30 babcp abstracts, december/january '14

(Abramowitz 2013; Beach, Roter et al. 2013; Boeding, Paprocki et al. 2013; Canevello, Granillo et al. 2013; Dias and Ressler 2013; Dimsdale and Levenson 2013; Fang, Sawyer et al. 2013; Foa, McLean et al. 2013; Gershon, Johnson et al. 2013; Gloster, Hauke et al. 2013; Kashdan and McKnight 2013; Keng, Robins et al. 2013; Kocovski, Fleming et al. 2013; Ljotsson, Hesser et al. 2013; Nordsletten, Reichenberg et al. 2013; O'Connor, Smyth et al. 2013; Orlinsky and Heinonen 2013; Paul, Stanton et al. 2013; Pepping, O'Donovan et al. 2013; Reynolds, Clark et al. 2013; Sauer-Zavala, Walsh et al. 2013; Schauman, Aschan et al. 2013; Simon, Rutter et al. 2013; Smoski, Labar et al. 2013; Somer, Amos-Williams et al. 2013; Stallard, Spears et al. 2013; Thirlwall, Cooper et al. 2013; Troy, Shallcross et al. 2013; Watson and Bulik 2013; Wuthrich and Rapee 2013)

Abramowitz, J. S. (2013). ***"The practice of exposure therapy: Relevance of cognitive-behavioral theory and extinction theory."*** Behav Ther 44(4): 548-558. http://www.ncbi.nlm.nih.gov/pubmed/24094780

(Free full text available) Exposure therapy is the most effective psychological intervention for people with anxiety disorders. While many therapists learn how to implement exposure techniques through clinical training programs or instructional workshops, not all of these educational efforts include a focus on the theory underlying this treatment. The availability of treatment manuals providing step-by-step instructions for how to implement exposure makes it easier for clinicians to use these techniques with less training than they might otherwise receive. This raises questions regarding whether it is necessary to understand the theory behind the use of exposure. This article argues that knowledge of the relevant theory is crucial to being able to implement exposure therapy in ways that optimize both short- and long-term outcome. Specific ways in which theory is relevant to using exposure techniques are discussed.

Beach, M. C., D. Roter, et al. (2013). ***"A multicenter study of physician mindfulness and health care quality."*** The Annals of Family Medicine 11(5): 421-428. http://www.annfammed.org/content/11/5/421.abstract

(Free full text available) PURPOSE Mindfulness (ie, purposeful and nonjudgmental attentiveness to one's own experience, thoughts, and feelings) is associated with physician well-being. We sought to assess whether clinician self-rated mindfulness is associated with the quality of patient care. METHODS We conducted an observational study of 45 clinicians (34 physicians, 8 nurse practitioners, and 3 physician assistants) caring for patients infected with the human immunodeficiency virus (HIV) who completed the Mindful Attention Awareness Scale and 437 HIV-infected patients at 4 HIV specialty clinic sites across the United States. We measured patient-clinician communication quality with audio-recorded encounters coded using the Roter Interaction Analysis System (RIAS) and patient ratings of care. RESULTS In adjusted analyses comparing clinicians with highest and lowest tertile mindfulness scores, patient visits with high-mindfulness clinicians were more likely to be characterized by a patient-centered pattern of communication (adjusted odds ratio of a patient-centered visit was 4.14; 95% CI, 1.58–10.86), in which both patients and clinicians engaged in more rapport building and discussion of psychosocial issues. Clinicians with high-mindfulness scores also displayed more positive emotional tone with patients (adjusted β = 1.17; 95% CI, 0.46–1.9). Patients were more likely to give high ratings on clinician communication (adjusted prevalence ratio [APR] = 1.48; 95% CI, 1.17–1.86) and to report high overall satisfaction (APR = 1.45; 95 CI, 1.15–1.84) with high-mindfulness clinicians. There was no association between clinician mindfulness and the amount of conversation about biomedical issues. CONCLUSIONS Clinicians rating themselves as more mindful engage in more patient-centered communication and have more satisfied patients. Interventions should determine whether improving clinician mindfulness can also improve patient health outcomes.

Boeding, S. E., C. M. Paprocki, et al. (2013). ***"Let me check that for you: Symptom accommodation in romantic partners of adults with obsessive-compulsive disorder."*** Behav Res Ther 51(6): 316-322. http://www.ncbi.nlm.nih.gov/pubmed/23567474

Obsessive Compulsive Disorder (OCD) is typically considered from the perspective of the individual, yet symptoms often occur within an interpersonal context. Family members often engage in accommodation, assisting patients with rituals in order to alleviate anxiety, prevent conflict, or "help out" with time-consuming compulsive behaviors. Prior research has primarily examined accommodation in parents of children with OCD or in adult caregiver relationships, where caregivers can include various family members (e.g., parents, romantic partners). The current study examined accommodation behaviors in romantic partners of adults with OCD. As part of a treatment study, 20 couples were assessed for accommodation behaviors, OCD symptoms, and relationship functioning before and after 16-sessions of cognitive-behavioral treatment. Accommodation was associated with the patient's OCD symptoms at pre-treatment, and negatively associated with the partners', but not the patients', self-reported relationship satisfaction. Post-treatment partner accommodation was also associated with poorer response to treatment. The implications of these findings are discussed within an interpersonal framework, and the benefits of including partners in the treatment of OCD are described.

Canevello, A. M. Y., M. T. Granillo, et al. (2013). ***"Predicting change in relationship insecurity: The roles of compassionate and self-image goals."*** Personal Relationships 20(4): 587-618. http://dx.doi.org/10.1111/pere.12002

It was hypothesized that self-image goals to construct, defend, and maintain desired images of the self enhance relationship insecurity, whereas compassionate goals to support others diminish relationship insecurity. Study 1 followed 115 new college roommates for 3 weeks; Study 2 followed 230 new college roommates across a semester. Both studies assessed self-image and compassionate goals for and anxiety and avoidance in the roommate relationship. Self-image goals predicted increased relationship anxiety and avoidance across 3 weeks (Study 1) and within weeks, from week to week, and across 3 months (Study 2). Compassionate goals consistently predicted decreased relationship anxiety and avoidance across studies and analyses. These results suggest that through their interpersonal goals, people contribute directly to their own relationship insecurity.

