Greetings

This monthly mailing gives abstracts & links to thirty recently published CBT-relevant research studies (see further down this page). It also details a dozen March posts to an evidence-based blog on stress, health & wellbeing – see the calendar view. There is a post on the AAQ-II (a new, improved version of ACT’s “Acceptance & Action Questionnaire”), three posts on “Commitment contracts”, three on website traffic & most-viewed blog posts, three on emotion-focused narrative therapy, one on mindfulness, and one on the usual monthly round-up of recent stress, health & wellbeing research.

Shortening and improving well-used questionnaires is clearly a valuable service for busy clinicians. There are now good, brief measures for assessing both mindfulness and self-compassion. The post “Acceptance & commitment therapy (ACT): recent research & a better assessment measure, the AAQ-II” describes an upgraded version of the “Acceptance & Action Questionnaire”.

Helping people change can often be a challenging task (as it may well be for ourselves). Setting skilful goals and using techniques like mental contrasting & implementation intentions makes good evidence-based sense. There’s also another fairly new kid on the block that it’s worth knowing about - see the posts “Commitment contracts: another good way of helping us reach our goals”, “Commitment contracts: orientation, practicalities & use as therapeutic tools” and “Commitment contracts: a personal example”.

I have been writing this evidence-based blog for a bit over three years now. Google analytics allows me to track all kinds of information – hence the posts “Update on website traffic: nearly a quarter of a million page views last year”, “Update on website traffic: the ten most popular blog posts” and “My own favourite top 15 (1 to 5): mindfulness, compassion, embodied cognition, attachment & willpower”.

There is also the final post – “Using Williams & Penman’s book as a self-help resource (10th post): eighth week practice” – in the sequence on mindfulness that I began back in December 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. Additionally there is a series of three further posts triggered by the emotion-focused therapy (EFT) workshops that I’m attending (relevant for compassionate mind training, schema-focused therapy & several other forms of CBT work with “hot cognitions”) – “Angus & Greenberg’s book ‘Narrative in emotion-focused therapy’ (1st post): context”, “Narrative in emotion-focused therapy’ (2nd post): narrative types & modes” and “Narrative in emotion-focused therapy’ (3rd post): narrative modes & phases”.

Finally there is the “Research review” listing recent journal abstracts in four overlapping categories – thirty on Cognitive Behavioural Therapy (see below), twelve on Compassion, twenty seven on Depression, and thirty six on General Wellbeing covering a multitude of stress, health & wellbeing related subjects including the psychological benefits of "accepting" feeling sad, online courses for chronic back pain, nocebo effects, empathy, exercise & sexual function, dietary affected facial colouration & judged attractiveness, facial botox injections as a treatment for depression 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

**BACKGROUND**: The present study examined sudden gains during treatment for obsessive-compulsive disorder (OCD) and their relationship to short- and long-term outcome. **METHODS**: Ninety-one individuals (age 19-64) completed either cognitive treatment, exposure treatment, or their combination with fluvoxamine for OCD. Participants’ obsessive-compulsive symptoms were assessed before each weekly treatment session. In addition, obsessive-compulsive and depressive symptoms were assessed pre treatment and post treatment as well as 12 months following treatment termination. **RESULTS**: Sudden gains were found among 34.1% of participants and constituted 65.5% of the total reduction in obsessive-compulsive symptoms. Compared to individuals who did not experience sudden gains, individuals who experienced sudden gains reported lower levels of OCD symptoms post treatment, and this was maintained during follow-up. **CONCLUSIONS**: Sudden gains are common in treatments for OCD and are predictive of treatment outcome and follow-up. Sudden gains mark a distinct trajectory of response to treatment for OCD. Individuals with sudden gains greatly improve during treatment and maintain their gains during follow-up, whereas individuals without sudden gains improve to a significantly lesser extent. Thus, treatment planning and development can benefit from considering sudden gains and the individual-component of individual improvement.


**OBJECTIVE**: The present study quantitatively reviewed the literature on sudden gains in psychological treatments for anxiety and depression. The authors examined the short- and long-term effects of sudden gains on treatment outcome as well as moderators of these effects. **METHOD**: The authors conducted a literature search using PubMed, PsycINFO, the Cochrane Library, and manual searches. The meta-analysis was based on 16 studies and included 1,104 participants receiving psychological treatment for major depressive disorder or an anxiety disorder. **RESULTS**: Effect size estimates suggest that sudden gains had a moderate effect on primary outcome measures at posttreatment (Hedges’s g = 0.62) and follow-up (Hedges’s g = 0.56). These effect sizes were robust and unrelated to publication year or number of treatment sessions. The effect size of sudden gains in cognitive-behavioral therapy was higher (Hedges’s g = 0.75) than in other treatments (Hedges’s g = 0.23). **CONCLUSIONS**: These results suggest that sudden gains are associated with short-term and long-term improvements in depression and anxiety, especially in cognitive-behavioral therapy.


Our perception of how others expect us to feel has significant implications for our emotional functioning. Across 4 studies the authors demonstrate that when people think others expect them not to feel negative emotions (i.e., sadness) they experience less negative emotion and reduced well-being. The authors show that perceived social expectancies predict these differences in emotion and well-being both more consistently than and independently of personal expectancies and that they do so by promoting negative self-evaluation when experiencing negative emotion. We find evidence for these effects within Australia (Studies 1 and 2) as well as Japan (Study 2), although the effects of social expectancies are especially evident in the former (Studies 1 and 2). We also find experimental evidence for the causal role of social expectancies in negative emotional responses to negative emotional events (Studies 3 and 4). In short, when people perceive that others think they should feel happy, and not sad, this leads them to feel sad more frequently and intensely.


