30 babcp abstracts, october '12

(Andersson, Enander et al. 2012; Arch, Eifert et al. 2012; Baird, Smallwood et al. 2012; Balooch, Neumann et al. 2012; Berman, Kross et al. 2012; Bernstein 2012; Bontempo, Panza et al. 2012; Clauss and Blackford 2012; Cloitre, Petkova et al. 2012; Cuijpers, Driessen et al. 2012; Geschwind, Peeters et al. 2012; Guan, Fox et al. 2012; Hertenstein, Rose et al. 2012; Hofmann, Asnaani et al. 2012; Ilic, Reinecke et al. 2012; Kallestad, Hansen et al. 2012; Karlin, Brown et al. 2012; Kross, Gard et al. 2012; Livingstone and Srivastava 2012; Mauss, Savino et al. 2012; McManus, Surawy et al. 2012; Molden, Hui et al. 2012; Ng 2012; North, Oliver et al. 2012; Oldham, Kellett et al. 2012; Peeters, Huibers et al. 2012; Philips and Samson 2012; Sheeber, Seeley et al. 2012; Simons, Marti et al. 2012; Sloan, Marx et al. 2012; Spiers, Brugha et al. 2012; Wolitzky-Taylor, Arch et al. 2012)

Andersson, E., J. Enander, et al. (2012). ***"Internet-based cognitive behaviour therapy for obsessive–compulsive disorder: A randomized controlled trial."*** Psychological Medicine 42(10): 2193-2203. http://dx.doi.org/10.1017/S0033291712000244

(Free full text available): Background Cognitive behaviour therapy (CBT) is an effective treatment for obsessive–compulsive disorder (OCD) but access to CBT is limited. Internet-based CBT (ICBT) with therapist support is potentially a more accessible treatment. There are no randomized controlled trials testing ICBT for OCD. The aim of this study was to investigate the efficacy of ICBT for OCD in a randomized controlled trial. Method Participants (n=101) diagnosed with OCD were randomized to either 10 weeks of ICBT or to an attention control condition, consisting of online supportive therapy. The primary outcome measure was the Yale–Brown Obsessive Compulsive Scale (YBOCS) administered by blinded assessors. Results Both treatments lead to significant improvements in OCD symptoms, but ICBT resulted in larger improvements than the control condition on the YBOCS, with a significant between-group effect size (Cohen's d) of 1.12 (95% CI 0.69–1.53) at post-treatment. The proportion of participants showing clinically significant improvement was 60% (95% CI 46–72) in the ICBT group compared to 6% (95% CI 1–17) in the control condition. The results were sustained at follow-up. Conclusions ICBT is an efficacious treatment for OCD that could substantially increase access to CBT for OCD patients. Replication studies are warranted.

Arch, J. J., G. H. Eifert, et al. (2012). ***"Randomized clinical trial of cognitive behavioral therapy (CBT) versus acceptance and commitment therapy (ACT) for mixed anxiety disorders."*** J Consult Clin Psychol 80(5): 750-765. http://www.ncbi.nlm.nih.gov/pubmed/22563639

OBJECTIVE: Randomized comparisons of acceptance-based treatments with traditional cognitive behavioral therapy (CBT) for anxiety disorders are lacking. To address this gap, we compared acceptance and commitment therapy (ACT) to CBT for heterogeneous anxiety disorders. METHOD: One hundred twenty-eight individuals (52% female, mean age = 38, 33% minority) with 1 or more DSM-IV anxiety disorders began treatment following randomization to CBT or ACT; both treatments included behavioral exposure. Assessments at pre-treatment, post-treatment, and 6- and 12-month follow-up measured anxiety-specific (principal disorder Clinical Severity Ratings [CSRs], Anxiety Sensitivity Index, Penn State Worry Questionnaire, Fear Questionnaire avoidance) and non-anxiety-specific (Quality of Life Index [QOLI], Acceptance and Action Questionnaire-16 [AAQ]) outcomes. Treatment adherence, therapist competency ratings, treatment credibility, and co-occurring mood and anxiety disorders were investigated. RESULTS: CBT and ACT improved similarly across all outcomes from pre- to post-treatment. During follow-up, ACT showed steeper linear CSR improvements than CBT ($p < .05$, $d = 1.26$), and at 12-month follow-up, ACT showed lower CSRs than CBT among completers ($p < .05$, $d = 1.10$). At 12-month follow-up, ACT reported higher AAQ than CBT ($p = .08$, $d = 0.42$; completers: $p < .05$, $d = 0.56$), whereas CBT reported higher QOLI than ACT ($p < .05$, $d = 0.42$). Attrition and comorbidity improvements were similar; ACT used more non-study psychotherapy at 6-month follow-up. Therapist adherence and competency were good; treatment credibility was higher in CBT. CONCLUSIONS: Overall improvement was similar between ACT and CBT, indicating that ACT is a highly viable treatment for anxiety disorders.

Baird, B., J. Smallwood, et al. (2012). ***"Inspired by distraction: Mind wandering facilitates creative incubation."*** Psychological Science 23(10): 1117-1122. http://pss.sagepub.com/content/23/10/1117.abstract

Although anecdotes that creative thoughts often arise when one is engaged in an unrelated train of thought date back thousands of years, empirical research has not yet investigated this potentially critical source of inspiration. We used an incubation paradigm to assess whether performance on validated creativity problems (the Unusual Uses Task, or UUT) can be facilitated by engaging in either a demanding task or an undemanding task that maximizes mind wandering. Compared with engaging in a demanding task, rest, or no break, engaging in an undemanding task during an incubation period led to substantial improvements in performance on previously encountered problems. Critically, the context that improved performance after the incubation period was associated with higher levels of mind wandering but not with a greater number of explicitly directed thoughts about the UUT. These data suggest that engaging in simple external tasks that allow the mind to wander may facilitate creative problem solving.

