48 cbt & psychotherapy relevant abstracts november '18 newsletter

(Murray, Quintana et al. ; Heber, Ebert et al. 2017; Alfonsson, Parling et al. 2018; Bailey, Hetrick et al. 2018; Bandelow, Sagebiel et al. 2018; Bennett-Levy and Finlay-Jones 2018; Boardman 2018; Brookie, Best et al. 2018; Burton and Sheron 2018; Clark, Canvin et al. 2018; Collaborators 2018; Connell, Carlton et al. 2018; Craske, Hermans et al. 2018; Deisenhofer, Delgadillo et al. 2018; Delgadillo 2018; Delgadillo, de Jong et al. 2018; Eyal, Steffel et al. 2018; Feigelman, Cerel et al. 2018; Furihata, Konno et al. 2018; Glombiewski, Holzapfel et al. 2018; Hasin, Sarvet et al. 2018; Hudson and Fraley 2018; Johns, Barkham et al. 2018; Kaplan, Palitsky et al. 2018; Keetharuth, Brazier et al. 2018; Keyes, Gilpin et al. 2018; Lee and Vaillancourt 2018; Lucock, Bartys et al. 2018; Marcus, Preszler et al. 2018; Marsden, Lovell et al. 2018; Melli, Gelli et al. 2018; Mennin, Fresco et al. 2018; Montero-Marin, Garcia-Campayo et al. 2018; Na, Yaramala et al. 2018; Pachankis and Branstrom 2018; Pulverman, Kilimnik et al. 2018; Samuel, Suzuki et al. 2018; Schwartz, Hilbert et al. 2018; Simionato and Simpson 2018; Stolz, Schulz et al. 2018; Strauss, Huppert et al. 2018; Wang, Lin et al. 2018; Wilson, Cohen et al. 2018; Yoon, Dang et al. 2018; Zvolensky, Garey et al. 2018; Fraley and Roisman 2019)

Alfonsson, S., T. Parling, et al. (2018). ***"The effects of clinical supervision on supervisees and patients in cognitive behavioral therapy: A systematic review."*** Cognitive Behaviour Therapy 47(3): 206-228. https://doi.org/10.1080/16506073.2017.1369559

Clinical supervision is a central part of psychotherapist training but the empirical support for specific supervision theories or features is unclear. The aims of this study were to systematically review the empirical research literature regarding the effects of clinical supervision on therapists? competences and clinical outcomes within Cognitive Behavior Therapy (CBT). A comprehensive database search resulted in 4103 identified publications. Of these, 133 were scrutinized and in the end 5 studies were included in the review for data synthesis. The five studies were heterogeneous in scope and quality and only one provided firm empirical support for the positive effects of clinical supervision on therapists? competence. The remaining four studies suffered from methodological weaknesses, but provided some preliminary support that clinical supervision may be beneficiary for novice therapists. No study could show benefits from supervision for patients. The research literature suggests that clinical supervision may have some potential effects on novice therapists? competence compared to no supervision but the effects on clinical outcomes are still unclear. While bug-in-the-eye live supervision may be more effective than standard delayed supervision, the effects of specific supervision models or features are also unclear. There is a continued need for high-quality empirical studies on the effects of clinical supervision in psychotherapy.

Bailey, A. P., S. E. Hetrick, et al. (2018). ***"Treating depression with physical activity in adolescents and young adults: A systematic review and meta-analysis of randomised controlled trials."*** Psychological Medicine 48(7): 1068-1083. https://www.cambridge.org/core/article/treating-depression-with-physical-activity-in-adolescents-and-young-adults-a-systematic-review-and-metaanalysis-of-randomised-controlled-trials/4E700268028A30CF70EBD1078FC208A0

We aimed to establish the treatment effect of physical activity for depression in young people through meta-analysis. Four databases were searched to September 2016 for randomised controlled trials of physical activity interventions for adolescents and young adults, 12–25 years, experiencing a diagnosis or threshold symptoms of depression. Random-effects meta-analysis was used to estimate the standardised mean difference (SMD) between physical activity and control conditions. Subgroup analysis and meta-regression investigated potential treatment effect modifiers. Acceptability was estimated using dropout. Trials were assessed against risk of bias domains and overall quality of evidence was assessed using GRADE criteria. Seventeen trials were eligible and 16 provided data from 771 participants showing a large effect of physical activity on depression symptoms compared to controls (SMD = −0.82, 95% CI = −1.02 to −0.61, p < 0.05, I2 = 38%). The effect remained robust in trials with clinical samples (k = 5, SMD = −0.72, 95% CI = −1.15 to −0.30), and in trials using attention/activity placebo controls (k = 7, SMD = −0.82, 95% CI = −1.05 to −0.59). Dropout was 11% across physical activity arms and equivalent in controls (k = 12, RD = −0.01, 95% CI = −0.04 to 0.03, p = 0.70). However, the quality of RCT-level evidence contributing to the primary analysis was downgraded two levels to LOW (trial-level risk of bias, suspected publication bias), suggesting uncertainty in the size of effect and caution in its interpretation. While physical activity appears to be a promising and acceptable intervention for adolescents and young adults experiencing depression, robust clinical effectiveness trials that minimise risk of bias are required to increase confidence in the current finding. The specific intervention characteristics required to improve depression remain unclear, however best candidates given current evidence may include, but are not limited to, supervised, aerobic-based activity of moderate-to-vigorous intensity, engaged in multiple times per week over eight or more weeks. Further research is needed. (Registration: PROSPERO-CRD 42015024388).

