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**Editorial**

You are holding special edition of imPACT (Volume 5) in your hands. This includes abstracts of the talks that were presented in 5th International CBT Conference held in December 2014. As always, all the material is according to the needs of the readers of this newsletter. We are thankful to the authors for their contribution and hope that we will get latest research work for our next issue.

Naila Riaz Awan
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ABSTRACTS
KEYNOTE SPEAKERS
Internet and mobile technology has tremendous potential to transform mental health services. These digital technologies are used in treatment of most psychiatric disorders but not used widely in routine clinical practice. There is a need to incorporate the digital resources in our clinical practice to improve the quality of care and access to evidence-based treatments; promote healthy behaviour changes; increased adherence to treatment programmes; facilitating self-monitoring; and reducing the demand for clinician time.

Both android and iPhones offer numerous health related apps for the patients as well for the professionals. There is large number of mental-health-related applications available on Google and iTunes App store. e.g., eCBT Mood, Virtual reality exposure and Dialectical behaviour therapy (DBT) and QDoc. The NHS apps library and Veterans Affairs Application Center provide useful resources for such apps.

Mobile apps can be used as a source of engagement and empowerment. It can help educate patients to reduce anticipatory anxiety and stigma associated with receiving mental health care. Mobile applications may allow patients to complete treatment in fewer face-to-face sessions. Patients would meet with therapists on a semi-regular basis, between which the app would be used as a resource for behaviour tracking, skill development and education.

However, there could be threats and challenges related to security, management of personal and sensitive data, loss of the device due to theft, quality and reliability of applications providing psycho education. Moreover, there is a possibility that apps may potentially disrupt the therapeutic alliance between patient and provider.
Cognitions play a very important role setting up our emotional state and vice versa which may lead to different types of psychopathologies. Cognitive Therapy was evolved to use this important component to help clients having different issues. Behavioral techniques were incorporated to make it a very strong evidence based Cognitive Behavior Therapy (CBT). Similarly there are other types of Psychotherapies in which Cognitions play an important role to help clients resolve their problems. Eye Movement Desensitization and Reprocessing (EMDR) is one of them. The speaker would talk about how negative and positive cognitions of client are identified and how they are utilized in eight phase protocol of EMDR highlighting some of the similarities and differences with CBT.
"The basic principle of Islam is that just as God will never lose hope in humanity, we should never lose hope in our own lives," "Those words are like magic to clients. They feel less lost. They remember that God is listening to us." Then why psychotherapy, these myths and many like them are the major hindrances in the people minds and they need lot of education and convincing.

We all know that psychology practice in Pakistan is founded on the Western model and many Pakistani psychologists continue to be trained in the West. But over the past 10 years, Pakistani psychology practice and research have been increasingly interested in, and shaped by, indigenous culture--one that is largely collectivist, family-oriented and male-led, and one that is 97 percent Islamic.

A major barrier is the stigma that still surrounds psychological treatment, only about 60 clinical psychologists practice professionally in Pakistan--of the 300 psychologists registered with the Pakistan Psychological Association, most focus on university teaching and research. Somewhat disconcerting for those who do practice is a tendency among clients to refuse to park in their driveways for fear of being found out.

To overcome culture clashes, psychology is increasingly accommodating Muslim ideals and Pakistani culture. For example, psychologists take into account their clients' family constraints, particularly the fact that most women live with the husband's family and are beholden to in-laws' wishes. Some Pakistani psychologists believe, however, that religious healing ought to be part of practitioners' training.

On the brighter side, psychology has gained increasing respect relative to psychiatry over the past 20 years. More psychologists hold top jobs in such areas as drug addiction and rehabilitation of schizophrenics.
EVIDENCE BASE FOR CBT IN CHILD PSYCHIATRIC DISORDERS

Dr Nazish Imran
Associate Professor
Department of Child & Family Psychiatry, KEMU/Mayo Hospital, Lahore.

The last few decades have witnessed tremendous advances in Cognitive behaviour therapy for children & adolescents. There have been emergence of sophisticated; evidence based cognitive-behavioral therapies for range of Child Psychiatric problems including depression, anxiety, PTSD & Conduct Disorder among others. All Cognitive behavioral interventions share five features; adherence to scientist –clinician model with choice of treatment based on efficacy, thorough functional analysis of target behavior, Psychoeducation, Problem specific intervention to reduce symptoms and Relapse prevention strategies.

