Proceedings of

3rd International Conference on

CLINICAL AND COUNSELING PSYCHOLOGY

August 20-21, 2018 Singapore



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Clinical Psychologists 2018

Day 1 August 20, 2018

08:30-09:30 Registrations

Seletar Room 1

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09:30-09:55 Opening Ceremony

	-				
Keynote Forum					
09:55-10:00	Introduction				
10:00-10:45	Title: Harnessing the potential of mental health applications: Opportunities and implications for clinical and counseling psychology				
	Aileen M Pidgeon, Bond University, Australia				
	Networking and Refreshments Break: 10:45-11:05 @ Seletar Foyer				
11:05-11:50	Title: Effects of workplace stress on Hong Kong employees' heart rate variability				
	Adrian Low, California Southern University, USA				
11:50-12:30	Title: Plasticity of your brain and happiness: Meditation and mindfulness as our light for well-being				
	Ven Chung Ohun Lee, Won Buddhism International, USA				
12:30-13:10	Title: The meaning of a master therapist: Filipino clinical practitioners' perspective				
	Marissa C Esperal, Southern Luzon State University, Philippines				

Lunch Break: 13:10-14:00 @ Atrium Restaurant

Group Photo

Session: Clinical Psychology | Counseling Psychology | Child and Adolescent Clinical Psychology | Methods of Clinical Psychology | Clinical Behavioral Disorders | Social Psychology

Session Introduction

Session Chair: Ven Chung Ohun Lee, Won Buddhism International, USA				
14:00-14:30	Title: School-based consultation and adolescents' discipline			
	Hu Chie Fung, University Selangor, Malaysia			
14:30-15:00	Title: Obstacles in development of teaching, practicing and researching psychology in Sri Lanka			
	Darshan Perera, Colombo Institute of Research & Psychology, Sri Lanka			
15:00-15:30	Title: Hypnosis: Basics and beyond			
	Jini K Gopinath, Indian Association of Clinical and Academic Hypnosis, India			
15:30-16:00	Title: Relationship between the level of perceived self-efficacy of children with learning disability and their mother's perception about the efficacy of their child and children's academic achievement			
	Payal Maheshwari, University of Mumbai, India			

Networking and Refreshments Break: 16:00-16:20 @ Seletar Foyer

Panel Discussion

Day 2 August 21, 2018

Seletar Room 1

Session: Humanistic Therapy | Person perception | Cultural Counseling | Neuro Psychotherapy | Advanced Therapeutic Approaches | Ananlysis, Assessment and Diagnosis

Session Chair: Marissa C Esperal, Southern Luzon State University, Philippines

Title: Developing a culturally-relevant counseling psychology degree program in Afghanistan: Results from a

10:00-10:30 DaCUM study

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Raihana Faqiri, Kabul University, Afghanistan

Title: Defining and operationalizing psychosocial wellbeing in Afghanistan: A participatory

10:30-11:00 phenomenological study

Mariam Ahmady, Kabul University, Afghanistan

Networking and Refreshments Break: 11:00-11:20 @ Seletar Foyer

Title: Experiences of Afghan counseling: A discussion of successes and challenges in addressing the psychosocial and mental health concerns of the Afghan people

Sataruddin Sediqi, Kabul University, Afghanistan

Title: Unhappiness: Role of dopamine and serotonin on mood and negative emotions

11:50-12:05

11:20-11:50

Elena Baixauli Gallego, University of Valencia, Spain

Title: Cognitive behavioral therapy and emotional freedom technique in reducing anxiety and depression in

12:05-12:20 Indian adults

Shilpa Jasubhai, Consultant Clinical Psychologist, India

Title: Improving cognitive abilities and psychological well-being in old adults using short mindfulness-based

12:20-12:35

Daniela Aisenberg, Ruppin Academic Center, Israel

Poster Presentation

Title: A study on suicidal thoughts among Afghan women: Is there a relationship between family conflict, domestic violence and suicide rate?

Sayed Jafar Ahmadi, Hunter College, City University of New York, USA

Awards & Closing Ceremony

Lunch Break: 12:45-13:45 @ Atrium Restaurant

Panel Discussion

Supporting Journals

Journal of Psychology & Psychotherapy

International Journal of School & Cognitive Psychology

Journal of Psychological Abnormalities



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Keynote Forum Day 1

3rd International Conference on

CLINICAL AND COUNSELING PSYCHOLOGY

August 20-21, 2018 Singapore



Aileen M Pidgeon
Bond University, Australia

Harnessing the potential of mental health applications: Opportunities and implications for clinical and counseling psychology

 Γ or over a decade, the psychological treatment of mental health issues has been undergoing a fundamental change. This change has been largely driven by the continued significant unmet need for mental health services and the availability of digital technology such as the internet and mobile devices. Individuals around the world are becoming increasingly dependent on the internet to obtain information and interact with services, due to flexibility, convenience, choice, cost and time savings. This dependence is becoming more evident as individuals seeking mental health information and support report preferring to access services online rather than face-to-face services. The field of mobile mental health (m-Health) is evolving rapidly with an unprecedented growth of psychological tools on the market including preventive and therapeutic interventions. m-Health applications offer the opportunity for mental healthcare delivery anytime and anywhere overcoming geographical, time based organizational barriers with low and affordable costs. m-Health applications can be used as a bridge between face-to-face therapy sessions, improve adherence to out of therapy activities while promoting patient autonomy. Given the ever increasing demands and limited supply of mental health services, coupled with barriers to care including a patient's desire for anonymity, indirect financial costs and impaired access to mental health services, the use of apps could promote mental health service efficiency as well as supporting the mental health system to achieve the promise of providing equal access for equal need. The challenge that psychology faces with the rapid increase of m-health applications is the availability of low-quality applications with a lack of an underlying evidence base, a lack of scientific credibility and limited clinical effectiveness. m-health application designers are rarely clinical or counseling psychologists and if they were, there would be better accuracy of the content with evidence to support the efficacy of the application. The barriers for psychologists designing m-health applications are typically a lack of technical skills and time. This paper will discuss the growing need for clinical and counseling psychologists to shift their philosophy from seeing what happens to a prioritization of designing and evaluating m-health applications in the provision of high quality clinical services to patients.

Biography

Aileen M Pidgeon is an Assistant Professor of Psychology and Co-Chair of 4th year Psychology Program at Bond University and a board registered Clinical Psychologist. Her widely published research identifies innovative ways to reveal the full transformative potential of mindfulness training. She explores how much a person can change under ideal circumstances by leading evidence-based mindfulness training initiatives and evaluating their effectiveness on improving cognitive resilience, psychological well-being and social connectedness. Another focus of her work is determining the optimal ways to integrate mindfulness into universities. At Bond University, she has led the development of the evidence-based Mindfulness Awareness Resilience Skills Training (MARST) program and App. She also designs and teaches research-based mindfulness retreats and the science and practice of mindfulness. She has also led training, workshops and retreats on mindfulness and resilience skills training to promote the psychological health and wellbeing in the community.

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Ven Chung Ohun Lee
Won Buddhism International, USA

Plasticity of your brain and happiness: Meditation and mindfulness as our light for well-being

Living in the most compelling time in human history, our brain is overloaded and cluttered with a plethora of information. This overload increases our risk for a variety of mental and physical health problems, including heightened stress, anxiety, uneasiness, discomfort, insomnia and depression. This all comes at significant personal, social and economic cost and affects all aspects of modern life. We have to counter this and awaken ourselves from a scattered, daydreaming state of mind to a positive, affirming, deep sense of joy and peace. The purpose of this presentation is to explain the connection between Buddhist teachings and positive psychology. Buddhists' practice of meditation and mindfulness may reinforce positive psychology and help your brain be healthier by developing a friendship between your mind and body. Many studies validate that meditation strengthens areas of the brain involved in memory, learning and emotional flexibility and lowers stress levels. Meditation can alter the brain to strengthen crucial components of happiness: Resilience, equanimity, calm and a sense of compassionate connection to others. Meditation may improve not just cognitive abilities but also our immune system. If we practice meditation and mindfulness regularly every day, we can cultivate inner peace and joy, wisdom, loving-kindness and compassion. In this way, we can liberate ourselves from suffering and distress and promote peace and well-being. This study recommends creating daily schedule and establishing a new habit of practicing meditation and mindfulness to allow your mind and body to rest and heal. The more you practice meditation and mindfulness, the more you will experience the increased plasticity of your brain and happiness.