**OBJECTIVE**: The present study explored the role of the therapeutic relationship and introject during the course of dialectical behavior therapy (DBT; Linehan, 1993) for the treatment of borderline personality disorder. **METHOD**: Women meeting DSM-IV criteria for borderline personality disorder (N = 101) were randomized to receive DBT or community treatment by experts. The Structural Analysis of Social Behavior (Benjamin, 1974) was used to measure both the therapeutic relationship and introject. **RESULTS**: Relative to community treatment by experts, DBT participants reported the development of a more positive introject, including significantly greater self-affirmation, self-love, self-protection, and less self-attack, during the course of treatment and 1-year follow-up. The therapeutic relationship did not have an independent effect on intrapsychic or symptomatic outcome but did interact with treatment. DBT participants who perceived their therapist as affirming and protective reported less frequent occurrences of nonsuicidal self-injury. **CONCLUSIONS**: The study showed positive intrapsychic change during DBT and emphasized the importance of affirmation and control in the therapeutic relationship. Results are discussed in the context of understanding the mechanisms of change in DBT.


**Objectives**: Research has shown that cognitive and behavioral therapies can effectively improve quality of life in chronic pain patients. Unfortunately, many patients lack access to cognitive and behavioral therapy treatments. We developed a pilot version of an interactive online intervention to teach self-management skills for chronic lower back pain, a leading cause of disability and work absenteeism. The objective of this randomized, controlled trial was to evaluate its efficacy. **Methods**: Individuals with chronic lower back pain were recruited over the Internet, screened by phone, and randomly assigned to receive access to the intervention (Wellness Workbook; WW) either immediately (intervention group) or after a 3-week delay (wait-list control). Participants (n = 141, 83% female, 23% minority) were asked to complete the WW over 3 weeks. Self-report measures...
of pain, disability, disabling attitudes and beliefs, self-efficacy for pain control, and mood regulation were completed at baseline, week 3, and week 6. Results: Controlling for baseline individual differences in the outcome measures, multivariate analysis of covariance revealed that, at week 3, the intervention group scored better than the wait-list control group on all outcomes, including pain severity ratings. At week 6, after both groups had been exposed to the WW, there were no differences between groups. Discussion: Use of this pilot intervention seems to have had positive effects on a number of pain-related outcomes, including disability. Future research will evaluate the effectiveness of the completed intervention, with particular attention to quality of life and disability.


It has been proposed that blushing-fearful individuals overestimate both the probability and the interpersonal costs of blushing. To study these judgmental biases, we presented a treatment-seeking sample of blushing-fearful individuals a series of vignettes describing social events and tested whether this clinical sample would overestimate the costs and probability of blushing compared to non-fearful controls. To test if blushing-fearfuls overestimate and/or low-fearful individuals underestimate the cost of displaying a blush, a second experiment examined the effects of blushing in these situations on observers’ judgments. Experiment 1 showed that blushing-fearfuls indeed have judgmental biases for the probability and costs of blushing. Experiment 2 showed that the observers’ judgments were very similar to the judgments anticipated by the low-fear group in Experiment 1. Thus the judgmental biases that were evident in the high-fearfuls can be best interpreted as an overestimation of the social costs of displaying a blush. These findings help improving our understanding of the mechanisms that may drive blushing phobia and also point to the clinical implication that it might be worthwhile to challenge blushing-fearfuls’ judgmental biases.


Background: Major depressive disorder (MDD) is highly prevalent, is recurrent, and impairs people's work, relationships and leisure. Acute-phase treatments improve psychosocial impairment associated with MDD, but how these improvements occur is unclear. In this study, we tested the hypothesis that reductions in depressive symptoms would reduce symptoms of experiential avoidance and improvements in positive mental health and mindfulness. Method: Patients with recurrent MDD (n=523; 68% women, 81% Caucasian, mean age 42 years) received acute-phase cognitive therapy (CT). We measured functioning and symptom severity with the Social Adjustment Scale – Self Report (SAS-SR), Range of Impaired Functioning Tool (RIFT), Beck Depression Inventory (BDI), Hamilton Rating Scale for Depression (HAMD) and Inventory for Depressive Symptomatology – Self Report (IDS-SR). We tested cross-lagged correlations between functioning and symptoms measured at baseline and the beginning, middle and end of acute-phase CT. Results: Pre-to post-treatment improvement in psychosocial functioning and depressive symptoms was large and intercorrelated. Depressive symptoms improved more and sooner than did psychosocial functioning. However, among four assessments across the course of treatment, improvements in functioning more strongly predicted later improvement in symptoms than vice versa. Conclusions: Improvements in psychosocial functioning and depressive symptoms correlate substantially during acute-phase CT, and improvements in functioning may play a role in subsequent symptom reduction during acute-phase CT.


BACKGROUND: In order to reduce the high prevalence of depression, early interventions for people at risk of depression are warranted. This study evaluated the effectiveness of an early guided self-help programme based on acceptance and commitment therapy (ACT) for reducing depressive symptomatology. METHOD: Participants with mild to moderate depressive symptomatology were recruited from the general population and randomized to the self-help programme with extensive email support (n=125), the self-help programme with minimal email support (n=125) or to a waiting list control group (n=125). Participants completed measures before and after the intervention, before and after the intervention, before and after the intervention. Results: Significant reductions in depression, anxiety, fatigue, decisional conflict, experiential avoidance, positive mental health and mindfulness. Participants in the experimental conditions also completed these measures at a 3-month follow-up. RESULTS: In the experimental conditions significant reductions in depression, anxiety, fatigue, decisional conflict, experiential avoidance and improvements in positive mental health and mindfulness were found, compared with the waiting list condition (effect sizes Cohen's d=0.51-1.00). These effects were sustained at the 3-month follow-up. There were no significant differences between the experimental conditions on the outcome measures. CONCLUSIONS: The ACT-based self-help programme with minimal email support is effective for people with mild to moderate depressive symptomatology. Ginn, S. and J. Horder (2012). "'One in four' with a mental health problem: the anatomy of a statistic." BMJ 344. http://www.bmj.com/content/344/bmj.e1302.