The presentation will focus on an overview & current status of salient clinical techniques of CBT in children & adolescents. It will also address developmental issues specific to working with young patients.
Neither the specialty of old age psychiatry nor the discipline of CBT has yet established in Pakistan. In the current scenario the combination of the two poses a challenge but at the same time provide a unique opportunity. Opportunities to not only help the patients but also to learn how to modify and improve the therapists’ own skills set with special reference to Pakistani context.

The presentation will use true cases highlighting the fact that CBT techniques are as useful as in adult population in modifying the cognitions.
LOTUS RISING FROM WATER: A TRANSFORMATIVE EXPERIENCE IN ENGINEERING EDUCATION AT NUST

Dr. Salma Siddiqui  
Chairperson, Department of Behavioral Sciences,  
School of Social Sciences & Humanities (S3H), NUST, Islamabad

The presentation reflects on the experience of designing and teaching the course, “Psychology of Learning and Cognition”, to postgraduate Students in engineering program at SEECS, NUST. The focus here is on how a constructivist approach to learning helped achieve more objectives than the course set out to initially and how it created a space for personal change through collaborative empiricism. The symbolic lotus denotes rising up through the transformative shift as a result of awareness of one’s own cognitive patterns. The presenter believes that an opportunity for reflective inquiry enables the learner to discover solutions for problems in the real world. The presentation draws a conclusion that a shift in curricula and teaching methodology can help transform learners in both personal and professional spheres.
USE OF VISUAL IMAGERY FOR SURGICAL SKILLS’ DEVELOPMENT:
A COGNITIVE PERSPECTIVE

Dr. Ayesha S Abdullah
Vice Dean, DHPE&R
Peshawar Medical College, Peshawar

Visual imagery is a powerful cognitive competency that has not yet been used to its fullest potential. It has been used for the development of psychomotor skills with various names like mental imagery, mental rehearsal, implicit practice, and symbolic practice. It has been used in a variety of ways ranging from skill development in sports, controlling onset and severity of migraine headaches to critical skill development for using firearms by Policemen. It finds its usefulness in the liberty that the learner has in practicing the targeted skill development, the level of ‘fidelity’ of the ‘simulation’ that he/she builds and the low-cost of the training requirements with minimal risks and ethical issues. Surgical skill development is a critical skill that cannot be practiced on the patient with the associated risks involved. Therefore simulated models for surgical skill development have flooded the market. The cost of these simulations is very high. In a developing country with limited resources and growing need of high output surgical practice, it becomes imperative to explore low-cost, effective learning techniques for surgical skill development. Visual imagery offers promising outcomes for such a skill development programme. This paper discusses the theoretical underpinnings, issues, implications and possible outcomes of the use of visual imagery for surgical skills development.
MINDFULNESS BASED CBT FOR DEPRESSION

Prof. Khalid A. Mufti
Ex President Pakistan Psychiatric Society
Ex Principal, Khyber Medical College, Peshawar

Mindfulness means paying attention, in a particular way, on a purpose, in the present moment and non-judgmentally. It is non-evaluative awareness to one’s inner and outer environment. It is not a state of mind in which attention is focussed elsewhere e.g. preoccupation with memories, fantasies, future plans or worries, and behaving automatically without awareness of one’s own actions. It includes a sense of approaching all experience with openness and kindness, rather than avoiding difficult experience or judging them or us.

Mindful CBT core concepts include that thoughts and feelings viewed as mental events and not concrete facts of reality, minds as thoughts generators, and our mind are not always friends. The difference between MCBT vs. CBT is little emphasis on positive vs. negative thoughts; thought process and not the content being focussed.

It is inherently a state of consciousness. Although awareness and attention to present events and experiences are given features of the human organism, these qualities can vary considerably, from heightened states of clarity and sensitivity to low levels, as in habitual, automatic, mindless, or blunted thought or action.

Mindfulness is practiced in two ways 1) Formal practice which is meditation e.g. body scan, mindful movement, sitting practice, breathing space 2) Informal Practice which is awareness of body sensations, thoughts, emotions and sensory input during daily life being practiced and felt in ordinary activities like eating, washing brushing teeth.

