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Archer, J., P. Bower, et al. (2012). **"Collaborative care for depression and anxiety problems."** *Cochrane Database Syst Rev* 10: CD006525. <http://www.ncbi.nlm.nih.gov/pubmed/23076925>

BACKGROUND: Common mental health problems, such as depression and anxiety, are estimated to affect up to 15% of the UK population at any one time, and health care systems worldwide need to implement interventions to reduce the impact and burden of these conditions. Collaborative care is a complex intervention based on chronic disease management models that may be effective in the management of these common mental health problems. **OBJECTIVES:** To assess the effectiveness of collaborative care for patients with depression or anxiety. **SEARCH METHODS:** We searched the following databases to February 2012: The Cochrane Collaboration Depression, Anxiety and Neurosis Group (CCDAN) trials registers (CCDANCTR-References and CCDANCTR-Studies) which include relevant randomised controlled trials (RCTs) from MEDLINE (1950 to present), EMBASE (1974 to present), PsycINFO (1967 to present) and the Cochrane Central Register of Controlled Trials (CENTRAL, all years); the World Health Organization (WHO) trials portal (ICTRP); ClinicalTrials.gov; and CINAHL (to November 2010 only). We screened the reference lists of reports of all included studies and published systematic reviews for reports of additional studies. **SELECTION CRITERIA:** Randomised controlled trials (RCTs) of collaborative care for participants of all ages with depression or anxiety. **DATA COLLECTION AND ANALYSIS:** Two independent researchers extracted data using a standardised data extraction sheet. Two independent researchers made 'Risk of bias' assessments using criteria from The Cochrane Collaboration. We combined continuous measures of outcome using standardised mean differences (SMDs) with 95% confidence intervals (CIs). We combined dichotomous measures using risk ratios (RRs) with 95% CIs. Sensitivity analyses tested the robustness of the results. **MAIN RESULTS:** We included seventy-nine RCTs (including 90 relevant comparisons) involving 24,308 participants in the review. Studies varied in terms of risk of bias. The results of primary analyses demonstrated significantly greater improvement in depression outcomes for adults with depression treated with the collaborative care model in the short-term (SMD -0.34, 95% CI -0.41 to -0.27; RR 1.32, 95% CI 1.22 to 1.43), medium-term (SMD -0.28, 95% CI -0.41 to -0.15; RR 1.31, 95% CI 1.17 to 1.48), and long-term (SMD -0.35, 95% CI -0.46 to -0.24; RR 1.29, 95% CI 1.18 to 1.41). However, these significant benefits were not demonstrated into the very long-term (RR 1.12, 95% CI 0.98 to 1.27). The results also demonstrated significantly greater improvement in anxiety outcomes for adults with anxiety treated with the collaborative care model in the short-term (SMD -0.30, 95% CI -0.44 to -0.17; RR 1.50, 95% CI 1.21 to 1.87), medium-term (SMD -0.33, 95% CI -0.47 to -0.19; RR 1.41, 95% CI 1.18 to 1.69), and long-term (SMD -0.20, 95% CI -0.34 to -0.06; RR 1.26, 95% CI 1.11 to 1.42). No comparisons examined the effects of the intervention on anxiety outcomes in the very long-term. There was evidence of benefit in secondary outcomes including medication use, mental health quality of life, and patient satisfaction, although there was less evidence of benefit in physical quality of life. **AUTHORS' CONCLUSIONS:** Collaborative care is associated with significant improvement in depression and anxiety outcomes compared with usual care, and represents a useful addition to clinical pathways for adult patients with depression and anxiety.

Bridle, C., K. Spanjers, et al. (2012). **"Effect of exercise on depression severity in older people: Systematic review and meta-analysis of randomised controlled trials."** *The British Journal of Psychiatry* 201(3): 180-185. <http://bjp.rcpsych.org/content/201/3/180.abstract>

Background The prevalence of depression in older people is high, treatment is inadequate, it creates a substantial burden and is a public health priority for which exercise has been proposed as a therapeutic strategy. **Aims** To estimate the effect of exercise on depressive symptoms among older people, and assess whether treatment effect varies depending on the depression criteria used to determine participant eligibility. **Method** Systematic review and meta-analysis of randomised controlled trials of exercise for depression in older people. **Results** Nine trials met the inclusion criteria and seven were meta-analysed. Exercise was associated with significantly lower depression severity (standardised mean difference (SMD) = -0.34, 95% CI -0.52 to -0.17), irrespective of whether participant eligibility was determined by clinical diagnosis (SMD = -0.38, 95% CI -0.67 to -0.10) or symptom checklist (SMD = -0.34, 95% CI -0.62 to -0.06). Results remained significant in sensitivity analyses. **Conclusions** Our findings suggest that, for older people who present with clinically meaningful symptoms of depression, prescribing structured exercise tailored to individual ability will reduce depression severity.

Catalino, L. I., R. M. Furr, et al. (2012). **"A multilevel analysis of the self-presentation theory of social anxiety: Contextualized, dispositional, and interactive perspectives."** *Journal of Research in Personality* 46(4): 361-373. <http://www.sciencedirect.com/science/article/pii/S0092656612000335>

According to self-presentation theory, social anxiety is determined by impression motivation and impression efficacy. However, researchers have not evaluated the theory's applicability from contextual and dispositional perspectives in an integrated manner, nor have they examined a fundamental interactive facet of the theory. In three studies, we examined these issues using hypothetical situations and experience sampling methodology. Results demonstrated the theory's applicability at the contextual and dispositional level, providing insight into people's general tendencies to experience social anxiety and their momentary experiences of social anxiety. Results also revealed the predicted interaction between impression motivation and impression efficacy – high impression efficacy weakens the association between impression motivation and social anxiety. These studies expand understanding of the personological and situational factors that drive social anxiety.

