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(Atzil-Slonim, Bar-Kalifa et al. 2015; Bond and Anderson 2015; Catone, Marwaha et al. 2015; Chambers, Cook et al. 2015; Collaboration 2015; Connolly Gibbons, Kurtz et al. 2015; Cristea, Huibers et al. 2015; Cuijpers and Cristea 2015; Daley, Blamey et al. 2015; Driessen, Hollon et al. 2015; Fairburn, Bailey-Straebler et al. 2015; Fraley, Hudson et al. 2015; Gibbons, Thompson et al. 2015; Grant, Goldstein et al. 2015; Guidi, Tomba et al. 2015; Gyani, Shafran et al. 2015; Imamura, Kawakami et al. 2015; James, Bonsall et al. 2015; Kendler, Maes et al. 2015; Kerns, Mathews et al. 2015; Larson, Chastain et al. 2015; Leichsenring, Luyten et al. 2015; Leonpacher, Liebers et al. 2015; Lutz, De Jong et al. 2015; Lutz, Rubel et al. 2015; McGrath, Saha et al. 2015; Milrod 2015; Newby, McKinnon et al. 2015; Nissen-Lie, Rønnestad et al. 2015; Silove, Alonso et al. 2015; Spoont, Williams et al. 2015; Stagl, Bouchard et al. 2015; Stagl, Lechner et al. 2015; Stiles, Barkham et al. 2015; Veale, Page et al. 2015; Weck, Neng et al. 2015)

Atzil-Slonim, D., E. Bar-Kalifa, et al. (2015). ***"Therapeutic bond judgments: Congruence and incongruence."*** J Consult Clin Psychol 83(4): 773-784. http://www.ncbi.nlm.nih.gov/pubmed/25664641

OBJECTIVE: The present study had 2 aims: (a) to implement West and Kenny's (2011) Truth-and-Bias model to simultaneously assess the temporal congruence and directional discrepancy between clients' and therapists' ratings of the bond facet of the therapeutic alliance, as they cofluctuate from session to session; and (b) to examine whether symptom severity and a personality disorder (PD) diagnosis moderate congruence and/or discrepancy. METHOD: Participants included 213 clients treated by 49 therapists. At pretreatment, clients were assessed for a PD diagnosis and completed symptom measures. Symptom severity was also assessed at the beginning of each session, using client self-reports. Both clients and therapists rated the therapeutic bond at the end of each session. RESULTS: Therapists and clients exhibited substantial temporal congruence in their session-by-session bond ratings, but therapists' ratings tended to be lower than their clients' across sessions. Additionally, therapeutic dyads whose session-by-session ratings were more congruent also tended to have a larger directional discrepancy (clients' ratings being higher). Pretreatment symptom severity and PD diagnosis did not moderate either temporal congruence or discrepancy at the dyad level; however, during sessions when clients were more symptomatic, therapist and client ratings were both farther apart and tracked each other less closely. CONCLUSIONS: Our findings are consistent with a "better safe than sorry" pattern, which suggests that therapists are motivated to take a vigilant approach that may lead both to underestimation and to attunement to fluctuations in the therapeutic bond.

Bond, K. and I. M. Anderson (2015). ***"Psychoeducation for relapse prevention in bipolar disorder: A systematic review of efficacy in randomized controlled trials."*** Bipolar Disorders 17(4): 349-362. http://dx.doi.org/10.1111/bdi.12287

Objectives Previous reviews have concluded that interventions including psychoeducation are effective in preventing relapse in bipolar disorder, but the efficacy of psychoeducation itself has not been systematically reviewed. Our aim was to evaluate the efficacy of psychoeducation for bipolar disorder in preventing relapse and other outcomes, and to identify factors that relate to clinical outcomes. Methods We employed the systematic review of randomized controlled trials of psychoeducation in participants with bipolar disorder not in an acute illness episode, compared with treatment-as-usual, and placebo or active interventions. Pooled odds ratios (ORs) for non-relapse into any episode, mania/hypomania, and depression were calculated using an intent-to-treat (ITT) analysis, assigning dropouts to relapse, with a sensitivity analysis in which dropouts were assigned to non-relapse (optimistic ITT). Results Sixteen studies were included, eight of which provided data on relapse. Although heterogeneity in the data warrants caution, psychoeducation appeared to be effective in preventing any relapse [n = 7; OR: 1.98–2.75; number needed to treat (NNT): 5–7, depending on the method of analysis] and manic/hypomanic relapse (n = 8; OR: 1.68–2.52; NNT: 6–8), but not depressive relapse. Group, but not individually, delivered interventions were effective against both poles of relapse; the duration of follow-up and hours of therapy explained some of the heterogeneity. Psychoeducation improved medication adherence and short-term knowledge about medication. No consistent effects on mood symptoms, quality of life, or functioning were found. Conclusions Group psychoeducation appears to be effective in preventing relapse in bipolar disorder, with less evidence for individually delivered interventions. Better understanding of mediating mechanisms is needed to optimize efficacy and personalize treatment.

Catone, G., S. Marwaha, et al. (2015). ***"Bullying victimisation and risk of psychotic phenomena: Analyses of british national survey data."*** The Lancet Psychiatry 2(7): 618-624. http://www.sciencedirect.com/science/article/pii/S2215036615000553

Background Being bullied is an aversive experience with short-term and long-term consequences, and is incorporated in biopsychosocial models of psychosis. We used the 2000 and the 2007 British Adult Psychiatric Morbidity Surveys to test the hypothesis that bullying is associated with individual psychotic phenomena and with psychosis, and predicts the later emergence of persecutory ideation and hallucinations. Methods We analysed two nationally representative surveys of individuals aged 16 years or older in Great Britain (2000) and England (2007). Respondents were presented with a card listing stressful events to identify experiences of bullying over the entire lifespan. We assessed associations with the dependent variables persecutory ideation, auditory and visual hallucinations, and diagnosis of probable psychosis. All analyses were controlled for sociodemographic confounders, intelligence quotient (IQ), and other traumas. Findings We used data for 8580 respondents from 2000 and 7403 from 2007. Bullying was associated with presence of persecutory ideation and hallucinations, remaining so after adjustment for sociodemographic factors, IQ, other traumas, and childhood sexual abuse. Bullying was associated with a diagnosis of probable psychosis. If reported at baseline, bullying predicted emergence and maintenance of persecutory ideation and hallucinations during 18 months of follow-up in the 2000 survey. Controlling for other traumas and childhood sexual abuse did not affect the association between bullying and psychotic symptoms, but reduced the significance of the association with diagnosis of probable psychosis. Bullying was most strongly associated with the presence of concurrent persecutory ideation and hallucinations. Interpretation Bullying victimisation increases the risk of individual psychotic symptoms and of a diagnosis of probable psychosis. Early detection of bullying and use of treatments oriented towards its psychological consequences might ameliorate the course of psychosis. Funding None.

Chambers, E., S. Cook, et al. (2015). ***"The self-management of longer-term depression: Learning from the patient, a qualitative study."*** BMC Psychiatry 15(1): 172. http://www.biomedcentral.com/1471-244X/15/172

(Available in free full text) BACKGROUND: Depression is a common mental health condition now viewed as chronic or long-term. More than 50% of people will have at least one further episode of depression after their first, and therefore it requires long-term management. However, little is known about the effectiveness of self-management in depression, in particular from the patients' perspective. This study aimed to understand how people with longer-term depression manage the

condition, how services can best support self-management and whether the principles and concepts of the recovery approach would be advantageous. METHODS: Semi-structured in depth interviews were carried out with 21 participants, recruited from a range of sources using maximum variation sampling. Interpretative Phenomenological Analysis was used by a diverse team comprised of service users, practitioners and academics. RESULTS: Four super-ordinate themes were found: experience of depression, the self, the wider environment, self-management strategies. Within these, several prominent sub-themes emerged of importance to the participants. These included how aspects of themselves such as hope, confidence and motivation could be powerful agents; and how engaging in a wide range of chosen activities could contribute to their emotional, mental, physical, social, spiritual and creative wellbeing. CONCLUSIONS: Services in general were not perceived to be useful in specifically facilitating self-management. Increased choice and control were needed and a greater emphasis on an individualised holistic model. Improved information was needed about how to develop strategies and locate resources, especially during the first episode of depression. These concepts echoed those of the recovery approach, which could therefore be seen as valuable in aiding the self-management of depression.