Despite a lack of supporting evidence, the claim that one in four people will have a mental health problem at some point in their lives is a popular one. Where does this figure come from, and why does it persist, ask Stephen Ginn and Jamie Horder. "It's time to talk" is a campaign currently being promoted by Time to Change, a charity whose aim is to change attitudes to people with mental ill health. On the charity’s website a banner tells us: ‘1 in 4 of us will experience a mental health problem at some point in our lives.’ Our living experiences will not talk about it. What are we afraid of? This "one in four" figure has also appeared in government speeches and NHS publications. It is the name of a short film and the title of a mental health magazine. Yet it is not always clear to what the figure refers. Time to Change seems to be referring to lifetime prevalence, while a 2010 advertising campaign by Islington Primary Care Trust stated, "One in four people will experience mental health problems each year." A statement on the Royal College of Psychiatrists’ website reads, "One in four people has a mental health problem," implying point prevalence … The one in four figure for mental illness prevalence is widely quoted, related variously to lifetime, yearly, or point prevalence. The evidence indicates that it is best supported as an estimate of yearly prevalence. However, estimates of the population prevalence of mental disorder should be approached with caution, as the methods used often have shortcoming. It is important that people know that mental illness is common and that treatment of mental disorder is essential, but it is not clear that championing a poorly supported prevalence figure is the way to achieve this.


(Free full text available): Mindfulness-based interventions (e.g., MBSR; Kabat-Zinn, 1990; MBCT; Segal, Williams, &amp; Teasdale, 2002) have demonstrated effectiveness in a number of distinct clinical populations. However, few studies have evaluated MBCT within a heterogeneous group of psychiatric adult outpatients. This study examined whether a wider variety of patients referred from a large, tertiary mood and anxiety outpatient clinic could benefit from such a program. Twenty-three
psychiatric outpatient with mood and/or anxiety disorders (mean age = 53.65 years, SD = 10.73; 18 women) were included in this study. Each participant completed the Structured Clinical Interview for Diagnosis Axis I and measures of mood, life stress, and mindfulness skills, prior to the start of group and immediately following its completion. Paired t-test analyses were conducted and results revealed a significant improvement in mood and mindfulness skills in addition to a significant reduction in severity and total number of perceived life stressors. In summary, our results indicate that MBCT can effectively be administered to a group of patients whose diagnoses and difficulties may vary, who have significant comorbidity, and who are currently experiencing significant symptoms. This has important practical implications for offering this treatment within broader psychological and psychiatric service systems.


(Free full text available) BACKGROUND: Sexual offences are a global public health concern. Recent changes in the law in England and Wales have dramatically altered the legal landscape of sexual offences, but sexual assaults where the victim is voluntarily intoxicated by alcohol continue to have low conviction rates. Worldwide, students are high consumers of alcohol. This research aimed to compare male and female students in relation to their knowledge and attitudes about alcohol and sexual activity and to identify factors associated with being the victim of alcohol-related non-consensual sex. METHODS: 1,110 students completed an online questionnaire. Drinking levels were measured using the Alcohol Use Disorder Identification Test. Non-consensual sexual experiences were measured using the Sexual Experience Survey. Univariate and multivariate analyses were undertaken using chi square and backwards stepwise logistic regression respectively. RESULTS: A third of respondents had experienced a non-consensual sexual assault involving physical contact. Male and female students differed in the importance they gave to cues in deciding if a person wished to have sex with them and their understanding of the law of consent. 82.2% of women who had experienced alcohol-related non-consensual sex were hazardous drinkers compared to 62.9% who drank at lower levels (P < 0.001). Differences existed between men and women, and between those who had and had not experienced alcohol-related non-consensual sex, in relation to assessments of culpability in scenarios depicting alcohol-related intercourse. A third of respondents believed that a significant proportion of rapes were false allegations; significantly more men than women responded in this way. CONCLUSIONS: Alcohol-related coerced sexual activity is a significant occurrence among students; attitudinal and knowledge differences between males and females may explain this. Educational messages that focus upon what is deemed acceptable sexual behaviour, the law and rape myths are needed but are set against a backdrop where drunkenness is commonplace.


Objective: To examine the co-occurrence of physical teen dating violence (TDV) with other forms of victimization. Method: A total of 6,626 youth (aged 12 to 17) from the National Survey of Children's Exposure to Violence (NatSCEV), a nationally representative telephone survey of victimization experiences. Results: Every victim of physical TDV (100%) reported at least one other type of victimization. Physical TDV is very closely associated with several other forms of victimization in this sample, with adjusted odds ratio ranging from 1.48 to 17.13. The lifetime rate of TDV was 6.4% for all youth, but TDV rates reached 17% for youth who had been physically abused by a caregiver, 25% for youth who had been raped, and 50% for youth (<16 years) who had experienced statutory rape or sexual misconduct by a partner more than 5 years older. Victims of TDV reported, on average, twice as many other types of victimizations as those with no history of TDV. Conclusions: These data indicate that youth who experience TDV are exposed to a variety of forms of child maltreatment, sexual victimization, and polyvictimization. Universal dating violence prevention programs designed for youth who have not yet, or just recently, started dating will typically include a large number of youth who have already been victimized by other forms of violence. Prevention curricula may be more effective if they target the needs of victimized youth, for example, by teaching skills for coping with prior victimization experiences. (Free full text downloadable from www.apa.org/pubs/journals/releases/vio-ofp-hamby.pdf).


