

My name is Julius Burkauskas. I am a research assistant, PhD student and Clinical Psychologist at the Lithuanian University of Health Sciences Medical Academy Behavioral Medicine Institute. My research focuses on psychosomatic medicine examining the effects of mental distress, fatigue, endocrine and inflammatory factors on cognitive functioning in patients admitted for cardiac rehabilitation program after acute coronary events. I am also currently a third year student of Cognitive Behavioral Therapy.

I have just completed my ECNP Research Internship under the supervision of Prof. Naomi Fineberg at the Psychiatry department of OCD service in Rosanne House, Welwyn Garden City.

First of all, this intensive research internship surely deepened my understanding in both research organization and delivery. I had the opportunity to observe randomized controlled trial testing of the efficacy of CBT and SSRI medication in OCD patients and spent a few days with Mr Davis Mpavaenda, consultant CBT therapist, working with highly-treatment resistant OCD. I also learned how to use the Cambridge Automated Neurocognitive Test battery in testing patients, which I am planning to implement as a research method in the laboratory I am currently working in, in Lithuania.

In addition, the experiences I had gave me insight into the ways scientific research works in the global world. I had the possibility to meet and discuss research with the Cambridge Cognition research team, including Professors Barbara Sahakian and Trevor Robbins from the University of Cambridge, as well as Professors David Wellsted and Ken Farrington from the University of Hertfordshire. It was my great pleasure to discuss the possibility to engage in planning joint research projects between the Units.

My overall aim is to work as a neuropsychologist and CBT therapist. Next year I will graduate from the local CBT training program. The ECNP Research Internship has given me the chance to get to know more about the current advances in CBT and neuroscience, in particular how cognitive neuroscience relates to the field of psychosomatic medicine that I am currently working in.

The ECNP internships, with renowned Professors and teachers such as Dr. Naomi Fineberg and Dr. Davis Mpavaenda, are excellent opportunities for young scientists. I believe that this internship was a great step forward for me in achieving my own career objectives.



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**Abstract**

Treatment development for obsessive-compulsive disorder (OCD) is compromised by the clinical complexity and heterogeneity of the disorder. Some OCD symptoms, especially those concerned with ordering, symmetry and arranging, appear to be separate from archetypal harm avoidance (HA) and reflect the need to 'feel right'. The 'not just right' experience has been proposed as a separate core motivational dimension on health outcomes.

**NJRE**

State neurodevelopmental traits (including difficulties with social rigidity) as manifested in OCD, is part of the ASD phenotype

Dimension of NJRE in OCD

**Results**

HA (n=34) did not violate the assumption of normality. NJRE was on (n=34) and not significantly in this study (p=.092). NJRE and specific sensory processing difficulties (see Table 1) survived controlling for confounding variables. However, these relationships were not significant when controlled for anxiety (see Table 3). Significant relationships were found between NJRE (or HA) and ASD (see Table 4) and shifting difficulties.

**Table 1. Clinical & Demographic variables**

Variable	n (%)
Y-BOCS	24.33 (6.91)
ADOS	7 (18%)
ADOS-C	13 (52%)
ADOS-M	5 (20%)
ADOS-T	16 (64%)
ADOS-T	9 (36%)
ADOS-T	11 (44%)
ADOS-T	1 (4%)
ADOS-T	1 (4%)
ADOS-T	3 (12%)
ADOS-T	2 (8%)
ADOS-T	6 (24%)
ADOS-T	23 (92%)
ADOS-T	1 (4%)
ADOS-T	4 (16%)
ADOS-T	14 (56%)
ADOS-T	5 (20%)

**Statistical Data:**

- $p=0.002^{**}$
- $p=0.001^{**}$
- $p=0.003^{**}$
- $r=53, p=0.08^{**}$
- $r=49, p=0.16^{*}$
- $r=403$
- $r=49, p=0.18^{*}$
- $r=50, p=0.14^{*}$