**Example Abstract: Spotlight Research Presentations**

**Title:** Understanding and Targeting Rumination - Using cognitive science to examine a transdiagnostic mechanism

**Abstract Body**

Rumination contributes to the maintenance and onset of depression and anxiety, acts as a final common pathway for multiple vulnerabilities, and is identified as a transdiagnostic mechanism (Nolen-Hoeksema & Watkins, 2011). Thus, understanding and targeting it is a potential way to improve the effectiveness and efficacy of psychotherapy. This talk reviews the application of cognitive science principles to understanding rumination and its translation to innovations in CBT (Watkins, 2015), providing proof-of-principle of how psychological science can enhance interventions (Holmes et al., 2014).

Cognitive science research using a range of lab-based experimental paradigms and manipulations has explored what underlies pathological rumination, suggesting (a) rumination can be usefully conceived as a mental habit (Watkins & Nolen-Hoeksema; 2014; Hertel, 2004) with particular patterns of selective information processing implicated in its development and maintenance (e.g., Koster et al., 2011; Hertel et al., 2011; Watkins et al., 2012); (b) the consequences of repetitive thinking about negative content depend upon the thinking style adopted, with an abstract, decontextualized thinking style, characteristic of rumination (Watkins et al., 2015), causally implicated in increased negative emotional reactivity and impaired problem solving, relative to concrete and contextualised processing (Watkins, 2008).

This cognitive science informed Rumination-focused CBT (RFCBT), which explicitly uses functional analysis to target rumination-as-habit, and uses exercises and experiments to shift thinking style, instead of challenging thought content. In clinical trials, RFCBT is efficacious for difficult-to-treat residual depression (Watkins et al., 2010), outperforms standard CBT in treating major depression (Hvennegard et al., submitted) and prevents anxiety and depression in high risk young adults via an e-technology variant (Topper et al., submitted).

**Learning Objectives**

1. Presented an overview and critical evaluation of rumination, its role as a transdiagnostic process and a final common pathway in psychopathology
2. Presented data & evidence from cognitive science experiments that indicate potential underlying cognitive mechanisms underpinning rumination
3. Described key therapeutic principles and data on innovative CBT treatment approaches for rumination, summarizing key recent clinical trials

**Recommended Readings (3 are required)**