30 babcp abstracts, january '12

(Bond, Hayes et al. 2011; Chambless, Sharpless et al. 2011; Dewa, Thompson et al. 2011; Gerber, Kocsis et al. 2011; Simpson, Shaw et al. 2011; Aydin, Krueger et al. 2012; Bechdolf, Wagner et al. 2012; Bienvenu, Samuels et al. 2012; Blacker, Herbert et al. 2012; Del Giudice, Booth et al. 2012; Fabre and Smith 2012; Gray 2012; Herring, Jacob et al. 2012; Jernelov, Lekander et al. 2012; Klainin-Yobas, Cho et al. 2012; Knoop, van Kessel et al. 2012; Konings, Stefanis et al. 2012; Lancee, van den Bout et al. 2012; Langer, Cangas et al. 2012; Lewis, Pearce et al. 2012; Logel and Cohen 2012; Lundstrom, Chang et al. 2012; MacCoon, Imel et al. 2012; Mueller, Melwani et al. 2012; Siegenthaler, Munder et al. 2012; Thoma, McKay et al. 2012; Thompson-Brenner, Satir et al. 2012; Whittaker, Merry et al. 2012; Zisook, Downs et al. 2012; Zubkoff, Young-Xu et al. 2012)

Aydin, N., J. I. Krueger, et al. (2012). ""Man's best friend:" How the presence of a dog reduces mental distress after social exclusion." Journal of Experimental Social Psychology **48**(1): 446-449. http://www.sciencedirect.com/science/article/pii/S0022103111002411.

A substantial amount of research shows that social exclusion is a threat to mental health. In the research reported here, we tested the hypothesis that the presence of a companion animal can serve as a buffer against these adverse effects. In a controlled laboratory experiment, we found that only socially excluded participants who did not work in the presence of a dog reported lower mental well-being compared with socially excluded participants who performed in the presence of a dog and participants who were not socially excluded. The theoretical and practical implications of these findings are discussed.

Bechdolf, A., M. Wagner, et al. (2012). "Preventing progression to first-episode psychosis in early initial prodromal states." The British Journal of Psychiatry **200**(1): 22-29. http://bjp.rcpsych.org/content/200/1/22.abstract.

Background: Young people with self-experienced cognitive thought and perception deficits (basic symptoms) may present with an early initial prodromal state (EIPS) of psychosis in which most of the disability and neurobiological deficits of schizophrenia have not yet occurred. Aims: To investigate the effects of an integrated psychological intervention (IPI), combining individual cognitive–behavioural therapy, group skills training, cognitive remediation and multifamily psychoeducation, on the prevention of psychosis in the EIPS. Method: A randomised controlled, multicentre, parallel group trial of 12 months of IPI v. supportive counselling (trial registration number: NCT00204087). Primary outcome was progression to psychosis at 12- and 24-month follow-up. Results: A total of 128 help-seeking out-patients in an EIPS were randomised. Integrated psychological intervention was superior to supportive counselling in preventing progression to psychosis at 12-month follow-up (3.2% v. 16.9%; P = 0.008) and at 24-month follow-up (6.3% v. 20.0%; P = 0.019). Conclusions: Integrated psychological intervention appears effective in delaying the onset of psychosis over a 24-month time period in people in an EIPS.

Bienvenu, O. J., J. F. Samuels, et al. (2012). "Is obsessive–compulsive disorder an anxiety disorder, and what, if any, are spectrum conditions? A family study perspective." Psychological Medicine **42**(01): 1-13. http://dx.doi.org/10.1017/S0033291711000742.

Background: Experts have proposed removing obsessive–compulsive disorder (OCD) from the anxiety disorders section and grouping it with putatively related conditions in DSM-5. The current study uses co-morbidity and familiality data to inform these issues. Method: Case family data from the OCD Collaborative Genetics Study (382 OCD-affected probands and 974 of their first-degree relatives) were compared with control family data from the Johns Hopkins OCD Family Study (73 non-OCD-affected probands and 233 of their first-degree relatives). Results: Anxiety disorders (especially agoraphobia and generalized anxiety disorder), cluster C personality disorders (especially obsessive–compulsive and avoidant), tic disorders, somatoform disorders (hypochondriasis and body dysmorphic disorder), grooming disorders (especially trichotillomania and pathological skin picking) and mood disorders (especially unipolar depressive disorders) were more common in case than control probands; however, the prevalences of eating disorders (anorexia and bulimia nervosa), other impulse-control disorders (pathological gambling, pyromania, kleptomania) and substance dependence (alcohol or drug) did not differ between the groups. The same general pattern was evident in relatives of case versus control probands. Results in relatives did not differ markedly when adjusted for demographic variables and proband diagnosis of the same disorder, though the strength of associations was lower when adjusted for OCD in relatives. Nevertheless, several anxiety, depressive and putative OCD-related conditions remained significantly more common in case than control relatives when adjusting for all of these variables simultaneously. Conclusions: On the basis of co-morbidity and familiality, OCD appears related both to anxiety disorders and to some conditions currently classified in other sections of DSM-IV.

Blacker, K. J., J. D. Herbert, et al. (2012). "Acceptance-Versus Change-Based Pain Management." Behav Modif **36**(1): 37-48. http://bmo.sagepub.com/content/36/1/37.abstract.

This study compared two theoretically opposed strategies for acute pain management: an acceptance-based and a change-based approach. These two strategies were compared in a within-subjects design using the cold pressor test as an acute pain induction method. Participants completed a baseline pain tolerance assessment followed by one of the two interventions and another pain tolerance test. The alternate strategy was presented in a separate, but otherwise identical, experimental session. On average, both interventions significantly increased pain tolerance relative to baseline, with no significant difference between the two intervention conditions. Baseline psychological acceptance emerged as a significant moderator of intervention efficacy; individuals with a high level of acceptance benefited significantly more from the acceptance intervention, whereas those with a low level of acceptance benefited more from the change-based intervention. Implications for increasing the effectiveness of psychotherapeutic treatments based on individual differences are discussed.

Bond, F. W., S. C. Hayes, et al. (2011). "Preliminary psychometric properties of the Acceptance and Action Questionnaire–II: A revised measure of psychological inflexibility and experiential avoidance." Behavior Therapy **42**(4): 676-688. http://www.sciencedirect.com/science/article/pii/S0005789411000888.

The present research describes the development and psychometric evaluation of a second version of the Acceptance and Action Questionnaire (AAQ-II), which assesses the construct referred to as, variously, acceptance, experiential avoidance, and psychological inflexibility. Results from 2,816 participants across six samples indicate the satisfactory structure, reliability, and validity of this measure. For example, the mean alpha coefficient is .84 (.78–.88), and the 3- and 12-month test–retest reliability is .81 and .79, respectively. Results indicate that AAQ-II scores concurrently, longitudinally, and incrementally predict a range of outcomes, from mental health to work absence rates, that are consistent with its underlying theory. The AAQ-II also demonstrates appropriate discriminant validity. The AAQ-II appears to measure the same concept as the AAQ-I (r=.97) but with better psychometric consistency.

