VGCt Vereniging voor Gedrags- en Cognitieve therapieën

REPORT ON EABCT 2021

By Mieke Ketelaars, Saskia Mulder and Otje van der Lelij

VGCt

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Preface

In September 2021, the scientific team of the Dutch Association for Behavioural and Cognitive Therapy (VGCt) attended the EABCT conference. What new developments can be expected? And what can we do with them? This report consists of two parts. Part I describes a number of interviews with experts. Part II consists of a summary of several symposia.

Mieke Ketelaars has been working as a scientific journalist at the VGCt since 2019. Her activities include the development of knowledge products such as fact sheets, news releases and podcasts. After studying Child and Adolescent psychology at Leiden University in the Netherlands, Mieke obtained her PhD at Radboud University Nijmegen on classification of pragmatic language disorders. During that time she also worked as a psychologist in several clinical centers. After several years as a university lecturer and training program manager, Mieke became increasingly involved in translating scientific knowledge to a wider audience. As such, she is chief editor of the Dutch Journal of Orthopedagogy (Tijdschrift voor Orthopedagogiek) and writes columns for various journals.

Saskia Mulder is team leader of the scientific and educational team of the VGCt. After studying Clinical Psychology at the University of Utrecht in the Netherlands, she obtained her PhD degree in Developmental Psychology, also in Utrecht. Her PhD project focused on the effectiveness of a Cognitive Behavioural Therapy-oriented social skills training for children. In addition to her PhD program, she also specialised in a CBT. After her PhD, she worked as a lecturer and researcher at Utrecht University, where she focussed on the implementation of the intervention she studied in her PhD project. She was also involved in researching the effectiveness of Dutch anti-bullying programs and developed the Master's program in Cognitive Behavioural Therapy for children and adolescents. After ten years of working at the university, she switched to the VGCt in 2018, where she hopes to bring scientific knowledge closer to practice and raise the level of training for behavioural therapists and cognitive behavioural therapists.

Otje van der Lelij is freelance journalist en psychologist. Getting to the bottom of subjects and writing about them is her passion. After studying Clinical Psychology at the University of Amsterdam, she started working as a journalist. She has been writing psychological background stories for various magazines and platforms for fifteen years, ranging from articles about the influence of botox on emotions to self-confidence in women.

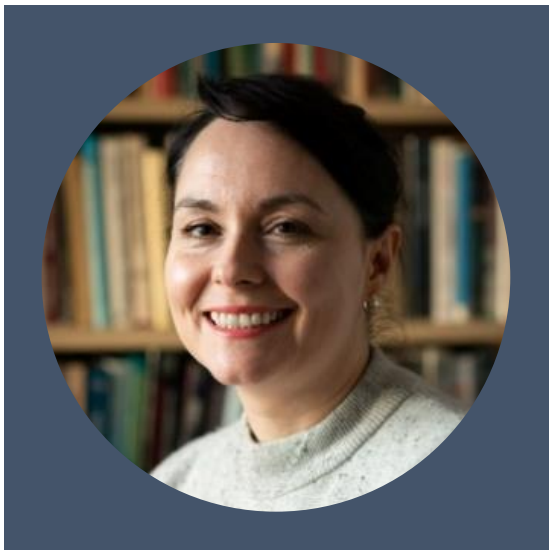
Part I – Interviews with experts

Professor Sam Cartwright-Hatton

This years' theme is CBT: back to the future. What is the latest development in CBT?
There were a few newer elements at EABCT this year. In particular, it was great to see a section focused on race and ethnicity in CBT. I hope to see this area develop over the next few years. I also enjoyed a keynote by Rob de Rubeis (the bits I understood anyway!!) on precision medicine in mental health - it was focussed on developing algorithms that tell us what works for whom, when and under what circumstances. Wouldn't it be wonderful if we could ensure that every client got just the bits of CBT that they needed, and none of bits that they didn't need?

What area do you think still needs a lot of work?
My area! I am interested in why mental health problems run in families and in ways we can stop this from happening. In my keynote, I threw out a question - if we treat a parent's anxiety disorder, what happens to their child's anxiety...? Believe it or not, we have absolutely no idea! No study has ever looked at this. Not one of the hundreds of trials of treatments for adult anxiety has thought to look at the impact on participants' children. This is a huge gap - we really need to know the answer to this question. If anyone reading this runs trials for anxiety (or any mental health problem actually) and would be interested in collaborating with me on this question, get in touch!

