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Session (Foyer 1)

Poster 26

[P-26-01]

Adapting Cognitive Behavior Therapy for Long COVID Neuropsychiatric Symptoms:
Development and Feasibility of a Hybrid In-Person and Self-Help Program

*Naoki Takamatsu¹, Toshitaka Hamamura¹, Kazufumi Yoshida¹, Hironori Kuga¹ (1. National Center of Neurology and Psychiatry (Japan))

[P-26-02]

Sociocultural Adaptation of a DBT-Informed Skills Group for Indonesian MSM: Application of the Deconstruction–Reconstruction Matrix

*Darien Alfa Cipta^{1,2}, Shian Ling Keng⁴, Mark A Stooze³, Claudia Stoicescu¹ (1. School of Public Health and Preventive Medicine, MNHS Faculty, Monash University Indonesia (Indonesia), 2. Department of Psychiatry, Faculty of Medicine, Universitas Pelita Harapan (Indonesia), 3. Burnet Institute (Australia), 4. School of Psychology, Faculty of Medical and Life Science, Sunway University, Malaysia (Malaysia))

[P-26-03]

Cultural Influences on the Processes Underpinning the Development, Maintenance and Treatment of Posttraumatic Stress Disorder

*Laura Anne Jobson¹, Belinda Liddell², Winnie Lau³, Richard Bryant⁴, Larissa Qiu¹, Marcus Lai¹, Joshua Wong^{1,2}, July Lies¹ (1. Monash University (Australia), 2. University of Newcastle (Australia), 3. Melbourne University (Australia), 4. University of New South Wales (Australia))

[P-26-04]

"EFFICACY OF PANGINAM: A LOW-INTENSITY PSYCHOLOGICAL INTERVENTION (LIPI) FOR ARMED CONFLICT FAMILY SURVIVORS IN BANGSAMORO"

*Aminoding Bonda Limpao¹ (1. Mindanao State University Main Campus, Marawi City (Philippines))

[P-26-05]

Help-Seeking Experiences of Chinese Immigrant Families for Their Children's Mental Health Issues in Canada

*Florence Kwai Ching Wong¹ (1. Factor Inwentash School Of Social Work, University of Toronto (Canada))

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[P-26-01] Adapting Cognitive Behavior Therapy for Long COVID Neuropsychiatric Symptoms: Development and Feasibility of a Hybrid In-Person and Self-Help Program

*Naoki Takamatsu¹, Toshitaka Hamamura¹, Kazufumi Yoshida¹, Hironori Kuga¹ (1. National Center of Neurology and Psychiatry (Japan))

Keywords : long COVID、cognitive behavior therapy、neuropsychiatric symptoms、hybrid intervention、post-exertional malaise

Background: Long COVID affects 10-20% of COVID-19 survivors, with persistent symptoms including fatigue, cognitive impairment, depression, and anxiety continuing for years after infection. A 3-year follow-up study revealed significant neurological and mental health sequelae contributing substantially to disability-adjusted life years. Drawing on similarities between long COVID and myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), particularly regarding post-exertional malaise, we aimed to develop and evaluate a cognitive behavior therapy (CBT) program addressing implementation feasibility.

Methods: Following literature reviews and a mixed-methods assessment of Japanese long COVID patients (n=46), we developed an 8-session hybrid CBT program combining 3 in-person sessions and 5 self-help modules. The program incorporated energy management, cognitive restructuring, behavioral activation with pacing considerations, and mindfulness techniques. Our feasibility study (n=12-15) evaluates primary outcomes of treatment completion/dropout rates and adverse events, with secondary outcomes including quality of life (SF-36), fatigue (CIS), self-efficacy (GSES), and program satisfaction over 20-weeks. The protocol was designed to align with national healthcare implementation frameworks and received ethics committee approval.

Results: Our literature review identified substantial overlap between long COVID and ME/CFS, with shared immune dysregulation, neuroinflammation, and metabolic dysfunction, while finding distinct disease trajectories. Evidence suggests ME/CFS may represent a severe phenotype in a subset of long COVID patients. Management principles applicable to both conditions include patient validation, comprehensive needs assessment, individualized energy management, and careful monitoring for post-exertional malaise. Our mixed-methods study revealed that patients preferred hybrid or in-person delivery formats, with optimal session durations of 30-60 minutes and 8-12 sessions total. The protocol integrates these findings to balance implementation feasibility within healthcare frameworks.

