36 cbt & psychotherapy relevant abstracts september '15 newsletter

(Accurso, Fitzsimmons-Craft et al. 2015; Adler, Strunk et al. 2015; Anderson, Heywood-Everett et al. 2015; Bianchi, Schonfeld et al. 2015; Branson, Shafran et al. 2015; Braun, Strunk et al. 2015; Farrell and Deacon 2015; Finkelstein, Macdonald et al. 2015; Firth, Cotter et al. 2015; Firth, Barkham et al. 2015; Goldsmith, Lewis et al. 2015; Handley, Egan et al. 2015; Harvey, Soehner et al. 2015; Hudson, Keers et al. 2015; Hyphantis, Kotsis et al. 2015; Imamura, Kawakami et al. 2015; Kallestad, Jacobsen et al. 2015; Kendall and Peterman 2015; Lee and Harvey 2015; Liao and Wei 2015; Lord, Sheng et al. 2015; Markowitz, Petkova et al. 2015; Moradveisi, Huibers et al. 2015; Mota, Schaumberg et al. 2015; Niles, Craske et al. 2015; Okuda, Picazo et al. 2015; Parker, McCraw et al. 2015; Rowa, Paulitzki et al. 2015; Rudd, Bryan et al. 2015; Slone, Reese et al. 2015; Strauss, Hale et al. 2015; Tajika, Ogawa et al. 2015; van der Voort, van Meijel et al. 2015; van Dijke and Ford 2015; Williams, Harfmann et al. 2015; Wu, Pinto et al. 2015)

Accurso, E. C., E. E. Fitzsimmons-Craft, et al. (2015). ***"Therapeutic alliance in a randomized clinical trial for bulimia nervosa."*** J Consult Clin Psychol 83(3): 637-642. http://www.ncbi.nlm.nih.gov/pubmed/25894667

OBJECTIVE: This study examined the temporal relation between therapeutic alliance and outcome in two treatments for bulimia nervosa (BN). METHOD: Eighty adults with BN symptoms were randomized to 21 sessions of integrative cognitive-affective therapy (ICAT) or enhanced cognitive-behavioral therapy (CBT-E). Bulimic symptoms (i.e., frequency of binge eating and purging) were assessed at each session and posttreatment. Therapeutic alliance (Working Alliance Inventory) was assessed at Sessions 2, 8, 14, and posttreatment. Repeated-measures analyses using linear mixed models with random intercepts were conducted to determine differences in alliance growth by treatment and patient characteristics. Mixed-effects models examined the relation between alliance and symptom improvement. RESULTS: Overall, patients in both treatments reported strong therapeutic alliances. Regardless of treatment, greater therapeutic alliance between (but not within) subjects predicted greater reductions in bulimic behavior; reductions in bulimic behavior also predicted improved alliance. Patients with higher depression, anxiety, or emotion dysregulation had a stronger therapeutic alliance in CBT-E than ICAT, while those with more intimacy problems had greater improvement in therapeutic alliance in ICAT compared to CBT-E. CONCLUSIONS: Therapeutic alliance has a unique impact on outcome, independent of the impact of symptom improvement on alliance. Within- and between-subjects effects revealed that changes in alliance over time did not predict symptom improvement, but rather that individuals who had a stronger alliance overall had better bulimic symptom outcomes. These findings indicate that therapeutic alliance is an important predictor of outcome in the treatment of BN.

Adler, A. D., D. R. Strunk, et al. (2015). ***"What changes in cognitive therapy for depression? An examination of cognitive therapy skills and maladaptive beliefs."*** Behav Ther 46(1): 96-109. http://www.ncbi.nlm.nih.gov/pubmed/25526838

This study examined effortful cognitive skills and underlying maladaptive beliefs among patients treated with cognitive therapy (CT) for depression. Depressed patients (n=44) completed cognitive measures before and after 16 weeks of CT. Measures included an assessment of CT skills (Ways of Responding Scale; WOR), an implicit test of maladaptive beliefs (Implicit Association Test; IAT), and a self-report questionnaire of maladaptive beliefs (Dysfunctional Attitude Scale; DAS). A matched sample of never-depressed participants (n=44) also completed study measures. Prior to treatment, depressed patients endorsed significantly more undesirable cognitions on the WOR, IAT, and DAS compared with never-depressed participants. Patients displayed improvement on the WOR and DAS over the course of treatment, but showed no change on the IAT. Additionally, improvements on the WOR and DAS were each related to greater reductions in depressive symptoms. Results suggest that the degree of symptom reduction among patients participating in CT is related to changes in patients' acquisition of coping skills requiring deliberate efforts and reflective thought, but not related to reduced endorsement of implicitly assessed maladaptive beliefs.

Anderson, N., S. Heywood-Everett, et al. (2015). ***"Faith-adapted psychological therapies for depression and anxiety: Systematic review and meta-analysis."*** Journal of Affective Disorders 176: 183-196. http://www.sciencedirect.com/science/article/pii/S0165032715000233

AbstractBackground Incorporating faith (religious or spiritual) perspectives into psychological treatments has attracted significant interest in recent years. However, previous suggestion that good psychiatric care should include spiritual components has provoked controversy. To try to address ongoing uncertainty in this field we present a systematic review and meta-analysis to assess the efficacy of faith-based adaptations of bona fide psychological therapies for depression or anxiety. Methods A systematic review and meta-analysis of randomised controlled trials were performed. Results The literature search yielded 2274 citations of which 16 studies were eligible for inclusion. All studies used cognitive or cognitive behavioural models as the basis for their faith-adapted treatment (F-CBT). We identified statistically significant benefits of using F-CBT. However, quality assessment using the Cochrane risk of bias tool revealed methodological limitations that reduce the apparent strength of these findings. Limitations Whilst the effect sizes identified here were statistically significant, there were relatively a few relevant RCTs available, and those included were typically small and susceptible to significant biases. Biases associated with researcher or therapist allegiance were identified as a particular concern. Conclusions Despite some suggestion that faith-adapted CBT may out-perform both standard CBT and control conditions (waiting list or "treatment as usual"), the effect sizes identified in this meta-analysis must be considered in the light of the substantial methodological limitations that affect the primary research data. Before firm recommendations about the value of faith-adapted treatments can be made, further large-scale, rigorously performed trials are required.

