



Theme

"WILL TECHNOLOGY DELIVER?"

(Innovative Research Ideas, Case Studies and 3rd wave Cognitive Therapies)

Venue:

School of Dentistry,
Pakistan Institute of Medical
Sciences (PIMS), Islamabad.

Colloboration with



















FOUNDING PRESIDENT AND PATRON ORGANIZING COMMITTEE'S MESSAGE

DR. FAROOQ NAEEM

MBBS, FRCPSYCH, FCPSC

Professor University of Toronto.

Founding President

Pakistan Association of Cognitive Therapy (PACT)



Dear Esteemed Participants,

Welcome to the 15th International Conference on Mental Wellness — a landmark event proudly organized by the Pakistan Association of Cognitive Therapy (PACT). As the Founding President of PACT and patron of the organizing committee, it is both an honor and a privilege to extend my warmest greetings to each one of you.

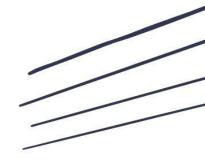
This year's theme, "WILL TECHNOLOGY DELIVER? Innovative Research Ideas, Case Studies, and 3rd Wave Cognitive Therapies," invites us to critically examine the intersection of mental health and technology. In a rapidly evolving world, we are witnessing the emergence of digital tools, artificial intelligence, and immersive technologies that promise to reshape the landscape of psychological care.

At the heart of our conference lies a shared commitment to innovation, evidence-based practice, and the continuous evolution of Cognitive Behavioral Therapy (CBT) — including its third-wave adaptations. These include mindfulness-based approaches, acceptance and commitment therapy (ACT), and compassion-focused interventions, which are increasingly being integrated with technological platforms to enhance access and efficacy.

As someone deeply committed to the transformative power of CBT, I am inspired by the possibilities that lie ahead. The convergence of clinical insight, cutting-edge research, and technological innovation holds the potential to democratize mental health support, personalize care, and empower both therapists and clients alike.

On behalf of PACT, I extend my heartfelt gratitude to all participants for your contributions and passion. Your presence here today is a testament to our collective vision of a more connected, inclusive, and forward-thinking mental health ecosystem. Let us use this platform to engage in meaningful dialogue, share pioneering ideas, and explore the potential of technology to not only deliver — but to transform.

Thank you for your unwavering support and dedication. I look forward to the enriching conversations that will shape the future of mental wellness.



CHIEF PATRON'S MESSAGE

PROF. DR. RIZWAN TAJ

Chairperson - Department of Psychiatry

Dean - Pakistan Institute of Medical Sciences (PIMS)

President Pakistan Medical and Dental Council (PMDC)



Dear Delegates and Distinguished Guests,

It gives me immense pleasure to extend my wholehearted support to the 15th International CBT Conference. This platform has long been a catalyst for growth, learning, and critical discussion in the realm of cognitive-behavioral sciences. The theme this year, "Will Technology Deliver?", speaks to the crossroads we face as practitioners, researchers, and policymakers in an increasingly digital world.

I encourage all participants to approach these discussions with curiosity and commitment, as the ideas exchanged here have the potential to redefine therapeutic practices and enhance client well-being globally.

Wishing the organizers and attendees a productive and inspiring conference.



PRESIDENT PACT AND CHAIR PERSON ORGANIZING COMMITTEE 'S MESSAGE

DR. MIRRAT GUL

President, Pakistan Association of Cognitive Therapy (PACT)

Chairperson, Organizing Committee – 15th International CBT Conference

Principal Psychologist, Mayo Hospital, Lahore

Vice President and Co-Chair Person Organizing Committee's Message



Dear Esteemed Participants,

It is with great joy and anticipation that I welcome you to the 15th International Conference on Mental Wellness, organized by the Pakistan Association of Cognitive Therapy (PACT). As President of PACT and Chairperson of this year's Organizing Committee, I am truly honored to host this gathering of forward-thinking professionals, scholars, and mental health advocates.

This year's theme — "WILL TECHNOLOGY DELIVER? Innovative Research Ideas, Case Studies, and 3rd Wave Cognitive Therapies" — urges us to reflect on a critical question: Can technology truly rise to meet the complex demands of mental health care? As we stand at the crossroads of innovation and clinical practice, we are invited to examine how digital tools, artificial intelligence, and virtual platforms can be harnessed alongside modern therapeutic models to improve outcomes, enhance accessibility, and ensure compassionate care.

This conference offers a timely platform to delve into cutting-edge research, explore compelling case studies, and examine how third-wave cognitive therapies—such as Acceptance and Commitment Therapy (ACT), Mindfulness-Based Cognitive Therapy (MBCT), and Compassion-Focused Therapy (CFT)—can be meaningfully integrated with technological innovations to enhance therapeutic outcomes.

I extend my heartfelt appreciation to each of you for your dedication and contribution to the field of mental wellness. Your commitment to embracing innovation while staying grounded in evidence-based practice is what will shape the future of mental health care in Pakistan and beyond.

Let us come together to engage in thought-provoking discussions, share knowledge, and forge collaborations that will pave the way for a more inclusive, accessible, and technologically empowered approach to mental wellness.



VICE PRESIDENT MESSAGE

DR. MADEEHA LATIF

Vice President, Pakistan Association of Cognitive Therapy (PACT)

Assistant Professor, Sindh Institute of Physical Medicine & Rehabilitation, Karachi

Visiting Faculty, Institute of Clinical Psychology, Karachi



Dear Esteemed Colleagues,

It is a privilege to welcome you to the 15th International Conference on Mental Wellness, organized by the Pakistan Association of Cognitive Therapy (PACT). This year's theme—"WILL TECHNOLOGY DELIVER? Innovative Research Ideas, Case Studies, and 3rd Wave Cognitive Therapies"—addresses a pivotal question that is shaping the future of psychological practice.

The integration of technology in mental health care presents both immense opportunities and significant challenges. From teletherapy platforms to AI-driven assessment tools, we are witnessing rapid innovation that has the potential to increase accessibility, personalize care, and streamline clinical interventions. However, this progress must be guided by sound clinical principles, ethical frameworks, and a deep understanding of therapeutic relationships.

In this context, third-wave cognitive therapies—such as Acceptance and Commitment Therapy (ACT), Mindfulness-Based Cognitive Therapy (MBCT), and Compassion-Focused Therapy (CFT)—offer a valuable foundation. Their emphasis on mindfulness, emotional regulation, and acceptance makes them especially well-suited for adaptation in technology-enhanced environments.