Undoubtedly, we are living in difficult times during the COVID-19 pandemic. What effect does it have on CBT?
There was a lot of talk in Belfast about delivering CBT online. Some therapists had very positive experiences of this. Others less so. Some clients seem to love it. Others less so!



Professor Eni Becker

This years' theme is CBT: back to the future. What is the latest development in CBT?
For me Cognitive bias modification is still one of the most interesting developments (but I am biased). Cognitions are generally at the centre of effective psychotherapies, but cognitive processes also play a major role. These are difficult to influence with conventional therapies. Such cognitive distortions are based on automatic processes. Affected individuals have a tendency to preferentially process negative over neutral or positive information, e.g., preferentially focus attention on negative information. These processes are directly targeted by Cognitive bias modification. Some trainings have shown great promise, but a lot of development is still to be done.

What area do you think still needs a lot of work?
Cognitive bias modification is still in its infancy. There are many open questions; some more theoretical, most importantly, are we targeting the relevant biases in the right disorders? Some more methodological, how do we have to change the trainings to really change the biases? How can we make them more reliable? And applied questions: When should CBM be added to treatment? How many sessions should be given? Which patients to profit?

Undoubtedly, we are living in difficult times during the COVID-19 pandemic. What effect does it have on CBT?
I do expect that there will be more patients the longer the pandemic is raging. There is more uncertainty, prompting more worry and rumination, as well as more social isolation. On the other hand we do already have waiting lists, thus it will get even more difficult to offer good help.

Professor Johan Vlaeyen

This years' theme is CBT: back to the future. What is the latest development in CBT?
In my own field of health psychology, one of the latest developments in CBT is the application of exposure treatment in individuals with chronic bodily symptoms (chronic fatigue, chronic pain….). The idea is that bodily symptoms (such as pain) urge us to protect the body, and that avoidance behaviours in themselves increase the threat value of the bodily sensations. Persistent avoidance often leads to disability and prolonged suffering. There are now specifically adapted exposure treatments aimed at the re-engagement in valued life activities despite pain. The results show that such re-engagement is associated with increased activity levels, a reduction of bodily distress.

What area do you think still needs a lot of work?
The latest development in CBT research could be rephrased as: "CBT: back to the individual". Most of our research on the effectiveness of CBT relies on large group-based studies, where group means of the CBT is compared with the group means of a control treatment or waiting list condition. The basic assumption is that we can generalise the results of these group studies to the individual. That seems to be a fallacy. The trajectories of individuals do not reflect the means of the group of individuals, given that each individual has its own developmental and contextual influences on behaviour (the so-called non-ergodicity). Novel approaches are re-emerging, such as network theory and single-case experimental designs. There are excellent examples and tutorials for these approaches, but the dissemination will take some more work.

Undoubtedly, we are living in difficult times during the COVID-19 pandemic. What effect does it have on CBT?
There has been a lot more emphasis on e-health applications of CBT, both for the monitoring of individuals' concerns and life goals, as well as the provision of CBT itself via the internet.

Professor Nina Heinrichs

This years' theme is CBT: back to the future. What is the latest development in CBT?
More attention has been paid to family violence due to the pandemic and the associated observed strikes in e.g. child maltreatment and Intimate Partner Violence. This public acknowledgement increases the awareness for violent experiences and stimulates more interest in consequence for (mental) health and effective interventions. This now offers the opportunity to focus more on elaborating causal mechanisms that may drive family violence experiences across generations (e.g. parent-child dysfunctional and violent behaviour cycles) as well as within generations (e.g. for IPV, teen dating violence). This has already been called for since long so it may be a good example for this year's theme.

What area do you think still needs a lot of work?
I think the theory building and framework around the phenomenon on family violence in general, and intergenerational transmission processes specifically, still needs a lot of work. Clearly identifying mechanisms that can subsequently be targeted with tailored interventions will make interventions work better. Furthermore, we also need more research on groups of individuals who are at higher risk of such experiences, broadening our attention more strongly to support these children, adolescents and adults. Some of the neglected dimensions (but not limited to these) are for example, sexual orientation, gender, gender identity, and violence-facilitating societal rules and norms as a very important contextual variable.