Copeland, W. E., A. Angold, et al. (2012). **"Predicting persistent alcohol problems: A prospective analysis from the great smoky mountain study."** *Psychological Medicine* 42(09): 1925-1935. <http://dx.doi.org/10.1017/S0033291711002790>

Background Rates of alcohol disorders peak in late adolescence and decrease substantially into the mid-20s. Our aim was to identify risk factors that predict alcohol problems that persist into the mid-20s. **Method** Data are from the prospective, population-based Great Smoky Mountains Study (GSMS; n=1420), which followed children through late adolescence and into young adulthood. Alcohol persisters were defined as subjects with an alcohol disorder (abuse or dependence) in late adolescence (ages 19 and 21 years) that continued to meet criteria for an alcohol disorder at the mid-20s assessment. **Results** The 3-month prevalence of having an alcohol disorder (abuse or dependence) decreased markedly from late adolescence into the mid-20s. A third of late adolescents with an alcohol disorder continued to meet criteria for an alcohol disorder in young adulthood (37 of

144 who met criteria in late adolescence). Risk factors for persist status included multiple alcohol abuse criteria during late adolescence but no alcohol dependence criteria. Risk factors for persist status also included associated features of alcohol dependence such as craving alcohol and drinking to unconsciousness. Persist status was also associated with depression, cannabis dependence and illicit substance use, but not with other psychiatric disorders. More than 90% of late adolescents with three or more of the risk factors identified met criteria for a young adult alcohol disorder. Conclusions Symptoms of alcohol abuse, not dependence, best predict long-term persistence of alcohol problems. The set of risk factors identified may be a useful screen for selective and indicated prevention efforts.

Eberth, J. and P. Sedlmeier (2012). **"The effects of mindfulness meditation: A meta-analysis."** *Mindfulness* (N.Y.) 3(3): 174-189. <http://dx.doi.org/10.1007/s12671-012-0101-x>

Previous meta-analyses on the effects of mindfulness meditation were predominantly concerned with clinical research. In contrast, the present study aims at giving a comprehensive overview of the effects of mindfulness meditation on various psychological variables, for meditators in nonclinical settings. Included are 39 studies that fulfilled our six selection criteria: (1) a mindfulness meditation treatment, (2) the existence of an inactive control group, (3) a population of nonclinical adults, (4) the investigation of psychological measures that were (5) assessed at temporal distance from a meditation session, and (6) the availability of sufficient data to calculate effect sizes. The dependent variables examined included, among others, attention, intelligence, self-attributed mindfulness, positive and negative emotions, emotion regulation, personality traits, self-concept, self-realization, stress, and well-being. We found an effect size of $r = 0.27$ averaged across all studies and dependent variables. The effects differed widely across dependent variables. Moreover, we found large differences between the effect sizes reported for complete Mindfulness-based Stress Reduction (MBSR) programs vs. "pure" meditation. MBSR seems to have its most powerful effect on attaining higher psychological well-being, whereas pure mindfulness meditation studies reported the largest effects on variables associated with the concept of mindfulness. This raises the question if some effect sizes found for MBSR might be partly inflated by effects that are not attributable to its mindfulness meditation component. Future theorizing should address meditation-specific concepts more extensively to account for the changes in healthy practitioners.

Feldman, D. and D. Dreher (2012). **"Can hope be changed in 90 minutes? Testing the efficacy of a single-session goal-pursuit intervention for college students."** *Journal of Happiness Studies* 13(4): 745-759. <http://dx.doi.org/10.1007/s10902-011-9292-4>

Despite extensive research demonstrating relationships between hope and well being, little work addresses whether hope is malleable. We test a single-session, 90-min intervention to increase college students' hopeful goal-directed thinking (as defined by Snyder et al. in, *Pers Soc Psychol* 60:570-585, 1991). To date, this study represents the only test of hope's malleability in fewer than five sessions and contributes to the small but growing literature regarding positive-psychology interventions. This intervention is especially relevant to college students, given the increasing psychological distress and lack of perceived control noted among this population (Lewinsohn et al. in, *J Abnorm Psychol* 102:110-120, 1993 ; Twenge et al. in, *Pers Soc Psychol Rev* 8:308-319, 2004). Ninety-six participants were assigned to the hope intervention or one of two comparison/control conditions—progressive muscle relaxation or no intervention. Assessment occurred prior to intervention (pre-test), following intervention (post-test), and at one-month follow-up. Participants in the hope intervention showed increases in measures of hope, life purpose, and vocational calling from pre- to post-test relative to control participants. They also reported greater progress on a self-nominated goal at one-month follow-up. Counterintuitively, although hope predicted goal progress, hope did not mediate the relationship between intervention condition and goal progress. Implications of these findings and future directions are discussed.

