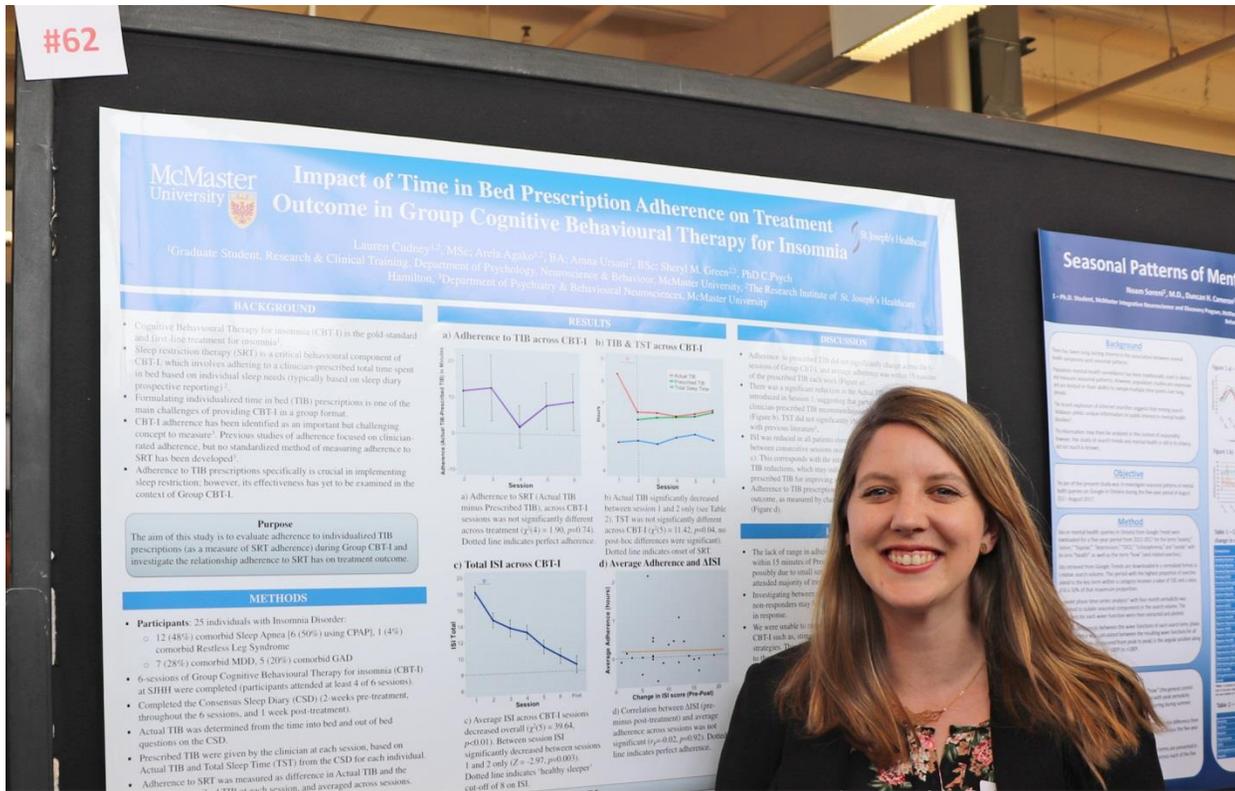**Research Day Top 3 Posters: Graduate – Clinical/Education**

First place Research Day poster competition award winner:
Lauren Cudney - Graduate (clinical/education) - supervisors: Sheryl Green & Randi McCabe

1st Place

Name: Lauren Cudney

Supervisors: Dr. Sheryl Green & Dr. Randi McCabe

Education Program and Level: 1st Year MSc Student in the Research and Clinical Training stream, Dept. of Psychology, Neuroscience and Behaviour

About Lauren:

I am currently completing my first year of the Research and Clinical Training stream of the Psychology, Neuroscience and Behaviour graduate program under the supervision of Dr. Randi McCabe and Dr. Sheryl Green. My research is focused on understanding the clinical, cognitive, and biological markers of treatment response to Cognitive Behavioural Therapy for Insomnia (CBT-I). I am particularly interested in understanding how comorbid psychiatric disorders influence treatment of insomnia with CBT-I. I have had the opportunity to co-facilitate the CBT-I group treatment sessions while also conducting research focused on understanding more about the treatment. Currently, I am completing a clinical practicum at the Anxiety Treatment and Research Clinic, SJHH and am expanding my breadth of training in CBT for individuals with anxiety disorders. In my future career, I hope to continue as a clinician-scientist by continuing to investigate the complex interplay between sleep disturbance and psychiatric illness to improve treatments.

