and NP groups were similar in age, gender, and socioeconomic background. The groups were assessed for behavioural (externalizing) and emotional (internalizing) functioning using age appropriate Behaviour Assessment System for Children (BASC) forms. The data indicate that preschoolers from the MP homes showed higher

aggression symptoms than their peers from NP homes, but were comparable in the other areas assessed. The school-age children with MP home status showed more school maladjustment behaviours than their NP peers. In addition, the prevalence of internalizing and externalizing disorders in children from NP homes was higher in this sample than in population-based norms. These findings point to the need for mental health screening when a child is removed from an MP home and accessibility to mental health services for children in rural communities. Key words: Methamphetamine-producing homes, preschoolers, school-age children, rural community.

### **Trypanophobia (Needle Phobia) in young adults: A cross sectional study**

A. Faisal<sup>1</sup>, & N. Ayub<sup>2</sup>

<sup>1</sup>Head of Department, Health & Hospital Mgmt., Institute of Business Management

<sup>2</sup>Head of Department, Business Psychology, Institute of Business Management

A study was conducted in two private and two public hospitals of Karachi, Pakistan to identify the effect of education of the patients having trypanophobia (needle phobia) and to analyse the relationship between trypanophobia and the practices of doctors. On a sample of 156 patients and 79 doctors, two questionnaires were administered which included Injection Phobia Scale-Anxiety including questions to assess the causes of needle phobia and health seeking behaviour of patients. Another questionnaire was designed for doctors to observe how they deal with situations when they are presented with patients having needle phobia. Statistical analysis through linear regression showed that education of patients had no impact on the IPS score of patients ( $R^2 = -0.006$ ,  $F(1,154) = 0.000$ ,  $p > 0.05$ ). The results also suggested that there was negligible relationship between trypanophobia and practices of the doctors ( $r = -0.110$ ). The results of the study suggested that there is no impact of education on trypanophobia. Moreover, it was found that there is no relationship between trypanophobia and the practices of the doctors. However, adequate training can be provided to healthcare professionals related to patient counselling regarding medical procedures. Policies should be put in place for procedures involving needle administration and hospitals should play their part in implementing those policies.

**Saturday April 6, 2013 3.00-4.30pm**

Paper Session 15: RESILIENCE IN HEALTH

CHAIR: R. Roberts

Location: Tully III

### **Building community resilience and suicide awareness after natural disasters and in Indigenous communities**

D. Bird & P. Rodwell

Dr Edward Koch Foundation

Communities in Far North Queensland are recovering from the effects of two major natural disasters occurring within a five year period. The Dr Edward Koch Foundation building on experience gained from participating in the post Cyclone Larry (2006) community recovery program, expanded its "preventative awareness" Life Program for the Cyclone Yasi (2011) recovery efforts. The Foundation's program has also been delivered in many Indigenous

communities as these have a history of suicide higher than the national average. The Life Program consists of Life Workshops, Bereavement Support after suicide, and establishment of a Life Community Carers group. The workshop component covers basic suicide awareness and prevention skills, along with a component on social and emotional well-being. This study evaluated the helpfulness of the workshop community education program conducted from Cairns to Cardwell and in the Northern Peninsula Area. Surveys were completed by 204 participants yielding quantitative and qualitative data. Responses indicated participants gained an increased awareness of the resources within their community, a better understanding of suicide and its risk factors, and more confidence in helping a person "at risk" to see options for living. Community workshop helpfulness ratings ranged from 8.3 to 9.09 out of 10 with positive feedback given

### **The role of positive cognition in resilience**

S. M. Y. Ho

Department of Applied Social Studies, City University of Hong Kong

This presentation will focus on the role of positive cognition in healthcare settings. First, studies on the positive cognitive style of hope will be presented. Dispositional hope has consistently been found in our studies to be a significant predictor of resilience among cancer patients and emergency medical workers. Next, the findings from several studies on one's positive processing styles and psychological outcomes in healthcare settings will be presented. In a study on positive attentional bias and positive rumination on cancer adjustment, we found that both positive attentional bias and positive cancer-related rumination were positively related to self-perceived posttraumatic growth (PTG). Furthermore, positive cancer-related rumination partially mediated the relationship between positive attentional bias and PTG. Another two independent studies suggested that one's explanatory style in relation to positive events is associated with positive outcomes. Finally, some intervention projects based on the above findings will be shared. Findings suggest that future health psychology research should pay more attention to the role of positive cognition in enhancing overall well-being.