This conference provides a timely opportunity to critically examine how we, as mental health professionals, can ensure that technological advancement aligns with the core values of our discipline. It is through collaborative dialogue, interdisciplinary research, and the sharing of innovative practices that we can shape a future where technology serves as a meaningful aid—rather than a substitute—in mental health care.

I extend my sincere gratitude to all participants for your continued commitment to the advancement of psychological science and practice. I look forward to the thought-provoking discussions, research presentations, and partnerships that this conference will foster.



CO-CHAIR PERSON OF THE ORGANIZING COMMITTEE

ASIMA MEHBOOB KHAN

Clinical Psychologist,
Psychiatry Department, PIMS
Co-Chair Person, Organizing Committee
15th International CBT Conference



Dear Participants and Esteemed Colleagues,

As Co-Chair of the Organizing Committee, it is a privilege to welcome you to the 15th International CBT Conference, centered on the compelling theme:

"Will Technology Deliver? Exploring the Impact of Technology on Mental Health."

In an age where digital transformation touches every aspect of our lives, mental health care is no exception. This year's conference aims to critically explore how technology is influencing assessment, intervention, and therapeutic relationships. With a strong focus on innovative research ideas, case studies, and the evolving landscape of third-wave cognitive therapies, this event promises to ignite meaningful discussions and collaborative opportunities.

We are especially excited to offer a platform for both seasoned professionals and emerging voices to share their work through poster presentations, oral sessions, and innovative case studies — with cash prizes awarded to exceptional contributions in the realm of mental health technology.

We look forward to your presence, insights, and engagement in what we hope will be a transformative experience for all.



GENERAL SECRETARY'S MESSAGE

DR. AATIR H. RAJPUT

General Secretary, Pakistan Association of Cognitive Therapists (PACT)
Assistant Professor, Department of Psychiatry & Behavioral Sciences
Deputy Director, Centre for Psychosocial & Academic Wellbeing
Liaquat University of Medical & Health Sciences, Jamshoro



Dear Colleagues and Participants,

It is with great enthusiasm that I extend my warm welcome to all of you for the 15th International Cognitive Behavioral Therapy (CBT) Conference, hosted by the Pakistan Association of Cognitive Therapy (PACT). As the General Secretary of PACT, I am honored to be part of this critical gathering, where experts and thought leaders in the field of mental health come together to explore the evolving role of technology in therapeutic practices.

This year's theme, "WILL TECHNOLOGY DELIVER? Innovative Research Ideas, Case Studies, and 3rd Wave Cognitive Therapies," is both timely and necessary. As digital innovation continues to reshape industries worldwide, its intersection with mental health care is an area of profound interest and potential. The integration of technology, whether through virtual platforms, artificial intelligence, or data-driven interventions, presents both opportunities and challenges that we must navigate thoughtfully. Our goal is to critically evaluate how these innovations can enhance or transform the way we deliver psychological care and the impact they have on therapeutic outcomes.

At the same time, we cannot overlook the growing importance of third-wave cognitive therapies in this landscape. Techniques such as Acceptance and Commitment Therapy (ACT), Compassion-Focused Therapy (CFT), and Mindfulness-Based Cognitive Therapy (MBCT) offer transformative ways to approach mental health that resonate deeply in the context of today's fast-paced, technology-driven world. These therapies offer more than just clinical techniques—they provide frameworks that help individuals adapt to and thrive in an increasingly complex and digital world.

This conference would not have been possible without the collective effort of our organizing committee, the dedicated speakers, and every participant. I am deeply grateful for your commitment to advancing the field of mental health, particularly in embracing technological innovations that can drive better outcomes for all.

Over the course of this conference, I encourage you to fully engage with the diverse presentations, workshops, and case studies. Let us challenge the status quo, exchange ideas, and explore how we can collectively shape a future where mental wellness is enhanced by technological progress, all while preserving the humanistic core of therapy.

I look forward to the insightful conversations, innovative ideas, and collaborative spirit that will emerge during our time together.



JOINT SECRETORY MESSAGE

KAINAT ZIA

Clinical Psychologist | Trainer | Researcher

Joint Secretary, PACT

Founding Director, Universal Mental Health Forum (UMHF)



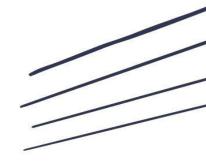
Dear Colleagues and Mental Health Enthusiasts,

As Joint Secretary of PACT, it is my great pleasure to invite you to the 15th International CBT Conference themed "Will Technology Deliver? Exploring the Impact of Technology on Mental Health." This conference aims to bring together clinicians, researchers, and students for an engaging exploration of how technology is shaping the future of mental health care.

The event will feature insightful discussions and expert presentations, alongside innovative case studies showcasing cutting-edge therapeutic solutions. It also offers an excellent opportunity for collaborative networking with professionals and peers who are equally passionate about advancing mental health practices. To encourage and recognize outstanding contributions, cash prizes will be awarded for exceptional research and innovation in mental health technology.

We are currently welcoming submissions for poster presentations, oral presentations, and innovative case studies. Selected presenters will not only have the chance to share their work on an international platform but will also be eligible for cash prizes and special recognition.

I look forward to your enthusiastic participation and to seeing the impactful ideas and collaborations that will emerge from this exciting event.



EDITOR IMPACT'S MESSAGE

SYEDA ZAHRA ALI

Editor, Impact

Pakistan Association of Cognitive Therapists (PACT)

Lecturer in Psychology, Government Post Graduate College for Women, Haripur

Founding Director and CEO, Eudaimonism (Virtual Psychotherapy Platform)



Dear Esteemed Colleagues and Participants,

It is with great excitement that I welcome you to the 15th International Conference hosted by the Pakistan Association of Cognitive Therapy (PACT). As the Editor of Impact, I am delighted to be part of this landmark event where we gather to address the pressing question of our times: "WILL TECHNOLOGY DELIVER? Innovative Research Ideas, Case Studies, and 3rd Wave Cognitive Therapies."

This year, we find ourselves at a pivotal moment in the evolution of mental health care. Technology has already begun to reshape the way we approach therapy and mental wellness, from AI-driven diagnostics to teletherapy platforms. The theme of this conference invites us to critically evaluate these developments, considering both the promise and the challenges that digital innovation brings to the field of Cognitive Behavioral Therapy (CBT) and 3rd wave cognitive therapies such as ACT, CFT, and MBCT. The integration of technology offers unparalleled opportunities to expand accessibility and improve outcomes, but it also raises important ethical, technical, and humanistic concerns.

