

February 6, 2012 – fortieth mailing

CBT-relevant research & evidence-based blog (January posts)

Greetings

This monthly mailing gives abstracts & links to thirty recently published CBT-relevant research studies (see further down this page). It also details ten January posts to an evidence-based blog on stress, health & wellbeing – see the [calendar view](#). There are three posts on mindfulness, three on emotion-focused therapy, a couple on a personal slant on integrative psychotherapy, one on sleep, and one on the usual monthly round-up of recent stress, health & wellbeing research.

The three posts on mindfulness extend the series [begun in December](#) written to provide support for anyone using (or prescribing) Mark Williams & Danny Penman's excellent recent book "*Mindfulness: a practical guide to finding peace in a frantic world*" as a (guided) self-help training in mindfulness practice. The posts are "[Using Williams & Penman's book 'Mindfulness: a practical guide' as a self-help resource \(5th post\) – third week's practice](#)", "[Using Williams & Penman's book ... \(6th post\) – fourth week's practice](#)" and "[Using Williams & Penman's book ... \(7th post\) – fifth week's practice](#)".

Several therapeutic interventions that have been developed in emotion-focused therapy (EFT) have now been incorporated into CBT (for example in schema work & in compassionate mind training). I am attending a series of EFT training workshops and the most recent is discussed in the three posts "[Emotion-focused therapy workshop series: narrative therapy & trauma processing](#)", "[EFT workshop series: the importance of processing 'hot cognitions' & feelings](#)" and "[EFT workshop series: two chair conflict dialogues](#)".

I have been "doing therapy" in one form or another for 38 years. Although CBT forms the backbone of my approach, I thought it might be an interesting exercise to reflect on the synthesis that has evolved over the years – hence the two posts "[My brand new 'two-seven-two' model of integrative psychotherapy! \(1st post\)](#)" and "[My brand new 'two-seven-two' model of integrative psychotherapy! \(2nd post\)](#)".

There is a further post in the series I have been writing about sleep. The title is self-explanatory – "[Is short duration sleep a problem or is it just disturbed sleep that leads to increased mortality? A personal exploration](#)". Finally there is the "[Research review](#)" listing journal abstracts in four overlapping categories – thirty on *Cognitive Behavioural Therapy* (see below), twelve on *Compassion*, twenty two on *Depression*, and thirty six on *General Wellbeing* covering a multitude of stress, health & wellbeing related subjects from cancer & lifestyle, mothers' wellbeing & part-time work, friendship, love, suicide risk, assessing personality by smell, how fast the "Grim Reaper" walks, intolerance of sexy peers and much more.

As I've mentioned before, this blog is intended as a free resource for people who are interested in stress, health & wellbeing. Its key feature is that I read a lot of [emerging research](#) and bring over 30 years' experience as a medical doctor and psychotherapist to the "sifting-out-what's-valuable" task. Going to the [tag cloud](#) will give you a searchable view of subjects I've touched on in the blog. There's also an 8-session MP3-recording [Autogenic relaxation/meditation course](#), a broader [Life skills for stress, health & wellbeing course](#) and several hundred freely downloadable stress, health & wellbeing relevant [handouts & questionnaires](#).

If this information isn't of interest to you (or if I've contacted you at two different addresses) – simply reply to this email with "unsubscribe" in the subject line and I'll take that email address off the mailing list. Similarly, if you know anybody who would like to be on the mailing list, let me know and I'm very happy to make sure they're included.

With all good wishes

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Aviram, A. and H. Alice Westra (2011). "The impact of motivational interviewing on resistance in cognitive behavioural therapy for generalized anxiety disorder." *Psychotherapy Research* **21**(6): 698-708. <http://dx.doi.org/10.1080/10503307.2011.610832>.
Abstract The present study simultaneously examined observed resistance and homework compliance in Cognitive Behavioural Therapy (CBT) between those with severe generalized anxiety disorder who did (n =18) and did not (n =17) receive Motivational Interviewing (MI) prior to CBT. Large effects for reduced resistance early in CBT were observed in the MI pretreatment group relative to the no-pretreatment group. Moreover, receiving four sessions of MI was associated with significantly lower levels of resistance, compared to receiving four sessions of CBT alone. Using path analysis, resistance, but not homework compliance, was found to strongly and directly mediate the relationship between treatment group and worry reduction. Findings suggest that MI improves treatment outcomes when added to CBT for generalized anxiety by reducing client resistance to, and increasing client engagement with treatment. The present study simultaneously examined observed resistance and homework compliance in Cognitive Behavioural Therapy (CBT) between those with severe generalized anxiety disorder who did (n =18) and did not (n =17) receive Motivational Interviewing (MI) prior to CBT. Large effects for reduced resistance early in CBT were observed in the MI pretreatment group relative to the no-pretreatment group. Moreover, receiving four sessions of MI was associated with significantly lower levels of resistance, compared to receiving four sessions of CBT alone. Using path analysis, resistance, but not homework compliance, was found to strongly and directly mediate the relationship between treatment group and worry reduction. Findings suggest that MI improves treatment outcomes when added to CBT for generalized anxiety by reducing client resistance to, and increasing client engagement with treatment.

Buehler, C. and M. O'Brien (2011). "Mothers' part-time employment: Associations with mother and family well-being." *Journal of Family Psychology* **25**(6): 895-906. <http://psycnet.apa.org/journals/fam/25/6/895/>.

Abstract The associations between mothers' part-time employment and mother well-being, parenting, and family functioning were examined using seven waves of the NICHD Study of Early Child Care and Youth Development data (N = 1,364), infancy through middle childhood. Concurrent comparisons were made between families in which mothers were employed part time and both those in which mothers were not employed and those in which mothers were employed full time. Using multivariate analysis of covariance with extensive controls, results indicated that mothers employed part time had fewer depressive symptoms during the infancy and preschool years and better self-reported health at most time points than did nonemployed mothers. Across the time span studied, mothers working part time tended to report less conflict between work and family than those working full time. During their children's preschool years, mothers employed part time exhibited more sensitive parenting than did other mothers, and at school age were more involved in school and provided more learning opportunities than mothers employed full time. Mothers employed part time reported doing a higher proportion of child care and housework than mothers employed full time. Part-time employment appears to have some benefits for mothers and families throughout the child rearing years. *MedicalXpress* - <http://medicalxpress.com/news/2011-12-moms-stay-at-home.html> - comments "Mothers with jobs tend to be healthier and happier than moms who stay at home during their children's infancy and pre-school years, according to a new study published by the American Psychological Association. Researchers analyzed National Institute for Child Health and Human Development Study of Early Child Care and Youth Development data, beginning in 1991 with interviews of 1,364 mothers shortly after their child's birth and including subsequent interviews and observations spanning more than 10 years. The findings were published in the December issue of APA's *Journal of Family Psychology*. "In all cases with significant differences in maternal well-being, such as conflict between work and family or parenting, the comparison favored part-time work over full-time or not working," said lead author Cheryl Buehler, PhD, professor of human development and family studies, at the University of North Carolina at Greensboro. "However, in many cases the well-being of moms working part time was no different from moms working full time." For example, mothers employed part time reported better overall health and fewer symptoms of depression than stay-at-home moms, while there were no reported differences in general health or depressive symptoms between moms employed part time and those who worked full time, the study said. The part-time and full-time working moms also showed no significant differences when it came to the women's perception that their employment supported family life, including their ability to be a better parent, the authors wrote. The analysis found that mothers employed part time were just as involved in their child's school as stay-at-home moms, and more involved than moms who worked full time. In addition, mothers working part time appeared more sensitive with their pre-school children and they provided more learning opportunities for toddlers than stay-at-home moms and moms working full time. Particularly in tough economic times, employers looking for cost savings hire part-time employees because they typically do not receive the same level of benefits, such as health insurance, training and career advancement, the authors pointed out. "Since part-time work seems to contribute to the strength and well-being of families, it would be beneficial to employers if they provide fringe benefits, at least proportionally, to part-time employees as well as offer them career ladders through training and promotion," said study co-author Marion O'Brien, PhD, professor of human development and family studies, also of the University of North Carolina at Greensboro. Mothers who participated in the study were from 10 locations across the U.S., and included 24 percent ethnic minorities, 1 percent without a high school degree, and 14 percent single parents. The number of mothers employed part time was fairly consistent at about 25 percent of the total over the span of the study, although mothers moved in and out of part-time work. Part-time employment was defined as between one and 32 hours per week. The study's limitations included the fact that only one child in the family was included and its exclusive focus on work hours, according to the authors. They recommended that future research include other employment-related factors such as professional status, scheduling flexibility, work commitment and shift schedules."