Collaboration, O. S. (2015). ***"Estimating the reproducibility of psychological science."*** Science 349(6251). http://www.sciencemag.org/content/349/6251/aac4716.abstract

Reproducibility is a defining feature of science, but the extent to which it characterizes current research is unknown. We conducted replications of 100 experimental and correlational studies published in three psychology journals using high-powered designs and original materials when available. Replication effects were half the magnitude of original effects, representing a substantial decline. Ninety-seven percent of original studies had statistically significant results. Thirty-six percent of replications had statistically significant results; 47% of original effect sizes were in the 95% confidence interval of the replication effect size; 39% of effects were subjectively rated to have replicated the original result; and if no bias in original results is assumed, combining original and replication results left 68% with statistically significant effects. Correlational tests suggest that replication success was better predicted by the strength of original evidence than by characteristics of the original and replication teams. (The excellent BPS Digest - http://digest.bps.org.uk/2015/08/this-is-what-happened-when.html - comments "After some high-profile and at times acrimonious failures to replicate past landmark findings, psychology as a discipline and scientific community has led the way in trying to find out more about why some scientific findings reproduce and others don't, including instituting reporting practices to improve the reliability of future results. Much of this endevour is thanks to the Center for Open Science, co-founded by the University of Virginia psychologist Brian Nosek. Today, the Center has published its latest large-scale project: an attempt by 270 psychologists to replicate findings from 100 psychology studies published in 2008 in three prestigious journals that cover cognitive and social psychology: Psychological Science, the Journal of Personality and Social Psychology, and the Journal of Experimental Psychology: Learning, Memory and Cognition. The Reproducibility Project is designed to estimate the "reproducibility" of psychological findings and complements the Many Labs Replication Project which published its initial results last year. The new effort aimed to replicate many different prior results to try to establish the distinguishing features of replicable versus unreliable findings: in this sense it was broad and shallow and looking for general rules that apply across the fields studied. By contrast, the Many Labs Project involved many different teams all attempting to replicate a smaller number of past findings – in that sense it was narrow and deep, providing more detailed insights into specific psychological phenomena. The headline result from the new Reproducibility Project report is that whereas 97 per cent of the original results showed a statistically significant effect, this was reproduced in only 36 per cent of the replication attempts. Some replications found the opposite effect to the one they were trying to recreate. This is despite the fact that the Project went to incredible lengths to make the replication attempts true to the original studies, including consulting with the original authors. Just because a finding doesn't replicate doesn't mean the original result was false – there are many possible reasons for a replication failure, including unknown or unavoidable deviations from the original methodology. Overall, however, the results of the Project are likely indicative of the biases that researchers and journals show towards producing and publishing positive findings. For example, a survey published a few years ago revealed the questionable practices many researchers use to achieve positive results, and it's well known that journals are less likely to publish negative results. The Project found that studies that initially reported weaker or more surprising results were less likely to replicate. In contrast, the expertise of the original research team or replication research team were not related to the chances of replication success. Meanwhile, social psychology replications were less than half as likely to achieve a significant finding compared with cognitive psychology replication attempts, but in terms of declines in size of effect, both fields showed the same average reduction from original study to replication attempt, to less than half (cognitive psychology studies started out with larger effects and this is why more of the replications in this area retained statistical significance). Among the studies that failed to replicate was research on loneliness increasing supernatural beliefs; conceptual fluency increasing a preference for concrete descriptions (e.g. if I prime you with the name of a city, that increases your conceptual fluency for the city, which supposedly makes you prefer concrete descriptions of that city); and research on links between people's racial prejudice and their response times to pictures showing people from different ethnic groups alongside guns. A full list of the findings that the researchers attempted to replicate can be found on the Reproducibility Project website (as can all the data and replication analyses). This may sound like a disappointing day for psychology, but in fact really the opposite is true. Through the Reproducibility Project, psychology and psychologists are blazing a trail, helping shed light on a problem that afflicts all of science, not just psychology. The Project, which was backed by the Association for Psychological Science (publisher of the journal Psychological Science), is a model of constructive collaboration showing how original authors and the authors of replication attempts can work together to further their field. In fact, some investigators on the Project were in the position of being both an original author and a replication researcher. "The present results suggest there is room to improve reproducibility in psychology," the authors of the Reproducibility Project concluded. But they added: "Any temptation to interpret these results as a defeat for psychology, or science more generally, must contend with the fact that this project demonstrates science behaving as it should" – that is, being constantly sceptical of its own explanatory claims and striving for improvement. "This isn't a pessimistic story", added Brian Nosek in a press conference for the new results. "The project shows science demonstrating an essential quality, self-correction – a community of researchers volunteered their time to contribute to a large project for which they would receive little individual credit.")

Connolly Gibbons, M. B., J. E. Kurtz, et al. (2015). ***"The effectiveness of clinician feedback in the treatment of depression in the community mental health system."*** J Consult Clin Psychol 83(4): 748-759. http://www.ncbi.nlm.nih.gov/pubmed/26052874

OBJECTIVE: We describe the development and evaluation of a clinician feedback intervention for use in community mental health settings. The Community Clinician Feedback System (CCFS) was developed in collaboration with a community partner to meet the needs of providers working in such community settings. METHOD: The CCFS consists of weekly performance feedback to clinicians, as well as a clinical feedback report that assists clinicians with patients who are not progressing as expected. Patients in the randomized sample (N = 100) were predominantly female African Americans, with a mean age of 39 years. RESULTS: Satisfaction ratings of the CCFS indicate that the system was widely accepted by clinicians and patients. A hierarchical linear models (HLM) analysis comparing rates of change across conditions controlling for baseline gender, age, and racial group indicated a moderate effect in favor of the feedback condition for symptom improvement, $t(94) = 2.41$, $p = .017$, d

= .50. Thirty-six percent of feedback patients compared with only 13% of patients in the no-feedback condition demonstrated clinically significant change across treatment, chi2(1) = 6.13, p = .013. CONCLUSIONS: These results indicate that our CCFS is acceptable to providers and patients of mental health services and has the potential to improve the effectiveness of services for clinically meaningful depression in the community mental health setting.

Cristea, I. A., M. J. Huibers, et al. (2015). ***"The effects of cognitive behavior therapy for adult depression on dysfunctional thinking: A meta-analysis."*** Clin Psychol Rev 42: 62-71. http://www.ncbi.nlm.nih.gov/pubmed/26319193

BACKGROUND: It is not clear whether cognitive behavior therapy (CBT) works through changing dysfunctional thinking. Although several primary studies have examined the effects of CBT on dysfunctional thinking, no meta-analysis has yet been conducted. METHOD: We searched for randomized trials comparing CBT for adult depression with control groups or with other therapies and reporting outcomes on dysfunctional thinking. We calculated effect sizes for CBT versus control groups, and separately for CBT versus other psychotherapies and respectively, pharmacotherapy. RESULTS: 26 studies totalizing 2002 patients met inclusion criteria. The quality of the studies was less than optimal. We found a moderate effect of CBT compared to control groups on dysfunctional thinking at post-test (g=0.50; 95% CI: 0.38-0.62), with no differences between the measures used. This result was maintained at follow-up (g=0.46; 95% CI: 0.15-0.78). There was a strong association between the effects on dysfunctional thinking and those on depression. We found no significant differences between CBT and other psychotherapies (g=0.17; p=0.31), except when restrict in outcomes to the Dysfunctional Attitudes Scale (g=0.29). There also was no difference between CBT and pharmacotherapy (g=0.04), though this result was based on only 4 studies. DISCUSSION: While CBT had a robust and stable effect on dysfunctional thoughts, this was not significantly different from what other psychotherapies or pharmacotherapy achieved. This result can be interpreted as confirming the primacy of cognitive change in symptom change, irrespective of how it is attained, as well as supporting the idea that dysfunctional thoughts are simply another symptom that changes subsequent to treatment.