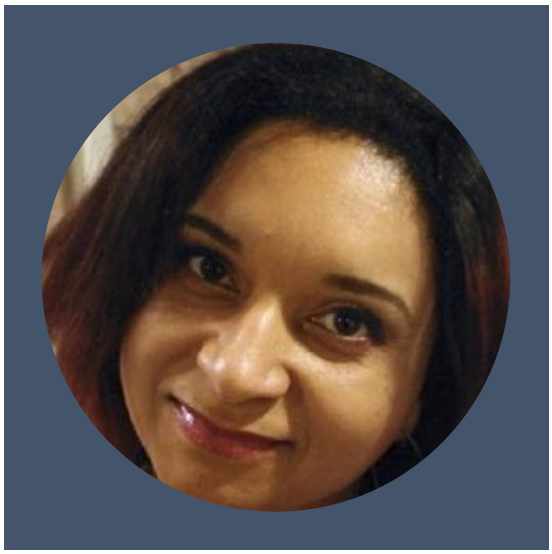
Undoubtedly, we are living in difficult times during the COVID-19 pandemic. What effect does it have on CBT?
All kind of services, and specifically services for families will be needed even more, and CBT is a very good choice, specifically for those symptoms rising during a pandemic, such as anxiety and depression. Furthermore, CBT has a lot to offer in terms of prevention, as many effective treatments are modified to indicated or selective prevention programs. However, such a pandemic like this one also indicates "holes in the net" in service delivery systems, as many practices needed to technically and didactically re-structure to still deliver clinical services, even during lockdowns. CBT actions towards e-mental health were already en vogue before and these times certainly booster the significance and meaningful differences such alternative or complementary approaches may contribute to mental health.

Professor Monnica Williams

This years' theme is CBT: back to the future. What is the latest development in CBT?
I think the field is really starting to understand that you can't do good CBT in research or practice without understanding the cultural context where you operate. There is a new appreciation of the importance of race, ethnicity, and culture.

What area do you think still needs a lot of work?
There is a huge gap between recognizing that culture is important and knowing what to do with that. As a field, we are still trying to figure that out.

Undoubtedly, we are living in difficult times during the COVID-19 pandemic. What effect does it have on CBT?
Like everyone else, we are having to adjust to doing more online. It can be harder to support and engage clients from a distance, but I think we are doing pretty well, all things considered.



Professor Michael Duffy

This years' theme is CBT: back to the future. What is the latest development in CBT?

On this, the 50th anniversary of EABCT, we should remind ourselves how CBT has grown dramatically over the past 50 years and advanced the field of psychological therapy. In this same year, we sadly lost one of the inspirational leaders responsible for this expansion, A.T. Beck, whose genius and research propelled CBT forward. Beck encouraged therapists to retain an inquisitive mind, to learn from our patients, and to continue to test our methods empirically in order to improve models and techniques. We continue to go forward by retaining these important lessons. An excellent example of evidence-based practice and the integration of outcome measures into routine clinical practise is the Increased Access to Psychological Therapies (IAPT) programme in England under the leadership of David M Clark and colleagues, highly respected researchers and clinicians who have also advanced CBT models for anxiety disorders and trauma.

What area do you think still needs a lot of work?

CBT has developed models and protocols for many mental health conditions such as depression, PTSD and the anxiety disorders that are both clinically and cost effective. We have to build on these successes and explore other conditions such as complex PTSD (CPTSD), a newly assigned diagnostic category in ICD 11. Our group at Queens University Belfast and the Northern Ireland Trauma network are collaborating with our colleagues at Oxford University led by Prof Anke Ehlers and several NHS Teams/ IAPT teams in England to research the application of TF-CBT with this disorder. We aim to test the effectiveness of TF-CBT for CPTSD with and without a compassion-focussed stabilisation phase in a multi-site RCT commencing in April 2022. Another important area discussed at the recent congress was regulation of the psychological therapy workforce including; therapist accreditation, training accreditation, and regulatory frameworks. In these times of substantial expansion of psychological care systems we need to consider these important issues to ensure the public and service users have access to adequately trained and highly competent CBT practitioners.

Undoubtedly, we are living in difficult times during the COVID-19 pandemic. What effect does it have on CBT?

Whilst the pandemic has had tragic consequences for so many people, the crisis has highlighted the importance of science, of research, of evidence-based responses to ill health, concepts that have under-pinned CBT practice. The pandemic presents several challenges for CBT. Firstly, many thousands have been bereaved in extraordinary circumstances with no access to their loved ones in their final hours; no traditional rituals; no access to usual social supports. Many may experience complex and traumatic grief reactions defined as prolonged grief disorder (PGD) which is another new diagnostic category in ICD 11. We need to understand how to differentiate between non- pathological grief and more complex grief and CBT therapists need to understand the phenomenology of these conditions to develop and apply effective models.

