48 cbt & psychotherapy relevant abstracts may '18 newsletter

Barlow, D. H., T. J. Farchione, et al. (2017). ***"The unified protocol for transdiagnostic treatment of emotional disorders compared with diagnosis-specific protocols for anxiety disorders: A randomized clinical trial."*** JAMA Psychiatry 74(9): 875-884. http://dx.doi.org/10.1001/jamapsychiatry.2017.2164

Importance Transdiagnostic interventions have been developed to address barriers to the dissemination of evidence-based psychological treatments, but only a few preliminary studies have compared these approaches with existing evidence-based psychological treatments.Objective To determine whether the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP) is at least as efficacious as single-disorder protocols (SDPs) in the treatment of anxiety disorders.Design, Setting, and Participants From June 23, 2011, to March 5, 2015, a total of 223 patients at an outpatient treatment center with a principal diagnosis of panic disorder with or without agoraphobia, generalized anxiety disorder, obsessive-compulsive disorder, or social anxiety disorder were randomly assigned by principal diagnosis to the UP, an SDP, or a waitlist control condition. Patients received up to 16 sessions of the UP or an SDP for 16 to 21 weeks. Outcomes were assessed at baseline, after treatment, and at 6-month follow-up. Analysis in this equivalence trial was based on intention to treat.Interventions The UP or SDPs.Main Outcomes and Measures Blinded evaluations of principal diagnosis clinical severity rating were used to evaluate an a priori hypothesis of equivalence between the UP and SDPs.Results Among the 223 patients (124 women and 99 men; mean [SD] age, 31.1 [11.0] years), 88 were randomized to receive the UP, 91 to receive an SDP, and 44 to the waitlist control condition. Patients were more likely to complete treatment with the UP than with SDPs (odds ratio, 3.11; 95% CI, 1.44-6.74). Both the UP (Cohen d, −0.93; 95% CI, −1.29 to −0.57) and SDPs (Cohen d, −1.08; 95% CI, −1.43 to −0.73) were superior to the waitlist control condition at acute outcome. Reductions in clinical severity rating from baseline to the end of treatment (β, 0.25; 95% CI, −0.26 to 0.75) and from baseline to the 6-month follow-up (β, 0.16; 95% CI, −0.39 to 0.70) indicated statistical equivalence between the UP and SDPs.Conclusions and Relevance The UP produces symptom reduction equivalent to criterion standard evidence-based psychological treatments for anxiety disorders with less attrition. Thus, it may be possible to use 1 protocol instead of multiple SDPs to more efficiently treat the most commonly occurring anxiety and depressive disorders.

Bedard-Gilligan, M., L. A. Zoellner, et al. (2017). ***"Is trauma memory special? Trauma narrative fragmentation in ptsd: Effects of treatment and response."*** Clin Psychol Sci 5(2): 212-225. https://www.ncbi.nlm.nih.gov/pubmed/28503366

Seminal theories posit that fragmented trauma memories are critical to posttraumatic stress disorder (PTSD; van der Kolk & Fisler, 1995; Brewin, 2014) and that elaboration of the trauma narrative is necessary for recovery (e.g., Foa, Huppert, & Cahill, 2006). According to fragmentation theories, trauma narrative changes, particularly for those receiving trauma-focused treatment, should accompany symptom reduction. Trauma and control narratives in 77 men and women with chronic PTSD were examined pre- and post-treatment, comparing prolonged exposure (PE) and sertraline. Utilizing self-report, rater coding, and objective coding of narrative content, fragmentation was compared across narrative types (trauma, negative, positive) by treatment modality and response, controlling for potential confounds. Although sensory components increased with PE (d = 0.23 - 0.44), there were no consistent differences in fragmentation from pre- to post-treatment between PE and sertraline or treatment responders and non-responders. Contrary to theories, changes in fragmentation may not be a crucial mechanism underlying PTSD therapeutic recovery.

Carpenter, J. K., L. A. Andrews, et al. (2018). ***"Cognitive behavioral therapy for anxiety and related disorders: A meta-analysis of randomized placebo-controlled trials."*** Depression and Anxiety 0(0). https://onlinelibrary.wiley.com/doi/abs/10.1002/da.22728

(Available in free full text) Abstract The purpose of this study was to examine the efficacy of cognitive behavioral therapy (CBT) for anxiety-related disorders based on randomized placebo-controlled trials. We included 41 studies that randomly assigned patients (N = 2,843) with acute stress disorder, generalized anxiety disorder (GAD), obsessive compulsive disorder (OCD), panic disorder (PD), posttraumatic stress disorder (PTSD), or social anxiety disorder (SAD) to CBT or a psychological or pill placebo condition. Findings demonstrated moderate placebo-controlled effects of CBT on target disorder symptoms (Hedges' g = 0.56), and small to moderate effects on other anxiety symptoms (Hedges' g = 0.38), depression (Hedges' g = 0.31), and quality of life (Hedges' g = 0.30). Response rates in CBT compared to placebo were associated with an odds ratio of 2.97. Effects on the target disorder were significantly stronger for completer samples than intent-to-treat samples, and for individuals compared to group CBT in SAD and PTSD studies. Large effect sizes were found for OCD, GAD, and acute stress disorder, and small to moderate effect sizes were found for PTSD, SAD, and PD. In PTSD studies, dropout rates were greater in CBT (29.0%) compared to placebo (17.2%), but no difference in dropout was found across other disorders. Interventions primarily using exposure strategies had larger effect sizes than those using cognitive or cognitive and behavioral techniques, though this difference did not reach significance. Findings demonstrate that CBT is a moderately efficacious treatment for anxiety disorders when compared to placebo. More effective treatments are especially needed for PTSD, SAD, and PD.

Conradi, H. J., J. H. Kamphuis, et al. (2018). ***"Adult attachment predicts the seven-year course of recurrent depression in primary care."*** Journal of Affective Disorders 225: 160-166. http://www.sciencedirect.com/science/article/pii/S0165032717304093

(Available in free full text) Background Attachment theory posits that attachment has a persistent, long-term impact on depression. Empirical data on associations between adult attachment and the long-term course of depression is, however, scarce. The present study addresses this omission. Method Primary care patients with a history of depression (n = 103) completed the Experiences in Close Relationships questionnaire measuring adult attachment dimensions (avoidance and anxiety) and styles (secure, preoccupied, dismissing and fearful). The subsequent seven-year course of depression was assessed with the face-to-face administered Composite International Diagnostic Interview (CIDI) and a life-chart interview based on the Longitudinal Interval Follow-up Evaluation (LIFE). At the end of the seven-year follow-up severity of depression was additionally measured with the Beck Depression Inventory (BDI). Results The attachment dimensions avoidance and anxiety both showed significant associations during the seven-year course with lower proportions of depressive symptom-free time and higher severity of depression (LIFE and BDI). The secure style predicted compared to preoccupied attachment a significantly higher proportion of symptom-free time (4.97 vs. 1.10 years), compared to dismissing attachment a higher proportion of symptom-free time (4.97 vs. 2.20 years) and lower severity of depression (LIFE: 1.65 vs. 2.14; BDI 6.04 vs. 9.52), and compared to fearful attachment a lower relapse/recurrence rate (45.7% vs. 76.9%), higher proportions of depression diagnosis-free time (7.31 vs. 6.65 years) and symptom-free time (4.97 vs. 0.29 years), and lower severity of depression (LIFE: 1.65 vs. 2.19; BDI 6.04 vs.

15.54). Limitations Sample size was restricted. Conclusion Insecure attachment predicts an unfavorable course of depression over a seven-year period.

Cooper, A. A., E. G. Clifton, et al. (2017). ***"An empirical review of potential mediators and mechanisms of prolonged exposure therapy."*** Clin Psychol Rev 56: 106-121. https://www.ncbi.nlm.nih.gov/pubmed/28734184

Prolonged exposure (PE) is an empirically-supported treatment for posttraumatic stress disorder (PTSD), but the precise mechanism(s) by which PE promotes symptom change are not well established. Understanding how PE works is critical to improving clinical outcomes, advancing dissemination efforts, and enhancing transdiagnostic models of psychopathology. However, mechanisms research conducted in clinical treatment settings is complex, and findings may be difficult to interpret without appropriate context. This is the first review of potential mechanisms of PE to provide such context, by rigorously evaluating empirical findings in line with essential criteria for effective research on mechanisms (or mediators). We begin by describing six putative mechanisms identified by emotional processing theory and contemporary models of fear extinction, before thoroughly reviewing empirical findings from clinical research on PE and similar PTSD treatments. We provide a detailed description of each study and mechanism test, as well as ratings of strength of evidence and quality of evaluation based on a novel rating scheme. We highlight variables with strong evidence (belief change and between-session habituation), intermediate evidence (inhibitory learning and emotional engagement), and minimal support (narrative organization and within-session habituation). After discussing limitations of the extant literature and this review, we summarize specific challenges for research on PE mechanisms and highlight directions for future study based on clinical and research implications.