Through this conference, we aim to present innovative research, case studies, and groundbreaking interventions that will define the future of psychological care. The discussions, workshops, and collaborative efforts over the next few days will provide a unique platform for advancing our understanding and application of technology in therapy, while reinforcing the need for a balanced, compassionate approach to mental health.

I encourage all participants to actively engage with the ideas presented and contribute to the conversations that will undoubtedly drive the next generation of research and practice in the field. Together, we will shape the future of mental wellness, ensuring that technology empowers us to provide the best possible care while honoring the principles of empathy and connection that lie at the heart of therapy.

On behalf of Impact and the organizing committee, I wish you a productive, insightful, and inspiring conference experience. Let us explore the exciting potential of technology and therapy, and work together to deliver positive change in mental health care.

PACT Team Members



Falahat Maqbool Coordinator CBT Diploma



Taj Muhammad Digital Project Manager



Sadia Hashmi Membership & Accreditation Coordinator



Dr. Alam Zeb Khattak Incharge Research Ethics Board



Hira Khawar Coordinator Social Media



Sadia Abid Research Coordinator



Laiba Qayyum Research Assistant



Tehmina Muzaffar Coordinator CPD



Adil Bhatti Information Secretory



Aqsa Yaqoob Coordinator Research & Development



Kushuf Ashraff Coordinator Event Management



SPEAKERS PROFILES

PROF. DR. SUSMITA HALDER

Dr. Susmita Halder is an accomplished academician, researcher, and licensed clinical psychologist with over 20 years of experience in teaching and consultancy. Currently, she is a Professor of Psychology, and serves as the Dean of Faculty of Arts and Social Studies, St. Xavier's University, Kolkata India. Additionally, she is the Secretary of the Asian CBT Association. Throughout her career, Prof. Halder has collaborated with leading academic institutions and super specialty hospitals across India. Her primary areas of interest include Cognitive Behavioral Therapy (CBT), cognitive



training, aging, and suicide prevention. With over 100 research publications and several authored books on mental health, she is a prominent figure in her field. Prof. Halder has also shared her expertise through talks and seminars on both national and international platforms.

ISABEL CLARKE

Isabel Clarke is a Consultant Clinical Psychologist, who trained in mid-life with the intention of effecting change in mental health services. She has worked within the UK National Health Service for over 30 years, where she has developed the radical, trans-diagnostic model, 'Comprehend, Cope and Connect'. The approach integrates various third wave CBT approaches to create a trauma informed, mindfulness based, model that has been widely adopted and evaluated within Acute (hospital and community) services (e.g. Araci & Clarke 2017). The approach is described in the



2021 book, *Meeting mental breakdown mindfully* (Clarke 2021), and having proved flexible, has been adapted for primary care services, and also, in a research project (Phiri et al 2022), for diverse ethnicities.

Her interest in spirituality and work with psychosis combined in the edited book on 'Psychosis and Spirituality', (Clarke 2010), and 'Madness, Mystery and the Survival of God' (Clarke 2008). Website: www.isabelclarke.org

PROF. DR. ATIF REHMAN

Prof. Dr. Atif Rehman is a Professor of Child Psychiatry and Global Mental Health at the University of Liverpool, specializing in mental health care, research, and global mental health interventions.



COLIN HUGHES

Mr. Colin Hughes is a Senior Lecturer in Education (Mental Health Nursing) at The School of Nursing and Midwifery, Queen's University Belfast, based at the Medical Biology Centre. A Senior Fellow of the Health Education Authority, he also directs the Cognitive Behavioral Psychotherapy Programme, which holds accreditation from the BABCP. His work focuses on advancing mental health nursing education and the practice of cognitive behavioral psychotherapy.



JAMIE DELGADILLO

Jaime Delgadillo PhD is a Professor of Clinical Psychology at the University of Sheffield. He has twenty years of clinical experience and has published over 100 scientific papers and book chapters in the field of mental health. He has been a principal investigator in clinical trials of psychotherapy and digital health interventions, supporting people with problems such as depression, anxiety, addictions, and occupational burnout. He is a member of the international Society for Psychotherapy Research and an associate editor of the society's journal, Psychotherapy Research.



GILLIAN STRUDWICK

Gillian Strudwick, RN, PhD, FAMIA, FCAN, is a highly accomplished leader in the field of digital health and clinical informatics. She currently serves as the Interim Scientific Director of the Digital Innovation Hub at the Centre for Addiction and Mental Health (CAMH) in Toronto, Canada, where she also holds the position of Senior Scientist & Chief Clinical Informatics Officer. Dr. Strudwick is also an Associate Professor at the Institute of Health Policy, Management and Evaluation at the University of Toronto. Her work focuses on leveraging digital technologies to improve mental health care and addiction treatment.



YURI QUINTANA

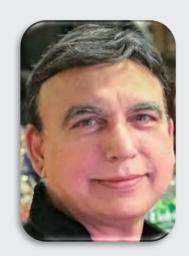
Yuri Quintana, Ph.D., is a global leader in developing and evaluating digital health systems. He is Chief of the Division of Clinical Informatics at Beth Israel Deaconess Medical Center and Assistant Professor of Medicine at Harvard Medical School, Harvard University. His research is focused on learning networks and clinical care collaboration platforms that empower patients, families, and health professionals. He leads the DCI Network (https://www.dcinetwork.org), which brings together national-level leaders to work on complex health problems requiring collaborations between institutions, government,



and the private sector. He developed InfoSAGE, a mobile app for home-based coordination (https://infosagehealth.org) for medication and symptom management. He created Alicanto Cloud (https://www.alicantocloud.com), an online platform for learning and collaboration used by health professionals at Harvard-affiliated hospitals. As a Senior Scientist at Homewood Research Institute in Canada, he has developed new methods to evaluate digital mental health systems using evidence-based approaches. Previously, at St. Jude Children's Research Hospital, he developed Cure4Kids, a global pediatric cancer learning network used by thousands of health professionals, POND4Kids, an international cancer registry, and Cure4Kids for Kids, a mobile app promoting healthy lifestyles for children. Quintana was a principal investigator in the Canadian HealNet Research Network. He has held high-tech positions at IBM and Watcom. Quintana obtained his engineering degrees from the University of Waterloo in Electrical and Computer Engineering and Systems Design Engineering. More at http://www.yuriquintana.com and on Twitter at @yuriquintana.