Biography

Ven Chung Ohun Lee has her expertise in meditation, mindfulness, Buddhist philosophy and interfaith. Her wisdom and compassion for improving holistic healthcare and betterment of humanity are based on her own struggle and inward journey. She is a recognized international leader in inter-religious dialogue and cooperation and has served as Co-President of Religions for Peace since 1999. She has presented Buddhist philosophy and practice to international audiences in an effort to further her vision of changing humanity, one breath at a time.

lee@chungohunlee.com

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August 20-21, 2018 Singapore



Marissa C Esperal
Southern Luzon State University, Philippines

The meaning of a master therapist: Filipino clinical practitioners' perspective

This two-phase study attempted to understand the meaning of a master therapist based on the perspective of two groups of selected Filipino clinical practitioners, the master psychotherapist group and their fellow professionals in the field of psychology. A preliminary survey was conducted first to determine the master psychotherapist group and then to determine how fellow practitioners define a master therapist. A qualitative interview making use of digital recorder was then conducted to determine how the master psychotherapist group defines a master therapist. Data was analyzed using the interpretive phenomenological analysis. Findings revealed that both the master psychotherapist group and their fellow practitioners in the field of psychology perceive a master therapist in bifurcated terms. The meanings associated with being a master therapist focused more on qualities and skills which are usually developed through education and specialized trainings, but have had its foundation in childhood particularly in relation to family upbringing. Certain expectations based on profession significantly influenced the way fellow professionals described a master psychotherapist. It was concluded that fellow professionals define a master psychotherapist in the light of his/her professional and personal attributes. Moreover, master therapists are those persons born with the natural inclination to develop the attributes of a therapist and who were later nurtured by a supportive environment. Recommendations for the professionalization, contextualization and promotion of clinical practice of psychotherapy in the Philippines were emphasized.

Biography

Marissa C Esperal has completed her Bachelor of Arts in Psychology from Southern Luzon Polytechnic College (now Southern Luzon State University). She has obtained her first Master of Arts degree in Education with specialization in Guidance and Counseling at the Philippine Normal University in Manila in 2003, Master of Arts degree in Psychology by the University of the Philippines, Diliman, Quezon City in 2010 and a PhD in Psychology by the same university in 2011. She is a registered Psychologist and a registered Guidance Counselor. Currently, she serves as the Vice-President for Academic Affairs in Southern Luzon State University in Lucban, Quezon, Philippines.

mlcesperal@yahoo.com.ph

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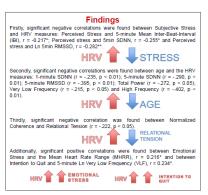
August 20-21, 2018 Singapore



Adrian Low
California Southern University, USA

Effects of workplace stress on Hong Kong employees' heart rate variability

Reffectiveness. The objective of this study was to introduce a new quantitative assessment tool emWave Pro Plus (Institute of HeartMath) and to compare Heart Rate Variability (HRV) results with the Personal and Organizational Quality Assessment (POQA) and the Perceived Stress Scale (PSS). Eighty-five (85) full-time employees who were working at least 40 hours per week in a large corporation participated in this study. Firstly, significant negative correlations were found between Subjective Stress and HRV measures: Perceived Stress and 5-minute Mean Inter-Beat-Interval (IBI), r=-0.217; Perceived stress and 5 min SDNN, r=-0.255 and Perceived stress and Ln 5 min RMSSD (Ln means the natural logarithm), r=-0.282. Secondly, significant negative correlations were found between age and the HRV measures: 1-minute SDNN (r=-.235, p<0.01); 5-minute SDNN (r=-0.290, p<0.01); 5-minute RMSSD (r=-0.395, p<0.01); Total Power



(r=-0.272, p<0.05); Very Low Frequency (r=-0.215, p<0.05) and High Frequency (r=-0.402, p<0.01). Thirdly, significant negative correlation was found between Normalized Coherence and Relational Tension (r=-0.222, p<0.05). Additionally, significant positive correlations were found between Emotional Stress and the Mean Heart Rate Range (MHRR), r=0.216 and between Intention to Quit and 5-minute Ln Very Low Frequency (VLF), r=0.234. The research shows promising results and future studies should continue to tap into HRV as an objective measure of mental health and workplace stress.

References

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Biography

Adrian Low is a Chartered Psychologist and has completed his Doctoral degree from California Southern University, USA. He is the President of Hong Kong Association of Psychology as well as the Research Director of Aditgo Ltd, a learning and research center in Hong Kong. His dissertation was of a workplace stress related nature, which was the first research that utilized biofeedback devices in a large corporation situated in Hong Kong China.

adrian.low@adtigo.com

Conference 1925th Conference

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Scientific Tracks & Abstracts Day 1

Day 1 August 20, 2018

Clinical Psychology | Counseling Psychology | Child and Adolescent Clinical Psychology | Methods of Clinical Psychology | Clinical Behavioral Disorders | Social Psychology

Session Chair

Ven Chung Ohun Lee Won Buddhism International, USA

Session Introduction

Title: School-based consultation and adolescents' discipline

Hu Chie Fung, University Selangor, Malaysia

Title: Obstacles in development of teaching, practicing and researching psychology in Sri Lanka

Darshan Perera, Colombo Institute of Research & Psychology, Sri Lanka

Title: Hypnosis: Basics and beyond

Jini K Gopinath, Indian Association of Clinical and Academic Hypnosis, India

Title: Relationship between the level of perceived self-efficacy of children with learning disability and their mother's

perception about the efficacy of their child and children's academic achievement

Payal Maheshwari, University of Mumbai, India

Hu Chie Fung, J Psychol Psychother 2018, Volume 8 DOI: 10.4172/2161-0487-C3-029

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August 20-21, 2018 Singapore

School-based consultation and adolescents' discipline

Hu Chie Fung

University Selangor, Malaysia

The stage of adolescence is the most difficult stage throughout the life cycle. It is a period of great emotional stress and a stressful developmental stage. Most of the adolescents cause problems in the family, school and community. Discipline plays important role in the formation of adolescent's character and personality. The misbehavior may lead to risk factor for later criminal behavior and social illness. The researcher attends the study on school-based consultation to help the discipline of the adolescent. The subjects are the early adolescence (ages 13-15) in Selangor. The researcher needs to find out to what extent the triadic relationship of school-based consultation (based on developmental, family, social and self-context) can help in transfer of knowledge in discipline of the adolescent. The school counselor acts as a consultant collaborating with the parents or teachers as consultee to brainstorming the alternatives and effective strategies to help the adolescent as client. The researcher also uses Three One-Treatment Condition Experimental Designs to analysis the significant of school-based consultation in different contexts to help the discipline of adolescent. The researcher uses Student Evaluation Questionnaire for pretest and designed consultation questionnaire for posttest. The data analyses show that this research is significant because it provides the guideline of a counselor at a home and may extent to adult education and a consultant at a community.

Biography

Hu Chie Fung has graduated from Sarawak Teacher College and appointed as a Senior Assistant of a primary school for a number of years. She has graduated at University Malaya for Bachelor of Linguistic in Education and later graduated Bachelor of Guidance and Counseling in Education at University Putra Malaysia. She has completed her Master of Information Technology degree at Open University Malaysia. She is currently pursuing PhD at University Selangor, Malaysia. She has been Educator for more than 26 years, a Registered Counselor in Secondary School and is also a motivation speaker to serve the adults and children of Malaysia.