Cooper, A. A., L. A. Zoellner, et al. (2017). ***"Do changes in trauma-related beliefs predict ptsd symptom improvement in prolonged exposure and sertraline?"*** J Consult Clin Psychol 85(9): 873-882. https://www.ncbi.nlm.nih.gov/pubmed/28504542

OBJECTIVE: Negative trauma-related belief change has been found to predict subsequent improvement in symptoms of posttraumatic stress disorder (PTSD) in prolonged exposure (PE) and other therapies, consistent with several psychological theories of treatment change (e.g., Foa & Kozak, 1986). However, belief change has not been examined in selective serotonin reuptake inhibitors such as sertraline. We examined processes associated with symptom improvement in 2 treatments for PTSD, hypothesizing that belief change would robustly predict PTSD improvement in patients treated with PE but not those treated with sertraline, reflecting moderation by treatment. METHOD: Patients with chronic PTSD (N = 134; 78% women, 71.6% Caucasian, M = 38.1 years, SD = 11.8) received 10 weeks of PE or sertraline in a randomized, controlled trial. Patients reported PTSD and depression symptoms, and trauma-related beliefs (Post-Traumatic Cognitions Inventory; Foa, Ehlers, Clark, D Tolin, & Orsillo, 1999) at pretreatment, every treatment session, and posttreatment. RESULTS: Using time-lagged mixed regression models, change in trauma-related beliefs predicted subsequent PTSD symptom improvement, an effect moderated by treatment and particularly strong in PE (d = 0.93) compared with sertraline (d = 0.35). Belief change also predicted depressive symptom improvement but more modestly and bidirectionally, with no difference by treatment modality. CONCLUSIONS: Trauma-related belief change precedes PTSD improvement more robustly in PE than in sertraline and with greater specificity compared with depressive symptoms. These findings highlight potentially divergent processes contributing to symptom change in these PTSD treatments, with belief change as a key mechanism of PE.

Delgadillo, J., D. Saxon, et al. (2018). ***"Associations between therapists' occupational burnout and their patients' depression and anxiety treatment outcomes."*** Depression and Anxiety In press. http://eprints.whiterose.ac.uk/129198/

Background: Occupational burnout is common in mental health professionals, but its impact on patient outcomes is as yet uncertain. This study aimed to investigate associations between therapist-level burnout and patient-level treatment outcomes after psychological therapy. Methods: We applied multilevel modelling using depression (PHQ-9) and anxiety (GAD-7) outcomes data from 2223 patients nested within 49 therapists. Therapists completed a survey including the Oldenburg Burnout Inventory (OLBI) and a job satisfaction scale (JDSS). Results: After controlling for case-mix, around 5% of variability in treatment outcomes was explained by therapist effects (TE). Higher therapist OLBI-Disengagement and JDSS scores were significantly associated with poorer treatment outcomes, explaining between 31% and 39% of the TE estimate. Higher OLBI scores were also correlated with lower job satisfaction ratings. Conclusions: Therapist burnout has a negative impact on treatment outcomes and could be the target of future preventive and remedial action.

Espie, C. A., P. Farias Machado, et al. (2017). ***"The sleep condition indicator: Reference values derived from a sample of 200 000 adults."*** Journal of Sleep Research: n/a-n/a. http://dx.doi.org/10.1111/jsr.12643

The Sleep Condition Indicator (SCI) is an eight-item rating scale that was developed to screen for insomnia disorder based on DSM-5 criteria. It has been shown previously to have good psychometric properties among several language translations. We developed age- and sex-referenced values for the SCI to assist the evaluation of insomnia in everyday clinical practice. A random sample of 200 000 individuals (58% women, mean age: 31 ± 13 years) was selected from those who had completed the SCI via several internet platforms. Descriptive and inferential methods were applied to generate reference data and indices of reliable change for the SCI for men and women across the age deciles 16–25, 26–35, 36–45, 46–55, 56–65 and 66–75 years. The mean SCI score for the full sample was 14.97 ± 5.93. Overall, women scored worse than men (14.29 ± 5.83 versus 15.90 ± 5.94; mean difference: −1.60, η2 = 0.018, Cohen's d = 0.272) and those of older age scored worse than those younger (−0.057 points per year, 95% confidence interval (CI): −0.059 to −0.055) relative to age 16–25 years. The Reliable Change Index was established at seven scale points (or six if item 8 is excluded). In conclusion, the SCI is a useful instrument for clinicians and researchers that can help them to screen for insomnia, compare completers to individuals of similar age and sex and establish whether a reliable change was achieved following treatment.

Farb, N., A. Anderson, et al. (2018). ***"Prevention of relapse/recurrence in major depressive disorder with either mindfulness-based cognitive therapy or cognitive therapy."*** Journal of Consulting and Clinical Psychology 86(2): 200-204. http://psycnet.apa.org/record/2017-56964-001

Objective: Both Mindfulness Based Cognitive Therapy (MBCT) and Cognitive Therapy (CT) enhance self-management of prodromal symptoms associated with depressive relapse, albeit through divergent therapeutic procedures. We evaluated rates of relapse in remitted depressed patients receiving MBCT and CT. Decentering and dysfunctional attitudes were assessed as treatment-specific process markers. Method: Participants in remission from Major Depressive Disorder (MDD; N = 166) were randomized to 8 weeks of either MBCT (N = 82) or CT (N = 84) and were followed for 24 months, with process markers measured every 3 months. Attendance in both treatments was high (6.3/8 session) and treatment fidelity and competence were evaluated. Relapse was defined as a return of symptoms meeting the criteria for major depression on Module A of the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders (SCID). Results: Intention-to-treat analyses indicated no differences between MBCT and CT in either rates of relapse to MDD or time to relapse across 24 months of follow up. Both groups experienced significant increases in decentering and participants in CT reported greater reductions in dysfunctional attitudes. Within both treatments, participants who relapsed evidenced lower decentering scores than those who

stayed well over the follow up. Conclusions: This is the first study to directly compare relapse prophylaxis following MBCT and CT directly. The lack of group differences in time to relapse supports the view that both interventions are equally effective and that increases in decentering achieved via either treatment are associated with greater protection. These findings lend credence to Teasdale et al.'s (2002) contention that, even though they may be taught through dissimilar methods, CT and MBCT help participants develop similar metacognitive skills for the regulation of distressing thoughts and emotions.

Galvão, P. V. M., H. R. S. e. Silva, et al. (2018). ***"Temporal distribution of suicide mortality: A systematic review."*** Journal of Affective Disorders 228: 132-142. http://www.sciencedirect.com/science/article/pii/S0165032717315537

Background suicide is a problem with world impact and the leading cause of premature deaths. The study of its distribution over time can bring a changed understanding of parameters attributed to, and the prevention of, suicide. Aim to identify the temporal pattern of suicide by systematic review. Methods Pubmed (Medline), LILACS, Virtual Health Library (VHL), Science Direct and Scopus (Elsevier), Web of Science (Thomson Reuters) and PsyNET (APA) were searched, using suicide-related descriptors and terms, for observational epidemiological studies of the temporal distribution of suicide. The review protocol was registered in PROSPERO (CRD42016038470). Limitations The lack of uniformity in reporting or standardisation of methodology in the studies selected, hindered comparison of populations with similar socioeconomic and cultural profiles, considerably limiting the scope of the results of this review. Results forty-five studies from 26 different countries were included in this review. Clear seasonal patterns were observed by day of the week, month, season and age-period-cohort effects. Few studies studied by trend, time of day or day of the month. Conclusion the review findings provide further evidence of substantial temporal patterns influenced by geographic, climatic and social conditions.

Gasperi, M., M. Herbert, et al. (2017). ***"Genetic and environmental influences on sleep, pain, and depression symptoms in a community sample of twins."*** Psychosomatic Medicine 79(6): 646-654. http://journals.lww.com/psychosomaticmedicine/Fulltext/2017/07000/Genetic_and_Environmental_Influences_on_Sleep,.6.aspx

Objective: We used quantitative genetic methods to evaluate whether sleep quality, pain, and depression symptoms share a common genetic diathesis, to estimate the genetic and environmental sources of covariance among these symptoms, and to test for possible causal relationships. Methods: A community sample of 400 twins from the University of Washington Twin Registry completed standardized self-report questionnaires. We used biometric modeling to assess genetic and environmental contribution to the association between sleep quality measured by the Pittsburgh Sleep Quality Index, pain measured by the Brief Pain Inventory, and depression symptoms measured by the Brief Symptom Inventory. Trivariate Cholesky structural equation models were used to decompose correlations among the phenotypes. Results: Heritability was estimated at 37% (95% confidence interval = 20%–51%) for sleep quality, 25% (9%–41%) for pain, and 39% (22%–53%) for depression. Nonshared environmental influences accounted for the remaining variance. The genetic correlation between sleep quality and pain had an rg value of .69 (95% confidence interval [CI] = 0.33–0.97), rg value of .56 (95% CI = 0.55–0.98) between pain and depression, and rg value of .61 (95% CI = 0.44–0.88) between depression and sleep quality. Nonshared environmental overlap was present between pain and sleep quality as well as depression and sleep quality. Conclusions: The link between sleep quality, pain, and depression was primarily explained by shared genetic influences. The genetic factors influencing sleep quality and pain were highly correlated even when accounting for depression. Findings support the hypothesis of a genetic link between depression and pain as well as potential causality for the association of sleep quality with pain and depression.