Ekers, D., C. Godfrey, et al. (2011). "Cost utility of behavioural activation delivered by the non-specialist." *The British Journal of Psychiatry* **199**(6): 510-511. <http://bjp.rcpsych.org/content/199/6/510.abstract>.

Behavioural activation by non-specialists appears effective in the treatment of depression. We examined incremental cost-effectiveness of behavioural activation (n = 24) v. treatment as usual (n = 23) in a randomised controlled trial. Intention-to-treat analyses indicated a quality-adjusted life-year (QALY) difference in favour of behavioural activation of 0.20 (95% CI 0.01-0.39, P = 0.042), incremental cost-effectiveness ratio of £5756 per QALY and a 97% probability that behavioural activation is more cost-effective at a threshold value of £20 000. Results are promising for dissemination of behavioural activation but require replication in a larger study.

Escuriex, B. and E. Labbé (2011). "Health care providers' mindfulness and treatment outcomes: A critical review of the research literature." *Mindfulness (N Y)* **2**(4): 242-253. <http://dx.doi.org/10.1007/s12671-011-0068-z>.

A systematic and critical review of the research literature evaluated studies on whether mindfulness-based training for health care providers improves their psychosocial functioning. In addition, studies were critiqued that examined whether health care providers who either practice mindfulness or possess greater levels of mindfulness experience better results with their

patients than those possessing lower levels of mindfulness or those who do not engage in formal mindfulness practices. Published literature was found using PsychInfo, PubMed, and Ovid electronic databases, as well as by looking through the reference section of relevant articles. Search keywords used were "therapist mindfulness," "outcome(s)," "client outcome(s)," "therapeutic alliance," "mindful therapist," "mindfulness," "therapist training," "health care professionals," "empathy," "therapist empathy," and combinations of these terms. There was no date restriction placed on the searches prior to 2011. Twenty studies met the inclusion criteria. The results tentatively indicate that mental health and health care providers benefit from mindfulness training with no negative results reported. The results are inconclusive as to whether those trained in formal mindfulness practices or who possess higher levels of mindfulness have better treatment outcomes than those who do not. Additional research using randomized controlled designs is needed to further evaluate the role of health care providers' mindfulness in treatment outcomes.

Farrer, L., H. Christensen, et al. (2011). "Internet-based CBT for depression with and without telephone tracking in a national helpline: randomised controlled trial." *PLoS One* **6**(11): e28099.

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0028099>.

(Free full text available) BACKGROUND: Telephone helplines are frequently and repeatedly used by individuals with chronic mental health problems and web interventions may be an effective tool for reducing depression in this population. AIM: To evaluate the effectiveness of a 6 week, web-based cognitive behaviour therapy (CBT) intervention with and without proactive weekly telephone tracking in the reduction of depression in callers to a helpline service. METHOD: 155 callers to a national helpline service with moderate to high psychological distress were recruited and randomised to receive either Internet CBT plus weekly telephone follow-up; Internet CBT only; weekly telephone follow-up only; or treatment as usual. RESULTS: Depression was lower in participants in the web intervention conditions both with and without telephone tracking compared to the treatment as usual condition both at post intervention and at 6 month follow-up. Telephone tracking provided by a lay telephone counsellor did not confer any additional advantage in terms of symptom reduction or adherence. CONCLUSIONS: A web-based CBT program is effective both with and without telephone tracking for reducing depression in callers to a national helpline.

Fossati, A., J. Feeney, et al. (2011). "Does mindfulness mediate the association between attachment dimensions and Borderline Personality Disorder features? A study of Italian non-clinical adolescents." *Attachment & Human Development* **13**(6): 563-578.

<http://dx.doi.org/10.1080/14616734.2011.608993>.

The aim of this study was to assess whether mindfulness mediates the association between attachment dimensions and features of Borderline Personality Disorder (BPD) in a sample of 501 Italian high-school students. Low scores on Confidence and high scores on Need for Approval and Preoccupation with Relationships attachment scales was significantly related to the number of BPD features (adjusted $R^2 = .21$, $p < .001$). Further, mindfulness scores were negatively associated with Need for Approval and Relationships as Secondary attachment scales (adjusted $R^2 = .14$, $p < .001$). Finally, mindfulness scores were negatively associated with the number of BPD features (adjusted $R^2 = .15$, $p < .001$). Mediation analyses showed that the relationship between Need for Approval and BPD was completely mediated by the mindfulness effects. Our results in non-clinical adolescents are consistent with Bateman and Fonagy's (2004) hypothesis that the link between attachment disturbances and BPD features may be mediated by deficits in mentalization, at least as these are operationalized by low mindfulness.

Graham, B. M. and M. R. Milad (2011). "The study of fear extinction: implications for anxiety disorders." *Am J Psychiatry* **168**(12): 1255-1265.

<http://www.ncbi.nlm.nih.gov/pubmed/21865528>.

In this review, the authors propose that the fear extinction model can be used as an experimental tool to cut across symptom dimensions of multiple anxiety disorders to enhance our understanding of the psychopathology of these disorders and potentially facilitate the detection of biomarkers for them. The authors evaluate evidence for this proposition from studies examining the neurocircuitry underlying fear extinction in rodents, healthy humans, and clinical populations. The authors also assess the potential use of the fear extinction model to predict vulnerability for anxiety and treatment response and to improve existing treatments or develop novel ones. Finally, the authors suggest potential directions for future research that will help to further validate extinction as a biomarker for anxiety across diagnostic categories and to bridge the gap between basic neuroscience and clinical practice.