Chambless, D. L., B. A. Sharpless, et al. (2011). "Psychometric Properties of the Mobility Inventory for Agoraphobia: Convergent, Discriminant, and Criterion-Related Validity." Behavior Therapy **42**(4): 689-699. http://www.sciencedirect.com/science/article/pii/S0005789411000633.

Aims of this study were (a) to summarize the psychometric literature on the Mobility Inventory for Agoraphobia (MIA), (b) to examine the convergent and discriminant validity of the MIA's Avoidance Alone and Avoidance Accompanied rating scales relative to clinical severity ratings of anxiety disorders from the Anxiety Disorders Interview Schedule (ADIS), and (c) to establish a cutoff score indicative of interviewers' diagnosis of agoraphobia for the Avoidance Alone scale. A meta-analytic synthesis of 10 published studies yielded positive evidence for internal consistency and convergent and discriminant validity of the scales. Participants in the present study were 129 people with a diagnosis of panic disorder. Internal consistency was excellent for this sample, α = .95 for AAC and .96 for AAL. When the MIA scales were correlated with interviewer ratings, evidence for convergent and discriminant validity for AAL was strong (convergent r with agoraphobia severity ratings = .63 vs. discriminant rs of .10–.29 for other anxiety disorders) and more modest but still positive for AAC (.54 vs. .01–.37). Receiver operating curve analysis indicated that the optimal operating point for AAL as an indicator of ADIS agoraphobia diagnosis was 1.61, which yielded sensitivity of .87 and specificity of .73.

Del Giudice, M., T. Booth, et al. (2012). "The Distance Between Mars and Venus: Measuring Global Sex Differences in Personality." PLoS ONE **7**(1): e29265. http://dx.doi.org/10.1371%2Fjournal.pone.0029265.

Sex differences in personality are believed to be comparatively small. However, research in this area has suffered from significant methodological limitations. We advance a set of guidelines for overcoming those limitations: (a) measure personality with a higher resolution than that afforded by the Big Five; (b) estimate sex differences on latent factors; and (c) assess global sex differences with multivariate effect sizes. We then apply these guidelines to a large, representative adult sample, and obtain what is presently the best estimate of global sex differences in personality. Methodology/Principal Findings: Personality measures were obtained from a large US sample (N = 10,261) with the 16PF Questionnaire. Multigroup latent variable modeling was used to estimate sex differences on individual personality dimensions, which were then aggregated to yield a multivariate effect size (Mahalanobis D). We found a global effect size D = 2.71, corresponding to an overlap of only 10% between the male and female distributions. Even excluding the factor showing the largest univariate ES, the global effect size was D = 1.71 (24% overlap). These are extremely large differences by psychological standards. The idea that there are only minor differences between the personality profiles of males and females should be rejected as based on inadequate methodology.

Dewa, C. S., A. H. Thompson, et al. (2011). "The association of treatment of depressive episodes and work productivity." Can J Psychiatry **56**(12): 743-750. http://publications.cpa-apc.org/browse/documents/552.

(Free full text available) OBJECTIVE: About one-third of the annual $51 billion cost of mental illnesses is related to productivity losses. However, few studies have examined the association of treatment and productivity. The purpose of our research is to examine the association of depression and its treatment and work productivity. METHODS: Our analyses used data from 2737 adults aged between 18 and 65 years who participated in a large-scale community survey of employed and recently employed people in Alberta. Using the World Health Organization's Health and Work Performance Questionnaire, a productivity variable was created to capture high productivity (above the 75th percentile). We used regression methods to examine the association of mental disorders and their treatment and productivity, controlling for demographic factors and job characteristics. RESULTS: In the sample, about 8.5% experienced a depressive episode in the past year. The regression results indicated that people who had a severe depressive episode were significantly less likely to be highly productive. Compared with people who had a moderate or severe depressive episode who did not have treatment, those who did have treatment were significantly more likely to be highly productive. However, about one-half of workers with a moderate or severe depressive episode did not receive treatment. CONCLUSIONS: Our results corroborate those in the literature that indicate mental disorders are significantly associated with decreased work productivity. In addition, these findings indicate that treatment for these disorders is significantly associated with productivity. Our results also highlight the low proportion of workers with a mental disorder who receive treatment.

Fabre, L. F. and L. C. Smith (2012). "The effect of major depression on sexual function in women." The Journal of Sexual Medicine **9**(1): 231-239. http://dx.doi.org/10.1111/j.1743-6109.2011.02445.x.

(Free full text available): Introduction. Eleven hundred eighty-four depressed women were entered into five short-term (8 weeks) studies of gepirone-extended release (ER) vs. placebo for treatment of major depressive disorder (MDD) (134001, 134002, and 134017), or atypical depressive disorder (ADD) (134004 and 134006). The effect of depression on sexual function was examined prior to treatment. Aim. To determine the effect of depression on the prevalence of Diagnostic and Statistical Manual Fourth Edition (DSM-IV) sexual dysfunction diagnoses and the Derogatis Inventory of Sexual Function (DISF) total score and domain scores and to measure the effect of severity of depression. Main Outcome Measures. Hamilton Depression Rating Scale (HAMD-17), DSM-IV diagnoses, and DISF total and domain scores. Methods. DSM-IV diagnoses—hypoactive sexual desire disorder (HSDD), sexual aversion disorder (SAD), female arousal disorder (FAD), and female orgasmic disorder (FOD)—were made by a trained psychiatrist. The HAMD-17 measured antidepressant efficacy. The DISF or its self-report version measured sexual function. To access the effect of severity of depression, baseline HAMD-17 scores were stratified as mild (<18), moderate (19–22), severe (23–25), or extreme (26–33). All measures were taken at baseline. Results. In this depressed female population, prevalence rates were HSDD 17.7%, SAD 3.4%, FAD 5.8%, and FOD 7.7%. These rates for females are within the reported normal (nondepressed) values. However, DISF scores are one or more standard deviations below population norms for total score. DISF domains are not equally affected: orgasm is most impaired, while sexual desire and sexual arousal are somewhat preserved. Higher HAMD scores result in lower DISF scores (greater sexual dysfunction). Conclusions. In women, depression affects DISF scores more than DSM-IV diagnoses for sexual dysfunction. With increasing severity of depression (increased HAMD scores), sexual dysfunction becomes greater (lower DISF scores). For equal HAMD scores, DISF scores for MDD and ADD are the same. Fabre LF and Smith LC. The effect of major depression on sexual function in women.

Gerber, A. J., J. H. Kocsis, et al. (2011). "A quality-based review of randomized controlled trials of psychodynamic psychotherapy." Am J Psychiatry **168**(1): 19-28. http://www.ncbi.nlm.nih.gov/pubmed/20843868.

