european society for research on internet interventions

ESRII 2026

Abstract Book & Programme

Universidade Lusófona · Porto, Portugal

9 to 11 October 2026

127	13	187	4
ORAL PRESENTATIONS	POSTER PRESENTATIONS	PARTICIPANTS	PARALLEL ROOMS

Organisers: **Gerhard Andersson**, **Per Carlbring**, **Inês Jongenelen**

Keynotes: Ewelina Smoktunowicz (Saturday) · David Ebert (Sunday)

Awards sponsored by **SilverCloud/Amwell**: Best Talk Award for each conference day and Best Poster Award

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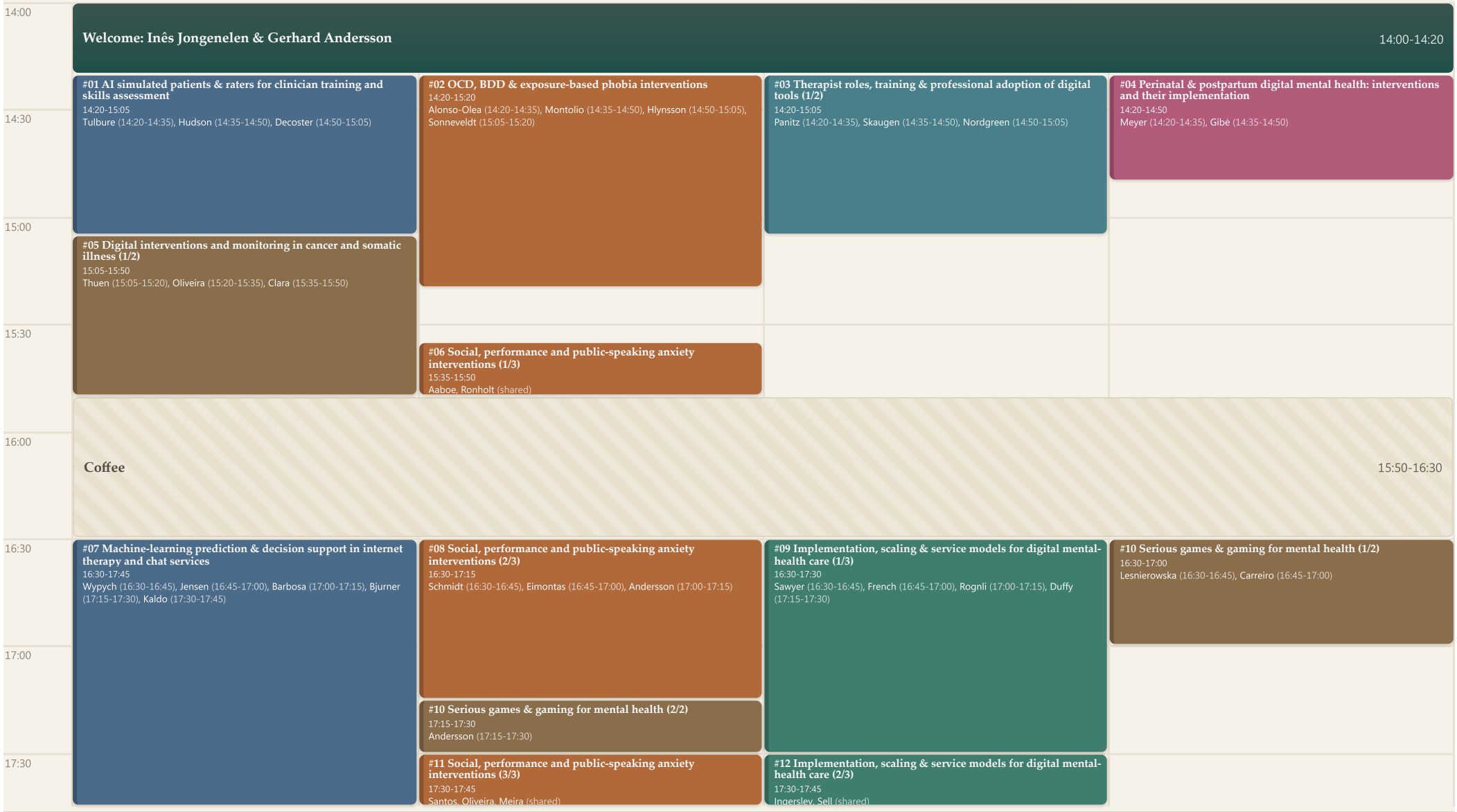
Friday 9 October



Adherence & engagement · AI, chatbots & LLMs · Alliance & blended care · Anxiety & related disorders · Children & adolescents · Depression & mood · EMA, JITAI & sensing · Implementation & scaling · Methods & psychometrics · Perinatal & maternal · Predictors, mechanisms, precision · Prevention & well-being · Qualitative & user experience · Substance use & addiction

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Saturday 10 October

Auditório
200 seats

Keynote: Ewelina Smoktunowicz 09:00-09:30

#13 Digital interventions and monitoring in cancer and somatic illness (2/2)
09:30-10:00

#17 Occupational stress, recovery & workplace mental health (1/2)
10:00-10:45
Brueckner (10:00-10:15), González-Monroy (10:15-10:30), Maciejewski (10:30-10:45)

Coffee 10:45-11:15

⌘ #18 Digital perinatal mental health (Mamma Mia, Norway)
11:15-12:30
Haga (11:15-11:30), Olavesen (11:30-11:45), Sundrehagen (11:45-12:00), Olavesen (12:00-12:15), Khan (12:15-12:30)

#24 Therapeutic alliance & relationship in blended and online therapy (2/2)

Lunch 12:45-14:00

⌘ #25 Internet-Based Interventions Across Development
14:00-15:30
Rask (14:00-14:15), Nielsen (14:15-14:30), Jaegere (14:30-14:45), Serlachius (14:45-15:00), Brodbeck (15:00-15:15), Harmenberg (15:15-15:30)

Poster session (13 posters) + coffee 15:45-16:35

#31 Parenting & caregiver digital interventions
16:50-17:35
Lumini (16:50-17:05), Rosenbach (17:05-17:20), Kallesøe (17:20-17:35)

C 2.4
80 seats

#14 AI chatbots, conversational agents & AI-generated mental-health content (1/3)
09:30-10:30
Goncalves (09:30-09:45), Amiri (09:45-10:00), Mertens (10:00-10:15), Prado (10:15-10:30)

#19 Therapeutic alliance & relationship in blended and online therapy (1/2)
11:15-12:15
Schaeuffele (11:15-11:30), Pedro (11:30-11:45), Bellu (11:45-12:00), Osma (12:00-12:15)

#22 AI applied to social anxiety disorder: feedback & diagnosis
12:15-12:45
Daele (12:15-12:30), Carlbring (12:30-12:45)

#26 Predictors, mechanisms, personalization & treatment components
14:00-15:30
Kowalski (14:00-14:15), Zagorscak (14:15-14:30), Torbecke (14:30-14:45), Pacheco (14:45-15:00), Sousa (15:00-15:15), Fernández-Regueras (15:15-15:30)

#29 Evidence synthesis, screening & methods (1/2)
16:35-17:35
Martins (16:35-16:50), Radi (16:50-17:05), Cañizares (17:05-17:20), Zhang (17:20-17:35)

C 1.4
80 seats

#15 Youth digital services, single-session counseling & equity
09:30-10:00
Kazlauskas (09:30-09:45), Senica (09:45-10:00)

#20 Sexual-health & LGBTQIA+ digital interventions
11:15-12:00
Mendes-Santos (11:15-11:30), Santos (11:30-11:45), Jung (11:45-12:00)

#23 Digital interventions for ADHD, paediatric pain and childhood insomnia
12:15-12:45

#27 Prevention, resilience & well-being interventions (1/2)
14:00-14:45
Kaus (14:00-14:15), Geranmayeh (14:15-14:30), Huércano (14:30-14:45)

#30 AI chatbots, conversational agents & AI-generated mental-health content (2/3)
16:35-17:05

#30 AI chatbots, conversational agents & AI-generated mental-health content (2/3)

C -1.4
80 seats

⌘ #16 Technology for Preventing Reproductive and Perinatal Emotional Disorders
09:30-10:30
Clara (09:30-09:45), Branquinho (09:45-10:00), MARTINEZ-BORBA (10:00-10:15), Andreu-Pejó (10:15-10:30)

#21 Implementation, scaling & service models for digital mental-health care (3/3)
11:15-12:15
Halvorsen (11:15-11:30), Aalberg (11:30-11:45), Kraepelien (11:45-12:00), Apolinário-Hagen (12:00-12:15)

#28 Ecological momentary interventions, JITAI and wearable monitoring (1/2)
14:00-14:45
Witte (14:00-14:15), Gomes (14:15-14:30), Colman (14:30-14:45)

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Sunday 11 October

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1 Oral presentations

127 talks · in programme order · abstracts verbatim

Friday 9 October

T001 [021] ORAL

NextSession: Can an AI Patient Support CBT Training? A Feasibility Study

Bogdan Tudor Tulbure · Bogdan Tudor Tulbure, Timo Bejan, Loredana Alghazi, Velibor Mladenovici, Darian Faur, & Șerban-Gabriel Popa

West University of Timisoara, Romania · Romania

Introduction. Clinical skills training in psychotherapy faces a persistent structural challenge: trainees need repeated, deliberate practice with immediate feedback, yet access to real clinical experiences is ethically constrained, costly, and impossible to standardize at scale. AI-powered virtual patients built on large language models (LLMs) offer a genuinely novel solution — yet existing systems remain limited by lack of inter-session continuity, shallow clinical identity, and insufficient empirical scrutiny. NextSession.ai was designed to directly address these gaps. Methods. This mixed-methods feasibility study will enroll approximately 80 psychology students and trainees in three structured simulated therapy sessions with NextSession.ai — an LLM-based virtual patient featuring a parametric architecture with stable identity, latent CBT case formulation, persistent clinical memory, and dynamically updated emotional states. Automated feedback is anchored to the Cognitive Therapy Rating Scale criteria. Evaluation is deliberately multi-layered, combining established instruments — the Working Alliance Inventory–Short Therapist version (WAI-S-T) and the Counselor Activity Self-Efficacy Scales (CASES) — with four original project-developed tools: the Perceived Authenticity of Simulated Client Scale (PASCS), the Simulated Client Training Utility Scale (SCTUS), the Expert Clinical Review Form (ECRF), and the Silicon Patient Usability and Experience Review (SPUER). These are complemented by objective behavioral indicators from interaction logs and external fidelity ratings by certified CBT practitioners. Results. Data collection is ongoing. This paper presents the theoretical rationale, platform architecture, and study design — representing, to our knowledge, the most methodologically comprehensive evaluation framework applied to an LLM-based virtual patient to date. Conclusions. NextSession.ai has the potential to transform how CBT competencies are trained at scale — making deliberate clinical practice repeatable, standardized, and ethically sound. Should feasibility be confirmed, this platform offers a concrete, evidence-based model for modernizing clinical training in psychology and mental health education, with direct transferability to university programs and broader professional training contexts.

Friday · Auditório · 14:20 AI simulated patients & raters for clinician training and skills assessment

T002 [017] ORAL

Using AI chatbots to test clinical skills: A longitudinal study into the effectiveness of a suicide prevention e-learning intervention

Anna Hudson · Anna R. Hudson, Tali Kleerekoper, Elvira Morente, Ula Ziobakaite, Klaudia Cymerman, Marieke S. Tollenaar, Laura Nawijn, Julian van der Kraats, Maartje Schoorl, & Joanne Mouthaan

Department of Clinical Psychology, Leiden University, Netherlands · Netherlands

Introduction: Suicide is an enormous problem in the Netherlands, with approximately five suicides and an estimated 100 attempts per day in 2025. However, professional adherence to suicide prevention (SP) guidelines is suboptimal and clinicians often feel under-prepared to treat individuals with suicidal ideation. Accordingly, SP e-learning modules were created by a Dutch expert group with the goal of better educating future clinicians on recognising, diagnosing, treating, and preventing suicidality. Previous research by our team has found these e-learning modules to be effective in improving students' self-rated skills and confidence. Objective: Generative AI chatbots which are capable of roleplaying as a client in a mental healthcare setting are a cost-effective and scalable method of testing students' ability to spot signals of suicidality and respond appropriately. As a follow-up to our study probing students' subjectively-rated skills, we aimed to investigate if the SP e-learning modules also showed an objectively-rated impact on students' skills in a mock naturalistic setting. Methods: Students enrolled in the clinical psychology master programme at a Dutch university are participating in a two-wave longitudinal study, where half of participants receive SP education between measurements (experimental condition) and others after both waves are complete (waitlist-control condition). At both timepoints, students also fill in questionnaires on their self-rated skills, knowledge, and confidence, and previous contact with individuals with suicidality. Results/conclusions: Transcripts of conversation with the client simulator chatbot will be assessed by human and AI evaluators. Mixed ANOVAs will be used to test for changes in students' skills. Relationships between objectively and subjectively rated skills will also be evaluated. Results will be used to inform and improve SP education through e-learning of healthcare professionals-in-training in the Netherlands.

Friday · Auditório · 14:35 AI simulated patients & raters for clinician training and skills assessment

T003 [129] ORAL

Can AI reliably assess complex conversational skills? Comparing AI-generated rubric scores with expert ratings in AVATALK

Ruben Decoster · Ruben Decoster, Kelly Geryl, Elke Baten

Howest University of Applied Sciences · Belgium

Introduction AI-supported conversational simulations offer scalable opportunities to practise complex conversational skills in health and social care. In AVATALK, learners engage with AI-driven virtual personas and receive automated rubric-based feedback on conversational skills used in feedback and de-escalation scenarios. However, the educational value of such feedback depends on its agreement with expert judgement. This study examines the agreement between AI-generated rubric scores and ratings by human raters with expertise in conversational skills training. Methods An interrater reliability study was conducted using transcripts from learners completing AI-avatar simulations related to feedback and de-escalation in AVATALK. Fifteen selected transcripts were each assessed independently by an LLM-based AI assessor and by two or more human raters, using a shared four-level ordinal rubric. Human raters were blinded to the AI-generated scores and to each other's assessments. Agreement between AI and expert ratings was examined at item and rubric-domain level using weighted kappa. Scoring discrepancies were explored qualitatively to identify conversational patterns or rubric criteria that were more difficult for the AI to assess. Results At the time of abstract submission, data collection was ongoing. The presentation will report AI-expert agreement per rubric dimension, patterns of AI over- or under-scoring, and how identified discrepancies informed refinements to prompts and rubric descriptors. Conclusions This study provides preliminary empirical evidence on the reliability of AI-driven rubric-based assessment for conversational skills training. Findings help clarify where automated feedback can support scalable practice, and where human expertise remains essential, contributing to the responsible implementation of AI in professional education.

Friday · Auditório · 14:50 AI simulated patients & raters for clinician training and skills assessment

T004 [066] ORAL

Ecological Monitoring of Exposure Tasks Using a Mobile Application in Two Cases of Specific Phobia

Iratxe Alonso-Olea · Iratxe Alonso-Olea, Patricia Gual-Montolio, Lucas Niño-Ruiz, Javier Herrero-González, Sven Casteleyn, Carlos Granell, Mónica Conesa-Giménez, Adriana Mira, Azucena García-Palacios & Juana María Bretón-López

Universitat Jaume I, Departament of Basic and Clinical Psychology and Psychobiology, Spain · Spain

Background: Mobile applications for exposure therapy allow the continuous ecological monitoring of behavioral, physiological and emotional responses during treatment. These tools help to identify mechanisms associated with symptom improvement in anxiety disorders (ADs), as well as clinically relevant information about adherence, tolerance and exposure processes. This study explored the utility of Symptoms, a mobile app designed as a just-in-time adaptive intervention (JITAI) to support in vivo exposure by dynamically adjusting therapeutic prompts through real time monitoring and collecting subjective, behavioral, physiological and contextual data. Methods: Two adult patients diagnosed with specific phobia participated in an exposure-based intervention supported by the Symptoms app. One patient presented a phobia of wasps and bees, while the second presented a phobia of wasps, bees, and dogs. Clinical outcomes were assessed pre and post-treatment using anxiety and clinician-rated measures. The app collected ecological data including exposure frequency and duration, subjective anxiety, tolerance, heart rate, and reasons for incomplete exposures. Results: Both patients showed reductions in phobia severity and impairment following treatment. Ecological monitoring revealed distinct exposure patterns. One patient completed 20 exposure tasks over 26 weeks across multiple contexts, showing increases in exposure duration and tolerance over time, alongside variability in anxiety and heart rate. The second patient completed 8 exposure exercises over 14 weeks, characterized by low anxiety levels, high tolerance and shorter and more stable durations and relatively stable heart rate measures. The app captured adherence-related information, including frequency, completed versus interrupted exposures and reasons for discontinuation, mainly lack of time or discomfort. Conclusions: These preliminary findings support the potential clinical utility of Symptoms to monitor exposure exercises. The data presented here link emotional variables during the exposure process with physiological and contextual variables provided by the app. Apps like Symptoms may complement conventional assessment and intervention by providing information about emotional, behavioral and physiological processes, as well as clinically relevant indicators of adherence and engagement. Future studies including larger samples may help identify exposure patterns and predict therapeutic improvement.

Friday · C 2.4 · 14:20 OCD, BDD & exposure-based phobia interventions

T005 [062] ORAL

Feasibility and User Perceptions of "Symptoms", a mHealth app for Exposure Therapy in Specific Phobia

Patricia Gual Montolio · Patricia Gual-Montolio, Iratxe Alonso-Olea, Lucas Niño-Ruiz, Javier Herrero-González, Sven Casteleyn, Carlos Granell, Mónica Conesa-Giménez, Adriana Mira, Azucena García-Palacios & Juana María Bretón-López

Department of Basic and Clinical Psychology and Psychobiology Area: Personality, Assessment and Psychological Treatments (Spain, Jaume I University) · Spain

Background: Mobile health (mHealth) interventions are being integrated into psychological treatments for anxiety disorders (ADs), particularly as ecological and scalable support tools. However, evidence regarding users' subjective experiences with these technologies in clinical contexts remains limited. This study explored the acceptability, usability, and perceived clinical utility of Symptoms, a just-in-time mobile app designed to support exposure exercises through geolocation-based prompts and real-time monitoring. Methods: A mixed-methods two-case pilot study was conducted with two adults diagnosed with specific phobia using the Anxiety Disorders Interview Schedule (ADIS-IV). Participant 1 (P1) presented a specific phobia of wasps and bees, whereas Participant 2 (P2) presented phobias of wasps, bees, and dogs. Both patients received an evidence-based cognitive behavioral treatment (CBT) for specific phobia. During the exposure module, exposure exercises were implemented through the Symptoms app. Usability and treatment perceptions were assessed pre- and post-treatment using the System Usability Scale (SUS), the User Version of the Mobile App Rating Scale (uMARS), the Borkovec and Nau Expectancy and Satisfaction Questionnaire, and a traditional versus app-supported exposure preference questionnaire. Results: Both participants reported clinical improvement and moderate to high satisfaction. Post-treatment usability remained acceptable (SUS=72.5 and 75), while uMARS scores suggested moderate perceived app quality and engagement. Participants highlighted the app's accessibility and support during exposure exercises, although both preferred traditional therapist-guided exposure. Qualitative feedback highlighted limited flexibility to initiate exposures outside predefined locations. This preference may reflect greater familiarity with therapist-supported formats, technical limitations inherent to early-stage digital tools, or the perceived emotional safety provided by direct therapist presence. Conclusions: Preliminary findings suggest that Symptoms may represent a feasible, acceptable, and ecologically valid digital support tool for exposure therapy in specific phobia. Although participants preferred traditional exposure, app-supported interventions may offer a promising and cost-effective alternative without increasing therapist burden. Larger studies are needed to evaluate Symptoms' effectiveness, usability, optimization, and patient engagement.

Friday · C 2.4 · 14:35 OCD, BDD & exposure-based phobia interventions

T006 [079] ORAL

Rethinking OCD Delivery: Scaling Exposure Therapy Through Augmented Reality

Jón Ingi Hlynsson · Jón Ingi Hlynsson, Jan Bergström, Per Carlbring, Marketa Ciharova, Andrej Skoko, Thomas Berger, Ilja Cornelisz, Chris van Klaveren, Tobias Krieger, Tom Van Daele, Tara Donker

Stockholm University · Iceland

Introduction: Obsessive-compulsive disorder affects approximately 1-2% of the global population, yet fewer than half of those affected ever access treatment and typically present to treatment more than a decade after symptom onset. Existing digital delivery formats such as internet-based CBT, while effective, continue to face engagement challenges, with dropout rates in unguided formats reaching 50% or higher. Augmented reality (AR) offers a promising path forward: by projecting clinically meaningful stimuli into a patient's real-world environment via smartphone, it enables ecologically valid exposure without specialist hardware or clinic attendance. This presentation reports early implementation findings from the ZeroOCD RCT, an international trial of a smartphone-based AR-CBT program for contamination OCD. Methods: The ZeroOCD project encompasses a three-armed multinational RCT recruiting across Sweden, Switzerland, the Netherlands, and Belgium. The active AR condition delivers a structured 10-module program combining psychoeducation, in vitro and in vivo ERP, and immersive AR exposure stimuli designed to target both disgust responses and intolerance of uncertainty. A video-conferencing CBT arm and waitlist control allow comparison of outcomes and cost-effectiveness. The primary outcome is observer-rated OCD severity (Y-BOCS) at 10 weeks. Results: The trial uses deliberately inclusive intake criteria (Y-BOCS ≥ 7), yet enrolled participants show baseline severity markedly above projected levels. Additional preliminary findings will be presented at ESRII. Conclusions: ZeroOCD represents an attempt to directly address the scalability and engagement limitations of existing digital OCD interventions. Early implementation data offer insight into who seeks low-threshold AR-based treatment, what symptom profiles they present with, and what this means for the next generation of accessible, technology-augmented ERP delivery.

Friday · C 2.4 · 14:50 OCD, BDD & exposure-based phobia interventions

T007 [065] ORAL

A digital mental health intervention targeting obsessive doubt in obsessive-compulsive disorder: Preliminary results in a multiple baseline single case experimental design study

Imke Sonneveldt · Imke J. Sonneveldt, Marieke B.J. Toffolo, Claire R. van Genugten, Carlo Schuengel, Henny, A. D. Visser & Annemieke van Straten

Vrije Universiteit Amsterdam · Netherlands

Introduction: Obsessive-compulsive disorder (OCD) is a disabling disorder. Despite available psychological treatments, many individuals remain untreated. Digital mental health interventions offer a time- and cost-effective way to improve access to care. Research shows that internet-based cognitive behavioral therapy (iCBT) matches face-to-face therapy in effectiveness, but still only half of the patients benefit sufficiently. This highlights the need for alternative and more accessible treatment options for OCD. Inference-based cognitive behavioral therapy (I-CBT) may offer such an alternative. Studies support its effectiveness in clinical settings, and its structured, cognitive focus makes I-CBT suitable for an online guided self-help format. Methods: This study evaluates a digital guided self-help I-CBT intervention for OCD using a multiple baseline single-case experimental design. Twenty-two participants with a primary OCD diagnosis will be randomized into three baseline groups before starting the 10-week intervention. The primary outcome is OCD symptom severity. Secondary outcomes include patient experience (in terms of acceptability, engagement, satisfaction and comprehension), inferential confusion and functional impairment. Results (expected): At the time of writing this abstract, results are not yet available. Although the trial will still be ongoing at the time of the conference, sufficient participants will have been recruited to allow for preliminary analyses. We expect reductions in OCD symptom severity and inferential confusion, improved functioning, and positive experiences with the digital I-CBT intervention. Conclusions: This study outlines a novel, accessible approach to OCD treatment through digital guided self-help I-CBT. The study will provide insights into its effectiveness and patient experiences. Findings will inform future controlled trials and support the development of accessible, evidence-based treatment options for OCD.

Friday · C 2.4 · 15:05 OCD, BDD & exposure-based phobia interventions

T008 [082] ORAL

Beyond the app: What occupational physicians want to know about digital therapeutics

Karin Panitz · Karin Panitz, Renate Haubrich, Fatma Sahan, Charlotte Schroeren, Markus Vomhof, Maximilian Zinn, Jessica Bau, Lisa Guthardt, Adrian Loerbroks, Claudia Pischke, Nadja Kairies-Schwarz, & Jennifer Apolinário-Hagen

Institute of Occupational, Social and Environmental Medicine, Medical Faculty and University Hospital Düsseldorf, Centre for Health and Society, Heinrich Heine University Düsseldorf, Germany · Germany

Introduction Digital therapeutics (DTx) offer new opportunities to support employees' mental well-being and self-management of chronic conditions, yet their integration into routine practice remains uncertain. This study explores how occupational physicians (OPs) prefer to be informed about DTx and which formats they consider most useful for implementing DTx in occupational settings. Methods This qualitative interview study is part of a mixed-methods approach involving healthcare professionals. Participants were recruited via an email-based network for OPs in Germany. Semi-structured online interviews were conducted in fall 2024 and fall 2025 with German-speaking OPs working in occupational health clinics, in companies, and for occupational service providers. Audio recordings were transcribed and analyzed using qualitative content analysis. Results The 12 participants (42% female; aged 40–62 years; 13–26 years' experience) were mostly aware of DTx (92 %), with n=8 having already advised on DTx. Perceived benefits covered low-threshold support for sleep issues (especially in shift work) and stress prevention. Barriers included a lack of prescription options for physicians outside the statutory health insurance system, limited app personalization, and data privacy concerns. Participants requested information on costs, patient-specific requirements (e.g., indication or language), effectiveness, data protection, and therapeutic content. Trusted sources were the statutory health insurance association, professional societies in occupational medicine and health, or scientific journals. Preferred formats were lectures, online continuing education, training videos, and demo accounts. Conclusion OPs were interested in DTx, but limited familiarity with their content and constraints on off-contract use remain important barriers. These findings will inform a discrete-choice experiment to optimize the future provision of information to occupational physicians.

Friday · C 1.4 · 14:20 Therapist roles, training & professional adoption of digital tools (1/2)

T009 [084] ORAL

Developing a National Training Manual for Therapists Delivering Guided Internet-Based Treatment in Norway

Kjetil Willem Jacob Diepeveen Skaugen · Kjetil Diepeveen Skaugen

Bjørgvin DPS, Helse Bergen, Norway · Norway

Background: Guided internet-based treatment is becoming an increasingly important part of mental health services. While considerable effort has been invested in developing treatment programs and digital services, less attention has been given to systematic therapist training. As guided internet-based treatment services expand across Norway, there is a need for a shared framework that supports therapist competence and consistent clinical practice. Aim: This project aims to develop a national training manual for therapists delivering guided internet-based treatment in Norway. The manual is intended as a standardized introduction for new therapists and a resource for understanding the clinical and practical aspects of digital treatment delivery. Content and Development: The manual is being developed collaboratively by experienced therapists from Norwegian eTreatment services. It combines written materials, videos, reflective exercises, and practical assignments. Key topics include digital therapeutic communication, assessment interviews, monitoring patient progress, understanding treatment models, promoting treatment engagement, and addressing common challenges in digital care. Special emphasis is placed on factors that support patient adherence and successful treatment completion. Beyond procedural knowledge, the manual seeks to foster a clinical mindset characterized by curiosity, flexibility, and responsiveness to individual patient needs. It aims to help therapists understand how evidence-based therapeutic principles can be effectively applied within digital treatment formats. Expected Impact: The manual is expected to strengthen therapist training, support implementation of guided internet-based treatment, and contribute to more consistent and high-quality care across services. By establishing a shared foundation for therapist competence, the hope is that it can contribute to improved patient engagement, treatment completion, and clinical outcomes.

Friday · C 1.4 · 14:35 Therapist roles, training & professional adoption of digital tools (1/2)

T010 [150] ORAL

Sustainable service models for guided internet-delivered treatment

Tine Nordgreen · to be announced

Haukeland University Hospital · Norway

Intruoduction: Guided internet-delivered treatments are delivered throughout the Nordic countries. However, many different service models has evolved, and little is known about the characteristics of the different service models and their success for reachiing those in need. Methods: The Nordic Network has developed a survey about the characteristics of different service models in the Nordic countries. The survey covers the following topics: programs in use, target population, reach, goals, personell, funding, and training and supervision. Results: The data collection will end by september 2026. Preliminary results will be presented at the conference. Conclusion: The results will be communicated both to an academic audience and to stakeholders with the aim to support robust service models for guided internet-delivered treatments.

Friday · C 1.4 · 14:50 Therapist roles, training & professional adoption of digital tools (1/2)

T011 [024] ORAL

Effectiveness of a smartphone-based intervention for postpartum depression: Results of the Smart-e-Moms study

Caroline Meyer · Caroline Meyer, Daria Dähn, Maria Böttche, Carolin Debbing, Viola Loew, Silke Pawils, Philine Schell, Jessica Wabiszczewicz & Babette Renneberg

Freie Universität Berlin, Clinical Psychology and Psychotherapy · Germany

Introduction: In Germany, approximately 18% of women develop postpartum depression (PPD) within the first year after giving birth. PPD is associated with significant distress and can interfere with daily activities and the bond between mother and infant. However, PPD often goes untreated. Barriers to treatment include individual factors such as fear of stigmatization and feelings of shame, as well as time constraints due to caring for the newborn. Structural factors include a lack of care services tailored to this specific population. Digital interventions offer the possibility of providing psychotherapeutic support more easily. In this study, we compared the effectiveness of a smartphone-based cognitive behavioral intervention for women with PPD symptoms to standard care. Methods: In a randomized controlled trial, 556 German mothers who screened positive for depression within six months after birth (EPDS >9) were randomized at a 1:1 ratio into either the intervention or care-as-usual. The intervention group received access to the "Smart-e-Moms" app, which includes ten cognitive behavioral modules, as well as written counseling from a psychologist in addition to standard care. Depressive symptoms, subjective stress, and maternal bonding were assessed at baseline and at six, twelve, and twenty-four weeks after randomization. Results: Compared to usual care, access to the smartphone-based intervention resulted in significantly greater reductions in depressive symptoms, as well as improvements in subjective stress and maternal bonding. Conclusion: Smartphone-based interventions, when added to usual care, can significantly improve mental healthcare for mothers with postpartum depression. These programs offer an accessible, low-threshold strategy to improve maternal and family mental health and can expand treatment options for mothers who face barriers to traditional care.

Friday · C -1.4 · 14:20 Perinatal & postpartum digital mental health: interventions and their implementation

T012 [041] ORAL

Effects of the BODYPOSI Online Intervention on Appearance and Weight Satisfaction and Self-Compassion Among Postpartum Women: Preliminary Randomized Controlled Trial Findings

Erika Gibė · Erika Gibė, Viktorija Stankevičienė, Gabija Juzėnaitė, Burcu Komurcu-Akik, Amera Mojahed, Eglė Urvelytė, & Gabija Jarašiūnaitė-Fedosejeva

Vytautas Magnus University, Department of Psychology, Lithuania · Lithuania

Background. The postpartum period involves substantial physical and emotional changes that can influence women's body image and psychological well-being. Body dissatisfaction during this period is common and has been associated with depressive symptoms, disordered eating, reduced self-compassion, and breastfeeding difficulties. However, interventions specifically targeting positive body image among postpartum women remain limited. Aim. To present preliminary findings from a randomized controlled trial (RCT) evaluating the effectiveness of the online positive body image intervention BODYPOSI for postpartum women. Method. This randomized controlled trial evaluated a four-week online positive body image intervention in comparison with a waitlist control group. The sample consisted of 100 postpartum women randomly assigned to either the intervention or control condition. The month-long intervention included 12 structured online exercises delivered three times per week and incorporating psychoeducation, reflective tasks, mindfulness-based elements, and guided self-assessment activities. Results. Compared with the waitlist control group, women who participated in the intervention reported greater appearance and weight satisfaction, higher body appreciation, and greater self-compassion. Conclusions. The preliminary findings suggest that the BODYPOSI intervention may be an effective approach for improving positive body image and self-compassion among postpartum women.

Friday · C -1.4 · 14:35 Perinatal & postpartum digital mental health: interventions and their implementation

T013 [022] ORAL

Who benefits from internet-delivered interventions for irritable bowel syndrome? Results from an explorative secondary analysis of a randomized controlled trial

Camilla Thuen · Camilla Thuen, Blake Dear, Robin Maria Francisca Kenter, Elisabeth Kjelsvik Steinsvik, Linn Anja Såke Vikøren, Gülen Arslan Lied, Birgitte Berentsen

University of Bergen/Haukeland University Hospital/ForHelse Research Centre · Norway

Introduction: Internet-delivered interventions for irritable bowel syndrome (IBS) represent a promising approach, but identifying who benefits remains challenging. This study explored predictors of treatment response in a multidisciplinary digital intervention, focusing on consistency across different definitions of symptom improvement. Methods: This exploratory secondary analysis used data from a randomized controlled trial (n=350). Participants received internet-delivered patient education alone or combined with cognitive behavioral therapy and/or a FODMAP diet. Clinically meaningful response was defined as ≥50-point or ≥30% reduction in IBS Severity Scoring System (IBS-SSS), and ≥14-point improvement in IBS-related quality of life (IBS-QoL). Univariable and multivariable logistic regression models examined associations between outcomes and baseline and treatment-related variables. Results: Across definitions of IBS-SSS improvement, previous poor response to the FODMAP diet was the only consistent predictor, associated with reduced odds of improvement. Higher baseline IBS-SSS and IBS-QoL were associated with increased odds of response in the ≥50-point IBS-SSS definition, while longer symptom duration reduced odds. For IBS-QoL, only low baseline IBS-QoL predicted response. Overall, model performance was low, indicating limited predictive value. Conclusions: No robust or consistent predictors of treatment response were identified. Previous poor response to the FODMAP diet was the only consistent predictor across IBS-SSS definitions, suggesting that prior treatment experiences may shape outcomes. Combined with low explained variance, high attrition, and a self-recruited sample with longstanding and relatively severe symptoms, these findings highlight key challenges in predictor research and underscore the importance of considering external validity. Overall, results support offering internet-delivered IBS interventions broadly, potentially earlier in the treatment pathway, while emphasizing the need for better approaches to understanding individual response.