Heins, M., C. Simons, et al. (2011). "Childhood trauma and psychosis: a case-control and case-sibling comparison across different levels of genetic liability, psychopathology, and type of trauma." *Am J Psychiatry* **168**(12): 1286-1294.

<http://ajp.psychiatryonline.org/article.aspx?articleid=181032>.

OBJECTIVE: The associations of two types of childhood trauma (abuse and neglect) with psychosis symptom domains were investigated in subjects with psychotic illness, high psychosis vulnerability, and average psychosis vulnerability. METHOD: Childhood trauma was assessed with the Childhood Trauma Questionnaire. Symptoms were assessed with the Positive and Negative Syndrome Scale in the patients (N=272) and with the Structured Interview for Schizotypy-Revised in the patients' siblings (N=258), and healthy comparison subjects (N=227). RESULTS: Childhood trauma was associated with psychotic disorder in a dose-response fashion in the comparison of patients and healthy subjects (adjusted odds ratio=4.53, 95% CI=2.79-7.35). The comparison of siblings and healthy subjects suggested that siblings shared a degree of trauma with the patients (adjusted odds ratio=1.61, 95% CI=0.95-2.61), but the patient-sibling comparison indicated much greater exposure in patients than in siblings (adjusted odds ratio=2.60, 95% CI=1.78-3.78). Childhood abuse but not neglect was associated with positive but not negative symptoms in a dose-response fashion in all three groups. There was no evidence for moderation by sex. CONCLUSIONS: Discordance in psychotic illness across related individuals can be traced to differential exposure to trauma. The association between trauma and psychosis is apparent across different levels of illness and vulnerability to psychotic disorder, suggesting true association rather than reporting bias, reverse causality, or passive gene-environment correlation. Positive psychotic symptoms in vulnerable individuals may arise as a consequence of the level and frequency of exposure to abuse rather than neglect, suggesting symptom-specific and exposure-specific underlying mechanisms.

Hetrick, S. E., G. R. Cox, et al. (2011). "Treatment-resistant depression in adolescents: is the addition of cognitive behavioral therapy of benefit?" *Psychol Res Behav Manag* **4**: 97-112.

<http://www.ncbi.nlm.nih.gov/pubmed/22114540>.

BACKGROUND: Many young people with major depression fail first-line treatments. Treatment-resistant depression has various definitions in the literature but typically assumes nonresponse to medication. In young people, cognitive behavioral therapy (CBT) is the recommended first-line intervention, thus the definition of treatment resistance should be expanded. Therefore, our aim was to synthesize the existing evidence of any interventions for treatment-resistant depression, broadly defined, in children and adolescents and to investigate the effectiveness of CBT in this context. METHODS: We used Cochrane Collaboration methodology, with electronic searches of Medline, PsycINFO, Embase, and the Cochrane Depression Anxiety and Neurosis Group trials registers. Only randomized controlled trials were included, and were assessed for risk of bias. Meta-analysis was undertaken where possible and appropriate. RESULTS: Of 953 articles retrieved, four trials were eligible for inclusion. For one study, only the trial registration document was available, because the study was never completed. All other

studies were well conducted with a low risk of bias, although one study had a high dropout rate. Two studies assessed the effect of adding CBT to medication. While an assertive trial of antidepressants does appear to lead to benefit, when compared with placebo, there was no significant advantage, in either study, or in a meta-analysis of data from these trials, that clearly demonstrated an additional benefit of CBT. The third trial showed little advantage of a tricyclic antidepressant over placebo in the context of an inpatient admission. CONCLUSION: Few randomized controlled trials have investigated interventions for treatment-resistant depression in young people, and results from these show modest benefit from antidepressants with no additional benefit over medication from CBT. Overall, there is a lack of evidence about effective interventions to treat young people who have failed to respond to evidence-based interventions for depression. Research in this area is urgently required.

Hopko, D. R., J. F. Magidson, et al. (2011). "Treatment failure in behavior therapy: focus on behavioral activation for depression." *J Clin Psychol* **67**(11): 1106-1116. <http://www.ncbi.nlm.nih.gov/pubmed/21953441>.

Behavioral activation (BA) has come to be recognized as an empirically supported treatment for depression. Despite the general success of the approach, many patients experience treatment failure. Based on behavioral models of depression, we present several reasons for treatment failure in BA, including patient inability to understand and adopt the treatment rationale, lack of awareness or ability to articulate and behave according to life values, behavioral noncompliance, and ineffectiveness of contingency management to increase exposure to environmental rewards and reduce contact with both aversive environmental events and reinforcement of depressed behavior. A case study of treatment failure with a depressed breast cancer patient is presented, along with recommendations to reduce failure rates in BA.

Hughes, C. W. (2011). "Objective assessment of suicide risk: Significant improvements in assessment, classification, and prediction." *American Journal of Psychiatry* **168**(12): 1233-1234. <http://dx.doi.org/10.1176/appi.ajp.2011.11091362>.

(Free full text editorial) Assessment of suicidal behavior and risk remains a source of apprehension for clinicians, clinical researchers, and the pharmaceutical industry. This apprehension has been exacerbated by U.S. Food and Drug Administration (FDA) "black box" warnings for antidepressants used with children and adolescents and by an increasingly litigious society. Much has been learned about risk factors and predicting suicide in the past decade, as succinctly summarized in a recent commentary by Brent (+1), who suggested that the field should be moving on to researching prevention, concomitant health risks such as substance abuse, and causal mechanisms. Even with this progress, however, dissemination of new precision measurements and training to improve suicide assessment lags behind (+2). Well-designed, precisely defined instruments for suicide assessment lessen apprehension about identifying potential suicidal behavior and increase precision in diagnosis as well as in treatment, prediction of risk, and monitoring of suicidal behavior, for clinicians, researchers, and the pharmaceutical industry (+3). In this issue, Posner et al. (+4) describe the psychometric properties of a new instrument, the Columbia-Suicide Severity Rating Scale (C-SSRS).

Kendall, T., C. Taylor, et al. (2011). "Longer term management of self harm: summary of NICE guidance." *BMJ* **343**. <http://www.bmj.com/content/343/bmj.d7073>.

Self harm is common but its prevalence may be underestimated because many studies rely on self report. In a study of 17 countries an average of 2.7% of adults reported self harm. A survey in the United Kingdom of 15-16 year olds estimated that more than 10% of girls and 3% of boys had self harmed in the previous year. Self harm and psychiatric disorder are strongly associated. Importantly, once a person has self harmed, the likelihood that he or she will die by suicide increases 50 to 100 times, with 1 in 15 dying by suicide within nine years of the index episode. The UK suicide rate is 17.5 for males and 5.2 for females per 100 000 population, which is nearly 10 times the homicide rate. Understanding and helping people who self harm is therefore likely to be an important part of an effective suicide prevention strategy. This article summarises the most recent recommendations from the National Institute for Health and Clinical Excellence (NICE) on the longer term management of self harm. This guideline is intended to complement the earlier NICE guideline on the short term management of self harm (treatment within the first 48 hours after an episode of self harm).