OBJECTIVE: The Ad Hoc Subcommittee for Evaluation of the Evidence Base for Psychodynamic Psychotherapy of the APA Committee on Research on Psychiatric Treatments developed the Randomized Controlled Trial Psychotherapy Quality Rating Scale (RCT-PQRS). The authors report results from application of the RCT-PQRS to 94 randomized controlled trials of psychodynamic psycho-therapy published between 1974 and May 2010. METHOD: Five psychotherapy researchers from a range of therapeutic orientations rated a single published paper from each study. RESULTS: The RCT-PQRS had good interrater reliability and internal consistency. The mean total quality score was 25.1 (SD=8.8). More recent studies had higher total quality scores. Sixty-three of 103 comparisons between psychodynamic psychotherapy and a nondynamic comparator were of "adequate" quality. Of 39 comparisons of a psychodynamic treatment and an "active" comparator, six showed dynamic treatment to be superior, five showed dynamic treatment to be inferior, and 28 showed no difference (few of which were

powered for equivalence). Of 24 adequate comparisons of psychodynamic psychotherapy with an "inactive" comparator, 18 found dynamic treatment to be superior. CONCLUSIONS: Existing randomized controlled trials of psychodynamic psychotherapy are promising but mostly show superiority of psychodynamic psychotherapy to an inactive comparator. This would be sufficient to make psychodynamic psychotherapy an "empirically validated" treatment (per American Psychological Association Division 12 standards) only if further randomized controlled trials of adequate quality and sample size replicated findings of existing positive trials for specific disorders. We do not yet know what will emerge when other psychotherapies are subjected to this form of quality-based review.

Gray, K. (2012). "The power of good intentions: Perceived benevolence soothes pain, increases pleasure, and improves taste." Social psychological and personality science. http://spp.sagepub.com/content/early/2012/01/16/1948550611433470.abstract.

The experience of physical stimuli would seem to depend primarily on their physical characteristics—chocolate tastes good, getting slapped hurts, and snuggling is pleasurable. This research examined, however, whether physical experience is influenced by the interpersonal context in which stimuli occur. Specifically, three studies examined whether perceiving benevolent intentions behind stimuli can improve their experience. Experiment 1 tested whether benevolently intended shocks hurt less, Experiment 2 tested whether benevolently intended massages were more pleasurable, and Experiment 3 tested whether benevolently intended candy tastes sweeter. The results confirm that good intentions—even misguided ones—can sooth pain, increase pleasure, and make things taste better. More broadly, these studies suggest that basic physical experience depends upon how we perceive the minds of others. *Medical Xpress - http://medicalxpress.com/news/2012-01-good-intentions-ease-pain-pleasure.html - comments "A nurse's tender loving care really does ease the pain of a medical procedure, and grandma's cookies really do taste better, if we perceive them to be made with love - suggests newly published research by a University of Maryland psychologist. The findings have many real-world applications, including in medicine, relationships, parenting and business. "The way we read another persons intentions changes our physical experience of the world," says UMD Assistant Professor Kurt Gray, author of "The Power of Good Intentions," newly published online ahead of print in the journal Social Psychological and Personality Science. Gray directs the Maryland Mind Perception and Morality Lab. "The results confirm that good intentions - even misguided ones - can sooth pain, increase pleasure and make things taste better," the study concludes. It describes the ability of benevolence to improve physical experience as a "vindication for the power of good." While it seems clear that good and evil intentions can change the experience of social events - think of a reaction to a mean-spirited, cutting remark compared to gentle teasing spoken with a smile - this study shows that physical events are influenced by the perceived contents of another person's mind."It seems we also use the intentions of others as a guide for basic physical experience," Gray writes in the journal. SPECIFIC FINDINGS The power of good intentions to shape physical experience was demonstrated in three separate experiments: the first examined pain, the second examined pleasure, and the third examined the taste of a sweet treat. PAIN: EXPERIMENT 1. Does kindness reduce pain? Three groups of participants received identical electric shocks at the hand of a partner. Members of the first group were in the "accidental" condition: They thought they were being shocked without their partner's awareness. The second, or "malicious condition, group thought they were being shocked on purpose, for no good reason. The final group ("benevolent" condition), also thought they were being shocked on purpose, but because another person was trying to help them win money. The result: Participants in the "benevolent" group experienced significantly less pain than both the "malicious" and "accident" participants. This finding should "provide relief to doctors and even those caring parents who are sometimes compelled to inflict pain on their charges for their [charges] own good," Gray writes in the paper. PLEASURE: EXPERIMENT 2. Do good intentions also heighten the experience of pleasure? People sat on an electric massage pad in an easy chair which was repeatedly turned on - either by an indifferent computer or a caring partner. Although the massages were identical, Gray found that partner massages caused significantly more pleasure than those administered by a computer. "Although computers may be more efficient than humans at many things, pleasure is still better coming from another person," the study concludes. TASTE: EXPERIMENT 3. Does benevolence improve how things taste? Subjects were given candy in a package with a note attached. For the benevolent group, the note read: "I picked this just for you. Hope it makes you happy. The non-benevolent (indifferent) version read: "Whatever. I just don't care. I just picked it randomly." The candy not only tasted better to the benevolent group, but it also tasted significantly sweeter. "Perceived benevolence not only improves the experience of pain and pleasure, but can also make things taste better," the study concludes. APPLICATIONS The findings of these studies suggest clear applications. For example, the first experiment suggests that medical personal should make sure to brush up on their bedside manner. "How painful people find medical procedures depends in part upon the perceived intentions of the person administering it," says Gray. "Getting blood taken from stony-faced nurse hurts more than from an empathic one." For those in relationships, which is pretty much everyone, the message is to make sure your partner, sibling, friend, etc. knows you care. Gray notes, "It's not enough just to do good things for your partner - they have to know you want them to feel good. Just imagine saying, 'fine, here's your stupid hug,' - hardly comforting." The same would also seem to apply to cooking, where emphasizing your concern about the experience of the diners makes things taste better. Relatedly, these results also apply to business strategy. "It's no surprise," says Gray, "that food companies always pair their products with kindly old grandfathers and smiling mothers - thinking of this make believe benevolence likely increases our enjoyment." The study also suggests the general benefits of thinking that others mean well - including God. "Painful events attributed to a benevolent God should seem to hurt less than those attributed to a vengeful God, says Gray. "To the extent that we view others as benevolent instead of malicious, the harms they inflict upon us should hurt less, and the good things they do for us should cause more pleasure," the paper concludes. "Stolen parking places cut less deep and home-cooked meals taste better when we think well of others."*

Herring, M. P., M. L. Jacob, et al. (2012). "Feasibility of exercise training for the short-term treatment of generalized anxiety disorder: a randomized controlled trial." Psychother Psychosom **81**(1): 21-28. http://content.karger.com/ProdukteDB/produkte.asp?typ=pdf&doi=327898.