### **Improving mental health in unemployed people: Using the LAMB scale in individual psychological interventions**

J. Muller<sup>1</sup> & L. Waters<sup>2</sup>

<sup>1</sup>Griffith Health Institute, School of Applied Psychology

<sup>2</sup>Melbourne Graduate School of Education, University of Melbourne

With the rise of unemployment and its significant and established negative effects on psychological well-being, improving and maintaining mental health of unemployed people is of utmost importance. Henderson and Muller (2012) found that psychological interventions can improve mental health for unemployed people and specifically that CBT focussed interventions are effective at reducing symptoms of depression, anxiety and stress as well as improving re-employment. Waters, Strauss and Muller (2011) argued that improving the mental health of unemployed people is not simply about reducing negative symptomology (such as reducing depression and anxiety) but also about promoting positive states (such as

increasing meaning, support and optimism). They recommend the integration of Jahoda's latent benefits into intervention programs thereby addressing time structure, social contact, collective purpose, status and activity. The LAMB scale (Muller, Creed, Waters & Machin, 2005) effectively measures these benefits and is recommended for use as an individual assessment tool for pre and post intervention counselling. The LAMB scale has now been used internationally for research with over 5,000 individuals. The presentation will outline the viability of LAMB for use in individual psychological counselling and tailored interventions to promote wellbeing during unemployment.

### **Rest, recovery and resilience: Experiences of cancer workers in Queensland**

E. Poulsen<sup>1</sup>, A. Poulsen<sup>2</sup>, M. Poulsen<sup>3</sup>, A. Khan<sup>4</sup> & S. Khan<sup>1</sup>

<sup>1</sup>The School of Psychology, The University of Queensland

<sup>2</sup>School of Health & Rehabilitation Science, University of Queensland

<sup>3</sup>Director of Radiation Oncology Mater Centre

<sup>4</sup>School of Health & Rehabilitation Science, University of Queensland

Increasing work stress from high job demands has been shown to have a strong negative correlation on employee's health and well-being, with Cancer Workers being particularly at risk. Recovery is an important mediator between work demands and well-being. This contributes to increased resilience in the work-place. This presentation aims to evaluate the impact of recovery experience on burnout and resilience in cancer workers in Queensland. This study was based on a cross sectional survey of 573 cancer workers in Queensland with a response rate of 56%. Recovery experience was measured using the Recovery Experience Questionnaire. Multiple regression analyses were performed to identify explanatory variables that were independently associated with Recovery Experience. There was a negative correlation between the Recovery Experience Score and Burnout ( $p= 0.002$ ) as well as Psychological Distress ( $p < 0.0001$ ). Age above 25 years was also negatively correlated with Recovery Experience Score as was having a post graduate qualification, being married or divorced, and having carer commitments. Participating in strenuous exercise was associated with high recovery scores. Recovery Experience needs to be fostered in order to reduce the risk of burnout and build resilience in health professionals. This needs to be considered when designing interventions for cancer workers to reduce burnout and promote well-being.