Part II – Summaries of symposia

Depression treatment for adolescents, how can we improve?

A major bottleneck in the treatment of depressed adolescents is getting youngsters into treatment and keeping them there. 'Your treatment can be great, but if they don't attend, it doesn't make any difference,' says researcher Shirley Reynolds. What new insights are there in the field of depression treatments for adolescents?

Written by Mieke Ketelaars

Digital highway

When you think of young people, you think of the Internet. That is exactly the reason that digital psychological treatments seem ideally suited to young people, yet little is known about their potential. A missed opportunity, according to Rebecca Grudin, researcher at the Karolinska Institute in Sweden. To fill that gap, she developed a digital treatment for adolescents aimed at behavioural activation. The results of the study still need to be replicated in large-scale research, but looking at the pilot study, the treatment is promising: many young people seem to benefit from the treatment. Grudin additionally found that supervision by professionals was not necessary: both supervised and non-supervised I-CBT proved effective. However, the absence of a therapist was associated with higher dropout rates. To prevent adolescents from early dropout, professional supervision would therefore be desirable.

School setting

Using school as a setting can also remove barriers to enter psychological treatment. After all, school is a place where young people spend most of their time. Moreover, University of Reading researcher Shirley Reynolds sees potential in behavioral activation, as a clear and concrete approach circumvents the cognitive problems of depressed young people. In addition, connecting to the values of young people, increases their motivation for treatment according to Reynolds.
Whether the school-based treatment aimed at behavioral activation is actually effective remains to be seen. However, the first results indicate that depressive feelings do indeed decrease. In addition, few adolescents quit prematurely. According to Reynolds, it is important that the school staff is involved and supports the approach.

Underlying mechanisms

As mentioned, the approach focused on behavioral activation has the advantage of being concrete and clear. At the same time, we know that depression involves a complex interplay of emotions, cognitions, and behaviours. For example, many depressed adolescents also struggle with negative memories, a lack of positive memories, or limited memories. In treatment, these are often not addressed. This poses risks, according to Kings College researcher Victoria Pile. Ther IMAGINE approach centralizes around three techniques: imagery rescripting to reduce the stress of negative memories, imagery generation to develop positive images of the future and training of memory specificity and flexibility to strengthen the specificity and access to memories.

Sleep

According to University of Sussex researcher Faith Orchard, the step towards treatment can also be reduced by offering treatment aimed at other issues such as sleep problems. These problems often go hand in hand with depression and can amplify the primary depression.

From the first results of her results we can conclude that this may indeed be a promising lead. Many schools appeared to be interested in the approach and the participating young people themselves were mostly positive. The pilot results also show that the treatment improves sleep quality and reduces feelings of depression. At the same time, Orchard also faced challenges: scheduling sessions around the school program proved difficult and parental involvement was nil.
A digital treatment, a school approach or an approach aimed at other complaints, all new possibilities in the field. Whether these will remain sustainable and effective in practice remains to be seen in the next few years.

'Your treatment can be great, but if the adolescents don't attend, it doesn't make any difference'

The researchers of the symposium:

- Rebecca Grudin
- Shirley Reynolds
- Faith Orchard
- Victoria Pile

Want to know more?

Brett, S., Reynolds, S., Totman, J., & Pass, L. (2020). Brief behavioural activation therapy for adolescent depression in schools: two case examples. Emotional and Behavioural Difficulties, 25(3-4), 291-303. https://doi.org/10.1080/13632752.2020.1861853

Gee, B., Reynolds, S., Carroll, B., Orchard, F., Clarke, T., Martin, D., ... & Pass, L. (2020). Practitioner Review: Effectiveness of indicated school-based interventions for adolescent depression and anxiety–a meta-analytic review. Journal of Child Psychology and Psychiatry, 61(7), 739-756. https://doi.org/10.1111/jcpp.13209

Orchard, F., Pass, L., Chessell, C., Moody, A., Ellis, J., & Reynolds, S. (2020). Adapting Brief CBT-I for Depressed Adolescents: A case illustration of the sleeping better program. Cognitive and Behavioral Practice, 27(3), 336-346. https://doi.org/10.1016/j.cbpra.2019.07.010