Balooch, S. B., D. L. Neumann, et al. (2012). ***"Extinction treatment in multiple contexts attenuates ABC renewal in humans."*** Behaviour Research and Therapy 50(10): 604-609. http://www.sciencedirect.com/science/article/pii/S0005796712001039

Renewal has been implicated as one of the underlying mechanisms in return of fear following exposure therapy. ABC renewal is clinically more relevant than ABA renewal and yet it is a weaker form of renewal, suggesting that conducting extinction treatment in multiple contexts may be sufficient to attenuate ABC renewal. Using self-reported expectancy of shock and startle blink responses the current study examined the effects of conducting extinction treatment in multiple contexts on ABC fear renewal. Participants (N = 68) received conditional stimulus (CS) and unconditional stimulus (US) pairings in one context (A) followed by extinction treatment (CS presentations alone) in either one other context (B) or three other contexts (BCD). Non-reinforced test trials in a novel context (E) resulted in renewal of extinguished conditioned behaviour for those who received extinction in only one context. However, renewal was attenuated for those who received extinction treatment in three contexts. No renewal was found for the control group that received the test trial in the same context as during extinction. Suggestions are provided for clinicians seeking to prevent or attenuate return of fear following exposure therapy.

Berman, M. G., E. Kross, et al. (2012). ***"Interacting with nature improves cognition and affect for individuals with depression."*** J Affect Disord 140(3): 300-305. http://www.ncbi.nlm.nih.gov/pubmed/22464936

BACKGROUND: This study aimed to explore whether walking in nature may be beneficial for individuals with major depressive disorder (MDD). Healthy adults demonstrate significant cognitive gains after nature walks, but it was unclear whether those same benefits would be achieved in a depressed sample as walking alone in nature might induce rumination, thereby worsening memory and mood. METHODS: Twenty individuals diagnosed with MDD participated in this study. At baseline, mood

and short term memory span were assessed using the PANAS and the backwards digit span (BDS) task, respectively. Participants were then asked to think about an unresolved negative autobiographical event to prime rumination, prior to taking a 50-min walk in either a natural or urban setting. After the walk, mood and short-term memory span were reassessed. The following week, participants returned to the lab and repeated the entire procedure, but walked in the location not visited in the first session (i.e., a counterbalanced within-subjects design). RESULTS: Participants exhibited significant increases in memory span after the nature walk relative to the urban walk, p<.001, eta(p)(2)=.53 (a large effect-size). Participants also showed increases in mood, but the mood effects did not correlate with the memory effects, suggesting separable mechanisms and replicating previous work. LIMITATIONS: Sample size and participants' motivation. CONCLUSIONS: These findings extend earlier work demonstrating the cognitive and affective benefits of interacting with nature to individuals with MDD. Therefore, interacting with nature may be useful clinically as a supplement to existing treatments for MDD.

Bernstein, D. P. (2012). ***"Big boys don't cry!" or do they? Can forensic patients change?*** Inaugural lecture as 'Professor of Forensic Psychotherapy'. Faculty of Psychology and Neuroscience, Maastricht University, Maastricht, The Netherlands**:** 1-20.

Crying psychopaths? What a crazy idea! Think about your "favorite" psychopath: Jeffrey Dahmer, or Hannibal Lecter, for example. Everyone knows that psychopaths have no feelings. Psychopaths have no conscience. They lack empathy for other people. They callously use and manipulate them. Crying psychopaths? Forget about it! Yet, our images of psychopaths, which are formed from the heinous crimes that they commit, and from the media, where they are sensationalized, may cause us to miss some important observations. In fact, sometimes, psychopaths do cry. Let me give you some examples: A former enforcer in a criminal network contracted AIDS. When speaking of the people he'd hurt or killed, he suddenly broke into tears, and expressed remorse. A psychopathic patient told his therapist not to bother looking for emotions, because he was a psychopath. However, when he was suddenly hospitalized, and his girlfriend came to visit, he began to cry. A psychopathic patient hit a staff member and was placed in separation. When his therapist visited him and expressed sympathy, he cried. And I could give you many other, similar examples, especially of patients who are in our Schema Therapy research project, which I'll describe momentarily. *(Free full text available from http://tinyurl.com/cdd7b9s).*

Bontempo, A., K. E. Panza, et al. (2012). ***"D-cycloserine augmentation of behavioral therapy for the treatment of anxiety disorders: A meta-analysis."*** J Clin Psychiatry 73(4): 533-537. http://www.ncbi.nlm.nih.gov/pubmed/22579153

OBJECTIVE: To determine the efficacy of D-cycloserine augmentation of behavioral therapy for the treatment of anxiety disorders. DATA SOURCES AND STUDY SELECTION: Using the search terms D-cycloserine AND anxiety disorders (MeSH), PubMed (1965-June 2011), PsycINFO, and Scopus were searched for randomized, double-blind, placebo-controlled trials of D-cycloserine augmentation of behavioral therapy for the treatment of anxiety disorders. Anxiety disorders were defined as any disorder categorized as such in DSM-IV-TR. DATA EXTRACTION: A random-effects model was used to calculate the standardized mean difference of change in anxiety rating scale scores with D-cycloserine augmentation compared to placebo, which was the primary outcome measure. Subgroup analysis and meta-regression were used to examine the effects of D-cycloserine dosage and timing (relative to exposure therapy), diagnostic indication, number of therapy sessions, and trial methodological quality on D-cycloserine efficacy. RESULTS: Meta-analysis of 9 trials involving 273 subjects demonstrated a significant benefit from D-cycloserine augmentation (standardized mean difference = 0.46 [95% CI, 0.15 to 0.77], z = 2.89, P = .004). There was no evidence of publication bias, but a moderate, nonsignificant degree of heterogeneity between trials (I2 = 36%, Q = 12.6, df = 8, P = .12) was found. Secondary analyses yielded no significant findings. CONCLUSIONS: D-Cycloserine appears to be an effective augmentation agent that enhances the effects of behavioral therapy in the treatment of anxiety disorders. In contrast to a previous meta-analysis that examined D-cycloserine's effects in both animals and humans, we found no evidence of an effect of dose number, dose timing, or dosage of D-cycloserine on reported efficacy in the ranges studied.