Friday · Auditório · 15:05 Digital interventions and monitoring in cancer and somatic illness (1/2)

T014 [056] ORAL

Development and usability evaluation of a web-based cognitive rehabilitation program for cancer survivors (CanCOG® web) - A mixed-methods study

Ana Filipa Dias Oliveira · Ana Filipa Oliveira, Ana Vasconcelos, Rita Tavares, David Oliveira, Ana Bártolo, Helena Sousa, Linda M. Ercoli, Ana Torres, Isabel M. Santos, & Cristina Mendes-Santos

Universidade Lusófona Porto, Portugal · Portugal

Introduction: Cancer-related cognitive impairment (CRCI) is common among non-central nervous system (non-CNS) cancer survivors, negatively affecting their quality of life and daily functioning. Although cognitive rehabilitation is effective, access to face-to-face interventions remains limited. This study describes the development and usability evaluation of CanCOG® Web, a digital cognitive rehabilitation program for non-CNS cancer survivors. Methods: CanCOG® Web was developed through a user-centered design approach, translating an evidence-based face-to-face cognitive rehabilitation program into a web-based format. A mixed-methods usability evaluation included heuristic assessment by five usability experts and usability testing with eight non-CNS cancer survivors and 13 (neuro)psychologists. Quantitative measures included task completion, errors, assistance requests, and System Usability Scale (SUS) scores. Qualitative feedback was collected through think-aloud procedures and debriefing interviews. Results: The heuristic evaluation identified 83 usability issues, mainly related to consistency, navigation, and visual design. User testing showed high usability, with task completion rates ranging from 92.3% to 100%. Median SUS scores were 90 among survivors and 92.5 among (neuro)psychologists, indicating excellent usability. Participants considered the platform intuitive, relevant, and supportive, while suggesting improvements in content organization, onboarding, accessibility, and cognitive load reduction. Conclusions: CanCOG® Web was perceived as usable, acceptable, and clinically relevant by both survivors and professionals. These findings support the feasibility of delivering cognitive rehabilitation through digital platforms and provide recommendations for developing accessible, user-centered eHealth interventions for cancer survivors reporting CRCI. Further research is warranted to evaluate the feasibility, engagement, and effectiveness in real-world settings.

Friday · Auditório · 15:20 Digital interventions and monitoring in cancer and somatic illness (1/2)

T015 [105] ORAL

Co-designing an extended reality intervention to educate adolescent and young adult testicular cancer survivors regarding treatment late effects: TRANSCEND XR

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Introduction: Testicular cancer (TC) is the most common cancer in adolescents and young adults (AYAs) assigned male at birth in Europe. While cure rates exceed 95%, many AYAs experience late treatment effects and have ongoing unmet needs. To address these needs, the EU-funded TRANSCEND-XR project is developing an evidence-based, immersive educational intervention co-created with clinicians, individuals with lived experience of TC, and their loved ones. This study, conducted with the project's consortium members, aimed to inform the design of the TRANSCEND-XR intervention. Methods: A qualitative study was conducted using an in-person World Café participatory methodology as part of the ideation phase of intervention development. Participants comprised 22 interdisciplinary project team members from 12 countries. Clinicians, academics, IT and XR designers, and one TC survivor rotated across four tables to explore preferred technologies, core content, delivery approaches, and innovative design concepts. Discussions were audio-recorded, transcribed, and analysed using inductive and deductive content analysis. Results: Four themes were developed deductively, with subthemes generated inductively. Participants identified VR as a novel technology to enable experiential, immersive, embodied learning while maintaining emotional safety. A modular design was preferred, addressing treatment late effects, prevention, health-seeking, and wellbeing. Hybrid delivery, initiated in clinical settings with subsequent home-based access, was endorsed as an implementation-ready pathway, with post-treatment milestones emerging as important support opportunities. Conclusions: Results stress the importance of user-driven, emotionally safe, and empowering digital interventions for AYA TC survivors, providing a practical framework for developing and implementing extended reality survivorship tools. Findings will serve as the basis for designing the prototype for the TRANSCEND-XR intervention.

Friday · Auditório · 15:35 Digital interventions and monitoring in cancer and somatic illness (1/2)

T016 [111] SHARED TALK

One Entry Point for Many Anxiety Profiles: Designing a Shared Digital Introductory Module Across Anxiety Disorders

Mikkel Aaboe · Stine Ronholt and Mikkel Aaboe

CEDIP (Center of Digital Psychiatry) Denmark · Denmark

Abstract allready submitted by Stine Ronholt

Friday · C 2.4 · 15:35 Social, performance and public-speaking anxiety interventions (1/3)

T017 [145] SHARED TALK

One Entry Point for Many Anxiety Profiles: Designing a Shared Digital Introductory Module Across Anxiety Disorders

Stine Ronholt · Stine Ronholt and Mikkel Aaboe

CEDIP (Center of Digital Psychiatry) · Denmark

Introduction Internet-based CBT (iCBT) for anxiety disorders is traditionally delivered through diagnosis-specific programmes. This creates challenges for patients with comorbid or mixed anxiety profiles who may not fit a single treatment pathway. In addition, rapid technological developments require continuous adaptation of digital treatment formats. Methods We developed a hybrid modular anxiety programme consisting of a shared transdiagnostic introductory module followed by diagnosis-specific modules for panic disorder, social anxiety disorder, and specific phobia. The redesign focused on mobile-first delivery, shorter and more interactive content, and improved opportunities for patient–therapist communication across smartphones, tablets, and computers. Results The shared introductory module provides psychoeducation, cognitive-behavioural models, and principles of exposure, avoidance, and avoidance behaviors. All patients receive these common transdiagnostic CBT tools before continuing into diagnosis-specific modules where concepts are tailored to individual symptom profiles. Conclusion A hybrid modular iCBT approach may improve accessibility and flexibility across anxiety presentations while supporting patients with complex or overlapping symptoms. The modular structure also simplifies future programme revisions and facilitates the development of new digital treatment programmes by allowing individual components to be updated or expanded independently.

Friday · C 2.4 · 15:35 Social, performance and public-speaking anxiety interventions (1/3)

T018 [096] ORAL

Towards Personalized Treatment Recommendation - Optimizing Behavioral Strategy Selection for Online Cognitive Behavioral Therapy for Procrastination using Machine Learning

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Laboratory of Brain Imaging, Nencki Institute of Experimental Biology, PAS, Warsaw, Poland · Poland

Introduction: Although CBT for procrastination is effective there is a substantial heterogeneity in treatment response leading to the question if different behavioral strategies could benefit different individuals. Methods: Using data from two RCTs (N1=173, N2=83), we apply a machine-learning (ML) framework to personalize assignment between two online, group CBT protocols for procrastination. The protocols shared identical psychoeducational and cognitive modules but different behavioral strategies: realistic planning and timely beginning (RPT) or working time restriction (WTR). Using baseline self-report items capturing procrastination, psychopathology, and mechanism-oriented variables, we fit separate ML models to predict post-treatment outcomes for each protocol in the first trial (training sample) and use the second trial as an external validation sample. Results: We derived individualized treatment recommendations from predicted between-protocol outcome differences, and classified each participant into one of the four recommendation groups: Recommend RPT, Recommend WTR, Either, or Neither. We compared outcomes among participants randomized to receive treatment that was matched versus mismatched to their recommendation. In the training sample, matched assignment produced markedly better post-treatment outcomes than mismatched assignment ($p = 5.6 \times 10^{-24}$, $d = 1.90$). Crucially these differences generalized to an independent validation sample ($p = .009$, $d = 0.52$) and were maintained at 6-month follow-up. Conclusions: CBT protocols for procrastination differing only in behavioral modules, can lead to different outcomes in different individuals. These outcomes can be predicted with ML allowing for personalized recommendation of more effective protocol. Implications: Due to their cost-effectiveness, internet interventions can serve as a tool for large-scale research into personalized treatment selection, facilitating the broader implementation of precision psychiatry.

Friday · Auditório · 16:30 Machine-learning prediction & decision support in internet therapy and chat services

T019 [043] ORAL

Predicting non-adherence in routine care iCBT for anxiety and depression

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Introduction Adherence is an important factor for treatment effect in internet-based cognitive behavioral therapy (iCBT). However, on average 31-34% of patients fail to complete their treatments. We need to be able to identify patients at risk for non-adherence in order to target adherence increasing interventions. Objective We aimed to develop simple prediction models that could identify patients at risk for non-adherence during the first four weeks of treatment. Methods We used data from three different iCBT programs targeting depression (N = 710), panic disorder (N = 372), and social phobia (N = 273). For each program, we established full prediction models with all candidate predictors based on logistic regression. Afterwards we simplified the models using an all-subsets approach and compared the performance of the full and simplified models. Results The simplified models achieved 76-78% balanced accuracies. The simplified models performed comparably to the full models on all metrics. Across all three simplified models, the number of activity periods and the number of completed sessions during the first four weeks of treatment were important risk factors. Conclusions It is possible to develop accurate prediction models for iCBT with only a limited number of key predictors. Early program usage patterns might be transdiagnostically important for identifying non-adherence.

Friday · Auditório · 16:45 Machine-learning prediction & decision support in internet therapy and chat services

T020 [059] ORAL

Can Generative AI Learn to Tag Chat Counselling Transcripts? Assessing LLMs Fine-Tuned on Chat Operator Responses

George Caique Gouveia Barbosa · George Caique Gouveia Barbosa, Tim Vanhove, Sylvie Bernaerts, Tom Seymoens, Tom Van Daele, Jana Verplancke, Kenzo Milleville, & Steven Verstockt

IDLab, Ghent University – Imec · Belgium

Introduction Online chat counseling systems improve help-seekers' lives, but manual transcript tagging by counselors for service evaluation drains resources. Automating this process with Large Language Models (LLMs) helps the counselors focus their efforts on their main task, which is talking to people. This study shows that fine-tuning LLMs on chat transcripts improves thematic classification accuracy. Methods We evaluate the base Gemma 4-26B-A4B against 50 anonymized chat transcripts from a Flemish online chat counseling service. These transcripts are categorised in 11 psychosocial tags, such as sexuality, medical examination, physical health, etc. We fine-tune the LLM on counselor responses and re-evaluate it using the same prompt that categorises the chat transcripts. The prompt comprises the task description, the chat transcripts, and the expected output format. Performance is assessed using precision (the accuracy of predicted tags), recall (the proportion of actual tags successfully identified), and the F1-score (the harmonic mean of both). Results The base model shows a F1 of 69.94% (Confidence Interval (CI): 63.41-76.44%), with 98.28% recall and 54.29% precision. Fine-tuning increases the F1 to 71.90% (CI: 65.41-78.02%) and precision to 57.89%, while recall shifts to 94.83%. Category-level precision is increased in high-frequency themes ("sexuality", 0.69 to 0.85) but recall is lower in underrepresented classes ("addiction"). Conclusions Fine-tuning improves thematic classification precision. The fine-tuned LLM has a 94.83% recall, meaning it is already usable for counselors because it captures nearly all relevant psychosocial themes. The lower F1-score is a metric artifact. counselors often select only one tag per session, whereas the model identifies multiple valid tags. This mismatch penalizes valid predictions. Organizations should focus on high recall rather than F1 when deploying LLMs for administrative support.

Friday · Auditório · 17:00 Machine-learning prediction & decision support in internet therapy and chat services

T021 [127] ORAL

Therapist behaviors and perceptions using a Machine Learning based Clinical Decision Support System for Internet-delivered Cognitive Behavioral Therapy

Pontus Bjurner · Pontus Bjurner, Viktor Kaldo, Erik Forsell

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Introduction Machine Learning (ML) based Clinical Decision Support Systems (CDSS) have the potential to increase treatment effects of Internet-delivered Cognitive Behavioral Therapy (ICBT). However, little is known about how therapists experience these CDSS and how they affect therapist behaviors. To realize the prospects of a ML-based CDSS it is critical to understand how they are perceived by the clinical end-users. In a previous RCT we have evaluated the clinical effects of a ML-based CDSS for ICBT. Using data from this RCT we will in this study analyze the effects on therapist behaviors and perceptions. The aim of this study is to investigate the following CDSS effects: • Increased the therapists' interaction with patients at risk and time spent on patients at risk and decrease it for not-at-risk patients. • Made therapists overall more time efficient, defined as the ratio of 'decrease in symptoms / therapist time spent per patient'. • Therapists perceive the CDSS and the therapist manual as more helpful and credible than therapists in the TAU arm perceived the therapist manual only. • Therapists' overall experience of supervision, clinical routines, and guidance of their clinical decisions and if this differs between the two arms. • Therapists in the CDSS arm experience of applying treatment adaptations. • What adaptions therapists use for at-risk patients in the CDSS arm and if they differ from at-risk patients in the TAU arm and from not-at-risk patients. Methods Using data and user questionnaires from a previous RCT (n=399) with 70 novice ICBT-therapists evaluate if therapists randomized to use the CDSS differed in their behaviors and perceptions compared to therapists not using the CDSS in accordance with the study aims. Results All data has been collected and is currently being analyzed. Full results will be presented. Conclusions The potential of ML-based CDSS is described as substantial. However, few trials have investigated therapist-related variables.

Friday · Auditório · 17:15 Machine-learning prediction & decision support in internet therapy and chat services

T022 [155] ORAL

Predictive Accuracy and Symptom Trajectories in At-Risk Patients when applying a Machine Learning–Based Decision Support Tool in Internet-Delivered CBT

Viktor Kaldo · Viktor Kaldo, Pontus Bjurner, Nils Hentati-Isacsson, Erik Forsell, Magnus Boman, Fehmi Ben Abdesslem

Karolinska Institute & Linnaeus University · Sweden

Introduction For a predictive Decision Support Tool (DST) to improve outcomes in Internet-delivered Cognitive Behavioral Therapy (ICBT), two conditions must be met: (1) enough accurate identification of patients at risk, and (2) clinical adaptations following that identification that effectively reduce symptoms. We aim to test the first by evaluating if the predictive accuracy of a previously created DST remains the same when used on another sample of patients. The second aspect will be tested by comparing how fast symptoms decrease for patients after they have been identified as being at risk when they are given additional support and treatment adaptations to when they are not. Methods Data come from a triple-blind randomized controlled trial including 70 novice ICBT therapists and 399 patients where a DST and treatment adaption is used for one group and not for another (TAU). For the TAU group, predictions are made but not shown to therapists and we analyze the balanced accuracy of the predictive model that the DST is based on for those patients and compare it to the balanced accuracy of the historical groups of patients it was trained on. For the second research question, we test if patients in the DST arm will have a steeper decrease of symptoms after the point when they are identified as at-risk patients, compared to both the period from pre-treatment to the identification point and to the rate of symptom decrease from pre to post for all at-risk-patients in the TAU arm. Results All data have been collected and are currently being analyzed. Results will quantify changes in symptom reduction rates following identification and examine the moderating role of detection timing. Conclusions This study evaluates if predictive accuracy can be consistent over different patient samples and the clinical impact of post-identification adaptations to explore if these interventions meaningfully accelerate symptom improvement in ICBT.

Friday · Auditório · 17:30 Machine-learning prediction & decision support in internet therapy and chat services

T023 [144] ORAL

Efficacy and Symptom-Level Mechanisms of Change in a Digital Mental Health Intervention for Adolescents with subthreshold and clinical levels of social anxiety

Stefanie Julia Schmidt · Stefanie J. Schmidt, Noemi Walder, Thomas Berger, Larisa Morosan

University of Bern · Switzerland

Introduction: Social anxiety is common in adolescents and can impair psychosocial functioning. This study examined the efficacy of the guided digital mental health intervention SOPHIE for adolescents with subthreshold social anxiety or Social Anxiety Disorder (SAD). It also used Network Intervention Analysis (NIA) to explore how the intervention relates to symptom networks over time. Methods: 133 adolescents (90% female; M age = 14.8) with subclinical or clinical social anxiety were randomized to SOPHIE or care-as-usual (CAU). Assessments were conducted at baseline, mid-, post-intervention, and 5-month follow-up. Effects were analyzed using linear mixed-effects models. Four symptom networks were estimated across timepoints using Mixed Graphical Models, including four social anxiety symptoms, generalized anxiety, depressive symptoms, and a binary intervention node. Results: SOPHIE showed a significant medium-to-large effect at follow-up (d = 0.67, 95% CI [0.32, 1.02]). Effects were significant for adolescents with subclinical social anxiety (d = 1.07, 95% CI [0.41, 1.74]) but not for those with SAD. Social functioning improved at post-intervention and follow-up (post: d = –0.73, 95% CI [–1.08, –0.37]; follow-up: d = –0.32, 95% CI [–0.66, 0.02]). At post-intervention, the intervention node was directly linked to lower fear of negative evaluation and reduced generalized anxiety. Other social anxiety symptoms (fear of social situations, avoidance, and physiological symptoms), as well as depressive symptoms, appeared to be indirectly connected to the intervention through these nodes. Conclusions: SOPHIE was effective, particularly as an indicated prevention tool. Findings suggest two pathways of impact: a more social anxiety-specific pathway and a broader transdiagnostic pathway involving generalized anxiety symptoms.

Friday · C 2.4 · 16:30 Social, performance and public-speaking anxiety interventions (2/3)

T024 [080] ORAL

Cognitive behavioral therapy–based virtual reality exposure intervention for public speaking anxiety: One-year follow-up effects

Jonas Eimontas · Jonas Eimontas, Greta Bertulytė, Kazimieras Lisonka, Olga Zamalijeva, Karolina Petraškaitė

Vilnius University, Faculty of Philosophy, Institute of Psychology, Department of Clinical Psychology · Lithuania

Introduction. Public speaking anxiety is common among students, and virtual reality (VR)-based therapies are increasingly used to address it. However, the most effective way to deliver these interventions remains unclear. Although single-session VR exposure formats have been shown to be efficacious, they are typically lengthy (e.g., around three hours), which may limit their feasibility in certain settings. This study, therefore, examined the efficacy and long-term outcomes of two different VR exposure formats combined with a four-week online intervention. Methods. Thirty-seven young adults (age M = 22.38, SD = 3.01, 70.3% female) were randomly assigned to either a single three-hour session or three one-hour sessions. Public speaking anxiety, social anxiety, and fear of negative evaluation were assessed using the PSAS, LSAS, and BFNE at baseline, post-VR intervention, after the four-week online program, and at a one-year follow-up. Results. Linear mixed-model analyses showed significant reductions in symptoms across both groups during the intervention and at one-year follow-up. In terms of long-term effects, the three-session format was more effective in reducing social anxiety, whereas the single-session format led to greater reductions in fear of negative evaluation. Conclusions. Overall, these findings provide preliminary support for the potential of VR-based interventions and suggest that delivery formats may be adapted to suit different contexts and client needs. Notably, improvements were sustained at the one-year follow-up, indicating that treatment gains were largely maintained over time. However, these results should be interpreted with caution given the small sample size and pilot nature of the study. Further research with larger samples is needed to confirm the durability and generalisability of these effects.

Friday · C 2.4 · 16:45 Social, performance and public-speaking anxiety interventions (2/3)

T025 [060] ORAL

PIM. A controlled pilot trial on ICBT for performance anxiety in young adults

Gerhard Andersson · Gerhard Andersson, Emma Blixt, Josefin Brehmer, Livia Forsberg, Miranda Hultin, Lisa Msoffe Kumlin, & George Vlaescu

Linköping university · Sweden

Introduction Performance anxiety is common among young people and can be specific or more generalized. For persons who suffer it tends to occur in many settings. It can be associated with other anxiety conditions such as social anxiety, but also other problems like perfectionism and procrastination. The aim of this pilot RCT was to develop and test guided internet-based CBT (ICBT) in a sample of young adults aged 18-25 years. Methods Following advertisement, online self-report and structured clinical interviews we included 83 participants. They were randomly allocated to either guided ICBT for 8 weeks or waitlist control. A majority were female (83%) and their mean age was 23 years. Treatment consisted of 11 possible treatment modules with one delivered each week. Five were fixed and three were selected by the participants (self-tailored). Various topics were covered such as values, emotion regulation, self-criticism, cognitions, dealing with failure etc. Results Self-report measures were collected including both standardized and open-ended (analyzed using AI). Dropout rate from assessment was 19%. Results showed moderate to large between-group effects on measures of anxiety/depression, performance anxiety, quality of life etc. For example on the Depression Anxiety and Depression scale the effect was Cohen's d = 0.62. Analyses of open-ended answers using AI also showed significant results. Conclusions This pilot RCT illustrates how the scope of ICBT can be expanded by focusing on transdiagnostic psychological problems. The research should be complemented by follow-up studies, qualitative interviews and larger controlled trials.

Friday · C 2.4 · 17:00 Social, performance and public-speaking anxiety interventions (2/3)

T026 [031] ORAL

Feasibility of Remote Exercise Interventions for First-Episode Psychosis: A Mixed-Methods Study

Chelsea Sawyer · Chelsea Sawyer, Hannah Fabian, Chloe French, Luana Scrivano, Lamiece Hassan, John Sainsbury, Joseph Firth

University of Manchester · United Kingdom

Background: Lifestyle interventions are critical for improving physical and mental health outcomes in individuals with first-episode psychosis (FEP). Despite their growing popularity in the general population, the feasibility of digital health interventions in FEP remains underexplored. This study aims to examine the feasibility and acceptability of delivering a remote online exercise intervention in this population. Methods: A single arm, 8-week mixed-methods feasibility study was conducted. Thirty-two participants, aged 18-35 and currently being treated by Early Intervention Services in NHS Northwest England, consented. Twenty-seven were enrolled into the intervention. At enrolment, participants were given a Fitbit and were asked to complete a baseline assessment of physical activity, weight, mental well-being, social functioning, loneliness, and life satisfaction. Participants' engagement with the exercise sessions was recorded for 8-weeks, at which point they were followed up to complete a post-intervention assessment. A subsample of 14 participated in qualitative interviews to explore their experiences of the intervention. Results: Feasibility was demonstrated through strong recruitment and attendance rates, 84% and 91.5% respectively. Acceptability was demonstrated through attendance records and positive qualitative feedback, with participants consistently reporting enjoyment and engagement with the programme. Three key themes were developed: i) Physical activity and beyond – Impact on lifestyle, wellbeing, and social connection; ii) Navigating visibility and privacy in digital spaces; and iii) Technology as a facilitator. Conclusions: High attendance rates, the absence of adverse events, and positive qualitative comments support the acceptability of using pre-recorded videos. These findings underscore the potential of scalable, low-cost digital interventions to enhance physical and psychological outcomes within NHS Early Intervention Services. The study also provides valuable feedback on implementation barriers, tailoring to meet individuals with FEP needs, and suggested outcome measures to inform future large-scale trials.

Friday · C 1.4 · 16:30 Implementation, scaling & service models for digital mental-health care (1/3)

T027 [032] ORAL

Online Group Fitness Training for Young People with First-Episode Psychosis: Evidence, engagement, and implementation

Chloe French · Chloe French, Chelsea Sawyer, Hannah Fabian, Lamiece Hassan, Joseph Firth

University of Manchester, Division of Psychology and Mental Health · United Kingdom

Introduction: Lifestyle interventions, including exercise, can improve both physical and mental health outcomes for young people with severe mental illness. Digitally delivered physical activity interventions can offer scalable solutions; however, their effectiveness may depend on integration within existing mental health services and clinician support. Therefore we aimed to develop and implement a co-designed digital intervention and explore pathways for clinical implementation. Methods: Home-based workout videos and nutrition content were co-designed with young people aged 18-35 with first-episode psychosis. An eight-week feasibility was conducted to assess safety, engagement and preliminary outcomes. We are now developing a clinician training programme to support uptake and implementation within routine care. Results: Our eight-week feasibility study was feasible, safe and engaging with early indications of benefits for psychological wellbeing and functioning. Participants reported high acceptability of the co-designed content. Development of a clinician facing training programme is ongoing to facilitate integration into mental health services. Conclusions: Embedding co-designed digitally-delivered interventions within routine care , supported by clinician training may enhance uptake and sustainability.

Friday · C 1.4 · 16:45 Implementation, scaling & service models for digital mental-health care (1/3)

T028 [042] ORAL

Resource-efficient Quality Control of Therapist Fidelity with Hierarchical Bayesian Modelling

Erling W. Rognli · Annika Sannes, Erling W. Rognli, Nor C. Torp, Ketil Hanssen-Bauer, Silje Klundelien Storfossen, Markus Nordheim Høstaker, Marianne Aalberg

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Introduction: Therapist-guided internet-delivered cognitive behavioural therapy (iCBT) is an evidence-based and potentially cost-effective treatment for anxiety in children and adolescents. Although therapist involvement is less extensive than in face-to-face CBT, therapist support is arguably important for engagement, adherence, and outcomes. However, therapist fidelity in iCBT is rarely examined, particularly in routine child and adolescent mental health services (CAMHS). This project was conducted as a service-level quality control and implementation evaluation after one year of implementing iCBT for childhood anxiety across five CAMHS units in South-Eastern Norway. Methods: We conducted assessment of fidelity as part of an ongoing implementation of therapist-guided iCBT for children aged 8–12 years with anxiety disorders. The programme being implemented comprises 12 child modules and parallel parent modules. Therapists received initial training and regular online supervision. Fidelity was assessed using the ICBT Therapist Rating Scale and the ICBT Undesirable Therapist Behaviours Scale. We sampled treatment modules to score randomly across patients, stratified by clinic. Bayesian hierarchical beta-binomial regression models with therapists nested within clinics were used to estimate average fidelity across the five clinics, therapist heterogeneity, and a time trend. We sampled and analysed data consecutively, until adequate posterior certainty was achieved for parameters of interest. Results: Results will be presented at the symposium. Analyses show substantial variation in therapist fidelity across therapists, although average levels are acceptable, and change over time is likely small. We will demonstrate how Bayesian updating allows us to flexibly balance resource use for scoring fidelity with necessary certainty for informing the implementation process. Conclusions: Multilevel modelling in a Bayesian framework is highly applicable for resource- efficient quality control when implementing iCBT programmes in regular CAMHS.

Friday · C 1.4 · 17:00 Implementation, scaling & service models for digital mental-health care (1/3)

T029 [034] ORAL

Building the evidence base of a commercial digital behavioural health intervention: The Amwell Research Portfolio Approach

Daniel Duffy · Daniel Duffy, Angel Enrique, Garrett Hisler

SilverCloud by Amwell · Ireland

Introduction: Globally, digital behavioural health interventions (DBHIs) are increasingly used across healthcare systems, employers, and population health programmes. However, commercial DBHIs must be supported by credible, ongoing scientific evaluation to demonstrate clinical impact, understand implementation in real-world settings, and respond to the needs of diverse stakeholders. This abstract describes how a commercial DBHI, SilverCloud by Amwell, has been supported by a portfolio of collaborative scientific trials across academic, healthcare, and public-sector partners. Methods: A portfolio-based research strategy was developed to evaluate SilverCloud DBHIs across multiple populations, settings, and service models, as well as to extend the capacity of the existing research team. Collaborative trials were initiated globally with a range of partners (universities, health systems, governments, etc) using a range of study designs (e.g. RCTs, observational, implementation and health economics study designs) and were funded by grant authorities (e.g. NIH/NIMH, PCORI, CDMRP, NIHR). Research partnerships were used to ensure methodological rigour, contextual relevance, and independent scientific contribution. Results: This presentation will illustrate a range of studies that the Amwell research team are currently engaging with, including studies focussing on generating AI algorithms to facilitate clinician best practice on the platform, algorithms to predict who responds best to which SilverCloud intervention, target trials that emulate RCT designs in large datasets, mixed-methods implementation research in a national sample and extending DBHIs to care contexts specific to adolescents. Conclusions: A portfolio of collaborative scientific trials can support clinical credibility, implementation learning, and stakeholder confidence while helping ensure that digital interventions remain evidence-based, scalable, and responsive to real-world needs. Further, for commercial DBHI products, there is a need to align to wider company and market priorities to ensure the longevity of the product. The Amwell research portfolio approach provides a practical model for aligning commercial innovation with rigorous scientific evaluation, ultimately resulting in patient and healthcare provider impact.

Friday · C 1.4 · 17:15 Implementation, scaling & service models for digital mental-health care (1/3)

T030 [109] ORAL

Beyond Entertainment: A Multi-Perspective Qualitative Study on the Meaning of Video Games in Youth Narratives

Magdalena Lesnierowska · Magdalena Lesnierowska, Magdalena Pietrzak, Jan Maciejewski, Ewelina Smoktunowicz, on behalf of the SMILE consortium

SWPS University, Institute of Psychology, Warsaw, Poland · Poland

Introduction With one in seven adolescents facing mental disorders, video games—played by 60–90% of youth—offer an engaging framework for digital interventions. The aim of this qualitative study was to understand the subjective meanings young people attach to video games, mapping their roles in youth narratives from the perspectives of adolescents and influential adults. Methods Part of the Horizon 2020 SMILE project, this study utilized focus group interviews in seven European countries (Cyprus, Germany, Italy, Poland, Slovenia, Spain, UK). Focus groups were conducted with adolescents aged 10–24 (divided into young, middle, and older cohorts), alongside parents, teachers, and clinicians, to explore the subjective meanings, roles, and habits associated with gaming. Transcripts underwent a hybrid deductive-inductive thematic analysis. Results Analysis revealed five core themes. Regarding social relationships and family, games foster peer cohesion and deep conversations, though youth face toxic interactions and parental conflicts over screen time. Psychologically, games act as vital coping tools for relaxation and stress distraction, despite occasional frustration from gameplay failures. In development, identity, and competences, virtual environments provide safe spaces for autonomy, self-expression, and implicit learning. Within everyday life, gaming is a versatile time-navigation tool, serving as background filler for boredom, a planned social ritual, or hidden play during lessons. Finally, within game worlds, youth value balanced challenges, creative agency, and immersive aesthetics, viewing games as a shared cultural medium that creates common memories and a sense of belonging. Conclusions Video games are vibrant, lived ecosystems crucial for youth socialization, emotional regulation, and identity formation. Integrating these multi-perspective meanings into gamified mental health tools is essential to ensure clinical relevance, acceptability, and high engagement.

Friday · C -1.4 · 16:30 Serious games & gaming for mental health (1/2)

T031 [130] ORAL

Loot Boxes in Video Games – A Bibliometric Study

Rui Pedro Tinoco Carreiro · Rui Tinoco

ICAD, Portugal · Portugal

Introduction Over time, video games have been marketed in various ways. The emergence of freemium models and the ability to download content after purchasing or installing games has somewhat changed the business model and made it possible to purchase products within the game. One such product involves the random acquisition of certain digital items through the opening of cases or loot boxes. This business model has been the subject of widespread criticism from a number of consumer associations as well as numerous researchers in the field. Thus, this study aims to identify research trends in the field, seeking to identify major thematic areas as well as emerging areas. Methods A bibliometric approach was used to address and answer the questions listed above. For this purpose, Scopus was used, a large database of scientific research indexed in renowned journals. Thus, in May 2025, a search was conducted using the terms "loot box" and "loot boxes." The search was limited to the years 2020 through 2024, covering a five-year period and excluding 2025, which was still ongoing at the time of the search. A total of 257 works were obtained, which were analyzed according to data from the platform itself and subsequently exported to the bibliometric software VosViewer, where the data was analyzed using various tools within this software, namely: bibliographic coupling by authors and by documents; co-authorship mapping; and the co-occurrence of keywords, both simple and in overlay visualization (which allows for a chronological visualization of the average publication time for each keyword). Conclusion There is a gap between the start of research in this area (2017) and the emergence of the loot box phenomenon itself in the mid-2000s. There has been an annual increase in published articles, reflecting the growing interest in this field. Regarding thematic areas or areas of interest, the following stand out: the study of the relationship between loot boxes and gambling, including the gateway hypothesis, which seeks to determine whether the purchase of loot boxes can serve as a gateway to problem gambling; issues of regulation and consumer protection; and the topic of predatory monetization, among others. The topic of consumer protection is one of the emerging themes, as is the issue of children and adolescents' involvement in these practices.

Friday · C -1.4 · 16:45 Serious games & gaming for mental health (1/2)

T032 [081] ORAL

Fig: The Game for Depression as an add-on to antidepressant treatment: a randomised controlled trial on residual symptoms and medication adherence

Gerhard Andersson · Gerhard Andersson, Matilda Berg, Gabriel Astudillo, Tomas Lindegaard, Amalie Englund Find, Josefin Brehmer, Mikael Ludvigsson, & Per Carlbring

Linköping University, Sweden · Sweden

Introduction Many adults who take antidepressants still have depressive symptoms and do not take their medication as prescribed. We tested whether access to a multicomponent digital intervention built around a CBT-based smartphone serious game could reduce symptoms and improve adherence in this group. Methods In a randomised controlled trial, 148 adults on ongoing antidepressant treatment with residual depressive symptoms were allocated to nine weeks of access to the intervention or to a waitlist. The intervention combined the serious game Fig: The Game for Depression with 25 optional internet-based CBT (ICBT) modules and therapist guidance on demand. The primary outcome was self-rated depression (MADRS-S) at post-treatment. Results At post-treatment, regression models favoured the intervention group on depressive symptoms (d = 0.74), anxiety (d = 0.67) and medication adherence (d = 0.46), while quality of life did not differ significantly. More intervention participants improved by at least 30% (51.11% vs. 18.64%), and the findings held in sensitivity analyses for missing data. Of the intervention participants, 79% installed Fig and played a mean of 81 game sessions (SD 73); 31.6% contacted their therapist and 27.6% completed at least one ICBT worksheet. Attrition was higher in the intervention group (40.8%) than in the control group (18.1%). Conclusions Access to Fig, optional ICBT modules and therapist support on demand was associated with larger short-term improvements in depression, anxiety and medication adherence than waiting. Given the differential attrition, open-label design, waitlist comparison and self-reported outcomes, the effects cannot be attributed to the game alone.

Friday · C 2.4 · 17:15 Serious games & gaming for mental health (2/2)

T033 [014] SHARED TALK

Internet-Delivered Cognitive Behavioral Therapy With Real-Time Therapist Support via Videoconference for University Students With Social Anxiety Disorder: A Feasibility Study

Anita Santos · Cláudia Oliveira, Liliana Meira, & Anita Santos

University of Maia & Center of Psychology of University of Porto, Portugal · Portugal

Introduction: Social Anxiety Disorder (SAD) is among the most prevalent mental health conditions in university students, yet significant barriers to help-seeking persist. Internet-delivered psychological interventions, particularly internet-delivered Cognitive Behavioral Therapy (iCBT), have emerged as promising alternatives to face-to-face treatment. However, CBT delivered with real-time therapist support via videoconference (vCBT) remains largely unexplored, particularly in Portugal, where no such study had previously been conducted. Methods: This feasibility study examined preliminary clinical effects of a 16-session vCBT program for 20 university students (18 completers) diagnosed with SAD. Symptom change was assessed via quantitative measures of social anxiety, depressive symptoms, generalized anxiety, and overall mental health functioning. The feasibility and acceptability were assessed by mixed-methods, namely by analyzing recruitment rates, treatment adherence, credibility, expectancy, and satisfaction, and by semi-structured interviews which aimed to explore participants' experiences and perceptions of the intervention. Results: Participants showed significant improvements across all clinical outcomes from baseline to post-treatment, with gains largely maintained at 3-month follow-up. Over half of completers (55.6%) achieved reliable change and met recovery criteria at post-treatment. Treatment credibility, expectancy, and satisfaction were high. Qualitative findings converged with quantitative results. Facilitators included accessibility, flexible scheduling, and reduced social judgment; barriers included lack of face-to-face contact and technical difficulties. Conclusions: This is the first study to examine vCBT for university students with SAD in Portugal. A randomised controlled trial is needed to establish efficacy and inform scale-up.