Ford, A. C. and N. J. Talley (2012). **"Irritable bowel syndrome."** *BMJ* 345 <http://www.bmj.com/content/345/bmj.e5836>

Summary points: Irritable bowel syndrome (IBS) affects up to one in five people at some point in their lives. The condition is commoner in younger people and women, and is not associated with increased mortality. A positive diagnosis of IBS should be reached using symptom based clinical criteria, not after excluding organic disease by exhaustive investigation. Exclusion diets (for example, low levels of fermentable oligosaccharides, disaccharides, monosaccharides, and polyols) and exercise may be of benefit. Soluble fibre, antispasmodics (including peppermint oil), antidepressants, agents acting on the 5-HT receptor, rifaximin, and probiotics are all more effective than placebo for treating IBS. Psychological therapies should be reserved for patients failing these treatments.

Gillath, O., A. J. Bahns, et al. (2012). **"Shoes as a source of first impressions."** *Journal of Research in Personality* 46(4): 423-430. <http://www.sciencedirect.com/science/article/pii/S0092656612000608>

Surprisingly minimal appearance cues lead perceivers to accurately judge others' personality, status, or politics. We investigated people's precision in judging characteristics of an unknown person, based solely on the shoes he or she wears most often. Participants provided photographs of their shoes, and during a separate session completed self-report measures. Coders rated the shoes on various dimensions, and these ratings were found to correlate with the owners' personal characteristics. A new group of participants accurately judged the age, gender, income, and attachment anxiety of shoe owners based solely on the pictures. Shoes can indeed be used to evaluate others, at least in some domains.

Ginzburg, D. M., C. Bohn, et al. (2012). **"Treatment specific competence predicts outcome in cognitive therapy for social anxiety disorder."** *Behaviour Research and Therapy* 50(12): 747-752. <http://www.sciencedirect.com/science/article/pii/S0005796712001374>

Several studies have demonstrated a positive relationship between competence and outcome in CBT for depression but studies of CBT for anxiety disorders are lacking. The present study explores the relationship between competence and outcome in cognitive therapy (CT) for social anxiety disorder, using hierarchical linear modeling analyses (HLM). Data were drawn from a multicenter randomized controlled trial. Five trained raters evaluated videotapes of two therapy sessions per patient using the Cognitive Therapy Competence Scale for Social Phobia (CTCS-SP). Overall adherence to the treatment manual and patient difficulty were also assessed. Patient outcome was rated by other assessors using the Clinical Global Impression Improvement Scale (CGI-I) and the Liebowitz Social Anxiety Scale (LSAS). Results indicated that competence significantly predicted patient outcome on the CGI-I ($\beta = .79$) and LSAS ($\beta = .59$). Patient difficulty and adherence did not further improve prediction. The findings support the view that competence influences outcome and should be a focus of training programs. Further research is needed to compare different ways of assessing competence and to understand the complex relationships between competence and other therapy factors that are likely to influence outcome.

Jazaieri, H., G. Jinpa, et al. (2012). **"Enhancing compassion: A randomized controlled trial of a compassion cultivation training program."** *Journal of Happiness Studies*: 1-14. <http://dx.doi.org/10.1007/s10902-012-9373-z>

Psychosocial interventions often aim to alleviate negative emotional states. However, there is growing interest in cultivating positive emotional states and qualities. One particular target is compassion, but it is not yet clear whether

compassion can be trained. A community sample of 100 adults were randomly assigned to a 9-week compassion cultivation training (CCT) program (n = 60) or a waitlist control condition (n = 40). Before and after this 9-week period, participants completed self-report inventories that measured compassion for others, receiving compassion from others, and self-compassion. Compared to the waitlist control condition, CCT resulted in significant improvements in all three domains of compassion—compassion for others, receiving compassion from others, and self-compassion. The amount of formal meditation practiced during CCT was associated with increased compassion for others. Specific domains of compassion can be intentionally cultivated in a training program. These findings may have important implications for mental health and well-being. (Free full text available at <http://ccare.stanford.edu/publications/ccare-articles>).

Johnson, S., D. P. J. Osborn, et al. (2012). **"Morale in the English mental health workforce: Questionnaire survey."** *The British Journal of Psychiatry* 201(3): 239-246. <http://bjp.rcpsych.org/content/201/3/239.abstract>

Background High-quality evidence on morale in the mental health workforce is lacking. Aims To describe staff well-being and satisfaction in a multicentre UK National Health Service (NHS) sample and explore associated factors. Method A questionnaire-based survey (n = 2258) was conducted in 100 wards and 36 community teams in England. Measures included a set of frequently used indicators of staff morale, and measures of perceived job characteristics based on Karasek's demand-control-support model. Results Staff well-being and job satisfaction were fairly good on most indicators, but emotional exhaustion was high among acute general ward and community mental health team (CMHT) staff and among social workers. Most morale indicators were moderately but significantly intercorrelated. Principal components analysis yielded two components, one appearing to reflect emotional strain, the other positive engagement with work. In multilevel regression analyses factors associated with greater emotional strain included working in a CMHT or psychiatric intensive care unit (PICU), high job demands, low autonomy, limited support from managers and colleagues, age under 45 years and junior grade. Greater positive engagement was associated with high job demands, autonomy and support from managers and colleagues, Black or Asian ethnic group, being a psychiatrist or service manager and shorter length of service. Conclusions Potential foci for interventions to increase morale include CMHTs, PICUs and general acute wards. The explanatory value of the demand-support-control model was confirmed, but job characteristics did not fully explain differences in morale indicators across service types and professions.