BACKGROUND: Exercise training may be especially helpful for patients with generalized anxiety disorder (GAD). We conducted a randomized controlled trial to quantify the effects of 6 weeks of resistance (RET) or aerobic exercise training (AET) on remission and worry symptoms among sedentary patients with GAD. METHODS: Thirty sedentary women aged 18-37 years, diagnosed by clinicians blinded to treatment allocation with a primary DSM-IV diagnosis of GAD and not engaged in any treatment other than pharmacotherapy, were randomly allocated to RET, AET, or a wait list (WL). RET involved 2 weekly sessions of lower-body weightlifting. AET involved 2 weekly sessions of leg cycling matched with RET for body region, positive work, time actively engaged in exercise, and load progression. Remission was measured by the number needed to treat (NNT). Worry symptoms were measured by the Penn State Worry Questionnaire. Results: There were no adverse events. Remission rates were 60%, 40%, and 30% for RET, AET, and WL, respectively. The NNT was 3 (95% CI 2 to 56) for RET and 10 (95% CI -7 to 3) for AET. A significant condition-by-time interaction was found for worry symptoms. A follow-up contrast showed significant reductions in worry symptoms for combined exercise conditions versus the WL. CONCLUSIONS: Exercise training, including RET, is a feasible, low-risk treatment that can potentially reduce worry symptoms among GAD patients and may be an effective adjuvant, short-term treatment or augmentation for GAD. Preliminary findings warrant further investigation. *MedicalXpress - http://medicalxpress.com/news/2012-01-anxiety-symptoms-women.html - comments "Approximately 3 percent*

of the U.S. population suffers from excessive, uncontrollable worry that reduces their health and quality of life. The condition, known as Generalized Anxiety Disorder, is difficult to overcome and is accompanied by a host of physical symptoms, including fatigue, muscle tension, irritability and poor sleep. However, a new University of Georgia study shows that regular exercise can significantly reduce anxiety symptoms in patients with GAD. In a study published online in the Nov. 22 edition of Psychotherapy and Psychosomatics, researchers randomly assigned 30 sedentary women, ages 18-37 who were diagnosed with GAD, to either a control group or six weeks of strength or aerobic exercise training. Women in the exercise conditions completed two weekly sessions of either weight lifting or leg cycling exercise. Remission of the disorder, determined by psychologists who were unaware of the treatment each client received, was higher among exercisers and best among those who performed weight lifting exercise. Worry symptoms, the primary problem among individuals with GAD, were significantly reduced among the exercisers, and moderate-to-large improvements in other symptoms, such as irritability, feelings of tension, low energy and pain, were found. Matthew Herring, now a research associate in the department of epidemiology at the University of Alabama, Birmingham, led the study during his dissertation research as a doctoral student in the UGA College of Education's department of kinesiology. The team also included Patrick O'Connor and Rodney Dishman, co-directors of the UGA exercise psychology laboratory, psychology professor Cynthia Suveg and doctoral student Marni Jacob. "Our findings add to the growing body of evidence of the positive effects of exercise training on anxiety," said Herring. "Our study is the first randomized controlled trial focused on the effects of exercise training among individuals diagnosed with GAD. Given the prevalence of GAD and drawbacks of current treatments, including expense and potential negative side effects, our findings are particularly exciting, because they suggest that exercise training is a feasible, well-tolerated potential adjuvant therapy with low risk that can reduce the severity of signs and symptoms of GAD. Future research should confirm these findings with large trials and explore potential underlying mechanisms of exercise effects among individuals with GAD." The study also examined potential interactions between exercise and drugs used to treat GAD. Half of the participants in each group were taking a medication to treat GAD during the exercise program. Exercise training lessened anxiety symptoms to the same degree among those taking medication compared to those not taking medication. "The large improvements found in this small investigation show that regular exercise has the power to help calm women suffering from GAD, even among those who appear to be resistant to treatment using medication," said O'Connor. "The results of this research are very exciting because exercise is available to everyone, is relatively inexpensive and has beneficial effects beyond the reduction of anxious and depressive symptoms," said Suveg. "For individuals suffering from impairing symptoms, these preliminary findings suggest that exercise may offer another potential treatment option that has few, if any, negative side effects. Future research needs to explore the long-term benefits of exercise as well as the conditions under which exercise may be most beneficial and for whom."

Jernelov, S., M. Lekander, et al. (2012). "Efficacy of a behavioral self-help treatment with or without therapist guidance for co-morbid and primary insomnia - a randomized controlled trial." BMC Psychiatry **12**(1): 5. http://www.biomedcentral.com/1471-244X/12/5.

(Free full text available): BACKGROUND: Cognitive behavioral therapy is treatment of choice for insomnia, but availability is scarce. Self-help can increase availability at low cost, but evidence for its efficacy is limited, especially for the typical insomnia patient with co-morbid problems. We hypothesized that a cognitive behaviorally based self-help book is effective to treat insomnia in individuals, also with co-morbid problems, and that the effect is enhanced by adding brief therapist telephone support. METHODS: Volunteer sample; 133 media-recruited adults with insomnia. History of sleep difficulties (mean [SD]) 11.8 [12.0] years. 92.5% had co-morbid problems (e.g. allergy, pain, and depression). Parallel randomized (block-randomization, n>21) controlled "open label" trial; three groups - bibliotherapy with (n=44) and without (n=45) therapist support, and waiting list control (n=44). Assessments before and after treatment, and at three-month follow-up. Intervention was six weeks of bibliotherapeutic self-help, with established cognitive behavioral methods including sleep restriction, stimulus control, and cognitive restructuring. Therapist support was a 15-minute structured telephone call scheduled weekly. Main outcome measures were sleep diary data, and the Insomnia Severity Index. RESULTS: Intention-to-treat analyses of 133 participants showed significant improvements in both self-help groups from pre to post treatment compared to waiting list. For example, treatment with and without support gave shorter sleep onset latency (improvement minutes [95% Confidence Interval], 35.4 [24.2 to 46.6], and 20.6 [10.6 to 30.6] respectively), and support gave a higher remission rate (defined as ISI score below 8; 61.4%), than bibliotherapy alone (24.4%, p's<.001). Improvements were not seen in the control group (sleep onset latency 4.6 minutes shorter [-1.5 to 10.7], and remission rate 2.3%). Self-help groups maintained gains at three-month follow-up. CONCLUSIONS: Participants receiving self-help for insomnia benefited markedly. Self-help, especially if therapist-supported, has considerable potential to be as effective as individual treatment at lower cost, also for individuals with co-morbid problems.

Klainin-Yobas, P., M. A. A. Cho, et al. (2012). "Efficacy of mindfulness-based interventions on depressive symptoms among people with mental disorders: A meta-analysis." International journal of nursing studies **49**(1): 109-121. http://linkinghub.elsevier.com/retrieve/pii/S0020748911003373?showall=true.