Friday · C 2.4 · 17:30 Social, performance and public-speaking anxiety interventions (3/3)

T034 [033] SHARED TALK

Internet-Delivered Cognitive Behavioral Therapy With Real-Time Therapist Support via Videoconference for University Students With Social Anxiety Disorder: A Feasibility Study

Cláudia Abreu de Oliveira · Cláudia Oliveira, Anita Santos, & Liliana Meira

University of Maia & Center for Psychology at University of Porto · Portugal

Introduction: Social Anxiety Disorder (SAD) is among the most prevalent mental health conditions in university students, yet significant barriers to help-seeking persist. Internet-delivered psychological interventions, particularly internet-delivered Cognitive Behavioral Therapy (iCBT), have emerged as promising alternatives to face-to-face treatment. However, CBT delivered with real-time therapist support via videoconference (vCBT) remains largely unexplored, particularly in Portugal, where no such study had previously been conducted. Methods: This feasibility study examined preliminary clinical effects of a 16-session vCBT program for 20 university students (18 completers) diagnosed with SAD. Symptom change was assessed via quantitative measures of social anxiety, depressive symptoms, generalized anxiety, and overall mental health functioning. The feasibility and acceptability were assessed by mixed-methods, namely by analyzing recruitment rates, treatment adherence, credibility, expectancy, and satisfaction, and by semi-structured interviews which aimed to explore participants' experiences and perceptions of the intervention. Results: Participants showed significant improvements across all clinical outcomes from baseline to post-treatment, with gains largely maintained at 3-month follow-up. Over half of completers (55.6%) achieved reliable change and met recovery criteria at post-treatment. Treatment credibility, expectancy, and satisfaction were high. Qualitative findings converged with quantitative results. Facilitators included accessibility, flexible scheduling, and reduced social judgment; barriers included lack of face-to-face contact and technical difficulties. Conclusions: This is the first study to examine vCBT for university students with SAD in Portugal. A randomised controlled trial is needed to establish efficacy and inform scale-up.

Friday · C 2.4 · 17:30 Social, performance and public-speaking anxiety interventions (3/3)

T035 [094] SHARED TALK

Internet-Delivered Cognitive Behavioral Therapy With Real-Time Therapist Support via Videoconference for University Students With Social Anxiety Disorder: A Feasibility Study

Liliana Meira · Cláudia Oliveira, Liliana Meira & Anita Santos

University of Maia & Center of Psychology at University of Porto, Portugal · Portugal

Introduction: Social Anxiety Disorder (SAD) is among the most prevalent mental health conditions in university students, yet significant barriers to help-seeking persist. Internet-delivered psychological interventions, particularly internet-delivered Cognitive Behavioral Therapy (iCBT), have emerged as promising alternatives to face-to-face treatment. However, CBT delivered with real-time therapist support via videoconference (vCBT) remains largely unexplored, particularly in Portugal, where no such study had previously been conducted. Methods: This feasibility study examined preliminary clinical effects of a 16-session vCBT program for 20 university students (18 completers) diagnosed with SAD. Symptom change was assessed via quantitative measures of social anxiety, depressive symptoms, generalized anxiety, and overall mental health functioning. The feasibility and acceptability were assessed by mixed-methods, namely by analyzing recruitment rates, treatment adherence, credibility, expectancy, and satisfaction, and by semi-structured interviews which aimed to explore participants' experiences and perceptions of the intervention. Results: Participants showed significant improvements across all clinical outcomes from baseline to post-treatment, with gains largely maintained at 3-month follow-up. Over half of completers (55.6%) achieved reliable change and met recovery criteria at post-treatment. Treatment credibility, expectancy, and satisfaction were high. Qualitative findings converged with quantitative results. Facilitators included accessibility, flexible scheduling, and reduced social judgment; barriers included lack of face-to-face contact and technical difficulties. Conclusions: This is the first study to examine vCBT for university students with SAD in Portugal. A randomised controlled trial is needed to establish efficacy and inform scale-up.

Friday · C 2.4 · 17:30 Social, performance and public-speaking anxiety interventions (3/3)

T036 [088] SHARED TALK

From Pilot to National Service: Scaling Digital Mental Health Care in Denmark

Laura Emilie Ingerslev · Rie Eg Sell, Stine Ronholt, Laura Emilie Ingerslev

CEDIP (Centre for Digital Psychiatry) - Denmark · Denmark

Abstract allready submitted by Rie Eg Sell

Friday · C 1.4 · 17:30 Implementation, scaling & service models for digital mental-health care (2/3)

T037 [139] SHARED TALK

From Pilot to National Service: Scaling Digital Mental Health Care in Denmark

Rie Eg Sell · Rie Eg Sell, Stine Ronholt, Laura Emilie Ingerslev

CEDIP (Centre for Digital Psychiatry) - Denmark · Denmark

Introduction Internetpsykiatrien (DK) evolved from a small research clinic into a national digital mental health service. The clinic provides guided iCBT through 12-week online programmes with written therapist support. Patients self-refer through the clinic website without referral or prior diagnosis. This post describes the development required to scale digital mental health care from research to nationwide implementation. Methods The scale-up process included: (A) development of secure digital treatment programmes and data infrastructure (B) creation of an informative website guiding applicants and clarifying eligibility (C) implementation of structured screening procedures; (D) gradual recruitment and onboarding of eTherapists and support staff (administrative, technical, data-support) (E) continuous data-collection of clinical outcomes, completion rates, and patient feedback for quality improvement (F) dissemination and stakeholder communication through presentations, collaborations, and media outreach. Results The transition from research clinic to regional and later national service enabled major growth in patient volume while maintaining standardised treatment delivery and clinical quality. Improved website communication and structured screening strengthened patient-treatment matching. Continuous monitoring of outcomes and patient feedback supported ongoing improvements of treatment content, workflows, and therapist support practices. Conclusions Scaling digital mental health services from research to national implementation requires coordinated development of clinical, organisational, technical, and communication capacities. Key lessons include accessible digital entry points, systematic screening, structured staff onboarding, and continuous data-driven quality improvement. These experiences may support others implementing large-scale digital mental health services.

Friday · C 1.4 · 17:30 Implementation, scaling & service models for digital mental-health care (2/3)

T038 [099] ORAL

Breast Cancer Survivors' Acceptance and Perceived Impact of Passive Sensing for Mental Health

Cristina Mendes-Santos · Maria Lua Nunes, Beatriz S. Matos, Emanuel Dias, Liliana Ferreira, Ísis Braz da Silva, Ana F. Oliveira, Diana Pinto, Ana Vasconcelos, Cristina Mendes-Santos

Faculty of Medicine, University of Lisbon; Fraunhofer Portugal AICOS. Portugal · Portugal

Introduction Breast cancer survivors (BCS) face significant psychological challenges, including anxiety, depression, and fear of recurrence. Passive sensing technologies offer promising avenues for personalized mental health monitoring, yet little is known about how BCS perceive and engage with such technologies. This study explored BCS' acceptance, use, and perceived impact of passive sensing, and identified design requirements for digital phenotyping mental health tools. Methods A multimethod qualitative study was conducted with 29 Portuguese BCS. Data was collected through in-depth interviews, group and individual co-design sessions, and debriefing interviews. A subgroup participated in a 10-week pilot trial using a wearable activity tracker and a smartphone-based sensing app. Transcripts were analyzed using inductive thematic analysis. Results BCS generally accepted passive sensing, particularly when mediated by healthcare professionals and aligned with ethical and privacy standards. Key motivations for data sharing included altruism, clinical support, and peer normalization of survivorship experiences. Passive sensing supported self-awareness and behavior change, but continuous monitoring also triggered anxiety and obsessive behaviors in some participants. Preferred design features included weekly data summaries, dashboards integrating passive and active data, clinician-mediated feedback, and conversational interfaces as supportive companions. Conclusions While BCS are open to passive sensing, acceptance does not guarantee active self-care engagement. Continuous monitoring risks anxiety and feelings of surveillance, making psychological safety central to design. Adaptive visualizations and actionable feedback can enhance agency and trust, while guidance features support data interpretation. Tensions between patient expectations and clinical involvement require clear models of responsibility. These findings have the potential to inform BCS-tailored tools design.

Saturday · Auditório · 09:30 Digital interventions and monitoring in cancer and somatic illness (2/2)

T039 [019] ORAL

Feasibility and Acceptability of Passive Sensing as a Standalone and Adjunct Component of an Internet-Delivered Psychological Intervention for Breast Cancer Survivors: Findings from the iNNOVSensing Pilot Study (NCT03275727)

Beatriz da Silva Matos · Beatriz Matos, Ísis Silva, Sara Esteves, Shreya Bali, Diana Ferreira, Ana Filipa Oliveira, Haozhe Zhou, Ana Vasconcelos, Maria Lua Nunes, Mariana Lobo, Gerhard Andersson, George Vlaescu, Elisabete Weiderpass, Rui Santana, Mayank Goel, Cristina Mendes-Santos

IPO Porto Research Center, GPTE research group, Portugal · Portugal

Introduction: Breast cancer survivors (BCS) often experience psychological distress but lack timely care. Internet interventions widen access, yet responses vary and episodic self-reports may miss symptom fluctuations. Passive sensing may support continuous monitoring of mental-health markers, yet its feasibility and acceptability in BCS remain unexplored. We evaluated passive sensing as a standalone monitoring approach and as an adjunct to iNNOVBC, a guided, tailored, internet-delivered ACT-based cognitive behavioural intervention for BCS. Methods: A mixed-methods, open-label, multicentre pilot feasibility study was conducted in Portugal. Participants could participate in the pilot RCT, passive sensing procedures, or both. Intervention participants were randomized to iNNOVBC (Arm A) or waiting-list treatment as usual (Arm B). Passive sensing ran for ≥10 weeks via smartphones and wearables, with daily EMA. Secondary outcomes - anxiety (GAD-7), depression (PHQ-9), and quality of life (QLQ-C30) - were exploratory, as the trial was not powered for efficacy. Results: Of 291 BCS invited, 126 consented. Screening failure was high (52.7%) within the RCT. 35 eligible participants entered the RCT (20 Arm A; 15 Arm B), and 64 initiated passive sensing. Intervention retention was high (~86%). 72% of participants completed ≥50% of modules and 52% completed all modules; EMA compliance averaged 78.8%. Wearable sensing showed high adherence (90.6%) and near-complete data capture, while smartphone sensing had technical issues and variable data yield. Usability was good (mean SUS=73.2). Device-related harms were minor. Exploratory clinical changes were small and heterogeneous, with no clear between-group effects. Conclusions: Passive sensing was feasible, acceptable, and usable both as a standalone monitoring approach and when integrated within iNNOVBC. Clinical outcomes were inconclusive, as expected in a pilot study not powered for efficacy. Findings inform future trials of digital phenotyping-enhanced mental health care. Keywords: Acceptability; Breast Cancer; Digital Phenotyping; Feasibility; Internet Interventions; Passive Sensing.

Saturday · Auditório · 09:45 Digital interventions and monitoring in cancer and somatic illness (2/2)

T040 [058] ORAL

Can Lay Users Distinguish AI From Psychologists in Online Mental Health Information? A Signal Detection Theory Approach

Francisco Valente Goncalves · Francisco Valente Gonçalves Inês Gaspar Raquel Santos Carolina Borges

Universidade Europeia · Portugal

As AI systems increasingly deliver mental health psychoeducational content online, it is essential to understand whether lay users can distinguish AI-generated responses from those written by qualified psychologists, and whether their judgments reflect genuine perceptual sensitivity or systematic decision biases. In this study, we applied Signal Detection Theory (SDT) to examine both discriminability and response bias when participants classified brief written responses as authored either by an AI system or by a human psychologist. Ten highly searched mental health questions were selected, including topics such as distinguishing sadness from depression, recognising burnout, and managing panic attacks. For each question, two responses were created: one written by a psychologist and one generated by an AI system, resulting in a total of 20 stimuli. A sample of 359 participants evaluated these responses, judged whether each was written by a human or AI, reported their confidence, and rated the perceived empathy, usefulness, and adequacy of each answer. SDT analyses showed that participants' ability to discriminate between the two sources was close to chance ($d' \approx 0.10$). Participants correctly identified psychologist-written responses at a rate of .64, they also showed a high false-alarm rate (.68), frequently judging AI-generated responses as if they had been written by a psychologist. The decision criterion indicated a clear bias toward attributing responses to human professionals ($c = -.42$), suggesting that participants tended to assume a human source even when reliable cues were absent. Confidence levels were moderate and unrelated to accuracy, pointing to limited metacognitive insight in detecting authorship. The findings suggest that, for common mental health queries, AI-generated responses may be effectively indistinguishable from psychologist-written content for lay readers, while also eliciting a systematic tendency to perceive them as human-authored. These results have important implications for transparency and disclosure practices, for fostering appropriately calibrated trust in digital mental health information, and for developing interventions that strengthen critical evaluation and digital literacy in clinically sensitive contexts.

Saturday · C 2.4 · 09:30 AI chatbots, conversational agents & AI-generated mental-health content (1/3)

T041 [006] ORAL

How Does Artificial Intelligence Perform in Cultural Adaptation of Psychological Techniques? An Experimental Study of Perceived Relevance and Acceptability of CBT Techniques Culturally Adapted into Persian Dari by Artificial Intelligence Versus a Human Expert

Ali Amiri · M. Ali Amiri, Youstina Demetry, & Gerhard Andersson

Linköping University, Department of Behavioral Sciences and Learning · Sweden

Introduction: A lack of culturally adapted psychological interventions is one of the major barriers to accessing and utilizing mental health care among vulnerable populations. However, creating culturally adapted interventions can be a complex and resource-intensive process. Given the rapid development of Artificial Intelligence (AI) in recent years, and its ability to analyze extensive datasets in various languages, cultural adaptation of psychological interventions may also benefit from these advancements. Research in this area is in its early stages, and more evidence is needed to determine whether AI can reliably assist with cultural adaptation. This study explored how cognitive behavioral therapy (CBT) techniques are perceived when translated and culturally adapted for Persian Dari speaking individuals by an AI versus a human expert. Method: In an online randomized experiment two CBT techniques (exposure for anxiety and identification of automatic negative thoughts [i-ANTs]) were culturally adapted by either a human expert or AI and rated by participants blinded to the study purpose. The cultural relevance questionnaire (CRQ) and the Theoretical Framework of Acceptability (TFA) were used as outcome measures. Mixed ANOVAs were conducted using the CRQ and its domains, and TFA scores, with CBT technique as a within-subject factor and expert type as a between-subject factor. Results: In terms of cultural relevance, although human-adapted texts were rated higher ($M_{Exposure} = 17.70$, $SD_{Exposure} = 4.85$; $M_{i\text{-}ANTs} = 18.39$, $SD_{i\text{-}ANTs} = 4.27$) than AI-adapted texts ($M_{Exposure} = 16.30$, $SD_{Exposure} = 4.72$; $M_{i\text{-}ANTs} = 17.20$, $SD_{i\text{-}ANTs} = 4.55$), the effect of expert type was not statistically significant ($p = .082$, $\eta p^2 = 0.02$). Expert type had a significant effect only on linguistic equivalence ($p = .002$, $\eta p^2 = 0.07$), favoring human-adapted texts. The i-ANTs techniques were rated higher than exposure on both cultural relevance ($p = .006$, $\eta p^2 = 0.05$), and acceptability ($p = .040$, $\eta p^2 = 0.03$). The effect of expert type was not significant for acceptability ($p = .507$). Conclusions: AI can assist with the cultural adaptation of CBT techniques into Persian Dari. Given the variabilities among AI tools and cultural nuances, careful prompting and thorough review of outputs are essential.

Saturday · C 2.4 · 09:45 AI chatbots, conversational agents & AI-generated mental-health content (1/3)

T042 [037] ORAL

User Subjective Experience of AI-Driven Conversational Agents in Mental Health Interventions: Development and Evaluation of a New Instrument

Esther Mertens · Esther Mertens, Janis Butz, & Jean-Louis van Gelder

Max Planck Institute for the Study of Crime, Security and Law · Germany

Introduction: Artificial Intelligence (AI)-driven conversational agents are increasingly integrated in behavioral and mental health interventions but the development of standardized instruments to assess these agents has not kept pace. Therefore, we developed and psychometrically validated an instrument designed to measure users' subjective experiences with AI-driven agents in healthcare settings. Methods: The instrument was developed and psychometrically evaluated in four successive phases: 1) Subscale and item generation: Identification of dimensions and attributes via literature review, existing instruments, prompting AI-chatbots, and expertise of the research team. 2) Content refinement: Refinement of the subscales, definitions and items using feedback from expert and layperson panels. 3) Structural exploration: Evaluation of the structure of the draft instrument through a pilot study (N = 217). 4) Psychometric evaluation: Finalize the instrument and determine its psychometric properties among the general population (N = 430). Results: Phase 1 yielded 203 quality attributes, which were aggregated into three primary dimensions and used to generate an initial pool of 40 candidate items. In Phase 2, feedback of the panels resulted in the conceptual refinement of the dimensions, elimination of 19 poorly performing items, and generation of 9 new items. Phase 3 pilot testing showed a four-factor structure. In Phase 4, this structure was confirmed and the instrument was finalized by balancing the factors to contain four items each, showing good reliability and validity. Conclusions: The new instrument provides a psychometrically sound tool for researchers and developers to evaluate subjective user experiences of AI-driven conversational agents at various stages of intervention development. During the presentation, I will discuss the results of each phase and present the psychometrically validated instrument.

Saturday · C 2.4 · 10:00 AI chatbots, conversational agents & AI-generated mental-health content (1/3)

T043 [013] ORAL

Development and Evaluation of an AI-Assisted Biofeedback Chatbot to Support Emotion Regulation in Everyday Life

Aneliana da Silva Prado · Aneliana da Silva Prado, Elisabeth Kohls, Juliane Hug, Yannick Geyer, Klara Reichenbach, Sofia Schöbel, Kira Prettin, Julia Nowak, & Christine Rummel-Kluge

Leipzig University/Medical Faculty/Psychiatry and Psychotherapy Deparment/Germany · Germany

Introduction: Difficulties in emotion regulation are a significant risk factor for psychological distress, making effective regulation a central protective factor for mental health. Despite growing digital health applications, personalized, evidence-based solutions for everyday emotion regulation remain scarce. In this project (2024-2027), an AI-based adaptive chatbot that supports users in perceiving and regulating emotions via smartwatch biocueing has been developed and will be evaluated. The study investigates (1) efficacy of digital emotion training, (2) the added value of biocueing, (3) transfer of strategies to daily life, and (4) user acceptance and usability. Methods: Built on a Large Language Model (LLM), the chatbot is trained for psychoeducation within a closed architecture. An app-based demonstrator is evaluated in a 4-week field study with adults reporting emotion regulation difficulties, but no acute mental illness. A mixed-methods design covers psychometric assessments and qualitative interviews. Primary outcomes are emotion regulation competence (PERCI) and difficulties (DERS); secondary outcomes include well-being (WHO-5), stress (PSS-4), depression (PHQ-9), and anxiety (GAD-7). Results: Engagement with the app is expected to improve emotional awareness, regulation, and self-efficacy. Preliminary pilot data will be presented at the conference. Conclusions: The app combines psychotherapeutic expertise with AI and wearable technology, contributing to the clinical validation of LLM-based mental health interventions and advancing accessible, evidence-based e-mental health solutions.

Saturday · C 2.4 · 10:15 AI chatbots, conversational agents & AI-generated mental-health content (1/3)

T044 [051] ORAL

Bridging the Gap in Low-Resource Settings: The Role of Digital Tools and Positive Affect in Enhancing Youth Mental Health in Zimbabwe

Evaldas Kazlauskas · Evaldas Kazlauskas, Fadzai Munyuki, Austeja Dumarkaite, Samson Mhizha, Paulina Zelviene

Vilnius University, Lithuania · Lithuania

Introduction: In low-resource settings like Zimbabwe, youth face significant psychological distress with limited access to professional mental health resources. However, research in this field remains scarce. This study explores mental health, the use of digital technologies, and the protective role of positive affect (PA). Methodology: A cross-sectional survey was conducted among 509 youth aged 18–25 (65.4% female) in Zimbabwe in January–March, 2026. Mental health was assessed using the PHQ-9 and GAD-7. Results: High distress was observed in the sample, with 44.8% experiencing severe anxiety and 18.3% suffering from moderate-to-severe depression. Help-seeking is dominated by traditional strategies: religious coping (54.0%) and friends/family (51.5%); with only 11.8% seeking professional care. Key barriers included distress internalization (46.4% "keeping it to myself") and discrimination/stigma (12.4%). Despite these barriers, digital options are emerging. Overall, participants reported high connectivity: 97.6% owned a smartphone, and 83.1% had regular internet access. Among a subgroup that specified help-seeking strategies (n=119), 21.0% used mental health apps/websites, and 12.6% engaged with Generative AI chatbots to handle stress and regulate emotions. Additionally, 9.2% used social media, such as TikTok, for motivational content and emotional healing advice. Higher depression scores linked positively to AI use (r =.11, p=.012), suggesting a preference for digital anonymity. PA served as a buffer, correlating with lower depression (r = -.29) and anxiety (r =- .24). PA also facilitated digital engagement; it significantly correlated with proactive use of digital tools and social media. Conclusion: Findings highlight a gap between mental health care and untreated distress in Zimbabwe. Digital tools offer a promising pathway to overcome barriers to care and stigma. Future interventions should integrate these digital technologies by leveraging positive affect to enhance resilience and promote mental health in low-resource settings.

Saturday · C 1.4 · 09:30 Youth digital services, single-session counseling & equity

T045 [121] ORAL

From delay to dialogue: Chat counseling as a modern intervention

Patrik Senica · Patrik Senica, Domen Kralj, & Petra Tratnjek

National Institute of Public Health of the Republic of Slovenia · Slovenia

Introduction Chat counseling is a form of synchronous online counseling that connects users with (mental) health professionals via chat services or applications, typically in one-on-one interactions. Its users are often adolescents, and appears to be therapeutically effective. Chat counseling services are disproportionately used by girls, while counselors consistently report high levels of psychological distress among users. Methods At the beginning of 2025, we expanded chat counseling in the largest Slovenian online counseling service for adolescents, #To sem jaz (#This is me), by increasing the number of counselors, training them, providing bimonthly supervision, and offering at least two chat sessions per week. We examined the number, themes, duration, and quality thresholds of chats, while also analyzing data of asynchronous forum counseling service. Results In 2025, 102 one-hour chat sessions were conducted, during which counselors carried out 207 chats – a 56% increase since 2024. In the same period, the number of questions in the forum dropped by 16%. Most users were girls (N = 188; 91%), while boys were less represented (N = 16; 8%). On average, a chat lasted 45 minutes. Most chats occurred in January, April, August, and November, and the fewest took place in June and October. The most common themes were school-related problems, emotions, suicidality, self-harm, and relationships with family or friends. Conclusions While the number of questions in the asynchronous part of #This is me decreased, the number of chats increased. This may be because synchronous services compete better with increasingly popular AI-based counseling tools. Adolescents are more likely to seek help during periods of higher school-related stress. Severe topics such as suicide and self-harm are more prevalent in chat than in the forum. We also developed simplified chat guidelines and identified four simultaneous chats as the threshold after which quality declines noticeably.

Saturday · C 1.4 · 09:45 Youth digital services, single-session counseling & equity

T046 [106] SYMPOSIUM

From evidence to practice: The implementation of Be a Mom in the Portuguese National Health Service

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Introduction: Postpartum depression affects one in seven women and is associated with adverse outcomes for mothers and children. Despite its public health importance, access to support remains limited. Be a Mom is a self-guided, internet-delivered cognitive behavioural therapy intervention for postpartum depression. Evidence has demonstrated its effectiveness in reducing depressive and anxiety symptoms among low- and high-risk postpartum women, along its cost-effectiveness. This project reports on the pilot implementation of Be a Mom within routine perinatal care pathways of the Portuguese National Health Service (SNS). Methods: Be a Mom was implemented within selected units of Portugal's public healthcare system over an 18-month period, supported by a Learning Collaborative. An observational longitudinal study evaluated the implementation using a mixed-methods approach guided by the Practical, Robust Implementation and Sustainability Model (PRISM). Results: Four integrated health systems (ULS) were selected through an open application process. Each ULS included five health units, primarily Family Health Units and Personalised Health Care Units, resulting in 20 implementing units. Multidisciplinary implementation teams (3-5 members) were established at each site, comprising a physician, nurse, and data manager (nurse or administrator), with involvement of mental health professionals encouraged. A flexible menu of implementation strategies was provided and adapted locally. Healthcare professionals introduced Be a Mom during routine clinical contacts, with women self-enrolling. During the first 12 weeks after registration, clinicians provided brief follow-up support. After this period, participants retained access to the intervention without further clinical contact. Conclusions: Findings provides insights into the implementation of a universal internet intervention for postpartum depression in routine a public healthcare setting, informing future scale-up.

Saturday · C -1.4 · 09:30 ⌘ Technology for Preventing Reproductive and Perinatal Emotional Disorders

T047 [100] SYMPOSIUM

Implementation of the Be a Mom program in the Portuguese National Health Service: Qualitative data on barriers and facilitators

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Introduction: Be a Mom is a self-guided web-based intervention for preventing postpartum depression. This project evaluated its implementation into routine practice in the Portuguese National Health Service, and this study aims to identify the contextual barriers and facilitators influencing the implementation process and outcomes. Methods: Qualitative data were obtained from monthly implementation reports provided by healthcare teams between February 2025 and March 2026. Data were analysed using framework-guided thematic analysis based on the Practical, Robust Implementation and Sustainability Model (PRISM). Two researchers independently coded a subset of data to develop a coding structure aligned with PRISM domains. Discrepancies were resolved by a third researcher. Results: Regarding the Intervention domain, patients' feedback was overall positive. However, program perceived length and technical issues acted as barriers. In the Recipients domain, temporary workspaces and a lack of response from the Psychology department were identified as organizational barriers. At the patient-level, demandingness of the postpartum period, lack of time and low motivation hindered adherence to the program. At the provider-level, intrinsic and extrinsic motivation played a key role. Health professionals' motivation declined over time, but it was enhanced by positive patient feedback and adherence. In the Implementation domain, major barriers included lack of dedicated time for teams, high workload associated to the project and professionals' difficulties with data systems and data management. Important facilitators were teamwork, mentorship, and a supportive and learning environment. The limited IT infrastructure of the health system, a lack of human resources and a high workload were the main barriers related to the External Environment. Conclusions: This study revealed implementation challenges and facilitators that should inform future scale-up strategies of Be a Mom. Moreover, it provides insights for policymakers aiming to integrate e-health interventions into public healthcare systems.

Saturday · C -1.4 · 09:45 ⌘ Technology for Preventing Reproductive and Perinatal Emotional Disorders

T048 [153] SYMPOSIUM

A mobile application design to prevent the onset of emotional disorders in people receiving fertility treatments: RE-FER

VERONICA MARTINEZ-BORBA · Verónica Martínez-Borba, Alicia Alonso-Berdún, Laura Andreu-Pejó, Elena Crespo-Delgado, Alba Monferrer-Serrano, Lorenzo Abad-de Velasco, Ruth Blasco-Sanz, Melchor Carbonell-Socias & Jorge Osma.

University of Zaragoza, Spain · Spain

Introduction: emotional symptoms are prevalent among individuals undergoing fertility treatments, but lack of psychologists in fertility units limits access to psychological care. Mobile app-based psychological programs may help to overcome this barrier. Aim: to design an app to address emotional symptoms in people undergoing fertility treatments in Spain. Methods: the app builds on the research team's previous work. A transdiagnostic psychological intervention, the Unified Protocol, was initially delivered via 10 videoconference sessions. To ensure the sustainability of the intervention in fertility units it was later transformed into a self-guided web-based program. Positive results from the web program led to the development of an app to better integrate the intervention into patients' daily lives. The app design was informed by (a) experience with the web program, (b) findings from a qualitative study on infertile women's preferences for online psychological support, and (c) evidence from a systematic review on technology use during fertility treatments. Results: the RE-FER app has been designed for Android and iOS. Recruitment is expected to begin in June 2026. In the randomized controlled trial participants will be assigned to RE-FER app (n=60) or waiting-list control group (n=60). The intervention will last 10 weeks. Depression, anxiety, quality of life and emotion regulation will be assessed pre- and post-intervention. To enhance engagement, participants will receive telephone contact with a psychologist (sessions 3, 6 and 9). This ongoing study will present baseline psychological data and post-test changes in study variables at the congress. Conclusions: if effective, the RE-FER app could provide accessible and scalable psychological support for individuals undergoing fertility treatments. Its implementation in fertility units may facilitate the integration of evidence-based psychological care into routine practice despite limited psychological resources.

Saturday · C -1.4 · 10:00 ⌘ Technology for Preventing Reproductive and Perinatal Emotional Disorders

T049 [123] SYMPOSIUM

REGULEM-PERINATAL: A mobil app for the universal prevention of emotional disorders during pregnancy

Laura Andreu-Pejó · Laura Andreu-Pejó; Jorge Osma López; Verónica Martínez Borba; Elena Crespo Delgado; María Crespo; Andrea Vaquero Bachero; Harri Saralegi.

Department of Nursing, Universitat Jaume I, Castellón, Spain · Spain

Background: Perinatal emotional disorders are a major public health and associated with adverse maternal, infant, and family outcomes. However, healthcare systems barriers limit access to preventive interventions. Digital approaches may offer a feasible and accessible alternative, although evidence on universal prevention programs integrated into routine perinatal care remains limited. Methods: REGULEM-PERINATAL is a universal transdiagnostic digital intervention aimed at promoting emotional wellbeing and preventing emotional disorders during pregnancy. The intervention was developed through a multidisciplinary process involving psychology, nursing, midwifery, perinatal mental health experts, and audiovisual communication professionals. REGULEM-PERINATAL is a fully self-applied mobile app based on the Unified Protocol adapted to the perinatal context from a preventive and women-centered perspective. The app integrates two complementary modules: (1) an eight-session emotion regulation program including cognitive-behavioral strategies, mindfulness and communication skills; and (2) a maternal-child health promotion module co-developed with primary care midwives, including psychoeducational contents about pregnancy, childbirth, postpartum, breastfeeding, and newborn care. The app incorporates features aimed at improving engagement and monitoring, including audiovisual materials, downloadable resources, progress tracking, periodic assessments, visual feedback and remote monitoring by the research team. Conclusions: REGULEM-PERINATAL represents an innovative universal digital prevention approach in perinatal mental health designed for future integration into primary care services. Combining transdiagnostic psychological intervention, maternal-child health contents, and women-oriented digital functionalities may improve accessibility and scalability of preventive programs during pregnancy and contribute to more integrated mental health care.

Saturday · C -1.4 · 10:15 ⌘ Technology for Preventing Reproductive and Perinatal Emotional Disorders

T050 [064] ORAL

Investigating the programme theory underlying the GET.ON Recovery: Secondary analyses of four randomised controlled trials (RCTs) investigating the impact of work-related mechanisms of change in insomnia

Hanna Amira Brueckner · Hanna A. Brückner, Laura Venz, Lorenz Grolig, Hanne Horvath, David Daniel Ebert, Dirk Lehr

Leuphana University Lueneburg, Germany · Germany

Introduction Four RCTs found that the internet-based GET.ON Recovery intervention was effective in reducing insomnia symptoms in employees. The programme theory that guided the conceptual design of the intervention combined the core features of cognitive behavioral therapy for insomnia (CBT-I) with insights from research into recovery from work-related stress. Specifically, the programme theory suggests that recreational activities facilitate mental detachment from work and reduce work-related rumination; both are assumed to affect sleep quality. The present study tested mechanistically whether the intervention unfolded its effect accordingly. Methods We tested whether recreational activities, work-related rumination and mental detachment at post-intervention mediate intervention effects on symptoms of insomnia at six-month follow-up, conducting several parallel and serial mediation analyses using individual participant data from four RCTs (N = 561; bootstrap resampling with 5,000 samples). Results Both, work-related rumination (indirect effect: -0.90, 95% CI [-1.32, -0.47]) and mental detachment (-0.73, [-1.13, -0.37]) significantly mediated the effect on insomnia. Serial mediation confirmed that recreational activities improved sleep indirectly through both pathways (-1.15 [-1.72, -0.66]). Conclusions This study provides the first empirical evidence for the programme theory underlying GET.ON Recovery. Sleep improved by reducing work-related rumination and increasing mental detachment. While CBT-I acknowledges the importance of cognitive arousal, our results highlight the additional impact of targeting workplace-related thinking. These findings support the value of digital, domain-adapted therapeutic approaches for improving both effectiveness and acceptance of internet-based interventions in occupational settings.

Saturday · Auditório · 10:00 Occupational stress, recovery & workplace mental health (1/2)

T051 [028] ORAL

Factors Associated with Anxiety Symptoms in Workers with Low Depressive Risk: Baseline Findings from the Preventive Digital Intervention Trial 'e-predictD-Work'

Cristina González-Monroy · Cristina González-Monroy, Santiago Galán, Sara Reyes-Martín, Sonia Conejo-Cerón, Patricia Moreno-Peral, Henar Campos-Paíno, Carmen Garrido-González, Alberto Rodríguez-Morejón, Emiliano Rodríguez-Sánchez, María Isabel Ballesta, Antonina Rodríguez-Bayón, Juan Manuel Mendive, Olaya Tamayo-Morales, Ana Clavería, Alfonso Leiva, Yolanda López-Del-Hoyo, Jesús Lanero-Sáenz, Macarena Chacón-Docampo, Francisca Muñoz-Cobos, Juan Ángel Bellón

Instituto de Investigación Biomédica de Málaga y Plataforma en Nanomedicina (IBIMA Plataforma BIONAND); Department of Public Health and Psychiatry - University of Malaga, Spain · Spain

Introduction: Anxiety among the working population represents a relevant mental health concern, even in individuals with low depressive risk. This study examines factors associated with anxiety symptoms in workers with low PHQ-9 scores, using baseline data from the e-predictD-Work randomized controlled trial of a digital depression prevention intervention. Methods: Baseline data from 1,053 workers enrolled in a randomized controlled trial of a digital depression prevention app were analyzed. Only participants with PHQ-9 scores < 10 were included. The dependent variable was a square-root transformed GAD-7 score to improve normality assumptions. Multiple linear regression analyses were conducted to examine the association between anxiety and sociodemographic variables, work-related factors, social support (DUKE), physical activity, and subclinical depressive symptoms (PHQ-9), including interaction effects between depressive symptoms and social support. Results: The mean age was 40.68 years (SD = 10.38), and 65.1% of participants were female. The final model explained 38.9% of the variance in anxiety (R^2 = 0.389; p < .001). Subclinical depressive symptoms were the strongest predictor of anxiety (B = 0.15; p < .001), while social support showed a significant inverse association (B = −0.14; p < .001). Workplace interpersonal conflicts (B = 0.11; p = .014) and current decision-making difficulties (B = 0.24; p < .001) were also positively associated with anxiety symptoms. Physical activity and working hours were not significantly associated with anxiety in adjusted models. A significant interaction was observed between depressive symptoms and social support (B = 0.019; p = .021), suggesting that the protective effect of social support may weaken as depressive symptoms increase. Conclusions: In workers with low depressive risk, anxiety symptoms are associated with subclinical depressive symptoms, reduced social support, and specific psychosocial work stressors. Findings also suggest a modest interaction between depressive symptoms and social support, indicating that the buffering role of social support may vary depending on depressive symptom levels. These results may contribute to refining preventive approaches targeting anxiety in occupational populations. Keywords: Anxiety; Workers; Social Support; Depressive Symptoms; Work-related Factors

Saturday · Auditório · 10:15 Occupational stress, recovery & workplace mental health (1/2)

T052 [078] ORAL

4 Sources Intervention versus Digital Placebo: Efficacy and User Engagement Patterns in an Internet Intervention for Young Employees' Well-Being.