Cuijpers, P. and I. A. Cristea (2015). ***"How to prove that your therapy is effective, even when it is not: A guideline."*** Epidemiol Psychiatr Sci: 1-8. http://www.ncbi.nlm.nih.gov/pubmed/26411384

AIMS: Suppose you are the developer of a new therapy for a mental health problem or you have several years of experience working with such a therapy, and you would like to prove that it is effective. Randomised trials have become the gold standard to prove that interventions are effective, and they are used by treatment guidelines and policy makers to decide whether or not to adopt, implement or fund a therapy. METHODS: You would want to do such a randomised trial to get your therapy disseminated, but in reality your clinical experience already showed you that the therapy works. How could you do a trial in order to optimise the chance of finding a positive effect? RESULTS: Methods that can help include a strong allegiance towards the therapy, anything that increases expectations and hope in participants, making use of the weak spots of randomised trials (risk of bias), small sample sizes and waiting list control groups (but not comparisons with existing interventions). And if all that fails one can always not publish the outcomes and wait for positive trials. CONCLUSIONS: Several methods are available to help you show that your therapy is effective, even when it is not.

Daley, A. J., R. V. Blamey, et al. (2015). ***"A pragmatic randomized controlled trial to evaluate the effectiveness of a facilitated exercise intervention as a treatment for postnatal depression: The pam-pers trial."*** Psychological Medicine 45(11): 2413-2425. http://dx.doi.org/10.1017/S0033291715000409

Background Postnatal depression affects about 10–15% of women in the year after giving birth. Many women and healthcare professionals would like an effective and accessible non-pharmacological treatment for postnatal depression. Method Women who fulfilled the International Classification of Diseases (ICD)-10 criteria for major depression in the first 6 months postnatally were randomized to receive usual care plus a facilitated exercise intervention or usual care only. The intervention involved two face-to-face consultations and two telephone support calls with a physical activity facilitator over 6 months to support participants to engage in regular exercise. The primary outcome was symptoms of depression using the Edinburgh Postnatal Depression Scale (EPDS) at 6 months post-randomization. Secondary outcomes included EPDS score as a binary variable (recovered and improved) at 6 and 12 months post-randomization. Results A total of 146 women were potentially eligible and 94 were randomized. Of these, 34% reported thoughts of self-harming at baseline. After adjusting for baseline EPDS, analyses revealed a −2.04 mean difference in EPDS score, favouring the exercise group [95% confidence interval (CI) −4.11 to 0.03, p = 0.05]. When also adjusting for pre-specified demographic variables the effect was larger and statistically significant (mean difference = −2.26, 95% CI −4.36 to −0.16, p = 0.03). Based on EPDS score a larger proportion of the intervention group was recovered (46.5% v. 23.8%, p = 0.03) compared with usual care at 6 months follow-up. Conclusions This trial shows that an exercise intervention that involved encouragement to exercise and to seek out social support to exercise may be an effective treatment for women with postnatal depression, including those with thoughts of self-harming.

Driessen, E., S. D. Hollon, et al. (2015). ***"Does publication bias inflate the apparent efficacy of psychological treatment for major depressive disorder? A systematic review and meta-analysis of us national institutes of health-funded trials."*** PLoS One 10(9): e0137864. http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0137864

(Available in free full text) BACKGROUND: The efficacy of antidepressant medication has been shown empirically to be overestimated due to publication bias, but this has only been inferred statistically with regard to psychological treatment for depression. We assessed directly the extent of study publication bias in trials examining the efficacy of psychological treatment for depression. METHODS AND FINDINGS: We identified US National Institutes of Health grants awarded to fund randomized clinical trials comparing psychological treatment to control conditions or other treatments in patients diagnosed with major depressive disorder for the period 1972-2008, and we determined whether those grants led to publications. For studies that were not published, data were requested from investigators and included in the meta-analyses. Thirteen (23.6%) of the 55 funded grants that began trials did not result in publications, and two others never started. Among comparisons to control conditions, adding unpublished studies (Hedges' g = 0.20; CI95% -0.11~0.51; k = 6) to published studies (g = 0.52; 0.37~0.68; k = 20) reduced the psychotherapy effect size point estimate (g = 0.39; 0.08~0.70) by 25%. Moreover, these findings may overestimate the "true" effect of psychological treatment for depression as outcome reporting bias could not be examined quantitatively. CONCLUSION: The efficacy of psychological interventions for depression has been overestimated in the published literature, just as it has been for pharmacotherapy. Both are efficacious but not to the extent that the published literature would suggest. Funding agencies and journals should archive both original protocols and raw data from treatment trials to allow the detection and correction of outcome reporting bias. Clinicians, guidelines developers, and decision makers should be aware that the published literature overestimates the effects of the predominant treatments for depression.

Fairburn, C. G., S. Bailey-Straebler, et al. (2015). ***"A transdiagnostic comparison of enhanced cognitive behaviour therapy (cbt-e) and interpersonal psychotherapy in the treatment of eating disorders."*** Behaviour Research and Therapy 70: 64-71. http://www.sciencedirect.com/science/article/pii/S0005796715000686

(Free full text available) Eating disorders may be viewed from a transdiagnostic perspective and there is evidence supporting a transdiagnostic form of cognitive behaviour therapy (CBT-E). The aim of the present study was to compare CBT-E with interpersonal psychotherapy (IPT), a leading alternative treatment for adults with an eating disorder. One hundred and thirty patients with any form of eating disorder (body mass index >17.5 to <40.0) were randomized to either CBT-E or IPT. Both treatments involved 20 sessions over 20 weeks followed by a 60-week closed follow-up period. Outcome was measured by independent blinded assessors. Twenty-nine participants (22.3%) did not complete treatment or were withdrawn. At post-treatment 65.5% of the CBT-E participants met criteria for remission compared with 33.3% of the IPT participants (p < 0.001). Over follow-up the proportion of participants meeting criteria for remission increased, particularly in the IPT condition, but the CBT-E remission rate remained higher (CBT-E 69.4%, IPT 49.0%; p = 0.028). The response to CBT-E was very similar to that observed in an earlier study. The findings indicate that CBT-E is potent treatment for the majority of outpatients with an eating disorder. IPT remains an alternative to CBT-E, but the response is less pronounced and slower to be expressed.

Fraley, R. C., N. W. Hudson, et al. (2015). ***"Are adult attachment styles categorical or dimensional? A taxometric analysis of general and relationship-specific attachment orientations "*** Journal of Personality and Social Psychology 109(2): 354-368. http://psycnet.apa.org/journals/psp/109/2/354/

One of the long-standing debates in the study of adult attachment is whether individual differences are best captured using categorical or continuous models. Although early research suggested that continuous models might be most appropriate, we revisit this issue here because (a) categorical models continue to be widely used in the empirical literature, (b) contemporary models of individual differences raise new questions about the structure of attachment, and (c) methods for addressing the types versus dimensions question have become more sophisticated over time. Analyses based on 2 samples indicate that individual differences appear more consistent with a dimensional rather than a categorical model. This was true with respect to general attachment representations and attachment in specific relationship contexts (e.g., attachment with parents and peers). These findings indicate that dimensional models of attachment style may be better suited for conceptualizing and measuring individual differences across multiple levels of analysis.