Objectives: Depression, a common mental health problem, is projected to be the second leading cause of disability for adults by year 2020. Mindfulness-based interventions (MFIs) have been integrated into therapeutic work on depression, but limited systematic reviews reported their efficacy on heterogeneous groups of mental disorders. This meta-analysis aimed to examine the efficacy of the MFIs on depressive symptoms in people with various mental disorders. Design: A meta-analysis of experimental and quasi-experimental studies was undertaken. Data sources: Multiple search strategies were undertaken to identify published and unpublished studies conducted between 1995 and 2011. Electronic databases used were Scopus, CINAHL, PubMed, ScienceDirect, PsyINFO, Dissertation Abstract International, Web of Science Index, Controlled-trial.com, and clinicaltrails.gov. Review methods: Data were extracted and appraised by two reviewers. For each study, the Quality Rating Index (QRI) and Code Sheet for Randomized Controlled Trials (CS-RCT) were used to assess methodological quality and extract relevant data respectively. Data were analysed and synthesized using PASW statistic 17.0 and Comprehensive Meta Analyses Software 2.0. Results: Thirty-nine studies conducted in ten countries were included and 105 effect sizes were calculated. Most studies utilised single group pretest–posttest quasi-experimental design, convenience sampling, and self-reported questionnaires. Between-group comparisons indicated that MFIs are superior to standard care in reducing depressive symptoms and preventing relapse with effect sizes ranging from 0.11 to 1.65. Exposure-based cognitive therapy (d=2.09) appeared to be the most efficacious intervention, followed by mindfulness-based stress reduction programme (d=1.92), acceptance-based behaviour therapy (d=1.33), and stress less with mindfulness (d=1.31). Effect sizes were significantly associated with the length of intervention sessions but not related to methodological quality of studies. Conclusion: The mindfulness-based interventions are efficacious for alleviating depressive symptoms in adults with mental disorders. The interventions could be used in conjunction with other treatments in clinical settings.

Knoop, H., K. van Kessel, et al. (2012). "Which cognitions and behaviours mediate the positive effect of cognitive behavioural therapy on fatigue in patients with multiple sclerosis?" Psychological Medicine **42**(01): 205-213. http://dx.doi.org/10.1017/S0033291711000924.

Background: Chronic fatigue is a common symptom of multiple sclerosis (MS). A randomized controlled trial (RCT) showed that cognitive behavioural therapy (CBT) was more effective in reducing MS fatigue than relaxation training (RT). The aim of the current study was to analyse additional data from this trial to determine whether (1) CBT compared to RT leads to significantly greater changes in cognitions and behaviours hypothesized to perpetuate MS fatigue; (2) changes in these variables mediate the effect of CBT on MS fatigue; and (3) these mediation effects are independent of changes in mood. Method: Seventy patients (CBT, n=35; RT, n=35) completed the Cognitive and Behavioural Responses to Symptoms Questionnaire (CBSQ), the Brief Illness Perception Questionnaire (B-IPQ) modified to measure negative representations of fatigue, the Hospital Anxiety and Depression Scale (HADS), and the Chalder Fatigue Questionnaire (CFQ), pre- and post-therapy. Multiple mediation analysis was used to determine which variables mediated the change in fatigue. Results: Avoidance behaviour and three cognitive variables (symptom focusing, believing symptoms are a sign of damage and a negative representation of fatigue) improved significantly more in the CBT than the RT group. Mediation analysis showed that changing negative representations of fatigue mediated the decrease in severity of fatigue. Change in anxiety covaried with reduction in fatigue but the mediation effect for negative representations of fatigue remained when controlling for improvements in mood. Conclusions: Change in beliefs about fatigue play a crucial role in CBT for MS fatigue. These beliefs and the role of anxiety deserve more attention in the further development of this intervention.

Konings, M., N. Stefanis, et al. (2012). "Replication in two independent population-based samples that childhood maltreatment and cannabis use synergistically impact on psychosis risk." Psychological Medicine **42**(01): 149-159. http://dx.doi.org/10.1017/S0033291711000973.

Background: There may be biological plausibility to the notion that cannabis use and childhood trauma or maltreatment synergistically increase the risk for later development of psychotic symptoms. To replicate and further investigate this issue, prospective data from two independent population-based studies, the Greek National Perinatal Study (n=1636) and The Netherlands Mental Health Survey and Incidence Study (NEMESIS) (n=4842), were analyzed. Method: Two different data sets on cannabis use and childhood maltreatment were used. In a large Greek population-based cohort study, data on cannabis use at age 19 years and childhood maltreatment at 7 years were assessed. In addition, psychotic symptoms were assessed using the Community Assessment of Psychic Experiences (CAPE). In NEMESIS, the Composite International Diagnostic Interview (CIDI) was used to assess psychotic symptoms at three different time points along with childhood maltreatment and lifetime cannabis use. Results: A significant adjusted interaction between childhood maltreatment and later cannabis use was evident in both samples, indicating that the psychosis-inducing effects of cannabis were stronger in individuals exposed to earlier sexual or physical mistreatment [Greek National Perinatal Study: test for interaction $F(2, 1627)=4.18$, $p=0.02$; NEMESIS: test for interaction $\chi2(3)=8.08$, $p=0.04$]. Conclusions: Cross-sensitivity between childhood maltreatment and cannabis use may exist in pathways that shape the risk for expression of positive psychotic symptoms.

Lancee, J., J. van den Bout, et al. (2012). "Internet-delivered or mailed self-help treatment for insomnia? A randomized waiting-list controlled trial." Behaviour Research and Therapy **50**(1): 22-29. http://www.sciencedirect.com/science/article/pii/S0005796711002245.

(Free full text): Cognitive Behavioral Therapy (CBT) is effective in reducing insomnia complaints, but the effects of self-help CBT have been inconsistent. The aim of this study was to determine the effectiveness of self-help for insomnia delivered in either electronic or paper-and-pencil format compared to a waiting-list. Participants kept a diary and filled out questionnaires before they were randomized into electronic (n = 216), paper-and-pencil (n = 205), or waiting-list (n = 202) groups. The intervention consisted of 6 weeks of unsupported self-help CBT, and post-tests were 4, 18, and 48 weeks after intervention. At 4-week follow-up, electronic and paper-and-pencil conditions were superior ($p < .01$) compared to the waiting-list condition on most daily sleep measures ($\Delta d = 0.29–0.64$), global insomnia symptoms ($\Delta d = 0.90–1.00$), depression ($\Delta d = 0.36–0.41$), and anxiety symptoms ($\Delta d = 0.33–0.40$). The electronic and paper-and-pencil groups demonstrated equal effectiveness 4 weeks after treatment ($\Delta d = 0.00–0.22$; $p > .05$). Effects were sustained at 48-week follow-up. This large-scale unsupported self-help study shows moderate to large effects on sleep measures that were still present after 48 weeks. Unsupported self-help CBT for insomnia therefore appears to be a promising first option in a stepped care approach.

Langer, Á. I., A. J. Cangas, et al. (2012). "Applying Mindfulness Therapy in a Group of Psychotic Individuals: A Controlled Study." Behavioural and Cognitive Psychotherapy **40**(01): 105-109. http://dx.doi.org/10.1017/S1352465811000464.

Background: There are already several existing studies that show the effectiveness of mindfulness-based approaches in varying types of disorders. Only a few studies, however, have analyzed the effectiveness of this intervention in psychosis, and without finding, up to now, significant differences from the control group. Aims: The aim of this study is two-fold: to replicate previous studies, and to focus on analyzing the feasibility and effectiveness of applying mindfulness in a group of people with psychosis. Method: Eighteen patients with psychosis were randomly assigned to experimental and control groups. The experimental group received eight 1-hour sessions of Mindfulness-Based Cognitive Therapy (MBCT), while the control group was relegated to a waiting list to receive MBCT therapy. Results: The experimental group scored significantly higher than the control group in their ability to respond mindfully to stressful internal events. Conclusions: Both the usefulness and effectiveness of implementing a mindfulness-based program have been replicated in a controlled manner in patients with psychosis.