Jan Maciejewski · Jan Maciejewski, Marta Stepien, Lena Ziemlewska, & Ewelina Smoktunowicz

StressLab: Stress Research Centre, Institute of Psychology, SWPS University · Poland

Introduction: Young employees are exposed to multiple occupational stressors and may be particularly vulnerable to burnout. Universal, resource-oriented interventions may play an important role in protecting early-career workers' occupational health. The 4 sources intervention is an internet intervention designed to strengthen meta self-efficacy—the capacity to use sources of self-efficacy to build confidence across challenges. This study evaluated the efficacy of 4 sources against a digital placebo and examined differences in user engagement. Methods: 4 sources is a 3-week internet intervention that trains meta self-efficacy in the context of occupational demands. In a two-arm parallel randomized trial, 606 young employees were allocated to either the 4 sources intervention or an active digital placebo condition. Outcomes were assessed at posttest and at 3- and 6-month follow-ups. Intervention effects were estimated using linear mixed-effects models under the intention-to-treat principle. Results: At posttest, participants assigned to 4 sources reported higher meta self-efficacy than those in the digital placebo condition and exhibited lower job stress. However, no between-group differences were observed for job affective well-being or work capabilities. Intervention credibility was higher in the experimental condition, whereas expectancy did not differ between conditions. Engagement and adherence were lower in the placebo condition. Follow-up results at 3 and 6 months will be presented at the conference. Conclusions: The 4 sources intervention shows promise as a scalable approach to strengthening young employees' resources and supporting occupational well-being. Its higher credibility and engagement compared with a digital placebo underscore the importance of intervention design in user uptake. Targeting meta-self-efficacy may offer a promising mechanism for promoting adaptation across performance and coping contexts.

Saturday · Auditório · 10:30 Occupational stress, recovery & workplace mental health (1/2)

T053 [141] SYMPOSIUM

Digital support during pregnancy and the postpartum period - 15 years of research on Mamma Mia

Silje Marie Haga · Silje Marie Haga, Tore Wentzel-Larsen, Patricia Kinser & Filip Drozd

Centre for Child and Adolescent Mental Health, Eastern and Southern Norway · Norway

Introduction: Mamma Mia is a scalable, fully automated web-based self-help program designed to support mental health during pregnancy and the postpartum period by targeting key risk and protective factors. While its effectiveness in reducing depressive symptoms is established, perinatal anxiety—affecting up to 25% of women and frequently co-occurring with depression—remains less studied in digital preventive interventions. This study examined the program's effectiveness in reducing anxiety symptoms across the perinatal period. Methods: A randomized controlled trial included 1,332 pregnant women allocated to the Mamma Mia intervention or a control condition. Assessments were conducted at gestational weeks 21–25 and 37, and at 6 weeks, 3, 6, and 12 months postpartum. Anxiety was measured using the EPDS-3A (cut-off ≥ 5). Linear mixed-effects models were used to assess group differences over time and moderation by baseline symptom levels. Results: Participants in the intervention group reported significantly lower anxiety symptoms compared to controls across all time points ($p < .001$). The group difference remained stable over time. Effects were more pronounced among women with higher baseline anxiety. The proportion scoring above the clinical cut-off was consistently lower in the intervention group. Conclusions: Mamma Mia shows promise as a scalable digital intervention for reducing perinatal anxiety symptoms, with potential for early prevention and large-scale implementation in perinatal care.

Saturday · Auditório · 11:15 ⌘ Digital perinatal mental health (Mamma Mia, Norway)

T054 [045] SYMPOSIUM

"One size does not fit all": User perspectives on a digital perinatal intervention

Ellen Solstad Olavesen · Ellen Solstad Olavesen, Silje Marie Haga, Susan Garthus-Niegel, Filip Drozd

Center for Child and Adolescent Mental Health, Eastern and Southern Norway, Norway · Norway

Background: Digital interventions offer a scalable approach to preventing perinatal depression, but their uptake depends on how well they meet users' needs. Understanding user experiences is essential to inform adaptation, integration, and long-term uptake. We aimed to explore how women with elevated depressive symptoms experience the digital intervention "Mamma Mia" and to identify factors relevant to its improvement. Methods: A qualitative study was conducted with 12 women with elevated depressive symptoms (EPDS ≥10) participating in a randomized controlled trial in Norway. Semi-structured interviews were conducted using a SWOT (Strengths, Weaknesses, Opportunities, Threats) approach. Data were analyzed using the Framework Method. Results: Participants generally viewed the intervention as useful, noting its accessibility, psychoeducational content, and support for self-care, emotional awareness, and reassurance. However, several implementation-relevant challenges were identified. Users emphasized the need for greater flexibility and personalization and that a "one size fits all" design did not adequately address diverse needs and life situations. A key finding was the gap between digital self-help and users' need for human support. Participants reported difficulties with self-initiated help-seeking and preferred proactive follow-up, particularly when experiencing elevated symptoms. Barriers to engagement included time constraints, competing demands, limited tailoring, and a lack of interactive feedback. Facilitators included usability, relevant content, and integration into daily life. Conclusions: While digital interventions such as Mamma Mia are acceptable and potentially beneficial, women with possible depression requested adaptations beyond a purely self-guided format. Combining digital tools with proactive, person-centered follow-up may be critical to meeting users' needs. This study highlights the importance of integrating digital interventions with existing health services, enabling proactive follow-up, and tailoring content to different user groups.

Saturday · Auditório · 11:30 ⌘ Digital perinatal mental health (Mamma Mia, Norway)

T055 [148] SYMPOSIUM

Reducing perinatal depression and anxiety with a digital intervention (Mamma Mia): a cluster-randomized controlled trial comparing self-help to the guided intervention

Thea Sundrehagen · Thea Sundrehagen, Silje Marie Haga, Ellen Olavesen, Filip Drozd

Centre for Child and Adolescent Mental Health, Eastern and Southern Norway · Norway

Introduction: A previous randomized controlled trial demonstrated the effectiveness of Mamma Mia on symptoms of depression and anxiety in the perinatal phase. However, women with lower education and depressive symptoms in pregnancy were more likely to drop out. Previous research suggests that adding guidance may both increase effectiveness and reduce attrition from digital interventions. The aim of this study was to compare the effect of the unguided intervention to Mamma Mia with guidance from midwives and public health nurses in a primary care setting on symptoms of anxiety and depression. Methods: Norwegian municipalities were cluster-randomized (ratio 1:1) to offer Mamma Mia either with or without guidance. A total of 812 women were recruited from 37 different maternity and child health care services. The Edinburgh Postnatal Depression Scale, which includes an anxiety sub scale, was administered at baseline (gestational week (gw) 21-25) gw 37, and 1.5, 3 and 6 months postpartum. Results: There was a significant effect of time, but no significant effect of guidance on anxiety or depression and no significant differences in the rate of change between the guided and self-help groups over time. None of the included background variables emerged as moderators. Conclusions: There was no evidence that guidance increased the effectiveness of Mamma Mia, although both groups improved over time. From a public health perspective, the findings suggest that Mamma Mia as self-help is a practical and scalable approach to preventing perinatal depression and anxiety in maternity and child health care services.

Saturday · Auditório · 11:45 ⌘ Digital perinatal mental health (Mamma Mia, Norway)

T056 [046] SYMPOSIUM

Implementing digital interventions in Maternity and Child Health Services: Attitudes to Evidence-Based Practice and Readiness for Change

Ellen Solstad Olavesen · Ellen Solstad Olavesen, Tore Wentzel Larsen, Silje Marie Haga, Sølvi Helseth, Thea Sundrehagen, Filip Drozd

Regional Centre for Child and Youth Mental Health and Child Welfare, Norway · Norway

Background: Evidence-based digital interventions are increasingly promoted in maternity and child health services (MCHCs), yet their successful implementation depends on healthcare providers' engagement and readiness to change. The aim of this study was to explore attitudes toward evidence-based practice and readiness for change among midwives and public health nurses (PHNs) prior to the implementation of Mamma Mia, a digital intervention designed to enhance perinatal mental health. Methods: We conducted a cross-sectional survey of 190 midwives and PHNs from 42 MCHCs across 33 Norwegian municipalities. Attitudes were assessed using the Evidence-Based Practice Attitude Scale (EBPAS), and readiness for change using the Brief Individual Readiness for Change Scale (BIRCS). Quantitative data were analyzed using descriptive statistics, correlation, and regression analyses. Open-ended responses were analyzed using content analysis. Results: Participants reported generally positive attitudes toward EBP and a relatively high level of readiness for change, with scores slightly higher than those in comparable settings. Attitudes and readiness were moderately associated. Key facilitators of readiness included expectations of improved care, organizational support, and access to training. At the same time, substantial barriers were identified, particularly time constraints, workload, and the additional demands of implementation and research participation. Conclusions: Midwives and PHNs appear positive and ready to implement digital, evidence-based interventions, suggesting favourable conditions for adoption. However, the implementation depends on addressing organizational barriers. These findings underscore the importance of aligning individual readiness with organizational capacity, such as workload management, leadership support, and practical implementation support.

Saturday · Auditório · 12:00 ⌘ Digital perinatal mental health (Mamma Mia, Norway)

T057 [156] SYMPOSIUM

Cost-effectiveness of a smartphone application for preventing perinatal depression (Mamma Mia): a cluster-randomized controlled trial comparing the guided model to self-help.

Zareen Abbas Khan · Zareen Abbas Khan, Thea Sundrehagen, Ellen Olavesen, Vidar Halsteinli, Silje Haga, Filip Drozd,

St. Olavs Hospital, Psychiatric Research Unit (Norway) · Norway

Introduction: Several studies have evaluated the effectiveness and cost-effectiveness of preventive programs for perinatal depression but there is a paucity of head-to-head comparisons between self-help and guided tools. The aim of this study was to compare the cost-effectiveness of a self-help app, Mamma Mia, to a guided model of the same app l with nurse support. Methods: 44 Norwegian municipalities were cluster-randomized (ratio 1:1) to either offer Mamma Mia with or without face-to-face guidance. 812 women were recruited. Depressive symptoms were measured at baseline (gestational week 21-25) gestational week 37, as well as 1.5, 3 and 6 months postpartum. Cost-effectiveness was assessed as incremental costs and quality adjusted life years (QALYs) in the health sector perspective over the study follow-up period, based on patients' self-reported health service use and health-related quality of life (EQ-5D-5L). Results: There was no comparative effect of guidance on depressive symptoms, nor was there a significant difference between groups in health service use or health related-quality of life. The guided group had - €1196.70 (95% CI: -2651.72 to 258.33) lower total costs compared to the self-guided group, whereas there was no difference in QALYs between the groups (Mean: 0.000; 95% CI: 0.013 to 0.012), over the trial follow-up. Conclusions: Adding guidance to Mamma Mia was neither effective nor cost-effective compared to the the standalone app. However, Mamma Mia should still be recommended to pregnant women and new mothers as a self-help program for preventing depression.

Saturday · Auditório · 12:15 ⌘ Digital perinatal mental health (Mamma Mia, Norway)

T058 [023] ORAL

The Alliance Goes Digital: A Systematic Review and Meta-Analysis of the Therapeutic Relationship in Blended Care

Carmen Schaeuffele · Carmen Schaeuffele, Jessica Mehlis, Marlene Rosendahl, Thomas Berger, Johanna Boettcher, Christine Knaevelsrud, Laura Luisa Bielinski

Freie Universität Berlin · Germany

Background: The therapeutic alliance (TA) is among the most robust predictors of psychotherapy outcome. Blended care (BC) — combining face-to-face (F2F) with digital components — is rapidly expanding in mental health services, yet the role of the TA in this hybrid context remains poorly understood. This preregistered systematic review and meta-analysis examined (1) TA levels in BC, (2) the alliance-outcome association in BC, and (3) TA differences between BC and control conditions. Methods: A systematic search identified 48 studies reporting TA in BC interventions (N = 4,248). Multilevel meta-analyses estimated the alliance-outcome correlation and standardized mean differences between BC, F2F psychotherapy, and treatment as usual (TAU). Moderator analyses explored patient-, therapist-, and treatment-level variables. Results: The alliance-outcome association in BC was small-to-moderate ($r = .23$, 95% CI [.16, .31], $p < .001$). Patient-rated TA in BC did not differ significantly from F2F psychotherapy ($g = 0.06$, 95% CI [−0.08, 0.20]), while BC showed significantly stronger TA compared to TAU ($g = 0.26$, 95% CI [0.08, 0.43]). Conclusions: Blending digital and F2F elements does not compromise the TA. BC sustains alliance levels comparable to standalone F2F psychotherapy, while alliance remains a meaningful outcome predictor. Implications for BC-specific conceptualizations and measures of the TA, and for standardized reporting of BC characteristics, will be discussed.

Saturday · C 2.4 · 11:15 Therapeutic alliance & relationship in blended and online therapy (1/2)

T059 [091] ORAL

Exploring Group Relationships and Therapeutic Alliance in Synchronous Online versus In-Person Unified Protocol Groups

Liliana Maria Rodrigues Pedro · Liliana Pedro, Marco Pereira, Ana Fonseca & Maria Cristina Canavarro

Faculty of Psychology and Education Sciences, University of Coimbra, Portugal · Portugal

Background: Group psychotherapy involves therapeutic processes that emerge not only from the patient–therapist relationship, but also from group dynamics and member interactions (e.g., therapeutic alliance and group cohesion). Although the efficacy of the group-based Unified Protocol (UP) has been consistently supported, research examining these processes remains scarce, particularly when comparing synchronous online and in-person group CBT formats. This presentation explores therapeutic alliance and group relationship processes in synchronous online and in-person UP groups. Method: Forty participants with emotional disorders (e.g., anxiety and mood-related disorders) received a 12-session group UP delivered in synchronous online ($n = 21$) or in-person ($n = 19$) formats. Positive bonding, positive working, and negative relationships were assessed using the Group Questionnaire (GQ), while therapeutic alliance with the group was assessed using the Working Alliance Inventory–Short Group Form (WAI-S), at mid- and post-intervention. Results: Significant improvements were observed over time in group relationship processes and therapeutic alliance ($p < .05$). Regarding the GQ dimensions, significant multivariate effects of time, delivery format, and their interaction were observed ($p < .05$). Positive bonding increased similarly across both formats, whereas greater improvements in positive working and reduced group conflict were observed in the online group relative to the in-person group. WAI-S scores also increased significantly from mid- to post-intervention ($p < .001$), with no significant main effects of group or time × delivery format interaction. Conclusions: Findings suggest that group relationships and the therapeutic alliance may improve similarly over time in both synchronous online and in-person UP groups. Notably, online delivery may facilitate greater improvements in specific group processes, suggesting particular benefits in promoting positive group relationships.

Saturday · C 2.4 · 11:30 Therapeutic alliance & relationship in blended and online therapy (1/2)

T060 [087] ORAL

What Makes Therapists Effective in Blended, Transdiagnostic Treatment Settings? An Investigation of Therapist Effects on Mental Health Outcomes, Treatment Length, Dropout, and Their Predictors

Lara Bellu · Lara Bellu, Solveig Behr, Friederike Fenski, Leona Hammelrath, Johanna Boettcher, Christine Knaevelsrud & Carmen Schaeuffele

Freie Universität Berlin (FUB), Germany · Germany

Introduction: Blended Care (BC) combines face-to-face psychotherapy with online modules. While potentially beneficial, BC challenges therapists to integrate both treatment components coherently and suitably for each patient. Thus, BC therapists might differ in how effective they deliver the treatment, a phenomenon known as the therapist effect (TE). Research on TEs in BC settings is lacking, but essential for optimizing patient outcomes. We examined two research questions: (1) Do BC therapists differ in patient mental health improvements, patient dropout, and treatment length? (2) Do BC therapists' characteristics predict these outcomes? Methods: This secondary analysis used data from "PsyTOM", a randomized controlled trial that investigated a transdiagnostic blended care treatment in German psychotherapeutic outpatient care. We analysed three subsamples based on our three outcomes: n = 89, n = 402, and n = 493 BC patients treated by n = 135, n = 32, and n = 119 BC therapists. Using multilevel models, we estimated TEs via intra-class-correlations for each outcome. Predictors included initial patient mental health severity, therapists' sociodemographic and professional characteristics, and their usage of the BC platform. Results: BC therapists did not differ significantly in patient mental health improvements or dropout rates but differed greatly in treatment length. Initial patient mental health severity significantly predicted subsequent severity and treatment length but not dropout. Therapeutic orientation, therapist gender, and number of assigned online chapters significantly predicted dropout. Older therapists conducted significantly shorter treatments. Conclusion: We invite discussion on how future research and practice can identify and support successful therapists in blended, transdiagnostic treatment settings.

Saturday · C 2.4 · 11:45 Therapeutic alliance & relationship in blended and online therapy (1/2)

T061 [120] ORAL

Therapeutic Alliance in blended Unified Protocol for the transdiagnostic treatment of emotional disorders: A comparison between face-to-face and App therapists

Jorge Osma · Jorge Osma, Laura Martínez-García, Óscar Peris, Vanessa Ferreres, Mª Ángeles Torres-Alfosea, Cristina Robert-Flors, Jon Belaunzaran Mendizabal, & María Asunción Santos Goñi

University of Zaragoza · Spain

Introduction: Interest in therapeutic working alliance in technology-based mental health interventions has grown, yet evidence on how alliance is established with digital components in blended psychological interventions remains scarce. The present study explored differences between the therapeutic alliance established with the face-to-face therapist and the digital therapist featured in an app based on the Unified Protocol (UP), within the application of the UP in blended format in public mental health settings in Spain. Method: Nine participants (66.7% women; Mean age = 31.67 years) diagnosed with an emotional disorder (e.g., anxiety, mood and related disorders), received the UP in blended format (UP face-to-face sessions + UP-based app between sessions). Therapeutic alliance with the face-to-face therapist was assessed after the first face-to-face session using the Working Alliance Inventory–Short (WAI-S). Alliance with the UP-App therapist (video recordings) was assessed after completion of the first App module using an adapted version of the same instrument. Descriptive analyses and a Wilcoxon signed-rank test were conducted to compare both alliance modalities. Results: Participants reported higher levels of therapeutic alliance with the face-to-face therapist (M = 68.22, SD = 6.06) than with the digital therapist featured in the app (M = 49.56, SD = 5.13). Differences between both alliances scores were statistically significant, Z = -2.67, p = .008, with a large effect size (r = .89). Conclusions: Findings suggest that, although participants develop a therapeutic alliance with the digital component, the relationship with the face-to-face therapist continues to play a central role in blended interventions. These results contribute to a better understanding of relational processes involved in technology-supported psychological interventions.

Saturday · C 2.4 · 12:00 Therapeutic alliance & relationship in blended and online therapy (1/2)

T062 [108] ORAL

Feasibility and Acceptability of Anathema, a Smartphone-Delivered Cognitive-Behavioural Sexual Health Promotion Program for Older Adults: Findings from a Blended-Care Pilot Randomized Controlled Trial in Austria (DERR1-10.2196/46734)

Cristina Mendes-Santos · Cristina Mendes-Santos, Theresa Schallmoser, Ana Luísa Quinta-Gomes, Catarina Nóbrega, Bruna Carneiro, Priscila Vasconcelos, Pedro J. Nobre, Joana Couto, Kreshnik Hasanaj, Drianë Krasniqi, Ana Correia de Barros

Universidade da Maia · Portugal

Introduction: Older adults frequently experience sexual difficulties as ageing and chronic illness interact, yet access to specialised care is often limited by stigma and organisational barriers. Smartphone-delivered sexual health promotion could widen access to support but remains largely unexplored in older adults. We evaluated the feasibility and acceptability of Anathema, an 8-week, individually tailored, smartphone-delivered cognitive-behavioural sexual health promotion program delivered through blended care. Methods: A two-arm, parallel, open-label, waiting-list-controlled pilot feasibility RCT was conducted in Austria. Older adults (≥55 years) were randomized to immediate Anathema (Arm A) or waiting-list treatment as usual (Arm B), with assessments at baseline (T0), midtest (T1), and posttest (T2). Primary outcomes were feasibility (recruitment, eligibility, uptake, completion, and retention). Acceptability and usability were assessed using the System Usability Scale (SUS) and debriefing interviews. Clinical outcomes were exploratory, as the trial was not powered for efficacy. Results: Between March and June 2023, 42 older adults enrolled; 13 (31%) were ineligible and 9 withdrew before randomization, yielding 20 randomized participants (9 Arm A; 11 Arm B). Participants had a mean age of 63.2 years (SD=4.9), 60% were women, and most were in a relationship. All completed baseline assessments. Sixteen participants (80%) started the intervention and 9 (45%) completed posttest assessments. Posttest completion was comparable across study arms. Usability was good (mean SUS=72.8), with 67% scoring above the established usability threshold (≥68). Participants reported the app as easy to use, well integrated, and requiring little technical support, although intention for frequent future use was lower (44%). Conclusions: Anathema was acceptable and usable among older adults. While usability was good and intervention uptake was moderate, recruitment-to-randomization yield and post-randomization retention emerged as key feasibility challenges. Future research should optimize recruitment procedures, reduce assessment and intervention burden, and strengthen engagement and retention strategies before a definitive trial. Keywords: Acceptability; Ageing; Cognitive-Behavioural Therapy; Feasibility; Internet Interventions; Older Adults; Sexual Health; Smartphone.

Saturday · C 1.4 · 11:15 Sexual-health & LGBTQIA+ digital interventions

T063 [107] ORAL

Feasibility and Acceptability of Anathema, a Guided Smartphone-Delivered Sexual Health Program for Colorectal Cancer Survivors: Findings from a Pilot Randomized Controlled Trial in Portugal (DERR1-10.2196/46734)

Cristina Santos · Cristina Mendes-Santos, Ana Luísa Quinta-Gomes, Catarina Nóbrega, Bruna Carneiro, Priscila Vasconcelos, Pedro J. Nobre, Joana Couto, Kreshnik Hasanaj, Drianë Krasniqi, Ana Correia de Barros

Universidade da Maia · Portugal

Introduction: Colorectal cancer survivors (CCS) frequently experience sexual distress and dysfunction, yet stigma and access barriers often limit support. Smartphone-delivered sexual health interventions may widen access to care but remain largely unexplored in this population. We evaluated the feasibility and acceptability of Anathema, an 8-week, guided, cognitive-behavioural sexual health program co-designed with patients and clinicians. Methods: A mixed-methods, two-arm, open-label, waiting-list-controlled pilot feasibility RCT was conducted in Portugal, with post-test interviews. Survivors were randomized to Anathema (Arm A) or waiting-list treatment as usual (Arm B). Primary outcomes were feasibility (recruitment, retention, and adherence [≥50% of modules]), acceptability, and usability (SUS). Secondary outcomes included sexual function (FSFI/IIEF), satisfaction (GMSEX/GMREL), pleasure (SPS), distress (FSDS-R), anxiety (GAD-7), depression (PHQ-9), and quality of life (WHOQoL-BREF), and were exploratory, as the trial was not powered for efficacy. Results: Of 251 survivors approached over 25 weeks, 56 enrolled (22%) and 43 were randomized (77% of those enrolled; 20 Arm A, 23 Arm B). Following randomization, 70% (n=30) started the intervention and 97% completed at least one module. Engagement declined across modules (97%, 73%, 60%, 57%), particularly around the more demanding Module 3. Overall, 67% completed ≥50% of modules and 50% completed the full program, requiring a mean of approximately 15 weeks (range 9–23) versus the planned 8 weeks. Retention was 50%, with loss of contact the most frequently reported reason for discontinuation. Acceptability and usability were good (usefulness 4.2–4.4/5; 87–100% would recommend the program; SUS=71.2). Conclusions: Anathema was acceptable and usable among colorectal cancer survivors. Recruitment, retention, and intervention pacing emerged as the principal feasibility challenges. Future trials should evaluate more flexible pacing, reduce assessment burden, strengthen participant support, and broaden recruitment beyond a single clinical setting. Keywords: Acceptability; Colorectal Cancer; Feasibility; Internet Interventions; Pilot Trial; Sexual Health; Smartphone.

Saturday · C 1.4 · 11:30 Sexual-health & LGBTQIA+ digital interventions

T064 [057] ORAL

Clinical trial on the participatory development and evaluation of an e-mental health intervention for LGBTQIA+ individuals with somatoform, anxiety, and depressive disorders (Queer-EMH-2)

Florian Jung · Florian Jung, Katharina Hoffers, Carola Siekiera, Marc Casper, Shanice Schüle, Maximilian Becker, Laura Klein, Jonas Tesarz, Ana N. Tibubos, Bernhard Strauß, Manfred Beutel, & Rüdiger Zwerenz.

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Background LGBTQIA+ individuals are at increased risk for somatoform, anxiety, and depressive (SAD) disorders due to minority stress and both inadequate access to and low use of healthcare services. E-mental health interventions may offer a low-threshold and effective approach to the treatment of SAD disorders in this population. To achieve this, interventions need to be queer-sensitive and specifically tailored to the needs of LGBTQIA+ individuals. Therefore, members of the target group should be actively involved in the development process. Methods Building on the findings of a prior conceptual phase, the intervention is developed through a participatory process in collaboration with representatives from LGBTQIA+ organizations and associations as well as LGBTQIA+ individuals experiencing psychological distress. It is based on the Minority Stress Model, emphasizing the role of social and internal stressors in the development of mental disorders. The intervention aims to create a safe space that supports identity development and follows an integrative psychotherapeutic approach, combining psychodynamic, emotion-focused, and affirmative principles. The use of LGBTQIA+ personas is intended to enhance user engagement. The concept includes self-management content, case narratives of LGBTQIA+ individuals with SAD symptoms, and group therapy sessions. Subsequently, a randomized controlled clinical trial (funded by the BMFTR, grant number 01KG2425) will evaluate the intervention's effectiveness. The study design is also developed using a participatory approach. This contribution presents the process and outcomes of the intervention development as well as the study design for the upcoming clinical trial. Implications In the next step, the e-mental health intervention will be evaluated for feasibility and effectiveness, thereby providing a potential treatment option for LGBTQIA+ individuals with SAD symptoms. Furthermore, the participatory development process may serve as a model for the design of future interventions.

Saturday · C 1.4 · 11:45 Sexual-health & LGBTQIA+ digital interventions

T065 [071] ORAL

A qualitative exploration of implementation of evidence-based, therapist-guided e-therapy within routine child and adolescent mental health in Norway

Jeanette Halvorsen · Jeanette Halvorsen, Annika Sannes, Markus N. Høstaker, Erling W. Rognli, Nor C. Torp, Silje K. Storfossen, Ketil Hanssen-Bauer, Johan Siqveland, Margrete B. Da Siqueira, Marianne Aalberg

Akershus University Hospital, Research and Innovation, Child and Adolescent Mental Health · Norway

Introduction: Although evidence-based treatments for child and adolescent mental health have grown substantially in recent years, delivery and reach remain limited due to insufficient resources, socioeconomic differences, and geographic distance. Digitalization in child and adolescent mental health services (CAMHS) aims to improve access in more resource-efficient and cost-effective ways. This study qualitatively explores the implementation of an evidence-based, therapist-guided e-therapy in routine practice in CAMHS in Norway. Methods: Qualitative data were collected from active implementors at all levels across five CAMHS clinics in two regional hospital trusts at three timepoints (pre-per-post pilot). Semi-structured group interviews were conducted with leaders, administrative staff, therapists, and other key personnel. Data collection ran from January 2025 to May 2026, with the same participants, covering crucial junctions in the implementation process. 35 participants took part in 36 interviews (12 per round), with 2–6 participants per interview, lasting between 36-60 minutes. Two researchers conducted all interviews (moderator and assistant moderator). Notes and post-interview reflections ensured consistency. Recordings totaled 31 hours which were transcribed verbatim (376 pages). Data were analyzed using reflexive thematic analysis in NVivo. Results: Participants reported several barriers and facilitators affecting implementation and perceptions varied by role, responsibility, and level of involvement. Key findings will be presented and discussed. Conclusions: This study provides qualitative information on barriers and facilitators to successful implementation of evidence-based therapist-guided e-therapy in CAMHS, previously missing in the field. The study contributes new knowledge of implementation of traditional evidence-based treatments taking on new digital formats, guiding further studies, broader delivery and reach of such internet interventions.

Saturday · C -1.4 · 11:15 Implementation, scaling & service models for digital mental-health care (3/3)

T066 [101] ORAL

What Makes iCBT Take Off? Organizational Determinants of Successful Implementation of Therapist-Guided Internet CBT for Youth Anxiety

Marianne Aalberg · Annika Sannes , Erling W. Rognli , Nor C. Torp, Ketil Hanssen- Bauer, Silje Klundelien Storfossen, Markus Nordheim Høstaker, Margrete B. Da Siqueira & Marianne Aalberg

Akershus university hospital · Norway

Introduction: Internet-delivered, therapist-guided cognitive behavioural therapy (iCBT) for childhood anxiety has shown outcomes comparable to face-to-face treatment and may offer greater cost-effectiveness. However, the impact of iCBT in routine child and adolescent mental health services (CAMHS) depends on successful implementation. Organisational determinants of implementation success remain insufficiently understood. This study evaluated first-year implementation success of iCBT in routine CAMHS, measured by implementation extent, and examined organisational predictors of variation across clinics. Methods: We conducted a multicentre, prospective cohort study across five outpatient CAMHS clinics in two Norwegian hospital trusts. The intervention was a well-documented iCBT programme for children aged 8–12 years with anxiety disorders, comprising 12 child modules and parallel parent modules, delivered with therapist guidance. Implementation extent was assessed at the organisational level as intervention penetration within each clinic, using programme usage metrics and routinely collected data. Outcomes included the number of patients receiving iCBT and the number of active e-therapists per clinic, adjusted for clinic size. Organisational determinants were assessed using constructs from the Consolidated Framework for Implementation Research (CFIR), informed by prospective implementation logs, contextual characteristics, and routine work environment surveys. Bayesian multilevel mixed Poisson regression models with clinic-level random effects were used to estimate implementation extent and explore organisational determinants. Results: Preliminary results will be presented at the symposium. Overall, iCBT was implemented to a substantial extent during the first year across the participating hospital trusts, although implementation extent varied between clinics. Bayesian models explored associations between CFIR constructs and both higher and lower implementation reach. Conclusions: This study is among the first to quantitatively evaluate organisational determinants of iCBT implementation success in routine CAMHS using intervention penetration as an organisational-level outcome. Findings may inform strategies to strengthen implementation of evidence-based digital interventions in specialist mental health services. Practical implications of the tentative findings will be discussed at the symposium.

Saturday · C -1.4 · 11:30 Implementation, scaling & service models for digital mental-health care (3/3)

T067 [104] ORAL

Digital psychological self-guided tools in primary healthcare

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Karolinska Institutet, Sverige · Sweden

Introduction: Digital psychological interventions have not been implemented in Swedish primary care in a way that reaches their potential regarding population reach or cost-effectiveness. Digital self-guided tools, where patients work independently, offer a scalable early intervention. We have previously shown that tailored self-guided tools are usable, appreciated, and require minimal staff resources. This project aims to implement and evaluate these tools in a regular primary care context in close collaboration with the Swedish healthcare region Halland. Methods: A limited implementation study (n=35) benchmarked against the results from our previous randomized trial (n=124) as well as interviews with primary care clinicians (n=10). Outcomes are patient descriptives, adherence data, changes in patient depression and anxiety symptoms as well as the clinicians' attitudes and experiences of the new intervention. Results: The study is ongoing (April 2025). Intermediate, or final, results from the study will be presented. Conclusions: The presentation will discuss preliminary conclusions on the feasibility and potential of individually tailored, digital self-guided tools in a primary care setting, as well as lessons learned for future implementation.

Saturday · C -1.4 · 11:45 Implementation, scaling & service models for digital mental-health care (3/3)

T068 [073] ORAL

Recommender System Concept to Support Personalized Access to University Mental Health Services

Jennifer Apolinário-Hagen · Jennifer Apolinário-Hagen, Fatma Sahan, Anne-Kathrin Helten, Sophie Nestler, Claudia Buntrock, Johannes Schobel, Rüdiger Pryss, Thomas Probst, & Dennis John

Institute for Occupational, Social and Environmental Medicine, Faculty of Medicine, Heinrich Heine University Düsseldorf and University Hospital Düsseldorf, Germany · Germany

Introduction University students experience high psychological distress, yet the uptake of mental health services (MHS) for preventing or dealing with stress is overall low. Beyond individual barriers, fragmented and poorly interoperable service ecosystems hinder effective access. Many digital interventions function as standalone tools, limiting integrated navigation across care pathways. This project addresses the need for system-level approaches that better match student needs with available support. Methods This work-in-progress project proposes ConnectedHealth@University, a recommender system–based platform for personalized MHS navigation for students in Germany. It integrates brief standardized stress screening, user preferences, and structured service metadata (e.g., modality, intensity, accessibility) to generate context-sensitive recommendations for MHS. The project is in a preparatory phase, including planned participatory co-design with students and stakeholders, development of a service taxonomy and metadata framework, and specification of matching algorithms. A mixed-methods evaluation is being designed to assess feasibility, usability, and acceptability. Results A preliminary system model will define key components: (i) user profiling and preference elicitation, (ii) standardized representation of services, and (iii) recommendation logic to match users with relevant MHS. The system is intended to act as an intermediary layer between diverse services and student needs. Ongoing work focuses on refining assumptions and operational definitions. Conclusions The project presents a conceptual framework for applying recommender systems to MHS navigation in universities. By emphasizing interoperability and personalized matching rather than service expansion, it aligns with scalable digital mental health approaches. Upcoming formative research will inform prototype development and future evaluation of usability, feasibility, and implementation potential.

Saturday · C -1.4 · 12:00 Implementation, scaling & service models for digital mental-health care (3/3)

T069 [151] ORAL

AI for social anxiety disorder diagnosis: Results and reflections from a scoping review

Tom Van Daele · Tom Van Daele, Charlotte Angela Van Bogaert, & Sara Scheveneels

Thomas More University of Applied Sciences · Belgium

Introduction The use of artificial intelligence (AI) is increasingly finding its way into (digital) mental healthcare. Applications vary widely from mere administrative purposes, over psychodiagnostics to therapy. This talk first focuses on one specific application, the detection and classification of social anxiety disorder (SAD). Subsequently it also draws lessons concerning future implications of AI use for clinicians. Methods The review followed Joanna Briggs Institute guidelines and was reported in accordance with PRISMA-ScR. Seventeen studies were included. During the review process, personal reflections on challenges and pitfalls for practice were also documented. Results Across studies, some evidence was found for the potential of AI as a supportive tool to identify SAD. It nevertheless remained early-stage and heterogeneous. Included studies used both classical machine learning methods and deep learning methods. Questionnaire data were most used as model input, although some models also relied on more complex data, e.g., digital traces, interviews and eye-tracking. At the same time, many studies used varying definitions of SAD and relied primarily on internal validation. During the review process, several challenges also became apparent with implications beyond this specific review, particularly pertaining to the difficulty of presenting a comprehensive taxonomy of the AI techniques used, synthesizing studies' validation approaches in a structured way, and assessing potential implications for practice. Conclusions Based on the review, we can conclude there is preliminary evidence for its potential to aid the diagnosis of SAD. Equally importantly, however, is the finding that in order to make use of this potential in practice, there will be a need for more clarity and transparency in datasets, techniques and validation approaches, not in the least to allow clinicians to accurately and adequately rely on these technologies as a part of future routine care.