### **Saturday April 6, 2013 3.00-4.30pm**

Paper Session 16: TRANSLATION OF RESEARCH TO PRACTICE

CHAIR: E. Strod

Location: Rosser

### **Medicare Locals: A mechanism for achieving integration in primary health care? A policy implementation study**

L. Brown, R. Katterl & P. Bywood

Primary Health Care Research & Information Service



Primary health care (PHC) is often the first level of contact individuals, families and communities have with the health system. National health reform in Australia has seen the introduction of Medicare Locals (MLs), PHC organisations charged with a number of objectives, one of which is improving the patient journey through developing integrated and coordinated services. Integration in this context refers to the health system's ability to provide effective care as a person moves between different providers, with appropriate transfer of information and utilisation of resources. This qualitative study explored the perceptions of ML chief executive officers from around Australia regarding the operationalisation of integration in their local area. Analyses provided definitions of integration as connections across service providers and organisations, with emphasis on continuity of care. Many of the participants described the importance of partnerships between general practice and allied health with examples around psychological services and chronic disease management. The requisites (e.g., accessibility, infrastructure, incentives), building blocks (e.g., relationships, communication) and challenges (e.g., geography, culture, funding) of integration will be presented. Further, opportunities for the future will be discussed with emphasis on the value of multidisciplinary teams and applying population health approaches to support patients at a local level.

### **Reducing stigmatising responses when working with people who have chronic health conditions - putting research into practice**

J. Coburn

The Australian College of Applied Psychology

This paper explores the recent research on stigma-sensitive approaches to working with clients who have chronic health conditions. It draws from the presenter's insights from living with chronic illness for 25 years, and the subtle but powerful experiences of stigma that followed her diagnosis. The paper utilises the presenter's 20 years of experience in working with clients, and teaching students, using a stigma sensitive approach. It argues that it is very easy to inadvertently send stigmatising messages to our clients, and explores how such messages can be converted by our clients into "virtual identities" and self-stigma (Horsfall, Cleary & Hunt, 2010). Building on the work of Shapiro (2008) and Cooper (2009), this paper argues that responding to clients in a more stigma sensitive manner involves awareness of our training as psychologists, and utilising a more humanistic approach with our work. Cooper's urge for practitioners to provide a "deep, radical welcoming" (Cooper 2009) to diversity is discussed. How can we "welcome" and "stay with" our client's experiences, without inadvertently stigmatising their experiences? What approaches will provide a more inclusive response? What benefits may clients gain from these approaches to our clinical work?

### **A case for theoretical Integration: Utilising constructs from three socio-cognitive models to improve the prediction of exercise and adopting a healthy diet**

J. Richards<sup>1</sup>, M. Johnson<sup>1</sup> & A. Rutherford<sup>2</sup>

<sup>1</sup>School of Psychology, University of Newcastle

<sup>2</sup>School of Psychology, Keele University (UK)

Individual psychological models have had limited success in predicting health behaviour, much of the variance remains unexplained by any of these models. The present research explores whether utilizing constructs from three psychological models (Theory of Planned Behaviour [TPB], Extended Parallel Process Model and Stage Model) can yield an integrated model which can better explain intentions to change exercise and dietary behaviours than the TPB constructs alone. One hundred and twenty participants read a health message targeting obesity. They then completed measures of past behaviour and constructs from each of the models. Hierarchical regression analyses revealed that attitudes, self-efficacy, subjective norms and message quality predicted intentions to exercise. Whereas attitudes, message quality and past behaviour were significant predictors of adopting a healthy diet. In both cases the integrated model explained a greater proportion of the variance in intentions than the TPB variables alone. This suggests that integrating constructs from separate socio-cognitive models can increase the explanatory power of current models of health behaviour. However, the predictors of intentions to exercise and adopting a healthy diet differ. The authors advocate the use of theoretical integration as a methodology to improve the prediction of health behaviour over time.

### **Knowledge exchange, primary health care and psychology - the role of the primary health care research and information service**

J. Oliver-Baxter & L. Brown

Primary Health Care Research Information Service

Knowledge Exchange is a process that aims to get research knowledge into action; knowledge is translated into either decision-making or practice settings. It involves synthesis, exchange, and application of knowledge by relevant stakeholders to accelerate benefits of global and local innovation to strengthen health systems and improve people's health (WHO, 2005). The Primary Health Care Research and Information Service (PHC RIS) is a knowledge exchange organisation working in partnership with stakeholders in the primary health care (PHC) community to inform and influences policy, practice, research and evaluation. PHC RIS offers a range of products, developed according to stakeholders' needs, which promote knowledge exchange. Resources provided by PHC RIS relevant to health psychologists include: 1) the PHC Search Filter enabling quick and easy access to PHC literature using real-time searches of PubMed; 2) weekly (eBulletin) and bi-monthly (Infonet) newsletters delivering the latest PHC research, reports, news and opportunities; 3) Infobytes and Fact Sheets to promote capacity building; and 4) the Roadmap of Australian PHC Researchers providing information about research projects and researchers. Evidence of uptake and benefit is provided, with emphasis on the value of knowledge exchange tools for health psychology to improve the health and wellbeing of individuals and communities.