Gibbons, M. B., S. M. Thompson, et al. (2015). ***"The relation of baseline skills to psychotherapy outcome across diverse psychotherapies."*** J Clin Psychol 71(6): 491-499. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4560345/

(Available in free full text) OBJECTIVE: We explored whether patients with varied levels of baseline deficits in compensatory skills and self-understanding had different outcomes across cognitive and dynamic therapies. METHOD: The assessment battery was administered at intake and termination (N = 97; 66% female, 81% Caucasian). We conducted regression analyses predicting symptom change from baseline levels of self-understanding and compensatory skills. We also evaluated the interaction between baseline skill levels and treatment condition in the prediction of psychotherapy outcome. RESULTS: There was a significant interaction between treatment group and baseline compensatory skills in the prediction of Hamilton Depression Rating Scale (HAMD) symptom change, F(1,76) = 4.59, p = .035. Baseline deficits in compensatory skills were significantly related to symptom change for patients who received cognitive treatment, etarho = .40, p = .037, while baseline levels of self-understanding were not significantly predictive of treatment outcome in either condition. Baseline skill variables did not predict symptom change as measured by the HAMA. CONCLUSIONS: The findings support a capitalization model of cognitive therapy, whereby patients with relative strengths in compensatory skills at baseline have better treatment outcomes.

Grant, B. F., R. B. Goldstein, et al. (2015). ***"Epidemiology of DSM-5 alcohol use disorder: Results from the national epidemiologic survey on alcohol and related conditions iii."*** JAMA Psychiatry 72(8): 757-766. http://dx.doi.org/10.1001/jamapsychiatry.2015.0584

Importance National epidemiologic information from recently collected data on the new DSM-5 classification of alcohol use disorder (AUD) using a reliable, valid, and uniform data source is needed. Objective To present nationally representative findings on the prevalence, correlates, psychiatric comorbidity, associated disability, and treatment of DSM-5 AUD diagnoses overall and according to severity level (mild, moderate, or severe). Design, Setting, and Participants We conducted face-to-face interviews with a representative US noninstitutionalized civilian adult (≥18 years) sample (N = 36 309) as the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions III (NESARC-III). Data were collected from April 2012 through June 2013 and analyzed in October 2014.Main Outcomes and Measures Twelve-month and lifetime prevalences of AUD.Results Twelve-month and lifetime prevalences of AUD were 13.9% and 29.1%, respectively. Prevalence was generally highest for men (17.6% and 36.0%, respectively), white (14.0% and 32.6%, respectively) and Native American (19.2% and 43.4%, respectively), respondents, and younger (26.7% and 37.0%, respectively) and previously married (11.4% and 27.1%, respectively) or never married (25.0% and 35.5%, respectively) adults. Prevalence of 12-month and lifetime severe AUD was greatest among respondents with the lowest income level (1.8% and 1.5%, respectively). Significant disability was associated with 12-month and lifetime AUD and increased with the severity of AUD. Only 19.8% of respondents with lifetime AUD were ever treated. Significant associations were found between 12-month and lifetime AUD and other substance use disorders, major depressive and bipolar I disorders, and antisocial and borderline personality disorders across all levels of AUD severity, with odds ratios ranging from 1.2 (95% CI, 1.08-1.36) to 6.4 (95% CI, 5.76-7.22). Associations between AUD and panic disorder, specific phobia, and generalized anxiety disorder were modest (odds ratios ranged from 1.2 (95% CI, 1.01-1.43) to 1.4 (95% CI, 1.13-1.67) across most levels of AUD severity. Conclusions and Relevance Alcohol use disorder defined by DSM-5 criteria is a highly prevalent, highly comorbid, disabling disorder that often goes untreated in the United States. The NESARC-III data indicate an urgent need to educate the public and policy makers about AUD and its treatment alternatives, to destigmatize the disorder, and to encourage those who cannot reduce their alcohol consumption on their own, despite substantial harm to themselves and others, to seek treatment.

Guidi, J., E. Tomba, et al. (2015). ***"The sequential integration of pharmacotherapy and psychotherapy in the treatment of major depressive disorder: A meta-analysis of the sequential model and a critical review of the literature."*** Am J Psychiatry: appiajp201515040476. http://www.ncbi.nlm.nih.gov/pubmed/26481173

OBJECTIVE: A number of randomized controlled trials in major depressive disorder have employed a sequential model, which consists of the use of pharmacotherapy in the acute phase and of psychotherapy in its residual phase. The aim of this review was to provide an updated meta-analysis of the efficacy of this approach in reducing the risk of relapse in major depressive disorder and to place these findings in the larger context of treatment selection. METHOD: Keyword searches were conducted in MEDLINE, EMBASE, PsycINFO, and Cochrane Library from inception of each database through October 2014. Randomized controlled trials examining the efficacy of the administration of psychotherapy after successful response to acute-phase pharmacotherapy in the treatment of adults with major depressive disorder were considered for inclusion in the meta-analysis. RESULTS: Thirteen high-quality studies with 728 patients in a sequential treatment arm and 682 in a control treatment arm were included. All studies involved cognitive-behavioral therapy (CBT). The pooled risk ratio for relapse/recurrence was

0.781 (95% confidence interval [CI]=0.671-0.909; number needed to treat=8), according to the random-effects model, suggesting a relative advantage in preventing relapse/recurrence compared with control conditions. A significant effect of CBT during continuation of antidepressant drugs compared with antidepressants alone or treatment as usual (risk ratio: 0.811; 95% CI=0.685-0.961; number needed to treat=10) was found. Patients randomly assigned to CBT who had antidepressants tapered and discontinued were significantly less likely to experience relapse/recurrence compared with those assigned to either clinical management or continuation of antidepressant medication (risk ratio: 0.674; 95% CI=0.482-0.943; number needed to treat=5). CONCLUSIONS: The sequential integration of CBT and pharmacotherapy is a viable strategy for preventing relapse in major depressive disorder. The current indications for the application of psychotherapy in major depressive disorder are discussed, with special reference to its integration with pharmacotherapy.

Gyani, A., R. Shafran, et al. (2015). ***"A qualitative investigation of therapists' attitudes towards research: Horses for courses?"*** Behavioural and Cognitive Psychotherapy 43(04): 436-448. http://dx.doi.org/10.1017/S1352465813001069

Background: A large body of research has identified that many therapists do not use research to inform their practice, but few studies investigate the reasons behind this. Aims: The current study seeks to understand what sources therapists use to inform their practice and why they are chosen. Method: Thirty-three interviews with psychological therapists in the UK were undertaken. These were transcribed and analysed using Interpretative Phenomenological Analysis. Results: Two superordinate themes emerged. The former focused on the nature of evidence and the latter described why certain sources were used to make clinical decisions. When discussing evidence, participants felt that research studies, specifically Randomized Controlled Trials (RCTs), used unrepresentative samples. Therapists felt that research other than RCTs, particularly qualitative research, was important. Therapist specific factors were felt to be as, or more, important than the technique used to treat patients. When discussing the sources they used, therapists preferred to use their clinical experience or their patients' experience to make clinical decisions. Theoretical or practical information was preferred to empirical research. The presentation of information was felt to be important to encourage the implementation of research, and therapists also felt tools such as outcome measures and manuals were too rigid to be useful. Finally, patients' choice of treatment was felt to be important in treatment decisions. Conclusions: The views of therapists were heterogeneous, but this study highlighted some of the barriers to closing the gap between science and practice. This knowledge can be used to increase the translation of science into practice.

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."*** Psychological Medicine 45(09): 1907-1917. http://dx.doi.org/10.1017/S0033291714003006

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 $\chi 2 = 7.04$, $p < 0.01$). 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.

James, E. L., M. B. Bonsall, et al. (2015). ***"Computer game play reduces intrusive memories of experimental trauma via reconsolidation-update mechanisms."*** Psychological Science 26(8): 1201-1215. http://pss.sagepub.com/content/26/8/1201.abstract

(Free full text available) Memory of a traumatic event becomes consolidated within hours. Intrusive memories can then flash back repeatedly into the mind's eye and cause distress. We investigated whether reconsolidation—the process during which memories become malleable when recalled—can be blocked using a cognitive task and whether such an approach can reduce these unbidden intrusions. We predicted that reconsolidation of a reactivated visual memory of experimental trauma could be disrupted by engaging in a visuospatial task that would compete for visual working memory resources. We showed that intrusive memories were virtually abolished by playing the computer game Tetris following a memory-reactivation task 24 hr after initial exposure to experimental trauma. Furthermore, both memory reactivation and playing Tetris were required to reduce subsequent intrusions (Experiment 2), consistent with reconsolidation-update mechanisms. A simple, noninvasive cognitive-task procedure administered after emotional memory has already consolidated (i.e., > 24 hours after exposure to experimental trauma) may prevent the recurrence of intrusive memories of those emotional events.