Leamy, M., V. Bird, et al. (2011). "Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis." *British Journal of Psychiatry* **199**(6): 445-452. <http://bjp.rcpsych.org/content/199/6/445.abstract>.

Background: No systematic review and narrative synthesis on personal recovery in mental illness has been undertaken. Aims: To synthesise published descriptions and models of personal recovery into an empirically based conceptual framework. Method: Systematic review and modified narrative synthesis. Results: Out of 5208 papers that were identified and 366 that were reviewed, a total of 97 papers were included in this review. The emergent conceptual framework consists of: (a) 13 characteristics of the recovery journey; (b) five recovery processes comprising: connectedness; hope and optimism about the future; identity; meaning in life; and empowerment (giving the acronym CHIME); and (c) recovery stage descriptions which mapped onto the transtheoretical model of change. Studies that focused on recovery for individuals of Black and minority ethnic (BME) origin showed a greater emphasis on spirituality and stigma and also identified two additional themes: culturally specific facilitating factors and collectivist notions of recovery. Conclusions: The conceptual framework is a theoretically defensible and robust synthesis of people's experiences of recovery in mental illness. This provides an empirical basis for future recovery-oriented research and practice.

Lucassen, M. F., S. N. Merry, et al. (2011). "Sexual attraction, depression, self-harm, suicidality and help-seeking behaviour in New Zealand secondary school students." *Aust N Z J Psychiatry* **45**(5): 376-383. <http://www.ncbi.nlm.nih.gov/pubmed/21361850>.

OBJECTIVE: To describe the sexual attractions of New Zealand secondary school students and investigate the associations between sexual attraction and self-reported depression, self-harm, suicidality and help-seeking behaviour. METHOD: Multiple logistic regression was used to examine the associations between sexual attraction and depressive symptoms, suicidality, self-harming and help-seeking behaviours in a nationally representative secondary school health and well-being survey, undertaken in 2007. RESULTS: Of the students surveyed, 92% were attracted to the opposite sex, 1% to the same sex, 3% to both sexes, 2% were not sure and 2% were attracted to neither sex. Students who were attracted to the same or to both sexes consistently had higher prevalence estimates of depression ($p < 0.0001$), suicidality ($p < 0.0001$) and self-harming ($p < 0.0001$). Odds ratios were highest for students who reported they were attracted to both sexes for depressive symptoms (OR 3.7, 95%CI 2.8-4.7), self-harm (OR 5.8, 95%CI 4.4-7.6) and attempted suicide (OR 7.0, 95%CI 5.2-9.4). Students not exclusively attracted to the opposite sex were more likely to report having seen a health professional for an emotional worry and were more likely to have difficulty accessing help for emotional concerns. CONCLUSIONS: The study findings highlight significant mental health disparities faced by students attracted to the same or both sexes, with those attracted to both sexes appearing particularly vulnerable. There is a vital need to ensure primary care and mental health services have the capacity and capability to screen and provide appropriate responsive care for youth who are attracted to the same or both sexes.

Merry, S. N., S. E. Hetrick, et al. (2011). "Psychological and educational interventions for preventing depression in children and adolescents." *Cochrane Database Syst Rev* **12**: CD003380. <http://www.ncbi.nlm.nih.gov/pubmed/22161377>.

BACKGROUND: Depression is common in young people, has a marked negative impact and is associated with self-harm and suicide. Preventing its onset would be an important advance in public health. **OBJECTIVES:** To determine whether psychological or educational interventions, or both, are effective in preventing the onset of depressive disorder in children and adolescents. **SEARCH METHODS:** The Cochrane Depression, Anxiety and Neurosis Review Group's trials registers (CCDANCTR) were searched at the editorial base in July 2010. Update searches of MEDLINE, EMBASE, PsycINFO and ERIC were conducted by the authors in September 2009. Conference abstracts, reference lists of included studies and reviews were searched and experts in the field contacted. **SELECTION CRITERIA:** Randomised controlled trials of psychological or educational prevention programmes, or both, compared with placebo, any comparison intervention, or no intervention for young people aged 5 to 19 years-old, who did not currently meet diagnostic criteria for depression or who were below the clinical range on standardised, validated, and reliable rating scales of depression, or both, were included. **DATA COLLECTION AND ANALYSIS:** Two authors independently assessed studies for inclusion and rated their quality. Sample sizes were adjusted to take account of cluster designs and multiple comparisons. We contacted study authors for additional information where needed. **MAIN RESULTS:** Fifty-three studies including 14,406 participants were included in the analysis. There were only six studies with clear allocation concealment, participants and assessors were mostly not blind to the intervention or blinding was unclear so that the overall risk of bias was moderately high. Sixteen studies including 3240 participants reported outcomes on depressive diagnosis. The risk of having a depressive disorder post-intervention was reduced immediately compared with no intervention (15 studies; 3115 participants risk difference (RD) -0.09; 95% confidence interval (CI) -0.14 to -0.05; $P < 0.0003$), at three to nine months (14 studies; 1842 participants; RD -0.11; 95% CI -0.16 to -0.06) and at 12 months (10 studies; 1750 participants; RD -0.06; 95% CI -0.11 to -0.01). There was no evidence for continued efficacy at 24 months (eight studies; 2084 participant; RD -0.01; 95% CI -0.04 to 0.03) but limited evidence of efficacy at 36 months (two studies; 464 participants; RD -0.10; 95% CI -0.19 to -0.02). There was significant heterogeneity in all these findings. There was no evidence of efficacy in the few studies that compared intervention with placebo or attention controls. **AUTHORS' CONCLUSIONS:** There is some evidence from this review that targeted and universal depression prevention programmes may prevent the onset of depressive disorders compared with no intervention. However, allocation concealment is unclear in most studies, and there is heterogeneity in the findings. The persistence of findings suggests that this is real and not a placebo effect.

Mongrain, M., J. Chin, et al. (2011). "Practicing compassion increases happiness and self-esteem." *Journal of Happiness Studies* **12**(6): 963-981. <http://dx.doi.org/10.1007/s10902-010-9239-1>.

The current study examined the effect of practicing compassion towards others over a 1 week period. Participants ($N = 719$) were recruited online, and were assigned to a compassionate action condition or a control condition which involved writing about an early memory. Multilevel modeling revealed that those in the compassionate action condition showed sustained gains in happiness (SHI; Seligman et al. in *Am Psychol* 60:410-421, 2005) and self-esteem (RSES; Rosenberg in *Society and the Adolescent Self-Image*. Princeton University Press, Princeton, 1965) over 6 months, relative to those in the control condition. Furthermore, a multiple regression indicated that anxiously attached individuals (ECR; Brennan et al. 1998) in the compassionate action condition reported greater decreases in depressive symptoms following the exercise period. These results suggest that practicing compassion can provide lasting improvements in happiness and self-esteem, and may be beneficial for anxious individuals in the short run.