Lauren's Project:

Cognitive Behavioural Therapy for insomnia (CBTi) is a psychological treatment that is the gold-standard treatment for insomnia. Sleep restriction therapy (SRT) is a critical behavioural component of CBTi, which involves adhering to a clinician-prescribed total time spent in bed based on individual sleep needs. Formulating individualized time in bed (TIB) prescriptions is one of the main challenges of providing CBTi in a group format. CBTi adherence, in general, has been identified as an important but challenging concept to measure. Adherence to TIB prescriptions is crucial in implementing sleep restriction; however, its effectiveness has yet to be examined in the context of group CBTi. The aim of this study was to evaluate adherence to individualized TIB prescriptions during group CBTi and its impact on treatment outcome.

Individuals with insomnia disorder were recruited from the Sleep Medicine Clinic, Firestone Institute of Respiratory Health, and participated in the 6-session group CBTi. Insomnia symptoms were assessed with the Insomnia Severity Index at each session as a measure of treatment response. Actual time spent in bed was determined from the Consensus Sleep Diary, which was collected at baseline, over the 6-weekly sessions, and at post-treatment. The actual TIB was compared to the individualized TIB prescriptions, as a measure of adherence to sleep restriction throughout the course of the group CBTi treatment.

Results showed that adherence to prescribed TIB did not significantly change across the 6-sessions of CBTi, and average adherence was within 15 minutes of the prescribed TIB each week. There was a significant reduction in the actual TIB after SRT was introduced in Session 1, suggesting that participants were adherent to clinician-prescribed TIB recommendations within the first week of CBT-I. ISI was reduced in all patients overall, and the only significant reduction between consecutive sessions occurred between session 1 and 2. This corresponds with the introduction of SRT and clinician-prescribed TIB reductions, which may indicate the importance of adhering to prescribed TIB for improving insomnia severity. In conclusion, adherence to individualized TIB prescriptions is high within group CBTi and occurs early in treatment (after 1 session). This corresponded with the largest decrease in insomnia symptoms, which indicates the importance of SRT on improving insomnia. Measuring adherence to other elements of group CBTi such as, stimulus control, relaxation training, and cognitive strategies is an important future direction to fully determine the 'active ingredients' that result in improved treatment outcome.
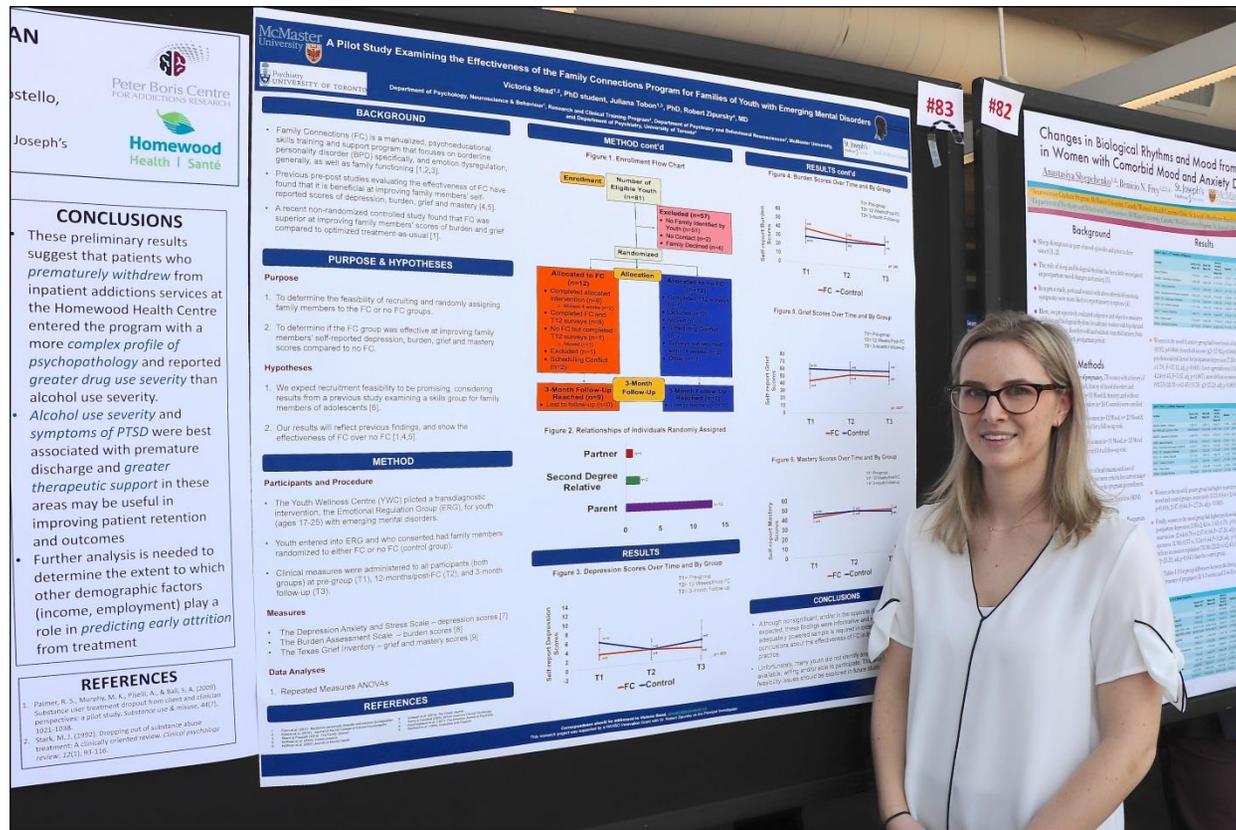
2nd Place