Kendler, K. S., H. H. Maes, et al. (2015). ***"A Swedish national twin study of criminal behavior and its violent, white-collar and property subtypes."*** Psychological Medicine 45(11): 2253-2262. http://dx.doi.org/10.1017/S0033291714002098

Background We sought to clarify the etiological contribution of genetic and environmental factors to total criminal behavior (CB) measured as criminal convictions in men and women, and to violent (VCB), white-collar (WCCB) and property criminal behavior (PCB) in men only. Method In 21,603 twin pairs from the Swedish Twin Registry, we obtained information on all criminal convictions from 1973 to 2011 from the Swedish Crime Register. Twin modeling was performed using the OpenMx package. Results For all criminal convictions, heritability was estimated at around 45% in both sexes, with the shared environment accounting for 18% of the variance in liability in females and 27% in males. The correlation of these risk factors across sexes was estimated at +0.63. In men, the magnitudes of genetic and environmental influence were similar in the three criminal conviction subtypes. However, for violent and white-collar convictions, nearly half and one-third of the genetic effects were respectively unique to that criminal subtype. About half of the familial environmental effects were unique to property convictions. Conclusions The familial aggregation of officially recorded CB is substantial and results from both genetic and familial environmental factors. These factors are moderately correlated across the sexes suggesting that some genetic and environmental influences on criminal convictions are unique to men and to women. Violent criminal behavior and property crime are substantially influenced respectively by genetic and shared environmental risk factors unique to that criminal subtype.

Kerns, K. A., B. L. Mathews, et al. (2015). ***"Assessing both safe haven and secure base support in parent–child relationships."*** Attachment & Human Development 17(4): 337-353. http://dx.doi.org/10.1080/14616734.2015.1042487

Although the attachment construct refers to a child's tendency to use an attachment figure both as a safe haven in times of distress as well as a secure base from which to explore, approaches to assessing attachment at older ages have focused on safe haven behavior. We tested modified versions of the Friends and Family Interview and the Security Scale Questionnaire

to examine separately the correlates of safe haven and secure base support from parents. The main study (n = 107 children, 10-14-year-olds) included both interview and questionnaire assessments of safe haven and secure base support from mothers and fathers. The two methods converged in expected ways, and both showed associations with narrative coherence. Children reported greater safe haven support from mothers and greater secure base support from fathers, suggesting secure base support is a key aspect of father-child attachment. Both mother-child and father-child relationships were related to children's school adjustment and coping.

Larson, D. G., R. L. Chastain, et al. (2015). ***"Self-concealment: Integrative review and working model."*** Journal of Social and Clinical Psychology 34(8): 705-e774. http://dx.doi.org/10.1521/jscp.2015.34.8.705

An extensive empirical literature has focused on the self-concealment (SC) construct. In this article, we review 137 studies that used the Self-Concealment Scale (SCS) with varied populations (e.g., adolescent; intercultural; international; lesbian, gay, and bisexual; and intimate partner). We propose a working model for the psychology of SC and the mechanisms of action for its effects on well-being. A dual-motive conflict between urges to conceal and reveal is seen to play a central role in these health effects. Meta-analytic techniques identify significant associations for SC with 18 constructs falling into six general categories: antecedents, disclosure and concealment, emotion regulation, social well-being, psychological and physical health, and psychotherapy. We interpret these findings with reference to current research and theory on secret keeping and health as well as emotion- and self-regulatory processes. This first integrative review supports the construct validity of the SCS and demonstrates the value of the SC construct for the study of psychological phenomena in which secret keeping is a recognized issue. (See too the helpful self concealment research website at http://blogs.scu.edu/selfconcealment/).

Leichsenring, F., P. Luyten, et al. (2015). ***"Psychodynamic therapy meets evidence-based medicine: A systematic review using updated criteria."*** The Lancet Psychiatry 2(7): 648-660. http://www.sciencedirect.com/science/article/pii/S2215036615001558

Summary Psychodynamic therapy (PDT) is an umbrella concept for treatments that operate on an interpretive-supportive continuum and is frequently used in clinical practice. The use of any form of psychotherapy should be supported by sufficient evidence. Efficacy research has been neglected in PDT for a long time. In this review, we describe methodological requirements for proofs of efficacy and summarise the evidence for use of PDT to treat mental health disorders. After specifying the requirements for superiority, non-inferiority, and equivalence trials, we did a systematic search using the following criteria: randomised controlled trial of PDT; use of treatment manuals or manual-like guidelines; use of reliable and valid measures for diagnosis and outcome; adults treated for specific mental problems. We identified 64 randomised controlled trials that provide evidence for the efficacy of PDT in common mental health disorders. Studies sufficiently powered to test for equivalence to established treatments did not find substantial differences in efficacy. These results were corroborated by several meta-analyses that suggest PDT is as efficacious as treatments established in efficacy. More randomised controlled trials are needed for some mental health disorders such as obsessive-compulsive disorder and post-traumatic stress disorder. Furthermore, more adequately powered equivalence trials are needed.

Leonpacher, A. K., D. Liebers, et al. (2015). ***"Distinguishing bipolar from unipolar depression: The importance of clinical symptoms and illness features."*** Psychological Medicine 45(11): 2437-2446. http://dx.doi.org/10.1017/S0033291715000446

Background Distinguishing bipolar disorder (BP) from major depressive disorder (MDD) has important relevance for prognosis and treatment. Prior studies have identified clinical features that differ between these two diseases but have been limited by heterogeneity and lack of replication. We sought to identify depression-related features that distinguish BP from MDD in large samples with replication. Method Using a large, opportunistically ascertained collection of subjects with BP and MDD we selected 34 depression-related clinical features to test across the diagnostic categories in an initial discovery dataset consisting of 1228 subjects (386 BPI, 158 BPII and 684 MDD). Features significantly associated with BP were tested in an independent sample of 1000 BPI cases and 1000 MDD cases for classifying ability in receiver operating characteristic (ROC) analysis. Results Seven clinical features showed significant association with BPI compared with MDD: delusions, psychomotor retardation, incapacitation, greater number of mixed symptoms, greater number of episodes, shorter episode length, and a history of experiencing a high after depression treatment. ROC analyses of a model including these seven factors showed significant evidence for discrimination between BPI and MDD in an independent dataset (area under the curve = 0.83). Only two features (number of mixed symptoms, and feeling high after an antidepressant) showed an association with BPII versus MDD. Conclusions Our study suggests that clinical features distinguishing depression in BPI versus MDD have important classification potential for clinical practice, and should also be incorporated as 'baseline' features in the evaluation of novel diagnostic biomarkers.

Lutz, W., K. De Jong, et al. (2015). ***"Patient-focused and feedback research in psychotherapy: Where are we and where do we want to go?"*** Psychother Res 25(6): 625-632. http://www.ncbi.nlm.nih.gov/pubmed/26376225

In the last 15 years feedback interventions have had a significant impact on the field of psychotherapy research and have demonstrated their potential to enhance treatment outcomes, especially for patients with an increased risk of treatment failure. This article serves as an introduction to the special issue on "Patient-focused and feedback research in psychotherapy: Where are we and where do we want to go?" Current investigations on feedback research are concerned with potential moderators and mediators of these effects, as well as the design and the implementation of feedback into routine care. This introduction summarizes the current state of feedback research and provides an overview of the three main research topics in this issue: (1) How to implement feedback systems into routine practice and how do therapist and patient attitudes influence its effects?, (2) How to design feedback reports and decision support tools?, and (3) What are the reasons for patients to become at risk of treatment failure and how should therapists intervene with these patients? We believe that the studies included in this special issue reflect the current state of feedback research and provide promising pathways for future endeavors that will enhance our understanding of feedback effects.