Lewis, C., J. Pearce, et al. (2012). "Efficacy, cost-effectiveness and acceptability of self-help interventions for anxiety disorders: systematic review." The British Journal of Psychiatry **200**(1): 15-21. http://bjp.rcpsych.org/content/200/1/15.abstract.

Background: Self-help interventions for psychiatric disorders represent an increasingly popular alternative to therapist-administered psychological therapies, offering the potential of increased access to cost-effective treatment. Aims: To determine the efficacy, cost-effectiveness and acceptability of self-help interventions for anxiety disorders. Method: Randomised controlled trials (RCTs) of self-help interventions for anxiety disorders were identified by searching nine online databases. Studies were grouped according to disorder and meta-analyses were conducted where sufficient data were available. Overall meta-analyses of self-help v. waiting list and therapist-administered treatment were also undertaken. Methodological quality was assessed independently by two researchers according to criteria set out by the Cochrane Collaboration. Results: Thirty-one RCTs met inclusion criteria for the review. Results of the overall meta-analysis comparing self-help with waiting list gave a significant effect size of 0.84 in favour of self-help. Comparison of self-help with therapist-administered treatments revealed a significant difference in favour of the latter with an effect size of 0.34. The addition of guidance and the presentation of multimedia or web-based self-help materials improved treatment outcome. Conclusions: Self-help interventions appear to be an effective way of treating individuals diagnosed with social phobia and panic disorder. Further research is required to evaluate the cost-effectiveness and acceptability of these interventions.

Logel, C. and G. L. Cohen (2012). "The Role of the Self in Physical Health: Testing the Effect of a Values-Affirmation Intervention on Weight Loss " Psychological Science **23**(1): 53-55. http://pss.sagepub.com/content/23/1/53.short.

MedXpress - http://medicalxpress.com/news/2012-01-good-waistline-.html - commented on this paper: *"Is losing weight as simple as doing a 15-minute writing exercise? In a new study published in Psychological Science, a journal of the Association for Psychological Science, women who wrote about their most important values, like close relationships, music, or religion, lost more weight over the next few months than women who did not have that experience. "We have this need to feel self-integrity," says Christine Logel of Renison University College at the University of Waterloo, who cowrote the new study with Geoffrey L. Cohen of Stanford University. When something threatens your sense that you're a good person, like failing a test or having a fight with a friend, "We can buffer that self-integrity by reminding ourselves how much we love our children, for example," she says. For this study, the researchers recruited 45 female undergraduates who had a body mass index of 23 or higher. A body mass index of 18.5 to 24.9 is considered normal weight; 58% of the women were overweight or obese. Each woman was weighed, and was then given a list of important values, like creativity, politics, music, and relationships with friends and family members. Each woman ranked the values in order of how important they were to her. Then half the women were told to write for 15 minutes about the value that was most important to her. The other half, a control group, were told to write about why a value far down on their list might be important to someone else. The women came back between one and four months later to be weighed again. Women who had written about an important value lost an average of 3.41 pounds, while women in the control group gained an average of 2.76 pounds, a pattern of weight gain that is typical for undergraduates. "How we feel about ourselves can have a big effect," Logel says. "We think it sort of kicks off a recursive process." Maybe when one of the women who wrote about an important value went home that night, she felt good about herself and didn't eat to make herself feel better. Then the next day snacking wasn't as much of a habit, so she skipped it. Over a few months, that could make a real difference in her life. Many studies have found that even briefly thinking about values can have a big effect on situations where people feel a threat to their integrity. For example, Cohen used the same technique on minority seventh-graders who were underperforming relative to their white peers. Those who did the exercise were still performing better years later. It's too soon to say whether this could work for everybody; the women in the study didn't know that writing about values was supposed to help them live better (although they may have wondered why this psychology study required a weigh-in). "My dream, and my research goal, is to get this to the point where people can do it deliberately to benefit themselves," Logel says. In the meantime, she carries around a keychain that reminds her of a value that she considers to be important. And everyone else can do that, too. "There's certainly no harm in taking time to reflect on important values and working activities you value into your daily life," Logel says.*

Lundstrom, S., Z. Chang, et al. (2012). "Autism Spectrum Disorders and Autisticlike Traits: Similar Etiology in the Extreme End and the Normal Variation." Arch Gen Psychiatry **69**(1): 46-52. http://archpsyc.ama-assn.org/cgi/content/abstract/69/1/46.

Context Autism spectrum disorders (ASDs) have been suggested to represent the extreme end of a normal distribution of autisticlike traits (ALTs). However, the evidence of this notion is inconclusive. Objective To study whether there are similar genetic and/or environmental etiologies behind ASDs and ALTs. Design A nationwide twin study. Participants Consenting parents of all Swedish twins aged 9 and 12 years, born between July 1, 1992, and December 31, 2001 (n = 19 208), were interviewed by telephone to screen for child psychiatric conditions, including ASDs. Main Outcome Measures Two validated cutoffs for ASDs, 2 cutoffs encompassing the normal variation, and 1 continuous measure of ALTs were used with DeFries-Fulker extreme-end analyses and standard twin study methods. Results We discerned a strong correlation between the 4 cutoffs and the full variation of ALTs. The correlation was primarily affected by genes. We also found that the heritability for the 4 cutoffs was similar. Conclusion We demonstrate an etiological similarity between ASDs and ALTs in the normal variation and, with results from previous studies, our data suggest that ASDs and ALTs are etiologically linked.

MacCoon, D. G., Z. E. Imel, et al. (2012). "The validation of an active control intervention for Mindfulness Based Stress Reduction (MBSR)." Behaviour Research and Therapy **50**(1): 3-12. http://www.sciencedirect.com/science/article/pii/S0005796711002476.

(Available as free full text): Most of the extant literature investigating the health effects of mindfulness interventions relies on wait-list control comparisons. The current article specifies and validates an active control condition, the Health Enhancement Program (HEP), thus providing the foundation necessary for rigorous investigations of the relative efficacy of Mindfulness Based Stress Reduction (MBSR) and for testing mindfulness as an active ingredient. 63 participants were randomized to either MBSR (n = 31) or HEP (n = 32). Compared to HEP, MBSR led to reductions in thermal pain ratings in the mindfulness- but not the HEP-related instruction condition ($\eta 2$ = .18). There were significant improvements over time for general distress ($\eta 2$ = .09), anxiety ($\eta 2$ = .08), hostility ($\eta 2$ = .07), and medical symptoms ($\eta 2$ = .14), but no effects of intervention. Practice was not related to change. HEP is an active control condition for MBSR while remaining inert to mindfulness. These claims are supported by results from a pain task. Participant-reported outcomes (PROs) replicate previous improvements to well-being in MBSR, but indicate that MBSR is no more effective than a rigorous active control in improving these indices. These results emphasize the importance of using an active control condition like HEP in studies evaluating the effectiveness of MBSR.