Radez, J., Reardon, T., Creswell, C., Orchard, F., & Waite, P. (2021). Adolescents' perceived barriers and facilitators to seeking and accessing professional help for anxiety and depressive disorders: a qualitative interview study. European child & adolescent psychiatry, 1-17. https://doi.org/10.1007/s00787-020-01707-0

Pile, V., Smith, P., Leamy, M., Oliver, A., Bennett, E., Blackwell, S. E., ... & Lau, J. Y. (2021). A Feasibility Randomised Controlled Trial of a Brief Early Intervention for Adolescent Depression that Targets Emotional Mental Images and Memory Specificity (IMAGINE trial). Behaviour Research and Therapy, 103876. https://doi.org/10.1016/j.brat.2021.103876

Sleep problems among adolescents and students: consequences and possible solutions

Many adolescents suffer from sleeping problems. They often sleep too briefly and poorly, which makes them more susceptible to psychological disorders. In the symposium Sleep and Youth Mental Health, scientists from British and American universities presented their recent research into the relationship between sleep and mental health, and possible solutions for the sleeping problems of adolescents.

Written by Otje van der Lelij

According to researcher Faith Orchard from the University of Sussex, adolescents often have sleep problems due to biological changes that occur during adolescence. Sleep is controlled by two mechanisms: the build-up of sleep pressure during the day that makes you sleepy at night, and the biological clock that tells us when to go to bed and when to wake up. Both systems undergo changes in adolescence. Firstly, compared to children, adolescents build up sleep pressure more slowly and are therefore more alert in the evening. Secondly, their biological clock shifts to a later time. In other words, the signal to go to sleep is transmitted later in the evening, which means that teenagers often fall asleep late, even though they have to get up in time to go to school.

Sleep problems make people vulnerable

Orchard was curious to know whether sleep problems in adolescence - which are known to trigger mental problems - make young people more vulnerable to anxiety and depression in later life. To investigate this, she analysed data on sleep rhythm, sleep quality and anxiety and depression of children who had participated in a longitudinal study (ALSPAC). The analyses revealed a few interesting insights. Total sleep time on school days of 15-year-old adolescents appeared to be a significant predictor of depression and anxiety disorders at ages 17, 21 and 24. In short, fewer sleep on a school day increases the risk of developing an anxiety disorder or depression later in life. Daytime sleepiness, frequent waking and the subjective feeling of having had a bad night also increase the risk of anxiety and depression later in life. By helping adolescents sleep better, mental health problems may be prevented in later life, Orchard concludes her lecture.

According to researcher Jessica Hamilton of Rutgers University, attention to better sleep is also important during adolescent treatment for depression and suicidality. It would reduce the risk of suicide. Hamilton conducted research among adolescents (13 to 18 years) who participated in an intensive outpatient programme (IOP) for depression and suicidality. Adolescents who slept poorly during the first four weeks of intensive IOP treatment showed more suicidal idealisation, which increased the risk of a suicide attempt. As treatment progressed, this risk decreased, possibly because adolescents had more tools to deal with their negative mood after a bad night's sleep. It is therefore important to pay attention to sleeping problems at an early stage when poor sleep can increase the risk of suicide, according to Hamilton.

Single session interventions

The last two lectures of the symposium dealt with new treatments of sleep problems for adolescents and students. Since many adolescents drop out of treatment halfway through, there is increasing interest in single session therapy (SST), which helps clients on their way in one session. Popular in the US, SST is a low-cost way to treat large groups of adolescents. Psychologist Anna Lawes from the University of Bath (UK) investigated what students think of online Single Session Cognitive Behavioural Therapy for Insomnia (CBT-i). Lawes and her colleagues first created an online single session version of CBT-i. An important difference

with regular CBT-i is that students in the digital version did not have to keep a sleep diary. They did, however, receive information on how to use a sleep diary. Three quarters of the students indicated that the intervention was helpful and the majority was (very) satisfied with the intervention. The digital format was also very well received.

Researcher Maria Loades and her colleagues are also developing an online single session intervention for young people with sleep problems. In the last lecture of the symposium, Loades explains how they developed this intervention - based on principles from CBT-i and the B.E.S.T principles. In their intervention, they have included useful and effective tools that can help adolescents with sleep problems. For example, adolescents and students - who have an increasing need for autonomy and independence - are first provided with information about what science says about good sleep and dealing with sleep problems. They are then instructed to try out some activities and share their experiences in order to help other young people with similar issues. The idea behind this is that the expert role assigned to students strengthens their autonomy and motivation. Young people are also encouraged to think about their own sleep issues. Can they – based on the theory they are provided with - evaluate what their challenges are? And what can they do themselves, for example, to start associating their bed with sleep again and not with being awake? By actively incorporating knowledge about sleep and thinking about practical solutions for their sleep problems, Loades hopes to have developed an intervention that can really help young people move forward in a single session. A promising single session therapy that we hope to hear more about soon.