Gendron, M. and L. Feldman Barrett (2018). ***"Emotion perception as conceptual synchrony."*** Emotion Review 0(0): 1754073917705717. http://journals.sagepub.com/doi/abs/10.1177/1754073917705717

Psychological research on emotion perception anchors heavily on an object perception analogy. We present static "cues," such as facial expressions, as objects for perceivers to categorize. Yet in the real world, emotions play out as dynamic multidimensional events. Current theoretical approaches and research methods are limited in their ability to capture this complexity. We draw on insights from a predictive coding account of neural activity and a grounded cognition account of concept representation to conceive of emotion perception as a stream of synchronized conceptualizations between two individuals, which is supported and shaped by language. We articulate how this framework can illuminate the fundamental need to study culture, as well as other sources of conceptual variation, in unpacking conceptual synchrony in emotion. We close by suggesting that the conceptual system provides the necessary flexibility to overcome gaps in emotional synchrony.

Headey, B. and R. Muffels (2017). ***"A theory of life satisfaction dynamics: Stability, change and volatility in 25-year life trajectories in germany."*** Social Indicators Research. https://doi.org/10.1007/s11205-017-1785-z

An adequate theory of life satisfaction (LS) needs to take account of both factors that tend to stabilise LS and those that change it. The most widely accepted theory in the recent past—set-point theory—focussed solely on stability (Brickman and Campbell, in: Appley (ed) Adaptation level theory, Academic Press, New York, pp 287–302, 1971; Lykken and Tellegen in Psychol Sci 7:186–189, 1996). That theory is now regarded as inadequate by most researchers, given that national panel surveys in several Western countries show that substantial minorities of respondents have recorded large, long term changes in LS (Sheldon and Lucas in The stability of happiness, Elsevier, Amsterdam, 2014). In this paper we set out a preliminary revised theory, based mainly on analysis of the LS trajectories of the 2473 respondents in the German Socio-Economic Panel who reported their LS for 25 consecutive years in 1990–2014. The theory entails three sets of propositions in which we attempt to account for stability, change and also volatility. First, it is proposed that stability is primarily due to stable personality traits, and also to parental influence on LS. The second set of propositions indicates that medium and long term changes are due to differences and changes in personal values/life priorities and behavioural choices. Differences in the priority given to pro-social values, family values and materialistic values affect LS, as do behavioural choices relating to one's partner, physical exercise, social participation and networks, church attendance, and the balance between work and leisure. Medium term change is reinforced by two-way causation—positive feedback loops—between values, behavioural choices and LS. The third set of propositions breaks new ground in seeking to explain inter-individual differences in the volatility/variability of LS over time; why some individuals display high volatility and others low, even though their mean level of LS may change little over 25 years.

Hofer, P. D., K. Wahl, et al. (2018). ***"Obsessive–compulsive disorder and the risk of subsequent mental disorders: A community study of adolescents and young adults."*** Depression and Anxiety 35(4): 339-345. https://onlinelibrary.wiley.com/doi/abs/10.1002/da.22733

Background Comorbidity of obsessive–compulsive disorder (OCD) with other mental disorders has been demonstrated repeatedly. Few longitudinal studies, however, have evaluated the temporal association of prior OCD and subsequent mental disorders across the age period of highest risk for first onset of mental disorders. We examined associations between prior OCD and a broad range of subsequent mental disorders and simulated proportions of new onsets of mental disorders that could potentially be attributed to prior OCD, assuming a causal relationship. Methods Data from 3,021 14- to 24-year-old community subjects were prospectively collected for up to 10 years. DSM-IV OCD and other DSM-IV mental disorders were assessed with

the Munich-Composite International Diagnostic Interview. We used adjusted time-dependent proportional hazard models to estimate the temporal associations of prior OCD with subsequent mental disorders. Results Prior OCD was associated with an increased risk of bipolar disorders (BIP; [hazard ratio, HR = 6.9, 95% confidence interval, CI, (2.8,17.3)], bulimia nervosa [HR = 6.8 (1.3,36.6)], dysthymia [HR = 4.4 (2.1,9.0)], generalized anxiety disorder (GAD; [HR = 3.4 (1.1,10.9)], and social phobia [HR = 2.9 (1.1,7.7)]). Of these outcome disorders, between 65 and 85% could be attributed to OCD in the exposed group, whereas between 1.5 and 7.7% could be attributed to OCD in the total sample. Conclusions This study provides strong evidence that prior OCD is associated with an increased risk of subsequent onset of BIP, bulimia nervosa, dysthymia, GAD, and social phobia among adolescents and young adults. Future studies should evaluate if early treatment of OCD can prevent the onset of these subsequent mental disorders.

Janse, P. D., K. De Jong, et al. (2017). ***"Improving the efficiency of cognitive-behavioural therapy by using formal client feedback."*** Psychotherapy Research 27(5): 525-538. https://doi.org/10.1080/10503307.2016.1152408

Objective: Feedback from clients on their view of progress and the therapeutic relationship can improve effectiveness and efficiency of psychological treatments in general. However, what the added value is of client feedback specifically within cognitive-behavioural therapy (CBT), is not known. Therefore, the extent to which the outcome of CBT can be improved is investigated by providing feedback from clients to therapists using the Outcome Rating Scale (ORS) and Session Rating Scale (SRS). Method: Outpatients (n?=?1006) of a Dutch mental health organization either participated in the ?treatment as usual? (TAU) condition, or in Feedback condition of the study. Clients were invited to fill in the ORS and SRS and in the Feedback condition therapists were asked to frequently discuss client feedback. Results: Outcome on the SCL-90 was only improved specifically with mood disorders in the Feedback condition. Also, in the Feedback condition, in terms of process, the total number of required treatment sessions was on average two sessions fewer. Conclusion: Frequently asking feedback from clients using the ORS/SRS does not necessarily result in a better treatment outcome in CBT. However, for an equal treatment outcome significantly fewer sessions are needed within the Feedback condition, thus improving efficiency of CBT.

Kendler, K. S., H. Ohlsson, et al. (2018). ***"Sources of parent-offspring resemblance for major depression in a national swedish extended adoption study."*** JAMA Psychiatry 75(2): 194-200. http://dx.doi.org/10.1001/jamapsychiatry.2017.3828

Importance Twin studies have assessed sibling resemblance for major depression (MD) but cannot address sources of resemblance across generations.Objective To clarify the relative importance of genetic and rearing effects on the parent-offspring resemblance for MD.Design This Swedish population register–based study examined parents and children from the following 5 family types: intact (2 041 816 offspring), adoptive (14 104 offspring), not-lived-with (NLW) father (116 601 offspring), stepfather (67 826 offspring), and triparental (29 205 offspring). The 5 family types permitted quantification of parent-offspring resemblance for genes plus rearing, genes-only, and rearing-only associations. Treated MD was assessed from national primary care, specialist care, and inpatient registries. Data were collected from January 1, 1960, through December 31, 2016.Exposure Diagnosis of MD vs no diagnosis in parents.Main Outcomes and Measures Registration for MD.Results The study population included 2 269 552 offspring (51.5% male and 48.5% female; median age, 42; range, 26-56 years). The weighted tetrachoric correlations for MD across family types and across mothers and fathers were r = 0.17 (95% CI, 0.16-0.17) for genes plus rearing, r = 0.08 (95% CI, 0.06-0.09) for genes-only, and r = 0.08 (95% CI, 0.07-0.09) for rearing-only parent-child associations. Only the genes plus rearing association differed significantly between mothers (weighted tetrachoric correlation, r = 0.18; 95% CI, 0.18-0.18) and fathers (weighted tetrachoric correlation, r = 0.15; 95% CI, 0.15-0.16). In triparental families, the parent-offspring correlations for MD were estimated at r = 0.19 (95% CI, 0.17-0.22) for mothers in the genes plus rearing association, r = 0.10 (95% CI, 0.07-0.13) for NLW fathers in the genes-only association, and r = 0.08 (95% CI, 0.05-0.11) for stepfathers in the rearing-only association. In adoptive families, the effect of affected biological and affected adoptive parents on adoptee risk for MD was additive. In intact families, parental MD diagnosed by specialists in hospital or outpatient settings and primary care physicians affected equally the risk for MD in offspring.Conclusions and Relevance The parent-offspring resemblance for treated MD arises from genetic factors and rearing experiences to an approximately equal extent. Both forms of cross-generational transmission act additively on the risk for MD in the offspring.