Many authors have suggested that some road traffic crashes are disguised suicide attempts. A case report and literature review is used to explore this claim and to examine the frequency and risk factors associated with driver suicide. The author concludes the methodological difficulty of establishing the driver’s intent of suicide accounts for an under-estimation of the frequency of this event and that many cases of driver suicide go unrecognised. Familiarity with the risk factors associated with driver suicide may assist in the identification of cases of failed driver suicide and referral to psychiatric services. The BMJ - http://www.bmj.com/content/342/bmj.e651 - comments "At least one in 15 motor vehicle crashes are probably intentional but remain unrecognised as attempted driver suicide. An Injury review states that the identification of such disguised suicide attempts is difficult, and the methodological conundrum of proving drivers’ intent has led to an underestimation of incidence (2012;43:18-21, doi:10.1016/j.injury.2011.06.192). Risk factors associated with driver suicide included being a young man; involvement in single occupancy crashes; not wearing seat belts; being involved in single vehicle, head on collisions into trees and poles; and the absence of evidence suggesting loss of control of the vehicle before impact.”


Research on the effectiveness and mechanisms of mindfulness training applied in psychotherapy is still in its infancy (Erismann & Roemer, 2010). For instance, little is known about the extent and processes through which mindfulness practice improves emotion regulation. This experience sampling study assessed the relationship between mindfulness, emotion differentiation, emotion ability, and emotional difficulties. Young adult participants reported their current emotional experiences 6 times per day during 1 week on a PalmPilot device. Based on these reports of emotions, indices of emotional differentiation and emotion ability were composed for negative and positive emotions. Mindfulness was associated with greater emotion differentiation and less emotional difficulties (i.e., emotion lability and self-reported emotion dysregulation). Mediational models indicated that the relationship between mindfulness and emotion lability was mediated by emotion differentiation. Furthermore, emotion regulation mediated the relationship between mindfulness and both negative emotion lability and positive emotion differentiation. This experience sampling study indicates that self-reported levels of mindfulness are related to higher levels of differentiation of one’s discrete emotional experiences in a manner reflective of effective emotion regulation.


Background Women reporting initial eating disorder (ED) symptoms are at highest risk for the development of an eating disorder. Preventive interventions should, therefore, be specifically tailored for this subgroup. Aims To adapt and evaluate
of common mental disorders operates through latent liabilities to experience internalising and externalising psychopathology, indicating that the prevention of maltreatment may have a wide range of benefits in reducing the prevalence of many common mental disorders. Different forms of abuse have gender-specific consequences for the expression of internalising and externalising psychopathology, suggesting gender-specific aetiological pathways between maltreatment and psychopathology.


OBJECTIVES: An estimated 6%-10% of US adults took a hypnotic drug for poor sleep in 2010. This study extends previous reports associating hypnotics with excess mortality. SETTING: A large integrated health system in the USA. DESIGN: Longitudinal, medical records to obtain hypnotic prescriptions and matched cohort survival analysis. SUBJECTS: Subjects (mean age 54 years) were 10,529 patients who received hypnotic prescriptions and 23,676 matched controls with no hypnotic prescriptions, followed for an average of 2.5 years between January 2002 and January 2007. MAIN OUTCOME MEASURES: Data were adjusted for age, gender, smoking, body mass index, ethnicity, marital status, alcohol use and prior cancer. Hazard ratios (HRs) for death were computed from Cox proportional hazards models controlled for risk factors and using propensity scores for each treatment group, respectively, demonstrating a dose-response association. HRs were estimated in separate analyses for several common hypnotics, including zolpidem, temazepam, eszopiclone, zaleplon, other benzodiazepines, barbiturates and sedative anxiolamines. Hypnotic use in the upper third was associated with a significant elevation of incident cancer; HR=1.35 (95% CI 1.18 to 1.55).

Results were robust within groups suffering each comorbidity, indicating that the death and cancer hazards associated with hypnotic drugs were not attributable to pre-existing disease. CONCLUSIONS: Receiving hypnotic prescriptions was associated with mortality greater than threefold increased hazards of death even when prescribed <18 pills/year. This association held in separate analyses for several commonly used hypnotics and for newer shorter-acting drugs. Control of selective prescription of hypnotics for patients in poor health did not explain the observed excess mortality.


The aim of this study was to compare the effectiveness of two individual-level psychotherapy interventions: (a) treatment-as-usual consisting of cognitive-behavioral therapy (CBT) and (b) work-focused CBT (W-CBT) that integrated work aspects early into the treatment. Psychotherapy was delivered for a period of 8 to 10 weeks because of common mental disorders (depression, anxiety, or adjustment disorder). In a quasi-experimental design, 12-month follow-up data of 168 employees were collected. The CBT group consisted of 79 clients, the W-CBT group of 89. Outcome measures were duration until return to work (RTW), mental health problems, and costs to the employer. We found significant effects on duration until RTW in favor of the W-CBT group: full RTW occurred 65 days earlier. Partial RTW occurred 12 days earlier. A significant decrease in mental health problems was equally present in both conditions. The average financial advantage for the employer of an employee in the W-CBT group was estimated at $5,275 U.S. dollars compared with the CBT group. These results show that focusing more on work-related aspects and RTW, functional recovery in work can be substantially speeded up within a regular psychotherapeutic setting. This result was achieved without negative side effects on psychological complaints over the course of 1 year. Integrating work-related aspects into CBT is, therefore, a fruitful approach with benefits for employees and employers alike. MedicalXpress - http://medicalxpress.com/news/2012-02-work-focused-psychotherapy-employees-sooner.html - comments "Employees on sick leave with common mental health disorders such as depression and anxiety fully returned to work sooner when therapy deals with work-related problems and how to get back on the job, according to new research published by the American Psychological Association. Employees who received this therapy and returned to work sooner did not suffer adverse effects and showed significant improvement in mental health over the course of one year, according to the article, published online in APA's Journal of Occupational Health Psychology. "People with depression or anxiety may take a lot of sick leave to address their problems," said the study's lead author, Suzanne Lagerveld, of the Netherlands Organization for Applied Scientific Research (TNO). "However, focusing on how to return to work is not a standard part of..."
therapy. This study shows that integrating return-to-work strategies into therapy leads to less time out of work with little to no compromise in people's psychological well-being during the course of one year." The study, conducted in the Netherlands, followed 168 employees, of whom 60 percent were women, on sick leave due to psychological problems such as anxiety, adjustment disorder and minor depression. Seventy-nine employees from a variety of jobs received standard, evidence-based cognitive-behavioral therapy, while the rest received cognitive-behavioral therapy that included a focus on work and the process of returning to work. Cognitive-behavioral therapy has been found to be particularly effective in reducing psychological symptoms associated with work-related stress.