Name: Victoria Stead

Supervisor: Dr. Louis Schmidt - Research; Dr. Juliana Tobon - Clinical

Education Program and Level: PhD II –Psychology: Research and Clinical Training Program

About Victoria:

I am completing my studies in the Child Emotion Lab under the supervision of Dr. Louis Schmidt. My research interests include emotion dysregulation and borderline personality disorder (BPD) in adolescents. Currently, I am completing a practicum at the Youth Wellness Centre (YWC), under the supervision of Dr. Juliana Tobon. This practicum has provided me with the opportunity to work with youth with emotion dysregulation problems. Through my clinical observations from working with these youth, I have become quite interested in individual differences in symptom presentations and their implications for treatment outcomes. Overall, these interests have informed my own thesis research questions. In the future, I hope to work as a clinician-scientist examining interventions for adolescents and youth with BPD and emotion dysregulation problems.

Victoria's Project:

The Youth Wellness Centre at St. Joseph's Healthcare Hamilton conducted a treatment study for youth (ages 17-25) presenting with emerging mental disorders and emotion dysregulation. During this developmental stage, many youth are still greatly dependent on their families. The YWC wanted to test the effectiveness of the Family Connections program, a manualized, psychoeducational, skills training and support group that focuses on emotion dysregulation, as well as family functioning. It was developed for family members of individuals with BPD, a disorder of emotion dysregulation (Flynn et al., 2017). Family Connections is based on Dialectical Behaviour Therapy (DBT) skills, which is a treatment for individuals with BPD (Flynn et al., 2017). Previous studies have found that Family Connections is effective at improving family members' self-reported scores of depression, burden, and grief (Flynn et al., 2017; Hoffman et al., 2005; Hoffman et al. 2007).

Eighty-one youth participated in the YWC treatment study, and those who consented had their family members randomized to either receive Family Connections or not (control). We wanted to determine whether Family Connections was effective at improving these family members' self-reported depression, burden, grief and emotion dysregulation scores compared to those who did not receive Family Connections.