**POSTER ABSTRACTS:****Friday April 5, 2013 5.00-6.30pm**

Poster Presentations

Location: Ground Floor Foyer or Pool Area (weather permitting)**Narratives of difference: adolescents with cleft lip and palate relate their experiences of encounters in public places in Adelaide, Australia**A. Gierasch<sup>1</sup>, R. Roberts<sup>2</sup>, A. Gannoni<sup>3</sup> & P. Anderson<sup>4</sup><sup>1</sup> Women's and Children Hospital<sup>2</sup> University of Adelaide<sup>3</sup> Department of Psychological Medicine, Women's and Children's Hospital<sup>4</sup> Craniofacial Unit, Women's and Children's Hospital

Cleft lip and/or palate (CLP) is the second most common major congenital abnormality, occurring in one in 650 children. For a child or adolescent with a CLP, and other types of visible difference, commonly reported reactions include staring, avoidance, questions, teasing and bullying. Six adolescents aged 13-17 years who have a CLP were recruited through the Australian Craniofacial Unit in order to examine how these adolescents experience encounters in public places. Semi-structured interviews were analysed using Interpretative Phenomenological Analysis. The implications for research and practice in health psychology are discussed, and in particular the themes of encounters in public places, including bullying, isolation, and difference.

**An investigation into the efficacy of a music based men's group for improving psychological wellbeing**K. Irle & G. Lovell

Uniting Care Community

Some men do not engage in mainstream psychological interventions despite experiencing low psychological wellbeing (Fields & Cochran, 2011). There is a need for alternative psychological interventions which target men who currently do not seek help (Branney & White, 2008). This study examined the efficacy of a music based psychological intervention for improving psychological wellbeing. Participants (N=31) completed Outcome Rating Scales (ORS), measuring psychological wellbeing at session one, session six, and session twelve of a music based men's group. Measures of importance of music, perceived musical ability, and likelihood of engaging in a mainstream psychological intervention, were also collected at session one. A repeated measure multivariate analysis of variance (MANOVA) was conducted upon the ORS scores constituting the multiple dependant variable with time representing the repeated measure. Between measures of importance of music, perceived musical ability, and likelihood of engaging in a mainstream psychological intervention were examined as potential factors impacting on the efficacy of the intervention. Thirteen participants identified themselves as unlikely to attend a mainstream psychological intervention. None of the between measures impacted significantly on the ORS scores. MANOVA main effect of time was significant  $F(8,88) = 8.89, p < .001$ . Results suggest music based intervention is an effective method for improving men's psychological wellbeing and that participants do not need to have a high interest in music or require musical ability to

benefit from participation. The non-significant ORS changes from session one to session six may have been due to the presence of contemplative and pre-contemplative participants and the intervention's inclusion of altruistic acts after session six. The existence of participants that identified as "unlikely to engage in a mainstream psychological intervention demonstrates a need for alternative interventions for men. These findings aid the design of health interventions for men.

### **A pilot study investigating the acceptability of 'The Chronic Illness Game' as a therapeutic tool for use with children**

M. Kurtin, A. Chur-Hansen, H. Winefield

School of Psychology/Discipline of Psychiatry, The University of Adelaide

Therapeutic board games have been utilised for the past two decades to assist children and adolescents with a range of psychosocial problems. Recently therapeutic board games became available for purchase in Australia. Despite growing popularity and interest, the therapeutic value and acceptability for psychologists, parents and children of these board games has not been empirically evaluated. The current pilot study investigates 'The Chronic Illness Game' - a therapeutic board game designed to be used with children who have a history of chronic illness. Six pairs of psychologists (N = 12) were invited to participate in video-recorded game-play sessions to investigate their perceived appropriateness of 'The Chronic Illness Game', and how effective it might be in facilitating the disclosure of negative illness-related experiences. Results indicated 'The Chronic Illness Game' in its current format was deemed not appropriate or effective. A series of recommendations from psychologists about how best to modify this game are presented.