Bianchi, R., I. S. Schonfeld, et al. (2015). ***"Is burnout separable from depression in cluster analysis? A longitudinal study."*** Soc Psychiatry Psychiatr Epidemiol 50(6): 1005-1011. http://link.springer.com/article/10.1007%2Fs00127-014-0996-8

PURPOSE: Whether burnout and depression represent distinct pathologies is unclear. The aim of this study was to examine whether burnout and depressive symptoms manifest themselves separately from each other or are so closely intertwined as to reflect the same phenomenon. METHODS: A two-wave longitudinal study involving 627 French schoolteachers (73 % female) was conducted. Burnout was assessed with the Maslach Burnout Inventory and depression with the 9-item depression module of the Patient Health Questionnaire. RESULTS: Burnout and depressive symptoms clustered both at baseline and follow-up. Cluster membership at time 1 (T1) predicted cases of burnout and depression at time 2 (T2), controlling for gender, age, length of employment, lifetime history of depression, and antidepressant intake. Changes in burnout and depressive symptoms from T1 to T2 were found to overlap. Teachers with increasing burnout experienced increases in depression and teachers with decreasing burnout experienced decreases in depression. In addition, emotional exhaustion, the

core of burnout, was more strongly associated with depression than with depersonalization, the second dimension of burnout, underlining an inconsistency in the conceptualization of the burnout syndrome. CONCLUSIONS: Our results are consistent with recent findings showing qualitative and quantitative symptom overlap of burnout with depression. The close interconnection of burnout and depression questions the relevance of a nosological distinction between the two entities. Emotional exhaustion and depersonalization, the two main dimensions of burnout, may be better conceptualized as depressive responses to adverse occupational environments than as components of a separate entity.

Branson, A., R. Shafran, et al. (2015). ***"Investigating the relationship between competence and patient outcome with CBT."*** Behaviour Research and Therapy 68: 19-26. http://www.sciencedirect.com/science/article/pii/S000579671500039X

(Available in free full text) Little is understood about the relationship between therapist competence and the outcome of patients treated for common mental health disorders. Understanding the relationship between competence and patient outcome is of fundamental importance to the dissemination and implementation of Cognitive Behavioural Therapy (CBT). The current study extends existing literature by exploring the relationship between CBT competence and patient outcome in routine clinical practice within the framework of the British Government's Improving Access to Psychological Therapies (IAPT) programme. Participants comprised 43 therapists treating 1247 patients over a training period of one year. Results found little support of a general association between CBT competence and patient outcome; however significantly more patients of the most competent therapists demonstrated a reliable improvement in their symptoms of anxiety than would be expected by chance alone, and fewer experienced no reliable change. Conversely, significantly more patients treated by the least competent therapists experienced a reliable deterioration in their symptoms than would be expected. The implications of these results for the dissemination and implementation of CBT are discussed.

Braun, J. D., D. R. Strunk, et al. (2015). ***"Therapist use of Socratic questioning predicts session-to-session symptom change in cognitive therapy for depression."*** Behaviour Research and Therapy 70(0): 32-37. http://www.sciencedirect.com/science/article/pii/S0005796715000790

Socratic questioning is a key therapeutic strategy in cognitive therapy (CT) for depression. However, little is known regarding its relation to outcome. In this study, we examine therapist use of Socratic questioning as a predictor of session-to-session symptom change. Participants were 55 depressed adults who participated in a 16-week course of CT (see Adler, Strunk, & Fazio, 2015). Socratic questioning was assessed through observer ratings of the first three sessions. Socratic ratings were disaggregated into scores reflecting within-patient and between-patient variability to facilitate an examination of the relation of within-patient Socratic questioning and session-to-session symptom change. Because we examined within-patient variability in Socratic questioning, the identification of such a relation cannot be attributed to any stable patient characteristics that might otherwise introduce a spurious relation. Within-patient Socratic questioning significantly predicted session-to-session symptom change across the early sessions, with a one standard deviation increase in Socratic-Within predicting a 1.51-point decrease in BDI-II scores in the following session. Within-patient Socratic questioning continued to predict symptom change after controlling for within-patient ratings of the therapeutic alliance (i.e., Relationship and Agreement), suggesting that the relation of Socratic questioning and symptom change was not only independent of stable characteristics, but also within-patient variation in the alliance. Our results provide the first empirical support for a relation of therapist use of Socratic questioning and symptom change in CT for depression.

Farrell, N. R. and B. J. Deacon (2015). ***"The relative importance of relational and scientific characteristics of psychotherapy: Perceptions of community members vs. Therapists."*** J Behav Ther Exp Psychiatry 50: 171-177. http://www.ncbi.nlm.nih.gov/pubmed/26291406

Although client preferences are an integral component of evidence-based practice in psychology (American Psychological Association, 2006), relatively little research has examined what potential mental health consumers value in the psychotherapy they may receive. The present study was conducted to examine community members' preferences for the scientific and relational aspects of psychotherapy for different types of presenting problems, and how accurately therapists perceive these preferences. Community members (n = 200) were surveyed about the importance of scientific (e.g., demonstrated efficacy in clinical trials) and relational (e.g., therapist empathy) characteristics of psychotherapy both for anxiety disorders (e.g., obsessive-compulsive disorder) and disorder-nonspecific issues (e.g., relationship difficulties). Therapists (n = 199) completed the same survey and responded how they expected the average mental health consumer would. Results showed that although community members valued relational characteristics significantly more than scientific characteristics, the gap between these two was large for disorder-nonspecific issues (d = 1.24) but small for anxiety disorders (d = .27). Community members rated scientific credibility as important across problem types. Therapists significantly underestimated the importance of scientific characteristics to community members, particularly in the treatment of disorder-nonspecific issues (d = .74). Therapists who valued research less in their own practice were more likely to underestimate the importance of scientific credibility to community members. The implications of the present findings for understanding the nature of client preferences in evidence-based psychological practice are discussed.

Finkelstein, Y., E. M. Macdonald, et al. (2015). ***"Long-term outcomes following self-poisoning in adolescents: A population-based cohort study."*** The Lancet Psychiatry 2(6): 532-539. http://www.sciencedirect.com/science/article/pii/S2215036615001704

Summary Background Suicide is the third most common cause of death among adolescents worldwide, and poisoning is the leading method of attempted suicide. Unlike more violent methods, survival after self-poisoning is common, providing an opportunity for secondary prevention. We determined the risk and time course of completed suicide after adolescent self-poisoning, and explored potential risk factors. Methods We did a population-based cohort study using multiple linked health-care databases in Ontario, Canada, from Jan 1, 2001, to Dec 31, 2012. We identified all adolescents aged 10–19 years presenting to hospital after a first self-poisoning episode. Each was matched with 50 population-based reference individuals with no such history, matching on age, sex, and year of cohort entry. The primary outcome was the risk of suicide after a first self-poisoning episode. Secondary analyses explored factors associated with suicide and self-poisoning repetition. Findings We identified 20 471 adolescents discharged from hospital after a first self-poisoning episode and 1 023 487 matched reference individuals. Over a median follow-up of 7·2 years (IQR 4·2–9·7), 248 (1%) adolescents discharged after self-poisoning died, 126 (51%) of whom died by suicide. The risk of suicide at 1 year after self-poisoning was greatly increased relative to reference individuals (hazard ratio [HR] 32·1, 95% CI 23·6–43·6), corresponding to a suicide rate of 89·6 (95% CI 75·2–106·7) per 100 000 person-years over the course of follow-up. The median time from hospital discharge to suicide was 3·0 years (IQR 1·1–5·3). Factors associated with suicide included recurrent self-poisoning (adjusted HR 3·5, 95% CI 2·4–5·0), male sex (2·5, 1·8–3·6) and psychiatric care in the preceding year (1·7, 1·1–2·5). Adolescents admitted to hospital for self-poisoning were also more likely to die from accidents (5·2, 4·1–6·6) and from all causes (3·9, 2·8–5·4) during follow-up. Interpretation Self-poisoning in adolescence is a strong predictor of suicide and premature death in the ensuing decade, and identifies a high-risk group for

targeted secondary prevention. Suicide risk is increased for many years after the index hospital admission, emphasising the importance of sustained prevention efforts.