Lutz, W., J. Rubel, et al. (2015). ***"Feedback and therapist effects in the context of treatment outcome and treatment length."*** Psychother Res 25(6): 647-660. http://www.ncbi.nlm.nih.gov/pubmed/26218788

OBJECTIVE: This study estimates feedback and therapist effects and tests the predictive value of therapists' and patient attitudes toward psychometric feedback for treatment outcome and length. METHODS: Data of 349 outpatients and 44 therapists in private practices were used. Separate multilevel analyses were conducted to estimate predictors and feedback and therapist effects. RESULTS: Around 5.88% of the variability in treatment outcome and 8.89% in treatment length were attributed to therapists. There was no relationship between the average effectiveness of therapists and the average length of their treatments. Initial impairment, early alliance, number of diagnoses, feedback as well as therapists' and patients' attitudes toward feedback were significant predictors of treatment outcome. Treatments tended to be longer for patients with a higher number of approved sessions by the insurance company, with higher levels of interpersonal distress at intake, and for those who

developed negatively (negative feedback) over the course of their treatment. CONCLUSIONS: Therapist effects on treatment outcome and treatment length in routine care seem to be relevant predictors in the context of feedback studies. Therapists' attitudes toward and use of feedback as well as patients' attitudes toward feedback should be further investigated in future research on psychometric feedback.

McGrath, J. J., S. Saha, et al. (2015). ***"Psychotic experiences in the general population: A cross-national analysis based on 31 261 respondents from 18 countries."*** JAMA Psychiatry 72(7): 697-705. http://dx.doi.org/10.1001/jamapsychiatry.2015.0575

Importance Community-based surveys find that many otherwise healthy individuals report histories of hallucinations and delusions. To date, most studies have focused on the overall lifetime prevalence of any of these psychotic experiences (PEs), which might mask important features related to the types and frequencies of PEs.Objective To explore detailed epidemiologic information about PEs in a large multinational sample.Design, Setting, and Participants We obtained data from the World Health Organization World Mental Health Surveys, a coordinated set of community epidemiologic surveys of the prevalence and correlates of mental disorders in representative household samples from 18 countries throughout the world, from 2001 through 2009. Respondents included 31 261 adults (18 years and older) who were asked about lifetime and 12-month prevalence and frequency of 6 types of PEs (2 hallucinatory experiences and 4 delusional experiences). We analyzed the data from March 2014 through January 2015.Main Outcomes and Measures Prevalence, frequency, and correlates of PEs.Results Mean lifetime prevalence (SE) of ever having a PE was 5.8% (0.2%), with hallucinatory experiences (5.2% [0.2%]) much more common than delusional experiences (1.3% [0.1%]). More than two-thirds (72.0%) of respondents with lifetime PEs reported experiencing only 1 type. Psychotic experiences were typically infrequent, with 32.2% of respondents with lifetime PEs reporting only 1 occurrence and 31.8% reporting only 2 to 5 occurrences. We found a significant relationship between having more than 1 type of PE and having more frequent PE episodes (Cochran-Armitage $z = -10.0$; $P<.001$). Lifetime prevalence estimates (SEs) were significantly higher among respondents in middle- and high-income countries than among those in low-income countries (7.2% [0.4%], 6.8% [0.3%], and 3.2% [0.3%], respectively; $\chi 22$ range, 7.1-58.2; $P<.001$ for each) and among women than among men (6.6% [0.2%] vs 5.0% [0.3%]; $\chi 21 = 16.0$; $P<.001$). We found significant associations with lifetime prevalence of PEs in the multivariate model among nonmarried compared with married respondents ($\chi 22 = 23.2$; $P<.001$) and among respondents who were not employed ($\chi 24 = 10.6$; $P<.001$) and who had low family incomes ($\chi 23 = 16.9$; $P<.001$).Conclusions and Relevance The epidemiologic features of PEs are more nuanced than previously thought. Research is needed that focuses on similarities and differences in the predictors of the onset, course, and consequences of distinct PEs.

Milrod, B. (2015). ***"An epidemiological contribution to clinical understanding of anxiety."*** American Journal of Psychiatry 172(7): 601-602. http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2015.15030312

This editorial comments on & highlights the importance of Silove et al's paper - http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2015.14091185 - on the prevalence of child & adult onset separation anxiety disorder across 18 different countries. Milrod writes that this "epidemiologic report of separation anxiety disorder in a sample of 38,993 adults in 18 countrires, is an eye-opening study that will contribute to a better appreciation of anxiety disorders across the lifespan ... The most arresting finding is that 43% of patients with separation anxiety disorder report adult onset ... this study highlights a very recent and persistent oversight in our understanding of adult anxiety. Another important finding is that separation anxiety disorder prevalence rates vary more widely across countries than do those of other psychiatric disorders ... the prevalence found in the US general population by Silove et al's epidemiological survey is 9.2%, second highest in the world after Colombia. Are clinicians aware of rates of separation anxiety disorder of this magnitude in their patients? I doubt it ... Previous observations are here borne out: that separation anxiety is a common precursor to other anxiety disorders, particularly panic disorder and agoraphobia, and that anxious attachments may constitute a vulnerability for development of posttraumatic stress disorder (PTSD) in the present of severe stressors ... Risks for development of separation anxiety disorder include childhood adversity and "maladaptive family functioning in childhood" ... A conundrum for the field to consider: why, considering these documented high prevalence rates and the recognition that separation anxiety disorder is a risk factor for common mental disorders, has it been so ignored, relegated to children, perhaps even seen as a childish problem?

Newby, J. M., A. McKinnon, et al. (2015). ***"Systematic review and meta-analysis of transdiagnostic psychological treatments for anxiety and depressive disorders in adulthood."*** Clinical Psychology Review 40: 91-110. http://www.sciencedirect.com/science/article/pii/S0272735815000914

(Available in free full text) A broad array of transdiagnostic psychological treatments for depressive and anxiety disorders have been evaluated, but existing reviews of this literature are restricted to face-to-face cognitive behavioural therapy (CBT) protocols. The current meta-analysis focused on studies evaluating clinician-guided internet/computerised or face-to-face manualised transdiagnostic treatments, to examine their effects on anxiety, depression and quality of life (QOL). Results from 50 studies showed that transdiagnostic treatments are efficacious, with large overall mean uncontrolled effects (pre- to post-treatment) for anxiety and depression (gs = .85 and .91 respectively), and medium for QOL (g = .69). Uncontrolled effect sizes were stable at follow-up. Results from 24 RCTs that met inclusion criteria showed that transdiagnostic treatments outperformed control conditions on all outcome measures (controlled ESs: gs = .65, .80, and .46 for anxiety, depression and QOL respectively), with the smallest differences found compared to treatment-as-usual (TAU) control conditions. RCT quality was generally poor, and heterogeneity was high. Examination of the high heterogeneity revealed that CBT protocols were more effective than mindfulness/acceptance protocols for anxiety (uncontrolled ESs: gs = .88 and .61 respectively), but not depression. Treatment delivery format influenced outcomes for anxiety (uncontrolled ESs: group: g = .70, individual: g = .97, computer/internet: g = .96) and depression (uncontrolled ESs: group: g = .89, individual: g = .86, computer/internet: g = .96). Preliminary evidence from 4 comparisons with disorder-specific treatments suggests that transdiagnostic treatments are as effective for reducing anxiety, and may be superior for reducing depression. These findings show that transdiagnostic psychological treatments are efficacious, but higher quality research studies are needed to explore the sources of heterogeneity amongst treatment effects.