Clauss, J. A. and J. U. Blackford (2012). ***"Behavioral inhibition and risk for developing social anxiety disorder: A meta-analytic study."*** J Am Acad Child Adolesc Psychiatry 51(10): 1066-1075 e1061. http://www.ncbi.nlm.nih.gov/pubmed/23021481

OBJECTIVE: Behavioral inhibition (BI) has been associated with increased risk for developing social anxiety disorder (SAD); however, the degree of risk associated with BI has yet to be systematically examined and quantified. The goal of the present study was to quantify the association between childhood BI and risk for developing SAD. METHOD: A comprehensive literature search was conducted to identify studies that assessed both BI and SAD. Meta-analyses were performed to estimate the odds ratio (OR) of the association between BI and SAD in children. RESULTS: Seven studies met inclusion criteria. BI was associated with a greater than sevenfold increase in risk for developing SAD (odds ratio = 7.59, p < .00002). This association remained significant even after considering study differences in temperament assessment, control group, parental risk, age at temperament assessment, and age at anxiety diagnosis. CONCLUSIONS: Identifying early developmental risk factors is critical for preventing psychiatric illness. Given that 15% of all children show extreme BI, and that almost half of these inhibited children will eventually develop SAD, we propose that BI is one of the largest single risk factors for developing SAD.

Cloitre, M., E. Petkova, et al. (2012). ***"An examination of the influence of a sequential treatment on the course and impact of dissociation among women with PTSD related to childhood abuse."*** Depress Anxiety 29(8): 709-717. http://www.ncbi.nlm.nih.gov/pubmed/22550033

BACKGROUND: It has been proposed that posttraumatic stress disorder (PTSD) patients who experience significant dissociation upon exposure to traumatic reminders may do less well in trauma-focused therapies. We explored whether a sequenced two-component treatment in which an emotion regulation skills training module preceding exposure would improve outcomes for those with significant dissociation. METHODS: Analyses were conducted on data from an RCT in which 104 women with PTSD related to childhood abuse were assigned to one of three treatment conditions: Skills Training in Affective and Interpersonal Regulation (STAIR) followed by Narrative Story Telling (NST; STAIR/NST), STAIR followed by supportive counseling (SC; STAIR/SC), or SC followed by NST (SC/NST). RESULTS: Baseline dissociation was associated with differential outcome such that at low levels of dissociation the three treatments were equally effective but at higher levels STAIR/NST resulted in greater reductions in dissociative symptoms. Level of baseline dissociation did not moderate the effect of the treatments on PTSD outcome. At all levels of baseline dissociation, STAIR/NST produced better PTSD outcome. At posttreatment, however, participants with high dissociation treated with STAIR/NST continued to improve during follow-up, those treated with STAIR/SC maintained gains, and those treated with SC/NST experienced loss of posttreatment PTSD symptom gains. CONCLUSIONS: The differential results observed among the treatments depending on severity of dissociation at baseline and at posttreatment suggest the potential clinical utility of identifying a dissociative subtype of PTSD and of the benefits of sequenced, phase-oriented treatment approaches.

Cuijpers, P., E. Driessen, et al. (2012). ***"The efficacy of non-directive supportive therapy for adult depression: A meta-analysis."*** Clin Psychol Rev 32(4): 280-291. http://www.ncbi.nlm.nih.gov/pubmed/22466509

The effects of non-directive supportive therapy (NDST) for adult depression have been examined in a considerable number of studies, but no meta-analysis of these studies has been conducted. We selected 31 studies on NDST from a comprehensive database of trials, examining psychotherapies for adult depression, and conducted meta-analyses in which NDST was compared with control groups, other psychotherapies and pharmacotherapy. We found that NDST is effective in the treatment of depression in adults (g=0.58; 95% CI: 0.45-0.72). NDST was less effective than other psychological treatments (differential effect size g=-0.20; 95% CI: -0.32 to -0.08, p<0.01), but these differences were no longer present after controlling for researcher allegiance. We estimated that extra-therapeutic factors (those processes operating in waiting-list and care-as-usual controls) were responsible for 33.3% of the overall improvement, non-specific factors (the effects of NDST compared with control groups) for 49.6%, and specific factors (the effects of NDST compared with other therapies) for 17.1%. NDST has a considerable effect on symptoms of depression. Most of the effect of therapy for adult depression is realized by non-specific factors, and our results suggest that the contribution of specific effects is limited at best.

Geschwind, N., F. Peeters, et al. (2012). ***"Efficacy of mindfulness-based cognitive therapy in relation to prior history of depression: Randomised controlled trial."*** The British Journal of Psychiatry 201(4): 320-325. http://bjp.rcpsych.org/content/201/4/320.abstract

Background There appears to be consensus that patients with only one or two prior depressive episodes do not benefit from treatment with mindfulness-based cognitive therapy (MBCT).AimsTo investigate whether the effect of MBCT on residual depressive symptoms is contingent on the number of previous depressive episodes (trial number NTR1084). Method Currently non-depressed adults with residual depressive symptoms and a history of depression (⩽2 prior episodes: n = 71; ⩾3 episodes: n = 59) were randomised to MBCT (n = 64) or a waiting list (control: n = 66) in an open-label, randomised controlled trial. The main outcome measured was the reduction in residual depressive symptoms (Hamilton Rating Scale for Depression, HRSD-17).ResultsMindfulness-based cognitive therapy was superior to the control condition across subgroups (β = −0.56, P<0.001). The interaction between treatment and subgroup was not significant (β = 0.45, P = 0.16). Conclusions Mindfulness-based cognitive therapy reduces residual depressive symptoms irrespective of the number of previous episodes of major depression.

Guan, K., K. R. Fox, et al. (2012). ***"Nonsuicidal self-injury as a time-invariant predictor of adolescent suicide ideation and attempts in a diverse community sample."*** J Consult Clin Psychol 80(5): 842-849. http://www.ncbi.nlm.nih.gov/pubmed/22845782

OBJECTIVE: Longitudinal data on adolescent self-injury are rare. Little is known regarding the associations between various forms of self-injurious thoughts and behaviors over time, particularly within community samples that are most relevant for prevention efforts. This study examined nonsuicidal self-injury (NSSI) as a time-invariant, prospective predictor of adolescent suicide ideation, threats or gestures, and attempts over a 2.5-year interval. METHOD: A diverse (55% female; 51% non-White) adolescent community sample (n = 399) reported depressive symptoms, frequency of NSSI, suicide ideation, threats or gestures, and attempts in 9th grade (i.e., baseline) and at 4 subsequent time points. Generalized estimating equations and logistic regressions were conducted to reveal the associations between baseline NSSI and the likelihood of each suicidal self-injury outcome postbaseline while controlling for depressive symptoms and related indices of suicidal self-injury as competing predictors. RESULTS: Baseline NSSI was significantly, prospectively associated with elevated levels of suicide ideation and suicide attempts, but not threats or gestures. Neither gender nor ethnicity moderated results. CONCLUSIONS: Above and beyond established risk factors such as depressive symptoms and previous suicidality, adolescent NSSI may be an especially important factor to assess when determining risk for later suicidality.