Firth, J., J. Cotter, et al. (2015). ***"A systematic review and meta-analysis of exercise interventions in schizophrenia patients."*** Psychological Medicine 45(07): 1343-1361. http://dx.doi.org/10.1017/S0033291714003110

Background The typically poor outcomes of schizophrenia could be improved through interventions that reduce cardiometabolic risk, negative symptoms and cognitive deficits; aspects of the illness which often go untreated. The present review and meta-analysis aimed to establish the effectiveness of exercise for improving both physical and mental health outcomes in schizophrenia patients. Method We conducted a systematic literature search to identify all studies that examined the physical or mental effects of exercise interventions in non-affective psychotic disorders. Of 1581 references, 20 eligible studies were identified. Data on study design, sample characteristics, outcomes and feasibility were extracted from all studies and systematically reviewed. Meta-analyses were also conducted on the physical and mental health outcomes of randomized controlled trials. Results Exercise interventions had no significant effect on body mass index, but can improve physical fitness and other cardiometabolic risk factors. Psychiatric symptoms were significantly reduced by interventions using around 90 min of moderate-to-vigorous exercise per week (standardized mean difference: 0.72, 95% confidence interval −1.14 to −0.29). This amount of exercise was also reported to significantly improve functioning, co-morbid disorders and neurocognition. Conclusions Interventions that implement a sufficient dose of exercise, in supervised or group settings, can be feasible and effective interventions for schizophrenia.

Firth, N., M. Barkham, et al. (2015). ***"Therapist effects and moderators of effectiveness and efficiency in psychological wellbeing practitioners: A multilevel modelling analysis."*** Behaviour Research and Therapy 69: 54-62. http://www.sciencedirect.com/science/article/pii/S0005796715000595

Objectives The study investigated whether psychological wellbeing practitioners (PWPs) working within the UK government's Improving Access to Psychological Therapies (IAPT) initiative are differentially effective (i.e., therapist effect size) and differentially efficient (i.e., rate of clinical change), and the moderating effect of demographic and process factors on outcomes. Design and Methods Routine clinical outcome data (depression, anxiety, and functional impairment) were collected from a single IAPT service. A total of 6111 patients were treated by 56 PWPs. Multilevel modelling (MLM) determined the size of the therapist effect and examined significant moderators of clinical outcomes. PWPs were grouped according to below average, average, and above average patient outcomes and compared on clinical efficiency. Results Therapist effects accounted for 6–7% of outcome variance that was moderated by greater initial symptom severity, treatment duration, and non-completion of treatment. Clinically effective PWPs achieved almost double the change per treatment session. As treatment durations increased beyond protocol guidance, outcomes atrophied. Treatment non-completion was particularly detrimental to outcome. Conclusions PWPs appear to be differentially effective and efficient despite ostensibly delivering protocol driven interventions. Implications for services, training, and supervision are outlined.

Goldsmith, L. P., S. W. Lewis, et al. (2015). ***"Psychological treatments for early psychosis can be beneficial or harmful, depending on the therapeutic alliance: An instrumental variable analysis."*** Psychological Medicine 45(11): 2365-2373. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4501302/

(Available in free full text) BACKGROUND: The quality of the therapeutic alliance (TA) has been invoked to explain the equal effectiveness of different psychotherapies, but prior research is correlational, and does not address the possibility that individuals who form good alliances may have good outcomes without therapy. METHOD: We evaluated the causal effect of TA using instrumental variable (structural equation) modelling on data from a three-arm, randomized controlled trial of 308 people in an acute first or second episode of a non-affective psychosis. The trial compared cognitive behavioural therapy (CBT) over 6 weeks plus routine care (RC) v. supportive counselling (SC) plus RC v. RC alone. We examined the effect of TA, as measured by the client-rated CALPAS, on the primary trial 18-month outcome of symptom severity (PANSS), which was assessed blind to treatment allocation. RESULTS: Both adjunctive CBT and SC improved 18-month outcomes, compared to RC. We showed that, for both psychological treatments, improving TA improves symptomatic outcome. With a good TA, attending more sessions causes a significantly better outcome on PANSS total score [effect size −2.91, 95% confidence interval (CI) −0.90 to −4.91]. With a poor TA, attending more sessions is detrimental (effect size +7.74, 95% CI +1.03 to +14.45). CONCLUSIONS: This is the first ever demonstration that TA has a causal effect on symptomatic outcome of a psychological treatment, and that poor TA is actively detrimental. These effects may extend to other therapeutic modalities and disorders.

Handley, A. K., S. J. Egan, et al. (2015). ***"A randomised controlled trial of group cognitive behavioural therapy for perfectionism."*** Behaviour Research and Therapy 68: 37-47. http://www.sciencedirect.com/science/article/pii/S0005796715000303

Perfectionism is associated with symptoms of anxiety disorders, eating disorders and mood disorders. Treatments targeting perfectionism may reduce the symptoms of these disorders (Egan, Wade, & Shafran, 2011). This study is the first randomised controlled trial to investigate the efficacy of group cognitive behavioural therapy (CBT) for perfectionism. Forty-two participants with elevated perfectionism and a range of anxiety, eating and mood disorders were randomised to group CBT for perfectionism or a waitlist control. The treatment group reported significantly greater pre-post reductions in perfectionism, symptoms of depression, eating disorders, social anxiety, anxiety sensitivity and rumination, as well as significantly greater pre-post increases in self-esteem and quality of life compared to the waitlist control group. The impact of treatment on most of these outcomes was mediated by pre-post change in perfectionism (Concern over Mistakes). Treatment gains were reliable and clinically significant, and were maintained at 6-month follow-up. Findings support group CBT for perfectionism being an efficacious treatment for perfectionism and related psychopathology, as well as increasing self-esteem and quality of life.