Conclusion: This study introduces a patient-informed CBT protocol tailored for long COVID neuropsychiatric symptoms that balances clinical needs with implementation

constraints. Preliminary intervention cases will be presented at the conference. The feasibility evaluation will provide insights for refinement and larger effectiveness trials.

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[P-26-02] Sociocultural Adaptation of a DBT-Informed Skills Group for Indonesian MSM: Application of the Deconstruction–Reconstruction Matrix

*Darien Alfa Cipta^{1,2}, Shian Ling Keng⁴, Mark A Stoove³, Claudia Stoicescu¹ (1. School of Public Health and Preventive Medicine, MNHS Faculty, Monash University Indonesia (Indonesia), 2. Department of Psychiatry, Faculty of Medicine, Universitas Pelita Harapan (Indonesia), 3. Burnet Institute (Australia), 4. School of Psychology, Faculty of Medical and Life Science, Sunway University, Malaysia (Malaysia))

Keywords : Dialectical Behaviour Therapy (DBT)、Emotion dysregulation、Men who have sex with men (MSM)、Cultural adaptation、Psychotherapy implementation

Background:

Men who have sex with men (MSM) in Indonesia face intersecting syndemic risks—stigma, depression, and HIV vulnerability—often mediated by difficulties in emotion regulation. Dialectical Behaviour Therapy (DBT), with its core skills in mindfulness and emotion regulation, offers a promising, transdiagnostic approach. However, standard DBT protocols require cultural adaptation to be acceptable and effective in high-stigma, resource-limited Southeast Asian contexts.

Objective:

This PhD project aims to develop a culturally responsive DBT-informed skills group targeting emotion dysregulation among Indonesian MSM—a key psychological mechanism underlying both mental health symptoms and HIV-related risk behaviours. This paper presents the initial adaptation phase using the Deconstruction–Reconstruction Matrix, a pragmatic and theory-preserving adaptation framework developed by the Social Work Department at Columbia University.

Method:

We systematically deconstructed DBT skills to map core mechanisms (e.g., self-efficacy, mindfulness, interpersonal functioning), then reconstructed session content through community consultations with MSM stakeholders and mental health professionals. Adaptations preserved theoretical integrity while modifying delivery formats, cultural metaphors, and session safety protocols. Sample adaptations of mindfulness and emotion regulation modules are illustrated.

Results:

Developed a culturally adapted prototype DBT skills intervention, integrating culturally meaningful metaphors, session safety protocols, and feasible delivery formats based on community input.

Discussion:

This adapted intervention lays groundwork for feasibility trials, contributing to culturally

sensitive mental health interventions for marginalized communities in Indonesia and similar contexts.

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[P-26-03] Cultural Influences on the Processes Underpinning the Development, Maintenance and Treatment of Posttraumatic Stress Disorder

*Laura Anne Jobson¹, Belinda Liddell², Winnie Lau³, Richard Bryant⁴, Larissa Qiu¹, Marcus Lai¹, Joshua Wong^{1,2}, July Lies¹ (1. Monash University (Australia), 2. University of Newcastle (Australia), 3. Melbourne University (Australia), 4. University of New South Wales (Australia))
Keywords : trauma、PTSD、East Asian、Culture

Currently there is an impressive body of literature accounting for the development and maintenance of posttraumatic stress disorder (PTSD), which has informed evidence-based psychiatric treatments. However, there is a concerning limitation associated with the work; it has been predominately conducted with Western trauma survivors and is based on Western cultural norms, values and belief systems. This is problematic, as the majority of trauma survivors worldwide come from non-Western cultural backgrounds.

Cross-cultural research outside clinical contexts has consistently shown that culture shapes many of the core processes implicated in PTSD. In light of this, the present research aimed to explore how culture influences key processes underpinning posttraumatic recovery—specifically, trauma memory, appraisals, emotion regulation, and social support.