Dias, B. G. and K. J. Ressler (2013). ***"Parental olfactory experience influences behavior and neural structure in subsequent generations."*** Nat Neurosci advance online publication. http://dx.doi.org/10.1038/nn.3594

Using olfactory molecular specificity, we examined the inheritance of parental traumatic exposure, a phenomenon that has been frequently observed, but not understood. We subjected F0 mice to odor fear conditioning before conception and found that subsequently conceived F1 and F2 generations had an increased behavioral sensitivity to the F0-conditioned odor, but not to other odors. When an odor (acetophenone) that activates a known odorant receptor (Olfr151) was used to condition F0 mice, the behavioral sensitivity of the F1 and F2 generations to acetophenone was complemented by an enhanced neuroanatomical representation of the Olfr151 pathway. Bisulfite sequencing of sperm DNA from conditioned F0 males and F1 naive offspring revealed CpG hypomethylation in the Olfr151 gene. In addition, in vitro fertilization, F2 inheritance and cross-fostering revealed that these transgenerational effects are inherited via parental gametes. Our findings provide a framework for addressing how environmental information may be inherited transgenerationally at behavioral, neuroanatomical and epigenetic levels. *[For an*

example of the widespread commentary on this article see the New Scientist - http://www.newscientist.com/article/dn24677-fear-of-a-smell-can-be-passed-down-several-generations.html - .UrSY6qOYafA *- "If a particular smell makes you uneasy but you don't know why, perhaps you should ask your grandparents. Mice whose father or grandfather learned to associate the smell of cherry blossom with an electric shock became more jumpy in the presence of the same odour, and responded to lower concentrations of it than normal mice. This work, led by Brian Dias at Emory University School of Medicine in Atlanta, provides some of the best evidence yet for the inheritance of memories or traits across generations. It also sheds fresh light on the biological mechanism by which such traits might be passed down generations. Previous studies have hinted that stressful events can affect the emotional behaviour or metabolism of future generations, possibly through chemical changes to the DNA that can turn genes off and on – a mechanism known as epigenetic inheritance. Needle in a haystack However, although epigenetic changes have been observed, identifying which ones are relevant is a bit like searching for a needle in a haystack. That's because many genes control behaviours or metabolic diseases like obesity. Smell is a little different though. Individual odours, such as acetophenone (which smells like cherry blossom) often bind to specific receptors on the olfactory bulb, the interface between the nose and brain – in this case to a smell receptor called M71. "Since we know the gene encoding this receptor, we can look at it and the haystack becomes a little smaller," says Dias. Male mice have previously been conditioned to associate the smell of acetophenone with an electric shock and became fearful of it as a result. They also developed more M71 receptors, which enabled them to detect acetophenone at much lower levels. Dias and Kerry Ressler, also at Emory, took sperm from these conditioned mice and used it to inseminate female mice. When the offspring from these pairings were exposed to acetophenone they were more jumpy than when they smelled a neutral odour – even though they had never smelled acetophenone before. The same was true of their grandpups. When the pups were exposed to a different smell, they showed no enhanced response. Brain change The offspring also had more M71 receptors in their brains than did mice born from parents who had not had the smell conditioning and were more sensitive to it. "There was more real estate devoted to this particular odorant receptor, suggesting that there's something in the sperm that is informing or allowing that information to be inherited," Dias says. DNA sequencing of sperm from the grandfather mice and their sons also revealed epigenetic marks on the gene encoding M71 that weren't seen in control mice. Female mice conditioned to fear acetophenone also appeared to transmit this "memory" to the next generation, although epigenetic marks on their eggs have not yet been analysed. Moshe Szyf at McGill University in Montreal, Canada, describes the results as unprecedented and startling. "It suggests that there is a very particular, specific and organised transgenerational transfer of information," he says. Marcus Pembrey at the University of Bristol, UK agrees. "It is high time public-health researchers took human transgenerational responses seriously," he says. "I suspect we will not understand the rise in neuropsychiatric disorders or obesity, diabetes and metabolic disruptions generally, without taking a multigenerational approach." Permanent changes? The mystery remains as to how a bad memory could get transmitted to the sperm and prompt chemical changes to the DNA, or how these chemical changes could be translated into a behavioural change in offspring – although some theories exist (see "How to inherit a memory, below"). Another question is how many generations such epigenetic changes will affect. "Does the epigenetic change eventually become genetic and then it is fixed?" asks Szyf. Not everyone is convinced that smell memories can be inherited, however. For one thing, not all descendants of smell-conditioned mice were easier to startle than control mice – it is not yet known why. Neither have Dias and Ressler provided evidence that the epigenetic changes they found in the sperm were directly responsible for functional changes in the brain. "The idea that something you smelled and became sensitive to can be transmitted across generations is astonishing, but I think it needs truly robust data to support it," says Isabelle Mansuy at the University of Zurich, Switzerland. "It's such an important question – one that touches fundamental concepts in genetics and epigenetics – so it's extremely important that the experimental design be rigorous and data be carefully interpreted."]*

Dimsdale, J. E. and J. Levenson (2013). ***"What's next for somatic symptom disorder?"*** Am J Psychiatry 170(12): 1393-1395. http://ajp.psychiatryonline.org/article.aspx?articleid=1787312

(Free full text available) DSM-5 made major changes by introducing the diagnosis of somatic symptom disorder. Our commentary describes the contours of this new diagnosis and provides an overview of the rationale for the changes. We also make some cautious predictions of how the field will develop in the next 10 years in order to base clinical practice on a sound scientific footing. Somatic symptom disorder represents a consolidation of several disorders (primarily somatization disorder, undifferentiated somatoform disorder, and hypochondriasis) that were noteworthy for their high degree of overlap. The criteria for somatization disorder were difficult to use and so restrictive that the diagnosis was rarely made (1). In DSM-III, the diagnosis required 14 symptoms in women and 12 in men from a list of 37. In DSM-IV, diagnosis required four pain symptoms, two gastrointestinal symptoms, one sexual symptom, and one neurological symptom. In contrast, the criteria for undifferentiated somatoform disorder created far too low a diagnostic threshold. Clinicians seldom used these diagnostic labels, and psychiatric epidemiology rarely included their assessment. However, the major limitation of the DSM-III and DSM-IV somatoform diagnoses was the overemphasis on medically unexplained symptoms as their hallmark (2). The reliability of diagnosing medically unexplained symptoms is poor, and the emphasis on these symptoms promotes mind-body dualism (3). In fact, psychiatric and general medical disorders commonly co-occur. "Somatizing" frequently occurs in patients with diagnosed medical disorders, amplifying "explained" symptoms. The diagnosis of somatic symptom disorder is established when three criteria are met: distressing and impairing somatic symptoms are present; the symptoms are persistent (i.e., >6 months); and the symptoms are associated with abnormal and excessive thoughts, feelings, and behaviors, typically manifested by disproportionate catastrophizing, high levels of anxiety, and illness behavior. For example, following an uncomplicated myocardial infarction, a man is advised to resume normal activities, but he worries constantly about a recurrence and experiences dizziness, dyspnea, and palpitations unrelated to exertion, he restricts his activities, and he checks his pulse hourly. Note that the diagnosis of somatic symptom disorder in this case is based on criteria that are present rather than lack of explanation of symptoms; furthermore, these criteria focus on territory familiar to psychiatrists and psychologists—thoughts, feelings, and behaviors. The removal of the emphasis on medically unexplained symptoms allows a focus on patient suffering without questioning its legitimacy or "reality." Furthermore, finding somatic symptoms of unclear etiology is not sufficient to make this diagnosis. In the absence of abnormal thoughts, feelings, and behaviors, patients with irritable bowel syndrome, chronic fatigue, or fibromyalgia would not qualify for a diagnosis of somatic symptom disorder ...