PROF. DR. NUSRAT HUSSAIN

Professor Nusrat Husain is a Professor of Psychiatry and Director of Research for Global Mental Health at the University of Manchester. Additionally, he is an Honorary Clinical Professor at the University of Liverpool, a Visiting Clinical Professor at the University of Bolton, a Consultant Psychiatrist, and the Director of the Global Centre for Research on Mental Health Inequalities at Mersey Care NHS Foundation Trust. He is also an executive member of the Academic Faculty at the Royal College of Psychiatrists, London, the past president of the Manchester Medical Society, and an NIHR Senior Investigator.



DR. UZMA MASROOR

Seasoned Clinical Psychology Consultant with 25+ years of clinical and academic experience, Dr. Uzma stands as a beacon of excellence in mental health advocacy and education. Armed with a Ph.D. in Clinical Psychology from ICP and numerous certifications, including advanced training in Neurolinguistic Programming (NLP), hypnosis, and CBT, she has dedicated her career to transforming the mental health landscape in Pakistan. Dr. Uzma's groundbreaking contributions include founding the first-ever Counseling and Well-being Center in the federal education sector and establishing a state-of-the-art psychology



lab at Air University. Her leadership extends to supervising a team of clinical psychologists at Shifa Tameer-e-Millat University and running her own clinic, PR&TS (Psychological Resources & Training Services), which provides innovative therapeutic services and professional training.

KANZA FAISAL

Kanza Faisal is a PhD candidate in Applied Psychology with a modular specialization in Neuropsychology and a Master's degree in Clinical Psychology. Clinically trained in Cognitive Behavioral Therapy by the Beck Institute, with a focus on depression and suicide prevention, she brings a unique blend of research and practice to the field.

With a strong interest in scaling digital mental health solutions in low resource settings, her focus is on integrating evidence – based psychological interventions into accessible, technology-driven platforms. Her work bridges clinical insight with empirical research,



aiming to improve mental health outcomes across diverse populations through scalable, innovative approaches.

COGNITIVE BEHAVIOR THERAPY IS AN EFFECTIVE TREATMENT OF GE NERALIZED ANXIETY DISORDER: A CASE STUDY

Dr. Syeda Razia Bukhari

Faculty of Education and Social Sciences,

SZABIST, Islamabad

Mr. MA, 30 years old. The patient complained of excessive anxiety and inability to control it, fear that constant worrying would cloud his mind and make him go crazy, fear that he would be unable to work, difficulty concentrating on work, restlessness, and fatigue. He also reported sleep disturbances and muscle tension. He was diagnosed with generalized anxiety disorder and his case was conceptualized using the Wells cognitive model of generalized anxiety disorder. Management was also carried out according to the CBT model. The treatment was achieved through use of Various oral challenging exercises, such as interrogation for evidence, evidence for and against, and provide education to normalize anxiety. Various behavioral exercises such as controlled anxiety, losing control experience, pushing uncontrollable beliefs, Type II refusal to beliefs related to anxiety. The patient's condition improved significantly at the end of treatment, which was confirmed by post-treatment evaluation. *Keywords:* generalized anxiety disorder; cognitive behavior therapy; behavioral experiments

ICE, INSIGHT AND INTERVENTION: A CASE STUDY OF CBT FOR ICE DEPENDENCY IN WOMAN

Namra Ajmal¹ & Mishal Naveed Khan Lodhi¹

School of Professional Psychology, Department of Clinical Psychology, UMT Lahore¹² Addictive disorders represent a complex interplay between psychological, biological and social factors leading to devastating consequences including impaired cognitive functioning, strained relationships and other severe physical and mental health complications. Addiction in Pakistani culture is primarily associated with males and often underreported in women due to cultural stigma and gender-specific norms and beliefs. For the treatment of substance abuse, CBT is proved be a significant and effective intervention. This is a case of a 52-year-old woman with the presenting complaints of excessive intake of ice, aggression issues, irritability, and her belief that her husband was practicing black magic on her and her daughter mainly and feeling that ants are crawling on her feet. Different assessment modalities were used to assess her symptoms including Behavioral Observation, Clinical Interview, Mental Status Examination,

Subjective Rating and Operationalization of terms, Baseline Chart of Anger and Trait Anger and Expression Scale (Rashid & Siddique, 2005). Considering the biopsychosocial and spiritual model, the case was formulated according to the 5P's and Beck's cognitive model. Gender, early life stressors, use of ice by husband, living in high-risk environment, impulsive personality and dysfunctional home environment were predisposing factors, Marital conflicts was precipitating factor while impulsive behavior, positive beliefs about drug intake, excessive use of denial & rationalization as a defense mechanism, cognitive error of minimization and lack of insight were the factors perpetuating client's problem. Through the assessment and formulation, the client was suspected to have Stimulant Induced Psychotic Disorder with onset during intoxication and withdrawal. Management plan was developed using Cognitive Behavior Therapy for the management of anger, psychotic symptoms and relapse prevention including techniques like cost benefit analysis, degree of conviction, peripheral questioning and testing the evidence and relapse prevention model. Most significant improvement was seen in client's anger and delusional beliefs. *Keywords:* Ice, CBT, Psychotic symptoms, Anger, Relapse.

DIGITAL CBT FOR GRIEF-INDUCED DISTRESS: A CASE STUDY FROM GILGIT-BALTISTAN

Rimsha Khan¹ and Dr. Syeda Razia Bukhari²

Faculty of Education and Social Sciences, SZABIST, Islamabad Campus¹²

The patient was a 27-year-old male physiotherapist living in Gilgit Baltistan who consulted for the following symptoms, feeling emptiness, crying spells, procrastination, poor concentration, guilt, negative thinking, and fluctuation in mood. These symptoms surfaced after his father's sudden demise in June 2024 and the client consulted online in September 2024 after having difficulty concentrating in his clinic. Formal assessment was conducted using Depression, Anxiety, and Stress Scale 21 (Lovibond & Lovibond, 1995) to measure intensity of his distress, the Thematic Apperception Test (Murray, 1943) to explore any underlying thoughts and emotions, the Rotter's Incomplete Sentence Blank Test (Rotter, 1950) to assess unresolved conflicts, and The Stroop Colour and Word Test (Stroop, 1935) for cognitive functioning. His case history and assessment indicated grief-induced distress since the grief is significant but not prolonged hence he could not be formally diagnosed with Prolonged Grief Disorder (APA