Subjects with alcoholism were classified for inclusion in the study. They were recruited from both inpatient and outpatient settings. Participants were referred to the study by their treating psychiatrist or therapist. Inclusion criteria included a diagnosis of alcohol dependence according to DSM-IV and a history of at least one episode of alcohol withdrawal in the past 12 months. Exclusion criteria included current use of benzodiazepines or other sedative-hypnotic drugs, current use of psychoactive medications, and any history of psychiatric disorders except for alcohol dependence. The study was approved by the local ethics committee, and all participants gave informed consent.


Background: To assess the role of genetic and environmental factors in female alcoholism using a large population-based twin sample, taking into account possible differences between early and late onset disease subtype. Method: Twins aged 20–47 years from the Swedish Twin Registry (n=24,119) answered questions to establish lifetime alcohol use disorders. Subjects with alcoholism were classified for subtype. Structural equation modeling was used to quantify the proportion of phenotypic variance due to genetic and environmental factors and test whether heritability in women differed from that in men. The association between childhood traumas and alcoholism was then examined in females, controlling for background familial factors. Results: Lifetime prevalence of alcohol dependence was 4.9% in women and 8.6% in men. Overall, heritability for alcohol dependence was 55%, and did not differ significantly between men and women, although women had a significantly greater heritability for late onset (type I). Childhood physical trauma and sexual abuse had a stronger association with early onset compared to late onset alcoholism (odds ratio (OR) 2.54, 95% confidence interval (CI) 1.53–3.88 and OR 2.29, 95% CI 1.38–3.79 respectively). Co-twin analysis indicated that familial factors largely accounted for the influence of physical trauma whereas the association with childhood sexual abuse reflected both familial and specific effects. Conclusions: Heritability of alcoholism in women is similar to that in men. Early onset alcoholism is strongly associated with childhood trauma, which seems to be both a marker of familial background factors and a specific individual risk factor per se.

Background: Mental disorders are associated with increased mortality, but population-based surveys with reliable diagnostic procedures controlling for somatic health status are scarce. Aims: To assess excess mortality associated with depressive, anxiety and alcohol use disorders and the principal causes of death. Method: In a nationally representative sample of Finns aged 30–70 years, psychiatric disorders were diagnosed with the Composite International Diagnostic Interview. After an 8-year follow-up period, vital status and cause of death of each participant was obtained from national registers. Results: After adjusting for sociodemographic factors, health status and smoking, depressive (hazard ratio (HR) = 1.97) and alcohol use disorders (HR = 1.72) were statistically significantly associated with mortality. Risk of unnatural death was increased among individuals diagnosed with anxiety disorders or alcohol dependence. Conclusions: Individuals with depressive and alcohol use disorders have an increased mortality risk comparable with many chronic somatic conditions, that is only partly attributable to differences in sociodemographic, somatic health status and hazardous health behaviour.


Involvement with friends carries many advantages for adolescents, including protection from the detrimental effects of being rejected by peers. However, little is known about the mechanisms through which friendships may serve their protective role at this age, or the potential benefit of these friendships as adolescents transition to adulthood. As such, this investigation tested whether friend involvement during adolescence related to less neural sensitivity to social threats during young adulthood. Twenty-one adolescents reported the amount of time they spent with friends outside of school using a daily diary. Two years later they underwent an fMRI scan, during which they were ostensibly excluded from an online ball-tossing game by two same-aged actors. Findings from a region of interest and whole brain analyses revealed that spending more time with friends during adolescence related to less activity in the dorsal anterior cingulate cortex and anterior insula--regions previously linked with negative affect and pain processing--during an experience of peer rejection 2 years later. These findings are consistent with the notion that positive relationships during adolescence may relate to individuals being less sensitive to negative social experiences later on.


Despite the acknowledged importance of clinical supervision, controlled research is minimal and has rarely addressed the measurement or manipulation of clinical supervision, hampering our understanding and application of the different supervision methods. We therefore compared two related approaches to supervision, cognitive-behavioural (CBT) and evidence-based clinical supervision (EBCS), evaluating their relative effectiveness in facilitating the experiential learning of one supervisee. Drawing on a multiple-basepline N = 1 design, we gathered mostly qualitative data by means of an episode analysis, a content analysis, a satisfaction questionnaire, and interviews with the supervisor and supervisee. We found that the EBCS approach qualified with higher levels of engagement in experiential learning than the CBT supervision. This case study in the evaluation of supervision illustrates the successful application of some rarely applied qualitative methods and some potential supervision enhancements, which could contribute to the development of CBT supervision.