Hertenstein, E., N. Rose, et al. (2012). ***"Mindfulness-based cognitive therapy in obsessive-compulsive disorder - a qualitative study on patients' experiences."*** BMC Psychiatry 12(1): 185. http://www.biomedcentral.com/1471-244X/12/185

(Free full text available): BACKGROUND: Cognitive behavioral therapy (CBT) with exposure and response prevention (ERP) is the first-line treatment for patients with obsessive-compulsive disorder (OCD). However, not all of them achieve remission on a longterm basis. Mindfulness-based cognitive therapy (MBCT) represents a new 8-week group therapy program whose effectiveness has been demonstrated in various mental disorders, but has not yet been applied to patients with OCD.The present pilot study aimed to qualitatively assess the subjective experiences of patients with OCD who participated in MBCT. METHOD: Semi-structured interviews were conducted with 12 patients suffering from OCD directly after 8 sessions of a weekly MBCT group program. Data were analyzed using a qualitative content analysis. RESULTS: Participants valued the treatment as helpful in dealing with their OCD and OCD-related problems. Two thirds of the patients reported a decline in OCD symptoms. Benefits included an increased ability to let unpleasant emotions surface and to live more consciously in the present. However, participants also discussed several problems. CONCLUSION: The data provide preliminary evidence that patients with OCD find aspects of the current MBCT protocol acceptable and beneficial. The authors suggest to further explore MBCT as a complementary treatment strategy for OCD.

Hofmann, S. G., A. Asnaani, et al. (2012). ***"The efficacy of cognitive behavioral therapy: A review of meta-analyses."*** Cognitive Therapy and Research 36(5): 427-440. http://dx.doi.org/10.1007/s10608-012-9476-1

Cognitive behavioral therapy (CBT) refers to a popular therapeutic approach that has been applied to a variety of problems. The goal of this review was to provide a comprehensive survey of meta-analyses examining the efficacy of CBT. We identified 269 meta-analytic studies and reviewed of those a representative sample of 106 meta-analyses examining CBT for the following problems: substance use disorder, schizophrenia and other psychotic disorders, depression and dysthymia, bipolar disorder, anxiety disorders, somatoform disorders, eating disorders, insomnia, personality disorders, anger and aggression, criminal behaviors, general stress, distress due to general medical conditions, chronic pain and fatigue, distress related to pregnancy complications and female hormonal conditions. Additional meta-analytic reviews examined the efficacy of CBT for various problems in children and elderly adults. The strongest support exists for CBT of anxiety disorders, somatoform disorders, bulimia, anger control problems, and general stress. Eleven studies compared response rates between CBT and other treatments or control conditions. CBT showed higher response rates than the comparison conditions in seven of these reviews and only one review reported that CBT had lower response rates than comparison treatments. In general, the evidence-base of CBT is very strong. However, additional research is needed to examine the efficacy of CBT for randomized-controlled studies. Moreover, except for children and elderly populations, no meta-analytic studies of CBT have been reported on specific subgroups, such as ethnic minorities and low income samples.

Ilic, M., J. Reinecke, et al. (2012). ***"Protecting self-esteem from stigma: A test of different strategies for coping with the stigma of mental illness."*** Int J Soc Psychiatry 58(3): 246-257. http://www.ncbi.nlm.nih.gov/pubmed/21421640

BACKGROUND: To date, there has been little research into effective strategies for preventing the detrimental effects of stigma on the well-being of people with mental illness. AIM: The present research set out to identify adaptive strategies for dealing with the stigma of mental illness. METHODS: On the basis of the responses of 355 people with mental illness (PWMI) a standardized questionnaire assessing 10 identity management strategies was developed. Participants also reported their

personal experiences with stigma, depression and self-esteem. RESULTS: Hierarchical regression analyses showed that after controlling for depression and stigmatizing experiences, the strategies of community involvement, humour and positive ingroup stereotyping were related to higher self-esteem. Secrecy, selective disclosure and attempts at overcompensation or disproving stereotypes were related to lower self-esteem. The following strategies were unrelated to self-esteem: comparing the present social position of PWMI with that in the past, normalization of the illness within a medical model, information seeking and selective withdrawal. CONCLUSIONS: PWMI should be encouraged to seek support within their community and to develop a positive image of their ingroup.

Kallestad, H., B. Hansen, et al. (2012). ***"Impact of sleep disturbance on patients in treatment for mental disorders."*** BMC Psychiatry 12(1): 179. http://www.biomedcentral.com/1471-244X/12/179

(Free full text available): BACKGROUND: In clinical practice, sleep disturbance is often regarded as an epiphenomenon of the primary mental disorder. The aim of this study was to test if sleep disturbance, independently of primary mental disorders, is associated with current clinical state and benefit from treatment in a sample representative of public mental health care clinics. METHOD: 2246 patients receiving treatment for mental disorders in eight public mental health care centers in Norway were evaluated in a cross-sectional study using patient and clinician reported measures. Patients reported quality of life, symptom severity, and benefit from treatment. Clinicians reported disorder severity, level of functioning, symptom severity and benefit from treatment. The hypothesis was tested using multiple hierarchical regression analyses. RESULTS: Sleep disturbance was, adjusted for age, gender, time in treatment, type of care, and the presence of any primary mental disorder, associated with lower quality of life, higher symptom severity, higher disorder severity, lower levels of functioning, and less benefit from treatment. CONCLUSION: Sleep disturbance ought to be considered a stand-alone therapeutic entity rather than an epiphenomenon of existing diagnoses for patients receiving treatment in mental health care.