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Obstacles in development of teaching, practicing and researching psychology in Sri Lanka

Darshan Perera

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Cri Lanka is somewhat an anomaly when it comes to health statistics and certain other measure of quality of life. This Disland nation is a developing country where physical health parameters and education standards resemble more western and developed world patterns as opposed to their neighbors, even compared to some of them who have way more stronger economies. This is usually attributed to the fact that Sri Lanka is one of the few countries in the world with free health services as well as free education up to postgraduate level. As a result the country has maintained a commendable status when it comes to physical health parameters; let it be life expectancy, maternal deaths, controlling infectious diseases such as malaria and polio and even in controlling the spread of AIDS. With such a strong government commitment for funding for health and education and with an educated population, one would assume that the mental health sector is also developed to the same level in this country but it is not. The difference between the allocation and availability of the infrastructure and human resources and funds for mental health is so vast and even the minute portion that is allocated is entirely for psychiatry and literally nothing for psychology. The ratio between populations to registered clinical psychologists is almost to 1:1000000. Country does not have more than one or two child and business psychologists and not a single forensic psychologist. Sri Lankan state university system has 8 well reputed medical schools graduating over 1000 doctors a year to look after the physical health of its population but only one program in clinical psychology that graduates around 10 clinical psychologist once every two years. This paper will try to bring to light some of the cultural, professional, policy and system based obstacles for the development of teaching, practicing and researching psychology in Sri Lanka and the recent positive developments in the field.

Biography

Darshan Perera is the Director of Academic Affairs at Colombo Institute of Research and Psychology and the Convener of International Conference of Applied Psychology (ICAP), Sri Lanka. He has contributed to the growth and development of psychology education and research in the South Asian region and has initiated many pioneering projects in different fields of psychology in Sri Lanka.

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Hypnosis: Basics and beyond

Jini K Gopinath

Indian Association of Clinical and Academic Hypnosis, India

We have all heard so much from many sources about the potential and power of the mind and about the success of hypnosis in working with the mind, especially our unconscious mind. Validation through scientific experiments has led to clinical hypnotherapy being recognized as an independent, effective, evidence based treatment modality by the WHO, the British and American Medical Associations and the American Psychological Association. Books that speak of the power of the unconscious mind and the unlimited potential of the unconscious can now be seen more commonly at book stores these days. Hypnotherapy has currently evolved as an effective therapy and self enhancement skill. All this makes us curious about hypnotherapy and its applications in counseling and psychotherapy. Unfortunately, teaching hypnosis is still in infancy today. We do not have qualified professionals who offer training and teach hypnosis in a systematic way. Also many of the courses currently available are not authentic, updated or based on current clinical research. This workshop includes history of hypnosis and its contemporary relevance, hypnotic phenomena, theorizing hypnosis, hypnotisability clinical research, mind-body interaction, meditation and hypnosis, cognitive behavioral hypnosis. This workshop is open for practitioners of psychotherapy, counseling, psychiatrists, clinical psychologists, psychiatric social workers, psychiatric nurses and students of mental health. This one-day intensive workshop equips you to apply hypnosis on self and also to initiate hetero hypnotic process. This is a basic course which will sensitize you to the process of hypnotherapy.

Biography

Jini K Gopinath is a Consultant Clinical Psychologist and a certified Clinical Hypnotherapist. He has completed his Post-graduation in Psychology from Kerala University and MPhil in Clinical Psychology from Kasturba Medical College, Manipal. He has completed Master level programs in Yoga, Astrology and Linguistics from various universities in India. His PhD is in the area of application of Vedic Mathematics in Specific Learning Difficulty in Arithmetic. He had completed his training in hypnosis from Europe under Assen Aladdin, Michael Yapko, Mark Jenson and other master trainers in hypnosis. Currently he is the Chief Consultant at Mind Matters Clinic, Bangalore and a Director of Psychology at YourDost Online Consultancy Pvt. Ltd. He is also the Editor of the International Journal of Transformation of Consciousness and the President of Indian Association of Clinical and Academic Hypnosis. In the past, he had worked as the Head of Clinical Operations at United Health Group and Director at the Insight Mental Health Services Pvt. Ltd. He has conducted workshops in Nepal, Sri Lanka, Germany and Middle East. He has presented papers and conducted workshops in national and international journals.

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Relationship between the level of perceived self-efficacy of children with learning disability and their mother's perception about the efficacy of their child and children's academic achievement

Maheshwari P and Brindavan M University of Mumbai, India

The present study aimed at studying the level of perceived self-efficacy of children with learning disability and their mother's perception about the efficacy of the child and the relationship between the two. The study further aimed at finding out the relationship between the level of perceived self-efficacy of children with learning disability and their academic achievement and their mother's perception about the efficacy of the child and child's academic achievement. The sample comprised of 80 respondents (40 children with learning disability and their mothers). Children with learning disability as their primary condition, belonging to middle or upper middle class, living with both the parents, residing in Mumbai and their mothers were selected. Purposive or judgmental and snowball sampling technique was used to select the sample for the present study. Pro forma in the form of questionnaires were used to obtain the background information of the children with learning disability and their mother's. A self-constructed mother's perceived efficacy of their child assessment scale was used to measure mothers perceived level of efficacy of their child with learning disability. Self-constructed child's perceived self-efficacy assessment scale was used to measure the level of child's perceived self-efficacy. Academic scores of the child were collected from the child's parents or teachers and were converted into percentage. The data was analyzed quantitatively using frequencies, mean and standard deviation. Correlations were computed to ascertain the relationships between the different variables. The findings revealed that majority of the mother's perceived efficacy about their child with learning disability was above average as well as majority of the children with learning disability also perceived themselves as having above average level of self-efficacy. Further in the domains of self-regulated learning and emotional self-efficacy majority of the mothers perceived their child as having average or below average efficacy, 50% of the children also perceived their self-efficacy in the two domains at average or below average level. A significant (r=0.322, p<0.05) weak correlation (Spearman's rho) was found between mother's perceived efficacy about their child and child's perceived self-efficacy and a significant (r=0.377, p<0.01) weak correlation (Pearson correlation) was also found between mother's perceived efficacy about their child and child's academic achievement. Significant weak positive correlation was found between child's perceived self-efficacy and academic achievement (r=0.332, p<0.05). Based on the findings, the study discussed the need for intervention program for children in non-academic skills like self-regulation and emotional competence.

Biography

Payal Maheshwari has completed her MPhil from Department of Human Development and Family studies from MS University, Vadodara, Gujarat. She is presently teaching as an Associate Professor at the Department of Human Development, College of Home Science, Nirmala Niketan, Mumbai. She has teaching and research experience of 21 years. She has presented several papers in national and international conferences, published papers in several reputed journals and chapter in book. She is also a Reviewer of several international journals and Editorial Board of *Journal of International Special Needs and Education*.

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Scientific Tracks & Abstracts Day 2

Session:

Day 2 August 21, 2018

Humanistic Therapy | Person perception | Cultural Counseling | Neuro Psychotherapy | Advanced Therapeutic Approaches | Ananlysis, Assesment and Diagnosis

Session Chair
Marissa C Esperal
Southern Luzon State University, Philippines

Session Introduction

Title: Developing a culturally-relevant counseling psychology degree program in Afghanistan: Results from a DaCUM study

Raihana Faqiri, Kabul University, Afghanistan

Title: Defining and operationalizing psychosocial wellbeing in Afghanistan: A participatory phenomenological study

Mariam Ahmady, Kabul University, Afghanistan

Title: Experiences of Afghan counseling: A discussion of successes and challenges in addressing the psychosocial and mental health concerns of the Afghan people

Sataruddin Sediqi, Kabul University, Afghanistan

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Developing a culturally-relevant counseling psychology degree program in Afghanistan: Results from a DaCUM study

Raihana Faiqiri¹, Basir Ahmad Azizi², Yasimin Haidary², Hadi Rasooli³ and Bree Akesson⁴

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²Herat University, Afghanistan

³University of New York, USA

⁴Wilfrid Laurier University, Canada

Counseling psychology has recently been introduced as a new profession in Afghanistan. However, meeting the demand that comes with developing a new profession requires identifying and defining the skills needed. This presentation will report on research that was conducted with the members of the Departments of Counseling at Kabul University and Herat University to determine how those Afghans practicing counseling psychology or wishing to employ professional counselors understand and operationalize the knowledge, skills and values required to be a professional counselor in Afghanistan. The research, conducted in 2017, used the Develop a Curriculum (DaCUM) method, which was recommended to the Afghan Government by the World Bank Group to ensure that curricula and standards for new professions introduced in the post-conflict period would be relevant and applicable in the Afghan context. The results from this study have assisted Afghan faculty members in adjusting their curricula to align with recommendations of national practitioners and those organizations (such as schools, hospitals, government agencies, NGOs) that will require the services of their graduates, thereby serving as a workforce development strategy.