The internet offers an accessible and cost-effective way to help women suffering with various types of postnatal mental illness and do not have easy access to mental health professionals. Women have access to a large number of websites on the Internet, but there is little information on the range or quality of information and resources offered. The current study therefore aimed to review postnatal health websites and evaluate their quality on a variety of dimensions. A systematic review of postnatal health websites was conducted. Searches were carried out on four search engines (Google, Yahoo, Ask Jeeves and Bing) which are used by 98% of web users. The first 25 websites found for each key word and their hyperlinks were assessed for inclusion in the review. Websites had to be exclusively dedicated to postnatal mental health or have substantial information on postnatal mental illness. Eligible websites (n = 114) were evaluated for accuracy of information, available resources and quality. Results showed that although many websites offered helpful advice, there was limited availability of qualitative information, and each website only addressed one or two aspects of postnatal mental health. The top five postnatal mental illness websites were identified for (1) postnatal mental illness sufferers and (2) healthcare professionals. It is hoped these top websites can be used by healthcare professionals both for their own information and to advise patients on quality online resources. MedicalXpress - http://medicalxpress.com/news/2012-02-uk-online-advice-postnatal-depression.html - comments: "Researchers at the University of Sussex have identified the top five internet sites offering support for women struggling with postnatal mental illness such as depression or anxiety. Around 10-15 per cent of new mothers are diagnosed with postnatal mental illnesses, while around one in four women may have significant post-birth distress without meeting the criteria for a disorder. Many women turn to the internet to seek advice and reassurance over these conditions. Health psychologists Donna Moore and Dr. Susan Ayers sorted through thousands of web sites and whittled down their selection to the top five sites for new mothers seeking information about postnatal depression and anxiety and the top five for healthcare professionals looking for ways to support patients. For more see: http://www.panda.org.au/http://www.haps.org.uk; http://www.postpartumhealthalliance.org; http://www.postpartum.net & http://www.pndsa.co.za.


The research, published in the journal Women’s Mental Health, is the first national survey of websites for postnatal psychological problems and serves as an authoritative guide to most reliable sites. Women can suffer from various psychological problems after having a baby that range from mild baby blues to more severe depression, anxiety and psychosis. The researchers found that although there were thousands of sites devoted to postnatal depression (typing “postnatal depression” into Google returned more than a million results), the quality was extremely variable, with very few sites offering the full spectrum of easily accessible support, advice, information and reassurance about the different psychological problems women might encounter. Many sites were hard to navigate, suffered from poorly edited content or had information that was out of date or just plain wrong. Information focused on symptoms rather than risk factors or the potential negative impact of not dealing with the illness on children and families as well as the sufferer. There was some information on treatment, but it was generally superficial. Most websites rarely had prominent information on what the users should do if they have thoughts of harming themselves or their infant. Donna Moore says: “Most web sites did encourage women to seek medical help. However, information tended to be about depressive symptoms and largely ignored other forms of postnatal illness, namely anxiety, post traumatic stress disorder and puerperal psychosis. This could reinforce the common misconception that postnatal mental illness is solely depression or simply an extension of the ‘baby blues’. Mothers need to know what the signs of the illness are and treatment options and health professionals need to know all the facts for effective screening. It is essential that web sites provide accurate and comprehensive information and advice for mothers and their families. Mothers need to be informed that if they get help they will get better.” Dr. Ayers says: “The internet is often the first port of call for people worried about health issues. This is particularly the case for women suffering from depressive illness following the birth of a baby because they many find it difficult to leave the

OBJECTIVES: Evidence suggests that childhood maltreatment may negatively affect not only the lifetime risk of depression but also clinically relevant measures of depression, such as course of illness and treatment outcome. The authors conducted the first meta-analysis to examine the relationship between childhood maltreatment and these clinically relevant measures of depression. METHOD: The authors conducted searches in MEDLINE, PsycINFO, and Embase for articles examining the association of childhood maltreatment with course of illness (i.e., recurrence or persistence) and with treatment outcome in depression that appeared in the literature before December 31, 2010. Recurrence was defined in terms of number of depressive episodes. Persistence was defined in terms of duration of current depressive episode. Treatment outcome was defined in terms of either a response (a 50% reduction in depression severity rating from baseline) or remission (a decrease in depression severity below a predefined clinical significance level). RESULTS: A meta-analysis of 16 epidemiological studies (23,544 participants) suggested that childhood maltreatment was associated with an elevated risk of developing recurrent and persistent depressive episodes (odds ratio=2.27, 95% confidence interval [CI]=1.80-2.87). A meta-analysis of 10 clinical trials (3,098 participants) supported that children with a history of maltreatment had a higher rate of relapse during follow-up than children without maltreatment (depression ratio =1.43, 95% CI=1.11-1.83). Meta-regression analyses suggested that the results were not significantly affected by publication bias, choice of outcome measure, inclusion of prevalence or incidence samples, study quality, age of the sample, or lifetime prevalence of depression. CONCLUSIONS: Childhood maltreatment predicts unfavorable course of illness and treatment outcome in depression.


