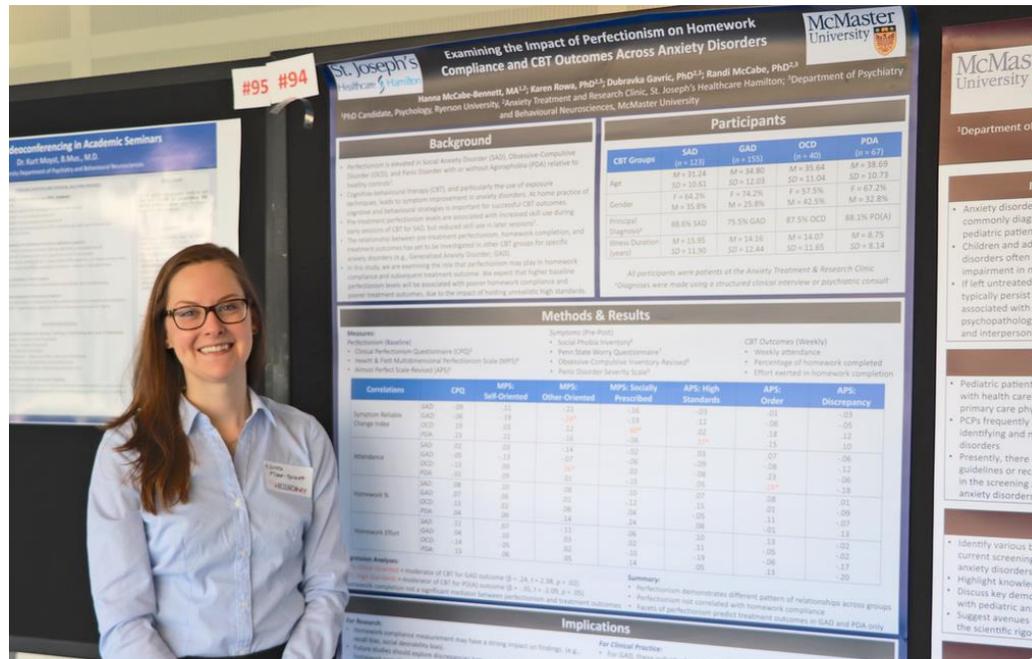


A graphic featuring a magnifying glass icon. The lens of the magnifying glass is positioned over the word "SPOTLIGHT", which is written in a dark maroon, bold, sans-serif font. The words "ON RESEARCH" are written in a bright yellow, bold, sans-serif font to the right of "SPOTLIGHT".

# SPOTLIGHT ON RESEARCH

**Research Day Top 3 Posters: Resident – Psychiatry & Psychology Category**



**First place Research Day poster competition award winner:  
Hanna McCabe-Bennett - Residents (psychiatry & psychology) - supervisor: Randi McCabe**

## 1<sup>st</sup> Place

**Name:** Hanna McCabe-Bennett

**Supervisors:** Dr. Karen Rowa & Dr. Randi McCabe

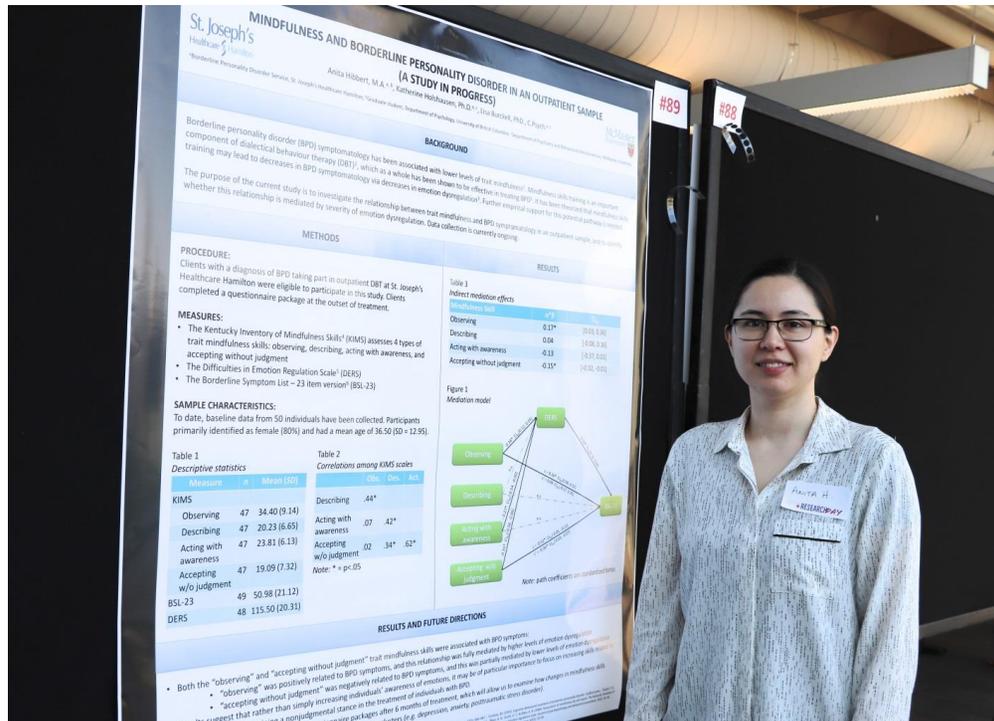
**Education Program and Level:** Psychology Resident (SJHH); PhD Candidate, Clinical Psychology, Ryerson University