Biography

Raihana Faiqiri is an Associate Professor at Kabul University. She has completed her Master's degree in Education and has been an Educator for 13 years. She has been with the Department of Psychology at Kabul University for 5 years. Her area of interest is in counseling.

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Defining and operationalizing psychosocial wellbeing in Afghanistan: A participatory phenomenological study

Mariam Ahmadi¹, Spozhmay Oriya¹, Bezhan Ayubi¹, Zekrullah Faiq¹, Fereshta Barakzai² and Martha Bragin³
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³University of New York, USA

While there have been many studies showing the extent of human suffering in Afghanistan, there has been no formal study of what it means to be psychologically and socially well. Literature on Afghan resilience has called for such studies to take place to begin to develop indicators of positive outcomes for the practice of counseling. This presentation will report on a 2018 participatory phenomenological study conducted in Afghanistan to better understand psychosocial wellbeing. The research specifically elaborated and operationalized definitions of psychosocial wellbeing among adults. This research is the first of its kind to be conducted in Afghanistan, modeled on previously published studies in other conflict-affected countries. This presentation will reveal the results from the study, which are helping professional Afghan psychological counselors to understand their clients' psychosocial wellbeing and subsequently tailor their work to support that state. Results from the study are also supporting Kabul University and Herat University Counseling Psychology Departments to solidify curricula that will equip graduates to meet the growing needs of Afghan individuals, families and communities for qualified professional counseling services provided to Afghans by Afghan professionals. Soon, these operationalized domains will contribute to the development of valid and reliable instruments to measure psychosocial wellbeing in Afghanistan.

Biography

Mariam Ahmadi is an Associate Professor and the Head of the Counseling Department at Kabul University. She has her Master's degree in Educational Psychology from the University of Indiana, USA in the Child and Developmental Psychology Department. She has her Bachelor's degree in Education from Kabul University. She has been teaching for 20 years and has been with the Department of Psychology for 5 years. Her special interest is in children with special needs and developmental psychology.

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Experiences of Afghan counseling: A discussion of successes and challenges in addressing the psychosocial and mental health concerns of the Afghan people

Sataruddin Sediqi¹, Sediqa Akbari¹, Basir Ahmad Karimi² and Seyed Jafar Ahmadi³
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²Herat University, Afghanistan
³University of New York, USA

In Afghanistan, much of threats to emotional well-being are related to the distressing effects of armed conflict, violence and their economic and social sequelae which place an extraordinary strain on all Afghans (GOIRA & MOPH, 2009; Babury and Hayward, 2013; IASC, 2007; Miller, et al., 2008; Ventevogel, et al., 2013). Considering these challenges, faculty members from two universities in Afghanistan are addressing the psychosocial and mental health concerns of the Afghan people by preparing a new generation of trained mental health professionals to assist communities with the overwhelming amounts of everyday stressors that are affecting their everyday lives. In the presentation, these faculty members who are counselors themselves will describe their experiences providing psychosocial and mental health assistance to a variety of Afghan populations, including their own students. Through specific case studies, the will discuss both the challenges and successes they have faced in their everyday clinical encounters with the Afghan community.

Biography

Sataruddin Sediqi has his Master's degree in Psychology from India and has been teaching at Kabul University for past 25 years. He was recently appointed the Dean of Psychology and Educational Sciences of Kabul University. He also served as the Director of Academic Development of Ministry of Higher Education of Afghanistan for 6 years. His special interest is in mental health.

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Video Presentations

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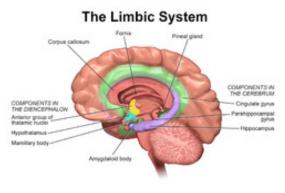
August 20-21, 2018 Singapore

Unhappiness: Role of dopamine and serotonin on mood and negative emotions

Elena Baixauli Gallego

University of Valencia, Spain

Dopamine is a hormone associated with happiness and serotonin regulates our mood. When a person is physically attracted to another, an activation of dopamine, serotonin increased and production of oxytocin, a hormone that reduces pain perception and increases the emotional connection we have with the other occurs, disconnecting the amygdala, the parts of the brain that are active against negative emotions like fear. The combination of all these elements leads to crush the other. After our beliefs, the way we understand ourselves and understand the world around us, eventually determining if we made a good choice. These are the questions necessary to understand the functioning of our brain and human relations. Maybe if we are able to answer these questions we can prevent many interpersonal conflicts. All to indicate that it is not, perhaps a cultural thing, something we have learned. Throughout the



history we have learned that the best defense is attack and then our amygdala is always on, then it is easier to move quickly to negative emotions.

Recent Publications

- 1. Baixauli E (2017) Happiness: Role of dopamine and serotonin on mood and negative emotions. *Emergency Medical Journal*; 7: 350.
- 2. Baixauli E (2017) I dream of mediating- keys to changing the world. Photon Journal Editorial Círculo Rojo.

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Biography

Elena Baixauli Gallego is currently working as an Associate Professor, Faculty of Psychology in the Department of Personality at University of Valencia, Spain. She is involved in various activities such as therapy for children and adults, family and business mediation and delivery of lectures and workshops. She is also a speaker and author of several books and publications on mediation.

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Cognitive behavioral therapy and emotional freedom technique in reducing anxiety and depression in Indian adults

Shilpa Jasubhai¹ and C R Mukundan

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7HO places Major Depressive Disorder (MDD) or depression as the fourth leading cause of mental disability worldwide. According to a survey done by WHO in February 2017, it was found that 7.5% of Indians suffer from major or minor mental disorders requiring expert intervention. National Mental Health Survey of India in 2015-2016 reports that one in 20 Indians suffer from depression especially women in the age-group of 40-49 years suffers more. Earlier research indicated that Cognitive Behavioral Therapy (CBT) represents a superior approach in treating mild to severe depression symptoms, whereas Emotional Freedom Technique (EFT) has received increased attention. The present study is in line with a study conducted in Australia in 2016 by Hannah Chatwin, et al. The objective of the current study is to evaluate the comparative effectiveness of CBT and EFT in the treatment of anxiety and depression in Indian adults. Random subjects (n=10) were selected from Ahmedabad (a metro city) in India who were screened positive for anxiety disorder and depression using Depression, Anxiety and Stress scale (DASS21) and Beck Depression Inventory (BDI2). These subjects were randomly assigned to an 8 week CBT or EFT treatment program with 1 session per week. All participants were screened after 3 sessions, 5 sessions, 8 sessions and after 1 month of follow up using DASS21 and BDI2. Findings of the study depict that both intervention approaches produce significant reductions in anxiety and depressive symptoms. The EFT treatment produced marked improvement in depression after 3 sessions. After 8 weeks of intervention, the CBT group reported significant improvement in depression while EFT intervention therapy showed significant results after 1 month of follow up. Examination of individual cases showed clinically significant improvement in anxiety and depression across both interventions. The results are consistent with the previous studies by Hannah Chatwin, et al. (2016). Present findings suggest that EFT is of paramount importance as pivotal tool in managing anxiety and depression in Indian population.

Biography

Shilpa Jasubhai has achieved a land mark by obtaining her Doctorate in the year 2007. She had been conducting various workshops in schools, institutes and in different corporate houses. To complete her knowledge bank, she did various certificate courses viz. Brain Gym, Optimal Learning, Vision Circle, Whole Brain Learning, Educational Psychology In Depth, Touch for Health, Neuro Linguistic Programming, Hypnotherapy, Art Therapy, Emotional Freedom Technique, Quantum Focusing, Healing Affirmation, Reiki, Essentials of CBT and Access Consciousness. She is a Faculty at AIMS Hospital and Shalby Hospital. Her effort were taken into note by the prestigious Sakhi magazine which covered her article in 2008, 2009 and 2010 on counseling, prenatal bonding and role of a psychologist in pregnancy. She is a Member of Board of studies at PDPU and is a Visiting Faculty at PDPU. She is registered as a Psychologist with RCI from 2012. She joined AIIM as a Visiting Faculty and as a School Counselor in Adani Vidyamandir International School in June 2016.