Extensive research shows maternal depression to be associated with poorer child outcomes, and characteristics of these mothers have been described. Recent research describes associations of paternal depressive symptoms and child behavioral and emotional outcomes, but characteristics of these fathers have not been investigated. This study describes characteristics of fathers with depressive symptoms in the USA. Utilizing data from 7,247 fathers and mothers living in households with children aged 5-17 years who participated in the Medical Expenditure Panel Survey 2004-2006, the Patient Health Questionnaire-2 was used to assess parental depressive symptoms, the Short Form-12 was used to examine paternal and maternal physical health, the Patient Health Questionnaire-9 was used to examine depressive symptoms, and the Columbia Impairment Scale was used to measure emotional or behavioral problems of children. The Children with Special Health Care Needs Screener was used to identify children with special health care needs. In multivariate analyses, poverty (AOR 1.52; 95% CI 1.05-2.22), maternal depressive symptoms (AOR 5.77; 95% CI 4.18-7.95), living with a child with special health care needs (AOR 1.42, 95% CI 1.04-1.94), poor paternal physical health (AOR 3.31; 95% CI 2.50-4.38) and paternal unemployment (AOR 6.49; 95% CI 4.12-10.22) were independently associated with increased rates of paternal depressive symptoms. These are the first data that demonstrate that poverty, paternal physical health problems, having a child with special health care needs, maternal depressive symptoms, and paternal unemployment are independently associated with paternal depressive symptoms, with paternal physical health problems associated with the highest rates of such problems. http://medicalxpress.com/news/2012-02-characteristics-fathers-depressive-symptoms.html - comments "Voluminous research literature attests to the multiple negative consequences of maternal depression and depressive symptoms for the health and development of children. In contrast, there is a profound paucity of information about depressive symptoms in fathers according to a follow up study by NYU School of Medicine researchers in the February 23rd online edition of Maternal and Child Health Journal. In late 2011 lead investigator, Michael Weitzman, MD, professor of Pediatrics and Environmental Medicine and his co-authors identified, for the first time ever, in a large and nationally representative sample, increased rates of mental health problems of children whose fathers had depressive symptoms. In that paper, 6% of children with neither a mother or a father with depressive symptoms, 15% of those with a father, 20% of those with a mother, and 25% of children with both a mother and a father with depressive symptoms had evidence of emotional or behavioral problems. "While the finding of increased rates of mental health problems among children whose fathers had depressive symptoms was not surprising in our earlier study, the fact that no prior large scale studies had investigated this issue is truly remarkable, as is the finding that one out of every four children with both a mother and a father with symptoms of depression have mental health problems" said Weitzman. He also noted that the findings highlighted "the urgent need to recognize the roles of fathers in the lives of children and families in clinical practice and policy formulation. "Fathers have long and meaningful roles in the emotional well-being of the health and function of our nation's children, and to structure our health and human services so as to identify and effectively treat fathers who are depressed or suffering from other mental health problems. A first step is to identify which of our nation's fathers are at increased risk for depression, which is the main reason that we undertook the current study" The current paper, again using a large and nationally representative sample of households in the USA (7,247 households in which mothers, fathers and children lived), is the first paper to investigate characteristics of fathers that are independently associated with increased rates of depressive symptoms. Overall, 6% of all fathers had scores suggesting that they were suffering from depressive symptoms. Using previously widely used measures of fathers', mothers' and children's physical and mental health, as well as numerous other family and child characteristics, such as maternal and paternal age, race, marital status, and educational attainment, as well as child age, these data demonstrate the following factors being independently associated with increased rates of fathers' depressive symptoms: living in poverty (1.5 times as common as not living in poverty); living with a child with special health care needs (1.4 times as common); living with a mother with depressive symptoms (5.75 times as common); poor paternal physical health (3.31 times as common) and paternal unemployment (6.50 times as common). While the findings of poverty, having a child with special health care needs, and living with a mother with depressive symptoms are not unexpected, the fact that fathers' unemployment is by far the strongest predictor of depressive symptoms is a brand new, and unique finding with profound implications for the health and development of children in this time of extremely high rates of unemployment. "The findings reported in the current paper demonstrate factors that could help identify fathers who might benefit from clinical screening for depression, and we believe the results are particularly salient given the current financial crisis
and concurrent increase in unemployment in the USA" said Dr. Weitzman. "Also of serious concern is the fact that living with a mother who herself has depressive symptoms is almost associated with almost as large an increased rate of paternal depressive symptoms as is paternal unemployment. Fathers play profoundly important roles in the lives of children and families, and are all too often forgotten in our efforts to help children. These new findings, we hope, will be useful to much needed efforts to develop strategies to identify and treat the very large number of fathers with depression."


Context Preventing posttraumatic stress disorder (PTSD) is a pressing public health need. Objectives To compare early and delayed exposure-based, cognitive, and pharmacological interventions for preventing PTSD. Design Equipoise-stratified randomized controlled study. Setting Hadassah Hospital unselectively receives trauma survivors from Jerusalem and vicinity. Participants Consecutively admitted survivors of traumatic events were assessed by use of structured telephone interviews a mean (SD) 9.61 (3.91) days after the traumatic event. Participants with symptoms of acute stress disorder were referred for clinical assessment. Survivors who met PTSD symptom criteria during the clinical assessment were invited to receive treatment. Interventions Twelve weekly sessions of prolonged exposure (PE; n = 63), or cognitive therapy (CT; n = 40), or double blind treatment with 2 daily tablets of either escitalopram (10 mg) or placebo (selective serotonin reuptake inhibitor/placebo; n = 46), or 12 weeks in a waiting list group (n = 93). Treatment started a mean (SD) 29.8 (5.7) days after the traumatic event. Waiting list participants with PTSD after 12 weeks received PE a mean (SD) 151.8 (42.4) days after the traumatic event (delayed PE). Main Outcome Measure Proportion of participants with PTSD after treatment, as determined by the use of the Clinician-Administered PTSD Scale (CAPS) 5 and 9 months after the traumatic event. Treatment assignment and attendance were concealed from the clinicians who used the CAPS. Results At 5 months, 21.6% of participants who received PE and 57.1% of comparable participants on the waiting list had PTSD (odds ratio [OR], 0.21 [95% CI, 0.09-0.46]). At 5 months, 20.0% of participants who received CT and 58.7% of comparable participants on the waiting list had PTSD (OR, 0.18 [CI, 0.06-0.48]). The PE group did not differ from the CT group with regard to PTSD outcome (OR, 0.87 [95% CI, 0.29-2.62]). The PTSD prevalence rates did not differ between the escitalopram and placebo subgroups (61.9% vs 55.6%; OR, 0.77 [95% CI, 0.21-2.77]). At 9 months, 21.4% of participants on the PE and 31.4% of participants on the waiting list had PTSD (OR, 1.04 [95% CI, 0.40-2.67]). Participants with partial PTSD before treatment onset did similarly well with and without treatment. Conclusions Prolonged exposure, CT, and delayed PE effectively prevent chronic PTSD in recent survivors. The lack of improvement from treatment with escitalopram requires further evaluation. Trauma-focused clinical interventions have no added benefit to survivors with subthreshold PTSD symptoms.