Saturday · C 2.4 · 12:15 AI applied to social anxiety disorder: feedback & diagnosis

T070 [124] ORAL

AI feedback in ICBT for social anxiety: A deception-controlled RCT separating source from expectancy

Per Carlbring · Per Carlbring, Jón Ingi Hlynsson, George Vlaescu, & Gerhard Andersson

Stockholm University, Sweden · Sweden

Introduction Therapist-guided internet-based cognitive behavior therapy (ICBT) is effective for social anxiety disorder, but the feedback component limits scalability. Large language models can generate clinical feedback, but we do not know whether treatment gains depend on what patients actually receive or on what they believe they receive. Disentangling these two requires more than a standard two-arm comparison. Methods In a six-arm randomized trial (N = 257), we crossed actual feedback source (AI vs. human therapist) with participants' belief about that source in a 2x2 factorial design, supplemented by self-help and waitlist controls. Participants completed nine weeks of structured ICBT for social anxiety, with weekly symptom and alliance assessments. All AI-generated feedback was reviewed by a therapist before delivery. Results Data collection is ongoing and complete results will be presented at the conference. Preliminary data show good treatment engagement across conditions. Therapeutic alliance ratings are consistently positive in all groups receiving feedback, whether AI-generated or human-written. Conclusions This trial is one of the first to test AI-generated feedback in structured ICBT while controlling for expectancy through a deception design. Preliminary alliance data suggest that participants formed a working relationship with the feedback source regardless of whether it was AI or human. Full outcome data, including between-group comparisons and mediation analyses, will be presented at the conference.

Saturday · C 2.4 · 12:30 AI applied to social anxiety disorder: feedback & diagnosis

T071 [140] ORAL

Guiding Families Through Childhood Insomnia: Health Professionals' Perspectives on the Sleep Well Digital Program

Signe Marie Bandlien

RBUP Norway · Norway

Introduction Childhood insomnia affects 20–40% of children aged 6 months to 3 years and impacts both child development and parental well-being. Sleep Well, Little Sweetheart is a guided digital intervention developed to support families seeking help through child-health clinics. This study addresses the Research Question: «What strengths, weaknesses, opportunities, and threats do health professionals experience when using the program, and what factors enhance or hinder high-quality sleep guidance and inter-service collaboration?» Methods A qualitative descriptive design was used. Semi-structured individual interviews were organized around a SWOT framework to explore program attributes and contextual implementation factors. Participants were licensed health professionals who had completed required training and supervision. From 45 consenting professionals, 10 were purposively sampled to maximise variation in demographics, professional role, number of families guided (3–15), and perceived outcomes. All had followed at least two families through the full program. Results Participants described the program as a structured, evidence-informed tool that strengthened clinical practice, supported consistent guidance, and enhanced parents' understanding of sleep. Training and supervision were essential for confidence and fidelity. Challenges included time constraints, varying digital literacy among families, and the need for cultural and linguistic adaptations. Opportunities included integrating the program into routine workflows and strengthening collaboration across services. Threats involved limited resources, uneven parental engagement, and risks of inequitable access for vulnerable families. Conclusions Health professionals viewed Sleep Well, Little Sweetheart as a promising and scalable intervention for early support of childhood insomnia. High-quality implementation depends on sustained training, organisational support, and strategies to ensure equitable access and effective collaboration between services.

Saturday · C 1.4 · 12:15 Digital interventions for ADHD, paediatric pain and childhood insomnia

T072 [086] ORAL

Efficacy of the Digital Health Application ORIKO® for Attention-Deficit/Hyperactivity Disorder (ADHD) in Adults: Protocol and Preliminary Results of a Randomized Controlled Trial

Lea Schuurmans · Lea Schuurmans, Daniel Schöttle, Andreas Reif, Kai G. Kahl, Steffen Moritz, Anne Karow, Martin Lambert, Felix Betzler, Alexandra Philipsen, & Anna Baumeister

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Introduction: Attention-deficit/hyperactivity disorder (ADHD) frequently persists into adulthood and is associated with substantial impairments in quality of life, functioning, and mental health. Despite the availability of evidence-based treatments, many affected individuals face long waiting times and limited access to care. Digital interventions may offer a scalable and low-threshold approach to improve access to guideline-based support. Methods: This randomized controlled trial aims to evaluate the efficacy of a 12-week app-based unguided digital intervention for adults with ADHD. A total of 380 adults with verified ADHD will be recruited online and via a university hospital and randomized 1:1 to either immediate access to the intervention or care as usual (CAU). Self-report assessments will be conducted at baseline, 6 weeks, and 12 weeks. The primary outcome is quality of life. Secondary outcomes include ADHD symptom severity, functional impairment, depressive and anxiety symptoms, substance use, general health, health literacy, medication adherence, and user satisfaction. Primary analyses will use mixed models for repeated measures following an intention-to-treat approach. Results: Recruitment is currently ongoing. The study will examine whether the intervention leads to improvements in quality of life and ADHD-related outcomes compared to CAU and will further evaluate the robustness of previous pilot findings. Conclusions: This trial will provide evidence on the clinical relevance and implementation potential of a scalable digital self-help intervention for adults with ADHD. The findings may contribute to improving access to evidence-based ADHD care and inform the future development and integration of digital mental health interventions into routine care.

Saturday · C 1.4 · 12:30 Digital interventions for ADHD, paediatric pain and childhood insomnia

T073 [039] SHARED TALK

Validating Patient Voices in iCBT: Integrating Quantitative Satisfaction Data and Thematic Analysis in a Feedback-Informed Loop

Emilie Dyhr Ulrich · Rie Eg Sell, Emilie Dyhr Ulrich

CEDIP (Centre for digital psychiatry) · Denmark

Abstract allready submitted by Rie Eg Sell.

Saturday · Auditório · 12:30 Therapeutic alliance & relationship in blended and online therapy (2/2)

T074 [138] SHARED TALK

Validating Patient Voices in iCBT: Integrating Quantitative Satisfaction Data and Thematic Analysis in a Feedback-Informed Loop

Rie Eg Sell · Rie Eg Sell, Emilie Dyhr Ulrich

CEDIP (Centre for Digital Psychiatry) · Denmark

Introduction: Digital mental health services are rapidly expanding, but systematic evaluation of patient experiences often remains limited to symptom outcomes. To expand our understanding, we implemented a routine patient satisfaction survey as part of clinical practice in Internetpsykiatrien (DK). The aim was to systematically collect and analyse both quantitative and qualitative data and integrate the findings in continuous quality improvement. Methods: All patients who received ICBT for anxiety or depression were invited to complete satisfaction surveys at treatment completion and three-month follow-up. Quantitative measures included treatment satisfaction (CSQ-8) and therapeutic alliance (WAI-SR). Furthermore, patients responded to open-ended questions in free text. Quantitative data were analysed statistically, while qualitative data were analysed using thematic analysis. Results: Quantitative measures showed high levels of treatment satisfaction and positive evaluations of the therapeutic alliance. Qualitative analysis identified three main themes. Overall, the patients valued the flexibility of the format, greater self-awareness, and the use of CBT tools in daily life. The analysis also identified areas for improvement e.g. stronger individual tailoring. The findings were systematically discussed and integrated in clinical practice e.g. informing revisions of treatment programmes, platform usability and concrete recommendations for the eTherapists regarding the written feedback. Conclusions: Mixed methods approach and systematic integration of patient feedback in routine care provides practice-oriented knowledge beyond symptom change. Combining quantitative satisfaction measures with thematic analyses of patient narratives supports refinement of digital treatment services and development of tailored recommendations to clinicians.

Saturday · Auditório · 12:30 Therapeutic alliance & relationship in blended and online therapy (2/2)

T075 [030] SYMPOSIUM

My Symptoms Young: An Online Self-help Intervention for Young People with Persistent Physical Symptoms

Charlotte Ulrikka Rask · Charlotte Ulrikka Rask, Oliver Rønn Christensen, Nina Maindal, Lisbeth Frostholm, Mette Trøllund Rask, Marianne Rosendal

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Introduction Persistent physical symptoms (PPS), such as pain and fatigue not fully explained by well-defined disease, are common in young people and may lead to school absence, social withdrawal, high health-care use, reduced quality of life, and over time functional somatic disorders. Primary care professionals are often the first point of contact, but treatment options are limited. We aimed to develop and usability test My Symptoms Young, an online self-help intervention for young people aged 15–25 years with PPS. Methods User needs were identified through a literature review and interviews with young people with PPS. Content from the adult programme My Symptoms was redesigned by researchers and clinicians. Usability and user experience were evaluated through expert review, think-aloud sessions with 10 young users, and heuristic evaluations. Results The prototype is inspired by cognitive behavioural therapy and includes elements of mindfulness and self-compassion. It provides psychoeducation and modules on lifestyle, stress, thoughts, emotions, values, and self-care, with interactive tools to support change. The programme was perceived as practical, accessible, and relevant, with gamification elements supporting engagement. Usability issues related to navigation and functionality were identified and addressed where feasible. Challenges in translating therapeutic concepts into digital formats indicated a need for clearer terminology and added content. Younger users had difficulty understanding some content, and mobile access was considered important. Conclusions Involving experts and potential end-users in redesign and usability testing improved My Symptoms Young. The intervention is now being tested in a one-arm, non-randomised pilot study to assess feasibility, acceptability, and preliminary outcomes before further refinement and larger-scale evaluation.

Saturday · Auditório · 14:00 ⌘ Internet-Based Interventions Across Development

T076 [040] SYMPOSIUM

Digital CBT for Pediatric Functional Abdominal Pain: Understanding the Role of Parents in Treatment Success

Eva Skovslund Nielsen · MD Eva Skovslund Nielsena,b, MD, PhD Karen Hansen Kallesøea,b, PhD Lisbeth Frostholmb,c, MD, PhD Iben Møller Jønssond, MD Klaus Birkelund Johansene, PhD Maria Lalounif,g, PhD Marianne Bonnerth, MD, PhD Charlotte Ulrikka Raska,b Affiliations: aDepartment of Child and Adolescent Psychiatry, Aarhus University Hospital Psychiatry, Denmark; bDepartment of Clinical Medicine, Aarhus University, Denmark; cThe Department of Functional Disorders, Aarhus University Hospital, Denmark; d Department of Pediatrics, Aarhus University Hospital, Denmark; eDepartment of Pediatrics, Aalborg University Hospital, Denmark; fDivision of Neuro, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden; gCenter for epidemiology and community medicine, Health Care Services Stockholm County, Sweden; hCentre for Psychiatry Research, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden & Stockholm Health Care Services, Stockholm County Council, Sweden

Department of Child and Adolescents Psychiatry, Aarhus University Hospital · Denmark

Introduction Pediatric functional abdominal pain disorders (FAPDs) are common and linked to low quality of life. Internet cognitive behavioral therapy (ICBT) has shown efficacy in reducing gastrointestinal (GI) symptoms and related disability in affected youth. However, the contribution of parental factors to treatment outcomes remains insufficiently understood. This study aimed to examine parental factors as predictors of treatment response. Methods 87 youth aged 8–17 years with FAPDs, and their parents, participated in therapist-guided ICBT. Primary youth-outcomes were GI symptoms and pain intensity. Parental factors emotional distress, health anxiety (HA) by proxy, monitoring, and protective behaviors. Secondary youth-outcomes were quality of life, gastrointestinal-anxiety, behavioral responses, somatic and psychological symptom burden, illness-related cognitions, and pain acceptance.. Linear models evaluated changes from baseline to 12-week follow-up (FU) and associations between parental factors and youth primary outcomes at FU. Results Significant improvements were observed in youth primary outcomes; GI symptoms (SMD = 1.17, 95% CI 0.83–1.51) and pain intensity (SMD = 0.94, 95% CI 0.61–1.27), and across most secondary outcomes. Parents showed significant reductions in HA by proxy (SMD = 0.99, 95% CI 0.66–1.32), symptom monitoring (SMD = 1.31, 95% CI 0.97–1.65), and protective behaviors (SMD = 0.66, 95% CI 0.34–0.98), but not in parental emotional distress (SMD = 0.03, 95% CI −0.28–0.34). Higher baseline levels of parental HA by proxy predicted greater GI symptoms and higher pain intensity in youth at FU, whereas higher levels of parental monitoring behavior predicted lower pain intensity in youth at FU. Conclusion Therapist-guided ICBT was associated with improvements in youth and parental outcomes in pediatric FAPDs. The findings underscore the importance of parental HA by proxy and monitoring behaviors within treatment frameworks, as these appear to influence treatment response. Further development of parent-focused components may enhance the effect of digital interventions for this population.

Saturday · Auditório · 14:15 ⌘ Internet-Based Interventions Across Development

T077 [048] SYMPOSIUM

Feasibility, usability, and preliminary outcomes of Spark, a co-created mobile app for young people with suicidal ideation: A pilot study

Eva De Jaegere · Eva De Jaegere, Lies Pittoors, Elien Cornelis, Aisha Dondeyne, Kirsten Pauwels, Gwendolyn Portzky

Flemish Centre of Expertise in Suicide Prevention, Ghent University, Belgium · Belgium

Introduction Evidence-based interventions specifically targeting suicidal ideation and behaviour in young people remain scarce. Digital tools show promise for young people, particularly by improving access to care and self-management during distress. Spark is a mobile app co-created with young people with lived experience of suicidal thoughts and professionals in youth mental health care. This study evaluates Spark's feasibility and usability and explores preliminary changes in suicide-related outcomes. Methods A single-arm pilot study with online pre- and post-assessments is being conducted among young people aged 12–17 years experiencing suicidal thoughts. Following parent/guardian consent and participant assent, baseline measures include socio-demographics, suicide-related coping (Suicide-Related Coping Scale-15; SRCS-15), suicidal ideation severity (Suicidal Ideation Attributes Scale—Modified; SIDAS-M), and self-reported suicidal behaviour. Participants subsequently receive a unique access code and can use the app for 10 days. Core components include a personal Safety Plan; hope-oriented tools such as a personalised Hope Box; emotion regulation and cognitive coping exercises, brief relaxation, a distraction mini-game and psychoeducation. Post-assessment repeats SRCS-15, SIDAS-M, and suicide behaviour items. Additionally, it assesses engagement, satisfaction, perceived usefulness, and usability using study-specific items. Recruitment occurs via online dissemination and referrals by healthcare professionals. An effective sample of 40 participants which complete the study, is targeted. Results Data collection is ongoing. Feasibility, engagement, and user experience will be analysed, alongside pre–post changes in SRCS-15 and SIDAS-M. Results will be presented at the 2026 ESRII conference. Conclusions This pilot will determine whether Spark is feasible and acceptable for young people with suicidal thoughts and will identify usability and implementation barriers. Findings will be used to refine the intervention and the implementation planning. Furthermore, they may provide inputs for future controlled effectiveness evaluations.

Saturday · Auditório · 14:30 ⌘ Internet-Based Interventions Across Development

T078 [049] SYMPOSIUM

Durability of online behavioural activation for adolescents with mild to moderate depression: a randomised controlled trial

Eva Serlachius · Eva Serlachius, Johan Åhlén, Fabian Lenhard, David Mataix-Cols, Sarah Vigerland, ,Rebecca Andersson

Karolinska Institutet and Lund University · Sweden

Introduction Depression is a leading cause of disability among adolescents, yet access to evidence-based psychological treatment remains limited. Behavioural activation (BA) is a promising intervention for digital delivery, but evidence from large adolescent trials and long-term follow-up studies is scarce. This study evaluated the long-term efficacy, safety, and cost-effectiveness of therapist-guided and self-guided internet-based BA (I-BA) compared with treatment as usual (TAU) for adolescents with mild to moderate major depressive disorder (MDD). Methods In this single-blinded, parallel-group randomised controlled trial with embedded economic evaluation, 219 adolescents aged 13–17 years with mild to moderate MDD were randomised (1:1:1) to 10 weeks of therapist-guided I-BA, self-guided I-BA, or TAU within child and adolescent mental health services or primary care. Both I-BA interventions included adolescent and parent modules. The primary outcome was change in depressive symptom severity (CDRS-R) from baseline to 3-month follow-up, assessed by blinded evaluators. Long-term outcomes and cost-effectiveness were evaluated at 12 months. Analyses included all randomised participants, with statisticians blinded to treatment allocation. Results The presentation will report 12-month follow-up findings, including long-term clinical and health economic outcomes. Analyses will examine whether therapist-guided and self-guided I-BA are associated with sustained reductions in depressive symptoms, maintained quality of life, and lower societal costs compared with TAU. Cost-effectiveness analyses, including cost-effectiveness planes and willingness-to-pay simulations, will evaluate the probability that I-BA represents a cost-effective alternative to routine care. Conclusions Internet-delivered BA may increase access to evidence-based care for adolescents with MDD and represent a scalable alternative within routine mental health services. The long-term and health economic findings from this trial may contribute to clarify the durability and implementation potential of digital interventions for adolescent depression.

Saturday · Auditório · 14:45 ⌘ Internet-Based Interventions Across Development

T079 [072] SYMPOSIUM

Emotion Regulation and Social Information Processing as Intervention Targets in a Guided Prevention App for Emerging Adults with Adverse Childhood Experiences: A Randomised Controlled Trial

Jeannette Brodbeck · Jeannette Brodbeck, Neela Vetsch, Sofia Jacinto, Simon Marmet, & Lina Stallmann

University of Applied Sciences and Arts Northwestern Switzerland, School of Social Work · Switzerland

Introduction: Adverse childhood experiences (ACEs) increase the risk of impaired psychosocial functioning across the life course. Emotion regulation and social information processing are key mechanisms linking ACEs to later psychopathology and promising targets for preventive interventions. This study evaluated the uptake, efficacy, and differential component effects of the guided FACE app, a digital selective prevention programme for emerging adults with a history of ACEs. Methods: Emerging adults aged 18–24 years reporting ACEs in a population-based cohort study were invited to participate; 167 (11%) enrolled and were randomised to immediate app access (IG) or minimal intervention care-as-usual (MI-CAU). The app comprised two transdiagnostic components delivered in a cross-over design: Self- and Emotion Regulation (SER) and Social Skills and Social Information Processing (SSIP). Primary outcomes were resilience and well-being. Secondary outcomes included self-efficacy for managing emotions, problem-solving, fear of negative evaluation, and self-esteem. Ecological momentary assessments captured affect and social experiences in daily life. Results: Linear mixed models showed significant improvements over time in resilience, self-esteem, self-efficacy for managing emotions, problem-solving, and momentary positive affect. Compared with MI-CAU, participants in the IG showed greater improvements only in self-efficacy for managing emotions, fear of negative evaluation, and negative problem orientation but not resilience and well-being. Improvements were generally stronger and more consistent following the SER than the SSIP component. Conclusions: The FACE app, particularly the emotion regulation component, produced modest but consistent benefits on proximal mechanisms associated with ACE-related vulnerability but not broader indicators of well-being. Low uptake highlights challenges in recruiting unselected high-risk populations.

Saturday · Auditório · 15:00 ⌘ Internet-Based Interventions Across Development

T080 [134] SYMPOSIUM

Tiny Heroes: Co-Development and Pilot Study of an Internet-Based CBT Program for Anxiety in Young Children

Sara Harmenberg · Sara Harmenberg, Mikaela Brodén Maja Rudolfsson Amanda Wahlgren Albin Isaksson Sigrid Elfström Malin Engström Sarah Vigerland Lars-Göran Öst Henna Hasson Malin Bergström Johan Åhlén Maria Lalouni

Department of Clinical Neuroscience, Karolinska Institutet, Sweden. · Sweden

Introduction Childhood anxiety is common and predicts later mental health problems. Parent-led cognitive behavioral therapy (CBT) is effective, but access is limited. This study aimed to develop and preliminarily evaluate Tiny Heroes, an internet-based CBT program for parents of preschool children (3–6 years) with anxiety, adapted for delivery within first-line mental health care settings (MALINA). Methods Researchers collaborated with clinicians and parents to adapt CBT into an online format through an iterative process involving reflexive workshops. A pilot study (n = 25) using a pre–post design with a 3-month follow-up (T1, T2, and T3) was conducted within routine care (MALINA) to evaluate preliminary effectiveness. Outcomes included diagnostic status (ADIS) and anxiety symptoms (PAS). Missing data were handled using last observation carried forward. Results A four-module intervention prototype was developed and was well received. ADIS ratings in the primary symptom category decreased from 4.20 to 3.80 (d = 0.44, p = 0.019) and to 3.44 at follow-up (d = 0.65, p = 0.002), falling below the clinical cut-off (≥ 4). PAS scores decreased from 58.16 to 48.24 (d = 0.745, p = 0.001) between T1 and T2. Results were maintained at T3. Conclusions Tiny Heroes shows promising preliminary effects and suggests that co-developed, parent-guided internet interventions may offer a scalable treatment for early childhood anxiety that can be delivered within standard care settings.

Saturday · Auditório · 15:15 ⌘ Internet-Based Interventions Across Development

T081 [077] ORAL

How online group psychotherapy for procrastination changes brain connectivity

Joachim Kowalski · Joachim Kowalski, Magdalena Pietruch, Anna Czartoszewska, Weronika Maria Browarczyk, Jarosław Michałowski, & Marek Wypych

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Introduction: Procrastination is a common self-regulatory failure characterized by the irrational delay of personally important tasks despite sufficient time to perform them and being aware of the negative consequences. There are several promising treatments for procrastination, including internet-based interventions, yet the neural mechanisms underlying their effectiveness remain unexplored. Prior fMRI research indicates that procrastination is associated with reduced activations in prefrontal control regions, like the anterior cingulate cortex (ACC) or the dorsolateral prefrontal cortex, suggesting a mechanism for chronic procrastination and a potential target for interventions. Methods: We conducted a randomized controlled trial of online group therapy for procrastination, checking how it affects brain activity using task-based fMRI. Data were collected from 112 help-seeking university students before and after a 5-week group cognitive-behavioural intervention or a wait-list control period. During fMRI scanning, participants completed a Go/No-Go task. Results: The intervention effectively reduced self-report procrastination compared to the control group (d = -0.68). The initial whole-brain-level analyses showed no significant interaction between time and therapy condition. More fine-grained analyses showed that the symptom improvement in the intervention group was correlated with decreased ACC activity during erroneous NoGo trials (r = 0.44). Further neuroimaging analyses, e.g., changes in functional connectivity, are currently underway. Conclusions: Lack of whole-brain effects suggests that neural changes associated with 5-week online therapy may be hard to capture by task-evoked activation measures. Negative association of ACC activity with errors in NoGo trials may reflect more efficient processing (i.e., lower cognitive effort during error processing), less "emotionally charged" evaluation of errors, or a shift from reactive to more proactive control.

Saturday · C 2.4 · 14:00 Predictors, mechanisms, personalization & treatment components

T082 [122] ORAL

How to report personalized Internet- and mobile- based intervention components: Introducing the ADAPT-I checklist

Pavle Zagorscak · Pavle Zagorscak, Solveig Behr, Laura Luisa Bielinski, Maria Boettche, Sebastian Burchert, Sophie Eicher, Friederike Fenski, Leona Hammelrath, Phileas Heim, Manuel Heinrich, Eirini Karyotaki, André Kerber, Christine Knaevelsrud, Tobias Krieger, Tessa Meyer, Alexander Rozental, Nadja Ruckser, Jessica Wabiszczewicz, Carmen Schaeuffele

Freie Universität Berlin · Germany

Introduction Personalization is increasingly used in Internet- and mobile-based interventions (IMIs), yet inconsistent terminology and selective reporting make it difficult to compare, replicate, and implement personalized intervention approaches. To address this gap, we developed the ADAPT-I checklist: Adjustable Content & Order, Direct clinical guidance, Alerts, and Presentation Style and Tailored User Interaction in IMIs. Methods ADAPT-I was developed through an iterative, multi-step process. An initial checklist focused on guidance was expanded based on recent evidence on personalization in IMIs. The resulting version was reviewed by the ADAPT-I team and refined through two expert focus groups capturing complementary clinical and technical perspectives. Further revisions were informed by pilot testing in which researchers applied the checklist to selected IMI studies covering different personalization components. Feedback on clarity, usability, and comprehensiveness was incorporated into the final version. Results The final ADAPT-I checklist supports structured reporting of whether and how IMI components are personalized, including content and order, guidance, communication and alerts, and UX/UI. It also captures key cross-cutting aspects such as the targets of personalization, the basis for decisions, decision agents, timing, and transparency. To facilitate use, the checklist was implemented as a web-based interactive application. Conclusions ADAPT-I provides researchers and developers with a practical tool to improve transparency, comparability, and intentionality in the design and reporting of personalized IMIs. By supporting more consistent documentation of personalization processes, the checklist may contribute to more cumulative evidence and better implementation of personalized digital mental health interventions.

Saturday · C 2.4 · 14:15 Predictors, mechanisms, personalization & treatment components

T083 [068] ORAL

How to Involve Significant Others in Online Interventions? Integrating Patients', Significant Others', and Psychotherapists' Perspectives

Jonathan Torbecke · Jonathan Torbecke, Lara Bellu, Janina Mueller, Sara Walter, Carmen Schaeuffele, Christine Knaevelsrud & Johanna Boettcher

Psychologische Hochschule Berlin (Germany) · Germany

Introduction The TONI-DUO study investigates whether a transdiagnostic online intervention, delivered either as standalone or blended care, improves mental health outcomes in individuals with common mental disorders such as anxiety and depression, and whether offering a choice between treatment formats influences outcomes. A key component of the online intervention is a module involving significant others (SO). To ensure that it reflects the real-world needs, concerns, and preferences of the individuals using it, experiential expertise is essential. Therefore, we co-developed the SO-involving module in a participatory manner – together with patients, psychotherapists, and significant others. Methods To integrate the perspectives of patients, significant others, and psychotherapists, we applied two participatory methods. A patient and public involvement (PPI) working group of five people with lived experience of anxiety and/or depression and two significant others met regularly, contributing to aspects of the study design and the development of the online intervention. Psychotherapists contributed their perspectives in focus groups. Three meetings of the working group and one focus group focused specifically on the SO-involving module. Results We will report how contributions from patients, significant others and psychotherapists informed the design, content, and implementation of the SO-involving intervention module. Additionally, experiences with establishing and maintaining structured PPI in the development of an online intervention will be presented. Conclusions Integrating multiple perspectives in the co-development of a SO-involving module as part of a transdiagnostic online intervention may enhance acceptability, relevance, and real-world applicability. Our approach may provide insights into opportunities and challenges of participatory development in online intervention research.

Saturday · C 2.4 · 14:30 Predictors, mechanisms, personalization & treatment components

T084 [110] ORAL

Computational Cognitive Behavioural Case Formulation for Depression: A Digital Tool for Treatment Personalization

Mara Campos Pacheco · Mara Pacheco, Liliana Meira, Anita Santos, & Tiago Bento Ferreira

University of Maia, Portugal · Portugal

Introduction: Cognitive Behavioural Case Formulation (CF) is a promising approach to improve therapeutic outcomes for depression. However, CF is typically expressed as an idiographic verbal theory, limiting the explicit representation of mechanisms and temporal dynamics of depression, which may hinder theory development, treatment prediction, and therapeutic outcomes. Formalizing psychological theories as computational and dynamic systems may help address these limitations by enabling simulation of psychopathological processes and prediction of therapeutic change over time. This study aims to develop a computational model for Cognitive Behavioural CF for depression and a user-friendly digital tool to support evidence-based treatment personalization. Methods: Based on Beck's Cognitive Behavioural CF Model for depression, relationships between core psychological variables were formalized using a system of differential equations. Therapeutic parameters and therapeutic interventions were also modelled. The model was implemented in R Studio, and a user-friendly Shiny app is being developed to allow therapists, clients, and researchers to visualize and explore different computational simulations dynamically. Results: Preliminary simulations reproduced core depression dynamics, both with and without treatment, and different interventions lead to distinct behavioural and cognitive changes over time. Conclusion: The ongoing development of the Shiny app seeks to translate complex computational modelling of psychopathological processes into an accessible digital mental health tool, with potential applications in clinical practice and training, treatment personalization, and technology-supported psychotherapy research. Computational approaches may contribute to theory refinement, investigation of mechanisms of change, and prediction of individual treatment response.

Saturday · C 2.4 · 14:45 Predictors, mechanisms, personalization & treatment components

T085 [003] ORAL

A Self-Tailored Guided Internet-Delivered Intervention for Portuguese Higher Education Students with Depression and/or Anxiety Symptoms: A Randomized Controlled Trial

Mafalda Filipa Lobão de Sousa · Mafalda Lobão de Sousa*, Cristina Santos*, Gerhard Andersson** and Liliana Meira* *University of Maia & Center for Psychology at University of Porto, Portugal **Linköping University & Department of Clinical Neuroscience, Karolinska Institute, Sweden

Universidade da Maia, Departamento de Ciências Sociais e do Comportamento/ Portugal · Portugal

Introduction Psychological distress is highly prevalent among higher education students and is associated with poorer well-being, reduced academic performance, and increased risk of dropout. Although internet-delivered cognitive behavioral therapy(iCBT) is effective and accessible, engagement and adherence remain challenges. Self-tailoring whereby participants actively select treatment components according to their needs, preferences and goals, may enhance autonomy, engagement and treatment outcomes. However, evidence on the effectiveness and implementation of self-tailoring in iCBT remains limited. This study aims to evaluate the feasibility and preliminary efficacy of a guided self-tailored iCBT intervention for Portuguese higher education students experiencing psychological distress. Methods A RCT comparing a 12-week self-tailored guided iCBT intervention with a waitlist control group will be conducted. Participants will be Portuguese higher education students with moderate to severe symptoms of psychological distress: anxiety and/or depression. The intervention will be delivered through the iterapi platform and combines therapist guidance with participant-driven module selection. Primary outcomes include psychological distress, depressive and anxiety symptoms(DASS-21).Secondary outcomes include quality of life, academic satisfaction, adherence, usability, acceptability, and module selection. Results Participants receiving guided self-tailored iCBT are expected to report greater decreases in psychological distress, anxiety and depression, with improvements in quality of life and academic satisfaction. Self-tailoring is expected to be associated with higher engagement, adherence, and treatment satisfaction. Conclusions This study will contribute to understanding self-tailoring as personalization strategy in internet-delivered iCBT. Findings may support the development of scalable, accessible, and evidence-based digital mental health interventions for higher education students.

Saturday · C 2.4 · 15:00 Predictors, mechanisms, personalization & treatment components

T086 [036] ORAL

Microprocesses Predicting Early Therapeutic Alliance in Videoconferencing and Face-to-Face Therapy

Diego Fernández-Regueras · Diego Fernández-Regueras, M. Cristina Guerrero-Escagedo, Leire Sánchez-Sánchez, Miriam Romero, Ana Calero-Elvira

Universidad Autónoma de Madrid · Spain

Research on behavioral microprocesses fostering therapeutic alliance remains limited, particularly in videoconferencing psychotherapy (VCP), where reduced nonverbal cues could increase reliance on explicit verbal expressions. We examine therapist and client interaction sequences predicting goal consensus and emotional bond—two core alliance components—across VCP and face-to-face (F2F) settings, recognizing alliance as an inherently interactive process. Two studies analyzed early therapy sessions from 28 therapist–client dyads using the Therapeutic Relationship Coding System (TRCS), coding 17,000+ and 35,000+ behaviors respectively. We examined therapist–client behavioral sequences, using Bayesian logistic regression to assess whether they predicted alliance strength based on Working Alliance Inventory (WAI) subscales across modalities.For goal consensus, sequences involving feedback requests, rationale provision, active client involvement, and positive expectations predicted stronger alliance—effects significantly amplified in VCP. For emotional bond, sequences combining accurate empathic responses with client agreement, active listening followed by agreement, humor, and accurate recall predicted stronger bonds, particularly in VCP. Conversely, inaccurate empathy and disagreement sequences consistently weakened alliance. In VCP, these precise sequences are essential compensatory mechanisms as nonverbal warmth is less available. Accuracy and responsiveness in behavioral sequences matter more than isolated interventions. We offer quantitative, process-based guidance for fostering early alliance across modalities, emphasizing the interactive nature of alliance building. Results directly inform therapist training and clinical guidelines as VCP expands globally.

Saturday · C 2.4 · 15:15 Predictors, mechanisms, personalization & treatment components

T087 [102] ORAL

Who Is Ready for Digital Mental Health Prevention? A Latent Profile Analysis of Awareness of Services, Use Intention, Mental Health Prevention Importance, and eHealth Literacy in a Population-Based Sample

Mariebelle Kaus · Mariebelle Kaus, Gina Friedriszik, Samira Wolf, Claudia Buntrock, Christian Apfelbacher

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Introduction. Mental health disorders represent a growing public health challenge. Preventive digital psychological interventions demonstrate effectiveness, yet real-world uptake depends on factors such as the populations' awareness of such services, attitudes, eHealth literacy, and use intention. Identifying distinct readiness profiles enables differentiated implementation strategies. Methods. This population-based cross-sectional survey examined acceptance, awareness, attitudes, and use of preventive digital psychological interventions in Saxony Anhalt (May 2024). A mixed-mode design (postal with online option) avoided selection bias toward digitally literate respondents. Using resident registry data, 4,000 adults were invited to participate across four regions. Latent profile analysis identified subgroups based on awareness and prior use, use intention, perceived prevention importance, and eHealth literacy. Results. Of 727 participants (response rate 18%), 68% completed the paper version; 55% were women, mean age 54 years (SD = 19). Regarding awareness of digital prevention programs, 42% had never heard of such and only 8% had ever used one. Five profiles emerged: interested (moderate awareness, high motivation), experienced (prior use, higher digital literacy), prevention oriented (higher prevention importance but low digital use intention), low engagement (very low importance), and non-digital (very low eHealth literacy). Demographic characteristics differ meaningfully between profiles. Conclusions. The five profiles reveal that low uptake reflects qualitatively different barriers: some lack awareness despite sufficient digital capability, others resist digital delivery specifically, and others lack the literacy that is a structural prerequisite for engagement. Targeted strategies must address profile specific barriers rather than treating low acceptance as a uniform problem.