DSM 5TR, 2022). His intervention plan was designed following the Cognitive Behaviour Therapy model and implemented using online video platforms such as Zoom and Microsoft Teams. The intervention plan focused on behavioural schedules, psycho-education, self-monitoring, and challenging dysfunctional thoughts. Cognitive Behaviour Therapy exercises were conducted and monitored using the Google Doc Live editing feature to ensure real-time patient engagement during online sessions. The Bearable app for Android was used for mood, sleep and diet tracking. Treatment was based on 16 CBT sessions in which 4 sessions were the initial phase, sessions 5 -13 were the core CBT phase and 14 - 16 were the termination phase. The client showed good progress which was assessed with pre and post-intervention DASS21 scores. At the time of termination, his symptoms were managed and he was given personalised strategies to cope with loss of his father and prevent complex psychopathology. It is concluded that digital mode of CBT can provide evidence-based care (Linardon et al., 2019) in remote areas like Gilgit Baltistan and it has the potential to revolutionize mental health, particularly in developing countries. *Keywords: Tele Mental Health, Cognitive Behavioural Therapy, Digital Tools*.

EFFICACY OF ONLINE THERAPY AMONG ADULTS

Adeena Sohail¹ and Mahira Ahmad²

Kinnaird College for Women, Lahore¹²

Online interventions are considered as more practical, approachable, private and economical to conventional interventions and have been proven to be more resilient towards treatment of an array of disorders. Therefore, the aim of this study is to examine the efficacy of online therapy among adults. It was hypothesized that the experimental group will have significantly less depression, anxiety and stress symptoms than control group at post assessment level. Moreover, it was also hypothesized that there is no significant differences in both groups at pre-assessment level. Pre- post experimental research design was employed, and data was collected from 60 participants divided into experimental group (n=30) and control group (n=30) between the age range of 18 to $45(M_{age}=25.73; SD=5.73$ in experimental group and $M_{age}=24.20; SD=6.76$ in control group) using purposive sampling. Assessments were done at pre therapy and post therapy in both groups by using Depression, Anxiety, and Stress Scale (DASS-21; Lovibond & Lovibond, 1995). No treatment was given to control group. Online therapy was given to experimental groups. The results of this study indicated that there was no

significant difference in both groups at pre assessment level. The experimental group has significant low scores of depression, anxiety and stress compared to control group at post assessment level. There were significant differences of symptoms (depression, anxiety and stress) after online therapy at pre and post level in experimental group. The findings of this study provide significant implications for academicians to create training programs and courses that focus on providing digital therapy in an efficient manner. *Keywords*: online therapy, depression, anxiety, stress, adults

SCHOOL CLIMATE AND MINDFULNESS AS PREDICTORS OF PSYCHOLOGICAL WELL-BEING AMONG SECONDARY SCHOOL STUDENTS

Esha Irfan¹ and Tehmeena Hanif²

National University of Modern Languages, Islamabad¹²

This study examined school climate and mindfulness as predictors of psychological well-being among secondary school students in Pakistan using a quantitative research design. A sample of 200 students was collected by convenience sampling method, completing the ED School Climate Survey (EDSCLS), the Five Facet Mindfulness Questionnaire (FFMQ), and Ryff's Psychological Well-being Scale. Data were analyzed using Pearson's correlation, multiple regression, t-tests, and ANOVA. Findings revealed significant positive correlations between school climate and psychological well-being (r = .28, p < .01), and between mindfulness and psychological well-being (r = .53, p < .01). Regression analysis showed that school climate and mindfulness jointly predicted 31% of the variance in psychological well-being. Independent samples t-tests revealed significant differences based on gender and residential status. The findings underscore the predictive role of school climate and mindfulness in supporting students' psychological well-being. Limitations include the use of convenience sampling and self-reported measures. Future research should consider more diverse samples and longitudinal methodologies to enhance generalizability and causal understanding. By integrating mindfulness practices and fostering a positive school climate, educators can create supportive environments that promote students' psychological well-being and overall academic success.

EFFECTIVENESS OF CBT FOR PSYCHOSIS: A CASE STUDY

Amna Ashfaq¹ and Mishal Khan Lodhi²

School of Professional Psychology

Department of Clinical Psychology, UMT Lahore¹²

The Cognitive Behavioral Therapy (CBT) provides structure to treat psychotic disorders based on managing symptoms including delusions and hallucinations together with mood disturbances. The case study demonstrates how CBT helps patients adhere to medication, develop better coping methods and decreases distress when dealing with psychotic symptoms. This case study evaluates the effectiveness of CBT in managing the psychotic symptoms. This case study is of a 45 years female who was referred by the senior clinical psychologist for assessment and management. The presenting complaints reported by the client were mind doesn't work and headache. While, the clinical psychologist reported the following problems: continuous wandering around, non-compliance with medication, lack of sleep, low mood, visual hallucinations, paranoid delusions, and memory issues. The client was assessed through Behavioral Observation, Clinical Interview, Perceived Rating of the Problem, Operationalizing the Terms, Mental Status Examination, Behavior Checklist, Baseline for Sleep and Headache, Memory for Design Test, and DSM5-TR checklist. The case was formulated according to the 5P's, biopsychosocial model, and cognitive model. The predisposing factors were identified as gender, age, temperament, genetic predisposition, physical and emotional abuse, lack of family support, and miscarriage. The precipitating factor was identified as divorce. The perpetuating factors were lack of insight, lack of family support, non-compliance with medication, cognitive distortions, psychological defenses, and altered ego. The suspected problem was identified as Schizoaffective Disorder with Bipolar type after the assessment and case formulation. The management goals were designed according to the need of the client by integrating the cognitive behavioral therapy. The management techniques of psychoeducation, medicine adherence, pain management, sleep hygiene, cognitive restructuring, and promoting on seat behavior were done. The outcome of the therapeutic sessions was that the overall wandering behavior was reduced to some extent and the sleep pattern or medication adherence was also improved. Moreover, the insight regarding the problem was also built to some extent. Keywords: cognitive behavioral therapy, psychosis, bipolar, schizophrenia, assessment, case formulation, management