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Improving cognitive abilities and psychological well-being in old adults using short mindfulness-based interventions

Daniela Aisenberg Ruppin Academic Center, Israel

Aging is accompanied by widespread changes in psychomotor and cognitive performance. Also, old adults suffer more from psychological distress and depression than any other age group. As life expectancy increases, it is essential to find interventions that will contribute to the well-being of the older population. Mindfulness is a process inspired by Buddhism and defined as nonjudgmental observation on ongoing experiences. The MBSR (mindfulness-based stress reduction) was found to improve well-being among healthy participants as well as cognitive functions. Even short interventions without prior experience were found to increase abilities to sustain attention and improve visuospatial processing, working memory and executive functions. Due to its demanding session length and intensive home practices, it has been agreed that attempts to shorten the duration of mindfulness intervention are in order, specifically for old adults. We investigated the effects of short mindfulness-based sessions on cognitive functions and well-being among the elderly. Old participants were recruited from the community. Screening of cognitive and psychological status was made before and after the intervention. Participants completed different courses of 8 weeks sessions for old adults, training them in various components of mindfulness intervention. Results showed improvement in both cognitive abilities and psychological distress. This study provides a potential low-cost intervention for improving the life quality of a huge population.

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A study on suicidal thoughts among Afghan women: Is there a relationship between family conflict, domestic violence and suicide rate?

Sayed Jafar Ahmadi¹, Bizhan Ayubi¹, Mohammad Ali Fateh² and Zeinab Musavi³
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²Kateb University, Afghanistan
³ALzahra University, Iran

Suicide and self-immolation are the most prevalent problem among Afghan women. Suicide and suicidal thoughts are related to several factors. This study is carried out to identify the relationship among suicidal thoughts, conflicts and domestic-violence and some demographic variables. To carry out the study correlation, 384 women from five Kabul's clusters, the center, north, south, east and west were selected. Then husband and wife-conflicts, domestic violence and suicidal thoughts evaluation questionnaires were distributed to them and the collected data was analyzed by SPSS. Pearson coefficient and T-student resulted family factors to (decrease in couples' cooperation, sexual relationship decline, emotional reactions increase, family and relative's relationship decline, increase in gaining children's support, personal relationship increase and financial separation between couples and domestic violence scale too) have significant relationship with suicidal thoughts in Afghan women. In addition, suicidal thoughts rate in forced-marriages and family-type were observed by T-student resulting far significant suicidal thoughts in force-marriages and extended-families. Can say that usually, due to extended relationship, desires and demands, ideas and different values and forced-marriages in big families, violence rate is high and suicidal thoughts in women are too much.

Biography

Sayed Jafar Ahmadi has pursued his PhD from University of Isfahan School of Psychology. He is the Senior Technical Advisor of research foundation in Hunter College, University of New York (partnership of Kabul and Herat University). He has published more than 20 papers in reputed journals and has been serving as an Editorial Board Member of *Kateb Quarterly*.

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The emotional impact caused by a traumatic event and the process of second victimization in forest firefighters

Jaime Senabre

University of Alicante, Spain

The forest fire extinguishing services sometimes face critical situations that can suppose a traumatic experience capable of generating a deep discomfort in the interveners, such as the loss of companions during the work of extinction, burns caused by the fire, the emotional impact in situations of entrapment, etc. This type of negative events can provoke fear and feelings of terror in the victims, as well as invisible emotional scars, difficult to erase and of complex approach. An inadequate assistance to this type of professionals, affected by a critical incident of these characteristics can originate various processes of victimization, causing a psychological damage characterized by pain, anger, indignation, guilt, fear, awe, intense re-experimentation of what was lived, physiological and psychological hyperactivation, apathy, helplessness, feeling of loss of control, insecurity and avoidance behaviors. The absence of empathy and sensitivity of the staff that attends to the victims, together with a lack of information and a mismatch between the expected and received treatment can cause a negative feeling in the firefighters affected by the traumatic incident, capable of initiating a process of revictimization called second victimization. In this work, concepts such as traumatic experience, traumatic event, psychological damage and second victimization are addressed. Likewise, the conditioning factors of the emotional impact (external and internal), the objectives of the psychological help work and the basic skills to develop it are pointed out. Also, the phases through which the forest firefighters go when they suffer a revictimization are indicated. Finally, some guidelines are offered on what to do to avoid a second victimization.

Biography

Jaime Senabre is a Psychologist and Master in Psychopathology and Health. He has completed Doctoral studies in the Department of Personality, Evaluation and Psychological Treatment of the UNED, related to Stress and the Immune System, Posttraumatic Stress Disorder and Moobing. He is a Chief of Brigade in the Forest Fire Service of the Generalitat Valenciana, with more than 20 years of experience. With multidisciplinary training at the Master's level in areas such as occupational health and safety, emergency management, sport psychology, human resources management, mediation, conflict resolution and coaching. As a Psychologist, he collaborates with several private clinical centers, also with several companies and institutions in the area of training in psychology in emergencies and human resources management. He is Professor at the University of Valencia in the Master in intervention and operational coordination in emergencies and startophes and other postgraduate courses on emergencies. He is the Director and President of the International Scientific -Professional Committee of the National Symposium on Forest Fires (SINIF). He is part of the Editorial Board of several international scientific journals and published numerous articles on forest fires, stress, psychosocial risks and emotional trauma, mainly in relation to emergency services and natural disasters. He is also a Member of the Spanish Society for the Study of Anxiety and Stress (SEAS) and the Spanish Association of Clinical Psychology and Psychopathology (AEPCP).

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Remote warfare but real stress: Workplace stressors of drone pilots

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Modern military aviation is progressively undertaken by remotely piloted aircrafts (i.e. drones). While there has been a plethora of military research that illustrates the workplace stressors faced by manned aircraft pilots and other military professionals, research on drone pilots has been relatively scarce. Given that drone pilots face circumstances of extended operations, perpetual deployment, frequent shift changes and daily transitions between household and operational demands, it is thus unsurprising that they might be at a risk of fatigue and mental health issues. A review of current literature revealed that although drone pilots experience combat far from their intended targets, they still face mental health issues such as depression, anxiety and post-traumatic stress disorder at similar incidence rates as those of manned aircraft pilots. While engagement in warfare does not seem to be a significant contributing factor to workplace stress, other factors such as inadequate manpower staffing, long hours and additional administrative duties predicted a greater likelihood of mental health problems. Such stressors could be argued to stem from a main factor of a lack of combat compartmentalization, in which drone pilots are expected to continuously juggle operational and household demands. The findings highlight the need to understand the workplace stressors that drone pilots face and to recognize that drone pilots possess a similar mental health risk as manned aircraft pilots. Given the unique workplace demands exacted on drone pilots, further research is needed to inform the clinical interventions that might be the best benefit to drone pilots with mental health issues.

Biography

Kenneth Wee Zong Hao has pursued his graduation degree in Psychology from Nanyang Technological University. He is currently working as a Human Resources Consultant. He was a Psychologist with the Republic of Singapore Air Force for more than two years, where he rendered counseling, performance coaching and organizational consulting services to airmen.