Saturday · C 1.4 · 14:00 Prevention, resilience & well-being interventions (1/2)

T088 [011] ORAL

Culturally Adapted Internet-Based Cognitive Behavioral Therapy for Farsi/Dari-Speaking Young Migrants and Refugees with Common Mental Health Problems

Anahita Geranmayeh · Anahita Geranmayeh*, Youstina Demetry, M. Ali Amiri, Tomas Lindegaard, Elisabet Wasteson , Gerhard Andersson, Shervin Shahnavaz

Karolinska Institutet · Sweden

Background: Migrants and refugees often experience more severe mental health problems compared to host populations due to pre-, peri-, and post-migration stress factors. While facing barrier accessing mental health care. Internet-based Cognitive Behavioral Therapy (iCBT) may bridge this gap by expanding the scope of accessible interventions for migrants and refugees in their native languages. Objective: We investigated the feasibility, acceptability, and preliminary effects of a culturally adapted iCBT for common mental health problems among Farsi/Dari-speaking youth and young adult migrants and refugees. Methods: A total of 93 participants were included in the intervention over a 10-week period. Anxiety and depressive symptoms were assessed using the Hopkins Symptom Checklist HSCL-25. Sleep quality was evaluated with the Insomnia Severity Index (ISI), PTSD symptoms were measured using the Posttraumatic Stress Disorder Checklist (PCL-5), and grief issues were assessed with the Prolonged Grief Disorder (PG-13) for those who reported such problems. Well-being was evaluated using the WHO-5, and resilience was measured with the Brie Resilience Scale (BRS). All questionnaires were administered at pre-intervention, post-intervention, and at a 6-month follow-up. Feasibility was assessed through recruitment strategies, retention rates and adherence. Acceptability measured by Client Satisfaction Questionnaire (CSQ-3) scores and Cultural Relevance Questionnaire (CRQ). Results: Results: Data collection is in progress. By the time of the conference, analyses will be completed and results will be presented.

Saturday · C 1.4 · 14:15 Prevention, resilience & well-being interventions (1/2)

T089 [027] ORAL

Developing a Digital Psychological Intervention to Prevent Anxiety, Depression, and Substance Use in Young People: Protocol for the PREVIDAS Project

Cristina García Huércano · Cristina García-Huércano, María Flores-López, Sonia Conejo-Cerón, Patricia Moreno-Peral

IBIMA Plataforma Bionand / University of Málaga · Spain

Introduction: Youth is a critical developmental period but also a stage of heightened vulnerability to mental health problems such as anxiety and depression, as well as to risk behaviours involving alcohol, tobacco, or cannabis use. In Spain, these difficulties affect a substantial proportion of young people and are associated with academic and occupational impairment, increased risk of suicidal behaviour, and significant burden for families and for the healthcare system. High comorbidity between these three conditions further intensifies vulnerability and complicates prevention. Although preventive psychological interventions are effective, their accessibility and adherence remain limited, particularly among younger populations. There is therefore a need for more engaging, scalable, and youth centred preventive approaches. Methods: PREVIDAS is a digital prevention project designed to deliver a personalised intervention tailored to individual risk and protective factors through a mobile app and/or web platform. The project follows a two phase design. Phase 1 involves a co-designing development process with young people and key stakeholders through qualitative interviews and focus groups, integrating Patient and Public Involvement (PPI) to ensure relevance and acceptability. Phase 2 will evaluate the intervention in a randomised controlled trial (RCT) with 790 young people without baseline anxiety, depression, or problematic substance use, followed for one year to assess incidence, usability, satisfaction, and potential adverse effects. Results: The project is currently in Phase 1. Preliminary qualitative findings will be briefly presented. Conclusions: If effective, PREVIDAS will be offered free of charge, leveraging the near universal internet access among Spanish youth. A scalable digital preventive programme has the potential to improve psychological wellbeing, reduce healthcare costs, and generate substantial societal benefits.

Saturday · C 1.4 · 14:30 Prevention, resilience & well-being interventions (1/2)

T090 [115] ORAL

Implementing wearables for longitudinal well-being monitoring: feasibility and lessons learned

Nele A.J. De Witte · Nele A.J. De Witte, Fien Buelens, Glen Debard, Romy Sels, & Bert Bonroy

Thomas More University of Applied Sciences, Belgium · Belgium

Introduction. Combining self-report and wearables in a longitudinal approach allows for the triangulation of subjective and objective data, and can enhance the value and feasibility of well-being assessments. However, implementing wearables also presents challenges, and the user experience and acceptance of applications is insufficiently accounted for. This study aimed to assess the feasibility of an extended data collection approach capitalizing on passive monitoring with wearables to inform on individual and team well-being in healthcare personnel. Methods. Wearables (Fitbit Charge 6) were provided to 11 healthcare teams for longitudinal use (up to 1 year), including an optional period of 10 weeks with weekly self-reports and feedback (the Fitbit Focus Weeks). Afterwards, the main team contact was invited for an interview to document participant experiences. The interviews were analysed through reflexive thematic analysis. Exploratory analyses were performed on Fitbit Focus Week data. Results. A total of 83 healthcare professionals wore wearables, and 33 of them provided data during the Fitbit Focus weeks. Exploration of available wearable and self-report data shows fluctuating data completeness, consistently high mean daily step counts and rather low mean sleep duration. Seven (out of a possible 11) team contacts participated in the interviews. They reported a substantial interest in the adopted wearable monitoring approach from themselves and their teams (especially for sleep monitoring) and saw opportunities to expand the approach in the future - both on an individual as well as organizational level. However, implementation was hampered by technical, user experience, and adherence challenges. Conclusions. These insights from adoption in complex real-world contexts are needed to support implementation. By combining study results with the documented study process, recommendations were developed to guide future work in technology-facilitated well-being monitoring.

Saturday · C -1.4 · 14:00 Ecological momentary interventions, JITAI and wearable monitoring (1/2)

T091 [125] ORAL

Ecological Momentary and Just-In-Time Adaptive Interventions for Psychosis: An Ongoing Systematic Review of Design, Content, and Outcomes

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Introduction: Psychotic disorders are leading causes of disability worldwide, and early intervention during the at-risk mental state (ARMS) and first-episode phases is critical. Conventional care is constrained by accessibility, scheduling rigidity, stigma, and limited capacity to support patients in everyday contexts. Ecological Momentary Interventions (EMIs) and Just-In-Time Adaptive Interventions (JITAIs) offer a promising alternative by delivering real-time, real-world support tailored to individuals' changing needs. However, their design, content, implementation, and outcomes in psychosis remain poorly characterised. This review aims to identify and characterise EMI and JITAI interventions for psychosis, describe their components, and synthesise evidence on feasibility, usability, acceptability, efficacy, and effectiveness.Methods: A PRISMA 2020-compliant systematic review was conducted across Web of Science, Scopus, PsycINFO, PsycNET, PubMed, ACM Digital Library, and IEEE Xplore, complemented by hand-searching of journals, screening of ongoing projects, reference snowballing, and citation tracking. Records were screened independently by two reviewers. Data extraction focused on intervention characteristics, content, delivery, design, populations, and outcomes.Results: Of 1167 records identified, 818 were duplicates and 25 met criteria for full-text screening and are undergoing extraction and synthesis. The completed review will provide a comprehensive synthesis of EMI and JITAI interventions for psychosis, including design, content, delivery strategies, populations, and outcomes on feasibility, usability, acceptability, efficacy, and effectiveness.Conclusions: This review will provide the first comprehensive overview of how EMI and JITAI interventions for psychosis have been designed, delivered, and evaluated. By identifying evidence, challenges, and gaps, it will inform future adaptive digital interventions and advance precision digital mental health.

Saturday · C -1.4 · 14:15 Ecological momentary interventions, JITAI and wearable monitoring (1/2)

T092 [152] ORAL

Monitoring daily stress using wearables and self-report: Investigating data quality and longitudinal patterns in the StressTRACS study

Toon Colman · Toon Colman, Glen Debard, Romy Sels, Jasper Gielen, Nina Catharina Van Oost, Jean-Marie Aerts, Bert Bonroy, & Nele A.J. De Witte

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Introduction Stress-related complaints are highly prevalent and associated with adverse academic, occupational, and health outcomes, underscoring the need for tailored interventions. Consumer-grade wearables and smartphones enable continuous, real-world stress monitoring and offer scalable opportunities for healthcare integration. As stress is a multifaceted response, it involves autonomic nervous system activation, as well as behavioral and subjective mood changes. This study examines the psychometric quality of smartphone-based self-report, and longitudinal patterns in wearable- and self-report data. Methods In the StressTRACS study, a total of 150 participants completed a 3-month observational trial using a Fitbit Charge 6 and daily smartphone-based self-assessments. In addition, monthly questionnaires assessed perceived stress, well-being, somatic symptoms, and sleep quality. The self-report data is investigated for factor structure, reliability, and validity. Longitudinal patterns are investigated in self-reported and wearable-derived data. Results The sample included 100 students (M_age = 22.93; 67 female) and 50 employees (M_age = 43.56; 38 female). At baseline, the mean perceived stress score (PSS-10) was 16.73 (SD = 6.61). A total of 540 monthly observations (self-report), and 12.950 daily observations (self-report and wearable) were collected. Psychometric and longitudinal analyses are ongoing and results will be available by September 2026. Conclusions Combining wearables with smartphone-based self-reporting offers a promising approach to capturing daily stress dynamics in real-world settings. This study contributes to the validation of multimodal stress monitoring by examining longitudinal patterns in wearable-derived and self-reported stress indicators and the psychometric quality of daily self-reports. Such individualized monitoring may support early prevention and personalized intervention strategies.

Saturday · C -1.4 · 14:30 Ecological momentary interventions, JITAI and wearable monitoring (1/2)

T093 [038] ORAL

Recruiting for Internet-Based Psychological Trials: Challenges From Two Portuguese iCBT Studies on Social Anxiety and Sexual Health

Edna M. Martins · Edna M. Martins, Andreia Manão, Patrícia M. Pascoal, Marco Pereira, and Gerhard Andersson

Lusófona University · Portugal

Background. Despite proven effectiveness, recruitment remains challenging in cognitive behavioural internet-based interventions (iCBT), partly due to lower perceived credibility than face-to-face therapy and competition from a saturated digital market. When topics involve social anxiety or sexual health, stigma, privacy concerns and reluctance to disclose personal information may further reduce participation. Methods. Recruitment difficulties are described through two Portuguese iCBT studies: PORTiSOFIE, a social anxiety trial with secondary sexual and relationship outcomes, and Anthesis, a transdiagnostic intervention for sexual dysfunctions. Findings are interpreted in light of existing literature. Results. Both trials used extensive outreach, contacting influencers, universities, companies, research centres, student associations, Facebook groups, forums and health centres. PORTiSOFIE enrolled 19 participants in three months, with only 7 randomised. Anthesis showed a different pattern: 134 people accessed the platform and completed baseline questionnaires over four months, but only 66 completed the clinical screening interview, suggesting enrolment dropout rather than lack of initial interest. Sexuality-related advertising was also reported by users and blocked by platform algorithms, limiting outreach. Possible explanations include low credibility of internet-delivered therapy, competition from wellness apps, daily-life distractions, and shame around mental and sexual health disclosure. Discussion. These examples show that recruitment problems in iCBT trials are not uniform: they may occur at initial reach, during enrolment, or through structural barriers such as algorithmic censorship. In Portugal, where internet-delivered psychological treatment is not yet established in routine clinical practice, limited visibility and credibility may further hinder recruitment. Transparent reporting of recruitment barriers, clinician training, community outreach and hybrid recruitment strategies are needed to strengthen future iCBT trials, especially on stigmatised topics.

Saturday · C 2.4 · 16:35 Evidence synthesis, screening & methods (1/2)

T094 [067] ORAL

Interventions Targeting Future-Oriented Thinking to Improve Mental Health: A Meta-Analysis in Young Adults

Julia Radi · Julia Radi, Esther Mertens, Anne-Laura van Harmelen, Jean-Louis van Gelder

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Introduction Future-oriented cognition has been proposed as a transdiagnostic mechanism underlying internalizing and externalizing psychopathology. Consequently, interventions targeting future-directed thinking have attracted growing interest as scalable approaches to improving mental health. This meta-analysis evaluated their effects on mental health symptoms in emerging adults. Methods A multilevel meta-analysis was conducted on intervention studies targeting future thinking. Primary analyses examined standardized between-group change scores for internalizing symptoms, externalizing symptoms, and broader indicators of psychological health. Subgroup, sensitivity, publication bias, and risk-of-bias analyses were conducted. Results Fourteen studies contributed 18 effect sizes. Overall, future thinking interventions showed a small, positive, and statistically significant effect relative to control conditions ($g = 0.28$, 95% CI [0.06, 0.50], $p = .013$), with moderate heterogeneity ($I^2 = 66.9\%$). Subgroup analyses provided preliminary evidence for a small effect on internalizing symptoms ($g = 0.15$, $p = .017$; $k = 10$) and a medium effect on broader indicators of psychological health ($g = 0.47$, $p = .034$; $k = 6$), whereas evidence for externalizing symptoms remained inconclusive. Exploratory analyses suggested that the overall effect may have been concentrated among future self–image interventions ($g = 0.23$, $p = .004$; $k = 10$), as opposed to future-image interventions showing a non-significant effect ($g = 0.34$, $p = .220$; $k = 8$). Publication bias analyses suggested possible small-study effects. Furthermore, the evidence base was underpowered to reliably detect small intervention effects. Conclusions Future thinking interventions showed a small overall benefit for mental health outcomes in young adults relative to predominantly active control conditions, although effects were heterogeneous and varied by intervention target and outcome domain. Preliminary evidence suggested that this effect may be driven by interventions targeting the future self-image specifically, especially for internalizing symptoms. A medium effect on broader indicators of psychological health, including established transdiagnostic processes, tentatively supports the possibility for transdiagnostic applicability of future thinking interventions. Yet, the findings should be interpreted cautiously given the exploratory subgroup analyses, small subgroup sizes, and predominance of non-clinical university samples from WEIRD countries. Further research should identify the active intervention ingredients and conditions of benefit, broaden testing across externalizing and transdiagnostic outcomes, and build the evidence base across more diverse, including clinical, populations.

Saturday · C 2.4 · 16:50 Evidence synthesis, screening & methods (1/2)

T095 [090] ORAL

Efficacy of technology-supported interventions for grief: A systematic review.

Laura de la Coba Cañizares · Laura de la Coba-Cañizares, Jorge Grimaldos, Ana Peñasco, Sara Fernández-Buendía, Lucía Victoria Gómez-Fernández, Daniel Campos & Soledad Quero.

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Introduction. According to the ICD-11, Prolonged Grief Disorder (PGD) is characterized by persistent yearning, intense emotional pain, difficulty accepting the loss, and feelings of emptiness or disconnection lasting longer than six months after bereavement, accompanied by significant distress and functional impairment. Recent studies estimate a prevalence of approximately 13%. Digital psychological interventions have shown promising results in reducing symptoms of anxiety, depression, and grief symptoms. Nevertheless, the available evidence regarding their efficacy for PGD remains limited. Therefore, this systematic review aims to synthesize all available evidence from randomized controlled trials (RCTs) on the efficacy of technology-supported psychological interventions for PGD across all stages of the life cycle. Methods. The systematic review is being conducted according to PRISMA guidelines and registered in Open Science Framework (OSF) (https://osf.io/hxfqb/overview). Searches were performed in PubMed, PsycINFO and Web of Science. Identified records (N = 621) were uploaded to Rayyan, and duplicates were removed (n = 442). Two independent reviewers screened titles and abstracts and conducted full-text assessments (n =72). Data extraction and quality assessment will be conducted by two independent reviewers. Results. Eight studies were included in the review. Additionally, sixteen studies were excluded because they did not meet the temporal criterion required for the diagnosis of PGD; however, these studies will be considered and discussed in a specific section of the review. At present, risk of bias assessment is being carried out and data extraction procedure is about to start. Final results regarding the efficacy of technology-supported psychological interventions for PGD treatment will be presented at ESRII 2026. Conclusions. Despite the high prevalence of PGD and the growing use of digital interventions in mental health, rigorous evidence on the effectiveness of technology-supported interventions for this disorder is still limited. This review will help summarize and critically examine the evidence available to date.

Saturday · C 2.4 · 17:05 Evidence synthesis, screening & methods (1/2)

T096 [075] ORAL

Co-production and evaluation of a web-based intervention to support healthcare seeking and improve antibiotic stewardship among Chinese and Indian students in the UK: a person-based approach

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Introduction In China and India, antibiotics are often accessible in community pharmacies, contributing to self-medication among university students and increasing the risk of antimicrobial resistance. Limited familiarity with the UK healthcare system can lead international students to continue self-medication practices and import antibiotic from their home countries. Methods This study used the Person-Based Approach, integrating evidence-, theory-, and person-based elements, to co-design a web-based behavioural intervention. The intervention aimed to support international students in navigating the UK healthcare system and managing common infections with or without antibiotics. A mixed-methods exploratory design was employed to evaluate its feasibility, acceptability, usability, engagement, and user experience. Results Drawing on findings from qualitative reviews, semi-structured interviews with international students, and behaviour change theories, a website was co-designed with a PPI panel. The intervention includes three sections: navigating the UK healthcare system, managing common infections, and understanding antibiotics. There were 51 students accessed the website, of whom 47 completed both pre- and post-intervention questionnaires. Website usage data will be analysed to explore how they interacted with the website content, while questionnaire responses will be analysed to explore before-and-after changes. Interviews were conducted with 28 participants, and data will be analysed to gain a deeper understanding of participants' experiences of using the website and their perspectives on its content. Conclusions The intervention was co-designed with target users to enhance its relevance, acceptability, and engagement, addressing needs among international students in healthcare seeking and management of common infections in the UK. Findings from the mixed-methods study will help identify key considerations for the future interventions targeting international students.

Saturday · C 2.4 · 17:20 Evidence synthesis, screening & methods (1/2)

T097 [085] ORAL

Adoption of Generative AI among Swedish Psychologists: Results from a National Survey of Intention to Use and Future Integration into Professional Practice

Kristofer Vernmark · Kristofer Vernmark, Per Carlbring, & Gerhard Andersson

Linköping University · Sweden

Introduction: Developments in generative artificial intelligence (GenAI) are affecting the field of mental health and the everyday work of psychologists. However, there is limited knowledge regarding psychologists' acceptance of and intention to use GenAI. This includes perceptions of its future impact on the professional role of psychologists and which factors that are associated with the intention to use GenAI and attitudes toward its integration into everyday practice. Methods: A cross-sectional online survey was conducted among psychology students, internship psychologists, and licensed psychologists in Sweden between January and February 2026. The survey included seven items related to constructs from the Unified Theory of Acceptance and Use of Technology (UTAUT) model and nine items assessing attitudes toward future integration into professional practice. Responses were analyzed using Pearson's correlation and hierarchical multiple linear regression analyses. Results: A total of 963 respondents were included in the analysis. Private use of GenAI was strongly associated with professional use ($r = .62$, $p < .001$). UTAUT variables explained 73.3% of the variance in behavioral intention to use generative AI professionally, with curiosity ($\beta = .44$) and performance expectancy ($\beta = .32$) emerging as the strongest predictors. Attitudes toward future professional integration were primarily associated with current private ($\beta = .28$, $p < .001$) and professional ($\beta = .32$, $p < .001$) GenAI use rather than demographic variables or professional role. Conclusions: The findings suggest that familiarity with GenAI may play a central role in shaping how psychologists navigate its integration into professional practice, and that private use is an important factor to consider for professional adoption. Increased attention to how psychologists interact with and perceive the impact of GenAI on their professional role is therefore warranted.

Saturday · C 1.4 · 16:35 AI chatbots, conversational agents & AI-generated mental-health content (2/3)

T098 [069] ORAL

Exploring the Use of a Generative Artificial Intelligence Wellbeing Coach for Sleep Disturbance in Working Adults

Jessica Vazzaz

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Background: Sleep disturbance is prevalent among working adults, and scalable, personalised interventions are needed. Wellbeing coaches built on Generative Artificial Intelligence (GenAI) may address this need, but evidence remains limited. Objectives: This study investigated the preliminary effectiveness, acceptability, and feasibility of Nova, a GenAI-powered wellbeing coach, for improving sleep disturbance. Methods: A single-arm, repeated-measures study was conducted over six weeks (n = 150). Outcomes assessed included sleep disturbance (PROMIS Sleep Disturbance, primary outcome), depressive symptoms (PHQ-8), anxiety (GAD-7), perceived stress (PSS), sleep onset latency (SOL), total sleep time (TST), daytime impact of sleep disturbance, and work productivity and activity impairment (WPAI). Acceptability and feasibility were evaluated using objective engagement metrics and user feedback. Results: A large, significant reduction in sleep disturbance from pre- to post-intervention was observed ($d = -1.16$). On average, participants reported a 26-minute increase in TST post-intervention ($d = 0.70$), and the proportion reporting a SOL greater than 30 minutes decreased from 29.3% to 14.6%. Significant reductions were also observed for daytime impact of sleep disturbance ($d = -1.70$), depression ($d = -0.96$), anxiety ($d = -0.59$), stress ($d = -0.58$), presenteeism ($d = -0.80$), and activity impairment ($d = -0.97$). The intervention was deemed acceptable and feasible, with an uptake of 90.67% and a median of 6 sessions completed. Conclusions: The findings offer preliminary evidence supporting the effectiveness and acceptability of Nova for working adults experiencing sleep disturbance. A future randomised controlled trial is warranted to establish comparative efficacy with existing app-based interventions or human coaching.

Saturday · C 1.4 · 16:50 AI chatbots, conversational agents & AI-generated mental-health content (2/3)

T099 [095] ORAL

Delivery modalities in digital interventions for family caregivers: mapping strategies and patterns of effectiveness

Maria José Lumini · Maria José Lumini; Fátima Araújo; Carla Cardoso; Daniela França; Marta Sá; Mafalda Lopes; Maria José Peixoto; Maria Rui Sousa; Teresa Martins

Escola Superior de Enfermagem, Universidade do Porto · Portugal

Background: Digital interventions for family caregivers use diverse delivery modalities and learning approaches. Their implementation is increasing, but it remains unclear which technological configurations are most effective in reducing caregiver burden and stress. Aim: To map delivery modalities and characteristics of digital interventions tested in experimental studies with family caregivers and analyse patterns of effectiveness according to the technological approach used. Methods: A systematic review of 16 studies was conducted. Data were extracted on delivery modalities (mobile apps, web-based platforms, telemonitoring, videoconferencing), learning formats (synchronous, asynchronous, hybrid), level of professional mediation (self-guided, tele-coaching, continuous professional support), intervention components, and effectiveness. Outcomes were analysed using standardised effect sizes for caregiver burden and stress. Results: Interventions were delivered through web-based platforms, mobile apps, or combined approaches. Most studies used hybrid learning formats, integrating asynchronous educational content with synchronous support or coaching. Fully self-guided interventions showed mixed effects on burden and small-to-moderate effects on stress. In contrast, interventions including professional mediation, particularly tele-coaching delivered by nurses or psychologists, demonstrated consistently moderate-to-large effects on burden and moderate, consistent reductions in stress. Psychoeducation was a core component across studies, while stress management, relational support, and peer interaction were more prominent in synchronous and hybrid modalities. Conclusions: Professionally mediated hybrid digital interventions appear to produce more consistent and clinically relevant benefits than fully self-guided approaches. Relational components, such as coaching and structured follow-up, are likely key active ingredients, although direct comparative evidence between delivery modalities remains limited.

Saturday · Auditório · 16:50 Parenting & caregiver digital interventions

T100 [029] ORAL

Development of a Digital Intervention for Psychologically Distressed Parents: Results of a Feasibility Study

Charlotte Rosenbach · Charlotte Rosenbach, Nadja Ruckser, Babette Renneberg, Caroline Seiferth

Health and Medical University Erfurt, Germany · Germany

Introduction. Parents with mental illnesses often face difficulties in meeting their children's needs, regulating emotions, and coping with stress and conflict. To address the lack of accessible, evidence-based support, the self-guided digital parent training Tepsy was developed together with affected parents. The program aims to reduce mental distress and strengthen parenting competence. Methods. This feasibility study examined who uses the training, how intensively it is used, and user satisfaction. Fifty-six parents (78% female) with perceived psychological distress and at least one child aged six months to ten years participated in the 10-week program consisting of 10 chapters. App log data were used to assess usage, while questionnaires measured psychological distress, parental competence, stress, and child welfare risk before (t0) and after training (t1). Overall satisfaction and potential negative effects were assessed at t1. Results. Of the 56 participants who started the program, 22 completed the follow-up assessment. App usage varied widely: participants logged in an average of 73 times and used the app for about 163 minutes overall. Chapter satisfaction ratings ranged from 7.27 to 8.65 (scale 1–10), and overall satisfaction was high ($M = 25.27$). Active participation declined over time, from 56 users at the introduction chapter to 19 users at the mindfulness chapter. A slight reduction in parental psychological distress was observed descriptively. Conclusion. The findings suggest that Tepsy is a promising and feasible low-threshold intervention for psychologically distressed parents. High satisfaction indicates the program's relevance for the target group. However, high dropout rates and large differences in app usage highlight the need for further development, including greater personalization and interactive elements. Tepsy is currently being refined and evaluated.

Saturday · Auditório · 17:05 Parenting & caregiver digital interventions

T101 [083] ORAL

Hand in Hand: Protocol for a Feasibility Study of a Compassion-Focused Self-Help App for Parents of Children Referred to CAMHS

Karen Hansen Kallesøe · Presenting author: Karen H. Kallesøe 1,2 Co-Authors: Emma Nyrup Thonsberg1,2 Matti Cervin 3,4 James Kirby 5 Charlotte Ulrikka Rask 1,2 Affiliations: 1. Department of Child and Adolescent Psychiatry, Aarhus University Hospital, Denmark 2. Aarhus University, Denmark 3. Psychiatry Skåne, Sweden 4. Lund University, Sweden 5. University of Queensland, Australia

Department of Child and Adolescent Psychiatry, Aarhus University Hospital, Denmark · Denmark

Introduction Parents of children referred to Child and Adolescent Mental Health Services (CAMHS) often experience stress, shame, self-criticism, and emotional exhaustion while navigating long waiting times and complex assessment pathways. Compassion-Focused Therapy (CFT) may strengthen emotional resilience and reduce parental distress, but accessible support options for this group remain limited. We therefore developed Hand in Hand, a compassion-focused self-help app co-designed with parents and clinicians. Methods This project consists of an open feasibility study. Parents of 200 unique children referred to CAMHS in the Central Denmark Region will be recruited through waiting lists. Hand in Hand is a four-module self-help app integrating CFT principles, psychoeducation, guided exercises, and audio-visual materials targeting self-criticism, shame, emotional overwhelm, and compassionate coping. Primary outcomes include recruitment, retention, adherence, acceptability, engagement, and data completeness. App usage data include logins and completed modules. Exploratory outcomes include parental burnout, emotion regulation, emotional distress, self-compassion, shame, family empowerment, social support, and parent-reported child well-being. Questionnaires are completed at baseline, post-treatment, and 3-month follow-up. Results Recruitment and data collection are expected to commence in September 2026. The study will provide information regarding recruitment procedures, engagement, acceptability, and suitability of study procedures and outcome measures for a future randomized controlled trial. Conclusion This study will provide preliminary evidence regarding the feasibility of delivering a compassion-focused digital intervention to parents of children referred to CAMHS. If feasible, the intervention may represent a scalable and accessible approach to supporting parental well-being during a highly stressful period.

Saturday · Auditório · 17:20 Parenting & caregiver digital interventions

T102 [070] ORAL

Deputy: Bridging the Between-Session Gap Through Clinician-Governed, Voice-Enabled AI

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Introduction: Psychotherapy is delivered in sessions, while clinically relevant difficulties often occur between them. This creates a continuity gap in which therapeutic gains may be difficult to maintain and later sessions may require renewed stabilization. Deputy was developed as a clinician-governed AI system to extend selected therapeutic processes beyond the session without replacing the psychologist. Unlike many blended-care models, in which digital components are primarily structured, clinician-assigned exercises, modules, or guided practice, Deputy makes the between-session component itself interactive. Methods: Deputy is a psychologist-facing, voice-enabled platform operating within a B2B, prescribe-only framework. The clinician selects the intervention and therapeutic frame. Within these boundaries, Deputy can respond interactively to the client. Retrieval-Augmented Generation (RAG) constrains outputs to clinician-defined protocols, session-specific materials, and structured therapeutic content. This distinguishes Deputy both from primarily directive digital components and from open-ended general-purpose conversational AI. Results: A pilot implementation in private psychological practice is evaluating: (1) continuity and perceived stability between sessions, (2) time spent on re-entry and stabilization at subsequent sessions, and (3) feasibility and acceptability within routine clinical workflows. Conclusions: Deputy extends the therapeutic interaction between sessions as a delegated, clinician-governed digital layer rather than a parallel treatment pathway. By combining bounded interactivity, voice-enabled delivery, and retrieval-based control, it aims to strengthen continuity while preserving the psychologist's central role.

Saturday · C 1.4 · 17:20 AI chatbots, conversational agents & AI-generated mental-health content (2/3)

Sunday 11 October

T103 [097] ORAL

Long term effects of Digital vs. Face-to-face intervention for alcohol use disorder

Philip Lindner · Magnus Johansson, Olle wiklund,Kristina Sinadinovic, Ulric Hermansson, Anne H. Berman, Sven Andréasson, Philip Lindner

Karolinska Institutet · Sweden

Introduction: Internet-based cognitive behavioral therapy (ICBT) have been used for over 25 years as a way of broadening the reach of treatment of alcohol use disorder (AUD) and address common obstacles for seeking help like availability and stigma. Digital brief interventions have been shown to lead to reduced alcohol consumption and reduced alcohol-related problems among users, directly after the intervention or at follow-up a few months later. But few studies have presented long-term outcomes and none from patient records. Method: In the current study self-reported outcome data at one- and two-years follow-up was analyzed together with two to seven years patient records data from a randomized controlled non-inferiority trial. The original study was conducted in 2015-2018 at a well-established clinic treating AUD. Patients signed up for the study and completed baseline assessment via the clinic website. After meeting with a physician for assessment, participants were randomized to ICBT or face-to-face CBT. The same treatment material and the same psychologists were used in both groups. The non-inferiority limit was set to 5 drinks (60 grams of alcohol) a week. Previously published results showed non-inferiority of ICBT at six months follow-up. Long-term follow-up was conducted at 12 and 24 months. Patient records data from primary care and specialized care was collected for up to seven years. Results: Randomized patients (n=303) had a mean age of 49 years (sd=12) and 38% were women. Mean weekly alcohol consumption at baseline was 24 (sd=14) drinks and mean score on the Alcohol Use Disorders Identification Test was 21 (sd=5). Further, 16% had symptoms of generalized anxiety and 26% of depression. ICBT was non-inferior to Face-to-face CBT at one and two years. Mean weekly alcohol consumption was reduced to 11 drinks at two years. Survival analysis did not show differences in when participants in digital vs face-to-face received a new alcohol-related diagnosis. Conclusion: No significant long-term differences were found between internet- and face-to-face CBT. Reductions in alcohol consumption during treatment were maintained in the long-term.

Sunday · Auditório · 09:30 Substance-use interventions & behavioural-outcome methods

T104 [126] ORAL

A week has but seven days: Conceptual perspectives and an impact simulation study on whether days-based behavioral outcome measures in internet interventions should be considered right-censored

Philip Lindner · Philip Lindner, Magnus Johansson, Danilo Romero

Karolinska Institutet · Sweden

INTRODUCTION: In internet interventions for psychosomatic disorders (e.g. sleep) and addiction, gathering behavioral data through calendars is the gold-standard way to derive outcome measures with high face validity. Unlike behavioral outcomes based on total duration or (unrestricted) sums aggregated across measured window (e.g. last-week), days-based frequency measures like days drinking or nights with sleep medication, are bound to the value range of the same measured window, i.e. 0—7. The statistical implications of this have however been neglected in the behavioral medicine field. In this study, we argue that binarizing a given behavior on a daily level constitutes a type of censoring (i.e. only partially known values) that needs to be taken into account statistically, and empirically examine the consequences of not doing so. METHODS: We performed secondary analyses of a trial for alcohol use disorder, including simulations, to both retrospectively estimate the prevalence of censoring in this case, and to assess the empirical impact of disregarding censuring. RESULTS: Findings from mixture modeling were consistent with the expected proportion of participants reporting multiple drinking occasions per day. Simulations revealed that using censoring-adapted regression resulted in up to 12% change in parameter estimates, and that as the rate of limit-hitters increased in the control group, the discrepancy between raw and censoring-adapted parameter estimates grows quadratically. CONCLUSIONS: Unless a reduction in a binarized occurrences of a behavioral phenomenon – e.g. drinking, as was the case here – is the exact and only therapeutic target in a trial or clinical setting, there are compelling reasons, both conceptual and empirical, to consider days-based outcomes as censored proxy measures that risk obfuscating clinically meaningful change on both an individual and group level. Alternative outcomes should be considered when available.

Sunday · Auditório · 09:45 Substance-use interventions & behavioural-outcome methods

T105 [149] ORAL

Limiting AI chatbots in mental health: focus on empathy or on escalation?

Tim Vanhove · Tim Vanhove, Tom Seymoens, Jana Verplancke, Tom Van Daele, Sylvie Bernaerts & George Caique Gouveia Barbosa

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Introduction Conversational Artificial Intelligence (AI) or chatbots may offer new opportunities for mental health services. Yet these possibilities are inseparable from pressing ethical concerns. This study examined how ethical positions encoded in chatbots shape behaviour and mental health professionals' evaluations of their quality in sensitive interactions. Methods Three GPT-5-based chatbots were prompt engineered based on Kantian duty ethics, ethics of care and utilitarian ethics and embedded in a web-based interface. A total of 39 mental health professionals participated in 67 role-play chat sessions, followed by online surveys and group discussions. Quantitative data were analysed using descriptive and inferential statistics, and qualitative data through thematic analysis. Results Ethical positioning significantly influenced interaction style, response length and perceived quality. The utilitarian chatbot was most often preferred from both professional and help-seeker perspectives because it combined empathic engagement with goal clarification and more context-sensitive referral. The ethics of care chatbot was valued as a relational middle ground, whereas the 'safest' Kantian chatbot was seen as abrupt and rejecting due to early, generic and conversation-closing referral. User safety is not the overriding priority: participants emphasised the need to balance safety with usefulness, escalation with empathy, and boundary setting with conversational presence. Conclusions Training chatbots with instructions on ethical boundaries changes their performance significantly. This demonstrates the urgency of establishing an international quality and safety framework with concrete prompt instructions to govern AI autonomy. Before implementing such guidelines on quality and autonomy, mental health services worldwide have to decide their ethical positioning first: what is quality and safety in chat counselling?

Sunday · C 2.4 · 09:30 AI chatbots, conversational agents & AI-generated mental-health content (3/3)

T106 [147] ORAL

When chatbots become confidants: Exploring real-world use of AI chatbots for mental health support

Sylvie Bernaerts · Sylvie Bernaerts, Fien Buelens, Nele A.J. De Witte, Eva Van Assche, Toon Colman, & Tom Van Daele

Psychology and technology, Thomas More University of Applied Sciences · Belgium

Introduction Recent findings indicate a rising prevalence of individuals talking to AI chatbots about mental health-related topics, yet knowledge of how, why and which individuals are using these chatbots is limited. Hence, this study aimed to increase insights into the use and users of AI chatbots for mental health. Methods We conducted an online survey with two samples of individuals that used AI chatbots for mental health, students (S) and the general public (GP). A total of 561 individuals were recruited. Data of 276 GP members and 73 students were included in the descriptive analyses. Results In the student sample, 40% of the initially recruited students reported having used an AI chatbot for mental health support and were included in the survey. More than half of the students (58%) and most participants from the general public (78%) have received or are receiving mental health treatment. Most participants used AI chatbots to either talk about personal concerns (S: 77%, GP: 81.88%) or social issues (S: 58%, GP: 55%), with freely available AI chatbots such as ChatGPT as the predominant choice (S:96%, GP: 86%). For students, the consistent availability of AI chatbots (63.01%) and their accessible nature (47%) were the main reasons for AI use. In the general public, consistent availability was the main reason as well (70%), followed by feeling well-supported by AI chatbots (52%). Participants mainly interacted with the AI chatbots through smartphone-based text conversations (all %'s >80%). Negative experiences were uncommon. Conclusions This study confirms that people use general-purpose AI chatbots for mental health, mainly for (inter)personal emotional and social support, with users valuing their availability and accessibility. While negative experiences are rare, AI use alongside (ongoing) engagement with psychotherapy highlights the growing role of AI chatbots as potential complementary mental health support tools.