Fang, A., A. T. Sawyer, et al. (2013). ***"Psychological treatment of social anxiety disorder improves body dysmorphic concerns."*** J Anxiety Disord 27(7): 684-691. http://www.ncbi.nlm.nih.gov/pubmed/24121100

Social anxiety disorder and body dysmorphic disorder are considered nosologically distinct disorders. In contrast, some cognitive models suggest that social anxiety disorder and body dysmorphic disorder share similar cognitive maintenance factors. The aim of this study was to examine the effects of psychological treatments for social anxiety disorder on body dysmorphic disorder concerns. In Study 1, we found that 12 weekly group sessions of cognitive-behavioral therapy led to significant decreases in body dysmorphic symptom severity. In Study 2, we found that an attention retraining intervention for social anxiety disorder was associated with a reduction in body dysmorphic concerns, compared to a placebo control condition. These findings support the notion that psychological treatments for individuals with primary social anxiety disorder improve co-occurring body dysmorphic disorder symptoms

Foa, E. B., C. P. McLean, et al. (2013). ***"Prolonged exposure vs supportive counseling for sexual abuse-related PTSD in adolescent girls: A randomized clinical trial."*** JAMA 310(24): 2650-2657. http://www.ncbi.nlm.nih.gov/pubmed/24368465

IMPORTANCE: Evidence-based treatments for posttraumatic stress disorder (PTSD) have not been established for adolescents despite high prevalence of PTSD in this population. OBJECTIVE: To examine the effects of counselor-delivered prolonged exposure therapy compared with supportive counseling for adolescents with PTSD. DESIGN, SETTING, AND PARTICIPANTS: A single-blind, randomized clinical trial of 61 adolescent girls with PTSD using a permuted block design. Counselors previously naive to prolonged exposure therapy provided the treatments in a community mental health clinic. Data collection lasted from February 2006 through March 2012. INTERVENTIONS: Participants received fourteen 60- to 90-minute sessions of prolonged exposure therapy (n = 31) or supportive counseling (n = 30). MAIN OUTCOMES AND MEASURES: All outcomes were assessed before treatment, at mid-treatment, and after treatment and at 3-, 6-, and 12-month follow-up. The primary outcome, PTSD symptom severity, was assessed by the Child PTSD Symptom Scale-Interview (range, 0-51; higher scores indicate greater severity). Secondary outcomes were presence or absence of PTSD diagnosis assessed by the DSM-IV Schedule for Affective Disorders and Schizophrenia for School-Age Children and functioning assessed by the Children's Global Assessment Scale (range, 1-100; higher scores indicate better functioning). Additional secondary measures, PTSD severity assessed by the Child PTSD Symptom Scale-Self-Report (range, 0-51; higher scores indicate greater severity) and depression severity assessed by the Children's Depression Inventory (range, 0-54; higher scores indicate greater severity), were also assessed weekly during treatment. RESULTS: Data were analyzed as intent to treat. During treatment, participants receiving prolonged exposure demonstrated greater improvement on the PTSD symptom severity scale (difference between treatments in improvement, 7.5; 95% CI, 2.5-12.5; P < .001) and on all secondary outcomes (loss of PTSD diagnosis: difference, 29.3%, 95% CI, 20.2%-41.2%; P = .01; self-reported PTSD severity: difference, 6.2; 95% CI, 1.2-11.2; P = .02; depression: difference, 4.9; 95% CI, 1.6-8.2; P = .008; global functioning: difference, 10.1; 95% CI, 3.4-16.8; P = .008). These treatment differences were maintained through the 12-month follow-up: for interviewer-assessed PTSD (difference, 6.0; 95% CI, 1.6-10.4; P = .02), loss of PTSD diagnosis (difference, 31.1; 95% CI, 14.7-34.8; P = .01), self-reported PTSD (difference, 9.3; 95% CI, 1.2-16.5; P = .02), depression (difference, 7.2; 95% CI, 1.4-13.0; P = .02), and global functioning (difference, 11.2; 95% CI, 4.5-17.9; P = .01). CONCLUSION AND RELEVANCE: Adolescents girls with sexual abuse-related PTSD experienced greater benefit from prolonged exposure therapy than from supportive counseling even when delivered by counselors who typically provide supportive counseling.

Gershon, A., S. L. Johnson, et al. (2013). ***"Chronic stressors and trauma: Prospective influences on the course of bipolar disorder."*** Psychological Medicine 43(12): 2583-2592. http://dx.doi.org/10.1017/S0033291713000147

Background Exposure to life stress is known to adversely impact the course of bipolar disorder. Few studies have disentangled the effects of multiple types of stressors on the longitudinal course of bipolar I disorder. This study examines whether severity of chronic stressors and exposure to trauma are prospectively associated with course of illness among bipolar patients. Method One hundred and thirty-one participants diagnosed with bipolar I disorder were recruited through treatment centers, support groups and community advertisements. Severity of chronic stressors and exposure to trauma were assessed at study entry with in-person interviews using the Bedford College Life Event and Difficulty Schedule (LEDS). Course of illness was assessed by monthly interviews conducted over the course of 24 months (over 3000 assessments). Results Trauma exposure was related to more severe interpersonal chronic stressors. Multiple regression models provided evidence that severity of overall chronic stressors predicted depressive but not manic symptoms, accounting for 7.5% of explained variance. Conclusions Overall chronic stressors seem to be an important determinant of depressive symptoms within bipolar disorder, highlighting the importance of studying multiple forms of life stress.