Harvey, A. G., A. M. Soehner, et al. (2015). ***"Treating insomnia improves mood state, sleep, and functioning in bipolar disorder: A pilot randomized controlled trial."*** J Consult Clin Psychol 83(3): 564-577. http://www.ncbi.nlm.nih.gov/pubmed/25622197

OBJECTIVE: To determine if a treatment for interepisode bipolar disorder I patients with insomnia improves mood state, sleep, and functioning. METHOD: Alongside psychiatric care, interepisode bipolar disorder I participants with insomnia were randomly allocated to a bipolar disorder-specific modification of cognitive behavior therapy for insomnia (CBTI-BP; n = 30) or psychoeducation (PE; n = 28) as a comparison condition. Outcomes were assessed at baseline, the end of 8 sessions of treatment, and 6 months later. This pilot was conducted to determine initial feasibility and generate effect size estimates. RESULTS: During the 6-month follow-up, the CBTI-BP group had fewer days in a bipolar episode relative to the PE group (3.3 days vs. 25.5 days). The CBTI-BP group also experienced a significantly lower hypomania/mania relapse rate (4.6% vs. 31.6%) and a marginally lower overall mood episode relapse rate (13.6% vs. 42.1%) compared with the PE group. Relative to PE, CBTI-BP reduced insomnia severity and led to higher rates of insomnia remission at posttreatment and marginally higher rates at 6 months. Both CBTI-BP and PE showed statistically significant improvement on selected sleep and functional impairment

measures. The effects of treatment were well sustained through follow-up for most outcomes, although some decline on secondary sleep benefits was observed. CONCLUSIONS: CBTI-BP was associated with reduced risk of mood episode relapse and improved sleep and functioning on certain outcomes in bipolar disorder. Hence, sleep disturbance appears to be an important pathway contributing to bipolar disorder. The need to develop bipolar disorder-specific sleep diary scoring standards is highlighted.

Hudson, J. L., R. Keers, et al. (2015). ***"Clinical predictors of response to cognitive-behavioral therapy in pediatric anxiety disorders: The genes for treatment (gxt) study."*** Journal of the American Academy of Child & Adolescent Psychiatry 54(6): 454-463. http://www.sciencedirect.com/science/article/pii/S0890856715001914

(Free full text) Objective The Genes for Treatment study is an international, multisite collaboration exploring the role of genetic, demographic, and clinical predictors in response to cognitive-behavioral therapy (CBT) in pediatric anxiety disorders. The current article, the first from the study, examined demographic and clinical predictors of response to CBT. We hypothesized that the child's gender, type of anxiety disorder, initial severity and comorbidity, and parents' psychopathology would significantly predict outcome. Method A sample of 1,519 children 5 to 18 years of age with a primary anxiety diagnosis received CBT across 11 sites. Outcome was defined as response (change in diagnostic severity) and remission (absence of the primary diagnosis) at each time point (posttreatment, 3-, 6-, and/or 12-month follow-up) and analyzed using linear and logistic mixed models. Separate analyses were conducted using data from posttreatment and follow-up assessments to explore the relative importance of predictors at these time points. Results Individuals with social anxiety disorder (SoAD) had significantly poorer outcomes (poorer response and lower rates of remission) than those with generalized anxiety disorder (GAD). Although individuals with specific phobia (SP) also had poorer outcomes than those with GAD at posttreatment, these differences were not maintained at follow-up. Both comorbid mood and externalizing disorders significantly predicted poorer outcomes at posttreatment and follow-up, whereas self-reported parental psychopathology had little effect on posttreatment outcomes but significantly predicted response (although not remission) at follow-up. Conclusion SoAD, nonanxiety comorbidity, and parental psychopathology were associated with poorer outcomes after CBT. The results highlight the need for enhanced treatments for children at risk for poorer outcomes.

Hyphantis, T., K. Kotsis, et al. (2015). ***"Lower PHQ-9 cutpoint accurately diagnosed depression in people with long-term conditions attending the accident and emergency department."*** Journal of Affective Disorders 176: 155-163. http://www.sciencedirect.com/science/article/pii/S0165032715000750

AbstractBackground Major Depressive Disorder (MDD) is frequent in the Accident and Emergency Department (AED) but is often unrecognized. We aimed to assess the prevalence of MDD and determine the psychometric properties of the PHQ-9 in diagnosing MDD in patients with long-term medical conditions attending an AED. Methods The PHQ-9 was administered to 349 patients with diabetes, COPD and chronic inflammatory rheumatic diseases, mainly rheumatoid arthritis and spondyloarthropathies, visiting an AED. The MINI interview was used as the criterion standard for MDD. Receiver operator characteristic (ROC) curve analysis was performed to determine the optimal PHQ-9 cutpoint for MDD. Construct validators included psychological distress (SCL-90-R), illness perceptions (B-IPQ) and Health-Related Quality of Life (WHOQOL-BREF). Results The prevalence of MDD was 27.2%. At an optimal cutpoint of 8, PHQ-9 had a sensitivity of 90.5% and specificity of 89.4%. The area under the curve (0.96) was excellent. Convergent validity was established by the strong associations between PHQ-9 scores and functional status, SCL-90-R depression, illness perceptions and AED visits during the previous year. Limitations The sample consisted of multiple rather a single disease group, preventing us from accounting for illness severity using specific disease severity indices. Conclusion MDD is frequent in patients with long-term medical conditions attending the AED and the PHQ-9, at a cutpoint of 8, is an accurate, reliable and valid measure for MDD screening in this patient population.

Imamura, K., N. Kawakami, et al. (2015). ***"Does internet-based cognitive behavioral therapy (ICBT) prevent major depressive episode for workers? A 12-month follow-up of a randomized controlled trial."*** Psychol Med 45(9): 1907-1917. http://www.ncbi.nlm.nih.gov/pubmed/25562115

BACKGROUND: In this study we investigated whether an Internet-based computerized cognitive behavioral therapy (iCBT) program can decrease the risk of DSM-IV-TR major depressive episodes (MDE) during a 12-month follow-up of a randomized controlled trial of Japanese workers. METHOD: Participants were recruited from one company and three departments of another company. Those participants who did not experience MDE in the past month were randomly allocated to intervention or control groups (n = 381 for each). A 6-week, six-lesson iCBT program was provided to the intervention group. While the control group only received the usual preventive mental health service for the first 6 months, the control group was given a chance to undertake the iCBT program after a 6-month follow-up. The primary outcome was a new onset of DSM-IV-TR MDE during the 12-month follow-up, as assessed by means of the web version of the WHO Composite International Diagnostic Interview (CIDI), version 3.0 depression section. RESULTS: The intervention group had a significantly lower incidence of MDE at the 12-month follow-up than the control group (Log-rank chi2 = 7.04, $p < 0.01$). The hazard ratio for the intervention group was 0.22 (95% confidence interval 0.06-0.75), when estimated by the Cox proportional hazard model. CONCLUSIONS: The present study demonstrates that an iCBT program is effective in preventing MDE in the working population. However, it should be noted that MDE was measured by self-report, while the CIDI can measure the episodes more strictly following DSM-IV criteria.