Nusslock, R. and E. Frank (2011). "Subthreshold bipolarity: diagnostic issues and challenges." *Bipolar Disorders* **13**(7-8): 587-603. <http://dx.doi.org/10.1111/j.1399-5618.2011.00957.x>.

Background: Research suggests that current diagnostic criteria for bipolar disorders may fail to include milder, but clinically significant, bipolar syndromes and that a substantial percentage of these conditions are diagnosed, by default, as unipolar major depression. Accordingly, a number of researchers have argued for the upcoming 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) to better account for subsyndromal hypomanic presentations. **Methods:** The present paper is a critical review of research on subthreshold bipolarity, and an assessment of some of the challenges that researchers and clinicians might face if the DSM-5 were designed to systematically document subsyndromal hypomanic presentations. **Results:** Individuals with major depressive disorder (MDD) who display subsyndromal hypomanic features, not concurrent with a major depressive episode, have a more severe course compared to individuals with MDD and no hypomanic features, and more closely resemble individuals with bipolar disorder on a number of clinical validators. **Conclusion:** There are clinical and scientific reasons for systematically documenting subsyndromal hypomanic presentations in the assessment and diagnosis of mood disorders. However, these benefits are balanced with important challenges, including (i) the difficulty in reliably identifying subsyndromal hypomanic presentations, (ii) operationalizing subthreshold bipolarity, (iii) differentiating subthreshold bipolarity from borderline personality disorder, (iv) the risk of over-diagnosing bipolar spectrum disorders, and (v) uncertainties about optimal interventions for subthreshold bipolarity.

Ougrin, D. (2011). "Efficacy of exposure versus cognitive therapy in anxiety disorders: systematic review and meta-analysis." *BMC Psychiatry* **11**(1): 200. <http://www.biomedcentral.com/1471-244X/11/200/abstract>.

(Free full text available) **BACKGROUND:** There is growing evidence of the effectiveness of Cognitive Behavioural Therapy (CBT) for a wide range of psychological disorders. There is a continued controversy about whether challenging maladaptive thoughts rather than use of behavioural interventions alone is associated with the greatest efficacy. However little is known about the relative efficacy of various components of CBT. This review aims to compare the relative efficacy of Cognitive Therapy (CT) versus Exposure (E) for a range of anxiety disorders using the most clinically relevant outcome measures and estimating the summary relative efficacy by combining the studies in a meta-analysis. **METHODS:** Psych INFO, MEDLINE and EMBASE were searched from the first available year to May 2010. All randomised controlled studies comparing the efficacy of Exposure with Cognitive Therapy were included. Odds ratios (OR) or standardised means' differences (Hedges' g) for the most clinically relevant primary outcomes were calculated. Outcomes of the studies were grouped according to specific disorders and were combined in meta-analyses exploring short-term and long-term outcomes. **RESULTS:** 20 Randomised Controlled Trials with ($n = 1,308$) directly comparing the efficacy of CT and E in anxiety disorders were included in the meta-analysis. No statistically significant difference in the relative efficacy of CT and E was revealed in Post Traumatic Stress Disorder (PTSD), in Obsessive Compulsive Disorder (OCD) and in Panic Disorder (PD). There was a statistically significant difference favouring CT versus E in Social Phobia both in the short-term ($Z = 3.72$, $p = 0.0002$) and the long-term ($Z = 3.28$, $p = 0.001$) outcomes. **CONCLUSIONS:** On the basis of extant literature, there appears to be no evidence of differential efficacy between Cognitive Therapy and Exposure in PD, PTSD and OCD and strong evidence of superior efficacy of Cognitive Therapy in Social Phobia.

Peterson, J., J. Skeem, et al. (2011). "If you want to know, consider asking: how likely is it that patients will hurt themselves in the future?" *Psychol Assess* **23**(3): 626-634. <http://www.ncbi.nlm.nih.gov/pubmed/21480724>.

Although self-harming behavior is a common and costly problem for psychiatric inpatients released from the hospital, standardized tools that assess patients' risk for self-harm are rarely used in clinical settings. In this study of dually diagnosed psychiatric inpatients (N = 147), we assessed the utility of patients' self-perceptions of risk in predicting self-harm in the community. Patients' self-perceptions of risk predicted self-harm 8 weeks after discharge from the hospital (Lag 1; area under the curve [AUC] = 0.75). Self-perceptions of risk at the 8-week interview also predicted self-harm 2 months later (Lag 2; AUC = 0.72). Self-perceived risk added predictive utility above and beyond scores on a measure of depression and seemed to capture changes in risk state over time. The results suggest that inpatients can accurately perceive their own risk and therefore may be important collaborators in the risk management process.

Posner, K., G. K. Brown, et al. (2011). "The Columbia-Suicide Severity Rating Scale: Initial validity and internal consistency findings from three multisite studies with adolescents and adults." *Am J Psychiatry* **168**(12): 1266-1277.
<http://www.ncbi.nlm.nih.gov/pubmed/22193671>.

OBJECTIVE: Research on suicide prevention and interventions requires a standard method for assessing both suicidal ideation and behavior to identify those at risk and to track treatment response. The Columbia-Suicide Severity Rating Scale (C-SSRS) was designed to quantify the severity of suicidal ideation and behavior. The authors examined the psychometric properties of the scale. **METHOD:** The C-SSRS's validity relative to other measures of suicidal ideation and behavior and the internal consistency of its intensity of ideation subscale were analyzed in three multisite studies: a treatment study of adolescent suicide attempters (N=124); a medication efficacy trial with depressed adolescents (N=312); and a study of adults presenting to an emergency department for psychiatric reasons (N=237). **RESULTS:** The C-SSRS demonstrated good convergent and divergent validity with other multi-informant suicidal ideation and behavior scales and had high sensitivity and specificity for suicidal behavior classifications compared with another behavior scale and an independent suicide evaluation board. Both the ideation and behavior subscales were sensitive to change over time. The intensity of ideation subscale demonstrated moderate to strong internal consistency. In the adolescent suicide attempters study, worst-point lifetime suicidal ideation on the C-SSRS predicted suicide attempts during the study, whereas the Scale for Suicide Ideation did not. Participants with the two highest levels of ideation severity (intent or intent with plan) at baseline had higher odds for attempting suicide during the study. **CONCLUSIONS:** These findings suggest that the C-SSRS is suitable for assessment of suicidal ideation and behavior in clinical and research settings.

Schindler, A. C., W. Hiller, et al. (2011). "Benchmarking of cognitive-behavioral therapy for depression in efficacy and effectiveness studies—How do exclusion criteria affect treatment outcome?" *Psychotherapy Research* **21**(6): 644-657.
<http://dx.doi.org/10.1080/10503307.2011.602750>.