Gloster, A. T., C. Hauke, et al. (2013). ***"Long-term stability of cognitive behavioral therapy effects for panic disorder with agoraphobia: A two-year follow-up study."*** Behav Res Ther 51(12): 830-839. http://www.ncbi.nlm.nih.gov/pubmed/24184430

OBJECTIVE: Cognitive-behavioral therapy (CBT) aims to help patients establish new behaviors that will be maintained and adapted to the demands of new situations. The long-term outcomes are therefore crucial in testing the durability of CBT. METHOD: A two-year follow-up assessment was undertaken on a subsample of n = 146 PD/AG patients from a multicenter randomized controlled trial. Treatment consisted of two variations of CBT: exposure in situ in the presence of the therapist (T+) or on their own following therapist preparation (T-). RESULTS: Both variations of CBT had high response rates and, overall, maintained the level of symptomatology observed at post-treatment with high levels of clinical significance. Effect sizes 24 months following treatment were somewhat lower than at the 6-month follow up. Once patients reached responder status, they generally tended to remain responders at subsequent assessments. Differences were observed for patients that obtained additional treatment during the follow-up period. Expert opinion and subjective appraisal of treatment outcome differed. No robust baseline predictors of 2-year outcome were observed. CONCLUSION: Most patients maintain clinically meaningful changes two years following treatment across multiple outcome measures. Approximately 1/3 of patients continued to experience meaningful residual problems.

Kashdan, T. B. and P. E. McKnight (2013). ***"Commitment to a purpose in life: An antidote to the suffering by individuals with social anxiety disorder."*** Emotion 13(6): 1150-1159. http://www.ncbi.nlm.nih.gov/pubmed/23795592

Recent acceptance- and mindfulness-based cognitive-behavioral interventions explicitly target the clarification and commitment to a purpose in life. Yet, scant empirical evidence exists on the value of purpose as a mechanism relevant to psychopathology or well-being. The present research explored daily (within-person) fluctuations in purposeful pursuits and well-being in a community sample of 84 adults with (n = 41) and without (n = 43) the generalized subtype of social anxiety disorder (SAD). After completing an idiographic measure of purpose in life, participants monitored their effort and progress toward this purpose, along with their well-being each day. Across 2 weeks of daily reports, we found that healthy controls reported increased self-esteem, meaning in life, positive emotions, and decreased negative emotions. People with SAD experienced substantial boosts in well-being indicators on days characterized by significant effort or progress toward their life purpose. We found no evidence for the reverse direction (with well-being boosting the amount of effort or progress that people with SAD devote to their purpose), and effects could not be attributed to comorbid mood or anxiety disorders. Results provide evidence for how commitment to a purpose in life enriches the daily existence of people with SAD. The current study supports principles that underlie what many clinicians are already doing with clients for SAD.

Keng, S. L., C. J. Robins, et al. (2013). ***"Reappraisal and mindfulness: A comparison of subjective effects and cognitive costs."*** Behav Res Ther 51(12): 899-904. http://www.ncbi.nlm.nih.gov/pubmed/24225174

The present study investigated the relative effects of mindfulness and reappraisal in reducing sad mood and whether trait mindfulness and habitual reappraisal moderated the effects. The study also compared the extent to which implementation of these strategies incurred cognitive resources. A total of 129 participants were randomly assigned to receiving training in

mindfulness, reappraisal, or no training prior to undergoing an autobiographical sad mood induction. Results showed that mindfulness and reappraisal were superior to no training, and equivalent in their effects in lowering sad mood. Compared to mindfulness, reappraisal resulted in significantly higher interference scores on a subsequent Stroop test, reflecting greater depletion of cognitive resources. Higher trait mindfulness, but not habitual reappraisal, predicted greater reductions in sadness across conditions. The study suggests that although mindfulness and reappraisal are equally effective in down-regulating sad mood, they incur different levels of cognitive costs.

Kocovski, N. L., J. E. Fleming, et al. (2013). ***"Mindfulness and acceptance-based group therapy versus traditional cognitive behavioral group therapy for social anxiety disorder: A randomized controlled trial."*** Behav Res Ther 51(12): 889-898. http://www.ncbi.nlm.nih.gov/pubmed/24220538

Recent research has supported the use of mindfulness and acceptance-based interventions for Social Anxiety Disorder (SAD). OBJECTIVE: The purpose of the present study was to compare mindfulness and acceptance-based group therapy (MAGT) with cognitive behavioral group therapy (CBGT) with respect to outcome. It was hypothesized that MAGT and CBGT would both be superior to a control group but not significantly different from one another. METHOD: Individuals (N = 137, mean age = 34 years, 54% female, 62% White, 20% Asian) diagnosed with SAD were randomly assigned to MAGT (n = 53), CBGT (n = 53) or a waitlist control group (n = 31). The primary outcome was social anxiety symptom severity assessed at baseline, treatment midpoint, treatment completion, and 3-month follow-up. Secondary outcomes were cognitive reappraisal, mindfulness, acceptance, and rumination. Depression, valued living, and group cohesion were also assessed. RESULTS: As hypothesized, MAGT and CBGT were both more effective than the control group but not significantly different from one another on social anxiety reduction and most other variables assessed. CONCLUSIONS: The present research provides additional support for the use of mindfulness and acceptance-based treatments for SAD, and future research should examine the processes by which these treatments lead to change.

Ljotsson, B., H. Hesser, et al. (2013). ***"Mechanisms of change in an exposure-based treatment for irritable bowel syndrome."*** J Consult Clin Psychol 81(6): 1113-1126. http://www.ncbi.nlm.nih.gov/pubmed/23750460

OBJECTIVE: The aim of this study was to identify mediators of change in a previously published randomized controlled trial that compared Internet-delivered cognitive behavioral treatment based on exposure exercises (ICBT) with Internet-delivered stress management (ISM) for irritable bowel syndrome (IBS). ICBT and ISM targeted distinct proposed mechanisms of illness maintenance and symptom exacerbation, gastrointestinal symptom-specific anxiety (GSA), and stress reactivity, respectively. The original study found that ICBT was more effective than ISM in improving IBS symptoms. METHOD: Weekly measurements of GSA and stress reactivity (putative mediators) and treatment outcome were obtained from 195 participants with IBS, who had been randomized to ICBT or ISM. RESULTS: Parallel process growth mediational analyses revealed that the larger reduction of IBS symptoms from ICBT compared to ISM was mediated by changes in GSA, alphabeta = -0.42, 95% CI asymmetric [-0.71, -0.16]. In contrast, changes in stress reactivity did not mediate the difference in outcomes between treatments, alphabeta = 0.04, 95% CI asymmetric [-0.09, 0.20]. Analyses of the temporal sequence of week-to-week changes in process and outcome measures showed that only GSA displayed a pattern consistent with a causal model in which change in process preceded and contributed to symptom change. Furthermore, engagement in treatment specific activities was related to change in GSA but not to stress reactivity in the ICBT arm, whereas treatment specific activities were not related to change in any of the putative processes in the ISM arm. CONCLUSIONS: We conclude that ICBT works through directly targeting GSA, rather than by means of reducing stress reactivity.