Kallestad, H., H. B. Jacobsen, et al. (2015). ***"The role of insomnia in the treatment of chronic fatigue."*** Journal of Psychosomatic Research 78(5): 427-432. http://www.sciencedirect.com/science/article/pii/S002239991400422X

(Available in free full text) Background The definition of Chronic Fatigue Syndrome (CFS) overlaps with definitions of insomnia, but there is limited knowledge about the role of insomnia in the treatment of chronic fatigue. Aims To test if improvement of insomnia during treatment of chronic fatigue was associated with improved outcomes on 1) fatigue and 2) cortisol recovery span during a standardized stress exposure. Methods Patients (n = 122) with chronic fatigue received a 3.5-week inpatient return-to-work rehabilitation program based on Acceptance and Commitment Therapy, and had been on paid sick leave > 8 weeks due their condition. A physician and a psychologist examined the patients, assessed medication use, and SCID-I diagnoses. Patients completed self-report questionnaires measuring fatigue, pain, depression, anxiety, and insomnia before and after treatment. A subgroup (n = 25) also completed the Trier Social Stress Test for Groups (TSST-G) before and after treatment. Seven cortisol samples were collected during each test and cortisol spans for the TSST-G were calculated. Results A hierarchical regression analysis in nine steps showed that insomnia improvement predicted improvement in fatigue, independently of age, gender, improvement in pain intensity, depression and anxiety. A second hierarchical regression analysis showed that improvement in insomnia significantly predicted the cortisol recovery span after the TSST-G independently of improvement in fatigue. Conclusion Improvement in insomnia severity had a significant impact on both improvement in fatigue and the ability to recover from a stressful situation. Insomnia severity may be a maintaining factor in chronic fatigue and specifically targeting this in treatment could increase treatment response.

Kendall, P. C. and J. S. Peterman (2015). ***"CBT for adolescents with anxiety: Mature yet still developing."*** American Journal of Psychiatry 172(6): 519-530. http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2015.14081061

Anxiety disorders are common in adolescents (ages 12 to 18) and contribute to a range of impairments. There has been speculation that adolescents with anxiety are at risk for being treatment nonresponders. In this review, the authors examine the efficacy of cognitive-behavioral therapy (CBT) for adolescents with anxiety. Outcomes from mixed child and adolescent samples and from adolescent-only samples indicate that approximately two-thirds of youths respond favorably to CBT. CBT produces moderate to large effects and shows superiority over control/comparison conditions. The literature does not support differential outcomes by age: adolescents do not consistently manifest poorer outcomes relative to children. Although extinction paradigms find prolonged fear extinction in adolescent samples, basic research does not fully align with the processes and goals of real-life exposure. Furthermore, CBT is flexible and allows for tailored application in adolescents, and it may be delivered in alternative formats (i.e., brief, computer/Internet, school-based, and transdiagnostic CBT).

Lee, J. Y. and A. G. Harvey (2015). ***"Memory for therapy in bipolar disorder and comorbid insomnia."*** J Consult Clin Psychol 83(1): 92-102. http://www.ncbi.nlm.nih.gov/pubmed/25222800

OBJECTIVE: To examine the extent to which patients recall the contents of therapy from 1 session to the next and to determine whether recall is associated with treatment outcome. METHOD: Thirty interepisode individuals with bipolar disorder and comorbid insomnia (ages 21-62 years, 56.7% women, 56.7% Caucasian) participated in a randomized controlled trial of psychotherapies. Patients received either cognitive behavior therapy for insomnia (CBTI-BP; n = 17) or psychoeducation (PE; n = 13). At the beginning of each weekly session, patients freely recalled as many therapy points (i.e., distinct ideas, principles, and experiences) as they could from their previous session. After each session, therapists recorded a list of all therapy points delivered. Treatment outcome was measured via the Insomnia Severity Index (ISI), Pittsburgh Sleep Quality Index, Patient-Reported Outcome Measurement Info System-Sleep, and Quality of Life-Sleep (QOL-Sleep), administered pre- and posttreatment, and treatment evaluation questions administered posttreatment. RESULTS: Patients recalled 19.6% to 36.9% of therapy points listed by therapists. Raw numbers of therapy points recalled were positively correlated with reductions in ISI scores and gains in QOL-Sleep and with most treatment evaluation questions. Percentages of therapy points recalled were positively correlated with gains in QOL-Sleep but with no other sleep outcome measures or any of the treatment evaluation questions. Patients in CBTI-BP recalled more therapy points than did those in PE but did not differ in the percentages of points recalled. CONCLUSIONS: Memory for therapy is poor. The amount of content recalled is positively associated with treatment outcome. Enhancing memory for therapy might play a key role in improving treatment outcome.

Liao, K. Y.-H. and M. Wei (2015). ***"Insecure attachment and depressive symptoms: Forgiveness of self and others as moderators."*** Personal Relationships 22(2): 216-229. http://dx.doi.org/10.1111/pere.12075

Most of the research on forgiveness has examined forgiveness of others, but not forgiveness of self even though researchers have argued that the latter deserves more attention. To fill this gap in the literature, and based on attachment theory's internal working models of self and others, this study examined forgiveness of self and others as moderators in the association between insecure attachment and depressive symptoms. A total of 403 undergraduate students participated in the study. Results supported the moderator role of forgiveness of self. Specifically, at high levels of forgiveness of self, the association between insecure attachment (i.e., anxiety and avoidant attachment) and depressive symptoms was not significant. The results did not support forgiveness of others as a moderator.

Lord, S. P., E. Sheng, et al. (2015). ***"More than reflections: Empathy in motivational interviewing includes language style synchrony between therapist and client."*** Behavior Therapy 46(3): 296-303. http://www.sciencedirect.com/science/article/pii/S0005789414001373

Empathy is a basic psychological process that involves the development of synchrony in dyads. It is also a foundational ingredient in specific, evidence-based behavioral treatments like motivational interviewing (MI). Ratings of therapist empathy typically rely on a gestalt, "felt sense" of therapist understanding and the presence of specific verbal behaviors like reflective listening. These ratings do not provide a direct test of psychological processes like behavioral synchrony that are theorized to be an important component of empathy in psychotherapy. To explore a new objective indicator of empathy, we hypothesized that synchrony in language style (i.e., matching how statements are phrased) between client and therapists would predict gestalt ratings of empathy over and above the contribution of reflections. We analyzed 122 MI transcripts with high and low empathy ratings based on the Motivational Interviewing Treatment Integrity global rating scale. Linguistic inquiry and word count was used to estimate language style synchrony (LSS) of adjacent client and therapist talk turns. High-empathy sessions showed greater LSS across 11 language style categories compared with low-empathy sessions (p < .01), and overall, average LSS was notably higher in high-empathy versus low-empathy sessions (d = 0.62). Regression analyses showed that LSS was predictive of empathy ratings over and above reflection counts; a 1 SD increase in LSS is associated with a 2.4 times increase in the odds of a high-empathy rating, controlling for therapist reflections (odds ratio = 2.4; 95% CI: 1.36; 4.24, p < .01). These findings suggest empathy ratings are related to synchrony in language style, over and above synchrony of content as measured by therapist reflections. Novel indicators of therapist empathy may have implications for the study of MI process as well as the training of therapists.