Abstract Objective: Little is known about how exclusion criteria applied in randomized controlled trials (RCTs) affect the transfer of psychotherapy outcome research to naturalistic settings. This study evaluated the effects of naturalistic depression therapies and benchmarked them with published RCTs. **Method:** Commonly used exclusion criteria were applied to n=338 depressive patients receiving cognitive-behavioral therapy. Outcomes of the resulting subsample eligible for RCTs were compared to those reported in RCTs. **Results:** Treatment outcomes of the total sample (d=1.16) and the subsample eligible for RCTs (d=1.15) were highly similar. Therapy outcome was worse than in high-quality RCTs (d=1.39). **Conclusions:** No systematic bias was demonstrated due to patient selection criteria that are typically applied in RCTs. The comparability of psychotherapies conducted in RCTs and in real-world settings might be underestimated. Conclusions concerning the improvement of therapies in naturalistic settings are discussed. **Objective:** Little is known about how exclusion criteria applied in randomized controlled trials (RCTs) affect the transfer of psychotherapy outcome research to naturalistic settings. This study evaluated the effects of naturalistic depression therapies and benchmarked them with published RCTs. **Method:** Commonly used exclusion criteria were applied to n=338 depressive patients receiving cognitive-behavioral therapy. Outcomes of the resulting subsample eligible for RCTs were compared to those reported in RCTs. **Results:** Treatment outcomes of the total sample (d=1.16) and the subsample eligible for RCTs (d=1.15) were highly similar. Therapy outcome was worse than in high-quality RCTs (d=1.39). **Conclusions:** No systematic bias was demonstrated due to patient selection criteria that are typically applied in RCTs. The comparability of psychotherapies conducted in RCTs and in real-world settings might be underestimated. Conclusions concerning the improvement of therapies in naturalistic settings are discussed.

Seery, M. D. (2011). "Resilience." *Current Directions in Psychological Science* **20**(6): 390-394.
<http://cdp.sagepub.com/content/20/6/390.abstract>.

When adverse life events occur, people often suffer negative consequences for their mental health and well-being. More adversity has been associated with worse outcomes, implying that the absence of life adversity should be optimal. However, some theory and empirical evidence suggest that the experience of facing difficulties can also promote benefits in the form of greater propensity for resilience when dealing with subsequent stressful situations. I review research that demonstrates U-shaped relationships between lifetime adversity exposure and mental health and well-being, functional impairment and health care utilization in chronic back pain, and responses to experimentally induced pain. Specifically, a history of some lifetime adversity predicts better outcomes than not only a history of high adversity but also a history of no adversity. This has important implications for understanding resilience, suggesting that adversity can have benefits. *MedicalXpress* - <http://medicalxpress.com/news/2011-12-traumatic-tough.html> - comments "Your parents were right: Hard experiences may indeed make you tough. Psychological scientists have found that, while going through many experiences like assault, hurricanes, and bereavement can be psychologically damaging, small amounts of trauma may help people develop resilience. "Of course, everybody's heard the aphorism, 'Whatever does not kill you makes you stronger,'" says Mark D. Seery of the University at Buffalo. His paper on adversity and resilience appears in the December issue of *Current Directions in Psychological Science*, a journal of the Association for Psychological Science. But in psychology, he says, a lot of ideas that seem like common sense aren't supported by scientific evidence. Indeed, a lot of solid psychology research shows that having miserable life experiences is bad for you. Serious events, like the death of a child or parent, a natural disaster, being physically attacked, experiencing sexual abuse, or being forcibly separated from your family, can cause psychological problems. In fact, some research has suggested that the best way to go through life is having nothing ever happen to you. But not only is that unrealistic, it's not necessarily healthy, Seery says. In one study, Seery and his colleagues found that people who experienced many traumatic life events were more distressed in general—but they also found that people who had experienced no negative life events had similar problems. The people with the best outcomes were those who had experienced some negative events. Another study found that people with chronic back pain were able to get around better if they had experienced some serious adversity, whereas people with either a lot of adversity or none at all were more impaired. One possibility for this pattern is that people who have been through difficult experiences have had a chance to develop their ability to cope. "The idea is that negative life experiences can toughen people, making them better able to manage subsequent difficulties," Seery says. In addition, people who get through bad events may have tested out their social network, learning how to get help when they need it. This research isn't telling parents to abuse their kids so they'll grow up to be well-adjusted adults, Seery says. "Negative events have

negative effects," he says. "I really look at this as being a silver lining. Just because something bad has happened to someone doesn't mean they're doomed to be damaged from that point on."

Skeem, J. L., D. L. L. Polaschek, et al. (2011). "Psychopathic personality." *Psychological Science in the Public Interest* **12**(3): 95-162. <http://psi.sagepub.com/content/12/3/95.short>.

(Viewable in free full text) Few psychological concepts evoke simultaneously as much fascination and misunderstanding as psychopathic personality, or psychopathy. Typically, individuals with psychopathy are misconceived as fundamentally different from the rest of humanity and as inalterably dangerous. Popular portrayals of "psychopaths" are diverse and conflicting, ranging from uncommonly impulsive and violent criminal offenders to corporate figures who callously and skillfully maneuver their way to the highest rungs of the social ladder. Despite this diversity of perspectives, a single well-validated measure of psychopathy, the Psychopathy Checklist-Revised (PCL-R; Hare, 1991; 2003), has come to dominate clinical and legal practice over recent years. The items of the PCL-R cover two basic content domains—an interpersonal-affective domain that encompasses core traits such as callousness and manipulateness and an antisocial domain that entails disinhibition and chronic antisocial behavior. In most Western countries, the PCL-R and its derivatives are routinely applied to inform legal decisions about criminal offenders that hinge upon issues of dangerousness and treatability. In fact, clinicians in many cases choose the PCL-R over other, purpose-built risk-assessment tools to inform their opinions about what sentence offenders should receive, whether they should be indefinitely incarcerated as a "dangerous offender" or "sexually violent predator," or whether they should be transferred from juvenile to adult court. The PCL-R has played an extraordinarily generative role in research and practice over the past three decades—so much so that concerns have been raised that the measure has become equated in many minds with the psychopathy construct itself (Skeem & Cooke 2010a). Equating a measure with a construct may impede scientific progress because it disregards the basic principle that measures always imperfectly operationalize constructs and that our understanding of a construct is ever-evolving (Cronbach & Meehl, 1955). In virtually any domain, the construct-validation process is an incremental one that entails shifts in conceptualization and measurement at successive points in the process of clarifying the nature and boundaries of a hypothetical entity. Despite the predominance of the PCL-R measurement model in recent years, vigorous scientific debates have continued regarding what psychopathy is and what it is not. Should adaptive, positive-adjustment features (on one hand) and criminal and antisocial behaviors (on the other) be considered essential features of the construct? Are anxious and emotionally reactive people that are identified as psychopaths by the PCL-R and other measures truly psychopathic? More fundamentally, is psychopathy a unitary entity (i.e., a global syndrome with a discrete underlying cause), or is it rather a configuration of several distinguishable, but intersecting trait dimensions? Although these and other controversies remain unresolved, theory and research on the PCL-R and alternative measures have begun to clarify the scope and boundaries of the psychopathy construct. In the current comprehensive review, we provide an integrative descriptive framework—the triarchic model—to help the reader make sense of differing conceptualizations. The essence of this model is that alternative perspectives on psychopathy emphasize, to varying degrees, three distinct observable (phenotypic) characteristics: boldness (or fearless dominance), meanness, and disinhibition. The triarchic framework is helpful for clarifying and reconciling seemingly disparate historical conceptions, modern operationalizations, and contemporary research programs on psychopathy. Our review addresses what psychopathy is, whether variants or subtypes exist (i.e., primary and secondary, unsuccessful and successful), the sorts of causal influences that contribute to psychopathy, how early in development psychopathy can validly be identified, and how psychopathy relates to future criminal behavior and treatment outcomes. Despite controversies and nuances inherent in each of these topics, the current state of scientific knowledge bears clear implications for public policy. Policy domains range from whether psychopathic individuals should be held responsible for their criminal actions to whether employers should screen job candidates for tendencies toward psychopathy. In many cases, the findings we review converge to challenge common assumptions that underpin modern applications of psychopathy measures and to call for cautions in their use. For example, contemporary measures of psychopathy, including the PCL-R, appear to evidence no special powers in predicting violence or other crime. Instead, they are about as predictive as purpose-built violence-risk-assessment tools, perhaps because they assess many of the same risk factors as those broader-band tools. Specifically, the PCL-R and other psychopathy measures derive most of their predictive utility from their "Factor 2" assessment of antisocial and disinhibitory tendencies; the "Factor 1" component of such measures, reflecting interpersonal and affective features more specific to psychopathy, play at best a small predictive role. Similarly, current measures of psychopathy do not appear to moderate the effects of treatment on violent and other criminal behavior. That is, an increasing number of studies suggest that psychopathic individuals are not uniquely "hopeless" cases who should be disqualified from treatment, but instead are general "high-risk" cases who need to be targeted for intensive treatment to maximize public safety. Misunderstandings about the criminal propensities and treatability of individuals achieving high scores on measures like the PCL-R have been perpetuated by professionals who interpret such high scores in a stereotypic manner, without considering nuances or issues of heterogeneity. A key message of our review is that classical psychopathy, whether measured by the PCL-R or other measures, is not monolithic; instead, it represents a constellation of multiple traits that may include, in varying degrees, the phenotypic domains of boldness, meanness, and disinhibition. Measures such as the PCL-R that do not directly assess features of low anxiety, fearlessness, or boldness more broadly tend to identify heterogeneous subgroups of individuals as psychopathic. As a consequence, efforts to apply one-size-fits-all public policies to psychopathic individuals may be doomed to failure. In aggregate, these conclusions may help to shed light on what psychopathy is, and what it is not, and to guide policy interventions directed toward improved public health and public safety.