Kline, A. C., A. A. Cooper, et al. (2018). ***"Long-term efficacy of psychotherapy for posttraumatic stress disorder: A meta-analysis of randomized controlled trials."*** Clin Psychol Rev 59: 30-40. https://www.ncbi.nlm.nih.gov/pubmed/29169664

Psychotherapies are well established as efficacious acute interventions for posttraumatic stress disorder (PTSD). However, the long-term efficacy of such interventions and the maintenance of gains following termination is less understood. This meta-analysis evaluated enduring effects of psychotherapy for PTSD in randomized controlled trials (RCTs) with long-term follow-ups (LTFUs) of at least six months duration. Analyses included 32 PTSD trials involving 72 treatment conditions (N=2935). Effect sizes were significantly larger for active psychotherapy conditions relative to control conditions for the period from pretreatment to LTFU, but not posttreatment to LTFU. All active interventions demonstrated long-term efficacy. Pretreatment to LTFU effect sizes did not significantly differ among treatment types. Exposure-based treatments demonstrated stronger effects in the posttreatment to LTFU period (d=0.27) compared to other interventions (p=0.005). Among active conditions, LTFU effect sizes were not significantly linked to trauma type, population type, or intended duration of treatment, but were strongly tied to acute dropout as well as whether studies included all randomized patients in follow-up analyses. Findings provide encouraging implications regarding the long-term efficacy of interventions and the durability of symptom reduction, but must be interpreted in parallel with methodological considerations and study characteristics of RCTs.

Kraus, M. W. (2017). ***"Voice-only communication enhances empathic accuracy."*** American Psychologist 72(7): 644-654

This research tests the prediction that voice-only communication increases empathic accuracy over communication across senses. We theorized that people often intentionally communicate their feelings and internal states through the voice, and as such, voice-only communication allows perceivers to focus their attention on the channel of communication most active and accurate in conveying emotions to others. We used 5 experiments to test this hypothesis (N = 1,772), finding that voice-only communication elicits higher rates of empathic accuracy relative to vision-only and multisense communication both while engaging in interactions and perceiving emotions in recorded interactions of strangers. Experiments 4 and 5 reveal that voice-only communication is particularly likely to enhance empathic accuracy through increasing focused attention on the linguistic and paralinguistic vocal cues that accompany speech. Overall, the studies question the primary role of the face in communication of emotion, and offer new insights for improving emotion recognition accuracy in social interactions.

Le, B. M., E. A. Impett, et al. (2017). ***"Communal motivation and well-being in interpersonal relationships: An integrative review and meta-analysis."*** Psychol Bull. http://psycnet.apa.org/record/2017-52060-001

The motivation to care for the welfare of others, or communal motivation, is a crucial component of satisfying interpersonal relationships and personal well-being. The current meta-analysis synthesized 100 studies (Ntotal = 26,645) on

communal motivation to establish its associations with subjective personal well-being (e.g., life satisfaction, positive affect, and negative affect) and relationship well-being (e.g., relationship satisfaction, partner-oriented positive affect, and partner-oriented negative affect) for both the person providing communal care and their partner. Three types of communal motivation were examined, including general, partner-specific (for children, parents, romantic partners, and friends), and unmitigated (i.e., devoid of agency and self-oriented concern). Results revealed positive associations between all three forms of communal motivation and relationship well-being for the self (.11 ≤ rs ≤ .44) and relationship partners (.11 ≤ rs ≤ .15). However, only general and partner-specific communal motivation, and not unmitigated communal motivation, were linked with greater personal well-being for both the self (.12 ≤ rs ≤ .16) and relationship partners (.04 ≤ rs ≤ .09). These associations were generally consistent across gender, relationship length, publication status, and lab. Finally, relationship partners were similar in partner-specific (r = .26) and unmitigated (r = .15) communal motivation only. Findings from the current meta-analysis suggest that care for the welfare of others is linked to greater relationship well-being for both members of a relationship. However, communal care is only linked to personal well-being insofar as it is mitigated by a degree of self-oriented concern. We provide theoretical and power recommendations for future research.

Lewis, G., M. Neary, et al. (2017). ***"The association between paternal and adolescent depressive symptoms: Evidence from two population-based cohorts."*** The Lancet Psychiatry 4(12): 920-926. http://dx.doi.org/10.1016/S2215-0366(17)30408-X

(Available in free full text) Background Incidence of depression increases markedly around age 13 years, and nearly three-quarters of adults report that their mental health problems started in adolescence. Although maternal depression is a risk factor for adolescent depression, evidence about the association between paternal and adolescent depression is inconclusive, and many studies have methodological limitations. We aimed to assess the association between paternal and adolescent depressive symptoms in two large population-based cohort studies. Methods We used data for two-parent families from two representative prospective cohorts in Ireland (Growing up in Ireland [GUI]) and the UK (Millennium Cohort Study [MCS]). Parental depressive symptoms were measured with the Centre for Epidemiological Studies Depression Scale in the GUI cohort when children were 9 years old, and the Kessler six-item psychological distress scale in the MCS cohort when children were 7 years old. Adolescent depressive symptoms were measured with the Short Mood and Feelings Questionnaire (SMFQ) at age 13 years in the GUI cohort and age 14 years in the MCS cohort. We analysed data using linear regression models, before and after adjustment for confounders, in both multiply imputed and complete case samples. Findings There were 6070 families in GUI and 7768 in MCS. After all adjustments, a 1 SD (three-point) increase in paternal depressive symptoms was associated with an increase of 0·24 SMFQ points (95% CI 0·03–0·45; p=0·023) in the GUI cohort and 0·18 SMFQ points (0·01–0·36; p=0·041) in the MCS cohort. This association was independent of, and not different in magnitude to, the association between maternal and adolescent depressive symptoms (Wald test p=0·435 in the GUI cohort and 0·470 in the MCS cohort). Interpretation Our results show an association between depressive symptoms in fathers and depressive symptoms in their adolescent offspring. These findings support the involvement of fathers as well as mothers in early interventions to reduce the prevalence of adolescent depression, and highlight the importance of treating depression in both parents.

Lewis, K. S., K. Gordon-Smith, et al. (2017). ***"Sleep loss as a trigger of mood episodes in bipolar disorder: Individual differences based on diagnostic subtype and gender."*** The British Journal of Psychiatry 211(3): 169-174. http://bjp.rcpsych.org/content/211/3/169

(Available in free full text) Background Sleep loss may trigger mood episodes in people with bipolar disorder but individual differences could influence vulnerability to this trigger. Aims To determine whether bipolar subtype (bipolar disorder type I (BP-I) or II (BD-II)) and gender were associated with vulnerability to the sleep loss trigger. Method During a semi-structured interview, 3140 individuals (68% women) with bipolar disorder (66% BD-I) reported whether sleep loss had triggered episodes of high or low mood. DSM-IV diagnosis of bipolar subtype was derived from case notes and interview data. Results Sleep loss triggering episodes of high mood was associated with female gender (odds ratio (OR) = 1.43, 95% CI 1.17–1.75, P < 0.001) and BD-I subtype (OR = 2.81, 95% CI 2.26–3.50, P < 0.001). Analyses on sleep loss triggering low mood were not significant following adjustment for confounders. Conclusions Gender and bipolar subtype may increase vulnerability to high mood following sleep deprivation. This should be considered in situations where patients encounter sleep disruption, such as shift work and international travel.

Lichstein, K. L. (2017). ***"Insomnia identity."*** Behaviour Research and Therapy 97(Supplement C): 230-241. http://www.sciencedirect.com/science/article/pii/S0005796717301638

Insomnia identity refers to the conviction that one has insomnia, and this sleep complaint can be measured independently of sleep. Conventional wisdom predicts that sleep complaints are synchronous with poor sleep, but crossing the presence or absence of poor sleep with the presence or absence of insomnia identity reveals incongruity with expected patterns. This review of existing research on insomnia identity processes and influence finds that about one-fourth of the population are uncoupled sleepers, meaning there is an uncoupling of sleep and sleep appraisal, and daytime impairment accrues more strongly to those who endorse an insomnia identity. Research supports the conclusion that there is a cost to pathologizing sleep. Individuals claiming an insomnia identity, regardless of sleep status, are at greater risk for a range of sequelae including self-stigma, depression, suicidal ideation, anxiety, hypertension, and fatigue. A broad research agenda is proposed with hypotheses about the sources, clinical mechanisms, and clinical management of insomnia identity. [And see an excellent commentary on the BPS Digest at https://digest.bps.org.uk/2017/10/26/insomnia-identity-misbelieving-youve-got-sleep-problems-can-be-more-harmful-than-actual-lack-of-sleep/#more-31502].

Lukas, C. A., D. D. Ebert, et al. (2017). ***"Deficits in general emotion regulation skills–evidence of a transdiagnostic factor."*** Journal of Clinical Psychology: n/a-n/a. http://dx.doi.org/10.1002/jclp.22565

Objective: Deficits in emotion regulation (ER) skills are discussed as a transdiagnostic factor contributing to the development and maintenance of various mental disorders. However, systematic comparisons of a broad range of ER skills across diagnostic groups that are based on comparable definitions and measures of ER are still rare. Method: Therefore, we conducted two studies assessing a broad range of ER skills with the Emotion Regulation Skills Questionnaire in individuals meeting criteria for mental disorders (N1 = 1448; N2 = 137) and in a general population sample (N = 214). Results: Consistent across the two studies, participants in the clinical samples reported lower general and lower specific ER skills than participants in the general population sample. Also consistent across the two studies, diagnostic subgroups of the clinical samples differed significantly with regard to general and specific ER skills. Conclusion: The studies provide evidence that deficits in ER are associated with various forms of psychopathology. However, mental disorders seem to differ with regard to how strongly they are linked to ER skills.