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Aspects of emotional sphere and cognitive functions of people with spinal cord injury

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Traumatic Spinal Cord Injury (TSCI) dramatically changes the course of a person's life. The prevalence of this phenomenon in the world is 40-80 cases per million inhabitants per year. Patients with traumatic spinal cord injury become lifelong invalids in need of constant complex medical and social rehabilitation, which is the most important aspect, is a long-term psychological correction. The aim of the study is to diagnose changes in the emotional and cognitive spheres of patients with spinal cord trauma. The study included 119 patients with TSCI at cervical (41.2%) or thoracic (58.8%) levels of the spine, aged 18 to 45 years, prescription of injury 0.5-38 years. All patients underwent a comprehensive psychological examination, including a scale of Beck depression, a scale of self-esteem. Emotional intelligence was determined with the use of several tests: Test of Spielberg and Khanin, the Hospital scale of Anxiety and Depression (HADS), the viability test by Muddy. Cognitive sphere was estimated by the battery of cognitive tests by A.R. Luria. Mild and severe depression was diagnosed in 42.9% of disabled people; there was a predominance of personal anxiety over the reactive type. Severe and mild depression is more often detected in patients with cervical injury, anxiety mostly in patients with thoracic level of trauma. In patients with TSCI, self-regulation, strong-willed regulation, emotional intelligence and involvement are highly developed, against the background of decreased affective control and lack of emotional flexibility. The cognitive sphere in persons with disabilities with TSCI predominantly corresponds to normative data.

Biography

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Clinical psychological approach to the rehabilitation of patients in a state of the depression of consciousness after suffering a stroke

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Consciousness after stroke. Consciousness is intentional, that is, it is always conscious about; which means it is transphenomenal. Thus, consciousness manifests itself only in when it encounters with the other, receiving an objection back from it. This other must become opaque to consciousness. In order to highlight the manifestations of consciousness, it is necessary to create a situation of awareness of something. Strictly speaking the only phenomenon of consciousness is the phenomenon of a body understood in the broadest sense of translucent reality (both objectified, i.e. demonstrating resistance and subjectified, i.e. allowing control). Techniques to maintain functional systems of the psyche in the working state can be based on a multimodal sensory stimulation, since perception processes, like other cognitive processes are not the sum of operations but rather an active process of interaction with the environment during which the subject itself is transformed. If stimuli are used to induce non-positive emotions (for example, a sense of pain) associated with life support functions, then one must begin to look for ways to avoid such experiences. The choice of emotionally neutral, negative or positive stimuli can be determined by the degree of the depression of consciousness, which requires experimental studies specially aimed at that. Issues related to the intensity, duration and frequency of impacts also remain unresolved.

Biography

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Cognitive remediation in schizophrenia: An Indian study

Soni Jaiswal

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Persons with schizophrenia are commonly found having deficits in cognitive functions. The present study was designed to develop a Cognitive Remediation (CR) module targeting cognitive functions and assess the efficacy of same in persons with schizophrenia. Twelve (12) persons diagnosed with schizophrenia were included in the study. Participants were divided into intervention group (N=6) and treatment as usual (TAU) group (N=6). They were assessed on Mini Mental Status Examination (MMSE), Tower of London (TOL) and Wisconsin Card Sorting Test (WCST). Participants of both the groups were matched on MMSE. Intervention group underwent 16 hours of CR spaced over a period of 1 month along with the routine treatment. Post-assessment were done for both the groups after 1 month. Data analysis was done through Wilcoxon signed-rank test and Mann-Whitney U test. Intervention group was significantly better than TAU group on MMSE after one month. Per-post analysis revealed significant gain in certain domains of TOL and WCST for intervention group. In conclusion, persons with schizophrenia do benefit from CR. Findings suggest that the designed module is effective in improving cognitive deficits; hence it can be included as a part of regular treatment regime for persons with schizophrenia. However more future studies with larger sample sizes are required to generalize the findings.

Biography

Soni Jaiswal has completed her Post-graduation in Clinical Psychology from Banaras Hindu University (BHU) and MPhil in Clinical Psychology. Currently she is working as an Assistant Professor in Department of Clinical Psychology, Amity University Uttar Pradesh, Lucknow Campus, India.

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The hidden relation, clues of autism, ADHD and depression which reveals the effective cause and cure

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bserving the autistic kids: Autistic kids lack most social skills, communicating, persuading skills; the language is the product of living environment so kids poor in using native language make us think of the quality and quantity of connection to the living environment. People speak their native language naturally without much thinking, but autistic cannot speak well, when they have wants or needs, they cannot express it in understandable way to the adults so that they cannot get satisfied. Not satisfying the needs make them anger or stress. In the stress state, there are mainly three hormones operate in body to make the body prepare for fight or flight. These three hormones are: Epinephrine, norepinephrine, and cortisones. These hormones will activate many other changing in body and other hormones so that the body is ready for survival functions. Kids in stress tend to make other stress unconsciously in the downtrend spirals of stress. The more stress kids get, the poorer their learning and the more they will get low level of social skills. The Figure-1: The effect of stress hormones: The best unsatisfied living environment may make autistic have strange behaviors can be explanation for many syndromes, rainbows of explained by conditioned response. They have strange responses to normal things, problems and gut feelings.

Adrenalin	Norepinephrin	Mild side	Serious side effects cortisol
	e	effects	Serious side effects cortisor
		Cortisol	
Sweating	Pain, burning	Acne, dry skin,	Vision problems
-		or thinning skin	
Nausea and vomiting	Numbness,	Bruising or	Swelling
	weakness, or	discoloration of	0.00000
	cold	skin	
Pale skin	Slow or uneven	Insomnia	Rapid weight gain
	heart rate		
Feeling short of breath	Trouble	Mood changes	Shortness of breath
	breathing		
Dizziness	Vision, speech,	Increased	Severe depression or unusual though
	or balance	sweating	or behaviors
	difficulties		
Weakness or tremors	Blue lips or	Headache	Seizures
	fingernails		
Headache	Spotted skin	Dizziness	Bloody or tarry stools
Feeling of nervousness or anxiousness			Coughing up blood
		pain	
High blood pressure symptoms: a severe h			Symptoms of pancreatitis: pain in yo
vision, buzzing in your ears, anxiety, confu			upper stomach that spreads to your
shortness of breath, uneven heartbeat, seiz	ure		back; nausea and vomiting; or fast
ð	4		heart rate
Awaken You Wonderful We	4.3		Low potassium

events. And these responses can be summarized into "Fight" or "Indifference"; these responses tell us about the state of mind of the autistic kids. And the pattern of responses, the fluctuation of specific responses to the changing in environment will give us clues about the cause of autism, ADHD and the prediction and the effective intervention of autism and ADHD.

Recent Publications

1. Van D. Dao (2017) Awaken You Wonderful We: The secret of one-page table reveal all the real causes of all phenomena and problems: Ability - ADHD, Autism - Depression - Belief system - Gut feelings - Learning - Talent. Amazon.com

Biography

Van Duy Dao, born 1986, had completed Pharmacist Bachelor degree in Hanoi University of Pharmacy. I am a pharmacist, personal development lover and meditation practitioner. Proud to be a pharmacist, but he is ashamed of the failure of knowledge and the medication in healing many unknown Causes. Most of the medications only make temporal relief and many medications chronic patients have to take in their lifetime. Worst of all: mental illness, depression, ADHD, Autism, suicide, and gunfire, social problems seem to go against all the advancement in economic, standard living and Giant leap in technology. I keep on searching. Advantage of the general knowledge in medicine, physiology, psychology, pharmacology, management, marketing, selling, persuading, motivating; and the mixing of Eastern Philosophies: Buddhism, Taoism, Confucianism which full of paradoxical subtle profound knowledge in the art of living, virtues, purposeless, pace of nature to gain success, health, happiness, and inner-peace in daily life.

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A new Japanese mindfulness therapy and the efficacy: AEON-HO consists of a therapy and mindfulness

Chieko Fujisaki

Tokushima Bunri University, Japan

A EON-HO (Aeon method) is a Japanese psycho-therapy which consists mainly of a therapy and mindfulness; AE means love, ON means gratitude and HO means method in Japanese. A therapy and mindfulness are different psychotherapies but both of them are originally from Buddhism ascetic practices. A therapy was produced by Ishin Yoshimoto who was a Japanese Buddhism monk and has been provided at psychiatric clinics, a correctional institutions, educational schools and business enterprises since 1960s. In a therapy, the clients are suggested to introspect themselves life evens and relationships with close people like mother, father, brothers and sisters, partner, friends, colleagues and so on by using an-three-clauses since their childhood. Many of the participants feel more love and gratitude with the close people and even with their own lives after taking the therapy program than before. There are some mindfulness therapies such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT). Both of them have efficacy to accelerate decentration and reduce relapse or recurrence of major depressive disorder. A therapy is more psychodynamic, while mindfulness is more coping therapy. Therefore, they are expected to complement each other's deficiencies. In this study, the participants had taken an eight weeks program of AEON-HO. The evidence suggests that AEON-HO is beneficial not only for depression but also for attachment styles and self-actualization.