Nordsletten, A. E., A. Reichenberg, et al. (2013). ***"Epidemiology of hoarding disorder."*** The British Journal of Psychiatry 203(6): 445-452. http://bjp.rcpsych.org/content/203/6/445.abstract

Background Hoarding disorder is typified by persistent difficulties discarding possessions, resulting in significant clutter that obstructs the individual's living environment and produces considerable functional impairment. The prevalence of hoarding disorder, as defined in DSM-5, is currently unknown.AimsTo provide a prevalence estimate specific to DSM-5 hoarding disorder and to delineate the demographic, behavioural and health features that characterise individuals with the disorder. Method We conducted a two-wave epidemiological study of 1698 adult individuals, originally recruited via the South East London Community Health (SELCoH) study. Participants screening positively for hoarding difficulties in wave 1, and who agreed to be re-contacted for wave 2 (n = 99), underwent in-home psychiatric interviews and completed a battery of self-report questionnaires. Current DSM-5 diagnoses were made via consensus diagnostic procedure. Results In total, 19 individuals met DSM-5 criteria for hoarding disorder at the time of interview, corresponding to a weighted prevalence of 1.5% (95% CI 0.7-2.2). Those with hoarding disorder were older and more often unmarried (67%). Members of this group were also more likely to be impaired by a current physical health condition (52.6%) or comorbid mental disorder (58%), and to claim benefits as a result of these issues (47.4%). Individuals with hoarding disorder were also more likely to report lifetime use of mental health services, although access in the past year was less frequent. Conclusions With a lower-bound prevalence of approximately 1.5%, hoarding disorder presents as a condition that affects people of both genders and is associated with substantial adversity.

O'Connor, R. C., R. Smyth, et al. (2013). ***"Psychological processes and repeat suicidal behavior: A four-year prospective study."*** J Consult Clin Psychol 81(6): 1137-1143. http://www.ncbi.nlm.nih.gov/pubmed/23855989

OBJECTIVE: Although suicidal behavior is a major public health concern, understanding of individually sensitive suicide risk mechanisms is limited. In this study, the authors investigated, for the first time, the utility of defeat and entrapment in predicting repeat suicidal behavior in a sample of suicide attempters. METHOD: Seventy patients hospitalized after a suicide attempt completed a range of clinical and psychological measures (depression, hopelessness, suicidal ideation, defeat, and entrapment) while in hospital. Four years later, a nationally linked database was used to determine who had been hospitalized again after a suicide attempt. RESULTS: Over 4 years, 24.6% of linked participants were readmitted to hospital after a suicidal attempt. In univariate logistic regression analyses, defeat and entrapment as well as depression, hopelessness, past suicide attempts, and suicidal ideation all predicted suicidal behavior over this interval. However, in the multivariate analysis, entrapment and past frequency of suicide attempts were the only significant predictors of suicidal behavior. CONCLUSIONS: This longitudinal study supports the utility of a new theoretical model in the prediction of suicidal behavior. Individually sensitive suicide risk processes like entrapment could usefully be targeted in treatment interventions to reduce the risk of repeat suicidal behavior in those who have been previously hospitalized after a suicide attempt.

Orlinsky, D. E. and E. Heinonen (2013). ***"Psychotherapists' personal identities, theoretical orientations, and professional relationships: Elective affinity and role adjustment as modes of congruence."*** Psychotherapy Research 23(6): 718-731. http://www.tandfonline.com/doi/full/10.1080/10503307.2013.814926 - .Ut-uJXk4kuC

Research shows psychotherapists espousing different theoretical approaches differ in mentality (e.g., cognitive styles, beliefs and epistemologies) and personality (e.g., neuroticism). However, studies have not investigated the association between professional relational style prescribed by therapists' theoretical orientations and therapists' manner of relating in personal life

Analyses of over 4000 therapists of varied nationalities, professions and career levels having different theoretical preferences indicate: (i) therapists' self-experience in close personal relationships was significantly associated with the manner their theoretical orientations prescribed for relating with clients; (ii) therapists were less accepting, less tolerant and more demanding in their personal relationships than with clients; and (iii) therapists adjusted their professional relational manner in practice to meet the specific expectations of their preferred orientations.

Paul, N. A., S. J. Stanton, et al. (2013). ***"Psychological and neural mechanisms of trait mindfulness in reducing depression vulnerability."*** Soc Cogn Affect Neurosci 8(1): 56-64. http://www.ncbi.nlm.nih.gov/pubmed/22717383

Mindfulness-based interventions are effective for reducing depressive symptoms. However, the psychological and neural mechanisms are unclear. This study examined which facets of trait mindfulness offer protection against negative bias and rumination, which are key risk factors for depression. Nineteen male volunteers completed a 2-day functional magnetic resonance imaging study. One day utilized a stress-induction task and the other day utilized a mindful breathing task. An emotional inhibition task was used to measure neural and behavioral changes related to state negative bias, defined by poorer performance in inhibiting negative relative to neutral stimuli. Associations among trait mindfulness [measured by the Five Facet Mindfulness Questionnaire (FFMQ)], trait rumination, and negative bias were examined. Non-reactivity scores on the FFMQ correlated negatively with rumination and negative bias following the stress induction. Non-reactivity was inversely correlated with insula activation during inhibition to negative stimuli after the mindful breathing task. Our results suggest non-reactivity to inner experience is the key facet of mindfulness that protects individuals from psychological risk for depression. Based on these results, mindfulness could reduce vulnerability to depression in at least two ways: (i) by buffering against trait rumination and negative bias and (ii) by reducing automatic emotional responding via the insula.