Malouff, J. M. and N. S. Schutte (2017). ***"Can psychological interventions increase optimism? A meta-analysis."*** The Journal of Positive Psychology 12(6): 594-604. https://doi.org/10.1080/17439760.2016.1221122

Greater optimism is related to better mental and physical health. A number of studies have investigated interventions intended to increase optimism. The aim of this meta-analysis was to consolidate effect sizes found in randomized controlled intervention studies of optimism training and to identify factors that may influence the effect of interventions. Twenty-nine studies, with a total of 3319 participants, met criteria for inclusion in the analysis. A significant meta-analytic effect size, g = .41, indicated that, across studies, interventions increased optimism. Moderator analyses showed that studies had significantly higher effect sizes if they used the Best Possible Self intervention, provided the intervention in person, used an active control, used separate positive and negative expectancy measures rather than a version of the LOT-R, had a final assessment within one day of the end of the intervention, and used completer analyses rather than intention-to-treat analyses. The results indicate that psychological interventions can increase optimism and that various factors may influence effect size.

Michael E. Thase, Jesse H. Wright, et al. (2018). ***"Improving the efficiency of psychotherapy for depression: Computer-assisted versus standard cbt."*** American Journal of Psychiatry 175(3): 242-250. https://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2017.17010089

Objective:The authors evaluated the efficacy and durability of a therapist-supported method for computer-assisted cognitive-behavioral therapy (CCBT) in comparison to standard cognitive-behavioral therapy (CBT).Method:A total of 154 medication-free patients with major depressive disorder seeking treatment at two university clinics were randomly assigned to either 16 weeks of standard CBT (up to 20 sessions of 50 minutes each) or CCBT using the "Good Days Ahead" program. The amount of therapist time in CCBT was planned to be about one-third that in CBT. Outcomes were assessed by independent raters and self-report at baseline, at weeks 8 and 16, and at posttreatment months 3 and 6. The primary test of efficacy was noninferiority on the Hamilton Depression Rating Scale at week 16.Results:Approximately 80% of the participants completed the 16-week protocol (79% in the CBT group and 82% in the CCBT group). CCBT met a priori criteria for noninferiority to conventional CBT at week 16. The groups did not differ significantly on any measure of psychopathology. Remission rates were similar for the two groups (intent-to-treat rates, 41.6% for the CBT group and 42.9% for the CCBT group). Both groups maintained improvements throughout the follow-up.Conclusions:The study findings indicate that a method of CCBT that blends Internet-delivered skill-building modules with about 5 hours of therapeutic contact was noninferior to a conventional course of CBT that provided over 8 additional hours of therapist contact. Future studies should focus on dissemination and optimizing therapist support methods to maximize the public health significance of CCBT.

Mund, M., B. F. Jeronimus, et al. (2018). ***Personality and social relationships: As thick as thieves***. Your personality makes you ill: Scientific proof or wishful thinking? C. Johansen. San Diego, Elsevier.

This chapter shows that personality traits and social relationships are deeply entwined in a bidirectional way: Individuals select relationships partly based on their personality traits but at the same time develop across the lifespan partly in response to changes in their social environment. Life transitions are an important catalyst of changes in personality-relationship transactions. We argue that personality traits and social relationships are so closely tied that, in our view, the link between personality and health can only be understood against the backdrop of individuals' relationships.

Murphy, D., N. Irfan, et al. (2018). ***"A systematic review and meta-synthesis of qualitative research into mandatory personal psychotherapy during training."*** Counselling and Psychotherapy Research 0(0). https://onlinelibrary.wiley.com/doi/abs/10.1002/capr.12162

Abstract Background This study addresses the thorny issue of mandatory personal psychotherapy within counselling and psychotherapy training. It is expensive, emotionally demanding and time-consuming. Nevertheless, proponents argue that it is essential in protecting the public and keeping clients safe; to ensure psychotherapists develop high levels of self-awareness and gain knowledge of interpersonal dynamics; and that it enhances therapist effectiveness. Existing evidence about these potential benefits is equivocal and is largely reliant on small-scale qualitative studies. Method We carried out a systematic review of literature searched within five major databases. The search identified 16 published qualitative research studies on the topic of mandatory personal psychotherapy that matched the inclusion criteria. All studies were rated for quality. The findings from individual studies were thematically analysed through a process of meta-synthesis. Results Meta-synthesis showed studies on mandatory psychotherapy had reported both positive and hindering factors in almost equal number. Six main themes were identified: three positive and three negative. Positive findings were related to personal and professional development, experiential learning and therapeutic benefits. Negative findings related to ethical imperatives do no harm, justice and integrity. Conclusion When mandatory personal psychotherapy is used within a training programme, courses must consider carefully and put ethical issues at the forefront of decision-making. Additionally, the requirement of mandatory psychotherapy should be positioned and identified as an experiential pedagogical device rather than fulfilling a curative function. Recommendations for further research are made.

Pascual-Leone, A. and N. Yeryomenko (2017). ***"The client "experiencing" scale as a predictor of treatment outcomes: A meta-analysis on psychotherapy process."*** Psychotherapy Research 27(6): 653-665. https://doi.org/10.1080/10503307.2016.1152409

Objective: The experiencing scale (EXP) is an often used measure of client's depth of processing and meaning-making in-session. While research suggests that "client experiencing" predicts psychotherapy outcomes, this relationship has never been summarized in a meta-analysis. We examine this specific client factor as an in-session process predictor of good treatment outcomes. Method: A meta-analysis quantified the relationship between client experiencing and therapy outcomes using a total of 10 studies and 406 clients. Results: Analysis indicated that client experiencing is a small to medium predictor of standardized symptom improvements at final treatment outcomes with an effect of r=-.19 (95% CI -.10 to -.29), which we consider a "best estimate" for robustly quantifying the association between EXP and self-reported clinical outcomes. However, effects were higher (i.e., r=-.25) when observational measures of outcome were also included: Subgroup analyses indicated that EXP effects were moderated by the modality of outcome measurement (i.e., symptom reports vs. observational measures). On the other hand, statistical index, treatment phase, or treatment approach did not have significant impacts, which addresses some perennial questions in the EXP literature. Conclusions: Client experiencing is a small to medium predictor of treatment outcomes and a probable common factor.

Pérez-Vigil, A., L. Fernández de la Cruz, et al. (2018). ***"Association of obsessive-compulsive disorder with objective indicators of educational attainment: A nationwide register-based sibling control study."*** JAMA Psychiatry 75(1): 47-55. http://dx.doi.org/10.1001/jamapsychiatry.2017.3523

Importance To our knowledge, the association of obsessive-compulsive disorder (OCD) and academic performance has not been objectively quantified. Objective To investigate the association of OCD with objectively measured educational outcomes in a nationwide cohort, adjusting for covariates and unmeasured factors shared between siblings. Design, Setting, And Participants This population-based birth cohort study included 2 115 554 individuals who were born in Sweden between

January 1, 1976, and December 31, 1998, and followed up through December 31, 2013. Using the Swedish National Patient Register and previously validated International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) codes, we identified persons with OCD; within the cohort, we identified 726 198 families with 2 or more full siblings, and identified 11 482 families with full siblings discordant for OCD. Data analyses were conducted from October 1, 2016, to September 25, 2017. Main Outcomes and Measures The study evaluates the following educational milestones: eligibility to access upper secondary school after compulsory education, finishing upper secondary school, starting a university degree, finishing a university degree, and finishing postgraduate education. Results Of the 2 115 554 individuals in the cohort, 15 120 were diagnosed with OCD (59% females). Compared with unexposed individuals, those with OCD were significantly less likely to pass all core and additional courses at the end of compulsory school (adjusted odds ratio [aOR] range, 0.35-0.60) and to access a vocational or academic program in upper secondary education (aOR, 0.47; 95% CI, 0.45-0.50 and aOR, 0.61; 95% CI, 0.58-0.63, for vocational and academic programs, respectively). People with OCD were also less likely to finish upper secondary education (aOR, 0.43; 95% CI, 0.41-0.44), start a university degree (aOR, 0.72; 95% CI, 0.69-0.75), finish a university degree (aOR, 0.59; 95% CI, 0.56-0.62), and finish postgraduate education (aOR, 0.52; 95% CI, 0.36-0.77). The results were similar in the sibling comparison models. Individuals diagnosed with OCD before age 18 years showed worse educational attainment across all educational levels compared with those diagnosed at or after age 18 years. Exclusion of patients with comorbid neuropsychiatric disorders, psychotic, anxiety, mood, substance use, and other psychiatric disorders resulted in attenuated estimates, but patients with OCD were still impaired across all educational outcomes. Conclusions and Relevance Obsessive-compulsive disorder, particularly when it has an early onset, is associated with a pervasive and profound decrease in educational attainment, spanning from compulsory school to postgraduate education.