Markowitz, J. C., E. Petkova, et al. (2015). ***"Is exposure necessary? A randomized clinical trial of interpersonal psychotherapy for PTSD."*** American Journal of Psychiatry 172(5): 430-440. http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2014.14070908

Exposure to trauma reminders has been considered imperative in psychotherapy for posttraumatic stress disorder (PTSD). The authors tested interpersonal psychotherapy (IPT), which has demonstrated antidepressant efficacy and shown promise in pilot PTSD research as a non-exposure-based non-cognitive-behavioral PTSD treatment.Method:The authors conducted a randomized 14-week trial comparing IPT, prolonged exposure (an exposure-based exemplar), and relaxation therapy (an active control psychotherapy) in 110 unmedicated patients who had chronic PTSD and a score >50 on the Clinician-Administered PTSD Scale (CAPS). Randomization stratified for comorbid major depression. The authors hypothesized that IPT would be no more than minimally inferior (a difference <12.5 points in CAPS score) to prolonged exposure.Results:All therapies had large within-group effect sizes (d values, 1.32–1.88). Rates of response, defined as an improvement of >30% in CAPS score, were 63% for IPT, 47% for prolonged exposure, and 38% for relaxation therapy (not significantly different between groups). CAPS outcomes for IPT and prolonged exposure differed by 5.5 points (not significant), and the null hypothesis of more than minimal IPT inferiority was rejected (p=0.035). Patients with comorbid major depression were nine times more likely than nondepressed patients to drop out of prolonged exposure therapy. IPT and prolonged exposure improved quality of life and social functioning more than relaxation therapy.Conclusions:This study demonstrated noninferiority of individual IPT for PTSD compared with the gold-standard treatment. IPT had (nonsignificantly) lower attrition and higher response rates than prolonged exposure. Contrary to widespread clinical belief, PTSD treatment may not require cognitive-behavioral exposure to trauma reminders. Moreover, patients with comorbid major depression may fare better with IPT than with prolonged exposure. [Note

too Roy-Byrne's accompanying editorial - http://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.2015.15010099 - and his comment that these results are potentially "practice changing"].

Moradveisi, L., M. J. H. Huibers, et al. (2015). ***"The influence of patients' attributions of the immediate effects of treatment of depression on long-term effectiveness of behavioural activation and antidepressant medication."*** Behaviour Research and Therapy 69: 83-92. http://www.sciencedirect.com/science/article/pii/S0005796715000650

Patients' attributions of effects of treatment are important, as these can affect long-term outcome. Most studies so far focused on the influence of attributions to medication for anxiety and depression disorders. We investigated the effects of patients' attributions made after acute treatment on the long-term outcome of antidepressant medication (ADM) and psychological treatment (behavioural activation, BA). Data are based on a randomized trial testing the effectiveness of BA vs. ADM for major depression (MDD) in Iran. Patients with MDD (N = 100) were randomized to BA (N = 50) or ADM (N = 50). Patients' attributions were assessed at post-test (after completion of the treatments). Scores on an attribution questionnaire were factor analysed, and factor scores were retained as predictors of depressive symptoms at 1-year follow-up. Regression analysis was used to test whether attributions predicted depressive symptoms at 1-yr follow-up, controlling for symptom level, condition, and their interaction at post-test. Belief in coping efficacy was the only attribution factor significantly predicting 1-year HRSD scores, controlling for condition, post-test HRSD and their interaction. It also mediated the condition differences at follow-up. Credit to self was the single attribution factor that predicted BDI follow-up scores, controlling for condition, posttest BDI, and their interaction. It partially mediated the condition differences on the BDI at follow-up. Attribution to increased coping capacities and giving credit to self appear essential. In the long-term (at 1 year follow-up), the difference in outcome between BA and ADM (with BA being superior to ADM) is at least partially mediated by attributions.

Mota, N. P., K. Schaumberg, et al. (2015). ***"Imagery vividness ratings during exposure treatment for posttraumatic stress disorder as a predictor of treatment outcome."*** Behaviour Research and Therapy 69: 22-28. http://www.sciencedirect.com/science/article/pii/S000579671500042X

Within exposure-based trauma treatments for posttraumatic stress disorder (PTSD), imagery vividness during imaginal exposure of the traumatic memory is an understudied but potentially important predictor of treatment outcome. Further, to our knowledge, this relationship has only been studied in women to date, and never among individuals with PTSD and substance use disorders which could impact ability to produce vivid mental imagery and its impact. The current study investigated whether imagery vividness ratings during in-session exposure predicted post-treatment PTSD symptom severity in a sample of men and women with comorbid PTSD and substance use disorders, and also examined whether gender moderated this relationship. A sample of 71 participants who received an exposure-based trauma treatment were included in the analyses. PTSD symptom severity was assessed using both the Clinician Administered PTSD Scale (CAPS) and the Impact of Event Scale-Revised (IES-R). Results varied according to method of assessing PTSD symptom severity. Higher imagery vividness was associated with better treatment outcome when assessed by the CAPS, with vividness in later sessions relating more strongly to outcome than vividness in earlier sessions. With the IES-R, higher imagery vividness ratings predicted more favorable treatment outcome for men, but less favorable treatment outcomes for women. Findings are discussed in the context of using imagery vividness to maximize treatment outcomes and future research directions involving scientific replication.

Niles, A. N., M. G. Craske, et al. (2015). ***"Affect labeling enhances exposure effectiveness for public speaking anxiety."*** Behaviour Research and Therapy 68: 27-36. http://www.sciencedirect.com/science/article/pii/S0005796715000431

Exposure is an effective treatment for anxiety but many patients do not respond fully. Affect labeling (labeling emotional experience) attenuates emotional responding. The current project examined whether affect labeling enhances exposure effectiveness in participants with public speaking anxiety. Participants were randomized to exposure with or without affect labeling. Physiological arousal and self-reported fear were assessed before and after exposure and compared between groups. Consistent with hypotheses, participants assigned to Affect Labeling, especially those who used more labels during exposure, showed greater reduction in physiological activation than Control participants. No effect was found for self-report measures. Also, greater emotion regulation deficits at baseline predicted more benefit in physiological arousal from exposure combined with affect labeling than exposure alone. The current research provides evidence that behavioral strategies that target prefrontal-amygdala circuitry can improve treatment effectiveness for anxiety and these effects are particularly pronounced for patients with the greatest deficits in emotion regulation.

Okuda, M., J. Picazo, et al. (2015). ***"Prevalence and correlates of anger in the community: Results from a national survey."*** CNS Spectr 20(2): 130-139. http://www.ncbi.nlm.nih.gov/pubmed/25831968

Introduction Little is known about the prevalence and correlates of anger in the community. METHODS: We used data derived from a large national sample of the U.S. population, which included more than 34,000 adults ages 18 years and older. We defined inappropriate, intense, or poorly controlled anger by means of self-report of the following: (1) anger that was triggered by small things or that was difficult to control, (2) frequent temper outbursts or anger that lead to loss of control, or (3) hitting people or throwing objects in anger. RESULTS: The overall prevalence of inappropriate, intense, or poorly controlled anger in the U.S. population was 7.8%. Anger was especially common among men and younger adults, and was associated with decreased psychosocial functioning. Significant and positive associations were evident between anger and parental factors, childhood, and adulthood adverse events. There were strong associations between anger and bipolar disorder, drug dependence, psychotic disorder, borderline, and schizotypal personality disorders. There was a dose-response relationship between anger and a broad range of psychopathology. CONCLUSIONS: A rationale exists for developing screening tools and early intervention strategies, especially for young adults, to identify and help reduce anger.