TRANSFORMING ROUTINE PSYCHIATRY CARE: SCALING UP DIALOG+ FOR TECHNOLOGY-DRIVEN SOLUTION-FOCUSED APPROACH

Pakeeza Arif

Interactive Research and Development

The psychological treatment of mental health disorders is undergoing a significant transformation, driven by the widespread availability of digital technology. These advancements are reshaping psychotherapy delivery, offering both traditional face-to-face models and fully online interventions. Digital tools like DIALOG+ are a new intervention to make routine community mental health meetings therapeutically effective. It involves a structured assessment of patient concerns and a solution-focused approach to address them. This study aims to scale up DIALOG+ in psychiatric facilities by training 10 psychiatrists, 10 psychologists, and 10 social workers to evaluate its effectiveness in structuring clinician-patient conversations and improving therapeutic alliance and clinical engagement. By integrating technology-assisted interventions, this study seeks to empower clinicians, enhance communication strategies, and create a structured framework for mental health care delivery. *Keywords:* digital tools, DIALOG+, psychiatry, training

PROMOTING WELL-BEING IN PARENTS THROUGH INDIGENOUSLY TAILORED MINDFULNESS-BASED BASHOOR, TARBIYAT-E-OLAD INTERVENTION

Uzma Shafique¹ and Dr. Asia Mushtaq¹

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Parenting is a profoundly rewarding yet challenging experience, often accompanied by stress that can impact both parental well-being and child development. Parental well-being plays a crucial role in fostering healthy family dynamics and nurturing children's emotional and psychological growth. Mindful parenting has emerged as an effective approach to enhancing parental well-being by fostering emotional regulation, stress management, and present-moment awareness. While global research highlights the benefits of mindful parenting, culturally tailored interventions are essential to address the unique challenges faced by parents in diverse sociocultural contexts. The present study employed a culturally adapted mindful parenting intervention *Bashaoor Tarbiyat-e-Aulad* to assess its effects on parental wellbeing. Utilizing a randomized control trial (RCT) with a waitlist control group, 127 mothers (Mean age = 36.56,

SD = 6.00) were randomly assigned to the intervention (n=63) and the control conditions (n=64) where parental wellbeing was assessed through measures of mental wellbeing, self-compassion, couple satisfaction and mindfulness domains. Analysis of Covariance (ANCOVA) and Repeated Measures Analysis of Variance (ANOVA) were conducted to evaluate between-group and within-group changes, as well as interaction effects. Effect sizes were calculated for both groups independently. The results showed significant improvement in all domains. The study provides preliminary evidence supporting the effectiveness of *Bashaoor Tarbiyat-e-Aulad* in promoting wellbeing among Pakistani parents Despite its limitations, the results of this study are promising. The implications of this study are discussed in relation to the implementation of the program for other relevant populations of parents and children, either as a standalone intervention or in combination with behavioral parenting programs to maximize its benefits for fostering a healthy and thriving society. *Keywords:* Bashaoor Tarbiyat-e-Aulad, well-being, mindfulness, emotional regulation

ENHANCING WELL-BEING THROUGH DIGITAL THERAPY: EVALUATING THE EFFICACY AND EXPERIENCE OF BEME GLOBAL CLIENTS

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The global rise of online therapy has accelerated since the COVID-19 pandemic, leading to an increase in work-from-home routines and remote healthcare delivery. While teletherapy has existed internationally since the 1980s, the pandemic transformed it from an option to a necessity, prompting rapid restructuring and digitalization through advanced technologies and platforms. BeMe Global initiated its services by offering digital access to psychotherapeutic interventions and psychological assessments. This study reports on the efficacy of online therapy delivered by BeMe Global's team of specialists between 2023 and 2025. We evaluated pre- and post-therapy outcomes for clients who engaged in psychotherapeutic and counseling services via our platform. At the time of enrollment with a BeMe Provider, clients completed the PHQ-9 as an initial screening and baseline measure. Providers conducted ongoing evaluations during therapy sessions, and clients completed a post-assessment either upon discontinuation of therapy or periodically in cases of ongoing, long-term therapy. Findings are presented through both quantitative and qualitative analyses, incorporating data from clients and providers to assess the effectiveness of virtual therapy and counseling services.

Additionally, client ratings of the administrative and digital platform services are analyzed. Implications for the future of virtual therapy delivery, along with practical recommendations, are discussed. *Keywords:* BeMe Global, digital therapy, well-being

A CASE STUDY OF PERSISTENT DEPRESSIVE DISORDER: EFFICACY OF COGNITIVE BEHAVIOR THERAPY AS A TREATMENT MODALITY

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This case study explores the effectiveness of Cognitive Behavioral Therapy (CBT) in treating a 21-year-old female diagnosed with Persistent Depressive Disorder (PDD). The client presented with prolonged feelings of sadness, low self-esteem, fatigue, and difficulty concentrating, which significantly impacted her daily functioning. The symptoms continued for at least 2 years. Her clinical diagnosis was confirmed as PDD after a thorough objective and projective assessments along with interviewing. HTP (House, tree person) test has been used as a projective assessment criterion. It gave a comprehensive picture of client's symptomology. A structured CBT intervention based on Beck's Cognitive Therapy Approach was implemented over 12 sessions, incorporating techniques such as cognitive restructuring, Socratic questioning, behavioral activation, problem-solving, and mindfulness-based strategies. The Beck Depression Inventory-II (BDI-II), and Hamilton Rating scale for depression, (HAM-D) were administered before and after therapy to measure the severity of depressive symptoms. Pre-treatment scores (BDI-II = 32), (HAM D= 18) indicated severe depression. Post-treatment scores showed significant improvement, with BDI-II scores reducing to 12 (mild depression) and HAM-D scores decreasing to 12 (minimal depression). Throughout the therapy process, the client demonstrated gradual improvement in mood, increased engagement in daily activities, and enhanced cognitive flexibility. Using Beck's Cognitive Therapy Approach, the work on identifying and modifying cognitive distortions, challenging automatic negative thoughts, and addressing maladaptive core beliefs had been done. The client developed healthier coping mechanisms, improved emotional regulation, and regained a sense of control over her thoughts and behaviors. The case study highlights the effectiveness of Beck's Cognitive Therapy Approach in managing PDD by targeting cognitive distortions and promoting behavioral activation. This study underscores the necessity for a

Comprehensive therapeutic paradigm in the treatment of individual psychopathology. Moreover, it provides further suggestions for the future psychologists. *Keywords:* persistent depressive disorder, CBT, HTP, HAM-D, BDI-II