The active approach in new single-session interventions can help young people in one session

The researchers of the symposium:

- Faith Orchard
- Jessica Hamilton
- Anna Lawes
- Maria Loades

Want to know more?

Hamilton, J. L., & Buysse, D. J. (2019). Reducing suicidality through insomnia treatment: critical next steps in suicide prevention. American journal of psychiatry, 176(11), 897-899. https://doi.org/10.1176/appi.ajp.2019.19080888

Orchard, F., Gregory, A. M., Gradisar, M., & Reynolds, S. (2020). Self-reported sleep patterns and quality amongst adolescents: cross-sectional and prospective associations with anxiety and depression. Journal of Child Psychology and Psychiatry, 61(10), 1126-1137. https://doi.org/10.1111/jcpp.13288

Schema Therapy 2.0

In recent years, more and more research has been conducted into the added value of schema therapy. In the symposium 'Schema therapy: recent developments and insights' a number of developments were discussed. Can schema therapy also be given in groups? And how effective is schema therapy with other problems than personality disorders?

Written by Mieke Ketelaars

Group format

Schema therapy is an effective treatment method for patients with a personality disorder. Unfortunately, the field is struggling with long waiting lists, which increase the risk of exacerbating the problems many patients already face. In order to reduce waiting lists, University of Utrecht researcher Arnoud Arntz is investigating the effectiveness of group-based schematic therapy. However, Arntz also presents a more theoretically driven argument for group schema therapy: the dynamics in a group could possibly serve as a catalyst for change processes in individual patients.

The first results of his study are mixed. A comparison between group treatment and a combination treatment consisting of both individual sessions and group sessions, shows that patients with borderline personality disorder benefit less from the group treatment than from the combination treatment. Moreover, dropout rates were higher in combination treatment.

This could suggest that group treatment is inferior. However, other research performed by Arntz paints a slightly more nuanced picture. Together with colleagues, he compared the results of the combination treatment with those of an individual treatment in another study. This historical comparison shows that the effectiveness of combination treatment is similar to that of individual schema therapy. However, to achieve the same outcome, the combination treatment needed only half the number of sessions. At the same time, dropout rate was also higher.

The potential of a group format has also been demonstrated in a first pilot study with patients with cluster C personality problems. The group, consisting mainly of patients with an avoidant personality disorder, clearly benefited from the group treatment and the dropout rate was low. In the next few years a larger study (the FORCE study) will be set up that should provide more clarity on the added value of group treatment compared to individual therapy.

Comorbid problems

A second interesting development in schema therapy focuses on comorbid problems. Many patients with a personality disorder suffer from comorbid depression. However, in several respects the depression appears to be different from that of patients without a personality disorder: the episodes often last longer, there are more relapses and the outcome of treatment is often less favorable. VU researcher Marit Kool therefore advocates an integrated approach. The preliminary results of her research show that a double dose of therapy (50 sessions instead of 25) shows better effects, regardless of the type of treatment provided.

Other issues

A final new development is the application of schema therapy for problems other than personality disorders. The first results of the OPTIMA study by Max Planck Institute of Psychiatry researcher Johannes Kopf-Beck

are cautiously optimistic: the effectiveness of intensive schema therapy (with both individual sessions and group sessions) does not differ from that of CBT for patients suffering from depression.

The dynamics of a group can possibly serve as a catalyst for change processes.

The researchers of the symposium:

- Arnoud Arntz
- Birre van den Heuvel
- Martine Daniëls
- Marit Kool
- Johannes Kopf-Beck

Want to know more?

Bachrach, N., & Arntz, A. (2021). Group schema therapy for patients with cluster-C personality disorders: A case study on avoidant personality disorder. *Journal of Clinical Psychology, 77(5),* 1233-1248. https://doi.org/10.1002/jclp.23118

Kool, M., Van, H.L., Bartak, A., de Maat, S.C.M., Arntz, A., van den Eshof, J.W., . . ., Dekker, J.J.M., 2018. Optimizing psychotherapy dosage for comorbid depression and personality disorders (PsyDos): a pragmatic randomized factorial trial using schema therapy and short-term psychodynamic psychotherapy. *BMC Psychiatry 18 (1),* 252. https://doi.org/10.1186/s12888-018-1829-1.