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Life style behavior as contributing factors of depression among university students

Asma Perveen

Sultan Idris Education University, Malaysia

This study was proposed to evaluate and understand student's life style behaviors as contributing factors of depression. Life style is very significant to predict mental and physical health. This study highlighted the importance of life style behavior as predicating factors of depression. National Institute of Mental Health (2017) revealed that majority of students have depression and unhealthy life style. Students now a day have challenging life style and have maladaptive behavior to handle stressors which eventually drain their productive skills to be active and healthy. Research design was survey method, students (N=300) were selected through randomly sampling from different faculties and departments of University Pendidikan Sultan Idris. Structured questionnaire was used to assess the demographic information. Physical health status, life style behaviors including diet, physical activity, study time, social interaction, gadgets usage, financial status, shopping behavior and sleep pattern were measured by using lifestyle behavior questionnaire; self-reported psychological distress was measured by (general health questionnaire). Depression was assessed by using beck depression inventory. Results highlighted the importance of life style behavior and depressive symptoms among students. This study helps students and academician to increase their understanding about healthy life style behavior among students. Study results are useful to enhance student's healthy life style to promote healthy mental health.

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Identification and assessment of victims of human trafficking

Kalyani Gopal

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Human trafficking has grown from a 9.5-billion-dollar international crime to 150 billion dollars in a short span of 13 years. Research has shown that the main reason victims are not identified in therapists' offices is due to the lack of awareness of the severity of the problem and lack of training in identification of victims by therapists and clinicians. Often, they are diagnosed as ODD, bipolar disorder and described as being out of control, defiant or dysregulated. As a result, the core problem and issues are not. This keynote presentation will focus on the above and train therapists in tools to identify and assess victims effectively.

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Brief physician counseling for distressed young students: A randomized controlled trial

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Statement of the Problem: The literature has evidence that the stress and peer pressure negatively impact students, leading to increased depression, psychological distress and suicide. Mostly young students in India find it hard to confide in parents, teachers or friends expressing their emotions. Physicians can be first contacted who can identify risk behavior and symptoms of depression and psychological distress. To address this, the current study examined the effects of a short-counseling by physicians on young students.

Aim: The aim of this study was to test the efficacy of brief physician advice in reducing depression, suicidal thoughts and related harm in students.

Methodology & Theoretical Orientation: A randomized, controlled clinical trial with 12-month follow-up conducted in two health clinics in Rajasthan, India. Of the 567 students screened for high-risk emotional distress, depression and suicidal behavior, 218 student meeting inclusion criteria were randomized into a control (n=109) or intervention (n=109) group. 96% of students participated in the follow-up procedures. The intervention consisted of two 15-minute counseling visits with physicians and two follow-up phone calls and used motivational interview, diary cards and take-home exercises. Control group was followed as usual during physician's appointment addressing their health complaints.

Result: No significant differences were found between groups at baseline on stress score, age, socioeconomic or health status, rates of depression or measures of self-harm. At 3 months, the experimental subjects reduced depression score and suicidal thoughts compared to control group (p<0.05 and p<0.01, respectively). There was no difference on the other outcome measures of interest, such as health care utilization, stress or coping with peer pressure.

Conclusions & Significance: The study supports brief physician diagnosis and support in primary care-setting could help young students to deal with depression and psychological distress.

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A reconstruction of the sensory world of autism

Olga Bogdashina

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The real world and the perceived world (i.e., our mental image of the world) differ. Though we live in the same physical world and deal with the same raw material, differences in sensory functioning create invisible walls between autistic and nonautistic people. The metaphorical descriptions of children and adults with autism, such as aliens, Martians- become factual! They do live in a different world! The same stimuli look, sound, feel, smell differently for them. When we want to show our love and affection by hugging the child, he pulls away as the pain from the touch is unbearable. So what is our interpretation? - He doesn't love me. We are often deaf to the sounds our child cannot tolerate (for instance, sounds of fans working, kettle boiling). We are blind to a 60-cycle flickering of fluorescent lights that makes the room pulsate on and off. Just because we are deaf, blind, dumb, etc. to the stimuli our little aliens perceive with extreme acuteness, we describe their behaviors as bizarre, odd and inappropriate. However, as the systems work differently their responses to sensory stimuli are normal (from autistic point of view), though different and unconventional for us, living in a parallel world. As some sensory differences are present in all individuals with autism it would benefit parents of autistic children and professionals working with them to become more knowledgeable about the sensory perceptual problems they experience and possible ways to help them. Autistic children literally live in a parallel world and are often misunderstood. Much behavior that interferes with learning and social interaction is, in fact, protective or sensory defensive responses of the child to sensory pollution in the environment. It is crucial to understand how the qualitative differences of sensory perception associated with autism affect each particular child. What is intolerable about the child's behavior is that it seems meaningless. If we can understand the reason for this behavior it doesn't seem strange or disturbing any more. This brings acceptance and respect for the autistic person's efforts to make sense of the world. As all the senses are integrated, the deficiency in one may lead to disturbances in the others. It is, necessary to find out which sense and to what extent is deficient and which senses can be relied on. The environment may either speed up the development or hinder it. In order to help them, we need to know how the senses of each individual work and what (voluntary and involuntary) strategies each individual has acquired to function in the environment. This reconstruction of the sensory world of autism will give us some ideas of the way autistic people perceive the world and will make non-autistics understand that the way they see the environment is not necessarily the only way to see it. Besides, better understanding of sensory processing in autism will assist in improving diag-nostic instruments (including diagnosis in very young children) and distinguishing sensory perceptual subtypes of autis-tic individuals and provide appropri-ate choices of help needed by each particular individual.

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What is your experience with mental illness?