Nissen-Lie, H. A., M. H. Rønnestad, et al. (2015). ***"Love yourself as a person, doubt yourself as a therapist?"*** Clinical Psychology & Psychotherapy: n/a-n/a. http://dx.doi.org/10.1002/cpp.1977

Objective There are reasons to suggest that the therapist effect lies at the intersection between psychotherapists' professional and personal functioning. The current study investigated if and how the interplay between therapists' (n = 70) professional self-reports (e.g., of their difficulties in practice in the form of 'professional self-doubt' and coping strategies when faced with difficulties) and presumably more global, personal self-concepts, not restricted to the professional treatment setting (i.e., the level of self-affiliation measured by the Structural Analysis of Social Behaviour (SASB) Intrex, Benjamin,), relate to patient (n = 255) outcome in public outpatient care. Method Multilevel growth curve analyses were performed on patient interpersonal and symptomatic distress rated at pre-, post- and three times during follow-up to examine whether change in

patient outcome was influenced by the interaction between their therapists' level of 'professional self-doubt' and self-affiliation as well as between their therapists' use of coping when faced with difficulties, and the interaction between type of coping strategies and self-affiliation. Results A significant interaction between therapist 'professional self-doubt' (PSD) and self-affiliation on change in interpersonal distress was observed. Therapists who reported higher PSD seemed to evoke more change if they also had a self-affiliative introject. Therapists' use of coping strategies also affected therapeutic outcome, but therapists' self-affiliation was not a moderator in the interplay between therapist coping and patient outcome. Conclusion A tentative take-home message from this study could be: 'Love yourself as a person, doubt yourself as a therapist'. Key Practitioner Messages * The findings of this study suggest that the nature of therapists' self-concepts as a person and as a therapist influences their patients' change in psychotherapy. * These self-concept states are presumably communicated through the therapists' in-session behaviour. * The study noted that a combination of self-doubt as a therapist with a high degree of self-affiliation as a person is particularly fruitful, while the combination of little professional self-doubt and much positive self-affiliation is not. * This finding, reflected in the study title, 'Love yourself as a person, doubt yourself as a therapist', indicates that exaggerated self-confidence does not create a healthy therapeutic attitude. * Therapist way of coping with difficulties in practice seems to influence patient outcome. * Constructive coping characterized by dealing actively with a clinical problem, in terms of exercising reflexive control, seeking consultation and problem-solving together with the patient seems to help patients while coping by avoiding the problem, withdrawing from therapeutic engagement or acting out one's frustrations in the therapeutic relationship is associated with less patient change.

Silove, D., J. Alonso, et al. (2015). ***"Pediatric-onset and adult-onset separation anxiety disorder across countries in the world mental health survey."*** Am J Psychiatry 172(7): 647-656. http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2015.14091185

OBJECTIVE: The age-at-onset criterion for separation anxiety disorder was removed in DSM-5, making it timely to examine the epidemiology of separation anxiety disorder as a disorder with onsets spanning the life course, using cross-country data. METHOD: The sample included 38,993 adults in 18 countries in the World Health Organization (WHO) World Mental Health Surveys. The WHO Composite International Diagnostic Interview was used to assess a range of DSM-IV disorders that included an expanded definition of separation anxiety disorder allowing onsets in adulthood. Analyses focused on prevalence, age at onset, comorbidity, predictors of onset and persistence, and separation anxiety-related role impairment. RESULTS: Lifetime separation anxiety disorder prevalence averaged 4.8% across countries (interquartile range [25th-75th percentiles]=1.4%-6.4%), with 43.1% of lifetime onsets occurring after age 18. Significant time-lagged associations were found between earlier separation anxiety disorder and subsequent onset of internalizing and externalizing DSM-IV disorders and conversely between these disorders and subsequent onset of separation anxiety disorder. Other consistently significant predictors of lifetime separation anxiety disorder included female gender, retrospectively reported childhood adversities, and lifetime traumatic events. These predictors were largely comparable for separation anxiety disorder onsets in childhood, adolescence, and adulthood and across country income groups. Twelve-month separation anxiety disorder prevalence was considerably lower than lifetime prevalence (1.0% of the total sample; interquartile range=0.2%-1.2%). Severe separation anxiety-related 12-month role impairment was significantly more common in the presence (42.4%) than absence (18.3%) of 12-month comorbidity. CONCLUSIONS: Separation anxiety disorder is a common and highly comorbid disorder that can have onset across the lifespan. Childhood adversity and lifetime trauma are important antecedents, and adverse effects on role function make it a significant target for treatment.

Spoont, M. R., J. W. J. Williams, et al. (2015). ***"Does this patient have posttraumatic stress disorder?: Rational clinical examination systematic review."*** JAMA 314(5): 501-510. http://dx.doi.org/10.1001/jama.2015.7877

Importance Posttraumatic stress disorder (PTSD) is a relatively common mental health condition frequently seen, though often unrecognized, in primary care settings. Identifying and treating PTSD can greatly improve patient health and well-being.Objective To systematically review the utility of self-report screening instruments for PTSD among primary care and high-risk populations.Evidence Review We searched MEDLINE and the National Center for PTSD's Published International Literature on Traumatic Stress (PILOTS) databases for articles published on screening instruments for PTSD published from January 1981 through March 2015. Study quality was rated using Quality Assessment of Diagnostic Accuracy Studies (QUADAS) criteria.Study Selection Studies of screening instruments for PTSD evaluated using gold standard structured clinical diagnostic interviews that had interview samples of at least 50 individuals.Findings We identified 2522 citations, retrieved 318 for further review, and retained 23 cohort studies that evaluated 15 screening instruments for PTSD. Of the 23 studies, 15 were conducted in primary care settings in the United States (n = 14 707 were screened, n = 5374 given diagnostic interview, n = 814 had PTSD) and 8 were conducted in community settings following probable trauma exposure (ie, natural disaster, terrorism, and military deployment; n = 5302 were screened, n = 4263 given diagnostic interview, n = 393 were known to have PTSD with an additional 50 inferred by rates reported by authors). Two screens, the Primary Care PTSD Screen (PC-PTSD) and the PTSD Checklist were the best performing instruments. The 4-item PC-PTSD has a positive likelihood ratio of 6.9 (95% CI, 5.5-8.8) and a negative likelihood ratio of 0.30 (95% CI, 0.21-0.44) using the same score indicating a positive screen as used by the Department of Veterans Affairs in all of its primary care clinics. The 17-item PTSD Checklist has a positive likelihood ratio of 5.2 (95% CI, 3.6-7.5) and a negative likelihood ratio of 0.33 (95% CI, 0.29-0.37) using scores of around 40 as indicating a positive screen. Using the same score employed by primary care clinics in the Department of Veterans Affairs to indicate a positive screen, the 4-item PC-PTSD has a sensitivity of 0.69 (95% CI, 0.55-0.81), a specificity of 0.92 (95% CI, 0.86-0.95), a positive likelihood ratio of 8.49 (95% CI, 5.56-12.96) and a negative likelihood ratio of 0.34 (95% CI, 0.22-0.48). For the 17-item PTSD Checklist, scores around 40 as indicating a positive screen, have a sensitivity of 0.70 (95% CI, 0.64-0.77), a specificity of 0.90 (95% CI, 0.84-0.93), a positive likelihood ratio of 6.8 (95% CI, 4.7-9.9) and a negative likelihood ratio of 0.33 (95% CI, 0.27-0.40).Conclusions and Relevance Two screening instruments, the PC-PTSD and the PTSD Checklist, show reasonable performance characteristics for use in primary care clinics or in community settings with high-risk populations. Both are easy to administer and interpret and can readily be incorporated into a busy practice setting. (Copies of the PC-PTSD are freely available from the U.S. Department of Veteran Affairs at http://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp).