Karlin, B. E., G. K. Brown, et al. (2012). ***"National dissemination of cognitive behavioral therapy for depression in the department of veterans affairs health care system: Therapist and patient-level outcomes."*** J Consult Clin Psychol 80(5): 707-718. http://www.ncbi.nlm.nih.gov/pubmed/22823859

OBJECTIVE: The Department of Veterans Affairs (VA) health care system is nationally disseminating and implementing cognitive behavioral therapy for depression (CBT-D). The current article evaluates therapist and patient-level outcomes associated with national training in and implementation of CBT-D in the VA health care system. METHOD: Therapist competencies were assessed with the Cognitive Therapy Rating Scale (CTRS). Patient outcomes were assessed with the Beck Depression Inventory-II and the World Health Organization Quality of Life-BREF. Therapeutic alliance was assessed with the Working Alliance Inventory-Short Revised. Two-hundred twenty-one therapists have received training, and 356 veteran patients have received treatment through the VA CBT-D Training Program. RESULTS: Of therapists who have participated in the program, 182 (82%) completed all training requirements and achieved competency, reflected by a score of 40 on the CTRS. Of 356 patients, nearly 70% completed 10 or more sessions or improved sufficiently to stop therapy before the 10th session. Mean depression scores decreased by approximately 40% from initial to later treatment phase. Effect sizes of changes ranged from d = 0.39 to d = 0.74 for quality of life and from d = 0.47 to d = 0.66 for therapeutic alliance measures. CONCLUSION: National training in and implementation of CBT-D within the VA health care system is associated with significant, positive therapist training outcomes, as evidenced by increases in CBT core competencies. The implementation of the protocol by newly trained CBT-D therapists is associated with significantly improved patient outcomes, as evidenced by large decreases in depression and improvements in quality of life.

Kross, E., D. Gard, et al. (2012). ***""Asking why" from a distance: Its cognitive and emotional consequences for people with major depressive disorder."*** J Abnorm Psychol 121(3): 559-569. http://www.ncbi.nlm.nih.gov/pubmed/22708885

Although analyzing negative experiences leads to physical and mental health benefits among healthy populations, when people with depression engage in this process on their own they often ruminate and feel worse. Here we examine whether it is possible for adults with depression to analyze their feelings adaptively if they adopt a self-distanced perspective. We examined this issue by randomly assigning depressed and nondepressed adults to analyze their feelings surrounding a depressing life experience from either a self-distanced or a self-immersed perspective and then examined the implications of these manipulations for depressotypic thought accessibility, negative affect, implicit and explicit avoidance, and thought content. Four key results emerged. First, all participants were capable of self-distancing while analyzing their feelings. Second, participants who analyzed their feelings from a self-distanced perspective showed lower levels of depressotypic thought accessibility and negative affect compared to their self-immersed counterparts. Third, analyzing negative feelings from a self-distanced perspective led to an adaptive shift in the way people construed their experience--they recounted the emotionally arousing details of their experience less and reconstrued them in ways that promoted insight and closure. It did not promote avoidance. Finally, self-distancing did not influence negative affect or depressotypic thought accessibility among nondepressed participants. These findings suggest that whether depressed adults' attempts to analyze negative feelings lead to adaptive or maladaptive consequences may depend critically on whether they do so from a self-immersed or a self-distanced perspective.

Livingstone, K. M. and S. Srivastava (2012). ***"Up-regulating positive emotions in everyday life: Strategies, individual differences, and associations with positive emotion and well-being."*** Journal of Research in Personality 46(5): 504-516. http://www.sciencedirect.com/science/article/pii/S0092656612000864

This research aimed to identify strategies people use to up-regulate positive emotions, and examine associations with personality, emotion regulation, and trait and state positive experience. In Study 1, participants reported use of 75 regulation strategies and trait emotional experience. Principal component analysis revealed three strategy domains: engagement (socializing, savoring), betterment (goal pursuit, personal growth), and indulgence (substance use, fantasy). In Study 2, participants reported state-level regulation and emotional experience. Engagement correlated with greater state and trait positive emotion, and overall greater well-being. Betterment correlated with less state, but greater trait, positive emotion. Indulgence correlated with greater state, but less trait positive emotion and overall lower well-being. This research suggests trade-offs between short-term and long-term emotional consequences of different strategies.

Mauss, I. B., N. S. Savino, et al. (2012). ***"The pursuit of happiness can be lonely."*** Emotion 12(5): 908-912. http://www.ncbi.nlm.nih.gov/pubmed/21910542

Few things seem more natural and functional than wanting to be happy. We suggest that, counter to this intuition, valuing happiness may have some surprising negative consequences. Specifically, because striving for personal gains can damage connections with others and because happiness is usually defined in terms of personal positive feelings (a personal gain) in western contexts, striving for happiness might damage people's connections with others and make them lonely. In 2 studies, we provide support for this hypothesis. Study 1 suggests that the more people value happiness, the lonelier they feel on a daily basis (assessed over 2 weeks with diaries). Study 2 provides an experimental manipulation of valuing happiness and demonstrates that inducing people to value happiness leads to relatively greater loneliness, as measured by self-reports and a

hormonal index (progesterone). In each study, key potential confounds, such as positive and negative affect, were ruled out. These findings suggest that wanting to be happy can make people lonely.