Jones, C. R., R. H. Fazio, et al. (2012). **"Attentional control buffers the effect of public-speaking anxiety on performance."** *Social psychological and personality science* 3(5): 556-561. <http://spp.sagepub.com/content/3/5/556.abstract>

The authors explored dispositional differences in the ability to self-regulate attentional processes in the domain of public speaking. Participants first completed measures of speech anxiety and attentional control. In a second session, participants prepared and performed a short speech. Fear of public speaking negatively impacted performance only for those low in attentional control. Thus, attentional control appears to act as a buffer that facilitates successful self-regulation despite performance anxiety.

Kessler, R. C., S. Avenevoli, et al. (2012). **"Lifetime co-morbidity of DSM-IV disorders in the US national comorbidity survey replication adolescent supplement (NCS-A)." Psychological Medicine** 42(09): 1997-2010. <http://dx.doi.org/10.1017/S0033291712000025>

Background Research on the structure of co-morbidity among common mental disorders has largely focused on current prevalence rather than on the development of co-morbidity. This report presents preliminary results of the latter type of analysis based on the US National Comorbidity Survey Replication Adolescent Supplement (NCS-A). Method A national survey was carried out of adolescent mental disorders. DSM-IV diagnoses were based on the Composite International Diagnostic Interview (CIDI) administered to adolescents and questionnaires self-administered to parents. Factor analysis examined co-morbidity among 15 lifetime DSM-IV disorders. Discrete-time survival analysis was used to predict first onset of each disorder from information about prior history of the other 14 disorders. Results Factor analysis found four factors representing fear, distress, behavior and substance disorders. Associations of temporally primary disorders with the subsequent onset of other disorders, dated using retrospective age-of-onset (AOO) reports, were almost entirely positive. Within-class associations (e.g. distress disorders predicting subsequent onset of other distress disorders) were more consistently significant (63.2%) than between-class associations (33.0%). Strength of associations decreased as co-morbidity among disorders increased. The percentage of lifetime disorders explained (in a predictive rather than a causal sense) by temporally prior disorders was in the range 3.7–6.9% for earliest-onset disorders [specific phobia and attention deficit hyperactivity disorder (ADHD)] and much higher (23.1–64.3%) for later-onset disorders. Fear disorders were the strongest predictors of most other subsequent disorders. Conclusions Adolescent mental disorders are highly co-morbid. The strong associations of temporally primary fear disorders with many other later-onset disorders suggest that fear disorders might be promising targets for early interventions.

Kim, Y. S., Y. S. Park, et al. (2012). **"Relationship between physical activity and general mental health."** *Prev Med*(0). <http://www.sciencedirect.com/science/article/pii/S0091743512003945>

Purpose We investigated the relationship between physical activity and mental health and determined the optimal amount of physical activity associated with better mental health. Method Self-reported data from a national random sample of 7674 adult respondents collected during the 2008 U.S. Health Information National Trends 2007 Survey (HINTS) were analyzed in 2012. Mental health was plotted against the number of hours of physical activity per week using a fractional 2-degree polynomial function. Demographic and physical health factors related to poorer mental health were examined. The optimal range of physical activity associated with poorer mental health was examined by age, gender, and physical health. Results A curvilinear association was observed between physical activity and general mental health. The optimal threshold volume for mental health benefits was of 2.5 to 7.5 h of weekly physical activity. The associations varied by gender, age, and physical health status. Individuals who engaged in the optimal amount of physical activity were more likely to have reported better mental health (odds ratio = 1.39, p = 0.006). Conclusions This study established a hyperbolic dose-response relationship between physical activity and general mental health, with an optimal range of 2.5 to 7.5 h of physical activity per week.

Knabb, J. (2012). **"Centering prayer as an alternative to mindfulness-based cognitive therapy for depression relapse prevention."** *Journal of Religion and Health* 51(3): 908-924. <http://dx.doi.org/10.1007/s10943-010-9404-1>

In the last two decades, mindfulness has made a significant impact on Western secular psychology, as evidenced by several new treatment approaches that utilize mindfulness practices to ameliorate mental illness. Based on Buddhist teachings, mindfulness offers individuals the ability to, among other things, decenter from their thoughts and live in the present moment. As an example, mindfulness-based cognitive therapy (MBCT) teaches decentering and mindfulness techniques to adults in an eight-session group therapy format so as to reduce the likelihood of depression relapse. Yet, some Christian adults may prefer to turn to their own religious heritage, rather than the Buddhist tradition, in order to stave off depression relapse. Thus, the purpose of this article is to present centering prayer, a form of Christian meditation that is rooted in Catholic mysticism, as an alternative treatment for preventing depression relapse in adults. I argue that centering prayer overlaps considerably with MBCT, which makes it a suitable treatment alternative for many Christians in remission from depressive episodes.