### About Hanna:

I am a Psychology Resident at St. Joseph's Healthcare Hamilton, completing a major rotation at the Anxiety Treatment and Research Clinic, and two minor rotations: Borderline Personality Disorder Service and Clinical Neuropsychology Service. I recently defended my doctoral dissertation entitled *Investigating the Cognitive and Emotional Features of Hoarding Disorder Using Virtual Reality* at Ryerson University. In September, I will begin a postdoctoral fellowship at the ATRC. My future goals include continuing my program of research in hoarding, as well as continuing to learn more about the role of perfectionism in anxiety disorders and the impact that it may have on CBT outcomes.

## **Hanna's Project:**

Perfectionism can be defined in many ways. Someone may have exceedingly high standards for his or her own performance, for other people's performance, or may believe that others expect a great deal of him or her. Perfectionism can cause problems when individuals start to feel like their actual performance is falling short of their expected performance, or when achieving perfection is critical to one's self-esteem or sense of self-worth. Individuals diagnosed with an anxiety disorder may also struggle with perfectionism. The current gold-standard psychological treatment for anxiety disorders is cognitive-behavioural therapy (CBT). An important component of doing well in CBT is regularly practicing CBT skills between therapy sessions, or completing CBT homework. Recent research has shown that perfectionistic individuals tend to do a great deal of CBT homework during the beginning stages of treatment, but that this significantly decreases by the end of treatment. This means these individuals are not continuing to practice their CBT skills as frequently as people who are less perfectionistic, which could indicate that they are getting less practice using the skills that will help them manage their anxiety in the long run. The purpose of the present study was to explore the relationships between perfectionism and CBT for anxiety disorders. Specifically, we were interested in how perfectionism might be related to CBT homework completion and treatment outcomes for individuals diagnosed with Social Anxiety Disorder (SAD), Obsessive-Compulsive Disorder (OCD), Panic Disorder (PD), and Generalized Anxiety Disorder (GAD). Results from 385 patients at the Anxiety Treatment and Research Clinic who completed group CBT for the above anxiety disorders showed the following: Holding excessively high expectations for other people was associated with worst treatment outcome in CBT for GAD. Conversely, patients in CBT for OCD had better attendance when they held higher expectations for others, and had better treatment outcomes when they strongly believed that other people held high standards of them. Patients in CBT for PD had better attendance when they placed a high degree of importance on order and organization, and had better treatment outcomes when they held very high standards for their own performance. Perfectionism was not associated with amount of homework completed, or effort put into homework in any group. Perfectionism was not related to any outcomes for patients completing CBT for SAD. These findings suggest that in future studies, we may need to modify how we measure homework compliance (e.g., perhaps individuals high in perfectionism discount the amount of homework that they are actually doing because it does not feel like they are doing enough). With respect to clinical practice, these findings suggest that patients with GAD may benefit from having clear guidelines that encourage them to focus on their own, and not other group members', progress. For OCD, these individuals should be encouraged to use certain high standards for their own and others' performance to enhance group cohesion. For PD, these individuals should be encouraged to take advantage of their tendency to strive for lofty goals by planning more challenging exposure practices.