Sorokowska, A., P. Sorokowski, et al. (2011). "Does Personality Smell? Accuracy of Personality Assessments Based on Body Odour." *European Journal of Personality*: n/a-n/a. <http://dx.doi.org/10.1002/per.848>.

People are able to assess some personality traits of others based on videotaped behaviour, short interaction or a photograph. In our study, we investigated the relationship between body odour and the Big Five personality dimensions and dominance. Sixty odour samples were assessed by 20 raters each. The main finding of the presented study is that for a few personality traits, the correlation between self-assessed personality of odour donors and judgments based on their body odour was above chance level. The correlations were strongest for extraversion (.36), neuroticism (.34) and dominance (.29). Further analyses showed that self-other agreement in assessments of neuroticism slightly differed between sexes and that the ratings of dominance were particularly accurate for assessments of the opposite sex. *MedicalXpress* - <http://medicalxpress.com/news/2011-12-people-personality-body-odor.html> - commented "An interesting study conducted by Polish researchers Agnieszka Sorokowska, Piotr Sorokowski and Andrzej Szamajke, of the University of Wrocław, has found that people are able to guess a person's type of personality to a reasonable extent, simply by smelling them, or their clothes. The team did some testing with volunteers, as they describe in their study published in the *European Journal of Personality*, and found that people could guess another's personality through odors at least as well as they could when shown videos of people in action. To find out just how well people can gauge personality types through smelling odors given off by other people's bodies, the team asked 60 people, half men and half women to wear plain white t-shirts while they slept, for three nights in a row. Each was asked to not use perfumes, soap or deodorants and to not smoke or eat or drink things that affect body odor, such as onions or garlic. Each of the participants were also given personality tests before the t-shirt wearing part of the study began, to

asses personality types. At the end of the three days, the t-shirts were all collected and put into non-clear, labeled plastic bags. Then, two hundred volunteers, half men and half women, were enlisted to sniff the bags and offer their opinions on personality type based on nothing but the odors wafting from the bags. Each volunteer sniffed just six bags to avoid becoming inured presumably and each bag was sniffed by twenty sniffers to get a large enough sample to avoid coincidence. After all was said and done, those doing the sniffing were able to guess whether the person who had emitted the odor was anxious, outgoing or dominant at least as well as people in a previous study had been able to do watching videos of people interacting with others. Also interesting was that the sniffers were particularly adept at picking up dominant personality types from odors that came from someone of the opposite gender. While clearly not at a hundred percent, the researchers indicate the study shows that there is something going on regarding how much a person sweats and under what conditions as well as a correlation between the components in sweat and personality traits and that other people are able to pick up on those differences when in their vicinity. Thus, the results are actually two-fold. The first is that people apparently give off personality clues when sweating, and second, that people are able to not only smell the differences in people, but make judgments about them based on what they smell."

Soto, J. A., C. R. Perez, et al. (2011). "Is expressive suppression always associated with poorer psychological functioning? A cross-cultural comparison between European Americans and Hong Kong Chinese." *Emotion* **11**(6): 1450-1455. <http://www.ncbi.nlm.nih.gov/pubmed/21707152>.

The habitual use of expressive suppression as an emotion regulation strategy has been consistently linked to adverse outcomes in a number of domains, including psychological functioning. The present study aimed to uncover whether the suppression-health relationship is dependent on cultural context, given differing cultural norms surrounding the value of suppressing emotional displays. We hypothesized that the negative associations between suppression and psychological functioning seen in European Americans would not be seen among members of East Asian cultures, in which emotional restraint is relatively encouraged over emotional expression. To test this hypothesis, we asked 71 European American students and 100 Chinese students from Hong Kong to report on their use of expressive suppression, life satisfaction, and depressed mood. A moderation analysis revealed that expressive suppression was associated with adverse psychological functioning for European Americans, but not for Chinese participants. These findings highlight the importance of context in understanding the suppression-health relationship.

Tidemalm, D., B. Runeson, et al. (2011). "Familial clustering of suicide risk: a total population study of 11.4 million individuals." *Psychological Medicine* **41**(12): 2527-2534. <http://dx.doi.org/10.1017/S0033291711000833>.