Landa, A., B. S. Peterson, et al. (2012). **"Somatoform pain: A developmental theory and translational research review."** *Psychosomatic Medicine* 74(7): 717-727. <http://www.psychosomaticmedicine.org/content/74/7/717.abstract>

Somatoform pain is a highly prevalent, debilitating condition and a tremendous public health problem. Effective treatments for somatoform pain are urgently needed. The etiology of this condition is, however, still unknown. On the basis of a review of recent basic and clinical research, we propose one potential mechanism of symptom formation in somatoform pain and a developmental theory of its pathogenesis. Emerging evidence from animal and human studies in developmental neurobiology, cognitive-affective neuroscience, psychoneuroimmunology, genetics, and epigenetics, as well as that from clinical and treatment studies on somatoform pain, points to the existence of a shared neural system that underlies physical and social pain. Research findings also show that nonoptimal early experiences interact with genetic predispositions to influence the development of this shared system and the ability to regulate it effectively. Interpersonal affect regulation between infant and caregiver is crucial for the optimal development of these brain circuits. The aberrant development of this shared neural system during infancy, childhood, and adolescence may therefore ultimately lead to an increased sensitivity to physical and social pain and to problems with their regulation in adulthood. The authors critically review translational research findings that support this theory and discuss its clinical and research implications. Specifically, the proposed theory and research review suggest that psychotherapeutic and/or pharmacological interventions that foster the development of affect regulation capacities in an interpersonal context will also serve to more effectively modulate aberrantly activated neural pain circuits and thus be of particular benefit for the treatment of somatoform pain.

Lavda, A. C., T. L. Webb, et al. (2012). **"A meta-analysis of the effectiveness of psychological interventions for adults with skin conditions."** *British Journal of Dermatology* 167(5): 970-979. <http://dx.doi.org/10.1111/j.1365-2133.2012.11183.x>

Skin conditions can be associated with heightened levels of psychological morbidity, suggesting the need for psychological interventions. A number of specific interventions (such as habit reversal) have been developed. However, to date, there has not been a systematic review of the effectiveness of psychological interventions. We sought to systematically evaluate the effectiveness of psychological interventions designed to improve the severity of and adjustment to skin conditions in adults. Database, archival and citation searches were conducted. Studies were included if participants were allocated to either a psychological intervention (excluding educational interventions and complementary therapies) or a comparison condition, and if they measured outcomes relevant to the skin condition. Twenty-two studies met these inclusion criteria. Effect sizes for each intervention were computed and we also coded a number of potential moderators of intervention efficacy. Psychological interventions were found to have a medium-sized effect on skin conditions ($g = 0.54$). The type of skin condition, age of sample, nature of the intervention, time interval between the end of the intervention and follow-up, and type of outcome measure all moderated the effect of interventions on outcomes. For example, interventions had a medium effect on the severity of the condition ($g = 0.40$) and psychosocial outcomes ($g = 0.53$), and a medium-to-large effect on itch/scratch reactions ($g = 0.67$). Psychological interventions are beneficial for people with skin conditions. However, more research is needed to extend the variety and focus of the psychological interventions that are available. Studies are also needed to explore the longer-term benefits of such interventions.

Moreau, E. and G. Mageau (2012). **"The importance of perceived autonomy support for the psychological health and work satisfaction of health professionals: Not only supervisors count, colleagues too!"** *Motivation and Emotion* 36(3): 268-286. <http://dx.doi.org/10.1007/s11031-011-9250-9>

Previous studies show that supervisors' autonomy-supportive style predicts greater psychological health (Baard et al. in *J Appl Soc Psychol* 34:2045-2068, 2004 ; Blais and Brière 1992 ; Lynch et al. in *Prof Psychol Res Pract* 36:415-425, 2005) and lower psychological distress (Deci et al. in *Personal Soc Psychol Bull* 27:930-942, 2001). The goal of the present study is to extend these results and investigate the contribution of colleagues' perceived autonomy support in the prediction of health professionals' work satisfaction and psychological health. The combined impact of supervisors' and colleagues' perceived autonomy support is also examined. A sample of 597 health professionals from the province of Quebec (Canada) completed a questionnaire, which included measures of perceived supervisors' and colleagues' autonomy support and outcome variables. Results confirm that supervisors' and colleagues' perceived autonomy support predict health professionals' work satisfaction and psychological health. Results also show that colleagues' perceived autonomy support adds to the prediction of health professionals' work satisfaction, subjective well-being, and suicidal ideation above and beyond supervisors' perceived autonomy support.

Munshi, K., S. Eisendrath, et al. (2012). **"Preliminary long-term follow-up of mindfulness-based cognitive therapy-induced remission of depression."** *Mindfulness (N.Y.)*: 1-8. <http://dx.doi.org/10.1007/s12671-012-0135-0>

Major depressive disorder is often chronic and characterized by relapse and recurrence despite successful treatments to induce remission. Mindfulness-based cognitive therapy (MBCT) was developed as a means of preventing relapse for individuals in remission using cognitive interventions. In addition, MBCT has preliminarily been found to be useful in treating active depression. This current investigation is unique in evaluating the long-term outcome of individuals with active depression who achieved remission with MBCT. Eighteen participants who achieved remission after an 8-week MBCT group were seen for evaluation at a mean follow-up interval of 48.7 months ($SD = 10.2$) after completing treatment. The current study shows that in these participants, the gains achieved after the initial treatment including remission of depression, decreased rumination, decreased anxiety, and increased mindfulness continued for up to 58.9 months of follow-up. The data suggest that all levels of depression from less recurrent and mild to more recurrent and severe were responsive to MBCT. The average number of minutes per week of continued practice in our cohort was 210, but the number of minutes of practice did not correlate with depression outcomes. MBCT's effects may be more related to regularity of practice than specific quantity. This study provides a preliminary exploration of MBCT's long-term effects, which can aid in future research with a typically chronic illness.