Plant, D. T., F. W. Jones, et al. (2017). ***"Association between maternal childhood trauma and offspring childhood psychopathology: Mediation analysis from the alspac cohort."*** The British Journal of Psychiatry 211(3): 144-150. http://bjp.rcpsych.org/content/211/3/144

(Available in free full text) Background Studies have shown that a mother's history of childhood maltreatment is associated with her child's experience of internalising and externalising difficulties.AimsTo characterise the mediating pathways that underpin this association.MethodData on a mother's history of childhood maltreatment, depression during pregnancy, postnatal depression, maladaptive parenting practices and her child's experience of maltreatment and internalising and externalising difficulties were analysed in an Avon Longitudinal Study of Parents and Children (ALSPAC) sample of 9397 mother-child dyads followed prospectively from pregnancy to age 13.ResultsMaternal history of childhood maltreatment was significantly associated with offspring internalising and externalising difficulties. Maternal antenatal depression, postnatal depression and offspring child maltreatment were observed to significantly mediate this association independently.ConclusionsPsychological and psychosocial interventions focused around treating maternal depression, particularly during pregnancy, and safeguarding against adverse childhood experiences could be offered to mothers with traumatic childhood histories to help protect against psychopathology in the next generation.

Roberts, B. W., P. L. Hill, et al. (2017). ***"How to change conscientiousness: The sociogenomic trait intervention model."*** Personal Disord 8(3): 199-205. https://www.ncbi.nlm.nih.gov/pubmed/29120219

Conscientiousness, the propensity to be organized, responsible, self-controlled, industrious, and rule-following, is related to numerous important outcomes including many forms of psychopathology. Given the increasing awareness of the importance of conscientiousness, it is becoming common to want to understand how to foster it. In this paper we first describe and update a recent model that was put forward as a theoretically informed intervention to change conscientiousness. We then consider recent life span theories focused on conscientiousness that might inform how best to use existing interventions as well as identify potential moderators of the effectiveness of intervention. Finally, we integrate these perspectives into a framework for how to foster conscientiousness that we label the Sociogenomic Trait Intervention Model (STIM).

Ryan, E. G., S. Vitoratou, et al. (2018). ***"Psychometric properties and factor structure of a long and shortened version of the cognitive and behavioural responses questionnaire."*** Psychosomatic Medicine 80(2): 230-237. https://journals.lww.com/psychosomaticmedicine/Fulltext/2018/02000/Psychometric_Properties_and_Factor_Structure_of_a.14.aspx

Objective Symptoms of chronic fatigue syndrome (CFS) can be perpetuated by cognitive and behavioral responses to the illness. We aimed to determine the factor structure, reliability, and validity of the 40-item Cognitive and Behavioural Responses Questionnaire (CBRQ) using data gathered from CFS patients. We also propose a short-version CBRQ for greater clinical utility. Methods The psychometric analysis was performed on data sets drawn from two sources: a clinical service for CFS patients (n = 576) and the PACE randomized controlled trial of CFS treatments (n = 640). An exploratory factor analysis was conducted on the clinical data set and a confirmatory factor analysis was performed on the randomized controlled trial data set. Using these results, a short version of the CBRQ was proposed. Reliability, metric invariance across age and sex, and construct validity were assessed. Results The exploratory factor analysis (relative $\chi 2 = 2.52$, root mean square error of approximation = 0.051, comparative fit index = 0.964, Taylor-Lewis Index = 0.942) and confirmatory factor analysis (relative $\chi 2 = 4.029$, root mean square error of approximation = 0.069, comparative fit index = 0.901, Taylor-Lewis Index = 0.892) revealed that eight-factor models fitted the data well. Satisfactory Cronbach's α values were obtained for the final subscales (≥0.76). The shortened CBRQ was obtained by removing items that cross-loaded onto other factors and/or were the lowest loading items in each factor. The shortened CBRQ contained 18 items that had high factor loadings, good face validity, and reliability (Cronbach's α = 0.67–0.88). Conclusions The CBRQs, long and short versions, are reliable and valid scales for measuring cognitive and behavioral responses of patients with CFS. Further research is needed to examine the utility of the CBRQ in other long-term conditions.

Schleider, J. and J. Weisz (2018). ***"A single-session growth mindset intervention for adolescent anxiety and depression: 9-month outcomes of a randomized trial."*** Journal of Child Psychology and Psychiatry 59(2): 160-170. http://dx.doi.org/10.1111/jcpp.12811

Background: Single-session interventions (SSIs) show promise in the prevention and treatment of youth psychopathology, carrying potential to improve the scalability and accessibility of youth psychological services. However, existing SSIs have conferred greater benefits for youths with anxiety, compared to depression or comorbid problems, and their effects have generally waned over time – particularly for follow-ups exceeding 3 months. Method: To help address these discrepancies, we tested whether a novel SSI teaching growth mindset of personality (the belief that personality is malleable) could reduce depression and anxiety and strengthen perceived control in high-risk adolescents (N = 96, ages 12–15). At baseline, youths were randomized to receive a 30-min, computer-guided growth mindset intervention or a supportive-therapy control. Youths and parents reported youth anxiety and depressive symptoms, and youths reported their levels of perceived control, at baseline and across a 9-month follow-up period. Results: Compared to the control program, the mindset intervention led to significantly greater improvements in parent-reported youth depression (d = .60) and anxiety (d = .28), youth-reported youth depression (d = .32), and youth-reported perceived behavioral control (d = .29) by 9-month follow-up. Intervention

effects were nonsignificant for youth-reported anxiety, although 9-month effect sizes reached the small-to-medium range (d = .33). Intervention group youths also experienced more rapid improvements in parent-reported depression, youth-reported depression, and perceived behavioral control across the follow-up period, compared to control group youths. Conclusions: Findings suggest a promising, scalable SSI for reducing internalizing distress in high-risk adolescents.

Shafran, N., D. M. Kivlighan, et al. (2017). ***"Therapist immediacy: The association with working alliance, real relationship, session quality, and time in psychotherapy."*** Psychotherapy Research 27(6): 737-748. https://doi.org/10.1080/10503307.2016.1158884

Objective: This longitudinal analysis examined the relationship between amount of therapist immediacy in sessions and client post-session ratings of working alliance (WAI), real relationship (RRI), and session quality (SES). Method: Using hierarchal linear modeling (HLM), we disaggregated the variables into within-client (differences between sessions in immediacy) and between-clients (differences between clients in immediacy) components, in order to test associations over time in treatment. Three hundred and sixty four sessions were nested within 16 clients and 9 therapists. Results: When therapists used more immediacy in a session, clients gave higher SES ratings for that session, compared to their sessions with less immediacy (within-client effect). For WAI, it appeared to matter when immediacy was used in treatment. The interaction effect between time in treatment and within-client immediacy revealed that early in treatment, more immediacy in a session was related to lower WAI for that session, whereas later in treatment, more immediacy in a session was related to higher WAI for that session. Another interaction effect was found between time in treatment and between-clients immediacy. Clients with less immediacy in treatment, gave higher SES scores for early sessions, than clients with more immediacy in treatment. Conclusions: Immediacy has an overall positive effect on session quality, but the time in which it is used in treatment and client characteristics should be taken into account both in practice and research.

Sloan, D. M., B. P. Marx, et al. (2018). ***"A brief exposure-based treatment vs cognitive processing therapy for posttraumatic stress disorder: A randomized noninferiority clinical trial."*** JAMA Psychiatry. http://dx.doi.org/10.1001/jamapsychiatry.2017.4249

Importance Written exposure therapy (WET), a 5-session intervention, has been shown to efficaciously treat posttraumatic stress disorder (PTSD). However, this treatment has not yet been directly compared with a first-line PTSD treatment such as cognitive processing therapy (CPT).Objective To determine if WET is noninferior to CPT in patients with PTSD.Design, Setting, and Participants In this randomized clinical trial conducted at a Veterans Affairs medical facility between February 28, 2013, and November 6, 2016, 126 veteran and nonveteran adults were randomized to either WET or CPT. Inclusion criteria were a primary diagnosis of PTSD and stable medication therapy. Exclusion criteria included current psychotherapy for PTSD, high risk of suicide, diagnosis of psychosis, and unstable bipolar illness. Analysis was performed on an intent-to-treat basis.Interventions Participants assigned to CPT (n = 63) received 12 sessions and participants assigned to WET (n = 63) received 5 sessions. The CPT protocol that includes written accounts was delivered individually in 60-minute weekly sessions. The first WET session requires 60 minutes while the remaining 4 sessions require 40 minutes.Main Outcomes and Measures The primary outcome was the total score on the Clinician-Administered PTSD Scale for DSM-5; noninferiority was defined by a score of 10 points. Blinded evaluations were conducted at baseline and 6, 12, 24, and 36 weeks after the first treatment session. Treatment dropout was also examined.Results For the 126 participants (66 men and 60 women; mean [SD] age, 43.9 [14.6] years), improvements in PTSD symptoms in the WET condition were noninferior to improvements in the CPT condition at each of the assessment periods. The largest difference between treatments was observed at the 24-week assessment (mean difference, 4.31 points; 95% CI, −1.37 to 9.99). There were significantly fewer dropouts in the WET vs CPT condition (4 [6.4%] vs 25 [39.7%]; $\chi 21 = 12.84$, Cramer V = 0.40). Conclusions and Relevance Although WET involves fewer sessions, it was noninferior to CPT in reducing symptoms of PTSD. The findings suggest that WET is an efficacious and efficient PTSD treatment that may reduce attrition and transcend previously observed barriers to PTSD treatment for both patients and providers.