Parker, G., S. McCraw, et al. (2015). ***"Clinical features distinguishing grief from depressive episodes: A qualitative analysis."*** Journal of Affective Disorders 176: 43-47. http://www.sciencedirect.com/science/article/pii/S0165032715000762

AbstractBackground The independence or interdependence of grief and major depression has been keenly argued in relation to recent DSM definitions and encouraged the current study. Methods We report a phenomenological study seeking to identify the experiential and phenomenological differences between depression and grief as judged qualitatively by those who had experienced clinical (n=125) or non-clinical depressive states (n=28). Results Analyses involving the whole sample indicated that, in contrast to grief, depression involved feelings of hopelessness and helplessness, being endless and was associated with a lack of control, having an internal self-focus impacting on self-esteem, being more severe and stressful, being marked by physical symptoms and often lacking a justifiable cause. Grief was distinguished from depression by the individual viewing their experience as natural and to be expected, a consequence of a loss, and with an external focus (i.e. the loss of the other). Some identified differences may have reflected the impact of depressive "type" (e.g. melancholia) rather than depression per se, and argue for a two-tiered model differentiating normative depressive and grief states at their base level and then "clinical" depressive and 'pathological' grief states by their associated clinical features. Limitations Comparative analyses between the clinical and non-clinical groups were limited by the latter sub-set being few in number. The provision of definitions

may have shaped subjects' nominated differentiating features. Conclusion The study identified a distinct number of phenomenological and clinical differences between grief and depression and few shared features, but more importantly, argued for the development of a two-tiered model defining both base states and clinical expressions.

Rowa, K., J. R. Paulitzki, et al. (2015). ***"A false sense of security: Safety behaviors erode objective speech performance in individuals with social anxiety disorder."*** Behavior Therapy 46(3): 304-314. http://www.sciencedirect.com/science/article/pii/S0005789414001397

In the current study, 55 participants with a diagnosis of generalized social anxiety disorder (SAD), 23 participants with a diagnosis of an anxiety disorder other than SAD with no comorbid SAD, and 50 healthy controls completed a speech task as well as self-reported measures of safety behavior use. Speeches were videotaped and coded for global and specific indicators of performance by two raters who were blind to participants' diagnostic status. Results suggested that the objective performance of people with SAD was poorer than that of both control groups, who did not differ from each other. Moreover, self-reported use of safety behaviors during the speech strongly mediated the relationship between diagnostic group and observers' performance ratings. These results are consistent with contemporary cognitive-behavioral and interpersonal models of SAD and suggest that socially anxious individuals' performance skills may be undermined by the use of safety behaviors. These data provide further support for recommendations from previous studies that the elimination of safety behaviors ought to be a priority in cognitive behavioral therapy for SAD.

Rudd, M. D., C. J. Bryan, et al. (2015). ***"Brief cognitive-behavioral therapy effects on post-treatment suicide attempts in a military sample: Results of a randomized clinical trial with 2-year follow-up."*** Am J Psychiatry 172(5): 441-449. http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2014.14070843

OBJECTIVE: The authors evaluated the effectiveness of brief cognitive-behavioral therapy (CBT) for the prevention of suicide attempts in military personnel. METHOD: In a randomized controlled trial, active-duty Army soldiers at Fort Carson, Colo., who either attempted suicide or experienced suicidal ideation with intent, were randomly assigned to treatment as usual (N=76) or treatment as usual plus brief CBT (N=76). Assessment of incidence of suicide attempts during the follow-up period was conducted with the Suicide Attempt Self-Injury Interview. Inclusion criteria were the presence of suicidal ideation with intent to die during the past week and/or a suicide attempt within the past month. Soldiers were excluded if they had a medical or psychiatric condition that would prevent informed consent or participation in outpatient treatment, such as active psychosis or mania. To determine treatment efficacy with regard to incidence and time to suicide attempt, survival curve analyses were conducted. Differences in psychiatric symptoms were evaluated using longitudinal random-effects models. RESULTS: From baseline to the 24-month follow-up assessment, eight participants in brief CBT (13.8%) and 18 participants in treatment as usual (40.2%) made at least one suicide attempt (hazard ratio=0.38, 95% CI=0.16-0.87, number needed to treat=3.88), suggesting that soldiers in brief CBT were approximately 60% less likely to make a suicide attempt during follow-up than soldiers in treatment as usual. There were no between-group differences in severity of psychiatric symptoms. CONCLUSIONS: Brief CBT was effective in preventing follow-up suicide attempts among active-duty military service members with current suicidal ideation and/or a recent suicide attempt. [See too editorial at http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2014.14070843%5D.

Slone, N. C., R. J. Reese, et al. (2015). ***"Evaluating the efficacy of client feedback in group psychotherapy."*** Group Dynamics: Theory, Research, and Practice 19(2): 122-136. http://psycnet.apa.org/journals/gdn/19/2/122/

Monitoring progress in psychotherapy routinely (i.e., client feedback) has yielded positive results for improving both outcome and retention in individual and couple therapy; however, evidence of client feedback efficacy in a group format is limited. Using a randomized cluster design, group therapy participants (N = 84) were assigned to a client feedback or treatment-as-usual (TAU) condition in a university counseling center. Clients in the feedback condition used the Partners for Change Outcomes Management System (PCOMS; Duncan, 2011). Feedback participants had significantly larger pre–post group therapy gains (d = 0.41) and higher rates of reliable and clinically significant change when compared to TAU participants on the Outcome Rating Scale (Miller & Duncan, 2000). Clients in the feedback condition also attended more group sessions compared to TAU participants. Study implications and future recommendations are provided.

Strauss, C., L. Hale, et al. (2015). ***"A meta-analytic review of the relationship between family accommodation and OCD symptom severity."*** Journal of Anxiety Disorders 33(0): 95-102. http://www.sciencedirect.com/science/article/pii/S0887618515000808

Accommodation of obsessive compulsive disorder (OCD) symptoms by family members is common. This paper presents a systematic meta-analytic review on family accommodation and OCD symptom severity. Fourteen studies investigating the relationship between family accommodation and OCD symptoms were selected. The medium effect size of the relationship between family accommodation and OCD symptom severity was significant (r = .35; 95% CI: .23 to .47), based on a Hunter–Schmidt random effects model with a total of 849 participants. Although there was some evidence of publication bias, Rosenthal's fail-safe N suggested that 596 studies with zero effect would be needed to reduce the mean effect size to non-significant. Findings are discussed in the context of the limitations of the studies, and in particular the reliance on cross-sectional designs which impede causal conclusions. Future research to evaluate a family accommodation intervention in a randomized controlled design and using mediation analysis to explore change mechanisms is called for.