Pepping, C. A., A. O'Donovan, et al. (2013). ***"The positive effects of mindfulness on self-esteem."*** The Journal of Positive Psychology 8(5): 376-386. http://dx.doi.org/10.1080/17439760.2013.807353

Positive psychological research has clearly highlighted the importance of investigating factors that contribute to well-being. One factor contributing greatly to psychological well-being is mindfulness, which has been related to a wide range of positive outcomes, including healthy self-esteem. Here, we present two studies that aim to extend prior research on mindfulness and self-esteem. In Study 1, we propose and test a theoretically derived model of the role that mindfulness plays in the prediction of self-esteem and life satisfaction. Four facets of mindfulness significantly predicted increased self-esteem, which in turn predicted overall life satisfaction. In Study 2, we extended this study by examining the direct effects of a brief mindfulness induction on state self-esteem, and found that experimentally enhancing state mindfulness led to an increase in state self-esteem. The two studies presented clearly demonstrate that mindfulness and self-esteem are related, and, importantly, that mindfulness training has direct positive effects on self-esteem.

Reynolds, S. A., S. Clark, et al. (2013). ***"Randomized controlled trial of parent-enhanced CBT compared with individual cbt for obsessive-compulsive disorder in young people."*** J Consult Clin Psychol 81(6): 1021-1026. http://www.ncbi.nlm.nih.gov/pubmed/24060194

OBJECTIVE: Obsessive-compulsive disorder (OCD) in young people can be effectively treated with Cognitive Behavior Therapy (CBT). Practice guidelines in the United Kingdom recommend that CBT be delivered with parental or family involvement; however, there is no evidence from randomized trials that this enhances effectiveness. The aim of this trial was to assess if CBT with high parental involvement was more effective than CBT with low parental involvement (individual CBT) in reducing symptoms of OCD. METHOD: Fifty young people ages 12-17 years with OCD were randomly allocated to individual CBT or parent-enhanced CBT. In parent-enhanced CBT parents attended all treatment sessions; in individual CBT, parents attended only Sessions 1, 7, and the final session. Participants received up to 14 sessions of CBT. Data were analyzed using intent-to-treat and per-protocol methods. The primary outcome measure was the Children's Yale-Brown Obsessive Compulsion Scale (Scahill et al., 1997). RESULTS: Both forms of CBT significantly reduced symptoms of OCD and anxiety. Change in OCD symptoms was maintained at 6 months. Per-protocol analysis suggested that parent-enhanced CBT may be associated with significantly larger reductions in anxiety symptoms. CONCLUSIONS: High and low parental involvement in CBT for OCD in young people were both effective, and there was no evidence that 1 method of delivery was superior on the primary outcome measure. However, this study was small. Future trials should be adequately powered and examine interactions with the age of the young person and comorbid anxiety disorders.

Sauer-Zavala, S. E., E. C. Walsh, et al. (2013). ***"Comparing mindfulness-based intervention strategies: Differential effects of sitting meditation, body scan, and mindful yoga."*** Mindfulness 4(4): 383-388. http://link.springer.com/article/10.1007/s12671-012-0139-9

We investigated whether three different meditation practices that are commonly used in mindfulness-based interventions lead to differential changes in psychological health outcomes when presented separately. Participants included 141 undergraduates assigned to a sitting meditation, body scan, or mindful yoga condition. Participants in all conditions attended three weekly 1-h sessions (105 min of guided meditation and 75 min of discussion) in addition to pre- and post-intervention questionnaires collected in separate sessions. Participants reported significant improvements in the tendency to describe one's experience, rumination, self-compassion, and psychological well-being regardless of condition. The following between-group differences in change over time emerged: (1) mindful yoga was associated with greater increases in psychological well-being than the other two practices, (2) sitting meditation and mindful yoga were both associated with greater decreases in difficulties with emotion regulation than the body scan, and (3) sitting meditation was associated with greater increases in the tendency to take a nonevaluative stance toward observed stimuli than the body scan.

Schauman, O., L. E. Aschan, et al. (2013). ***"Interventions to increase initial appointment attendance in mental health services: A systematic review."*** Psychiatr Serv 64(12): 1249-1258. http://ps.psychiatryonline.org/article.aspx?articleid=1738337

OBJECTIVE Although nonattendance at initial appointments in mental health services is a substantial problem, the phenomenon is poorly understood. This review synthesized findings of randomized controlled trials (RCTs) of interventions to increase initial appointment attendance and determined whether theories or models contributed to intervention design. METHODS Six electronic databases were systematically searched, and reference lists of identified studies were also examined. Studies included were RCTs (including "quasi-randomized" controlled trials) that compared standard practice with an intervention to increase attendance at initial appointments in a sample of adults who had a scheduled initial appointment in a mental health or substance abuse service setting. RESULTS Of 144 potentially relevant studies, 21 met inclusion criteria. These studies were reported in 20 different research papers. Of these, 16 studies (N=3,673 participants) were included in the analyses (five were excluded because they reported only nonattendance at the initial appointment). Separate analyses were conducted for each intervention type (opt-in systems, telephone reminders and prompts, orientation and reminder letters, accelerated intake, preappointment completion of psychodynamic questionnaires, and "other"). Narrative synthesis was used for analysis

because the high level of heterogeneity between studies precluded a meta-analysis. The results were mixed for all types of intervention. Some isolated high-quality studies of opt-in systems, orientation and reminder letters, and more novel interventions demonstrated a beneficial effect. CONCLUSIONS The synthesized findings indicated that orientation and reminder letters may have a small beneficial effect. Consistent evidence for the efficacy of other types of common interventions is lacking. More novel interventions, such as asking clients to formulate plans to deal with obstacles to attendance and giving clients a choice of therapist style, showed some promise, but studies require replication.