Stagl, J. M., L. C. Bouchard, et al. (2015). ***"Long-term psychological benefits of cognitive-behavioral stress management for women with breast cancer: 11-year follow-up of a randomized controlled trial."*** Cancer 121(11): 1873-1881. http://www.ncbi.nlm.nih.gov/pubmed/25809235

BACKGROUND: Breast cancer survivors experience long-term physical and psychological sequelae after their primary treatment that negatively influence their quality of life (QOL) and increase depressive symptoms. Group-based cognitive-behavioral stress management (CBSM) delivered after surgery for early-stage breast cancer was previously associated with better QOL over a 12-month follow-up and with fewer depressive symptoms up to 5 years after study enrollment. This 8- to 15-year follow-up (median, 11 years) of a previously conducted trial (NCT01422551) evaluated whether women in this cohort receiving CBSM had fewer depressive symptoms and better QOL than controls at an 8- to 15-year follow-up. METHODS: Women

with stage 0 to IIIb breast cancer were initially recruited 2 to 10 weeks after surgery and randomized to a 10-week CBSM intervention or a 1-day psychoeducational control group. One hundred women (51 CBSM patients and 49 controls) were recontacted 8 to 15 years after study enrollment to participate in a follow-up assessment. The Center for Epidemiologic Studies-Depression (CES-D) scale and the Functional Assessment of Cancer Therapy-Breast (FACT-B) were self-administered. Multiple regression was employed to evaluate group differences on the CES-D scale and FACT-B over and above effects of confounding variables. RESULTS: Participants assigned to CBSM reported significantly lower depressive symptoms (d, 0.63; 95% confidence interval [CI], 0.56-0.70) and better QOL (d, 0.58; 95% CI, 0.52-0.65) above the effects of the covariates. CONCLUSIONS: Women who received CBSM after surgery for early-stage breast cancer reported lower depressive symptoms and better QOL than the control group up to 15 years later. Early implementation of cognitive-behavioral interventions may influence long-term psychosocial functioning in breast cancer survivors.

Stagl, J. M., S. C. Lechner, et al. (2015). ***"A randomized controlled trial of cognitive-behavioral stress management in breast cancer: Survival and recurrence at 11-year follow-up."*** Breast Cancer Res Treat. http://www.ncbi.nlm.nih.gov/pubmed/26518021

Non-metastatic breast cancer patients often experience psychological distress which may influence disease progression and survival. Cognitive-behavioral stress management (CBSM) improves psychological adaptation and lowers distress during breast cancer treatment and long-term follow-ups. We examined whether breast cancer patients randomized to CBSM had improved survival and recurrence 8-15 years post-enrollment. From 1998 to 2005, women (N = 240) 2-10 weeks post-surgery for non-metastatic Stage 0-IIIb breast cancer were randomized to a 10-week, group-based CBSM intervention (n = 120) or a 1-day psychoeducational seminar control (n = 120). In 2013, 8-15 years post-study enrollment (11-year median), recurrence and survival data were collected. Cox Proportional Hazards Models and Weibull Accelerated Failure Time tests were used to assess group differences in all-cause mortality, breast cancer-specific mortality, and disease-free interval, controlling for biomedical confounders. Relative to the control, the CBSM group was found to have a reduced risk of all-cause mortality (HR = 0.21; 95 % CI [0.05, 0.93]; p = .040). Restricting analyses to women with invasive disease revealed significant effects of CBSM on breast cancer-related mortality (p = .006) and disease-free interval (p = .011). CBSM intervention delivered post-surgery may provide long-term clinical benefit for non-metastatic breast cancer patients in addition to previously established psychological benefits. Results should be interpreted with caution; however, the findings contribute to the limited evidence regarding physical benefits of psychosocial intervention post-surgery for non-metastatic breast cancer. Additional research is necessary to confirm these results and investigate potential explanatory mechanisms, including physiological pathways, health behaviors, and treatment adherence changes.

Stiles, W. B., M. Barkham, et al. (2015). ***"Effect of duration of psychological therapy on recovery and improvement rates: Evidence from uk routine practicedagger."*** Br J Psychiatry 207(2): 115-122. http://www.ncbi.nlm.nih.gov/pubmed/25953889

Background: Previous studies have reported similar recovery and improvement rates regardless of treatment duration among patients receiving National Health Service (NHS) primary care mental health psychological therapy. Aims: To investigate whether this pattern would replicate and extend to other service sectors, including secondary care, university counselling, voluntary sector and workplace counselling. Method: We compared treatment duration with degree of improvement measured by the Clinical Outcomes in Routine Evaluation - Outcome Measure (CORE-OM) for 26 430 adult patients who scored above the clinical cut-off point at the start of treatment, attended 40 or fewer sessions and had planned endings. Results: Mean CORE-OM scores improved substantially (pre-post effect size 1.89); 60% of patients achieved reliable and clinically significant improvement (RCSI). Rates of RCSI and reliable improvement and mean pre- and post-treatment changes were similar at all tested treatment durations. Patients seen in different service sectors showed modest variations around this pattern. Conclusions: Results were consistent with the responsive regulation model, which suggests that in routine care participants tend to end therapy when gains reach a good-enough level.

Veale, D., N. Page, et al. (2015). ***"Imagery rescripting for obsessive compulsive disorder: A single case experimental design in 12 cases."*** Journal of Behavior Therapy and Experimental Psychiatry. http://www.sciencedirect.com/science/article/pii/S0005791615000336

AbstractBackground and objectives Some individuals with Obsessive Compulsive Disorder (OCD) may experience recurrent intrusive distressing images, which may be emotionally linked to past aversive memories. Our aim was to investigate whether Imagery Rescripting was an effective intervention for such individuals with OCD. Method Twelve cases who experienced intrusive distressing images are presented in a A1BA2CA3 single case experimental design. After a baseline of symptom monitoring (A1), participants had a control intervention of talking about the memory related image (B), followed by symptom monitoring (A2), a single session of Imagery Rescripting (C) and further monitoring for up to 3 months (A3). Results Minimal change was seen following the control intervention. However, at 3 months following ImRs, there was a drop in the Yale-Brown Obsessive Compulsive Scale, with a decrease from a mean of 24.1 to 10.7. Reliable improvement was achieved in 9 out of the 12 cases and clinically significant change in 7 out of 12 at 3-month follow up. The limitations are that all cases were selected on the basis that they had an aversive memory linked to their imagery. Conclusions Imagery Rescripting is a promising therapeutic technique for OCD as an adjunct to CBT where intrusive images are linked to aversive memories.

Weck, F., J. M. Neng, et al. (2015). ***"Cognitive therapy versus exposure therapy for hypochondriasis (health anxiety): A randomized controlled trial."*** J Consult Clin Psychol 83(4): 665-676. http://www.ncbi.nlm.nih.gov/pubmed/25495359

OBJECTIVE: Cognitive-behavioral therapy has proven to be highly effective in the treatment of hypochondriasis and health anxiety. However, little is known about which therapeutic interventions are most promising. The aim of the present study was to compare the efficacy of cognitive therapy (CT) with exposure therapy (ET). METHOD: Eighty-four patients with a diagnosis of hypochondriasis were randomly allocated to CT, ET, or a waiting list (WL) control group. The primary outcome measure was a standardized interview that evaluated hypochondriacal cognitions as well as behaviors conducted by independent diagnosticians. Several self-report questionnaires were evaluated as secondary outcome measures. Treatment success was evaluated at posttreatment and at 1-year follow-up. RESULTS: Both CT (Hedges's g = 1.01-1.11) and ET (Hedges's g = 1.21-1.24) demonstrated their efficacy in comparison with the WL in the primary outcome measure. Moreover, a significant reduction in depressive symptoms and bodily complaints was found in the secondary outcome measures for both treatments in comparison with the WL, but anxiety symptoms were only significantly reduced by ET. In a direct comparison, no significant differences were found between CT and ET in the primary or the secondary outcome measures. Regarding safety behaviors, we found a significantly larger improvement with ET than with CT in the completer analyses. CONCLUSIONS: The results suggest high efficacy of CT as well as ET in the treatment of hypochondriasis. Cognitive interventions were not a necessary condition for the change of dysfunctional cognitions. These findings are relevant to the conceptualization and psychotherapeutic treatment of hypochondriasis and health anxiety.