Sunday · C 2.4 · 09:45 AI chatbots, conversational agents & AI-generated mental-health content (3/3)

T107 [018] ORAL

An abbreviated internet-delivered stress recovery intervention for healthcare workers: Feasibility and implications for implementation

Austėja Dumarkaitė · Austeja Dumarkaite, Anton Käll, Ramune Serapine, & Evaldas Kazlauskas

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Introduction. Healthcare workers are exposed to persistent occupational stressors that increase the risk of burnout and poor mental health. Although internet-delivered interventions can be effective, engagement remains a key challenge. Abbreviated formats may better fit the constraints of healthcare settings and support future implementation. This study aimed to evaluate the feasibility, preliminary outcomes, and user experiences of a brief internet-delivered stress recovery intervention, with a view toward informing future implementation efforts. Methods. A single-arm pre-post feasibility study was conducted using a four-week abbreviated version of the guided CBT-based online stress recovery program FOREST. Participants were self-enrolled healthcare workers recruited through professional networks (N = 52; Mage = 39.31, SDage = 11.31; 94.2% women). The intervention included six modules designed to be completed flexibly. Feasibility indicators included completion rates, usability, and acceptability. The outcomes measured were changes in stress recovery (REQ), perceived stress (PSS-4), symptoms of depression and anxiety (PHQ-4), and psychological well-being (WHO-5). Results. The intervention showed good feasibility, with 71.2% of participants completing all six modules. Participants reported the brief format useful, satisfactory, and easy to use. Moderate improvements were observed in stress recovery (d = 0.54), along with reductions in perceived stress (d = -0.43) and depression and anxiety symptoms (d = -0.51), and increased psychological well-being (d = 0.39). Conclusions. The abbreviated intervention appears feasible, acceptable, and associated with improvements in mental health outcomes among healthcare workers. The high completion rate and positive user feedback suggest that brief formats may help address engagement barriers in this population and are suitable candidates for real-world application. Building on these findings, an implementation study is already planned and will be conducted to evaluate integration into routine healthcare settings.

Sunday · C 1.4 · 09:30 Occupational stress, recovery & workplace mental health (2/2)

T108 [004] ORAL

Effectiveness and Engagement of an Internet- and Mobile-Based Aftercare Intervention for Return to Work After Inpatient Rehabilitation

Adina Kreis · Adina Kreis, Laura Klein, Christian Ruckes, Manfred Beutel, Jonas Tesarz, Rüdiger Zwerenz

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Introduction The transition from inpatient medical rehabilitation to the workplace represents a critical phase for many patients. Psychosocial burdens and difficulties transferring rehabilitative goals can compromise sustainable occupational participation. We developed and evaluated marena (My Work-related Rehabilitation Aftercare), an internet- and mobile-based intervention for individualized return-to-work goal and action planning. Methods A multicenter RCT across four rehabilitation clinics (psychosomatic, orthopedic, cardiological) randomized 495 patients (aged 18–65) 3:1 to an intervention group (IG) or control group (CG). The IG received full access to marena; the CG received surveys with automated progress feedback. The primary outcome was work status six months post-discharge (T2); secondary outcomes included work ability (WAS), depressive and anxiety symptoms (PHQ-9, GAD-7), somatic symptoms (SSS-8), and quality of life (EQ-5D). Results Approximately 61% of participants logged into marena, predominantly via mobile devices (65%). Strategy-based content on movement, mindfulness, and mindful communication was accessed most frequently. Preliminary analyses revealed a significant group-by-time interaction for anxiety symptoms (GAD-7: $p = .023$, $d = -0.11$) and trends for depression (PHQ-9: $p = .058$) and quality of life (EQ-5D: $p = .055$), with no significant group difference on the primary outcome, likely reflecting reduced power due to attrition. Qualitative feedback highlighted marena as low-threshold and supportive, with appreciation for mindfulness and relaxation content and a desire for extended use. Conclusions The intervention demonstrates good acceptability and small but consistent preliminary effects on psychological outcomes. Qualitative findings underscore its perceived value during the challenging RTW transition. Final 12-month analyses will be presented at the conference, informing the implementation of digital aftercare in routine rehabilitation care.

Sunday · C 1.4 · 09:45 Occupational stress, recovery & workplace mental health (2/2)

T109 [007] ORAL

The Productivity Costs of Work-Related Stressors in Employees - Secondary Analysis of Individual Participant Data of 16 Randomized Controlled Trials on Internet Interventions

Aliza Janzen-Lympius · Aliza Janzen-Lympius, Dirk Lehr, Claudia Buntrock, Leif Boß

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Introduction Although various occupational e-mental health interventions have been found to effectively reduce stress, symptoms of depression, and insomnia, economic considerations are important for the real-world implementation of worker- (e.g. internet interventions) or workplace-focused measures to promote mental health at work. A clear description of the productivity costs associated with work-related stressors should be the starting point. Unfortunately, estimates of such marginal productivity costs at an individual level are scarce, typically derived from disparate epidemiological datasets or downstream diagnostic costs rather than being measured directly. The aim of the present study will be to establish productivity costs associated with workplace stressors in a population that is potentially interested in uptaking worker-focused interventions. Methods Individual data of 3.575 participants in 16 RCTs will be analysed. Workplace stressors and resources were measured by the well-established Effort-Reward Imbalance (ERI) scale. Productivity costs due to absenteeism and presenteeism were estimated using items from the Treatment Inventory of Costs in Patients with Psychiatric Disorders (TiC-P) and are expressed as wage-adjusted monetary estimates. Multilevel linear regression models with random slopes for ERI and bootstrapped confidence intervals estimate marginal productivity costs per 0.1-point ERI difference. Results Data harmonisation is currently being performed; the findings will be presented at the conference. Conclusions By pooling baseline data from 16 trials, this study will provide the first individual-level estimate of marginal productivity costs associated with stressors at the workplace. Focusing on employees who participated in internet interventions, these data provide a valuable estimate for employers to describe the situation from an economic perspective and determine appropriate actions, including internet intervention.

Sunday · C 1.4 · 10:00 Occupational stress, recovery & workplace mental health (2/2)

T110 [114] ORAL

A dyadic-based, AI-driven, just-in-time adaptive intervention mechanism for preventing anxiety and depressive disorders via app: a feasibility study

Natalie Sara Hess · Natalie Sara Hess, Juliane Schmidt-Hantke, Theresa Sextl-Plötz, Mohammed Othman Omer, James Simpson, Ralph Ewert, Anna-Carlotta Zarski, Claudia Buntrock

Institute for Social Medicine and Health System Research - University of Magdeburg Germany · Germany

Introduction: The growing prevalence of anxiety and depressive disorders highlights the need for transdiagnostic prevention through innovative interventions that outperform existing applications. By delivering personalized, context-sensitive support in moments of need, Just-In-Time-Adaptive-Interventions (JITAIs) have the potential to boost intervention relevance, engagement, and adherence. Methods: Following participatory app development, a randomized controlled proof-of-concept study (N = 101) was conducted. Adults without a current anxiety or depressive disorder were randomized to a 4-week JITAI or waitlist control group. The CBT-based app used Ecological Momentary Assessment (EMA) and optional geo-tracking to identify optimal intervention times and locations, followed by AI-driven JITAIs using reinforcement learning to deliver personalized interventions, with optional motivational support from a self-selected buddy. Feasibility was evaluated using a formal framework. Assessments were conducted at four time points: screening, pre-intervention (prior to randomization), mid-intervention (10 days following randomization), and post-intervention (4 weeks following randomization), complemented by qualitative interviews. Results: Findings indicated that the DyAI-JITAI app was feasible and showed preliminary promise regarding preventive intervention effects. Compared to controls, intervention participants demonstrated significant improvements in behavioral activation, cognitive restructuring, meaningful activities, goals and planning, and social connections. Both groups showed a small, non-significant increase in depressive and anxiety symptoms (PHQ-4). Satisfaction with the technical implementation was modest, highlighting areas for improvement. Conclusions: The findings support the potential of a preventive digital mental health DyAI-JITAI mechanism and provides important guidance for future technical refinements to enhance usability and user engagement.

Sunday · C -1.4 · 09:30 Ecological momentary interventions, JITAI and wearable monitoring (2/2)

T111 [089] ORAL

Expert psychologists' perceptions and opinions on the design and development of a mobile application including Ecological Momentary Assessment (EMA) and Ecological Momentary Intervention (EMI): A Qualitative Analysis.

Laura de la Coba Cañizares · Laura de la Coba-Cañizares, Sara Fernández-Buendía, Iratxe Alonso-Olea, Natalia Valverde, Mar Molés, Daniel Campos and Soledad Quero.

Universitat Jaume I. Department of Basic, Clinical Psychology and Psychobiology. Castellón, Spain. · Spain

Introduction: It is estimated that 1/10 bereaved adults are at risk of developing long-term reactions. There are evidence-based psychological treatments effective in treating Prolonged Grief Disorder (PGD); however, 70% of people who need them do not receive them. Internet-based interventions have been developed to address this problem and have demonstrated multiple benefits, although high dropout rates remain their main limitation. Given the growing use of mobile phones, using them as a complement to these therapies may improve adherence. This study aimed to conduct a qualitative analysis of a sample of six clinical psychologists with experience working with PGD patients and online therapies (M=38.50 years, SD=7.48) to explore their perceived needs of care for patients and future users of the application. Methods: Data were obtained through focus groups to guide the design and development of the Ecological Momentary Assessment (EMA) and Ecological Momentary Intervention (EMI) App. The focus group methodology and the consensual qualitative research (CQR) method were applied. Two psychologists conducted a semi-structured interview with open-ended questions. A team of three members independently analyzed the content and reached consensus; an external auditor reviewed the analyses. Results: The analysis of the results identified 6 domains and 19 categories (1 general, 15 typical and 3 variants). Findings highlighted the importance of the App being accessible, simple, and easy to use, including therapist support, personalized resources, testimonies from other patients, emotional support, and audiovisual content to improve adherence to treatment. Conclusions: In conclusion, these findings provide valuable information for the design and implementation of EMA and EMI in PGD based on the insights of psychology professionals.

Sunday · C -1.4 · 09:45 Ecological momentary interventions, JITAI and wearable monitoring (2/2)

T112 [128] ORAL

Effects of digital interventions for depression on suicidal ideation – a meta-analysis of individual participant data

Rebekka Büscher · Rebekka Büscher, Harald Baumeister, Marie Beisemann, Pim Cuijpers, Philipp Doebler, Matthias Domhardt, Susanne Frick, Eirini Karyotaki, Olga Panagiotopoulou, Tobias Teismann, Wouter van Ballegooijen, Lasse Sander

Institute of Medical Psychology and Medical Sociology, University of Freiburg · Germany

Introduction: Many people with depression experience suicidal thoughts and behaviors (STB). While psychotherapy that directly addresses suicidality can reduce STB, it remains unclear whether digital depression-focused treatments are safe and beneficial with regard to STB. Therefore, this meta-analysis of individual participant data (IPDMA) investigated whether digital cognitive behavioral therapy for depression can reduce STB. Methods: Data were retrieved from an established IPD database of randomized controlled trials investigating the effectiveness of digital interventions for depression in adults and adolescents. Using the original data, we extracted any quantitative STB outcome, including single items from depression measures. Results: We identified 116 eligible studies, and were able to obtain and include individual participant data from 43 trials (11,906 participants). As no STB data from specific scales was available, we performed multilevel logistic regressions using single item data in the main analysis. Digital depression interventions were associated with reductions in suicidal ideation (b=0.414; se=0.127) and a lower risk for deteriorations in suicidal ideation (b=-0.499; se=0.140) compared to controls. Nevertheless, the treatment effects were small. In moderator analyses, we found that the risk for deterioration in suicidal ideation was higher for participants with higher depressive symptom severity. Participants in guided interventions were more likely to experience improvements in suicidal ideation. Conclusions: This IPDMA provides the first large-scale evidence that digital self-help interventions for depression may reduce suicidal ideation. However, these interventions might not be safe for people with a high severity of depressive symptoms. The effect on suicidal behavior remains unclear. These findings highlight the urgent need for regular monitoring and reporting of STB in clinical trials. These findings will be updated in July 2026.

Sunday · Auditório · 10:45 Evidence synthesis, screening & methods (2/2)

T113 [137] ORAL

Have digital self-help mental health intervention research studies reached and been adopted by Global Majority young people?

Sophie Dallison · Sophie Dallison, Phoebe Thliveri, Sara Munir, Harriet J Padley, Hiu Man (Theodora) Fung, Bronwyne Coetzee, Peter Phiri, Abbie Jordan, Maria E. Loades

Department of Psychology, University of Bath, UK · United Kingdom

Background: Young people in Global South countries, and racially and ethnically minoritised young people in Western countries, are underserved by current clinic-based mental health provision. Self-help digital mental health interventions (DMHIs) offer a scalable approach to address the global needs-access gap for young people's mental health. Most extant research into self-help DMHIs is predominantly with White young people in Western high-income contexts, thus little is known about the acceptability and effectiveness for underserved Global Majority populations. Objective: The objective of this mapping review was to (1) examine whether contemporary self-help DMHI research studies have reached and been adopted by young people of the Global Majority, and to summarise available evidence on their acceptability and effectiveness for these populations; and (2) to assess whether self-help DMHIs studies report participant's race and in line with research reporting standards. Methods: A mapping review was conducted on peer reviewed intervention studies published from 2019 onwards were eligible if they evaluated self-help DMHIs targeting anxiety, depression, emotional problems or wellbeing among young people aged 10-24 years. Data on study characteristics, sample demographics and implementation features were extracted in line with the RE-AIM framework. Results: 37 papers were eligible, including 30,075 participants in total. Only 9.2% of participants were clearly identified as belonging to the Global Majority by ethnicity and just 10.9% of studies were conducted in LMICs. Reporting of race and ethnicity was highly inconsistent. Aggregated or binary categories (e.g. "non- White") were common. Only one study disaggregated effectiveness outcomes by ethnicity, and fewer studies examined differential attrition or engagement. Cultural adaptation or co-design was described in 16% of studies primarily in low-and-middle-income or indigenous contexts. Maintenance outcome beyond six months were rarely reported. Conclusions: Despite their promise as scalable interventions, self-help DMHIs have not yet equitably reached young people of the Global Majority, who remain underrepresented and marginalised within the evidence-base. Inconsistent reporting of race and ethnicity, limited cultural adaptation, and a lack of disaggregated effectiveness and maintenance data constrain claims of scalability and equity.

Sunday · Auditório · 11:00 Evidence synthesis, screening & methods (2/2)

T114 [093] ORAL

Effects of Different Chatbot Types on Youth Mental Health: A Systematic Review

Livija Ziemiene · Livija Ziemiene, Jorge Grimaldos, Austeja Dumarkaite, Soledad Quero, Wietse Tol, Evaldas Kazlauskas

Center for Psychotraumatology, Institute of Psychology, Vilnius University, Vilnius, Lithuania · Lithuania

Introduction. Chatbot-based interventions are increasingly used to address youth mental health needs. However, chatbot technologies differ substantially, ranging from rule-based to artificial intelligence (AI) and hybrid chatbots. To date, no systematic review has specifically compared these three chatbot types in youth mental health interventions. This systematic review examined the characteristics and effects of AI, hybrid and rule-based chatbot interventions for young adults. Methods. The systematic review was conducted according to PRISMA 2020 guidelines and registered in PROSPERO (CRD420251068055). Searches were performed in PubMed, PsycINFO, Scopus, Web of Science and IEEE Xplore. Identified records (N = 5,155) were uploaded to Rayyan, and duplicates were removed (n = 2,208). Two independent reviewers screened titles and abstracts (n = 2,947) and conducted full-text assessments (n = 186). Data were extracted using a standardized procedure and synthesized narratively. Results. The systematic review included 31 studies published between 2017 and 2025, including 17 randomized controlled trials (RCTs). Most interventions were AI-based (54.8%), based on Cognitive Behavioral Therapy (74.2%) and delivered via mobile applications (41.9%). AI and hybrid chatbots demonstrated the most consistent effects in reducing depressive symptoms and psychological distress, whereas rule-based interventions showed mixed findings. AI chatbots demonstrated more favorable findings for anxiety outcomes compared to hybrid and rule-based systems. Hybrid chatbots showed promising results when incorporating social cues and therapeutic alliance components. Conclusions. AI and hybrid chatbot interventions demonstrated more consistent effects across youth mental health outcomes than rule-based systems. Future research should directly compare chatbot types and identify mechanisms underlying differential outcomes.

Sunday · Auditório · 11:15 Evidence synthesis, screening & methods (2/2)

T115 [136] ORAL

Online Mental Health Screening and Feedback - Why People Use It and How It Impacts Their Pathway to Care: Cross-Sectional Study

Tomer Savir · Tomer Savir & Amit Baumel

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Introduction: Many individuals engage with online mental health screening tools solely to complete the assessment, even after receiving feedback outlining courses of action. Little is known about why some intend to take further action following screening while others do not, or how feedback affects intentions. Methods: A comprehensive online mental health screening tool providing automated personalized feedback with information about courses of action was developed for this study. The sample included 366 participants who completed the screening and reported their reasons for using the screening tool, their post-feedback action intentions, and their agreement with feedback takeaway statements. Results: Pre-screening, 40.6% of participants intended only to check their mental health and take no further action, 38.3% intended to take some form of action, and 21.1% were indecisive. Post-feedback, the proportion intending no further action increased to 52.2% (χ^2=13.56, p<.001), while indecision decreased to 4.5% (χ^2=45.80, p<.001). Of those initially intending only to check their mental health, 71.9% retained that intention. Participants agreed more that the feedback confirmed what they already thought about their mental health than that it taught them something new (t=13.22, p<.001). However, agreement that the feedback confirmed what they already thought did not predict post-feedback intentions (OR=1.06, p=.80). In contrast, agreement that the feedback taught them something new (OR=2.27, p<.001) and an initial reason to take action (OR=4.41, p<.001) significantly predicted intentions to take further action. Conclusions: Many individuals use online screening tools just to check their mental health status and most are unlikely to change their intentions after the assessment. Screening services aiming to encourage help-seeking should focus on providing feedback that offers new insights on users' mental health, as merely confirming prior beliefs does not promote action.

Sunday · Auditório · 11:30 Evidence synthesis, screening & methods (2/2)

T116 [053] ORAL

Digital Transformation in Musculoskeletal Care: Acceptance Determinants Among Physicians based on the UTAUT Model

Fatma Sahan · Fatma Sahan, Karin Panitz, Miryam Azimi, Omobolanle Joy Mefful, Jennifer A. Müller, Stefan Wagner, Pascal Jungbluth, Volker Hardt, & Jennifer Apolinário-Hagen

Institute of occupational, social and environmental health · Germany

Background: Musculoskeletal disorders (MSDs) are a leading cause of pain, disability, and work absenteeism worldwide. Digital health technologies (DHTs) may support MSD prevention, treatment, and long-term management. However, successful implementation depends on physicians' acceptance, which remains insufficiently studied in MSD care. Methods: A nationwide cross-sectional survey was conducted among German occupational physicians (OPs) and orthopedists/trauma surgeons (ORTs/TS). An adapted Unified Theory of Acceptance and Use of Technology (UTAUT) questionnaire, with acceptance operationalized as intention to use DHTs. Besides the four UTAUT constructs, measures of attitude toward DHTs, prior DHT knowledge, eHealth literacy, technology readiness, self-rated digital competence, and attitudes toward artificial intelligence (AI). Data were analyzed in R using multiple linear regression, mediation analyses, and nonparametric group comparisons. Results: The analyzed sample comprised 312 physicians (49.5% female, n = 154), including OPs (60.5%, n = 187) and ORTs/TS (39.5%, n = 122). Multiple regression explained 59% of the variance in DHT acceptance. Attitude was the strongest predictor of DHT acceptance ($p < .001$), followed by social influence ($p < .001$) and performance expectancy ($p < .001$). Self-rated digital competence showed a small negative direct effect ($\beta = -.10$), fully mediated by attitude. OPs demonstrated higher acceptance, social influence, and DHT-related knowledge, whereas ORTs/TS reported higher digital competence and more positive attitudes toward AI. Conclusion: Acceptance of DHTs in MSD care is primarily driven by attitudinal and social factors rather than demographic characteristics. Specialty-specific differences suggest that implementation strategies should be tailored to professional contexts. Strengthening positive attitudes and social endorsement may be critical for increasing physician uptake of DHTs in MSD prevention and treatment.

Sunday · C 2.4 · 10:45 Therapist roles, training & professional adoption of digital tools (2/2)

T117 [005] ORAL

"Tool, Not Threat": Psychotherapists-in-Training's Perceptions of Digital Health Applications in Psychotherapy

Alena Adiyaman · Alena Adiyaman, Dorcas Danielle Djeufa, Ece Atik, Magnus Schückes, Fatma Sahan, Jennifer A. Müller, Claudia R. Pischke, & Jennifer Apolinário-Hagen

Institute for Occupational, Social and Environmental Medicine, Heinrich Heine University Düsseldorf, Germany · Germany

Introduction Mental healthcare systems face a persistent gap between demand for psychotherapy and available treatment. Digital Health Applications (DiGA), also referred to as 'apps on prescription' in Germany, have been available since autumn 2020. Although predominantly available for mental health indications, adoption has been slow, likely due to uncertainty and insufficient integration into professional training. Little is known about the views of psychotherapists-in-training (PiA), a specific group of professionals situated between growing digitalization and rigid training structures. This study explores PiA perceptions, expectations, and attitudes towards DiGA. Methods A qualitative interview study was conducted between April and December 2024. N = 49 semi-structured interviews were conducted, audio-recorded and transcribed (mean duration: 28 minutes). Participants were recruited via social media across Germany. Data were analyzed using qualitative content analysis according to Kuckartz. Results The sample included participants with cognitive-behavioral orientation (n = 40, including five licensed psychotherapists), psychodynamic (n = 4), and systemic (n = 5) orientations. Mean age: 29.4 years (SD = 3.97). Acceptance of DiGA was shaped less by skepticism than by lacking knowledge. Key findings: (1) fundamental uncertainty about prescription regulations due to lacking curricular integration; (2) DiGA perceived as a patient resource for psychoeducation and between-session support; (3) heterogeneous expectations on therapeutic alliance, with concerns linked to video-based sessions rather than DiGA per se; (4) neutral expected effects on competence; (5) assured data privacy seen as facilitating adoption. Conclusions The primary barrier is not attitude but absent training frameworks. Systematic curricular integration is essential. Limitations include a convenience sample. Future research should examine whether improved training increases DiGA prescription rates.

Sunday · C 2.4 · 11:00 Therapist roles, training & professional adoption of digital tools (2/2)

T118 [050] ORAL

Helping professionals navigate digital mental health apps: An impact evaluation of the Flemish-Belgian platform Onlinehulp-apps.be

Eva Van Assche · Eva Van Assche, Sandra Beelen, Sam Brulez, Annelien Mees, Jana Verplancke, Elia Wyverkens, & Tom Van Daele

Thomas More University of Applied Sciences, Belgium · Belgium

Introduction Across Europe, welfare and mental healthcare systems face increasing demand. Digital mental health interventions, including apps, can contribute to accessibility, prevention and blended care (Torous et al., 2018). However, there is a rapid growth in mental health apps, making it difficult for users and professionals to identify reliable tools. To address this challenge, the Flemish-Belgian platform Onlinehulp-apps.be was launched in 2021. It offers independently screened apps and websites based on clarity, accessibility and reliability. Comparable platforms for mental health and wellbeing remain scarce internationally. Methods A mixed-methods impact assessment was conducted in 2026 and focused on reach, perceived value and impact on professional practice. Quantitative data ware collected through an online user survey (n=117) and platform analytics (Matomo). Qualitative data were gathered via semi-structured interviews with professionals (n=11). Results Unique visitors increased from 13.262 in work year 2022-2023 and to 33.949 in 2024-2025. The platform currently includes 198 apps and websites. Survey results indicated a high perceived value in terms of overview, reliability and time efficiency. Professionals reported greater confidence in recommending digital tools and spending less time searching for suitable apps. Interviews further highlighted the practical value of a favorites page that contains only the most relevant apps for specific professional or organization. Both surveys and interviews identified areas for improvement, including search and filter transparency, broader thematic coverage, and greater platform visibility and continued promotion. Conclusions The results show that Onlinehulp apps.be supports access to reliable digital tools and underline the importance of curated, quality checked platforms in digital mental health. Similar initiatives could also be valuable internationally.

Sunday · C 2.4 · 11:15 Therapist roles, training & professional adoption of digital tools (2/2)

T119 [055] ORAL

Digital Mental Health Use, Training Needs, and Attitudes Toward a Digital Navigator: A Cross-sectional Survey of European Psychologists

Fien Buelens · Fien Buelens, Nele A.J. De Witte, Miguel Ricou, Jonas Eimontas, David Gosar, Lauri Lukka, Sanda Stanković, Rikke Nørgaard Elster, Lise Haddouk, Juan José Martí-Noguera, Antoni Baena, Marta Csabai, Oliver Favre, Claudette Pretorius, & Tom Van Daele

Thomas More University of Applied Sciences, Belgium · Belgium

Introduction Digital mental health is increasingly relevant to routine care, yet little is known about how psychologists in Europe currently use technology, where they perceive training gaps, and how they view the digital navigator, a clinical team member who helps patients and clinicians integrate technology into mental health care. Methods This cross-sectional survey examined technology use, prior and desired training, and attitudes toward the digital navigator among psychologists in Europe. Data were collected between January and June 2025. The final analytic sample comprised 883 participants from 25 countries. Data analysis included descriptive statistics, ordinal logistic regression, and thematic analysis. Results Online consultations were most commonly used. Technology use occurred daily for 23.10%, weekly for 28.65%, and was rare or absent among 31.93% of the participants. Formal training was limited: 10.51% reported training during university education and 13.97% after graduation. More than half reported insufficient skills, e.g. in implementation, technology selection, technology assessment, and digital therapeutic alliance. Interest in additional training was high. Most participants received no practical support, yet 61.79% considered the digital navigator role relevant and 57.77% could imagine relying on such support. Reasons given for not relying on digital navigators including preference for face-to-face interventions, sufficient digital skills, high workload. Conclusions Digital mental health is present but not all types of technologies are equally integrated in psychological practice. Furthermore, training and support in practice seem limited, suggesting structural gaps in education and implementation support. The digital navigator appears to be a potentially valuable supportive role to address these gaps, but implementation will require clear role boundaries, ethical safeguards, and organisational support.

Sunday · C 2.4 · 11:30 Therapist roles, training & professional adoption of digital tools (2/2)

T120 [002] ORAL

Beyond the usual suspects: Uncovering predictors of adherence

Anna Baumeister · Anna Baumeister, Paula Wurth, Lea Schuurmans, Per Carlbring, Jan Philipp Klein, Thomas Berger, Johanna Schröder, Björn Meyer, & Steffen Moritz

University Medical Center Hamburg-Eppendorf, Department of Psychiatry and Psychotherapy, Germany · Germany

Introduction: Low adherence remains a persistent challenge in internet-based interventions (IBIs). Research has mainly focused on established predictors such as age, gender, and baseline symptom severity, while less is known about study-inherent factors such as time of engagement or anonymity of contact information. These may shape engagement, here defined as study adherence and intervention adherence, which likely reflect different behavioral patterns. Methods: We conducted exploratory multiple regression analyses using data from a randomized controlled trial of an IBI for depression (N = 1,013). Predictors of study adherence, defined as post-assessment completion, and intervention adherence, defined as total minutes of usage, included sociodemographic and clinical factors, prior psychotherapy, comorbidities, guidance, time of assessment, and email address type as a proxy for anonymity. Results: Older age (OR = 1.21) and prior psychotherapy (OR = 1.38) predicted greater study adherence, whereas anonymous email addresses predicted lower adherence (OR = 0.75). Guidance decreased the odds of study adherence (OR = 0.70) but increased intervention usage by 101 minutes compared with the unguided version (β = .17, p < .001). Intervention adherence was positively predicted by age, female gender, and "other" email types, and negatively by anxiety-related comorbidities. Study and intervention adherence were only moderately correlated (r = .31). Intervention adherence, but not study adherence, weakly predicted treatment response. Conclusion: Established predictors remain relevant for adherence in IBIs, but contextual markers such as anonymity cues may also help explain dropout. The findings highlight the importance of distinguishing study adherence from intervention adherence and of considering study-inherent factors when designing strategies to reduce dropout and optimize digital interventions.

Sunday · C 1.4 · 10:45 Adherence & engagement in digital interventions

T121 [015] ORAL

The Best of Both Worlds? A Qualitative Pilot Study on Barriers and Facilitators to Adherence and Acceptance of the Blended Care Intervention StudiCare Procrastination for University Students

Anna Pyttlik · Anna Pyttlik(1)*, Sarah Kuchlmeier(1), David Daniel Ebert(1), Felix Ehrlenspiel1, Ann-Marie Küchler(2), Leandra Bantleon(2), Harald Baumeister2(), Fanny Kählke(3) 1) School of Medicine and Health, Department for Health and Sport Sciences, Professorship Psychology and Digital Mental Health Care, Technische Universität, München, Deutschland 2) Abteilung für Klinische Psychology und Psychotherapie, Universität Ulm, Ulm, Deutschland 3) Technische Hochschule Deggendorf, Professur für E-Health * Presenting author

Technische Universität München, Professur Psychology & Digital Mental Health Care · Germany

Introduction: Procrastination is associated with adverse outcomes in health, finances, and relationships. Students are the number one procrastinators: up to 95% put things off, which can lead not only to poorer health, but also to reduced academic performance. StudiCare Procrastination, an internet- and mobile-based intervention (IMI) grounded in cognitive-behavioural therapy and positive psychology, has demonstrated its feasibility and effectiveness. However, like many IMIs, it showed substantial dropout (~64%) and low adherence (~34–36%). Blended care may help address these challenges by combining the advantages of IMIs and face-to-face (F2F) support. This pilot study examined barriers and facilitators to adherence and acceptance of StudiCare Procrastination in a blended format. Methods: The blended intervention consisted of two live group sessions led by a counsellor via Zoom (F2F), as well as self-guided digital modules (IMI). The intervention was evaluated within a randomised controlled three-arm pilot trial (N = 74). In addition to quantitative assessments, all participants were invited to interviews. Twelve participants (self-selected) and the counselor were interviewed using semi-structured interview guides tailored to the counselor, participants with high procrastination (intervention and control groups), and the subclinical non-procrastinators group. The transcripts were analysed using qualitative content analysis with MAXQDA software. Results (preliminary): Facilitators included F2F support (exchange with the counselor and fellow students), which improved motivation and accountability, and the flexibility of the IMI. Barriers involved group size (reduced group cohesion), scheduling constraints, and declining adherence. Prior knowledge and preferences seemed to act as both barriers and facilitators to adherence and acceptance. Conclusion: Optimising StudiCare Procrastination in a blended format may promote student acceptance and adherence by combining the benefits of IMIs with F2F support, highlighting the best of both worlds. Insights into barriers and facilitators may help to further improve these blended interventions and enhance student well-being. Trial registration: The trial was registered at the German Clinical Trial Register (ID: DRKS00035721)

Sunday · C 1.4 · 11:00 Adherence & engagement in digital interventions

T122 [117] ORAL

Developing an Adjunctive Intervention to Increase Adherence to Internet-Delivered CBT: An Intervention Mapping Approach.

Markus Høstaker · Markus Høstaker, Erling W. Rognli, Marianne Aalberg, Jeanette Halvorsen, Annika Sannes, Silje Klundelien Storfossen, Nor C. Torp & Ketil Hanssen-Bauer.

1) Akershus University Hospital, R&D Department, Norway; 2) University of Oslo, Faculty of Medicine, Norway · Norway

Introduction: Internet-delivered mental health therapies have been found to be effective for a range of mental health disorders but require treatment adherence to be effective. Adherence to treatment has, however, been identified as a major challenge within this field, with a substantial number of participants showing low levels of adherence and studies finding high rates of dropout. This has led to a significant effort within the scientific community in providing descriptive statements of adherence and its predictors, as well as development of theories of its determinants. However, less is known about how research findings and theories can be used to generate effective strategies for improving adherence to internet-delivered mental health therapies. Researchers have pointed to the role of involving patients and clinicians in the development process as part of the solution to this challenge and identified the need to provide accurate descriptions of developmental processes to further the knowledge of how treatment adherence can be improved. In this project, we addressed this knowledge gap by developing an adjunctive intervention intended to increase adherence to internet-based cognitive behavioural therapy (iCBT) for children and adolescents with anxiety disorders. Methods: We used an adapted form of Intervention Mapping (IM) as a step-by-step guide for developing an adjunctive adherence intervention. Research findings and theories were used as information sources, as well as the opinions expressed by clinicians trained in iCBT, and patients and their caregivers who had experience with, or were currently receiving, iCBT. Results: IM guided the researchers in how the information gained could be used to inform the description of the problem we aimed to address (Step 1: Logic model of the problem), to decide which determinants to target (Step 2: Logic model of change), and to decide on change methods (Step 3: Program design). Lastly, the intervention material was drafted and produced (Step 4: Program production). Conclusion: In this presentation, we describe the IM process to demonstrate a way in which user involvement and research findings can be combined to inform the development of strategies to improve adherence to internet-delivered mental health therapies.

Sunday · C 1.4 · 11:15 Adherence & engagement in digital interventions

T123 [131] ORAL

Designing for Disengagement: Rethinking Engagement in Digital Interventions for Anhedonia and Amotivation

Siobhan Shaw · Siobhán Shaw, Xuanchen Liu, Anthony Joffe, Christopher Evans, Alexis E Whitton

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Introduction Digital mental health interventions (DMHI) rely on adequate user engagement, yet engagement is often lowest in the populations most likely to benefit. This may be acute for DMHI targeting anhedonia/amotivation, where low initiation, effort sensitivity and disengagement are core features. In developing a novel app-based DMHI for amotivation in depression, we identified a paradox: disengagement may reflect the target symptom itself, rather than DMHI failure. This questions whether engagement strategies for this population should be guided by clinical theory or engagement data. Methods We describe an RCT protocol evaluating digital phenotyping predictors of response to a novel DMHI targeting anhedonia/amotivation, relative to digital CBT, in adults with depression. We outline two approaches to enhancing engagement among those with motivational symptoms. First, theory-driven design uses behavioural activation, reward learning and motivation science to guide sequencing, reduce effort burden and reinforce reward. Second, data-driven design uses early Qualtrics data on which modules participants select, complete or discontinue, to inform order and flow. Results We will present preliminary Qualtrics engagement patterns and examine methodological questions during protocol development. Do participant-selected pathways align with theory-driven assumptions about which strategies should come first? Are completion and time-on-task sufficient metrics when disengagement may itself index symptom severity? How should protocols distinguish poor DMHI fit from motivational impairment? We propose that engagement outcomes be interpreted alongside symptom profiles, effort barriers and reward-related functioning. Conclusions Designing DMHI for anhedonia and amotivation requires rethinking engagement as both a methodological target and a clinical signal. Integrating theory-driven design with early behavioural engagement data may support optimisation before full-scale evaluation.