Stephan, Y., A. R. Sutin, et al. (2018). ***"Physical activity and personality developmentover twenty years: Evidence from three longitudinal samples."*** Journal of Research in Personality. http://www.sciencedirect.com/science/article/pii/S0092656618300175

A physically inactive lifestyle is associated with maladaptive patterns of personality development over relatively short follow-up periods. The present study extends existing research by examining whether this association persists over 20 years. Participants (total N = 8723) were drawn from the Wisconsin Longitudinal Study Graduates and Siblings samples and the Midlife in the United States Study. Controlling for demographic factors and disease burden, baseline physical inactivity was related to steeper declines in conscientiousness in all three samples and a meta-analysis ($\beta = -0.06$). The meta-analysis further showed that lower physical activity was associated with declines in openness ($\beta = -0.05$), extraversion ($\beta = -0.03$), and agreeableness ($\beta = -0.03$). These findings provide evidence that a physically inactive lifestyle is associated with long-term detrimental personality trajectories.

Stokes, P. R. A., N. J. Kalk, et al. (2017). ***"Bipolar disorder and addictions: The elephant in the room."*** The British Journal of Psychiatry 211(3): 132-134. http://bjp.rcpsych.org/content/211/3/132

Addictions are highly prevalent in bipolar disorder and greatly affect clinical outcomes. In this editorial, we review the evidence that addictions are a key challenge in bipolar disorder, examine putative neurobiological mechanisms, and reflect on the limited clinical trial evidence base with suggestions for treatment strategies and further developments.

Stubbs, B., D. Vancampfort, et al. (2018). ***"Relationship between sedentary behavior and depression: A mediation analysis of influential factors across the lifespan among 42,469 people in low- and middle-income countries."*** Journal of Affective Disorders 229: 231-238. http://www.sciencedirect.com/science/article/pii/S0165032717321699

Background Sedentary behavior (SB) is associated with diabetes, cardiovascular disease and low mood. There is a paucity of multi-national research investigating SB and depression, particularly among low- and middle-income countries. This study investigated the association between SB and depression, and factors which influence this. Methods Cross-sectional data were analyzed from the World Health Organization's Study on Global Ageing and Adult Health. Depression was based on the Composite International Diagnostic Interview. The association between depression and SB (self-report) was estimated by multivariable linear and logistic regression analyses. Mediation analysis was used to identify influential factors. Results A total of 42,469 individuals (50.1% female, mean 43.8 years) were included. People with depression spent 25.6 (95%CI8.5–42.7) more daily minutes in SB than non-depressed participants. This discrepancy was most notable in adults aged ≥ 65y (35.6min more in those with depression). Overall, adjusting for socio-demographics and country, depression was associated with a 1.94 (95%CI1.31–2.85) times higher odds for high SB (i.e., ≥ 8h/day). The largest proportion of the SB-depression relationship was explained by mobility limitations (49.9%), followed by impairments in sleep/energy (43.4%), pain/discomfort (31.1%), anxiety (30.0%), disability (25.6%), cognition (16.1%), and problems with vision (11.0%). Other health behaviors (physical activity,

alcohol consumption, smoking), body mass index, and social cohesion did not influence the SB-depression relationship. Conclusion People with depression are at increased risk of engaging in high levels of SB. This first multi-national study offers potentially valuable insight for a number of hypotheses which may influence this relationship, although testing with longitudinal studies is needed.

Sun, X., B. Zheng, et al. (2018). ***"Sleep behavior and depression: Findings from the china kadoorie biobank of 0.5 million chinese adults."*** Journal of Affective Disorders 229: 120-124. http://www.sciencedirect.com/science/article/pii/S0165032717321717

(Available in free full text) Background Mixed results have shown the association between sleep behavior and depression, but evidence relating the joint effect of sleep duration and sleep disturbances is limited, especially in Chinese population. Methods A total of 512,891 adults aged 30–79 years from China Kadoorie Biobank (CKB) were included. Depression was defined by Composite International Diagnostic Inventory-short form (CIDI-SF). Sleep duration and sleep disturbances, including difficulty initiating and maintaining sleep (DIMS), early morning awakening (EMA), daytime dysfunction (DDF) and any sleep disturbances (ASD), were obtained by a self-reported questionnaire. Logistic regression was applied to examine the association between sleep behavior and depression. Results About 23.1% of participants reported short sleep duration (≤ 6h), and 5.1% reported long sleep duration (> 9h). Compared with normal sleep duration (7–9h), both groups were associated greater likelihood of having depression (short sleep: OR = 2.32, 95%CI: 2.14–2.51; long sleep: OR = 1.56, 96%CI: 1.34–1.81). Participants reported sleep disturbances were significantly associated with depression (odds ratios ranged from 3.31 to 4.17). Moreover, the associations tended to be stronger for those who reported both abnormal sleep duration and sleep disturbances (p for interactions < 0.05), especially for those who slept long. Limitations The cross-sectional nature of the study design limits the interpretation of the results. Conclusions Abnormal sleep duration and sleep disturbances were associated with depression. The associations were stronger for abnormal sleep duration accompanied with sleep disturbances, especially for a long duration. More attention should be paid on these persons in clinical practice.

Suzuki, M., S. Dallaspezia, et al. (2018). ***"Does early response predict subsequent remission in bipolar depression treated with repeated sleep deprivation combined with light therapy and lithium?"*** Journal of Affective Disorders 229: 371-376. http://www.sciencedirect.com/science/article/pii/S0165032717321262

Background The combination of three cycles of sleep deprivation (SD), light therapy (LT), and lithium has recently been proposed as a possible first-line treatment for bipolar depression. However, it is unclear whether early improvement predicts final response/remission in bipolar depression treated with this regimen. Method We studied 220 consecutively admitted inpatients with a major depressive episode in the course of bipolar disorder. The relation between response to first SD and response/remission at the end of the treatment (day 6) was analyzed using logistic regression analysis. Severity of depression was rated using the Hamilton Depression Rating Scale (HDRS). Clinical response was defined as a ≥50% reduction in HDRS scores, and remission was defined as an HDRS score of ≤7. Results Among the 217 completers, 67.7% showed response and 54.4% reached remission at the end of the treatment. Multiple logistic regression analysis revealed that response after first recovery sleep (day 2) predicted final response and remission at the end of the treatment with high odds ratios (10.9 for response and 8.2 for remission); however, response immediately after the first SD (day 1) did not predict final response or remission. Limitations Whether our results can be generalized to unipolar depression remains uncertain. Conclusion Clinical status after first recovery sleep is a strong predictor of successful final outcome in patients with bipolar depression treated with the combination of repeated SD, LT, and lithium. Recovery sleep may play a role in inducing the antidepressant effect associated with the success of treatment.

Tomassi, S., S. Tosato, et al. (2017). ***"Influence of childhood trauma on diagnosis and substance use in first-episode psychosis."*** The British Journal of Psychiatry 211(3): 151-156. http://bjp.rcpsych.org/content/211/3/151

BackgroundChildhood trauma has been significantly associated with first-episode psychosis, affective dysfunction and substance use.AimsTo test whether people with first-episode psychosis who had experienced childhood trauma, when compared with those who had not, showed a higher rate of affective psychosis and an increased lifetime rate of substance use.MethodThe sample comprised 345 participants with first-episode psychosis (58% male, mean age 29.8 years, s.d. = 9.7).ResultsSevere sexual abuse was significantly associated with a diagnosis of affective psychosis ($\chi 2 = 4.9$, $P = 0.04$) and with higher rates of lifetime use of cannabis (68% v. 41%; $P = 0.02$) and heroin (20% v. 5%; $P = 0.02$). Severe physical abuse was associated with increased lifetime use of heroin (15% v. 5%; $P = 0.03$) and cocaine (32% v. 17%; $P = 0.05$).ConclusionsPatients with first-episode psychosis exposed to childhood trauma appear to constitute a distinctive subgroup in terms of diagnosis and lifetime substance use.