Mueller, J. S., S. Melwani, et al. (2012). "The bias against creativity." Psychological Science **23**(1): 13-17. http://pss.sagepub.com/content/23/1/13.abstract.

People often reject creative ideas, even when espousing creativity as a desired goal. To explain this paradox, we propose that people can hold a bias against creativity that is not necessarily overt and that is activated when people experience a motivation to reduce uncertainty. In two experiments, we manipulated uncertainty using different methods, including an uncertainty-reduction prime. The results of both experiments demonstrated the existence of a negative bias against creativity (relative to practicality) when participants experienced uncertainty. Furthermore, this bias against creativity interfered with participants' ability to recognize a creative idea. These results reveal a concealed barrier that creative actors may face as they attempt to gain acceptance for their novel ideas.

Siegenthaler, E., T. Munder, et al. (2012). "Effect of Preventive Interventions in Mentally Ill Parents on the Mental Health of the Offspring: Systematic Review and Meta-Analysis." Journal of the American Academy of Child and Adolescent Psychiatry **51**(1): 8-17.e18. http://linkinghub.elsevier.com/retrieve/pii/S0890856711009932?showall=true.

Mental illness in parents affects the mental health of their children. A systematic review and a meta-analysis of the effectiveness of interventions to prevent mental disorders or psychological symptoms in the offspring were performed. The Cochrane, MEDLINE, EMBASE, and PsycINFO databases were searched for randomized controlled trials of interventions in parents with mental disorders. Outcomes in the child included incident mental disorders of the same nature and internalizing (negative emotions, depressive symptoms, anxiety) or externalizing (hyperactivity, aggressiveness, behavioral problems) symptoms. Relative risks and standardized mean differences in symptom scores were combined in random-effects meta-analysis. Thirteen trials including 1,490 children were analyzed. Interventions included cognitive, behavioral, or psychoeducational components. Seven trials assessed the incidence of mental disorders and seven trials assessed symptoms. In total 161 new diagnoses of mental illness were recorded, with interventions decreasing the risk by 40% (combined relative risk

0.60, 95% CI 0.45–0.79). Symptom scores were lower in the intervention groups: standardized mean differences were −0.22 (95% CI −0.37 to −0.08) for internalizing symptoms (p = .003) and −0.16 (95% confidence interval −0.36 to 0.04) for externalizing symptoms (p = .12). Interventions to prevent mental disorders and psychological symptoms in the offspring of parents with mental disorders appear to be effective.

Simpson, S. A., C. Shaw, et al. (2011). "What is the most effective way to maintain weight loss in adults?" BMJ **343**.

Although weight loss is achievable for many adults, weight maintenance is elusive. After completing weight loss programmes, around a third of the weight lost is regained in the following year, with small differences between groups that received an intervention and controls Randomised controlled trials have suggested that maintenance interventions can improve longer term weight loss maintenance but it is unclear what form these interventions should take and how they should be delivered. NICE guidance currently recommends a low fat, fibre rich diet, increasing physical activity, minimising sedentary activities and regular self monitoring of weight or waist size ... Evidence from trials is often contradictory; they are heterogeneous in terms of setting, length of follow up, and type and duration of intervention, and many have methodological flaws. This makes it difficult to draw conclusions about what works in weight loss maintenance. High levels of attrition are problematic in these long term trials, and this is likely associated with weight loss maintenance failure. The issue of translation of trial findings to clinical practice is also problematic, not least because trial recruits are likely to be highly selected and more motivated than the general population. However, current evidence indicates that these interventions are likely to be helpful: Ongoing regular support/follow-up; Behavioural techniques such as goal setting, relapse prevention, self monitoring of weight, as well as diet and physical activity; Increase in physical activity levels, alongside a moderately calorie reduced diet; A lower fat, higher protein diet; A low energy diet (600 kcal deficit); orlistat in the short term; however, patients need to develop healthy lifestyles for successful weight loss maintenance; Bariatric surgery for appropriate patients. Obesity should be viewed as a chronic condition for which longer term support is needed. The development of healthy habits is crucial for weight loss maintenance and weight loss can only be maintained by behaviours that fit with individual lifestyles, motivations, and preferences.

Thoma, N. C., D. McKay, et al. (2012). "A quality-based review of randomized controlled trials of cognitive-behavioral therapy for depression: an assessment and metaregression." Am J Psychiatry **169**(1): 22-30. http://www.ncbi.nlm.nih.gov/pubmed/22193528.

OBJECTIVE: The authors assessed the methodological quality of randomized controlled trials of cognitive-behavioral therapy (CBT) for depression using the Randomized Controlled Trial Psychotherapy Quality Rating Scale (RCT-PQRS). They then compared the quality of CBT trials with that of psychodynamic therapy trials, predicting that CBT trials would have higher quality. The authors also sought to examine the relationship between quality and outcome in the CBT trials. METHOD: An independent-samples t test was used to compare CBT and psychodynamic therapy trials for average total quality score. Metaregression was used to examine the relationship between quality score and effect size in the CBT trials. RESULTS: A total of 120 trials of CBT for depression met inclusion criteria. Their mean total quality score on the RCT-PQRS was 25.7 (SD=8.90), which falls into the lower range of adequate quality. In contrast to our prediction, no significant difference was observed in overall quality between CBT and psychodynamic therapy trials. Lower quality was related to both larger effect sizes and greater variability of effect sizes when analyzed across all available comparisons to CBT. CONCLUSIONS: On average, randomized controlled trials of CBT and of psychodynamic therapy did not differ significantly in quality. In CBT trials, low quality appeared to reduce the reliability and validity of trial results. These findings highlight the importance of discerning quality in individual psychotherapy trials and also point toward specific methodological standards for the future.

Thompson-Brenner, H., D. A. Satir, et al. (2012). "Clinician reactions to patients with eating disorders: a review of the literature." Psychiatr Serv **63**(1): 73-78. http://www.ncbi.nlm.nih.gov/pubmed/22227763.

OBJECTIVE: The delivery of psychiatric services may be affected by clinicians' negative reactions to treatment-resistant or stigmatized patient groups. Some research has found that clinicians across professional disciplines react negatively to patients with eating disorders, but empirical data related to this topic have not been systematically reviewed. The authors sought to review all published empirical studies of clinician reactions to patients with eating disorders in order to characterize negative reactions to these patients and identify patient or clinical factors associated with negative reactions. METHODS: The authors conducted a comprehensive online search for all published studies of clinician reactions in regard to patients with eating disorders. The reference lists of articles found in the literature search were examined to identify additional studies. RESULTS: Twenty studies, published between 1984 and 2010, were found. Clinician negative reactions in regard to patients with eating disorders typically reflected frustration, hopelessness, lack of competence, and worry. Inexperienced clinicians appeared to hold more negative attitudes toward patients with eating disorders than toward other patient groups, but experienced psychotherapists did not experience strong negative reactions to patients with eating disorders. Medical practitioners consistently reported strong feelings of lack of competence in treating eating disorders. Negative reactions to patients with eating disorders were associated with patients' lack of improvement and personality pathology and with clinicians' stigmatizing beliefs, inexperience, and gender. CONCLUSIONS: Research about the impact of negative clinician attitudes toward patients with eating disorders on psychiatric service delivery, including multivariate analyses using larger samples, comparison groups, validated instruments, and experimental methods, is much needed.