McManus, F., C. Surawy, et al. (2012). ***"A randomized clinical trial of mindfulness-based cognitive therapy versus unrestricted services for health anxiety (hypochondriasis)."*** J Consult Clin Psychol 80(5): 817-828. http://www.ncbi.nlm.nih.gov/pubmed/22708977

OBJECTIVE: The efficacy and acceptability of existing psychological interventions for health anxiety (hypochondriasis) are limited. In the current study, the authors aimed to assess the impact of mindfulness-based cognitive therapy (MBCT) on health anxiety by comparing the impact of MBCT in addition to usual services (unrestricted services) with unrestricted services (US) alone. METHOD: The 74 participants were randomized to either MBCT in addition to US (n = 36) or US alone (n = 38). Participants were assessed prior to intervention (MBCT or US), immediately following the intervention, and 1 year postintervention. In addition to independent assessments of diagnostic status, standardized self-report measures and assessor ratings of severity and distress associated with the diagnosis of hypochondriasis were used. RESULTS: In the intention-to-treat (ITT) analysis (N = 74), MBCT participants had significantly lower health anxiety than US participants, both immediately following the intervention (Cohen's d = 0.48) and at 1-year follow-up (d = 0.48). The per-protocol (PP) analysis (n = 68) between groups effect size was d = 0.49 at postintervention and d = 0.62 at 1-year follow-up. Mediational analysis showed that change in mindfulness mediated the group changes in health anxiety symptoms. Significantly fewer participants allocated to MBCT than to US met criteria for the diagnosis of hypochondriasis, both immediately following the intervention period (ITT 50.0% vs. 78.9%; PP 47.1% vs. 78.4%) and at 1-year follow-up (ITT 36.1% vs. 76.3%; PP 28.1% vs. 75.0%). CONCLUSIONS: MBCT may be a useful addition to usual services for patients with health anxiety.

Molden, D. C., C. M. Hui, et al. (2012). ***"Motivational versus metabolic effects of carbohydrates on self-control."*** Psychological Science 23(10): 1137-1144. http://pss.sagepub.com/content/23/10/1137.abstract

Self-control is critical for achievement and well-being. However, people's capacity for self-control is limited and becomes depleted through use. One prominent explanation for this depletion posits that self-control consumes energy through carbohydrate metabolization, which further suggests that ingesting carbohydrates improves self-control. Some evidence has supported this energy model, but because of its broad implications for efforts to improve self-control, we reevaluated the role of carbohydrates in self-control processes. In four experiments, we found that (a) exerting self-control did not increase carbohydrate metabolization, as assessed with highly precise measurements of blood glucose levels under carefully standardized conditions; (b) rinsing one's mouth with, but not ingesting, carbohydrate solutions immediately bolstered self-control; and (c) carbohydrate rinsing did not increase blood glucose. These findings challenge metabolic explanations for the role of carbohydrates in self-control depletion; we therefore propose an alternative motivational model for these and other previously observed effects of carbohydrates on self-control.

Ng, W. (2012). ***"Neuroticism and well-being? Let's work on the positive rather than negative aspects."*** The Journal of Positive Psychology 7(5): 416-426. http://dx.doi.org/10.1080/17439760.2012.709270

The present studies show that certain cognitive strategies (e.g. savoring, practicing gratitude) enable individuals high in neuroticism to maintain or recover their positive emotions. In Study 1, participants (regardless of neuroticism differences) felt positive about a pleasant event if they savored it; however, dampening the event caused individuals high but not low in neuroticism to feel less positive. Study 2 showed that being grateful for things in their lives helped participants maintain their affect balance after a positive mood induction, or regain their affect balance after a negative mood induction. This research is thus the first step toward illuminating how people (including individuals high in neuroticism) could improve their momentary affect via the alternative route of maintaining or increasing positive emotions, rather than the traditional solution of reducing negative emotions.

North, C. S., J. Oliver, et al. (2012). ***"Examining a comprehensive model of disaster-related posttraumatic stress disorder in systematically studied survivors of 10 disasters."*** American Journal of Public Health 102(10): e40-e48. http://dx.doi.org/10.2105/AJPH.2012.300689

Objectives. Using a comprehensive disaster model, we examined predictors of posttraumatic stress disorder (PTSD) in combined data from 10 different disasters. Methods. The combined sample included data from 811 directly exposed survivors of 10 disasters between 1987 and 1995. We used consistent methods across all 10 disaster samples, including full diagnostic assessment. Results. In multivariate analyses, predictors of PTSD were female gender, younger age, Hispanic ethnicity, less education, ever-married status, predisaster psychopathology, disaster injury, and witnessing injury or death; exposure through death or injury to friends or family members and witnessing the disaster aftermath did not confer additional PTSD risk. Intentionally caused disasters associated with PTSD in bivariate analysis did not independently predict PTSD in multivariate analysis. Avoidance and numbing symptoms represented a PTSD marker. Conclusions. Despite confirming some previous research findings, we found no associations between PTSD and disaster typology. Prospective research is needed to determine whether early avoidance and numbing symptoms identify individuals likely to develop PTSD later. Our findings may help identify at-risk populations for treatment research. *(Comment in Psychiatric News - http://psychnews.psychiatryonline.org/newsArticle.aspx?articleid=1384225 - read "After adjusting for demographic or event-related factors, the researchers found that predictors of PTSD included female gender, younger age, Hispanic ethnicity, less education, ever-married status, predisaster psychopathology, injury, and witnessing death or injury. This pattern generally confirmed much prior research. Data on PTSD symptoms, however, were not so conventional. Overall, many people in the sample met criteria for Group B reexperiencing/intrusion symptoms (71 percent) or for Group D hyperarousal symptoms (68 percent). But only 24 percent met criteria for Group C avoidance and numbing symptoms, said the researchers. However, 84 percent of the third group also met criteria for full PTSD, opening up its potential as a quick, one-shot indicator of future psychiatric problems. "Group C emerged as a marker for PTSD," they said. "If Group C can predict PTSD in the first days after a disaster, then people with high risk for developing PTSD could potentially be identified well before the full month that is required before a diagnosis can be considered.")*

Oldham, M., S. Kellett, et al. (2012). ***"Interventions to increase attendance at psychotherapy: A meta-analysis of randomized controlled trials."*** J Consult Clin Psychol 80(5): 928-939. http://www.ncbi.nlm.nih.gov/pubmed/22889335

OBJECTIVE: Rates of nonattendance for psychotherapy hinder the effective delivery of evidence-based treatments. Although many strategies have been developed to increase attendance, the effectiveness of these strategies has not been quantified. Our aim in the present study was to undertake a meta-analysis of rigorously controlled studies to quantify the effects of interventions to promote psychotherapy attendance. METHOD: The inclusion criteria were that studies (a) concerned attendance at individual or group psychotherapy by adults, (b) used a randomized controlled trial design to test an attendance strategy, and (c) used an objective measure of attendance. Computerized literature searches and hand searching resulted in a total of 31 randomized controlled trials that involved 33 independent tests of strategies for reducing treatment refusal and

premature termination (N = 4,422). Effect sizes from individual studies were meta-analyzed, and moderator analyses were conducted. RESULTS: Interventions had a small-to-medium effect on attendance across studies (d+= .38). Interventions to reduce treatment refusal and premature termination were similarly effective (d+= .37 and .39, respectively). Choice of appointment time or therapist, motivational interventions, preparation for psychotherapy, informational interventions, attendance reminders, and case management were the most effective strategies. Diagnosis also moderated effect sizes; samples with a single diagnosis benefited more from attendance interventions compared to samples with a variety of diagnoses. CONCLUSIONS: Interventions to increase attendance at adult psychotherapy are moderately effective. However, relatively few studies met the strict study inclusion criteria. Further methodologically sound and theoretically informed interventions geared at increasing attendance are required.