2<sup>nd</sup> Place

Name: Anita Hibbert

Supervisors: Dr. Lisa Burckell & Dr. Brenda Key

Education Program and Level: Psychology Resident; Graduate Student (PhD) in Clinical Psychology at the University of British Columbia

**About Anita:**

I am currently a psychology resident at St. Joseph's Healthcare Hamilton, with a major rotation in the Borderline Personality Disorder Service, and a minor rotation at the Anxiety Treatment and Research Clinic. For my doctoral dissertation, I am examining the impact of current mood state on how people respond on self-report measures of personality. In the fall I will be starting a part-time postdoctoral position in the Dialectical Behaviour Therapy (DBT) program in the Community Psychiatry Clinic at St. Joseph's Healthcare Hamilton, and plan to continue to hone my skills as a DBT clinician during my supervised practice year.

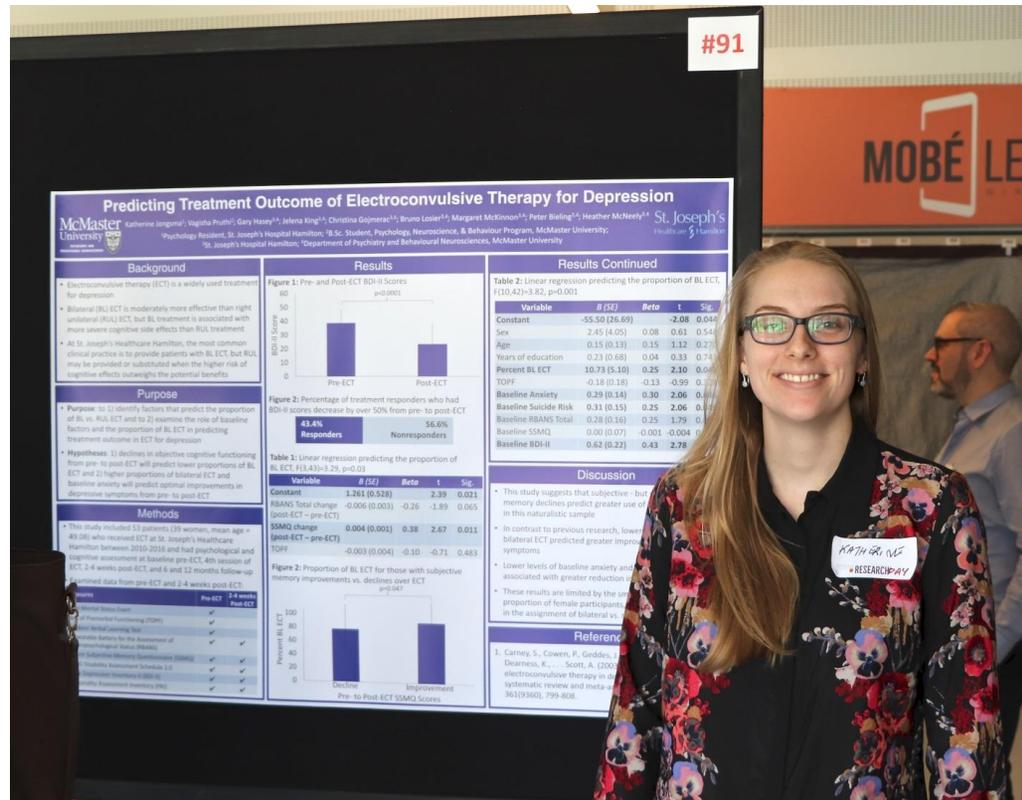
### **Anita's Project:**

Borderline personality disorder (BPD) symptomatology has been associated with lower levels of trait mindfulness. Dialectical behaviour therapy is an effective treatment for BPD, and mindfulness skills training is an important component of this therapy. It is thought that mindfulness skills training leads to decreases in BPD symptoms by decreasing individuals' levels of emotion dysregulation. However, there is little research that has actually examined whether this is the case. The purpose of the present study was to investigate the relationship between trait mindfulness and BPD symptoms, and to see whether differences in levels of emotion dysregulation explained some of this association.

Fifty individuals with a diagnosis of BPD who were enrolled in the DBT program at St. Joseph's Healthcare Hamilton have taken part in the study to date. At the beginning of treatment, participants filled out a questionnaire which assessed four different types of mindfulness skills: observing, describing, acting with awareness, and accepting without judgment. Participants also completed a measure of emotion dysregulation, and a measure of borderline personality disorder symptoms.