Neshat-Doost, H. T., T. Dalgleish, et al. (2012). **"Enhancing autobiographical memory specificity through cognitive training."** *Clinical Psychological Science*. <http://cpx.sagepub.com/content/early/2012/09/07/2167702612454613.abstract>

The objective of this study was to investigate the efficacy of memory specificity training (MEST) on autobiographical memory recall and depression. Afghan adolescents with depression were randomly assigned to a MEST group or to a control group. At baseline, both groups completed Persian versions of the Autobiographical Memory Test (AMT) and the Mood and Feelings Questionnaire (MFQ). The MEST group then had five weekly group sessions of MEST. The control group had no additional contact. The AMT and MFQ were then readministered to all participants, and the MFQ was readministered at 2-month follow-up. The MEST group retrieved a higher proportion of specific memories following training and had lower levels of depression at 2-month follow-up than did the control group. Change in memory specificity predicted follow-up depression over and above baseline depression and mediated the relationship between receipt of MEST and reduction in later depression. The results suggest that MEST can improve autobiographical memory performance and drive subsequent reduction in depression symptoms.

Razykov, I., R. C. Ziegelstein, et al. (2012). **"The PHQ-9 versus the PHQ-8 — is item 9 useful for assessing suicide risk in coronary artery disease patients? Data from the heart and soul study."** *Journal of Psychosomatic Research* 73(3): 163-168. <http://www.sciencedirect.com/science/article/pii/S0022399912001511>

Objective Item 9 of the Patient Health Questionnaire—9 (PHQ-9), which inquires about both passive thoughts of death and active ideas of self-harm, has been used to assess suicide risk. The objectives of this study were (1) to determine the proportion of patients who responded "yes" to Item 9 who endorsed active suicidal ideation in response to more direct questions from a structured clinical interview and (2) to compare the sensitivity and specificity for detecting cases of depression of the PHQ-9 and the PHQ-8, which does not include Item 9, as well as the correlation between the PHQ-8 and PHQ-9. Methods Coronary artery disease (CAD) outpatients were administered the PHQ-9 and the Computerized Diagnostic Interview Schedule (C-DIS). Item 9 responses were compared to suicidal ideation and intent in the last year based on the C-DIS. Scores on the PHQ-8 were obtained by eliminating Item 9 from the PHQ-9. Test characteristics of the PHQ-9 and PHQ-8 were compared. Results Of 1022 patients, 110 (10.8%) endorsed Item 9. Of those, only 22 (19.8%) reported thoughts about committing suicide, and only 9 of those (8.1%) reported a suicide plan any time in the last year based on the C-DIS. Correlation between PHQ-9 and PHQ-8 scores was $r = 0.997$. Sensitivity and specificity for the PHQ-9 (54%, 90%) and PHQ-8 (50%, 91%) to detect major depression were similar. Conclusion Item 9 does not appear to be an accurate suicide screen. The PHQ-8 may be a better option than the PHQ-9 in CAD patients.

Sauer, S., H. Walach, et al. (2012). **"Assessment of mindfulness: Review on state of the art."** *Mindfulness (N Y)*: 1-15. <http://dx.doi.org/10.1007/s12671-012-0122-5>

Although alternative methods have been proposed, mindfulness is predominantly measured by means of self-assessment instruments. Until now, several scales have been published and to some degree also psychometrically validated. The number of scales reflects the widespread research interest. While some authors have started to compare the underlying concepts and operationalizations of these scales, up to now no overview has been presented describing, contrasting, and evaluating the different methodological approaches towards measuring mindfulness including questionnaires and alternative approaches. In light of this, the present article summarizes the state of mindfulness measurement. Recommendations on how current measurement practice may be improved are provided, as well as recommendations as to what measurement instruments are deemed to be most appropriate for a particular research context.

Selcuk, E., V. Zayas, et al. (2012). **"Mental representations of attachment figures facilitate recovery following upsetting autobiographical memory recall."** *J Pers Soc Psychol* 103(2): 362-378. <http://www.ncbi.nlm.nih.gov/pubmed/22486677>

A growing literature shows that even the symbolic presence of an attachment figure facilitates the regulation of negative affect triggered by external stressors. Yet, in daily life, pernicious stressors are often internally generated--recalling an upsetting experience reliably increases negative affect, rumination, and susceptibility to physical and psychological health problems. The present research provides the first systematic examination of whether activating the mental representation of an attachment figure enhances the regulation of affect triggered by thinking about upsetting memories. Using 2 different techniques for priming attachment figure representations and 2 types of negative affect measures (explicit and implicit), activating the mental representation of an attachment figure (vs. an acquaintance or stranger) after recalling an upsetting memory enhanced recovery--eliminating the negative effects of the memory recall (Studies 1-3). In contrast, activating the mental representation of an attachment figure before recalling an upsetting memory had no such effect (Studies 1 and 2). Furthermore, activating the mental representation of an attachment figure after thinking about upsetting memories reduced negative thinking in a stream of consciousness task, and the magnitude of the attachment-induced affective recovery effects as assessed with explicit affect measures predicted mental and physical health in daily life (Study 3). Finally, a meta-analysis of the 3 studies (Study 4) showed that the regulatory benefits conferred by the mental representation of an attachment figure were weaker for individuals high on attachment avoidance. The implications of these findings for attachment, emotion regulation, and mental and physical health are discussed.

