

**P092****IMPROVING POSTGRADUATE PSYCHOLOGY STUDENTS' SLEEP AND INSOMNIA KNOWLEDGE WITH A SLEEP EDUCATION WORKSHOP***Meaklim H<sup>1</sup>, Meltzer L<sup>2</sup>, Junge M<sup>3</sup>, Rehm T<sup>4</sup>, Monfries M<sup>4</sup>, Kennedy G<sup>5</sup>, Bucks R<sup>6</sup>, Jackson M<sup>1</sup>*<sup>1</sup>Monash University, Clayton, Australia, <sup>2</sup>National Jewish Health, Denver, United States of America, <sup>3</sup>Sleep Health Foundation, Blacktown, Australia, <sup>4</sup>RMIT University, Bundoora, Australia, <sup>5</sup>Federation University, Ballarat, Australia, <sup>6</sup>University of Western Australia, Perth, Australia

**Introduction:** Trainee psychologists receive limited sleep and insomnia education during postgraduate study. This study examined the delivery of a sleep psychology training workshop for postgraduate psychology students and examined changes in sleep knowledge from pre- to post-workshop.

**Methods:** A 6-hour Sleep Psychology Workshop was delivered to postgraduate psychology students around Victoria. Online pre- and post-workshop questionnaires were used to evaluate changes in sleep psychology knowledge and collect feedback on the workshop.

**Results:** The participants were 187 students (82% female, M age = 32), most of whom were in their 5th year of psychology training (69%) and had not received any sleep education during their postgraduate studies at the date of the intervention (77%). Students' sleep knowledge significantly improved after workshop completion (pre: 56% vs. post: 80% correct),  $t(107) = -21.41$ ,  $p < .001$ . Students provided positive feedback about the workshop, with 96% rating the workshop as excellent/very good and 86% reporting that they would recommend the workshop to other postgraduate students. Overall, 94% of students agreed/strongly agreed that the sleep psychology workshop improved their confidence to manage sleep disturbances in their future psychology practice.

**Discussion:** Postgraduate psychology students require sleep and insomnia education. This study demonstrates that students' sleep psychology knowledge can improve after a 6-hour sleep education and training workshop and provides initial positive feedback about the benefits of sleep and insomnia education for postgraduate students.

**P093****A SYSTEMATIC REVIEW OF ADHERENCE TO COGNITIVE BEHAVIOURAL THERAPY FOR INSOMNIA (CBT-I) - KEY FINDINGS***Mellor A<sup>1</sup>, Kavaliotis E<sup>1</sup>, Drummond S<sup>1</sup>*<sup>1</sup>Turner Institute For Brain and Mental Health, Monash University, Australia

**Introduction:** Research into factors influencing adherence to CBT-I and how adherence impacts treatment outcomes remains scarce. Through a systematic review, we aimed to determine how adherence is assessed; which factors predict adherence; and which treatment outcomes are predicted by adherence.

**Methods:** Included publications met the following criteria: adults with insomnia; an intervention of CBT-I, including sleep restriction (SRT) and/or stimulus control (SCT); a reported measure of adherence; and written in English.

**Results:** Final n=103 papers. Measures assessed either global adherence or adherence to specific components of CBT-I via questionnaires, sleep diaries, interviews, or actigraphy. Most common measures were sleep diary-derived CBT-I components for therapist-led studies, and module completion for digital studies. Twenty-eight papers (27.2% of total) examined predictors of adherence. Depression, pre- and post-session sleep, psychosocial support, and dysfunctional beliefs about sleep predicted adherence. Demographic variables, other psychological comorbidities, insomnia severity, and sleep questionnaires did not predict adherence. Twenty-eight papers (27.2%) examined whether adherence predicted treatment outcomes. Neither global adherence nor adherence to any specific component of therapist-led CBT-I reliably predicted sleep outcomes. For digital CBT-I, completion of treatment modules was linked to improvements in ISI, however there were only five studies.

**Conclusion:** There was a high degree of heterogeneity in how adherence was measured, and in predictors and outcome variables assessed. This heterogeneity likely explains why adherence does not appear to predict treatment outcome. The field needs to develop a standardised method for assessing each specific adherence construct to fully understand the role of adherence in CBT-I.

**P094****CPAP SERVICE PATIENT EXPERIENCE SURVEY***Mihai R<sup>1</sup>, Ellis K<sup>1</sup>, Verginis N<sup>1</sup>, Davey M<sup>1,2</sup>, Nixon G<sup>1,2</sup>*<sup>1</sup>Monash Children's Hospital, Clayton, Australia, <sup>2</sup>Dept of Paediatrics, Monash University, Clayton, Australia

**Introduction:** Increasing numbers of children with obstructive sleep apnoea require continuous positive airway pressure (CPAP) treatment. We aimed to collect feedback from parents/carers about our CPAP education and follow-up programme.

**Methods:** An online survey link was texted to families of children starting outpatient CPAP from Jan 2019 -Feb 2021. Questions assessed satisfaction with the CPAP initiation process, including education by our nurse educator (NE), mask fitting, using equipment, accessing help, confidence using CPAP and follow up. Open-ended feedback was invited.

**Results:** 17/55 (31%) of eligible families responded. "Very satisfied" responses regarding CPAP education ranged from 76% (discussion of costs) to 94% (machine use and maintenance). All families felt confident starting CPAP at home. Two reported issues starting CPAP, but reported feeling fully supported by staff remotely to troubleshoot. All families were "somewhat" or "very satisfied" with NE follow-up, with 2 families more neutral about physician follow-up. Two families reported lower satisfaction ("somewhat dissatisfied" or neutral) with the range of paediatric masks, rather than with the mask fitting process itself. Of 14 general comments, 64% were positive (most common theme was high standard of care from the NE); 21% negative (lack of mask choices, location of consulting suites); and 15% neutral. Suggestions for improvement included financial support information, support groups and online consumable ordering.

**Discussion:** Families feel confident and well supported to commence outpatient CPAP, highlighting the care, knowledge and support provided by our team. Findings emphasize the importance of a dedicated NE. Suggestions provided will inform future service improvements.