Kopf-Beck, J., Zimmermann, P., Egli, S., Rein, M., Kappelmann, N., Fietz, J., ... & Keck, M. E. (2020). Schema therapy versus cognitive behavioral therapy versus individual supportive therapy for depression in an inpatient and day clinic setting: study protocol of the OPTIMA-RCT. *BMC psychiatry, 20(1)*, 1-19. https://doi.org/10.1186/s12888-020-02880-x

What the corona crisis has taught us about loneliness among young people

Loneliness is a common problem. But how big is this problem among young people? What kind of loneliness is it: temporary or chronic? And which factors perpetuate loneliness among young people? Researcher Jennifer Lau gained interesting insights during lockdown research.

Written by Otje van der Lelij

When corona took over the world and people withdrew into their homes, "boredom" and "loneliness" were googled en masse, says psychologist and researcher Jennifer Lau, who is affiliated to Kings College in London. But loneliness had already been a problem for some time, also among young people. Figures from the BBC Loneliness Experiment (2018) showed that 40 percent of 16- to 24-year-olds said they felt 'often lonely'. This compares to 27 percent of adults over the age of 75. Figures from the Office of National Statistics in the UK from 2016/2017 also show that loneliness is most common in the 16 to 24 age group: 45.4 percent of 10 to 15 year olds and 59.3 percent of 26 to 24 year olds say they feel lonely often or some of the time.

Experience of loneliness

According to Lau, loneliness is something subjective. Lonely people are not satisfied with the frequency, intimacy and/or quality of their social contacts. There is a discrepancy between what someone needs and what someone gets. Loneliness should also not be confused with being alone. Being alone can be very pleasant and in company people can feel very lonely. When you are lonely, you yearn for connection. Just as hunger and thirst tell you to eat and drink, loneliness tells you to connect with others.

Consequences of loneliness

Lau shows that the mental consequences of loneliness are serious. It increases the chance of depression, sleep problems, problematic internet use and work and study problems. It is also physically unhealthy: it reduces life span and is said to be as unhealthy as smoking 15 cigarettes a day. In short: loneliness (and how to combat it) deserves our attention.

Treatments

Fortunately, quite a bit of research has already been done into interventions to reduce loneliness. A meta-analysis of 39 studies conducted by Alice Eccles of the University of Chester found that psychotherapy and interventions that increase social and emotional skills show the best results in young people. But there are some shortcomings in these studies, Lau says. For example, research hardly ever makes a distinction between temporary and chronic loneliness. In short: young people with feelings of loneliness (temporary or chronic) are lumped together.

Chronic and temporary loneliness?

To better understand whether withdrawal from social life leads to chronic or temporary loneliness among young people, Lau cleverly used the lockdown, in which the number of social contacts was reduced to a minimum. 2582 subjects (aged 12 to 25) had to fill in questions every fortnight (eight times in total) such as: 'How often have you felt alone in the past two weeks?'; 'Did you feel you had no one to talk to?' etc. Based on the results, Lau was able to distinguish different subgroups of young people:

- Low Decreasing Loneliness Group: 38 percent (feelings of loneliness were low and further decreasing)

- Low increasing loneliness group: 13 percent (feelings of loneliness were low and increasing)
- Moderate decreasing loneliness group: 10 percent (feelings of loneliness were moderate and decreased slightly)
- Moderately stable group: 28 percent (feelings of loneliness were moderate and stable)
- High stable group: 12-14 percent (feelings of loneliness were high and remained high).

It is an interesting insight, summarizes Lau the results: 12 to 14 percent of young people suffer from chronic loneliness. Young adults, women and people from lower socio-economic backgrounds are said to be especially vulnerable.

Also interesting: social withdrawal can strengthen or eliminate feelings of loneliness. Lau explains this as follows: Loneliness has evolved into a signal that reminds people that they need to work on their social relationships. This awareness leads people to withdraw temporarily to evaluate their social behaviour. At the same time, the feeling of loneliness leads to increased vigilance for social signals that can be acted upon to establish new contacts or improve existing ones. If this process goes well, it can lead to meaningful relationships and loneliness has fulfilled its important evolutionary function. But for some people this does not work. They end up in a vicious circle. They interpret social information in a negative way: 'the neighbour doesn't say hello, she must think I'm stupid'. The result is that these people withdraw even further and become even more lonely.