Whittaker, R., S. Merry, et al. (2012). "MEMO - A Mobile Phone Depression Prevention Intervention for Adolescents: Development Process and Postprogram Findings on Acceptability From a Randomized Controlled Trial." J Med Internet Res **14**(1): e13. http://www.ncbi.nlm.nih.gov/pubmed/22278284.

BACKGROUND: Prevention of the onset of depression in adolescence may prevent social dysfunction, teenage pregnancy, substance abuse, suicide, and mental health conditions in adulthood. New technologies allow delivery of prevention programs scalable to large and disparate populations. OBJECTIVE: To develop and test the novel mobile phone delivery of a depression prevention intervention for adolescents. We describe the development of the intervention and the results of participants' self-reported satisfaction with the intervention. METHODS: The intervention was developed from 15 key messages derived from cognitive behavioral therapy (CBT). The program was fully automated and delivered in 2 mobile phone messages/day for 9 weeks, with a mixture of text, video, and cartoon messages and a mobile website. Delivery modalities were guided by social cognitive theory and marketing principles. The intervention was compared with an attention control program of the same number and types of messages on different topics. A double-blind randomized controlled trial was undertaken in high schools in Auckland, New Zealand, from June 2009 to April 2011. RESULTS: A total of 1348 students (13-17 years of age) volunteered to participate at group sessions in schools, and 855 were eventually randomly assigned to groups. Of these, 835 (97.7%) self-completed follow-up questionnaires at postprogram interviews on satisfaction, perceived usefulness, and adherence to the intervention. Over three-quarters of participants viewed at least half of the messages and 90.7% (379/418) in the intervention group reported they would refer the program to a friend. Intervention group participants said the intervention helped them to be more positive (279/418, 66.7%) and to get rid of negative thoughts (210/418, 50.2%)-significantly higher

than proportions in the control group. CONCLUSIONS: Key messages from CBT can be delivered by mobile phone, and young people report that these are helpful. Change in clinician-rated depression symptom scores from baseline to 12 months, yet to be completed, will provide evidence on the effectiveness of the intervention. If proven effective, this form of delivery may be useful in many countries lacking widespread mental health services but with extensive mobile phone coverage. (Archived by WebCite at http://www.webcitation.org/64aueRqOb).

Zisook, S., N. Downs, et al. (2012). "College Students and Suicide Risk: Prevention and the Role of Academic Psychiatry." Academic Psychiatry **36**(1): 1-6. http://dx.doi.org/10.1176/appi.ap.10110155.

(Free full text): An 18-year-old freshman college student, "A.B.," was handsome, athletic, and artistically gifted. A.B. seemed to have everything going for him. Yet, he actually had few close friends, had always seemed a bit aloof, and was considered a "worry-wart." He had a brief period of psychotherapy for depression and social anxiety when he was in junior high school. He had otherwise never been treated for depression and was in good physical health. His maternal grandmother had died by suicide, and his mother had chronic and recurrent depression. At school, A.B. often felt isolated and alone. During their weekly phone calls, he told his parents how lonely and unhappy he felt; he listened to them when they encouraged him to "push on." After barely passing his first mid-term examination, he became preoccupied with failing, worried incessantly, and felt increasingly overwhelmed by the demands of studying for other examinations while attempting to keep up with daily work. To increase his concentration and energy, he began experimenting with stimulants during the day, which was soon followed by alcohol at night to help him relax and fall sleep. At his mother's urging, he visited the student counseling center. He made it clear that he did not want medications, and his therapist complied by not requiring a psychiatric assessment. Still, he did not feel comfortable with his therapist, failed to show up for his third appointment, and never called to reschedule. During a 10-day holiday break, A.B. returned home and almost immediately began to feel less depressed, anxious, and withdrawn. His parents were heartened to hear of his enthusiasm to return to school and to switch from a premedical to an art history major. One week after returning to school, he was found dead from hanging in his dormitory room. The case vignette above is not an actual case, but is an amalgam of several tragic instances of college students who have died by suicide. It illustrates several points about suicide among college students, including risk factors and missed opportunities for prevention. Drawing upon A.B.'s history, course of illness, and outcome, this commentary will discuss college student suicide in terms of epidemiologic risk factors and the roles of academic psychiatry and psychiatric intervention in preventing suicide. A.B. is not alone. The estimated global burden of suicide is one million deaths per year (+1), making suicide the tenth-leading cause of death worldwide. Tragically, in the United States, suicide is the third-leading cause of death among college-age individuals and may even surpass homicide as the second-leading cause of death on college campuses (+2, +3). In a national survey of over 20,000 college students, on 39 campuses, over 10% had seriously considered attempting suicide; 8% had made a plan; and almost 2% had actually attempted suicide in the previous year (+4). Another recent survey of over 1,000 college students at a large mid-Atlantic university reported that 12% of students had pondered killing themselves at least once, 25% of whom said they thought about it repeatedly; 1% had made specific plans or carried out full-fledged attempts (+5). Why are the rates of suicidal thoughts and behaviors so high among college students? "College and the transition to adulthood are a time of infinite possibilities; but, for students struggling with unaddressed mental health problems, those possibilities fade" (+6). As during other phases of life, mental illness, particularly un- or undertreated mood disorders, are the most robust risk factors. Major depression affects individuals of all ages, ethnicities, and socioeconomic groups, and the age at onset of depression most often is during adolescence and early adulthood (+7, +8). When depression occurs early in life, it is a particularly virulent disease associated with even higher rates of suicidal thoughts and behaviors throughout life than later-onset depression (+8).

Zubkoff, L., Y. Young-Xu, et al. (2012). "Usefulness of symptom feedback to providers in an integrated primary care--mental health care clinic." Psychiatr Serv **63**(1): 91-93. http://www.ncbi.nlm.nih.gov/pubmed/22227767.

OBJECTIVE: Measurement-based care has been endorsed but not embraced in mental health settings. There is currently little guidance regarding the best methods to implement measurement-based care. METHODS: A survey of mental health providers was conducted before (N=15) and after (N=17) the implementation of a patient self-report symptom measurement system. RESULTS: At baseline, respondents rarely used the patient self-assessment information (mean+/-SD=1.8+/-1.8); they reported the patient data to be marginally useful (4.1+/-1.9), and only slightly recommended the use of patient assessments (4.3+/-2.0). Possible scores ranged from 1 to 7, with higher scores indicating more positivity. At follow-up, respondents almost always used the information in the assessments (6.3+/-1.7), found the patient report data very useful (6.4+/-.8), and highly recommended continued use of patient surveys in the integrated clinic (6.6+/-.5). CONCLUSIONS: Providers' lack of enthusiasm about integration of routine data collection and reporting of patient symptoms may be overcome by simply exposing providers to this process.