Underwood, L. and K. Waldie (2017). ***"The effect of paternal depression on depressive symptoms in adolescent offspring."*** The Lancet Psychiatry 4(12): 889-890. http://dx.doi.org/10.1016/S2215-0366(17)30432-7

(Free full text available) Almost one in ten men will experience depression at some time in their life. Although there is evidence that partnered (and particularly married) men are at lower risk of depression than are the general male population,1 rates of depression among fathers are difficult to estimate on the basis of existing evidence.2 Fathers might not be exposed to the same risk factors for depression as mothers, but they do experience a range of biopsychosocial stressors that might affect their mental health and also have indirect effects on their partners, their children, or both. Regardless of prevalence or risk, there is now an increasing awareness of the role that paternal depression can have in child development and later psychosocial outcomes.4, 5, 6 That being said, high quality evidence to support the development of effective policy and intervention remains scarce. The effect of perinatal paternal depression on early childhood was shown by research with longitudinal data from the Avon Longitudinal Study of Parents and Children (ALSPAC) in the UK. Children (n=6449) whose fathers were depressed during the antenatal or postnatal periods had higher risk of emotional and behavioural problems than did those whose fathers did not have depression, when they were assessed at age 3·5 and 7 years.6 Similarly, in different samples of Australian 5–6-year-olds (n=4253) and 8–9-year-olds (n=4196), childhood social and emotional wellbeing was negatively associated with paternal psychological distress (as well as mental health problems among mothers and grandparents).7 A Finnish study of 1247 pre-adolescents found an association between paternal postnatal distress and internalising behaviour problems among their children at age 12 years. In this issue of The Lancet Psychiatry, Gemma Lewis and colleagues9 provide evidence that associations between paternal mental health and child outcomes persist and affect adolescents, as well as younger children.8 Adolescents from the Millennium Cohort Study (MCS; n=7768) and Growing Up in Ireland (GUI; n=6070) were assessed at age 13–14 years. After adjusting for child emotional symptoms, paternal depression symptoms were significantly associated with symptoms of depression in adolescents, as noted by an increase in Short Mood and Feelings Questionnaire score (GUI 0·24 points, 95% CI 0·03–0·45, p=0·023; MCS 0·18, 0·01–0·36, p=0·041). This study explores the clinical significance of the findings, reporting an increase of 0·03–0·04 of an SD in adolescent depression scores for each 1 SD increase in paternal depressive symptoms. This association was of a similar magnitude to that between maternal depressive symptoms and adolescent depression scores.

Vakrat, A., Y. Apter-Levy, et al. (2017). ***"Fathering moderates the effects of maternal depression on the family process."*** Dev Psychopathol: 1-12. https://www.cambridge.org/core/journals/development-and-psychopathology/article/fathering-moderates-the-effects-of-maternal-depression-on-the-family-process/3E196890F549BF26952553A15D0CDD55

Maternal depression negatively impacts children's development, yet few studies have focused on fathering and the family process in cases of maternal depression. A community cohort of married/cohabitating women was recruited on the second postbirth day (N = 1,983) and maternal depression repeatedly assessed across the first year and again at 6 years to form two cohorts: mothers chronically depressed from birth to 6 (N = 46) and nondepressed controls (N = 103). At 6 years, mother-child, father-child, and family interactions were observed. In families of depressed mothers, both mother and father exhibited lower sensitivity and higher intrusiveness, and children displayed lower social engagement during interactions with mother and father. Fathering moderated the effects of maternal depression on the family process. When fathers showed low sensitivity, high intrusiveness, and provided little opportunities for child social engagement, the family process was less cohesive, implying a decrease in the family's harmonious, warm, and collaborative style. However, in cases of high father sensitivity, low intrusiveness, and increased child engagement, the family process was unaffected by maternal depression. Findings describe both comparability and compensatory mechanisms in the effects of fathering on family life when maternal care is deficient, highlight the buffering role of fathers, and underscore the importance of father-focused interventions when mothers are depressed.

Weck, F., L. C. Nagel, et al. (2017). ***"Cognitive therapy and exposure therapy for hypochondriasis (health anxiety): A 3-year naturalistic follow-up."*** J Consult Clin Psychol 85(10): 1012-1017. https://www.ncbi.nlm.nih.gov/pubmed/28956951

OBJECTIVE: Cognitive-behavioral therapy (CBT) has been shown to be effective in treating hypochondriasis. However, there are doubts regarding the long-term effectiveness of CBT for hypochondriasis, in particular for follow-up periods longer than 1 year. The aim of the present study was to evaluate the long-term effectiveness of cognitive therapy (CT) and exposure therapy (ET) for the treatment of hypochondriasis. METHOD: Seventy-five patients with a diagnosis of hypochondriasis who were previously treated with CT or ET were contacted 3 years after treatment. Fifty (67%) patients participated and were interviewed by an independent and blinded diagnostician using standardized interviews. RESULTS: We found further improvements after therapy in primary outcome measures (d = .37), general functioning (d = .38), and reduced doctor visits (d = .30) during the naturalistic follow-up period. At the 3-year follow-up, 72% of the patients no longer fulfilled the diagnosis of hypochondriasis. Based on the main outcome measure, we found response rates of 76% and remission rates of 68%. At follow-up, only 4% of patients were taking antidepressant medication. Additional psychological treatment was utilized by 18% of the patients during the follow-up period (only 8% because of health anxiety). We found no overall differences between CT and ET. Only a trend for a greater deterioration rate in CT (13%) in comparison to ET (0%) was found. CONCLUSIONS: Our results suggest that (2/3) of the patients with hypochondriasis were remitted in the long term. Thus, remission rates after CBT were twice as high as in untreated samples.

Zammit, S., C. Lewis, et al. (2018). ***"Undetected post-traumatic stress disorder in secondary-care mental health services: Systematic review."*** The British Journal of Psychiatry 212(1): 11-18. https://www.cambridge.org/core/article/undetected-posttraumatic-stress-disorder-in-secondarycare-mental-health-services-systematic-review/1E9A47E81145B728D84DF3E28843F593

(Available in free full text) Background Comorbid post-traumatic stress disorder (PTSD) is associated with poorer outcomes of other disorders, but is treatable. Aims To estimate the frequency of clinically undetected PTSD in secondary care. Method A systematic review of studies that screened for PTSD and reported on PTSD documentation in clinical records. Frequency of undetected PTSD was estimated, and reasons for heterogeneity explored. Results The median proportion of participants with undetected PTSD (29 studies) was 28.6% (interquartile range 18.2–38.6%). There was substantial heterogeneity, with studies conducted in the USA and those with the highest proportions of in-patients and patients with psychotic disorder reporting higher frequencies of undetected PTSD. Conclusions Undetected PTSD is common in secondary care, even if the true value is at the lower limit of the estimates reported here. Trials examining the impact of routine screening for PTSD are required to determine whether such programmes should be standard procedure for all mental health services. Declaration of interest None.

Zhu, X. and M. C. Yzer (2017). ***"Ends over means: Self-affirmation strengthens attitudinal and weakens perceived control effects on behavioral intention."*** Media Psychology: 1-22. https://doi.org/10.1080/15213269.2017.1282875

Self-affirmation research suggests that allowing people to affirm important values can improve acceptance of health messages. However, how self-affirmation improves message acceptance is not fully understood. Integrating construal level theory and reasoned action theory, this research tested two hypotheses: first, self-affirmation affects the abstractness of how people construe behavioral choices, and second, self-affirmation influences the associations between intention and its key determinants. Data were obtained from two studies on sunscreen use and flossing (n = 123 college students, and n = 294 adults). Our findings confirmed that self-affirmation induced abstract, high level construals of behaviors in terms of ends rather than means, and that self-affirmation strengthened the impact of attitude on intention and weakened the impact of perceived control.

Zisook, S., M. K. Shear, et al. (2018). ***"Treatment of complicated grief in survivors of suicide loss: A heal report."*** J Clin Psychiatry 79(2). http://www.psychiatrist.com/JCP/article/Pages/2018/v79n02/17m11592.aspx?sclick=1

Objective: Suffering associated with complicated grief (CG) is profound. Because suicide loss survivors are susceptible to developing CG, identifying effective treatments for suicide loss survivors with CG is a high priority. This report provides data on the acceptability and effectiveness of antidepressant medication and complicated grief therapy (CGT), a CG-targeted psychotherapy, for suicide loss survivors with CG identified by an Inventory of Complicated Grief score ≥ 30. Methods: This is a secondary analysis of data collected from March 2010 to September 2014 for a 4-site, double-blind, placebo-controlled randomized trial comparing the effectiveness of antidepressant medication alone or in combination with CGT for participants with CG (score ≥ 30 on the Inventory of Complicated Grief) who were bereaved by suicide (SB; n = 58), accident/homicide (A/H; n = 74), or natural causes (NC; n = 263). Using mode of death as a grouping factor, we evaluated acceptability of treatments by comparing 12-week medication and 16-session CGT completion; we evaluated effectiveness by comparing response at week 20, defined by a score of 1 or 2 on the Complicated Grief Clinical Global Impressions-Improvement scale (CG-CGI-I), and additional secondary response measures. Results: Among participants receiving medication alone, SB medication completion rates (36%) were lower than rates for A/H (54%) and NC (68%; $\chi 2 = 11.76$, $P < .01$). SB medication completion rates were much higher for SB individuals receiving CGT (82%; $\chi 2 = 12.45$, $P < .001$) than for SB individuals receiving medication alone. CGT completion rates were similar in the 3 groups (SB = 74%, A/H = 64%, NC = 77%; $\chi 2 = 2.48$, $P = .29$). For SB participants receiving CGT, CG-CGI-I response rates were substantial (64%), but lower compared to the other groups (A/H = 93%, NC = 84%; $\chi 2 = 8.00$, $P < .05$). However, on all other outcomes, changes from baseline for SB participants were

comparable to those for A/H and NC participants, including number and severity of grief symptoms, suicidal ideation, and grief-related impairment, avoidance, and maladaptive beliefs. Conclusions: These results raise concern about the acceptability of medication alone as a treatment for complicated grief in treatment-seeking suicide-bereaved adults. In contrast, CGT is an acceptable and promising treatment for suicide-bereaved individuals with complicated grief.