OBJECTIVE: Forgetting is commonly stated as a reason for missing mental health appointments. The authors examined the effect of short message service (SMS), or text message, reminders on the attendance of appointments at four community mental health clinics in London. METHODS: Attendance of outpatient appointments roughly between March and June of 2008 (N = 648), 2009 (N = 1,081), and 2010 (N = 1,088) was examined. Reminder messages were sent seven and five days before an appointment in 2009 and seven and three days before an appointment in 2010; patients in the 2008 sample received no reminder messages. Appointment attendance during the sample periods was compared by using multiple logistic regression analysis for sociodemographic factors, attendance at previous appointments, and days before an appointment. RESULTS: Missed appointments accounted for 36% of appointments in 2008, 26% of appointments in 2009, and 27% of appointments in 2010. The relative risk reduction in failed attendance was 28% between the 2008 and 2009 samples and 25% between the 2008 and 2010 samples. Attendance rates were significantly higher for the 2009 and 2010 samples than for the 2008 sample (p < .001) but did not differ between the two intervention periods. CONCLUSIONS: SMS-based technology can offer a time-, labor-, and cost-efficient strategy for encouraging engagement with psychiatric outpatient services. In England alone, a reduction of 25% to 28% in missed outpatient clinic appointments would translate to national cost savings of more than pound150 million, or $245 million, per year, and likely have clinical benefits as well.


Job burnout and depression have been generally found to be correlated with one another. However, evidence regarding the job burnout-depression association is limited in that most studies are cross-sectional in nature. Moreover, little is known about factors that may influence the job burnout-depression association, other than individual or organizational factors (e.g., gender, supervisor support). The current study seeks to address these gaps by (a) unraveling the temporal relationship between job burnout and depression and (b) examining whether the job burnout-depression association may be contingent upon the degree to which employees engage in physical activity. On the basis of a full-panel 3-wave longitudinal design with a large sample of employees (N = 1,632), latent difference score modeling indicated that an increase in depression from Time 1 to Time 2 predicts an increase in job burnout from Time 2 to Time 3, and vice versa. In addition, physical activity attenuated these effects in a dose-response manner, so that the increase in job burnout and depression was strongest among employees who did not engage in physical activity and weakest to the point of nonsignificance among those engaging in high physical activity. Meaning: Job Burnout and Depression: Medical School Faculty. "Obesity can be a dangerous risk to our physical health, but according to a Tel Aviv University researcher, avoiding the gym can also take a toll on our mental health, leading to depression and greater burnout rates at work. Dr. Sharon Toker of TAU's Recanatay Faculty of Management, working with Dr. Michal Biron from the University of Haifa, discovered that employees who found the time to engage in physical activity were less likely to experience a deterioration of their mental health, including symptoms of burnout and depression. The best benefits were achieved among those exercising for four hours per week - they were approximately half as likely to experience deterioration in their mental state as those who did no physical activity. Drs. Toker and Biron say that employees will benefit from encouraging the physical fitness of their employees. If the fight against obesity isn’t enough of an incentive, inspiring workers to be physically active lessens high health costs, reduces absenteeism, and increases productivity in the workplace. Their research was recently published in the Journal of Applied Psychology. Though depression and burnout are connected, they are not the same entity, says Dr. Toker. Depression is a clinical mood disorder, and burnout is defined by physical, cognitive, and emotional exhaustion. But both contribute toward a "spiral of loss" where the loss of one resource, such as a job, could have a domino effect and lead to the loss of other resources such as one’s home, marriage, or sense of self-worth. Originally designed to examine the relationship between depression and burnout, the study assessed the personal, occupational, and psychological states of 1,632 healthy Israeli workers in both the private and public sectors. Participants completed questionnaires when they came to medical clinics for routine check-ups and had three follow-up appointments over a period of nine years. Findings indicate that an increase in depression predicts an increase in job burnout over time, and vice versa. But for the first time, the researchers also considered the participants’ levels of physical activity, defined as any activity
that increases the heart rate and brings on a sweat. The participants were divided into four groups: one that did not engage in physical activity; a second that did 75 to 150 minutes of physical activity a week; a third that did 150 to 240 minutes a week; and a fourth that did more than 240 minutes a week. Depression and burnout rates were clearly the highest among the group that did not participate in physical activity. The more physical activity that participants engaged in, the less likely they were to experience elevated depression and burnout levels during the next three years. The optimal amount of physical activity was a minimum of 150 minutes per week, where its benefits really started to take effect. In those who engaged in 240 minutes of physical activity or more, the impact of burnout and depression was almost nonexistent. But even 150 minutes a week will have a highly positive impact, says Dr. Toker, helping people to deal with their workday, improving self-efficacy and self-esteem, and staving off the spiral of loss. If they’re feeling stressed at work, employees can always ask the boss to effect changes, such as providing more opportunities for emotional support in the workplace. But if the organization is unwilling to change, workers can turn to physical activities in their leisure time as an effective stress management tool. Far-sighted employers can benefit by building a gym on company grounds or subsidizing memberships to gyms in the community, and by allowing for flexible work hours to encourage employees to make physical activity an integral part of their day, suggests Dr. Toker. Such a strategy pays business dividends in the long run.


This randomized controlled trial compared the effectiveness of metacognitive therapy (MCT) and intolerance-of-uncertainty therapy (IUT) for generalized anxiety disorder (GAD) in an outpatient context. Patients with GAD (N = 126) consecutively referred to an outpatient treatment center for anxiety disorder were randomly allocated to MCT, IUT, or a delayed treatment (DT) condition. Patients were treated individually for up to 14 sessions. Assessments were conducted before treatment (pretreatment), after the last treatment session (posttreatment), and six months after treatment had ended (follow-up). At posttreatment and follow-up assessments, substantial improvements were observed in both treatment conditions across all outcome variables. Both MCT and IUT, but not DT, produced significant reductions in GAD-specific symptoms with large effect sizes (ranging between 0.94 and 2.39) and high proportions of clinically significant change (ranging between 77% and 95%) on various outcome measures, and the vast majority of the patients (i.e., 91% in the MCT group, and 80% in the IUT group) no longer fulfilled the diagnostic criteria for GAD. Results further indicate that MCT produced better results than IUT. This was evident on most outcome measures, and also reflected in effect sizes and degree of clinical response and recovery.