INVESTIGATING FACTORS INFLUENCING ACADEMIC ACHIEVEMENT AND SOCIAL SKILLS IN ADOLESCENTS

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This study investigated the impact of parental involvement, peer pressure, and bullying on the academic achievement and social skills of adolescents in private schools in Pakistan. Employing a quantitative research approach, data were collected from a sample of 152 students using a cross-sectional design. The sample was carefully structured using quota sampling to ensure representation across gender, academic track, and class range. Instruments included validated scales such as the Academic Performance Scale (2015), Social Skills Assessment (2006), Parental Bonding Instrument (1997), Peer Pressure Questionnaire-Revised (2015) and Multi-Dimensional Bullying Victimization Scale (2016). Data were analyzed using correlation and multiple regression techniques to assess the unique and combined effects of the three factors. The results indicated significant relationships between these variables and highlighted the crucial role of parental involvement in enhancing academic and social outcomes. Conversely, peer pressure and bullying were found to negatively impact students' performance and social skills. The study underscored the importance of fostering positive parental engagement and addressing peer influences and bullying to improve the overall well-being and academic success of adolescents. The findings provided valuable insights for educators, policymakers, and families in developing targeted interventions to support student development in private school settings. Keywords: Academic Achievement, Social Skills, Adolescents, Parental Involvement, Peer Pressure, and Bullying

CULTURALLY ADAPTED PSYCHOSOCIAL INTERVENTION (CAPSI) FOR EARLY PSYCHOSIS IN PAKISTAN: A RANDOMIZED CONTROLLED TRIAL

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Clinical guidelines for treating psychosis commonly recommend cognitive behavioral therapy (CBT) and family intervention (FI) for individuals experiencing a first episode of psychosis (FEP). However, much of this guidance is based on research conducted with adult populations in high-income countries. There is a notable lack of randomized controlled trials (RCTs) comparing the effectiveness of these widely endorsed psychosocial interventions in early psychosis, particularly within low- and middle-income countries (LMICs). This study aims to evaluate the clinical effectiveness and cost-efficiency of delivering culturally adapted CBT (CaCBT) and culturally adapted FI (CulFI) to individuals with FEP in Pakistan. This is a threearm randomized controlled trial (RCT) involving 390 participants recruited from outpatient psychiatric units in six major cities of Pakistan: Karachi, Lahore, Rawalpindi, Multan, Peshawar, and Hyderabad. Eligible participants are aged 18 years or older, within the first three years of a diagnosis of psychosis. Inclusion criteria require a score of ≥4 on the hallucinations or delusions item, or ≥ 5 on the persecutory delusions or grandiosity items of the Positive and Negative Syndrome Scale (PANSS). Participants must also have demonstrated medication stability over the past four weeks and have no active substance use in the previous three months. After providing informed consent, participants are randomly assigned to one of three arms: culturally adapted Cognitive Behavior Therapy (CaCBT), culturally adapted Family Intervention (CulFI), or Treatment As Usual (TAU). The trial is assessing a total of 390 participants on a range of clinical and psychosocial outcomes, including positive and negative symptoms of psychosis, quality of life, depressive symptoms, insight into illness, and overall functioning. Additionally, carers are being evaluated on caregiver experience, psychological wellbeing, attitudes towards illness, and symptoms of depression and anxiety. Assessments are being conducted at four time points: baseline, 3 months, 6 months, and 12 months postrandomization. The trial includes two culturally adapted psychosocial interventions: Culturally Adapted Cognitive Behaviour Therapy (CaCBT), consisting of 12 individual sessions delivered over three months, and Culturally Adapted Family Intervention (CulFI), which involves 10

Family sessions over the same period. Recruitment is ongoing, with healthcare facilities engaged across all participating sites, and 93 participants have been successfully enrolled and randomized into one of the three trial arms. This trial will provide valuable evidence on the clinical utility and economic feasibility of culturally adapted psychosocial approaches in LMIC contexts. *Keywords:* CBT, FEP, LMICs, CaCBT, CulFI, RCT

A HOLISTIC THERAPEUTIC INTERVENTION FOR DISRUPTIVE MOOD DYSREGULATION DISORDER IN THE CONTEXT OF MARITAL DISTRESS: A CASE STUDY VIA ONLINE PSYCHOTHERAPY

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The present case report illustrated the challenging diagnostic case of Disruptive Mood Disorder (DMDD) with marital conflict. The study emphasizes the importance of various therapeutic strategies that manage relational conflicts, mood instability, and anger outbursts via online therapy sessions. A 27-year-old married man presented with constant irritability, frequent temper tantrums, and impulsive verbal violence that seriously disrupted his marriage. His clinical diagnosis was confirmed as *DMDD*, and related features were assessed using the *MSE*, BDI-II, and CAARS, along with behavioral monitoring via in-depth history. The patient's mood instability, behavior patterns, and relational difficulties were tracked over several therapeutic sessions (including Cognitive-Behavioral Techniques (CBT), Breathing-based relaxation techniques, Islamically integrated anger management guidelines, and Behavior modification strategies). The patient showed improved insight, better-coping mechanisms, and decreased hostility towards his partner. Couple therapy austerely focuses on mutual tolerance, lessens the communication gap, and improves resolution options for saving their marriage, therefore raising marital satisfaction. Progress in emotional and interpersonal well-being was achieved by both psychiatric medication and the consistent use of learned strategies. This study emphasizes the need for a comprehensive therapy paradigm in treating individual psychopathology as well as relational discomfort in DMD patients. Keywords: Disruptive Mood Dysregulation Disorder, Marital Distress, Emotional Regulation, Couple Therapy, Holistic Therapeutic Approach, Cognitive-Behavioral Therapy (CBT)

IMPLEMENTATION OF SIMPLIFYING MENTAL ILLNESS PLUS LIFE ENHANCEMENT SKILLS SMILES PROGRAM ON THE CHILDREN OF DEPRESSED PARENTS IN PAKISTAN