Mindfulness based CBT is practiced worldwide especially it has grown in western countries and now it is the need of time that mental health workers come to know about this concept in Pakistan and start implementing it in their client dealing.
THE COGNITIVE BEHAVIOR APPROACH IN THE DIMENSION OF NATIONAL SECURITY CONCERNS: A MENTAL HEALTH PERSPECTIVE

Mauna Gauhar
Director Growing Edge, Islamabad

This article focuses on the current scenario regarding the national security challenges faced by Pakistan. The background in which the current security challenges developed, exploring terrorism in the light of ideology and mindset, how it is used to create certain perception, and a means of psychological warfare. The socio political contributing factors, exploitation of vulnerable population and training of terrorist mind set has been touched upon. The article further discusses the capacity of the state in handling issues such eradicating this menace and depolarization. Towards the end the roles and responsibilities of mental health professional have been highlighted and suggestions are proposed for taking practical steps towards decreasing public suffering.
ABSTRACTS FROM THE
OPEN PAPER SESSIONS
BRIEF CULTURALLY ADAPTED CBT (CaCBT) FOR DEPRESSION: A RANDOMIZED CONTROLLED TRIAL FROM PAKISTAN

Mirrat Gul
Consultant Psychologist
Sir Ganga Ram Hospital, Lahore

This study was conducted to determine the efficacy of brief culturally adapted CBT (CaCBT) for depression—delivered by psychology graduates using a manual compared with treatment as usual (TAU). This was an assessor-masked randomised controlled clinical trial. Participants with a diagnosis of depression, attending psychiatry departments of three teaching hospitals in Lahore, Pakistan, were included in the study. We screened a total of 280 clients and randomly allocated 137 of them to CaCBT plus Treatment As Usual (TAU) [Treatment group] or to TAU alone [Control group]. Assessments were completed at baseline, at 3 months and at 9 months after baseline. Reduction in depression score (Hospital Anxiety and Depression-Depression Subscale) at 3 months was primary outcome measure. The secondary outcome measures included anxiety scores (Hospital Anxiety and Depression-Anxiety Subscale), somatic symptoms (Bradford Somatic Inventory), disability (Brief Disability Questionnaire) and satisfaction with the treatment. A total of 69 participants were randomised to Treatment group and 68 to Control group. Participants in Treatment group showed statistically significant improvement in depression, anxiety, somatic symptoms and disability. This effect was sustained at 9 months after baseline (Except for disability). Participants in Treatment group also reported higher satisfaction with treatment compared with those in Control group. Brief CaCBT can be effective in improving depressive symptoms, when compared with treatment as usual. This is the first report of a trial of culturally adapted CBT from South Asia and further studies are needed to generalize these findings.
ROLE OF COGNITIVE BEHAVIOUR THERAPY IN THE TREATMENT OF MAJOR DEPRESSIVE DISORDER

Hina Iqbal
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Islamia College University of Peshawar

The core purpose of this case presentation is to identify a case with severe psychological disturbance. It was a complete analysis of a patient who was suffering with major depressive disorder, with single episode. It was not only to find the diagnosis of a patient. It had been covered the symptoms of the depressed patient. Through this extensive study we have find the different precipitating factors (also called Risk factors) which can lead an individual towards depression up to the mark. Beside this a conducting focused on the mode of treatment which are best suited for client/patient. The best recommended therapy for a depression is Cognitive Behaviour therapy, Emotion Focused Therapy, and behaviour therapy. Researches indicate that cognitive behaviour therapy is evident tool for treating maladaptive thinking pattern of a person. These negative distortions lead a person towards pessimism, hopelessness.
This study was conducted to demonstrate the effectiveness of Brief Culturally adapted Cognitive Behavior Therapy (CaCBT) in the treatment of Obsessive Compulsive Disorder (OCD). This pre and post design study was conducted on out-patients with OCD at Centre for Cognitive Behaviour Therapy, Fountain House, Lahore, from April 2011 to April 2012. A semi structured questionnaire was developed to document demographic details of all the patients. All the patients were assessed at baseline (Pre Therapy session) with Yale Brown Obsessive Compulsive Disorder Scale (Y-BOCS), Hospital Anxiety & Depression Scale (Depression Subscale & Anxiety Subscale) and Brief Disability Questionnaire (BDQ). The patients were re assessed on the same scales at the end of sessions in a follow up assessment session. Feedback of patients and their family member, who was trained as co-therapist, was obtained at the end of the sessions in the follow up session for assessing the satisfaction with the therapy. All the patients received six sessions of brief culturally adapted cognitive behavior therapy (CaCBT). Statistical analyses were carried out using SPSS v.22. The mean age of the sample (n=21) was 31.14±11.9 years. There were significant differences post CBT between the scores of Y-BOCS (p=0.000), HADS – Depression subscale (p=0.001), HADS – Anxiety subscale (p=0.000) and BDQ (p=0.000). It can be concluded that brief Culturally adapted Cognitive Behavior Therapy (CaCBT) is effective in treatment of patients with OCD.
The objective of the present study was to explore the effectiveness of a training program, Learning Through Play Plus (combination of Learning Through Play and Thinking Healthy Program), on knowledge and attitude of LHWs regarding child development, maternal depression and Cognitive Behavior Therapy. Focus groups were conducted by trained facilitators with all training groups at 2 time points i.e., before training and after training. There were 15-35 participants in each group and they attended 3-day (12-hours) training. Thematic analysis was done to analyze the qualitative data. Different themes were emerged after thematic analysis; perception of depression (stress, disturbed functioning, problems related to thoughts), factors leading to depression (poverty, work-overload, interpersonal conflicts) and preference for talk therapy as a treatment for maternal depression. Trained LHWs can contribute in improving access to health care services and improving health outcomes.
IMPACT OF COGNITIVE BEHAVIOR THERAPY ON CLIENT HAVING
SYMPTOMS OF ADJUSTMENT DISORDER WITH ANXIETY: A CASE STUDY