### **Psychology: science of the soul. An experiential study of the gentle breath and its indications for individual and community health**

M. Masiorski

Psychology in Stillness

This presentation considers health and wellbeing by addressing the root of psychology, its root science and presents in an experiential manner how we might view the simple science of psychology as a basis of health and well being. An understanding of the Ancient Greek definition of Psychology, being the science of the breath or soul and our deviation away from this root science in modern psychology is briefly presented. Consideration of Breath in psychological therapy is already common practice, such as in "relaxation techniques" Breath, specifically gentle breath, is indicated as part of a best practice model for successful psychological and general health outcomes, due to its powerful and immediate mediation on the central nervous system and significantly, the connecting properties to the soul, an element missing in most treatment and health management models. By re-introducing the "missing element" to psychological and health management strategies, changes in health markers are indicated. Further experiential exploration of the breath and its benefits on individual and community health are considered.

## **Mood check: An innovative approach to psychology service development and post-graduate training**

P. Rolls<sup>1</sup>, J. Sheridan<sup>1</sup> & E. Strodl<sup>2</sup>

<sup>1</sup>The Prince Charles Hospital

<sup>2</sup>Queensland University of Technology

Research suggests that secondary psychological disorders can impact upon length of hospital stay, treatment adherence, and readmission rates across medical conditions. Many patient groups at public general hospitals, such as The Prince Charles Hospital (TPCH), have little or no access to psychology services, and budget realities mean that additional specialist clinical psychology positions will not be available. It is imperative to seek alternative ways to increase access to psychological services through clever collaborations and the use of cost effective, innovative models of health care delivery.

The PCH has developed a new service titled Mood Check which seeks to

- Extend psychology service provision to un/under-serviced patient groups through the development and continued operation of a post-graduate student facilitated screening and treatment clinic
- Improve collaboration with TPCH and external stakeholders and funding sources
- Provide a structured quality Internship experience consistent with Health Workforce (HWA) Guidelines

The "Mood Check Internship" experience for postgraduate psychology students will involve both mood and anxiety screening across a range of medical patients, delivering brief evidence-based (CBT/ACT) interventions, as well as working in close liaison with CL/Psychiatry. This poster will describe the details of the development, implementation and evaluation of the project.

## **Physical activity and cognitive functioning in German primary school children**

Wirt, Tamara<sup>1</sup>; Kobel, Susanne<sup>1</sup>; Kettner, Sarah<sup>1</sup>; Steinacker, Jürgen M.<sup>1</sup> & the study group "Komm mit in das gesunde Boot – Grundschule"<sup>1,2,3</sup>

<sup>1</sup> Section Sports and Rehabilitation Medicine, Ulm University - Medical Centre, Ulm, Germany

<sup>2</sup> Institute of Epidemiology and Medical Biometry, Ulm University, Ulm, Germany

<sup>3</sup> Institute for Psychology and Pedagogy, Ulm University, Germany

Findings concerning the relationship between physical activity (PA) and cognitive performance in children are inconsistent but indicate rather specific than global effects. The objective was to provide evidence considering sustained attention and executive functions, as a sensitive aspect of cognition, using objective assessment tools. In the context of a health promotion project in Germany (Baden-Württemberg study) data of 163 first and

second graders (aged  $7.03 \pm 0.66$  years; 49.1% boys) were collected. Sustained attention and executive functions (inhibitory control) were assessed using validated computer-based tests (KiTAP) recording errors and reaction time. PA was measured via accelerometry with combined heart rate (Actiheart) on 4 successive days. Based on heart rate activity levels were classified according to European recommendations. Minutes per day in low PA (LPA) vs. moderate and vigorous PA (MVPA) were determined. Sustained attention was not significantly correlated with LPA or MVPA. Inhibitory control was positively correlated with MVPA ( $r = .16$ ;  $p = .04$ ). Further analysis showed this correlation on weekends ( $r = .21$ ;  $p = .01$ ) but not on weekdays. PA is only associated with executive functions. This concerns activities on weekends which are more self-determined by children resulting in a higher variation.