Background: Research suggests that suicidal behaviour is aggregated in families. However, due to methodological limitations, including small sample sizes, the strength and pattern of this aggregation remains uncertain. We examined the familial clustering of completed suicide in a Swedish total population sample. We linked the Cause of Death and Multi-Generation Registers and compared suicide rates among relatives of all 83 951 suicide decedents from 1952–2003 with those among relatives of population controls. Results: Patterns of familial aggregation of suicide among relatives to suicide decedents suggested genetic influences on suicide risk; the risk among full siblings (odds ratio 3.1, 95% confidence interval 2.8–3.5, 50% genetic similarity) was higher than that for maternal half-siblings (1.7, 1.1–2.7, 25% genetic similarity), despite similar environmental exposure. Further, monozygotic twins (100% genetic similarity) had a higher risk than dizygotic twins (50% genetic similarity) and cousins (12.5% genetic similarity) had higher suicide risk than controls. Shared (familial) environmental influences were also indicated; siblings to suicide decedents had a higher risk than offspring (both 50% genetically identical but siblings having a more shared environment, 3.1, 2.8–3.5 v. 2.0, 1.9–2.2), and maternal half-siblings had a higher risk than paternal half-siblings (both 50% genetically identical but the former with a more shared environment). Although comparisons of twins and half-siblings had overlapping confidence intervals, they were supported by sensitivity analyses, also including suicide attempts. Conclusions: Familial clustering of suicide is primarily influenced by genetic and also shared environmental factors. The family history of suicide should be considered when assessing suicide risk in clinical settings or designing and administering preventive interventions.

Tyrer, P., S. Cooper, et al. (2011). "Prevalence of health anxiety problems in medical clinics." *Journal of Psychosomatic Research* **71**(6): 392-394. <http://www.sciencedirect.com/science/article/pii/S002239991100211X>.

Objectives To determine the prevalence of significant health anxiety (hypochondriasis) in patients aged 16–75 in cardiology, respiratory medicine, neurological, endocrine and gastrointestinal clinics in general hospitals in London, Middlesex and North Nottinghamshire. Method The Health Anxiety Inventory (HAI) (short form) was administered to patients attending the five clinics over a 21 month period and all those who scored 20 or more invited to take part in a further assessment for a randomised controlled trial. Results Of 43,205 patients attending the clinics 28,991 (67.1%) were assessed and of these, after exclusion of ineligible patients 5747 (19.8%) had significant health anxiety. 444 subsequently agreed to take part in a randomised controlled trial of treatment. The prevalence levels varied by clinic with neurology (24.7%) having the highest prevalence followed by respiratory medicine (20.9%), gastroenterology (19.5%), cardiology (19.1%), and endocrinology (17.5%). Conclusion Abnormal health anxiety is common and a significant problem in those attending medical clinics and deserves greater awareness.

Virtanen, M., J. E. Ferrie, et al. (2011). "Long working hours and symptoms of anxiety and depression: a 5-year follow-up of the Whitehall II study." *Psychological Medicine* **41**(12): 2485-2494. <http://dx.doi.org/10.1017/S0033291711000171>.

Background: Although long working hours are common in working populations, little is known about the effect of long working hours on mental health. Method: We examined the association between long working hours and the onset of depressive and anxiety symptoms in middle-aged employees. Participants were 2960 full-time employees aged 44 to 66 years (2248 men, 712 women) from the prospective Whitehall II cohort study of British civil servants. Working hours, anxiety and depressive symptoms, and covariates were measured at baseline (1997–1999) followed by two subsequent measurements of depressive and anxiety symptoms (2001 and 2002–2004). Results: In a prospective analysis of participants with no depressive (n=2549) or anxiety symptoms (n=2618) at baseline, Cox proportional hazard analysis adjusted for baseline covariates showed a 1.66-fold [95% confidence interval (CI) 1.06–2.61] risk of depressive symptoms and a 1.74-fold (95% CI 1.15–2.61) risk of anxiety symptoms among employees working more than 55 h/week compared with employees working 35–40 h/week. Sex-stratified analysis showed an excess risk of depression and anxiety associated with long working hours among women [hazard ratios (HRs) 2.67 (95% CI 1.07–6.68) and 2.84 (95% CI 1.27–6.34) respectively] but not men [1.30 (0.77–2.19) and 1.43 (0.89–2.30)]. Conclusions: Working long hours is a risk factor for the development of depressive and anxiety symptoms in women.

Walton, G. and C. Dweck (2011). Willpower: It's in your head. *New York Times*. http://www.nytimes.com/2011/11/27/opinion/sunday/willpower-its-in-your-head.html?_r=2

Is willpower an illusion? Is the traditional notion of a deep mental reservoir of strength a fiction? In recent years, the popular answer has been yes. Our abilities, according to this argument, are constrained by the narrow limits of our biology. In her 2008 book, "Health at Every Size," the nutritionist Linda Bacon argues that, because of how the brain's hypothalamus works, it is a "myth" that anyone can will himself to lose weight by maintaining a diet. "It's not your fault!" she writes. "Biology is so powerful it can 'make' you break that diet." This year, in their book "Willpower: Rediscovering the Greatest Human Strength," the social psychologist Roy F. Baumeister and the New York Times science writer John Tierney survey a large body of scientific research to conclude that willpower is limited and depends on a continuous supply of the simple sugar glucose. When glucose is depleted, you fall prey to impulse shopping, affairs and cookies. The solution? "Try to get some glucose in you," Mr. Tierney told NPR. Such theories have an obvious appeal: attributing failures of willpower to our fixed biological limits justifies our procrastination as well as our growing waistlines. Not only that, we also get to consume more sugar. But are these theories correct? We don't think so. In research that we conducted with the psychologist Veronika Job, we confirmed that willpower can indeed be quite limited — but only if you believe it is. When people believe that willpower is fixed and limited, their willpower is easily depleted. But when people believe that willpower is self-renewing — that when you work hard, you're energized to work more; that when you've resisted one temptation, you can better resist the next one — then people successfully exert more willpower. It turns out that willpower is in your head ...

Wolgast, M., L.-G. Lundh, et al. (2011). "Cognitive reappraisal and acceptance: An experimental comparison of two emotion regulation strategies." *Behaviour Research and Therapy* **49**(12): 858-866.
<http://www.sciencedirect.com/science/article/pii/S0005796711002233>.

The purpose of the present study was to compare the effect of cognitive reappraisal and acceptance on subjective distress, physiological reactions and behavioral avoidance in relation to aversive emotional states elicited by film-clips. Ninety-four participants were randomized to one of three groups. The Reappraisal group was instructed to think about what they saw in a way that minimized negative emotional reactions, the Acceptance group was told to let their feelings come and go without trying to control or avoid them, while the Watch (control) group was told just to watch the film-clips. Compared to the control condition, both reappraisal and acceptance led to significant reductions of subjective distress, physiological reactions associated with aversive emotions and behavioral avoidance. On the three types of measures there were few significant differences between the Reappraisal and Acceptance groups, but when such differences existed they were to the benefit of the Reappraisal condition. In the reappraisal condition there was however a positive correlation between elicited aversive emotion and avoidance, while no such correlation existed in the acceptance condition. The results are interpreted and discussed in relation to the theories underlying reappraisal and acceptance as well as the conceptual framework for emotion regulation established by Gross (2007).