Peeters, F., M. Huibers, et al. (2012). ***"The clinical effectiveness of evidence-based interventions for depression: A pragmatic trial in routine practice."*** J Affect Disord. http://www.ncbi.nlm.nih.gov/pubmed/22985486

BACKGROUND: Controversy persists about how effectively empirically-supported treatments for major depression work in actual clinical practice as well as how patients choose among them. We examined the acute phase effectiveness of cognitive therapy (CT), interpersonal psychotherapy (IPT), and combined psychotherapy-pharmacotherapy (PHT) in a naturalistic setting, allowing patients their choice of treatment. METHODS: The study compared CT (n=63), IPT (n=56), CT-PHT (n=34), and IPT-PHT (n=21) for 174 subjects with major depression in a secondary care mood disorders clinic. Patient preference, rather than randomization, determined treatment selection. The Beck Depression Inventory-II (BDI) was the primary outcome variable. Exclusion criteria were minimal. RESULTS: All treatments were associated with a reduction in depressive symptoms, with a 35% remission rate by week 26. Overall improvement was well within ranges reported in efficacy trials. On average, treatment effects of the different interventions straddled the same range, but moderation analyses revealed that BDI scores dropped faster in the first 16 weeks in patients who received CT alone than patients who received CT and pharmacotherapy, a pattern not found in patients who received IPT (with or without pharmacotherapy). LIMITATIONS: Limitations consist of a modest sample size, choice of treatment was made by participants which may have been influenced by many sources, and the absence of a non-active control group. CONCLUSIONS: This study supports the effectiveness of empirically-supported antidepressant treatments selected by patients in routine settings, and provides an indication that speed of therapeutic response may vary amongst treatments.

Philips, C. and D. Samson (2012). ***"The rescripting of pain images."*** Behavioural and Cognitive Psychotherapy 40(05): 558-576. http://dx.doi.org/10.1017/S1352465812000549

Background: The majority of pain sufferers experience images when in pain. The most distressing of these images (the Index image) provokes intense emotional reactions, appraisal shifts, and increases in pain. The ability of pain sufferers to rescript their Index images, and the consequences of doing so, remain to be determined. Aims: To assess the effects upon emotions, appraisals and pain experience of rescripting Index images in pain sufferers. Method: The Index images of a group of 55 pain sufferers were assessed using a voluntary image induction procedure (VIE) to obtain basal levels of pain, appraisal and emotion. Participants were than randomly allocated to one of two groups: Rescripted Image repetition or Index Image repetition. The two groups were compared on their responses to their Index and Rescripted images respectively. Results: The participants found it easy to rescript their distressing Index images. During rescripting, they reported dramatic reductions in emotion, negative appraisals, and pain. The clinically and statistically significant decrements in pain were found independent of reductions in emotion. The pain levels during rescripting were significantly below their basal levels, with 49% reporting no pain at all while viewing a rescripted image. These changes were not a function of image repetition. Conclusion: Index images of pain sufferers can be easily elicited and rescripted. Rescripting leads to remarkable reductions in emotion, cognitions and pain levels that are not attributable to image repetition. The significant reductions in pain were independent of reductions in emotion. The implications of these results for CBT approaches to pain management are considered.

Sheeber, L. B., J. R. Seeley, et al. (2012). ***"Development and pilot evaluation of an internet-facilitated cognitive-behavioral intervention for maternal depression."*** J Consult Clin Psychol 80(5): 739-749. http://www.ncbi.nlm.nih.gov/pubmed/22663903

OBJECTIVE: Develop and pilot an Internet-facilitated cognitive-behavioral treatment intervention for depression, tailored to economically disadvantaged mothers of young children. METHOD: Mothers (N = 70) of children enrolled in Head Start, who reported elevated levels of depressive symptoms, were randomized to either the 8-session, Internet-facilitated intervention (Mom-Net) or delayed intervention/facilitated treatment-as-usual (DI/TAU). Outcomes were measured using the Beck Depression Inventory (BDI-II; Beck, Steer, & Brown, 1996); the Patient Health Questionnaire 9 (PHQ-9; Spitzer et al., 1999), Behavioral Observations of Parent-Child Interactions using the Living in Family Environments coding system (LIFE; Hops, Davis, & Longoria, 1995); the Dyadic Parent-Child Interaction Coding Systems (DPICS; Eyberg, Nelson, Duke, & Boggs, 2005); the Parent Behavior Inventory (PBI; Lovejoy, Weis, O'Hare, & Rubin, 1999); and the Parenting Sense of Competence scale (PSOC; Gibaud-Wallston & Wandersman, 1978). RESULTS: Mom-Net demonstrated high levels of feasibility as indicated by low attrition and high program usage and satisfaction ratings. Participants in the Mom-Net condition demonstrated significantly greater reduction in depression, the primary outcome, at the level of both symptoms and estimates of criteria-based diagnoses over the course of the intervention. They also demonstrated significantly greater improvement on a questionnaire measure of parent satisfaction and efficacy as well as on both questionnaire and observational indices of harsh parenting behavior. CONCLUSIONS: Initial results suggest that the Mom-Net intervention is feasible and efficacious as a remotely delivered intervention for economically disadvantaged mothers.