Out of the vicious circle

How can people be protected from this negative vicious circle? Possibly by tinkering with their negative interpretation style. In a recent study, Lau therefore examined whether the way in which people interpret ambiguous situations contributes to loneliness during social isolation. And more specifically, whether it causes loneliness or perpetuates it. Lau's research started before the corona crisis. Students had to fill in loneliness questionnaires and interpret ambiguous situations, for example: you are at a party and you have little in common with the people you are talking to. What do you think? A) They will find me an outsider. B) They will appreciate the differences. The second measurement (three months later) and third measurement (six months later) fell during the examination period (students would lead a more socially withdrawn life).

But then came corona, and students lived in isolation for yet another reason. So Lau was perfectly able to investigate the relationship between interpretation style and loneliness in young people who are withdrawn. And it turned out that there was no causal relationship between interpretation style and later loneliness. In short: negative interpretations are not the cause of loneliness. But lonely adolescents did tend to interpret situations negatively, which perpetuated their loneliness and made it chronic. If the negative interpretation of situations can perpetuate loneliness, it is important to pay attention to this in treatments in good time - when feelings of loneliness arise. Chronic loneliness can be prevented if possible. An important insight in these complicated times.

More research into OCD in children necessary

A lot of the knowledge we have about OCD in children comes from adult research. Although this provides us with treatment options, the question is whether we can translate the results of the adult population to the younger generation. New research suggests that this may not be the case.

Written by Mieke Ketelaars

Children are not adults

First of all, why should we expect children with OCD to be different from adults with OCD? University of Reading researcher Chloe Chessell sees three reasons for this. First, cognitive processes in adolescents and adults play an important role in perpetuating problems. But, since the brain of children are still very much in development, we do not know whether this also applies to children. That alone would argue for caution, but there is more. According to Chessell, there is also evidence that children with OCD present with a different clinical picture compared to adults with OCD. This may mean that diagnostic assessment and treatment should be approached differently. Finally, parents play a vital role in the lives of children.

In a recent systematic review, Chessell tried to shed more light on these issues. Unfortunately, there is too little research to draw any firm conclusions. Moreover, the results that are available show a very diffuse picture.

Children are not the same

To complicate things further, we should also not assume that all children with OCD are similar. For example, a large-scale study by University of Iceland researcher Orri Smárason shows that younger children have less insight into their problems compared to older children. Moreover, younger children experience more comorbid problems such as ADHD and ODD. Older children, on the other hand, often have more mental compulsions and indicate that they suffer more from their disorder.

According to Smárason, it is precisely these differences that can have important consequences for the treatment practice. The limited insight and the presence of externalizing problems can cause young children to be less cooperative during treatment sessions. Smárason therefore advocates involving parents in the treatment. In addition, his research shows that sexual obsessions are already present in young children, although this is not always investigated. For older children, it is important to look closely at mental compulsions, which are often hidden and therefore difficult to treat.

Add-on

Zoë Kindynis and colleagues also see parents as key figures in the treatment of children with OCD. As such they included multi-family therapy as an add-on alongside CBT. Although it is still too early for real conclusions, the first results are positive: both parents and adolescents experienced the combination treatment as beneficial. In addition, the group format ensured solidarity and a better understanding of the disorder.

Ultimately, the conclusion is that we still know little about the specific differences between adults and children with OCD. That alone is at least reason enough to be cautious when translating adult research to children.

'Children with OCD present with a different clinical picture compared to adults with OCD'

The researchers of the symposium:

- Chloe Chessell
- Orri Smárason
- Zoë Kindynis

Want to know more?

Chessell, C., Halldorsson, B., Harvey, K., Guzman-Holst, C., & Creswell, C. (2021). Cognitive, behavioural and familial maintenance mechanisms in childhood obsessive compulsive disorders: A systematic review. *Journal of Experimental Psychopathology, 12(3),* 20438087211036581. https://doi.org/10.1177/20438087211036581

Smárason, O., Weidle, B., Hojgaard, D. R., Torp, N. C., Ivarsson, T., Nissen, J. B., ... & Skarphedinsson, G. (2021). Younger versus older children with obsessive-compulsive disorder: Symptoms, severity and impairment. *Journal of Obsessive-Compulsive and Related Disorders, 29,* 100646. https://doi.org/10.1016/j.jocrd.2021.100646