The results showed that two of the four trait mindfulness skills were associated with BPD symptoms, albeit in opposite directions: higher levels of the 'accepting without judgment' skill were related to *lower* levels of BPD symptoms, whereas higher levels of the 'observing' skill were related to *higher* levels of BPD symptoms. We also found that emotion dysregulation did mediate these relationships. Specifically, higher levels of the 'accepting without judgment' skill predicted lower levels of emotion dysregulation, and lower levels of emotion dysregulation in turn predicted lower levels of BPD symptoms. This pathway explained part of the association between the 'accepting without judgment' skill and BPD symptoms. Additionally, higher levels of the 'observing' mindfulness skill predicted higher levels of emotion dysregulation, and higher levels of emotion dysregulation in turn predicted higher levels of BPD symptoms. In this case, emotion dysregulation fully explained the association between the 'observing' skill and BPD symptoms.

The findings from the current study support prior research on the relationship between mindfulness skills and BPD symptoms. The results are interesting in that they demonstrate that there is something particularly potent about the 'accepting without judgment' mindfulness skill: increasing the use of this skill may be an important target for treatment. Additionally, we found that the 'observing' skill is actually related to higher levels of emotion dysregulation and BPD symptoms – at least at the outset of treatment. This suggests that when teaching clients to increase their awareness of emotions, it is important to provide additional tools for coping with the increases in emotional distress which may occur.



**3<sup>rd</sup> Place**

**Name:** Katherine Jongsma

**Supervisors:** Dr. Heather McNeely

**Education Program and Level:** Psychology Resident (SJHH); PhD Candidate, Clinical Psychology, University of Windsor

**About Katherine:**

I am a Psychology Resident in the Neuropsychology Stream at St. Joseph's Healthcare Hamilton (SJHH) as well as a graduate student in Clinical Psychology at the University of Windsor. I am working to complete my dissertation entitled *The Role of Pornography Consumption in Intimate Partner Aggression/Violence in Emerging Adult Couples: A Prospective Longitudinal Study*. After I finish my residency, I will begin a postdoctoral fellowship in the Clinical Neuropsychology Service at SJHH.

**Katherine's Project:**

Electroconvulsive therapy (ECT) is a widely used treatment for depression. Bilateral (BL) ECT is moderately more effective than right unilateral (RUL) ECT, but BL treatment is associated with more severe cognitive side effects than RUL treatment. At St. Joseph's Healthcare Hamilton, the most common clinical practice is to provide patients with BL ECT, but RUL may be provided or substituted when the higher risk of cognitive effects is considered to outweigh the potential benefits.

This study aimed to identify factors that predict the proportion of BL vs. RUL ECT and to examine the role of baseline factors and the proportion of BL ECT in predicting treatment outcome in ECT for depression. The current study included patients who received ECT at the ECT Clinic at St. Joseph's Healthcare Hamilton from 2010-2016 and consented to have their de-identified data included in the ECT Mood and Cognition Database. Diagnosis of depression was confirmed by structured diagnostic interview. Patients underwent psychological and cognitive assessment at baseline pre-ECT, 4th session of ECT, 2-4 weeks post-ECT, and at 6 and 12 months follow-up. The current study examined data from pre-ECT and 2-4 weeks post-ECT. Both pre- and post-ECT assessments included measures of general cognition, subjective memory impairment, general disability, depressive symptoms, and general psychopathology. The pre-ECT testing also included an estimate of premorbid general intellect and a verbal memory measure.

Results from 53 patients showed that depression decreased from pre- to post-ECT, but only 43.4% of participants were classified as 'responders' and had depressive symptoms decrease by over 50%. Responders had a higher proportion of BL ECT and significantly fewer ECT sessions than non-responders. Worsened subjective memory from pre- to post-ECT predicted a lower proportion of BL ECT, but premorbid IQ and change in general cognition from pre- to post-ECT were not significant predictors. Results also showed that lower proportion of BL ECT and lower baseline anxiety and suicide risk scores predicted a greater decrease in depressive symptoms from pre- to post-ECT.

This study suggests that subjective - but not objective - memory declines predict greater use of right unilateral ECT in this naturalistic sample. In contrast to previous research, lower proportions of bilateral ECT predicted greater improvement in depressive symptoms. Lower levels of baseline anxiety and suicide risk were also associated with greater reduction in depression. These results are limited by the small sample size, high proportion of female participants, and lack of randomization in the assignment of bilateral vs. right unilateral ECT.