Simons, A. D., C. N. Marti, et al. (2012). ***"Does homework matter in cognitive behavioral therapy for adolescent depression?"*** Journal of Cognitive Psychotherapy 26(4): 390-404. http://www.ingentaconnect.com/content/springer/jcogp/2012/00000026/00000004/art00009 http://dx.doi.org/10.1891/0889-8391.26.4.390

Objective: Examine the degree to which homework completion is associated with various indices of clinical improvement in adolescents with depression treated with cognitive behavioral therapy (CBT) either as a monotherapy and in combination with antidepressant medication. Method: This study used data from the Treatment of Adolescents with Depression Study (TADS), which compared the efficacy of CBT, fluoxetine (FLX), the combination of CBT and FLX (COMB), and a pill placebo (PBO; TADS Team, 2003, 2004, 2005). Current analyses included only TADS participants in the CBT (n = 111) or COMB (n = 107) conditions. Analyses focused on the relations between partial and full homework completion and a dichotomized measure of clinical response, evaluator and self-report ratings of depressive symptoms, hopelessness, and suicidality. Results: Homework completion significantly predicted clinical improvement, decrease in self-reported hopelessness, suicidality, and depression-but not in evaluator-rated depressive symptoms-in adolescents treated with CBT only. These relationships were almost completely absent in the COMB condition. The only significant COMB finding was that partially completed homework was related to decrease in hopelessness over time. Conclusions: These findings suggest that the ability of therapists and clients to collaboratively

develop and complete between-session assignments is associated with response to CBT, self-report of severity of depressive symptoms, hopelessness, and suicidality and may be integral to optimizing the effects of CBT when delivered as a monotherapy.

Sloan, D. M., B. P. Marx, et al. (2012). ***"Written exposure as an intervention for PTSD: A randomized clinical trial with motor vehicle accident survivors."*** Behaviour Research and Therapy 50(10): 627-635. http://www.sciencedirect.com/science/article/pii/S0005796712001088

The present study examined the efficacy of a brief, written exposure therapy (WET) for posttraumatic stress disorder (PTSD). Participants were 46 adults with a current primary diagnosis of motor vehicle accident-related PTSD. Participants were randomly assigned to either WET or a waitlist (WL) condition. Independent assessments took place at baseline and 6-, 18-, and 30-weeks post baseline (WL condition not assessed at 30 weeks). Participants assigned to WET showed significant reductions in PTSD symptom severity at 6- and 18-week post-baseline, relative to WL participants, with large between-group effect sizes. In addition, significantly fewer WET participants met diagnostic criteria for PTSD at both the 6- and 18-week post-baseline assessments, relative to WL participants. Treatment gains were maintained for the WET participants at the 30-week post baseline assessment. Notably, only 9% of participants dropped out of WET and the WET participants reported a high degree of satisfaction with the treatment. These findings suggest that a brief, written exposure treatment may efficaciously treat PTSD. Future research should examine whether WET is efficacious with other PTSD samples, as well as compare the efficacy of WET with that of evidence-based treatments for PTSD.

Spiers, N., T. S. Brugha, et al. (2012). ***"Age and birth cohort differences in depression in repeated cross-sectional surveys in england: The national psychiatric morbidity surveys, 1993 to 2007."*** Psychological Medicine 42(10): 2047-2055. http://dx.doi.org/10.1017/S003329171200013X

Background The National Psychiatric Morbidity Survey (NPMS) programme was partly designed to monitor trends in mental disorders, including depression, with comparable data spanning 1993 to 2007. Findings already published from this programme suggest that concerns about increasing prevalence of common mental disorders (CMDs) may be unfounded. This article focuses on depression and tests the hypothesis that successive birth cohorts experience the same prevalence of depression as they age. Method We carried out a pseudo-cohort analysis of a sequence of three cross-sectional surveys of the English household population using identical diagnostic instruments. The main outcome was ICD-10 depressive episode or disorder. Secondary outcomes were the depression subscales of the Clinical Interview Schedule – Revised (CIS-R). Results There were 8670, 6977 and 6815 participants in 1993, 2000 and 2007 respectively. In men, the prevalence of depression increased between cohorts born in 1943–1949 and 1950–1956 [odds ratio (OR) 2.5, 95% confidence interval (CI) 1.4–4.2], then remained relatively stable across subsequent cohorts. In women, there was limited evidence of change in prevalence of depression. Women born in 1957–1963, surveyed aged 44–50 years in 2007, had exceptionally high prevalence. It is not clear whether this represents a trend or a quirk of sampling. Conclusions There is no evidence of an increase in the prevalence of depression in male cohorts born since 1950. In women, there is limited evidence of increased prevalence. Demand for mental health services may stabilize or even fall for men.

Wolitzky-Taylor, K. B., J. J. Arch, et al. (2012). ***"Moderators and non-specific predictors of treatment outcome for anxiety disorders: A comparison of cognitive behavioral therapy to acceptance and commitment therapy."*** J Consult Clin Psychol 80(5): 786-799. http://www.ncbi.nlm.nih.gov/pubmed/22823858

OBJECTIVE: Understanding for whom, and under what conditions, treatments exert their greatest effects is essential for developing personalized medicine. Research investigating moderators of outcome among evidence-based treatments for anxiety disorders is lacking. The current study examined several theory-driven and atheoretical putative moderators of outcome in cognitive behavioral therapy (CBT) and acceptance and commitment therapy (ACT). METHOD: Eighty-seven patients with a Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000) anxiety disorder completed 12 sessions of ACT or CBT and were assessed with a self-report measure of anxiety at baseline, post-treatment, and 6- and 12-month follow-up assessments. RESULTS: CBT outperformed ACT among those at moderate levels of baseline anxiety sensitivity, and among those with no comorbid mood disorder. ACT outperformed CBT among those with comorbid mood disorders. Higher baseline neuroticism was associated with poorer outcome across treatment conditions. Neither moderation nor general prediction was observed for baseline anxiety disorder comorbidity, race/ethnicity, gender, age, or baseline severity of the principal anxiety disorder. When including all randomized participants who completed the pre-treatment assessment (N = 121), a similar pattern was observed. CONCLUSIONS: Prescriptive recommendations for clinical practice and directions for future research are discussed.