**WORKSHOP ABSTRACTS:****Friday April 5, 2013 1.30-5.00pm**

Workshop 1

Location: Bluewater II**Interprofessional collaboration between GPs and Psychologists**M. Opolski & E. Beilby

This workshop has been developed to provide psychologists with ideas for increasing effective interprofessional collaboration with GPs. Erin Beilby and Melissa Opolski will present information on GP and psychologist requirements in collaboration, effective communication, and discussion around implementation in practice.

**Friday April 5, 2013 1.30-5.00pm**

Workshop 2

Location: Tully I**Managing persistent pain across the continuum: A biopsychosocial perspective, from community to specialist care and back**M. Bryant & A. Beeden

The best practice approach to assisting people with persistent pain is within the context of a multidisciplinary team. This workshop will be presented by a pain specialist, a psychologist, and a physiotherapist, and will cover the assessment and treatment of people with persistent pain from the perspective of their primary health care provider, the GP. It will outline the physiology and psychology of persistent pain, and the assessment and treatment options specific to each discipline. A brief overview of the North Queensland Persistent Pain Management Service will be provided. Finally, small group discussions will be used to review hypothetical case studies in order to individualise and consolidate learnings.

**Saturday April 6, 2013 8.30-12.15pm**

Workshop 3

Location: Bluewater II**Working with Indigenous People to better health outcomes**Dr T. White

This workshop will cover the pragmatics of working with indigenous persons to better health outcomes. Theories of health behaviour change such as Prochaska and DiClement's stages of change model, the Health Belief Model and the Theories of Reasoned Action/Planned Behaviour will be discussed in terms of their applicability to indigenous health. Models of health program development, program implementation and evaluation will be covered. The workshop will cover indigenous health statistics and offer examples of

health promotion programs within indigenous communities. The presenter brings a wealth of local north Queensland experiences to the workshop. Participants will have the opportunity to actively participate in the workshop on selected program aspects/issues.

**Saturday April 6, 2013 8.30-12.15pm**

Workshop 4

Location: Tully 1

**Peer Consultation**

Dr. A. Clarke

This session has been developed to give delegates the opportunity to provide and obtain peer consultation, and active CPD hours with other health psychologists. Delegates will be allocated to groups (max 3 persons) and each person will present and discuss 1-2 cases. Presentation of own cases/work can be counted towards the peer consultation requirement (one hour) and additional time in the group can be counted towards active CPD hours (2 hours).

**Saturday April 6, 2013 12.30-3.30pm**

Workshop 5

Location: Bluewater II

**Motivational Interviewing and Health Behaviour Change**

Dr H. Lindner

This half-day workshop will cover motivational interviewing (MI) skills needed by psychologists and other health professionals to support effective client adherence to recommended client-managed treatments for heart disease, diabetes, and obesity, such as medications, blood testing, dietary changes and physical activity requirements. Additionally, MI skills have been shown to support effective changes in health risk behaviours, such as smoking and alcohol abuse.

**Saturday April 6, 2013 1.15-4.30pm**

Workshop 6

Location: Tully 1

**End of Life Issues**



Dr. S. Burney & Ms J. Fletcher

Patients with a life-limiting illness and their families will generally experience heightened psychological distress once they become aware that cure is not possible, active treatment is ceased, and the only option is symptom management. As the patient draws closer to the end of their life their distress can increase, and this is often more acute in their family members and friends. This workshop is intended to present psychologists working with such patients or who have an interest in this area with an overview of the knowledge, skills and attitudes that are necessary to help maintain quality of life until the person dies and provide support to the family in their bereavement. A brief introduction to the physical, psychological, social, practical, health care system and emotional issues confronting such patients and their families will be followed by exercises to develop the key evidence-based psychological strategies that can be used to maintain or enhance the quality of life of these patients and their family members.