Sivertsen, B., P. Salo, et al. (2012). **"The bidirectional association between depression and insomnia: The HUNT study."** *Psychosomatic Medicine* 74(7): 758-765. <http://www.psychosomaticmedicine.org/content/74/7/758.abstract>

Objective Depression and insomnia are closely linked, yet our understanding of their prospective relationships remains limited. The aim of the current study was to investigate the directionality of association between depression and insomnia. Methods Data were collected from a prospective population-based study comprising the most recent waves of the Nord-Trøndelag Health Study (HUNT) (the HUNT2 in 1995–1997 and the HUNT3 in 2006–2008). A total of 24,715 persons provided valid responses on the relevant questionnaires from both surveys. Study outcomes were onset of depression or insomnia at HUNT3 in persons not reporting the other disorder in HUNT2. Results Both insomnia and depression significantly predicted the onset of the other disorder. Participants who did not have depression in HUNT2 but who had insomnia in both HUNT2 and HUNT3 had an odds ratio (OR) of 6.2 of developing depression at HUNT3. Participants who did not have insomnia in HUNT2 but who had depression in both HUNT2 and HUNT3 had an OR of 6.7 of developing insomnia at HUNT3. ORs were only slightly attenuated when adjusting for potential confounding factors. Conclusions The results support a bidirectional relationship between insomnia and depression. This finding stands in contrast to the previous studies, which have mainly focused on insomnia as a risk factor for the onset of depression.

Slotema, C. W., K. Daalman, et al. (2012). **"Auditory verbal hallucinations in patients with borderline personality disorder are similar to those in schizophrenia."** *Psychological Medicine* 42(09): 1873-1878. <http://dx.doi.org/10.1017/S0033291712000165>

Background Auditory verbal hallucinations (AVH) in patients with borderline personality disorder (BPD) are frequently claimed to be brief, less severe and qualitatively different from those in schizophrenia, hence the term 'pseudohallucinations'. AVH in BPD may be more similar to those experienced by healthy individuals, who experience AVH in a lower frequency and with a more positive content than AVH in schizophrenia. In this study the phenomenology of AVH in BPD patients was compared to that in schizophrenia and to AVH experienced by non-patients. Method In a cross-sectional setting, the phenomenological characteristics of AVH in 38 BPD patients were compared to those in 51 patients with schizophrenia/schizoaffective disorder and to AVH of 66 non-patients, using the Psychotic Symptom Rating Scales (PSYRATS). Results BPD patients experienced AVH for a mean duration of 18 years, with a mean frequency of at least daily lasting several minutes or more. The ensuing distress was high. No differences in the phenomenological characteristics of AVH were revealed among patients diagnosed with BPD and those with schizophrenia/schizoaffective disorder, except for 'disruption of life', which was higher in the latter group. Compared to non-patients experiencing AVH, BPD patients had higher scores on almost all items. Conclusions AVH in BPD patients are phenomenologically similar to those in schizophrenia, and different from those in healthy individuals. As AVH in patients with

BPD fulfil the criteria of hallucinations proper, we prefer the term AVH over 'pseudohallucinations', so as to prevent trivialization and to promote adequate diagnosis and treatment.

Vanderlinden, J., A. Adriaensen, et al. (2012). **"A cognitive-behavioral therapeutic program for patients with obesity and binge eating disorder: Short- and long-term follow-up data of a prospective study."** *Behav Modif* 36(5): 670-686. <http://bmo.sagepub.com/content/36/5/670.abstract>

The goal of this study is to investigate the efficacy of a manualized cognitive-behavioral therapeutic (CBT) approach for patients with obesity and binge eating disorder (BED) on the short and longer term. A prospective study without a control group consisting of three measurements (a baseline measurement and two follow-up assessments up to 5 years after the start of the CBT treatment) was used. A total of 56 patients with obesity and BED (age = 39.7 ± 10.9 years; body mass index [BMI] = 38.5 ± 8.3 kg/m²) participated in the study. BMI, number of binges per week, general psychological well-being, mood, attitude toward one's body, and loss of control over the eating behavior were evaluated by means of mixed models. Results indicate that a CBT approach offered 1 day a week during an average 7 months produces benefits on eating behaviors, weight, and psychological parameters that are durable up to 3.5 years post treatment.

Walsh, K., C. Danielson, et al. (2012). **"National prevalence of posttraumatic stress disorder among sexually revictimized adolescent, college, and adult household-residing women."** *Archives of General Psychiatry* 69(9): 935-942. <http://dx.doi.org/10.1001/archgenpsychiatry.2012.132>