Anthony Hart

Member of Entrepreneur's Organisation – SA Chapter, Australia

round 19 years ago, aged 23 I left to go exploring South East Asia with a close mate of mine Corey. After only two weeks I Amet a beautiful girl Zoe, who is now my wife, and we returned to Adelaide initially but, did not settle back into our home town and quickly moved over to Sydney. We then decided to travel back to London to live for three years. It was there I helped run a successful car business importing brand new cars from Europe into the UK. Cutting a long story short I enjoyed three great years, earned lots of money fortunately enabling Zoe and I to purchase a house both in Adelaide, in addition and England. In early 2003, I remember receiving an email from a mate in Adelaide, who was enjoying a BBQ with friends in the sunshine and I thought to myself, "What am I doing in the UK living and working 24/7 in the wet & cold". Although enjoying the UK, at 28 years of age I resigned and returned to Adelaide to live. The first month was fantastic, catching up with old friends, getting out & enjoying the sunshine, eventually settling back to normality. Gradually over five months, I didn't realize it at the time, but I was slowly starting to become unhappy, missing my work & life in the UK. I started to lose my confidence & self-esteem. My decision making became poor, sleeping patterns waivered & I struggled to sleep. Very quickly, I avoided going out socially, because I would start to compare myself, like we all do, to my network and what my peers were doing etc. The male thing being that you don't talk about your mental health and certainly don't open up to your friends about it, I kept my feelings & thoughts private. My fiancée Zoe, and my parents knew something wasn't right and I was encouraged to visit my GP. I can still to this day, vividly remember waiting to go into the consult room at the GP. I didn't fully open up to my doctor as to how sick I really was and how rotten I was feeling, on a daily basis. In no way do I blame the medical process, during my first consult I was prescribed an SSRI anti-depressant medication. I would have sold myself to get a 'pill' which I thought would solve it all, I was on a mission. Blokes can be real 'male proud', fearing exposing a mental illness will be seen as a weakness. Employment was the hard thing for me, I was getting jobs but they didn't quite compare to what I'd been doing in the UK, the work had given me a real buzz professionally. Then I finally received a job offer with one of the major banks that required me to go to Sydney for four weeks training to learn the skills for the job. When I started in Sydney the medication was just starting to kick in and over eight or nine nights I couldn't sleep. The medication just kept me up, I literally couldn't switch off, my heart was racing as I tried to fall sleep. It got to the stage where I was too ill to be able to absorb information and learn all this new stuff I was being trained on and it just kept me up. I returned to Adelaide on my first weekend away for my brother's engagement party, and at that party I could remember being so deluded with tiredness, I struggled to communicate and appeared drunk. I can remember vividly being at Adelaide Airport on the Monday morning to go back to Sydney placing my hands in my face and crying uncontrollably, I wasn't well, and in hindsight should never have made that flight back. I flew back to Sydney and completed Monday, Tuesday, Wednesday and Thursday at the training facility. On Friday 7 November 2003, I don't really recall what happened but I was very tired and wasn't paying attention on the course because I hadn't slept well for two weeks. I went back to my hotel at about 5pm, lay on the bed and I tried to get two or three hours sleep. I then decided to ring the GP. Just before 7pm that night, I rang my GP in Adelaide, but they were with a client so my call was bounced back to the doctor's reception. I attempted calling again at 7.05pm, then remember leaving the hotel room and going to the elevator. I pressed number 21, which is where the swimming pool is located on the roof of the hotel. I remember travelling up in the elevator, going up to the roof. I had my shorts on and think I was planning to go up there to swim. A family was having a BBQ on the rooftop, they invited me over for a sausage and I had a can of coke with the two young boys and then, stood up from the table, walked over to the edge of the balcony, looked over the edge and walked off the top of the building. This was 14 years ago. But seven storeys down directly below, there was a jutted out courtyard with one of those canvas awnings pulled out. I splattered onto the awning, human instinct for survival kicked in and triggered me to grab onto something. I managed to grab onto the awning, smashed thru it and landed on the concrete balcony floor, head first shattering significant parts of my body. Did I remember doing it? Absolutely not I just remember the option to pick up the phone and ring anyone to tell them how bad I was feeling was not an option - the stigma, shame, and embarrassment I felt seek help was just too much. I am literally scared of heights. It was nothing that I premeditated. When I do my talks, I talk about trying to explain to someone who hasn't been through a mental illness the pain. Let's say you snap your arm clean off half way down your forearm, you can imagine the intense pain that that would feel. I live every day with very significant injuries from my accident, but the pain levels which I feel every day are insignificant in comparison to mental illness pain. For me, the fear as a bloke to seek help for a mental illness was far too great. It shouldn't have cost me my life, I was never that sick. Suicide is the #1 killer of men between 27 right through to about 45 years, it is a significant problem. In Australia on average, 2400 men lose their life to suicide; almost 80% had never seeked professional help for the illness that took their life.

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The power of transformation of safe attachment and the impact of therapeutic interventions through theraplay[®]. Braking toxic cycles and upbringing new paradigms in childhood

Nicole Charney Berdichewky

Universidad Diego Portales, Santiago, Chile

Theraplay® is an evidenced based clinical practice aligned with the new findings in Neuroscience research, proves that that the wiring of the brain is deeply sustained by the quality of early relationships with attachment figures and a predictor of the emotional, cognitive and physical development of a child. Theraplay® provides a safety relational experience between parent and child through structured relational play, guided by the clinician. The experience brings shared joy, connexion, structure, challenge and nurture that promote a secure attachment. The parents learn to see their child beyond established paradigms of how they should be, instead they learn to enjoy and empower who their child is. The emotional experience impacts the structure of established internal working models in parents and child brains. Understanding that the symptomatology of the child is an expression of unsatisfied needs brings up a different perspective in focusing clinical interventions as a relational need. There is a social responsibility in communicating the impact of safe relationships in our children from a familiar to a cultural level; a need to empower parents, educators, health care providers and eventually legislators to understand children's needs, start changing old paradigms focused on the development of competences into more empathetic and compassionate society.

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TCOMM: The color of me movement- A look at the effects of vicarious trauma on children who witness abuse and how color theory is used to help modify behavior and emotional disorders developed as a result of this effect

Nicole' Felton

Ph.D., CTC, CPC, Book Author at the Color of Me Movement; United States

The color of me movement (TCOMM) is a unique study developed to help resolve issues associated with vicarious trauma experienced by children who witness abuse. Research findings of a mixed method study showed a climb in behavior and emotional disorders in children because of witnessing abuse. This contributed to a rise in behavior and emotional disorder diagnosis and a shattered parent-child relationship because parents are unable to become actively involved in the treatment process, failing to understand their importance or their role. Further, mental health providers struggled to properly diagnose children when they had to rely on behavior observations from parents of children who had been traumatized, as they lacked the knowledge, skills and abilities to understand what was needed to be better reporters of the behaviors and emotions observed. As adults these children acknowledged that they were either misdiagnosed, symptoms were minimized and they lacked the training and education needed to understand their own diagnosis. TCOMM was created in part to assist professionals, parents, caregivers and individuals in becoming an essential part of the recovery process and working through behavior and emotional stressors caused by vicarious trauma with the utilization of art theory as an adjunct to other behavior modification techniques.

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Neuropsychological challenges associated with HIV and AIDS

Anitha Menon

University of Zambia, South Africa

Sub-Saharan Africa is undergoing shift in terms of the number and age range of people living with HIV and AIDS. More people continue to access antiretroviral treatment, mortality rates have begun to drop and HIV positive people are surviving longer. However, as increasingly more people infected with HIV live longer, it is postulated that there will be a corresponding increase in mild to moderate forms of HIV associated neurocognitive disorders (HAND). HIV associated neurocognitive disorders affects various aspects of cognitive functioning including impairments in attention, concentration, learning, memory, psychomotor ability and speed of information processing. The evaluation and assessment of cognitive functioning of individuals with HIV and AIDS is crucial for appropriate treatment and intervention. Psychological comorbidities such as personality disorder, as well as physical comorbidities such as tuberculosis further seem to take a toll on cognitive functioning. This presentation will present results from a study carried out in urban Zambia with 266 HIV+ participants drawn from six urban clinics that routinely offer antiretroviral therapy and 324 HIV- controls. All the HIV positive participants were on ART. Neuropsychology test battery was administered, neurocognitive performance was assessed using demographically corrected T-scores with a mean of 50 (SD=10). Global Deficit Scores (GDS) were used to assess impairment levels. Participants were impaired if they had a deficit score ≥0.5. The summary T-score results of the NP tests showed that the HIV+ participants were more impaired to the HIV- controls. Furthermore, GDS results showed that the HIV+ participants were more impaired to the HIV- control.

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The patient-doctor concordance on perceived psychological service needs in Chinese hospitalized patients

Zihan Liu

West China Hospital-Sichuan University, China

Aim: To assess the subjective concordance on psychological service needs in hospitalized patients between patients and doctors in China.

Methodology: A cross-sectional study was performed in one day. All hospitalized inpatients from selected departments of West China Hospital were recruited as potential participants. A questionnaire set including demographic variables as well as the PHQ-9 and GAD-7 questionnaires were completed by the included patients. They and their doctor's in-charge were asked whether they perceived the patients need psychological services.

Results: The overall response rate in patients was 84.25% and the final sample consisted of 1273 patients. Among those, 605 patients (47.53%) believed that they needed psychological services, whereas only 345 patients (27.10%) were in need for psychological services according to the evaluation of their doctors. Kappa statistics showed that the concordance rate between patients and doctors was low in the total patient group (kappa=0.055) as well as in the group of patients with significant depression or anxiety (kappa=0.080). A logistic regression analysis showed that the ward where the patients were treated at the time was related to a consistent recognition of psychological needs (OR=1.667).

Conclusion: The concordance between psychological service needs perceived by patients and evaluated by doctors in Chinese inpatients was low. Therefore, it seems necessary to develop some effective strategies to improve the detection rate, such as the use of screening-instruments and the training of health professionals in the detection of psycho-social distress.

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