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Simplifying Mental Illness plus Life Enhancement Skills (SMILES; Pitman & Matthey, 2004) is an intervention plan for the children of mentally ill parents to enhance their capabilities, resilience, self-expression, and creativity, to lower down their feelings of loneliness and to boost up their self-worth. The present research was carried out to establish the validity of translated and adapted version of SMILES Program (Khan &Batool, 2014) on children of depressive parents. Sample consisted of 50 parents and 50 children of age range from 8 to 12 years. Children were divided into two groups (25 children were placed in experimental group and 25 in control group). Siddiqui Shah Depression Scale (Siddiqui & Shah, 1997) was administered on parents. Child Problem Checklist (Tariq & Hanif, 2007), Knowledge Questions, and Life Skills Questions were administered on all the children in experimental and control groups in pre-assessment. Afterward, SMILES Program was administered on children in experimental group. In post-assessment, scores of all children were again measured with the same instruments which were used in pre-assessment. Results showed that parental depression significantly predicted behavioral problems as indicated by simple linear regression analysis (R² = .11). Multivariate Analysis of Variance (MANOVA) was used to test the research hypotheses. Results showed that there were significant differences on externalizing problems, internalizing problems and somatic complaints among children of depressive mothers and depressive fathers. Results of Repeated Measure MANOVA indicated that experimental group had less externalizing problems, less internalizing problems, less somatic complaints, more knowledge regarding parental depression and more life skills in post-assessment than children in control group. Keywords: Externalizing problems, internalizing problems, somatic complaints, knowledge, life skills

INTEGRATING MENTAL HEALTH SERVICES IN FLOOD-AFFECTED REGIONS: ADDRESSING DEPRESSION AND SELF-HARM IN THATTA, PAKISTAN

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Climate change and recurrent flooding in Thatta, Pakistan, have exacerbated mental health challenges, leading to increased cases of depression, anxiety, and self-harm. This feasibility trial aimed to develop and implement a district-level Mental Healthcare Plan for management of depression and self-harm through a community-based approach. The trial was conducted in two outpatient departments (OPDs) at Civil Hospital Thatta, Pakistan. General practitioners (GPs) referred patients with suspected mental health issues to a trained and designated psychologist for screening using standardized tools Patient Health Questionnaire (PHQ-9) and Deliberate Self-Harm Inventory. GPs adopted WHO Mental Health Gap (mhGAP) application to positively screened and diagnosed patients. For Depression management, three culturally adapted interventions were used: Problem Management Plus (PM+), Cognitive Behavioral Therapy *Khushi Aur Khatoon* and Learning through Play Plus (LTP+). All interventions were delivered by trained Lady Health Workers. The Culturally Adapted Manual Assisted Problem-Solving (CMAP) intervention was provided by trained psychologists for management of self-harm

Out of 330 screened patients, 45 had depression, 20 were diagnosed with self-harm attempts, and the remainder were diagnosed with anxiety, substance use disorder, post-traumatic stress disorder (PTSD), or other conditions. A total of 40 patients were enrolled, with 31 receiving depression management and 9 receiving self-harm management. All participants in *PM+*, *Khushi Aur Khatoon*, *LTP+*, *and CMAP* interventions completed their sessions, demonstrating high retention during follow-up; however, the pharmacological intervention group experienced dropout rates, with 37 participants completing the 3rd-month evaluations. This trial shows that community-based psychosocial interventions, delivered by trained Lady Health Workers and trained psychologists, can be effectively implemented in flood-affected regions of Pakistan with high completion and retention rates of affected patients. The findings suggest that these scalable approaches could offer practical mental healthcare solutions in resource-limited

settings. The trial successfully demonstrated the feasibility of implementing community-based interventions for depression and self-harm in flood-affected areas. The high completion rates reflect the potential for broader application of these culturally adapted approaches in similar contexts. *Keywords:* Improving Mental Health Services, Flood Affected Regions, Depression, Anxiety, Self-Harm.

APPLICATION OF COGNITIVE BEHAVIOR THERAPY-BASED INTERVENTION FOR PSYCHOLOGICAL DISTRES AMONG WOMEN WITH PCOS: A RANDOMIZED CONTROLLED TRIAL

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PCOS, affecting 8-13% of women, not only poses health challenges but also impacts psychological well-being, leading to distress and self-esteem issues. The present study aimed to manage psychological distress among women diagnosed with PCOS through a Cognitive Behavioral Therapy (CBT)-based intervention. Following a structured screening process, young women diagnosed with PCOS (N = 46) aged 20-39 years (M = 23.85, SD = 4.82) were recruited for the study. It was a randomized controlled trial; therefore, the participants were divided equally into an experimental group (N = 23) and a waiting list group (N = 23). Participants in both groups were administered in the pretest and post-test. However, the intervention was given only to the experimental group. The participants (N = 46) were asked to fill Depression Anxiety Stress Scale- 21 (Lovibond & Lovibond, 1995) during pretest and post-test. Whereas the intervention phase comprised of 12 sessions divided across 6-weeks, and was a CBT- based intervention plan. IBM-SPSS-20 was utilized to assess the effectiveness of a CBT- based intervention plan. The study employed t-test to confirm the study hypotheses. The results revealed that after the intervention, psychological distress was considerably lower in the experimental group. Furthermore, the experimental group had considerably decreased psychological distress than the waiting list group. These results provided empirical evidence supporting role of CBT for women with PCOS, promoting holistic treatment approaches that address both the psychological and physical aspects of PCOS. Keywords: PCOS; Psychological Distress; Cognitive Behavioral Therapy (CBT); Depression; Anxiety; Stress

EFFICACY OF VIRTUAL REALITY-BASED EXPOSURE THERAPY IN ALLEVIATING PUBLIC SPEAKING ANXIETY AMONG UNIVERSITY STUDENT

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This study explored the efficacy of Virtual Reality (VR)-based exposure therapy in alleviating public speaking anxiety among university students. The hypothesis posited that engaging in progressive VR scenarios depicting public speaking would significantly reduce participants' anxiety levels. Five students from Muhammad Ali Jinnah University, aged 19-21, with high scores (≥80) on the Personal Report of Communication Apprehension scale (McCroskey, 1982), were recruited. The research employed a pretest/post-test design to measure anxiety before and after VR exposure. The VR sessions included three levels: group discussions, class presentations, and delivering speeches to a virtual auditorium audience. These scenarios were chosen based on a pilot study identifying common anxiety-provoking situations for students. Participants interacted with these settings using VR headsets. Results revealed a significant reduction in public speaking anxiety, with the mean score decreasing from 81 to 76. Selfreported anxiety levels showed shifts from high to medium or low post-intervention. Participants also provided feedback indicating increased confidence and comfort in social situations post-therapy. This study underscores the potential of VR-based exposure therapy as an innovative and effective intervention for public speaking anxiety among university students. It highlights the need for further research to confirm these findings and explore the broader applications of VR in therapeutic settings, potentially minimizing the need for traditional manpower-intensive approaches. Keywords: Exposure Therapy, Public Speaking Anxiety, Virtual Reality, University Students, Anxiety Reduction