This presentation will summarise findings from a series of studies examining how cultural values shape the relationships between these processes and PTSD symptoms among East Asian and European Australian trauma survivors. We will demonstrate how cultural context influences how trauma is remembered, interpreted, and managed emotionally, as well as how individuals seek support after trauma—factors closely tied to both PTSD symptoms and recovery trajectories.

We will also discuss the clinical implications of these findings. Evidence suggests that culturally tailored interventions are more effective in treating PTSD. Therefore, this presentation will conclude with recommendations for adapting existing PTSD treatments to better meet the needs of East Asian trauma survivors.

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[P-26-04] "EFFICACY OF PANGINAM: A LOW-INTENSITY PSYCHOLOGICAL INTERVENTION (LIPI) FOR ARMED CONFLICT FAMILY SURVIVORS IN BANGSAMORO"

*Aminoding Bonda Limpao¹ (1. Mindanao State University Main Campus, Marawi City (Philippines))

Keywords : Low Intensity Psychological Intervention (LIPI)、Bangsamoro、Armed Conflict、Family Survivors、Internally Displaced Person

This study seeks to measure the efficacy of Panginam, a researcher-constructed low intensity psychological intervention (LIPI) program, among family survivors of armed conflict in Bangsamoro from the internally displaced persons (IDPs) of the 2017 Marawi Siege. Panginam as LIPI incorporated teachings of Islam as it is designed for Bangsamoro family survivors of armed conflicts. Using a Mixed Methods sequential exploratory research design utilizing ethnographic research and quasi-experimental methods, results reveal the adverse impact of armed conflict on the living situations of participants. A significant decrease was noted in the mean score of pre-test and post-test measures on levels of stress, anxiety, and depression of participants. Thus, Panginam as LIPI is efficacious in reducing levels of stress, anxiety, and depression of family survivors of armed conflict. Further, Panginam improved family processes and dynamics. Lastly, Panginam changed the view of Marawi Siege family survivors on armed conflict from negative to positive meaning.

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[P-26-05] Help-Seeking Experiences of Chinese Immigrant Families for Their Children's Mental Health Issues in Canada

*Florence Kwai Ching Wong¹ (1. Factor Inwentash School Of Social Work, University of Toronto (Canada))

Keywords : help-seeking、mental health、stigma、cultural fusion、immigrant families

Objectives: Chinese immigrant families in Canada encounter unique cultural and systemic challenges when addressing their children's mental health (MH) needs. Cultural beliefs, stigma, family dynamics, and limited access to services contribute to delays in seeking help or underutilization of MH services. This study explores how these intersecting factors shape Chinese immigrant parents' experiences in recognizing, responding to, and navigating care for their children's MH issues.

Methods: A qualitative design was employed, utilizing semi-structured interviews with 15 Chinese immigrant parents living in Canada for at least six months. All participants were parents of children aged 15 or younger experiencing MH challenges. Interviews were conducted in Cantonese, Mandarin, or English to ensure cultural and linguistic inclusivity. Data were analyzed using Clarke and Braun's reflexive thematic analysis, guided by an integrated framework combining help-seeking models, Cultural Fusion Theory, the McMaster Model of Family Functioning, and Stigma Theory.

Results: The dynamic interplay of cultural stigma, traditional beliefs, family dynamics, systemic barriers, and personal adaptation stressors shaped the help-seeking journeys of Chinese immigrant families. Mental health was often viewed as taboo or shameful, with older generations downplaying or dismissing diagnoses, which delayed early recognition and intervention. Mothers commonly took on primary advocacy roles, while fathers and grandparents initially resisted engagement, illustrating intergenerational and gendered tensions. Systemic barriers—including high costs, long wait times, fragmented provincial services, language gaps, and a lack of culturally competent providers—obstructed access to care. Furthermore, acculturation stress, financial pressures, employment demands, and the broader challenges of resettlement further limited parents' capacity to seek timely and consistent support. The ongoing help-seeking process placed significant emotional strain on parents, contributing to chronic stress, guilt, and self-doubt, as many sacrificed their own well-being to prioritize caregiving, creating a compounding cycle of emotional vulnerability.

Conclusion/Implications: Findings underscore the need for culturally responsive, family-centered, and systemically integrated MH services that address both the clinical and socio-cultural complexities faced by immigrant families in multicultural contexts.