Simon, G. E., C. M. Rutter, et al. (2013). ***"Does response on the PHQ-9 depression questionnaire predict subsequent suicide attempt or suicide death?"*** Psychiatr Serv 64(12): 1195-1202. http://www.ncbi.nlm.nih.gov/pubmed/24036589

OBJECTIVE: As use of standard depression questionnaires in clinical practice increases, clinicians will frequently encounter patients reporting thoughts of death or suicide. This study examined whether responses to the Patient Health Questionnaire for depression (PHQ-9) predict subsequent suicide attempt or suicide death. METHODS: Electronic records from a large integrated health system were used to link PHQ-9 responses from outpatient visits to subsequent suicide attempts and suicide deaths. A total of 84,418 outpatients age >/=13 completed 207,265 questionnaires between 2007 and 2011. Electronic medical records, insurance claims, and death certificate data documented 709 subsequent suicide attempts and 46 suicide deaths in this sample. RESULTS: Cumulative risk of suicide attempt over one year increased from .4% among outpatients reporting thoughts of death or self-harm "not at all" to 4% among those reporting thoughts of death or self-harm "nearly every day." After adjustment for age, sex, treatment history, and overall depression severity, responses to item 9 of the PHQ-9 remained a strong predictor of suicide attempt. Cumulative risk of suicide death over one year increased from .03% among those reporting thoughts of death or self-harm ideation "not at all" to .3% among those reporting such thoughts "nearly every day." Response to item 9 remained a moderate predictor of subsequent suicide death after the same factor adjustments. CONCLUSIONS: Response to item 9 of the PHQ-9 for depression identified outpatients at increased risk of suicide attempt or death. This excess risk emerged over several days and continued to grow for several months, indicating that suicidal ideation was an enduring vulnerability rather than a short-term crisis.

Smoski, M. J., K. S. Labar, et al. (2013). ***"Relative effectiveness of reappraisal and distraction in regulating emotion in late-life depression."*** Am J Geriatr Psychiatry. http://www.ncbi.nlm.nih.gov/pubmed/24021222

OBJECTIVES: The present study compares the effectiveness of two strategies, reappraisal and distraction, in reducing negative affect in older adults induced by focusing on personally relevant negative events and stressors. PARTICIPANTS: 30 adults with major depressive disorger (MDD) and 40 never-depressed (ND) comparison participants ages 60 years and over (mean age = 69.7 years). DESIGN AND MEASUREMENTS: Participants underwent three affect induction trials, each followed by a different emotion regulation strategy: distraction, reappraisal, and a no-instruction control condition. Self-reported affect was recorded pre- and post-affect induction, and at one-minute intervals during regulation. RESULTS: Across groups, participants reported greater reductions in negative affect with distraction than reappraisal or the no-instruction control condition. An interaction between group and regulation condition indicated that distraction was more effective in reducing negative affect in the MDD group than the ND group. CONCLUSIONS: These results suggest that distraction is an especially effective strategy for reducing negative affect in older adults with MDD. Finding ways to incorporate distraction skills into psychotherapeutic interventions for late-life MDD may improve their effectiveness, especially for short-term improvement of affect following rumination.

Somer, E., T. Amos-Williams, et al. (2013). ***"Evidence-based treatment for depersonalisation-derealisation disorder (dprd)."*** BMC Psychology 1(1): 20. http://www.biomedcentral.com/2050-7283/1/20

(Free full text available) BACKGROUND: Depersonalisation-derealisation disorder (DPRD) is a distressing and impairing condition with a pathophysiology that is not well understood. Nevertheless, given the growing interest in its pathogenesis, and the publication of a number of treatment trials, a systematic review of randomised controlled pharmacotherapy and psychotherapy trials is timely. METHODS: A systematic search of articles on DPRD published from January 1980 to August 2012, using Cochrane methods, was conducted. All randomised controlled trials (RCTs) of pharmacotherapy, psychotherapy, somatic interventions and a blend of these modalities for the treatment of depersonalisation disorder were included in the review. Searches were carried out on multiple databases. The bibliographies of all identified trials were checked for additional studies and authors were contacted for published trials. No unpublished trials were found and no restrictions were placed on language and setting. Data extraction sheets were further designed to enter specified data from each trial and risk of bias information was identified. PRISMA guidelines were also followed to ensure that our methodology and reporting were comprehensive. Of the unique 1296 papers that were retrieved, four studies met the inclusion criteria and were reviewed. RESULTS: Four RCTs (all within the duration of 12 weeks or less) met study criteria and were included (180 participants; age range 18-65 years). The four RCTs included two lamotrigine studies, one fluoxetine study and one biofeedback study. Evidence for the treatment efficacy of lamotrigine was found in one study (Cambridge Dissociation Scale, CDC: $p < 0.001$) with no evidence of effect for lamotrigine in the second study (CDS: $p = 0.61$ or Present State Examination: $p = 0.17$). Fluoxetine and biofeedback were not more efficacious than the control condition, although there was a trend for fluoxetine to demonstrate greater efficacy in those with comorbid anxiety disorder. The four studies had 'low' or 'unclear' risk of bias. CONCLUSION: The limited data from randomised controlled trials on the pharmacotherapy and psychotherapy of DPRD demonstrates inconsistent evidence for the efficacy of lamotrigine, and no efficacy for other interventions. Additional research on this disorder is needed.

Stallard, P., M. Spears, et al. (2013). ***"Self-harm in young adolescents (12-16 years): Onset and short-term continuation in a community sample."*** BMC Psychiatry 13(1): 328. http://www.biomedcentral.com/1471-244X/13/328

(Available in free full text) BACKGROUND: To investigate the prevalence of self-harm in young adolescents and factors associated with onset and continuity over a one year period. METHOD: Prospective longitudinal study. Participants were young adolescents (n = 3964) aged 12-16 years attending 8 secondary schools in the Midlands and South West of England. RESULTS: Over a one year period 27% of young adolescents reported thoughts of self-harm and 15% reported at least one act of self-harm. Of those who self-harmed, less than one in five (18%) had sought help for psychological problems of anxiety or depression. Compared with boys, girls were at increased risk of developing thoughts (OR 1.61, 95% CI 1.26-2.06) and acts (OR 1.40, 95% CI 1.06-1.84) of self-harm, particularly amongst those girls in school year 9 (aged 13/14, thoughts adjusted Odds Ratio (aOR) 1.97, 95% CI 1.27-3.04; acts aOR 2.59, 95% CI 1.52-4.41). Of those reporting thoughts of self-harm at baseline, 60% also reported these thoughts at follow-up. Similarly 55% of those who reported an act of self-harm at baseline also reported that they had self-harmed at follow-up. Insecure peer relationships increased the likelihood that boys and girls would develop self-harming behaviours, as did being bullied for boys. Low mood was associated with the development of self-harming thoughts and behaviours for boys and girls, whilst a strong sense of school membership was associated with a reduced risk of developing thoughts of self-harm for boys and increased the likelihood of self-harming thoughts and behaviours ceasing for girls. CONCLUSION: Self harm in young adolescents is common with one in four reporting self-harming thoughts and one in six engaging in self-harming behaviour over a one year period. Self-harm is already established by 12/13 years of age and for over

half of our sample, self-harming thoughts and behaviour persisted over the year. Secure peer and strong school relationships were associated with less self-harm. Few seek help for psychological problems, suggesting a need to increase awareness amongst all professionals who work with young adolescents about self-harm and associated risk factors.