Context Despite empirical links between sexual revictimization (ie, experiencing 2 or more sexual assaults) and posttraumatic stress disorder (PTSD), to our knowledge, no epidemiological studies document the prevalence of sexual revictimization and PTSD. Establishing estimates is essential to determine the scope, public health impact, and psychiatric sequelae of sexual revictimization. Objective To estimate the prevalence of sexual revictimization and PTSD among 3 national female samples (adolescent, college, and adult household probability). Design Surveys were used to collect data from the National Women's Study–Replication (2006; college) as well as household probability samples from the National Survey of Adolescents–Replication (2005) and the National Women's Study–Replication (2006; household probability). Setting Households and college campuses across the United States. Participants One thousand seven hundred sixty-three adolescent girls, 2000 college women, and 3001 household-residing adult women. Main Outcome Measures Behaviorally specific questions assessed unwanted sexual acts occurring over the life span owing to the use of force, threat of force, or incapacitation via drug or alcohol use. Posttraumatic stress disorder was assessed with a module validated against the criterion standard Structured Clinical Interview for DSM-IV. Results About 53% of victimized adolescents, 50% of victimized college women, and 58.8% of victimized household-residing women reported sexual revictimization. Current PTSD was reported by 20% of revictimized adolescents, 40% of revictimized college women, and 27.2% of revictimized household-residing women. Compared with nonvictims, odds of meeting past 6-month PTSD were 4.3 to 8.2 times higher for revictimized respondents and 2.4 to 3.5 times higher for single victims. Conclusions Population prevalence estimates suggest that 769 000 adolescent girls, 625 000 college women, and 13.4 million women in US households reported sexual revictimization. Further, 154 000 sexually revictimized adolescents, 250 000 sexually revictimized college women, and 3.6 million sexually revictimized household women met criteria for past 6-month PTSD. Findings highlight the importance of screening for sexual revictimization and PTSD in pediatric, college, and primary care settings.

Wichers, M., H. H. Maes, et al. (2012). **"Disentangling the causal inter-relationship between negative life events and depressive symptoms in women: A longitudinal twin study."** *Psychological Medicine* 42(09): 1801-1814. <http://dx.doi.org/10.1017/S003329171100300X>

Background Negative life events are strongly associated with the development of depression. However, the etiologic relationship between life events and depression is complex. Evidence suggests that life events can cause depression, and depression increases the risk for life events. Additionally, third factors influencing both phenotypes may be involved. In this work we sought to disentangle these relationships using a genetically informative longitudinal design. Method Adult female twins (n=536, including 281 twin pairs) were followed up for measurements of negative life event exposure and depressive symptoms. Four follow-ups were completed, each approximately 3 months apart. Model fitting was carried out using the Mx program. Results The best-fitting model included causal paths from life events to depressive symptoms for genetic and shared environmental risk factors, whereas paths from depressive symptoms to life events were apparent for shared environmental factors. Shared latent influence on both phenotypes was found for individual-specific effects. Conclusions Life events and depressive symptoms have complex inter-relationships that differ across sources of variance. The results of the model, if replicated, indicate that reducing life event exposure would reduce depressive symptoms and that lowering depressive symptoms would decrease the occurrence of negative life events.

Yavchitz, A., I. Boutron, et al. (2012). **"Misrepresentation of randomized controlled trials in press releases and news coverage: A cohort study."** *PLoS Med* 9(9): e1001308. <http://www.ncbi.nlm.nih.gov/pubmed/22984354>

BACKGROUND: Previous studies indicate that in published reports, trial results can be distorted by the use of "spin" (specific reporting strategies, intentional or unintentional, emphasizing the beneficial effect of the experimental treatment). We aimed to (1) evaluate the presence of "spin" in press releases and associated media coverage; and (2) evaluate whether findings of randomized controlled trials (RCTs) based on press releases and media coverage are misinterpreted. METHODS AND FINDINGS: We systematically searched for all press releases indexed in the EurekaAlert! database between December 2009 and March 2010. Of the 498 press releases retrieved and screened, we included press releases for all two-arm, parallel-group RCTs (n = 70). We obtained a copy of the scientific article to which the press release related and we systematically searched for related news items using Lexis Nexis. "Spin," defined as specific reporting strategies (intentional or unintentional) emphasizing the beneficial effect of the experimental treatment, was identified in 28 (40%) scientific article abstract conclusions and in 33 (47%) press releases. From bivariate and multivariable analysis assessing the journal type, funding source, sample size, type of treatment (drug or other), results of the primary outcomes (all nonstatistically significant versus other), author of the press release, and the presence of "spin" in the abstract conclusion, the only factor associated, with "spin" in the press release was "spin" in the article abstract conclusions (relative risk [RR] 5.6, [95% CI 2.8-11.1], p<0.001). Findings of RCTs based on press releases were overestimated for 19 (27%) reports. News items were identified for 41 RCTs; 21 (51%) were reported with "spin," mainly the same type of "spin" as those identified in the press release and article abstract conclusion. Findings of RCTs based on the news item was overestimated for ten (24%) reports. CONCLUSION: "Spin" was identified in about half of press releases and media coverage. In multivariable analysis, the main factor associated with "spin" in press releases was the presence of "spin" in the article abstract conclusion.

Zell, E., A. B. Warriner, et al. (2012). **"Splitting of the mind: When the you I talk to is me and needs commands."** *Social psychological and personality science* 3(5): 549-555. <http://spp.sagepub.com/content/3/5/549.abstract>

Self-talk has fascinated scholars for decades but has received little systematic research attention. Three studies examined the conditions under which people talk to themselves as if they are another person, indicating a splitting or fragmentation of the self. Fragmented self-talk, defined by the use of the second person, You, and the imperative, was specifically expected to arise in contexts requiring explicit self-control. Results showed that fragmented self-talk was most prevalent in response to situations requiring direct behavior regulation, such as negative events (Study 1), experiences of autonomy (Study 2), and action as opposed to behavior preparation or behavior evaluation (Study 3). Therefore, people refer to themselves as You and command themselves as if they are another person in situations requiring conscious self-guidance. The implications of these findings for behavior change are discussed.