Aisha Bano
Lecturer
Army Burn Hall College, Abbottabad

This case study describes the evaluation process and therapeutic intervention of a 20-year old student with Adjustment Disorder. In this case, the change of institute and transition from high school to university precipitated high levels of anxiety, especially when under social and evaluative situations. The treatment was structured in 8 weekly sessions. Pre and post testing was done using Rotter Incomplete Sentence Blank (RISB) and Beck Anxiety Inventory (BAI) for assessment. Cognitive Behavior Therapy (CBT) was used in order to enhance adjustment skills and to reduce the level of anxiety in social situations. Cognitive techniques (Socratic dialogue, Cognitive Restructuring/ Reframing, Thought Record) along with some behavioral techniques (Diaphragmatic breathing, Relaxation exercise, Activity scheduling), Exposure and response prevention exercises (Systematic Desensitization, Modeling) were applied to the client. Post testing was done to evaluate the impact of CBT on the client. At post treatment, clear improvement was observed, including an absence of avoidance behavior and a significant decrease in the level of anxiety. Pre and post data are presented. The effectiveness of CBT is analyzed. CBT focuses on repairing the damage from repeated negative thought patterns and unhelpful behaviours. It is very effective for persons suffering from Anxiety disorders, Adjustment disorder, and Bipolar disorders. By changing thoughts CBT tries to change the world of the client.
Evidence for the effectiveness of culturally adapted CBT for psychosis in Low and Middle Income Countries (LAMIC) is limited. Therefore, brief Culturally adapted CBT for psychosis (CaCBTp) targeted at symptoms of schizophrenia for outpatients plus treatment as usual (TAU) is compared with TAU. A total of 116 participants with schizophrenia were recruited from 2 hospitals in Karachi, Pakistan, and randomized into two groups with 1:1 allocation (CaCBTp plus TAU=59, TAU=57). A brief version of CaCBTp (6 individual sessions with the involvement of main carer, plus one session for the family) was provided over 4 months. Psychopathology was measured using Positive and Negative Syndrome Scale of Schizophrenia (PANSS), Psychotic Symptom Rating Scales (PSYRATS), and the Schedule for Assessment of Insight (SAI) at baseline and end of therapy. Participants in treatment group, showed statistically significant improvement in all measures of psychopathology at the end of the study compared with control group. Participants in treatment group showed statistically significant improvement in Positive Symptoms (PANSS, Positive Symptoms Subscale; p=0.000), Negative Symptoms (PANSS, Negative Symptoms subscales; p=0.000), Delusions (PSYRATS, Delusions Subscale; p=0.000), Hallucinations (PSYRATS, Hallucination Subscale; p=0.000) and Insight (SAI; p=0.007). The results suggest that brief, Culturally adapted CBT for psychosis can be an effective treatment when provided in combination with TAU, for patients with schizophrenia in a LAMIC setting. This is the first trial of CBT for psychosis from outside the western world. These findings need replicating in other low and middle income countries.
MATERNAL DEPRESSION AND PSYCHOSOCIAL INTERVENTION – A QUALITATIVE STUDY

Hina Fayyaz
Clinical Psychologist/Research Associate
Pakistan Institute of Learning and Living, Karachi

Studies from low income countries have reported a strong association between maternal depression and poor child growth and development. Effectiveness of different psychological interventions is well established in treatment of depression in developed as well as developing countries. The present qualitative study was part of a randomized controlled trial in which effectiveness of a multimodal intervention i.e., Learning Through play Plus (LTP plus CBT) was tested. Women with postnatal depression who participated in the intervention program were included in the study. Qualitative interviews were conducted with 8 participants before intervention and 7 participants after intervention. Framework analysis was done to analyze the qualitative data. Four themes were emerged; Context-the woman’s environment (Landscape), women isolated and powerless within the environment, impact of the intervention, and empowered transformed women within the same environment.