Only 30% of the youth had family members willing and/or available to be randomized into the family portion of the study. In total, sixteen family units were randomized and completed the study: eight family members were randomized to the 12-week Family Connections group and eight family members were randomized to the control condition (no Family Connections). Overall, we did not find any differences between these groups on their scores of depression, burden, grief or emotion dysregulation. Although our study did not include an adequate number of people to be able to make accurate conclusions about the effectiveness of Family Connections compared to no Family Connections, these findings are still informative. They illustrate the need to further explore why youth's family members are unable/unwilling to participate in treatment. These and other feasibility issues should be explored in future studies.
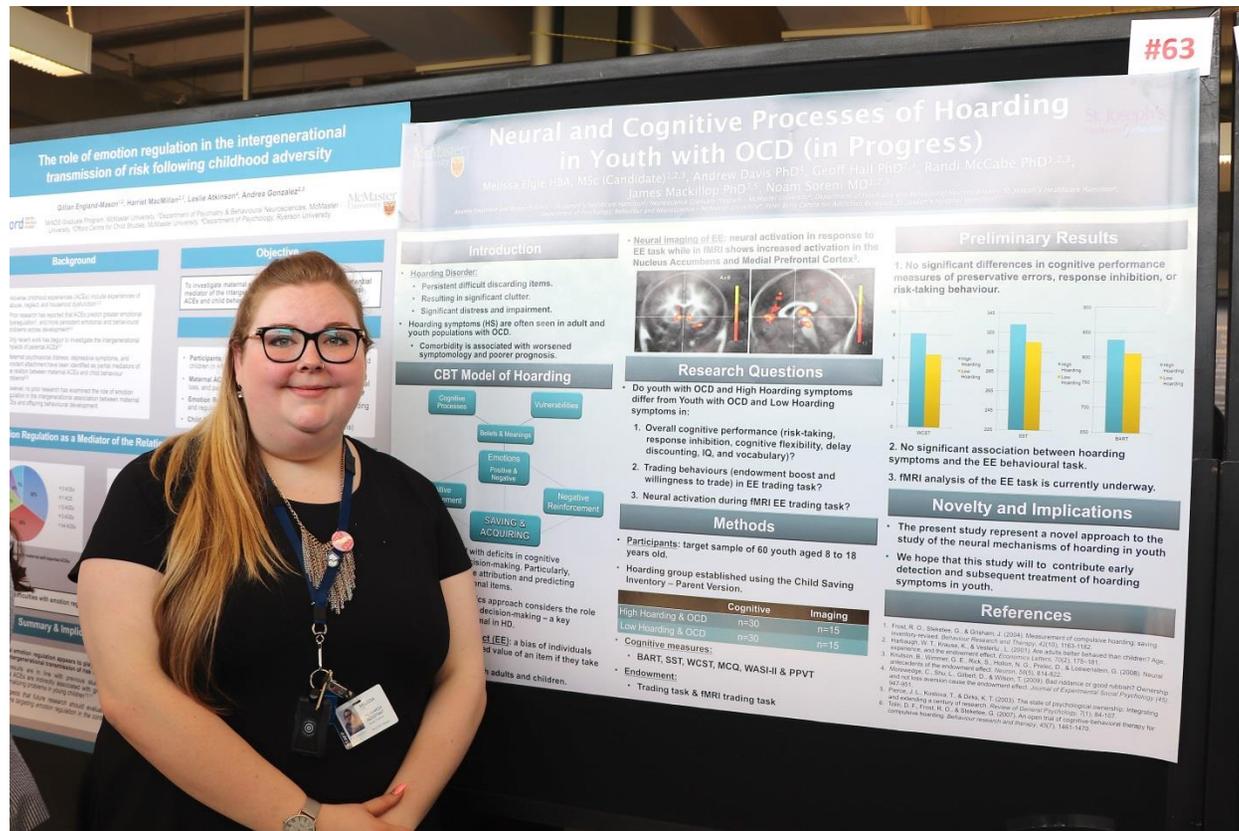
3rd Place

Name: Melissa Elgie

Supervisor: Dr. Noam Soreni