Tajika, A., Y. Ogawa, et al. (2015). ***"Replication and contradiction of highly cited research papers in psychiatry: 10-year follow-up."*** Br J Psychiatry. http://www.ncbi.nlm.nih.gov/pubmed/26159600

Background Contradictions and initial overestimates are not unusual among highly cited studies. However, this issue has not been researched in psychiatry. Aims To assess how highly cited studies in psychiatry are replicated by subsequent studies. Method We selected highly cited studies claiming effective psychiatric treatments in the years 2000 through 2002. For each of these studies we searched for subsequent studies with a better-controlled design, or with a similar design but a larger sample. Results Among 83 articles recommending effective interventions, 40 had not been subject to any attempt at replication, 16 were contradicted, 11 were found to have substantially smaller effects and only 16 were replicated. The standardised mean differences of the initial studies were overestimated by 132%. Studies with a total sample size of 100 or more tended to produce replicable results. Conclusions Caution is needed when a study with a small sample size reports a large effect.

van der Voort, T. Y. G., B. van Meijel, et al. (2015). ***"Collaborative care for patients with bipolar disorder: Randomised controlled trial."*** Br J Psychiatry 206(5): 393-400. http://bjp.rcpsych.org/bjprcpsych/206/5/393.full.pdf

Background A substantial number of people with bipolar disorder show a suboptimal response to treatment. Aims To study the effectiveness of a collaborative care programme on symptoms and medication adherence in patients with bipolar disorder, compared with care as usual. Method A two-armed, cluster randomised clinical trial was carried out in 16 out-patient

mental health clinics in The Netherlands, in which 138 patients were randomised. Patient outcomes included duration and severity of symptoms and medication adherence, and were measured at baseline, 6 months and 12 months. Collaborative care comprised contracting, psychoeducation, problem-solving treatment, systematic relapse prevention and monitoring of outcomes. Mental health nurses functioned as care managers in this programme. The trial was registered with The Netherlands Trial Registry (NTR2600). Results Collaborative care had a significant and clinically relevant effect on number of months with depressive symptoms, both at 6 months (z = −2.6, P = 0.01, d = 0.5) and at 12 months (z = −3.1, P = 0.002, d = 0.7), as well as on severity of depressive symptoms at 12 months (z = −2.9, P = 0.004, d = 0.4). There was no effect on symptoms of mania or on treatment adherence. Conclusions When compared with treatment as usual, collaborative care substantially reduced the time participants with bipolar disorder experienced depressive symptoms. Also, depressive symptom severity decreased significantly. As persistent depressive symptoms are difficult to treat and contribute to both disability and impaired quality of life in bipolar disorder, collaborative care may be an important form of treatment for people with this disorder.

van Dijke, A. and J. Ford (2015). ***"Adult attachment and emotion dysregulation in borderline personality and somatoform disorders."*** Borderline Personality Disorder and Emotion Dysregulation 2(1): 6. http://www.bpded.com/content/2/1/6

(Available in free full text) BACKGROUND: Borderline personality disorder (BPD) and somatoform disorders (SoD) involve significant problems in relationships and emotion regulation, but the similarities and differences between these disorders in these areas is not well understood. METHOD: In 472 psychotherapy inpatients BPD and/or SoD diagnoses were confirmed or ruled out using clinical interviews and standardized measures. Emotional under- and over-regulation and indices of adult attachment working models and fears were assessed with validated self-report measures. Bivariate and multivariate analyses were conducted to examine relationships among the study variables and differences based on diagnostic status. RESULTS: Under-regulation of emotion was moderately related to fear of abandonment but weakly related to fear of closeness. Over-regulation of emotion was moderately related to fear of closeness but not to fear of abandonment. BPD was associated with under-regulation of emotion and fear of abandonment, and, when comorbid with SoD, with fear of closeness. SoD was associated with inhibition or denial of fears of abandonment or closeness, and over-regulation of emotion. CONCLUSIONS: Study results suggest that insecure attachment may play a role in both BPD and SoD, but in different ways, with hyperactivating emotion dysregulation prominent in BPD and deactivating emotion dysregulation evident in SoD. Also, combined hyper- and de-activating strategy components that may reflect a pattern of disorganized attachment were found, particularly in patients with comorbid BPD and SoD.

Williams, C. L., E. J. Harfmann, et al. (2015). ***"Specificity of parental bonding and rumination in depressive and anxious emotional distress."*** Personality and Individual Differences 79: 157-161. http://www.sciencedirect.com/science/article/pii/S0191886915000951

We examined how different dimensions of rumination may mediate the impact of parental bonding (lack of care and overprotectiveness) on negative emotional symptomatology (anxiety and depression). Survey data from participants were analyzed using structural equation modeling. Results indicated that brooding rumination fully mediated the relationship between maternal care and depressive and anxious symptomatology. These findings suggest that to the extent that maternal caregivers are low in warmth and support, offspring are more likely to develop a brooding style of ruminative thinking associated with heightened emotional distress. This research supports the growing body of evidence suggesting that cognitive variables form a pathway between troublesome parent/child interactions and psychopathology.

Wu, M. S., A. Pinto, et al. (2015). ***"Psychometric properties of the family accommodation scale for obsessive-compulsive disorder-patient version."*** Psychol Assess. http://www.ncbi.nlm.nih.gov/pubmed/26075408

In obsessive-compulsive disorder (OCD), family accommodation is a frequently occurring phenomenon that has been linked to attenuated treatment response, increased obsessive-compulsive symptom severity, and lower levels of functioning. No patient-report version of family accommodation exists, with available measures relying on relatives as informants. However, adult patients with OCD often present to clinical services alone, frequently making it impractical to obtain information from these informants. Consequently, a standardized patient-reported measure of family accommodation proves salient in clinical practice. The present study examined the psychometric properties of the Family Accommodation Scale for Obsessive-Compulsive Disorder-Patient Version (FAS-PV). Sixty-one adults with OCD were administered clinician-rated measures of OCD symptom severity and self-report questionnaires examining functional impairment, family functioning, and emotional/behavioral difficulties. Fifty-four relatives completed self-report measures assessing family accommodation and family functioning. The majority of the adult OCD participants (89%) endorsed at least 1 type of accommodating behavior in the previous week. The FAS-PV total score demonstrated good internal consistency and test-retest reliability. Convergent validity was evidenced by strong associations with scores on another measure of family accommodation, OCD symptom severity, OCD-related family functioning, anxiety, and functional impairment. Divergent validity was supported through nonsignificant correlations with depressive symptoms and impulsivity. The FAS-PV did not significantly differ from the relative-reported measure of family accommodation in terms of the internal consistency or mean of the total scores. Ultimately, the FAS-PV scores demonstrated sound psychometric properties and validity in assessing family accommodation from the patient's perspective, encouraging its use in research and clinical practice. (PsycINFO Database Record