Thirlwall, K., P. J. Cooper, et al. (2013). ***"Treatment of child anxiety disorders via guided parent-delivered cognitive-behavioural therapy: Randomised controlled trial."*** The British Journal of Psychiatry 203(6): 436-444. http://bjp.rcpsych.org/content/203/6/436.abstract

(Available in free full text) Background Promising evidence has emerged of clinical gains using guided self-help cognitive-behavioural therapy (CBT) for child anxiety and by involving parents in treatment; however, the efficacy of guided parent-delivered CBT has not been systematically evaluated in UK primary and secondary settings. Aims To evaluate the efficacy of low-intensity guided parent-delivered CBT treatments for children with anxiety disorders.MethodA total of 194 children presenting with a current anxiety disorder, whose primary carer did not meet criteria for a current anxiety disorder, were randomly allocated to full guided parent-delivered CBT (four face-to-face and four telephone sessions) or brief guided parent-delivered CBT (two face-to-face and two telephone sessions), or a wait-list control group (trial registration: ISRCTN92977593). Presence and severity of child primary anxiety disorder (Anxiety Disorders Interview Schedule for DSM-IV, child/parent versions), improvement in child presentation of anxiety (Clinical Global Impression - Improvement scale), and change in child anxiety symptoms (Spence Children's Anxiety Scale, child/parent version and Child Anxiety Impact scale, parent version) were assessed at post-treatment and for those in the two active treatment groups, 6 months post-treatment. Results Full guided parent-delivered CBT produced superior diagnostic outcomes compared with wait-list at post-treatment, whereas brief guided parent-delivered CBT did not: at post-treatment, 25 (50%) of those in the full guided CBT group had recovered from their primary diagnosis, compared with 16 (25%) of those on the wait-list (relative risk (RR) 1.85, 95% CI 1.14-2.99); and in the brief guided CBT group, 18 participants (39%) had recovered from their primary diagnosis post-treatment (RR = 1.56, 95% CI 0.89-2.74). Level of therapist training and experience was unrelated to child outcome. Conclusions Full guided parent-delivered CBT is an effective and inexpensive first-line treatment for child anxiety.

Troy, A. S., A. J. Shallcross, et al. (2013). ***"A person-by-situation approach to emotion regulation: Cognitive reappraisal can either help or hurt, depending on the context."*** Psychological Science 24(12): 2505-2514. http://pss.sagepub.com/content/24/12/2505.abstract

Emotion regulation is central to psychological health. For instance, cognitive reappraisal (reframing an emotional situation) is generally an adaptive emotion-regulation strategy (i.e., it is associated with increased psychological health). However, a person-by-situation approach suggests that the adaptiveness of different emotion-regulation strategies depends on the context in which they are used. Specifically, reappraisal may be adaptive when stressors are uncontrollable (when the person can regulate only the self) but maladaptive when stressors can be controlled (when the person can change the situation). To test this prediction, we measured cognitive-reappraisal ability, the severity of recent life stressors, stressor controllability, and level of depression in 170 participants. For participants with uncontrollable stress, higher cognitive-reappraisal ability was associated with lower levels of depression. In contrast, for participants with controllable stress, higher cognitive-reappraisal ability was associated with greater levels of depression. These findings support a theoretical model in which particular emotion-regulation strategies are not adaptive or maladaptive per se; rather, their adaptiveness depends on the context.

Watson, H. J. and C. M. Bulik (2013). ***"Update on the treatment of anorexia nervosa: Review of clinical trials, practice guidelines and emerging interventions."*** Psychol Med 43(12): 2477-2500. http://www.ncbi.nlm.nih.gov/pubmed/23217606

BACKGROUND: Anorexia nervosa is a potentially deadly psychiatric illness that develops predominantly in females around puberty but is increasingly being recognized as also affecting boys and men and women across the lifespan. The aim of this environmental scan is to provide an overview of best practices in anorexia nervosa treatment across the age spectrum. METHOD: A triangulation approach was used. First, a detailed review of randomized controlled trials (RCTs) for anorexia nervosa published between 1980 and 2011 was conducted; second, clinical practice guidelines were consulted and reviewed; third, information about RCTs currently underway was sourced. This approach facilitated a comprehensive overview, which addressed the extant evidence base, recent advances in evidence and improvements in treatment, and future directions. RESULTS: The evidence base for the treatment of anorexia nervosa is advancing, albeit unevenly. Evidence points to the benefit of family-based treatment for youth. For adults no specific approach has shown superiority and, presently, a combination of renourishment and psychotherapy such as specialist supportive clinical management, cognitive behavioral therapy, or interpersonal psychotherapy is recommended. RCTs have neither sufficiently addressed the more complex treatment approaches seen in routine practice settings, such as multidisciplinary treatment or level of care, nor specifically investigated treatment in ethnically diverse populations. Methodological challenges that hinder progress in controlled research for anorexia nervosa are explained. CONCLUSIONS: The review highlights evidence-based and promising treatment modalities for anorexia nervosa and presents a triangulated analysis including controlled research, practice guidelines, and emerging treatments to inform and support clinical decision making.

Wuthrich, V. M. and R. M. Rapee (2013). ***"Randomised controlled trial of group cognitive behavioural therapy for comorbid anxiety and depression in older adults."*** Behav Res Ther 51(12): 779-786. http://www.sciencedirect.com/science/article/pii/S0005796713001563

(Free full text available) Anxiety and depression are commonly comorbid in older adults and are associated with worse physical and mental health outcomes and poorer response to psychological and pharmacological treatments. However, little research has examined the effectiveness of psychological programs to treat comorbid anxiety and depression in older adults. Sixty-two community dwelling adults aged over 60 years with comorbid anxiety and depression were randomly allocated to group cognitive behavioural therapy or a waitlist condition and were assessed immediately following and three months after treatment. After controlling for cognitive ability at pre-treatment, cognitive behaviour therapy resulted in significantly greater reductions, than waitlist, on symptoms of anxiety and depression based on a semi-structured diagnostic interview rated by clinicians unaware of treatment condition. Significant time by treatment interactions were also found for self-report measures of anxiety and depression and these gains were maintained at the three month follow up period. In contrast no significant differences were found between groups on measures of worry and well-being. In conclusion, group cognitive behavioural therapy is efficacious in reducing comorbid anxiety and depression in geriatric populations and gains maintain for at least three months.