Sunday · C 1.4 · 11:30 Adherence & engagement in digital interventions

T124 [154] ORAL

Could internet-based cognitive behavioral therapy be helpful for psychological symptoms related to financials? Findings from a pilot study in Sweden

Victoria Aminoff · Victoria Aminoff, Alfiya Laxmidhar, Ellen Zetterlind, Ornina Tolo, Mikael Ludvigsson & Gerhard Andersson

Division of Psychology, Sweden · Sweden

Introduction: Financial difficulties are consistently associated with symptoms of depression, anxiety, and other forms of psychological distress. Despite this well-established relationship, there are not many empirically evaluated psychological interventions specifically designed to address mental health problems linked to financial strain. The present pilot study aimed to examine the feasibility and preliminary effects of an internet-based cognitive behavioral therapy (ICBT) intervention adapted to target mental health problems associated with financial stress. Methods: A within-group pre-post design was employed. 48 participants experiencing financial stress and elevated symptoms of depression and/or anxiety were included and received an eight-week ICBT intervention with weekly therapist support. The treatment consisted of eight modules focusing on CBT techniques such as exposure, behavioral activation and acceptance, which were adapted to be suitable for financial stress. Primary outcome measures were financial well-being, and symptoms of depression and anxiety. Secondary outcome measures included experienced quality of life. Results: Preliminary results indicates significant improvement in financial well-being and decrease in symptoms of depression and anxiety. In addition, participants reported a significant improvement in perceived quality of life. On average, participants completed 4 out of 8 treatment modules, suggesting moderate engagement. Conclusions: Overall, the findings support the feasibility and potential effectiveness of an ICBT intervention for individuals experiencing mental health problems related to financial difficulties. The results warrant further investigation in a larger randomized controlled trial, which is planned to take place in the near future.

Sunday · C -1.4 · 10:45 Prevention, resilience & well-being interventions (2/2)

T125 [142] ORAL

Big Five for mental health: a randomized controlled trial in a Norwegian context

Smiti Kahlon

Haukeland University Hospital · Norway

Introduction The “Big Five” ultra-brief self-help intervention, originally developed in Australia, targets five domains central to mental health: meaningful activities, healthy thinking, goals and plans, healthy routines, and social connections. Research on Big Five from Australia has shown promising results for mental health and wellbeing. The intervention is currently being evaluated in a Norwegian context through a randomized controlled trial (RCT). Methods This ongoing RCT evaluates the Big Five intervention adapted for use in Norway. Participants aged 16 years and older are randomized (1:1:1) to one of three groups: (1) Big Five intervention, (2) gratitude intervention, or (3) waitlist control. Participants in the two intervention groups receive one module and daily prompts over a one-month period to support engagement and self-management. whereas the waitlist control group receive only the module after a month. Recruitment has recently been completed. Outcome measures include anxiety and depressive symptoms, life satisfaction, gratitude and things you do actions. Results A total of 407 participants were enrolled, with recruitment completed in May 2026. Data collection is ongoing, and preliminary findings will be presented, including participant characteristics and preliminary clinical outcomes. Conclusions This study will provide insights into the cultural relevance and adaptability of the Big Five intervention in a Norwegian setting. Final results will inform its effectiveness and the transferability of this Australian-developed framework to a Norwegian context.

Sunday · C -1.4 · 11:00 Prevention, resilience & well-being interventions (2/2)

T126 [133] ORAL

XR2ESILIENCE: Conceptual framework and insights into the design of a XR-supported resilience training for nurses

Sandy Hannibal · Sandy Hannibal and Dirk Lehr on behalf of the XR2ESILIENCE Consortium

Department of Health and Biological Psychology, Institute of Sustainability Psychology, Leuphana University Lüneburg, Germany · Germany

Introduction While XR technologies have demonstrated potential for treating mental disorders such as anxiety disorders or PTSD, their application in promoting positive and more general mental health such as resilience is underexplored. A scoping review conducted within our research project revealed that most existing XR resilience trainings consist of single-session experiences and lack conceptual frameworks for comprehensive training programs. The present project aims to explore this gap by developing and evaluating a comprehensive resilience training program in nurses. Methods In a participatory design process, the theoretical approach of coping flexibility, highlighting the flexible application of resilience factors in stressful situations, was chosen as the conceptual basis. Prospective users should broaden and strengthen their repertoire of 11 selected resilience factors. Results The XR2ESILIENCE training enables users to interact with a set of avatars, each representing a resilience factor, collectively forming users “inner resilience team”. Avatars represent self-efficacy, optimism, self-care, physical activitiy, gratitude and other key resilience resources. The size of each avatar represents how often the respective resilience factor is applied and evolves through the 8-session training. Further intervention components include problem solving, cognitive restructuring of stress-inducting thoughts and acceptance-based strategies for managing challenging emotions. Each method provides opportunities to strengthen certain members of user’s inner resilience team. Conclusions Initial feedback from nurses and mental health experts on the concept has been positive and encourages its final implementation. The prototype will be finalized during this summer, and a multicenter RCT with embedded process evaluation will start in September. 232 nurses from Austria, Spain, Portugal, Croatia and Germany will be recurited to evaluate the training’s effect on perceived stress.

Sunday · C -1.4 · 11:15 Prevention, resilience & well-being interventions (2/2)

T127 [119] ORAL

Parental Mental Health Change in a Digital Parent Training for Child Behavior Problems: A Network Analysis

Orly Sapir-Budnero · Orly Sapir-Budnero, Amit Baumel

Department of Community Mental Health, Haifa University, Israel · Israel

Introduction: Most digital psychological interventions aim to reduce symptoms (e.g. anxiety) through internal skill-building, but rarely address the environmental conditions generating them. Digital parent training (DPT) for child behavior problems offers an interesting contrast. It targets parenting skills as a way of reducing child behavior problems (i.e., an environmental stressor), while these parents often report elevated anxiety and depression. This study explores how parental mental health changes during a DPT and how that change relates to improvements in parenting style and child behavior problems. Methods: 172 parents of children aged 3–7 with behavior problems completed a 10-week DPT. Parental mental health (PHQ-4), parenting style (PS: overreactivity, laxness), and child behavior (ECBI) were assessed at five time points (baseline through 6-month follow-up). Results: Paired-samples t-tests revealed significant improvements across all measures from baseline to 6-month follow-up. PHQ-4 scores decreased meaningfully ($d=0.47$, $p<0.001$), as did parenting overreactivity and laxness ($ds\geq0.58$, $p<0.001$), and child behavior ($d=1.05$, $p<0.001$). At baseline, network analysis revealed that child behavior problems were uniquely associated with greater parental mental health difficulties (partial $r=.16$, $p=.033$), as was overreactive parenting style (partial $r=.23$, $p=.002$). In the change-network (between baseline to follow-up), overreactivity emerged as the central node, maintaining unique direct connections to PHQ-4 change (partial $r=.24$, $p=.002$), ECBI change (partial $r=.31$, $p<0001$), and laxness change (partial $r=.21$, $p=.006$). Conclusions: Network analysis suggests a specific pathway of change: by reducing parental overreactivity, the intervention concurrently drives improvements in child behavior and parental well-being. Broadly, these findings suggest that digital interventions can explicitly define and measure environmental targets, including in symptom-focused approaches.

Sunday · C -1.4 · 11:30 Prevention, resilience & well-being interventions (2/2)

2 Poster presentations

13 posters · single session · abstracts verbatim

Posters offer the opportunity to present data and have substantive discussions with interested colleagues. The audience circulates among the posters, stopping to discuss research of particular interest to them. Authors present their research using a visual medium. Please note that posters must follow the A0 Portrait format (84.1 cm wide x 118.9 cm high / 33.1 x 46.8 inches). No audio visual equipment can be used.

P01 [001] POSTER

Designing a Videoconference-Delivered CBT Protocol for Students with Social Anxiety Disorder and Technology-Facilitated Sexual Violence Victimisation: Protocol for a Feasibility Study

Mariana Salafranca da Trindade Alves · Mariana Salafranca-Alves, Liliana Meira & Anita Santos

University of Maia, Portugal · Portugal

Introduction Higher education students with social anxiety may be at risk of being victims of technology-facilitated sexual violence (TFSV). If so, they may also present traumatic symptoms. CBT is a first-line intervention for SAD and trauma-related symptoms, being internet-delivered interventions a promising approach for these cases. This work aims to develop a feasibility study of a videoconference-delivered CBT (vCBT) intervention protocol for clients with SAD and who were victims of TFSV. Methods The vCBT intervention protocol will be developed based on evidence-based CBT approaches for SAD and trauma-informed CBT principles for IPV victims, through 16 weekly sessions. The feasibility study will use a mixed-methods design with approximately 20 Portuguese-speaking higher education students. Quantitative assessment will include baseline, mid-treatment, post-treatment, and 3- and 6-month follow-up administration of the LSAS-SR, GAD-7, PHQ-9, PTSD scale of the ITQ, TFSV scale, and CSQ-8. Exploratory analyses will include descriptive statistics, pre-post comparisons, and effect size. Qualitative evaluation will involve post-intervention semi-structured interviews with participants and therapists, analysed through thematic analysis to explore acceptability, barriers, facilitators, and online delivery experiences. Results As this work focuses on the research protocol, no empirical data will be presented. The expected outcome is a structured vCBT protocol integrating TFSV- and SAD-focused components, including psychoeducation, cognitive restructuring, exposure, coping and assertiveness skills, emotional processing, and revictimisation prevention. Conclusions This protocol may support the future evaluation of an accessible, integrated online intervention for students experiencing both SAD and TFSV victimisation. It may also inform feasibility testing, intervention refinement, and larger-scale studies.

Saturday 10 October · Poster session · 15:45-16:35 Social, performance and public-speaking anxiety interventions

P02 [118] POSTER

Unified Protocol-Based Podcasts for the Transdiagnostic Treatment of Emotional Disorders: A Digital Support Tool for Psychological Interventions in Prison Settings

Óscar Peris Baquero · Óscar Peris Baquero, Harri Saralegui Fuertes, Gemma Escuder Romeva, Neus Bacardit i Garcia, Maria Cristina Brophy Palma, Sergio Elorza Martin, Víctor González Reina, Marta Herrero Rudo, Eva Infantes López, Sheila Laguna Buendia, Luciana Sillman Hergert & Jorge Osma

Department of Psychology and Sociology, University of Zaragoza · Spain

Introduction: Emotional disorders (EDs), including anxiety disorders, depressive disorders, and other related conditions, are highly prevalent in prison populations. However, correctional settings often have limited human and material resources to deliver evidence-based psychological interventions. In this context, the Unified Protocol (UP) for the transdiagnostic treatment of emotional disorders represents an effective and efficient intervention, particularly when delivered in a group format. Nevertheless, several context-specific difficulties (e.g., participation in scheduled workshops or activities, or the use of disciplinary measures such as isolation) may interfere with regular attendance to intervention sessions. In this regard, the use of technology, specifically podcasts containing the content of each treatment module, may help improve access to therapeutic content as between-session support. Method: The aim of this study is to evaluate the feasibility, acceptability, and perceived usefulness of podcasts based on the content of the Unified Protocol. The podcasts will be evaluated by correctional professionals from four prisons in Barcelona (Spain), as well as by service users from these facilities participating in a pilot study, and by a sample from the general population. The evaluation will be conducted using an ad hoc questionnaire including dimensions of content quality, clarity, technical aspects, emotional impact, motivation, use of materials, and overall evaluation, as well as open-ended questions on strengths and areas for improvement. Results: The results of this study will be presented at the congress. High levels of acceptability and perceived usefulness of the podcasts as a complementary tool are expected, as well as good ratings of their quality across the different evaluator groups. Conclusions: The results of this study may provide relevant information on the development and implementation of cost-effective digital support tools applied to mental health in clinical and community settings.

Saturday 10 October · Poster session · 15:45-16:35 Implementation, scaling & service models for digital mental-health care

P03 [076] POSTER

Predictors of symptom reduction in guided ICBT moderated by referral pathways

Jill Bjarke · Jill Bjarke, Rolf Gjestad, Tine Nordgreen

Forhelse, Haukeland university hospital, Norway · Norway

Predictors of symptom reduction in guided ICBT moderated by referral pathways Jill Bjarke, Rolf Gjestad &Tine Nordgreen Introduction Guided internet-delivered cognitive behavioral therapy (guided ICBT) is an effective treatment option for depression and anxiety disorders in adults. Recent systematic reviews of internet-delivered interventions for these disorders have identified a wide range of predictors of outcomes, yet the results are inconsistent. Analyzing patient-, treatment-, and system-related predictors within a single integrative framework in a routine clinical care setting represents a novel approach that may clarify findings across predictor domains. We aim to give a more nuanced understanding of outcome predictors in guided ICBT for depression and anxiety disorders Method A Norwegian naturalistic, open predictor-study in routine clinical care, comparing self-reported symptom reduction from pre-treatment (Pre) to post-treatment (Post), and from Pre to 6-month follow-up (FU), across self-referral (Self) and general practitioner (GP) referral pathways for depression and anxiety disorders. Diagnosis specific symptom scores over time were combined in a harmonized symptom score. Patient-related predictors were gender, age, education, employment status, duration of illness, and social support. Treatment-related predictors were treatment credibility and self-efficacy. The system-related predictor was referral pathway Results Almost all patient-, treatment-, and system-related predictors in the total sample (N = 460, GP = 305, Self = 155) were associated with symptom reduction over time measured at Post and FU. Referral pathway moderated these associations. Treatment credibility (β = 0.23 at Post; β = 0.33 at FU) was the strongest predictor in the total sample. Being employed (β = 0.16 at Post; β = 0.18 at FU) was a strong predictor, primarily among GP-referred patients. Notably, lower levels of social support (β = 0.03 at Post; β = 0.08 at FU) were linked to greater symptom reduction for the total sample Conclusion The findings highlight the importance of contextual factors, as referral pathway moderated the relevance of most predictors. Notably, treatment credibility emerged as one of the strongest predictors and represents a modifiable factor that can be targeted by clinicians at the point of referral or early in treatment to optimize outcomes

Saturday 10 October · Poster session · 15:45-16:35 Predictors, mechanisms, personalization & treatment components

P04 [063] POSTER

FobiApp: Development of a Mobile Application for Self-Administered Exposure Therapy

Laura De la Coba-Cañizares · M. Guimerà-Esteller, L.V. Gómez-Fernández, J. Grimaldos, A. Duque, M. Molés, L. De la Coba-Cañizares, D. Campos & S. Quero

Universitat Jaume I · Spain

Introduction. Specific phobias (SP) are a prevalent disorder whose reference treatment is in vivo exposure therapy (IVET). However, IVET has certain limitations due to the negative perceptions of both patients and therapists. In this line, Augmented Reality Exposure (ARE) emerges as an alternative with advantages in usability, adaptability, and logistics that could overcome these limitations. The aim of this work is to describe the development process of a mobile app (FobiApp), within the framework of a funded research project (CIAICO/2024/66), for self-exposure to cockroaches that incorporates both an ARE module and an attentional bias modification (ABM) module. Method. The mobile application was developed using the Unity game engine integrated with the AR Foundation framework that was used to implement the ARE. Collaborative software development and version control were managed via GitHub, while the user interfaces were prototyped using Figma. Additionally, 3D modeling, texturing and rigging for the realistic animation of the augmented reality cockroaches were executed within Blender. Results. The app's main function is ARE. This functionality allows self-exposure through gamified levels that are hierarchically structured, with increasing difficulty as the user progresses. Difficulty is controlled by variations in the cockroach's features (e.g., size, position, movements, color, quantity) and the behavior required from the participant (e.g., observing, walking among a group of cockroaches, reaching out to them, etc.). The app also includes psychoeducational information (in different formats such as text and videos) and reinforcement messages. Conclusion. The app is currently in the phase of defining and refining exposure levels. Future iterations will incorporate ABM training tasks, aiming to provide an accessible, stand-alone intervention for cockroach phobia. Future development phases will focus on the incorporation of new functionalities to support usability and feasibility studies, thereby establishing a robust framework for evaluating the app's clinical and technical feasibility.

Saturday 10 October · Poster session · 15:45-16:35 OCD, BDD & exposure-based phobia interventions

P06 [035] POSTER

AFECTUS: From Needs Assessment to Development of a Digital Intervention for Sexual Health in Breast Cancer Survivorship

Diana Alexandra Pinto Ferreira · Diana Ferreira, Ana Quinta-Gomes & Cristina Mendes-Santos

Center for Psychology of Porto University, Faculty of Psychology and Education Sciences, University of Porto · Portugal

Introduction:Breast cancer survivors frequently experience persistent sexual health difficulties, including sexual dysfunction, body image disturbances, and challenges in intimacy, which significantly impact quality of life. Despite their high prevalence, these needs are often insufficiently addressed in routine oncology care. Digital interventions represent a scalable and accessible approach to delivering specialized psychosocial support in this context. Methods:AFECTUS was developed following an evidence-based and user-centered approach, informed by current literature and a mixed-methods needs assessment conducted in Portugal exploring breast cancer survivors' sexual health needs and barriers to care. The intervention is grounded in Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) and was structured according to the TIDieR framework to ensure transparency and replicability. The resulting intervention comprises seven structured modules organized into four core domains: (1) impact of breast cancer on sexuality, (2) psychological well-being and sexuality, (3) body image, and (4) intimacy and relationships. AFECTUS is delivered through the iTerapi digital platform and includes asynchronous therapist guidance with partial content tailoring based on participant needs and progression. Results:The development process resulted in a finalized version of the AFECTUS intervention, integrating empirical evidence, stakeholder input, and iterative refinement. The intervention is currently under expert review to assess content validity, usability, and clinical relevance prior to implementation. AFECTUS is the first digital intervention specifically designed to address sexual health in breast cancer survivors in Portugal. It is scheduled to proceed to a randomized controlled trial (RCT) in September, pending final expert validation. Conclusions:AFECTUS is a theory- and needs-driven digital intervention designed to address the unmet sexual health needs of breast cancer survivors. It uniquely integrates CBT and ACT principles within a modular, tailored eHealth platform delivered with asynchronous therapist support. As the first intervention of its kind in Portugal, AFECTUS aims to enhance access to specialized psychosocial care and improve sexual and relational outcomes in breast cancer survivorship. Keywords: Sexual health; breast cancer survivorship; digital intervention; psycho-oncology; eHealth; CBT; ACT

Saturday 10 October · Poster session · 15:45-16:35 Sexual-health & LGBTQIA+ digital interventions

P07 [026] POSTER

UP-Prevent: Preliminary outcomes of an online brief preventive adaptation of the Unified Protocol among individuals with subclinical symptoms of anxiety and/or depression

Catarina da Silva Francisco · Catarina Francisco, Marco Pereira, Ana Fonseca & Maria Cristina Canavarro

Center for Research in Neuropsychology and Cognitive and Behavioral Intervention (CINEICC), Faculty of Psychology and Educational Sciences, University of Coimbra, Portugal · Portugal

INTRODUCTION: Emotional disorders (i.e., mood, anxiety, and related disorders) are among the most prevalent mental health conditions worldwide and are associated with several negative consequences, such as impaired functioning in daily life. Preventive interventions targeting at-risk populations, such as individuals with subclinical symptoms, are therefore crucial to reduce the risk of developing a clinical diagnosis. The Unified Protocol (UP), a transdiagnostic intervention for emotional disorders with established efficacy, has recently been adapted for preventive contexts, yielding promising results. Accordingly, this study aimed to examine the outcomes of the UP-Prevent, an online brief preventive adaptation of the UP delivered in a six-session group format to nine individuals with subclinical symptoms of anxiety and/or depression. METHOD: Participants were assessed at pre- and post-intervention using measures of emotion regulation, anxiety and depressive symptoms, symptom-related impairment and perceived functional impairment, neuroticism and positive temperament, as well as quality of life and positive mental health. The Reliable Change Index (RCI) was used to evaluate change over time. RESULTS: Reliable improvements were observed across participants, particularly in emotion regulation difficulties. Reductions were also observed in depressive symptoms, anxiety- and depression-related impairment, perceived functional impairment, and neuroticism, alongside improvements in positive mental health. However, increases in anxiety symptoms and depression-related impairment were also observed in some participants. CONCLUSIONS: These findings provide preliminary support for the UP-Prevent as a preventive intervention for individuals with subclinical symptoms, specifically in relation to improvements in emotion regulation difficulties, which are particularly important given their presence across a wide range of psychological conditions.

Saturday 10 October · Poster session · 15:45-16:35 Prevention, resilience & well-being interventions

P08 [016] POSTER

Tailored ICBT for men suffering from psychological distress linked to prostate cancer

Anton Käll · Anton Käll, Richard Nachtweij, Hugo Kylberg, & Gerhard Andersson

Linköping University, Sweden · Sweden

Introduction: Prostate cancer is one of the most common forms of cancer diagnosed across the globe and is frequently linked to both somatic and psychological concerns. Internet-based interventions have shown promise, but frequently only target a particular problem in the group, such as fear regarding cancer re-occurrence, while leaving other problems untreated. The current project sought to evaluate a tailored version of an ICBT treatment aimed at addressing multiple concerns in the same intervention. Methods: A total of 31 participants were recruited for a feasibility study. Nineteen different modules were incorporated into the intervention, each targeting a specific psychiatric or transdiagnostic problem linked to prostate cancer. Participants were assigned eight modules based on a clinical interview. The intervention was evaluated based on a range of validated questionnaires, primarily the Kessler-10 measuring psychological distress, as well as a number of feasibility/acceptability metrics. The final results will be evaluated using mixed effects models for the quantitative outcomes. Results: The results from the feasibility trial will be presented for the first time at ESRII 2026. The results will also incorporate lessons learned during the trial that have helped inform the ongoing recruitment for a larger randomized controlled trial and similar future studies.

Saturday 10 October · Poster session · 15:45-16:35 Digital interventions and monitoring in cancer and somatic illness

P09 [074] POSTER

Therapeutic Alliance in Tele-Coaching for Patients Awaiting Psychotherapy: An Observational Study

Jennifer K. Kulke · Jennifer K. Kulke, Carolin Weigand, Matthias Berking

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Introduction: Patients awaiting outpatient psychotherapy often face prolonged waiting periods with little structured support. Tele-coaching has emerged as a promising bridging intervention. However, the quality of the therapeutic alliance established throughout coaching sessions remains poorly understood. The present study examined the working alliance between tele-coaches and patients enrolled in a randomized controlled trial. Methods: Audio recordings of tele-coaching sessions from patients enrolled in either a Standard (6 sessions) or Intensive (12 sessions) 25-minute coaching program were analyzed by a trained rater using the Working Alliance Inventory – Observer Version (WAI-O), a 36-item instrument covering the three subscales Task, Bond, and Goal (subscale: min=12, max=84). Results: Preliminary results reveal that across 4 coaches and 24 examined sessions, mean subscale scores ranged from 53-75 (Task), 61-74 (Bond), and 51-72 (Goal). Three coaches demonstrated consistently high and stable alliance scores, with scores increasing over sessions, suggesting consolidation of therapeutic alliance over time. One coach showed markedly lower scores and greater variability across all subscales, potentially reflecting challenges in establishing therapeutic alliance. The Standard program yielded higher mean scores on all three subscales compared to the Intensive program (Task: M(intensive)=71 vs. M(standard)=61; Bond: M(intensive)=71 vs. M(standard)=65; Goal: M(intensive)=67 vs. M(standard)=61), potentially due to greater variance in the Intensive program. Full analyses of all extracted coaching sessions will be presented at the conference. Conclusions: Despite standardized coaching guidelines, inter-individual differences among the coach-patient relationship may influence working alliance quality in tele-coaching. Our findings highlight the need for ongoing adherence monitoring and coach-specific supervision in digital mental health interventions.

Saturday 10 October · Poster session · 15:45-16:35 Therapeutic alliance & relationship in blended and online therapy

P10 [054] POSTER

Implementing Be a Mom in the Portuguese National Health Service: Quantitative outcomes from routine perinatal care

Fabiana Monteiro · Fabiana Monteiro, Maria Inês Clara, Mariana Branquinho, Paulo Borem, Miguel Xavier, Ana Fonseca, Maria Cristina Canavarro

Center for Research in Neuropsychology and Cognitive and Behavioral Intervention · Portugal

Introduction: Digital interventions may expand access to psychological support in the postpartum period, but evidence from real-world implementation remains limited. Be a Mom is a self-guided internet-based CBT intervention (iCBT) designed to promote postpartum mental health and prevent postpartum depression. Following evidence of efficacy and cost-effectiveness from randomized controlled trials, Be a Mom is being implemented within routine perinatal care pathways of the Portuguese National Health Service. This study describes quantitative implementation outcomes from this pilot implementation. Methods: This study draws on quantitative data from an ongoing mixed-methods implementation study conducted across four Local Health Units in Portugal between January 2025 and July 2026. Implementation is supported through a Learning Collaborative, with multidisciplinary local teams integrating Be a Mom into routine perinatal care. Women are informed about the program by healthcare professionals and may register voluntarily on the platform. Data sources include team-reported implementation indicators, platform usage metrics, and Edinburgh Postnatal Depression Scale (EPDS) assessments completed at baseline and follow-up (12 weeks post registration). Results: Results will describe the implementation pathway from program presentation to registration, program initiation, module engagement, completion within the recommended timeframe, and EPDS assessment. Analyses will examine the proportion of eligible women to whom Be a Mom was presented, registration among women reached, and subsequent engagement patterns among registered users. Site-level variability across Local Health Units will also be explored. Exploratory clinical monitoring will include baseline EPDS profiles, follow-up completion, and symptom change indicators, stratified where appropriate by baseline symptom severity. Conclusions: This study will provide real-world quantitative evidence on the implementation of a self-guided iCBT intervention for postpartum mental health in routine care. Findings will help distinguish reach, registration, engagement and clinical monitoring as separate implementation steps, informing future scale-up and the selection of feasible indicators for universal digital prevention approaches.

Saturday 10 October · Poster session · 15:45-16:35

Perinatal & postpartum digital mental health: interventions and their implementation

P11 [025] POSTER

Psychometric Evaluation of a Child-Friendly "System Usability Scale" in Child-Robot Interaction

Marco Pereira · Catarina Leitão, Marco Pereira, Ana Lopes, Urbano Nunes, & Carlos Carona

University of Coimbra, Portugal · Portugal

Introduction. Usability assessment in child-robot interaction (CRI) ensures safe, developmentally appropriate experiences. While the "System Usability Scale" (SUS) is standard for adults, its alternating positive/negative items may cause cognitive load and confusion in children. To address this, the study evaluated the factor structure, internal consistency and convergent validity of a brief, positively worded SUS adaptation. Testing was conducted with school-aged children following a CRI exercise to determine if this modified instrument effectively measures usability in younger populations. Methods. Eighty-eight Portuguese fourth graders (Mage = 8.5; 58.4% girls) participated in the study. These children completed an adapted 5-item version of the SUS and a modified version (positive emotions only) of the "Emotional Assessment Scale" after engaging in a structured 10-minute CRI. In this CRI, the NAO robot taught them a relaxation exercise through guided imitation (cf. Leitão et al., 2026). Results. Exploratory factor analysis (KMO = .59; Bartlett's test $\chi^2(10) = 98.39$, $p < .001$) of the adapted 5-item SUS indicated that one item ("I think it was easy to be with the robot") showed a factor loading in the opposite direction to the remaining items and weak contribution to a unidimensional structure, leading to its exclusion. The obtained 4-item scale revealed acceptable internal consistency, with a Cronbach's alpha of .65 and a McDonald's Omega of .63. This child version of the SUS correlated positively with children's positive emotional state after the CRI ($r = .37$, $p < .001$). Conclusions. At an exploratory level of analysis, this 4-item child version of the SUS demonstrated an acceptable psychometric performance within a CRI study. Given that child usability research recommends a mixed-method approach, this self-report measure could be used in triangulation with proxy-reports and behavioral/qualitative methods, thereby yielding a more robust evaluation of robot usability.

Saturday 10 October · Poster session · 15:45-16:35 Evidence synthesis, screening & methods

P12 [112] POSTER

Understanding and Improving Adherence in Internet- and Mobile-Based Interventions: Study Protocol for a Randomized Controlled Trial Investigating the Potential of Digital Shared Decision Making

Nadja Ruckser · Nadja Ruckser, Caroline Meyer, Manuel Heinrich, Sebastian Burchert, Jessica Wabiszczewicz, Christine Knaevelsrud, Pavle Zagorscak*, Carmen Schaeuffele* *These authors share last authorship

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Introduction: Internet- and mobile-based interventions (IMIs) are effective and scalable treatments for depression. However, adherence is often low and treated as peripheral with study-specific, weakly justified definitions that prevent comparability. This study's aims are two-fold: (1) The first aim to investigate whether comprehensive personalization based shared decision-making (SDM) can enhance adherence and effects of an IMI for depression. (2) The second aim is to improve understanding of adherence by comparing how different adherence criteria and metrics affect clinically relevant conclusions. Methods: In this randomized controlled trial, 730 participants will be randomized to either (1) standard IMI with eight evidence-based cognitive behavioral modules (IMI-STD) or (2) IMI-STD extended by SDM-based personalization of several IMI components, including personalizing its content, guidance, UX, and notifications (IMI-SDM). The co-primary outcomes are adherence at three months post-randomization, operationalized as completion of all modules or early discontinuation due to subjectively sufficient symptom improvement, and depressive symptoms. Secondary measures include anxiety, quality of life, and empowerment. Results: This submission will present the study protocol of the trial, outline the adherence criteria and metrics and propose how SDM will be implemented in the IMI. Conclusions: Findings will help establish adherence as a comparable quality metric for IMIs and inform design and regulatory standards. The project will produce practical guidelines and technical specifications for the design and implementation of SDM to facilitate adoption and to improve adherence, acceptance, and effectiveness in routine care.

Saturday 10 October · Poster session · 15:45-16:35 Adherence & engagement in digital interventions

P13 [098] POSTER

A feasibility study of a therapist-guided digital mental health intervention for youths with ADHD

Maren Helene Rinke Storetvedt · Maren Storetvedt, Smiti Kahlon, Tine Nordgreen

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Introduction: ADHD is a prevalent neurodevelopmental condition affecting 5-8 % of children and youths worldwide. The increase in diagnoses over recent decades has led to extensive waiting lists for treatments. Timely interventions are essential to prevent ADHD-related challenges and to support key developmental processes during adolescence. Symptom presentation changes in adolescence and youths tend to fall between the cracks of child and adult healthcare services. It is therefore vital to deliver treatment that specifically targets youths. Digital interventions show promising potential to increase the capacity of health care services and provide youths with more accessible interventions. In this study we evaluated a therapist-guided digital mental health intervention for youths with ADHD between 13-16 years, in routine care. Methods: Open pre-, post study assessing the feasibility and preliminary clinical effects of the digital intervention. Participants were youths between 13-16 years diagnosed with ADHD, recruited from routine care. The intervention was delivered through a mobile application and consisted of psychoeducation, exercises, tips and resources. The youths received weekly guidance from a therapist throughout the six-week intervention period. Informants included youths, parents, and therapists. Feasibility aspects measured included: recruitment and representativeness; adherence; credibility; satisfaction; and preliminary outcome changes. Results: Recruitment yielded N = 30 participants. Adherence was moderate, with 60 % of participants completing the intervention. Credibility was assessed by degree of willingness to recommend the intervention to a friend with similar challenges, which yielded moderate to high willingness from 76.5 % of (n = 17) participants. Most participants (n = 18, 71 %) reported moderate to high satisfaction with the intervention. Youths reported a decrease in functional impairments from pre- to post, and therapists reported increased psychosocial functioning. Parents reported reduction in hyperactivity and inattention. Conclusion: The feasibility study shows promising results with a decrease in self-reported functional impairment. Future trials should assess the effectiveness of the intervention in a randomized controlled trial.

Saturday 10 October · Poster session · 15:45-16:35 Digital interventions for ADHD, paediatric pain and childhood insomnia

P14 [135] POSTER

Lost in Translation, saved by Preparation? The Role of Pre-Training and Language Proficiency in Reducing Mental (Work)Load and Fostering Psychological Resilience in the Narrative Serious eMental Health Game Shadow's Edge

Sara Walter · Sara Walter, Felicia Meusel, Günter Daniel Rey

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Introduction Narrative-therapeutic serious games such as Shadow's Edge offer a low-threshold approach to promoting psychological resilience in young adults. As they are mostly available in English, second-language (L2) players must overcome linguistic and cultural barriers alongside therapeutic reflection - a competing resources effect consuming cognitive capacities needed for narrative engagement. Pre-training could reduce the resulting mental (work)load by building mental models of game mechanics and therapeutic concepts beforehand, yet evidence on language-sensitive pre-training in narrative eMental Health interventions is lacking. Methods In a preregistered, experimental online longitudinal study with a 2x2 between-subject design, German participants played Shadow's Edge over 30 days in German (L1) or English (L2), with or without pre-training. Mental (work)load was assessed weekly and resilience pre- and post-intervention. Self-reports captured demographics, language background, depressive symptoms, and adherence. Results After applying exclusion criteria, N = 27 participants were retained for two-factorial ANOVAs and ANCOVAs. None of the main or interaction effects reached statistical significance. Descriptively, group means pointed in the predicted directions: a medium-sized interaction on mental (work)load (partial η^2 = .07) suggested that pre-training reduced load among L2 but tended to increase it among L1 players, while resilience changed only marginally with small non-significant effects. Conclusions Although inferential effects remained non-significant, descriptive patterns provide initial indications of differential, language-dependent pre-training effects in narrative serious games, extending the pre-training principle by a language-sensitive component. Findings argue for modular, language- and competence-specific pre-training pathways in digital interventions and call for replications with larger, clinical, and linguistically diverse samples.

Saturday 10 October · Poster session · 15:45-16:35 Serious games & gaming for mental health

3 Keyword index

grounded terms · numbers are talk IDs (T###) and poster IDs (P##)

Each term lists only talks and posters whose title or abstract actually contains the term or a listed synonym (verified against the source text). Numbers refer to talk IDs (T###) in Section 1 and poster IDs (P##) in Section 2.

Conditions

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Anxiety (59) T004, T005, T016, T017, T019, T023, T024, T025, T028, T032, T033, T034, T035, T038, T039, T041, T043, T044, T046, T048, T051, T053, T055, T059, T061, T063, T064, T066, T067, T069, T070, T072, T074, T076, T080, T083, T085, T088, T089, T093, T095, T098, T103, T107, T108, T110, T113, T114, T120, T122, T124, T125, T126, T127, P01, P02, P03, P07, P12

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Loneliness (1) T026

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