Bandelow, B., A. Sagebiel, et al. (2018). ***"Enduring effects of psychological treatments for anxiety disorders: Meta-analysis of follow-up studies."*** The British Journal of Psychiatry 212(6): 333-338. https://www.cambridge.org/core/article/enduring-effects-of-psychological-treatments-for-anxiety-disorders-metaanalysis-of-followup-studies/4D184AEB59A5573DFC7314CF001B23F4

Background It is a widespread opinion that after treatment with psychotherapy, patients with anxiety disorders maintain their gains beyond the active treatment period, whereas patients treated with medication soon experience a relapse after treatment termination. Aims We aimed to provide evidence on whether enduring effects of psychotherapy differ from control groups.MethodWe searched 93 randomised controlled studies with 152 study arms of psychological treatment (cognitive–behavioural therapy or other psychotherapies) for panic disorder, generalised anxiety disorder and social anxiety disorder that included follow-up assessments. In a meta-analysis, pre-post effect sizes for end-point and all follow-up periods were calculated and compared with control groups (medication: n = 16 study arms; pill and psychological placebo groups: n = 17 study arms). Results Gains with psychotherapy were maintained for up to 24 months. For cognitive–behavioural therapy, we observed a significant improvement over time. However, patients in the medication group remained stable during the treatment-free period, with no significant difference when compared with psychotherapy. Patients in the placebo group did not deteriorate during follow-up, but showed significantly worse outcomes than patients in cognitive–behavioural therapy. Conclusions Not only psychotherapy, but also medications and, to a lesser extent, placebo conditions have enduring effects. Long-lasting treatment effects observed in the follow-up period may be superimposed by effects of spontaneous remission or regression to the mean.

Bennett-Levy, J. and A. Finlay-Jones (2018). ***"The role of personal practice in therapist skill development: A model to guide therapists, educators, supervisors and researchers."*** Cognitive Behaviour Therapy 47(3): 185-205. https://doi.org/10.1080/16506073.2018.1434678

Prior to 2000, personal practice (PP) for therapists mostly meant personal therapy. Recently a new landscape of PPs has emerged, with meditation-based programs and therapy self-practice/self-reflection (SP/SR) programs playing an increasing role in training and personal/professional development. The challenge now for practitioners and researchers is to refocus on the role of PPs in training and professional development. Are PPs of value - or not? Do they have a role in therapist development? How might PPs enhance therapist skilfulness? Do different PPs act in similar or different ways? Currently, the PP literature lacks a theoretical framework to guide practitioners in their choice of PPs or researchers in their choice of research questions and measures. The purpose of this article is to provide such a framework, the Personal Practice (PP) model. The PP model proposes primary impacts of PPs in four domains: personal development/wellbeing, self-awareness, interpersonal beliefs/attitudes/skills and reflective skills. The model also suggests a secondary impact on therapists' conceptual/technical skills when therapists use reflection to consider the implications of their PP for their 'therapist self'. We offer some suggestions to enhance the quality of future research, and conclude that PPs may play an important and perhaps unique role in therapist training.

Boardman, J. (2018). ***"Routine outcome measurement: Recovery, quality of life and co-production."*** The British Journal of Psychiatry 212(1): 4-5. https://www.cambridge.org/core/article/routine-outcome-measurement-recovery-quality-of-life-and-coproduction/A5FA1C98F012FA4DC34F178DE3D2333D

Patient-reported outcome measures (PROMs) are self-rated, but may not take in other aspects of the patient's perspective, such as the inclusion of domains that reflect service-user priorities. The clinician's view still has priority, although this situation has shifted in recent years. The Recovering Quality of Life (ReQoL) offers an advance in this area.

Brookie, K. L., G. I. Best, et al. (2018). ***"Intake of raw fruits and vegetables is associated with better mental health than intake of processed fruits and vegetables."*** Frontiers in Psychology 9(487). https://www.frontiersin.org/article/10.3389/fpsyg.2018.00487

(Available in free full text) Background: Higher intakes of fruits and vegetables, rich in micronutrients, have been associated with better mental health. However, cooking or processing may reduce the availability of these important micronutrients. This study investigated the differential associations between intake of raw fruits and vegetables, compared to processed (cooked or canned) fruits and vegetables, and mental health in young adults. Methods: In a cross-sectional survey design, 422 young adults ages 18 to 25 (66.1% female) living in New Zealand and the United States completed an online survey that assessed typical consumption of raw versus cooked/canned/processed fruits and vegetables, negative and positive mental health (depressive symptoms, anxiety, negative mood, positive mood, life satisfaction, and flourishing), and covariates (including socio-economic status, body mass index, sleep, physical activity, smoking, and alcohol use). Results: Controlling for covariates, raw fruit and vegetable intake predicted reduced depressive symptoms and higher positive mood, life satisfaction, and flourishing; processed fruit and vegetable intake only predicted higher positive mood. The top 10 raw foods related to better mental health were carrots, bananas, apples, dark leafy greens like spinach, grapefruit, lettuce, citrus fruits, fresh berries, cucumber, and kiwifruit. Conclusions: Raw FVI, but not processed FVI, significantly predicted higher mental health outcomes when controlling for the covariates. Applications include recommending the consumption of raw fruits and vegetables to maximise mental health benefits.

Burton, R. and N. Sheron (2018). ***"No level of alcohol consumption improves health."*** The Lancet. https://doi.org/10.1016/S0140-6736(18)31571-X

(Available in free full text) By use of methodological enhancements of previous iterations,1 the systematic analysis from the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2016 for 195 countries and territories, 1990–2016,2 is the most comprehensive estimate of the global burden of alcohol use to date. The GBD 2016 Alcohol Collaborators clearly demonstrate the substantial, and larger than previously estimated, contribution of alcohol to death, disability, and ill health, globally. In 2016, alcohol use was the seventh leading risk factor for both deaths and disability-adjusted life-years (DALYs), accounting for 2·2% (95% uncertainty interval [UI] 1·5–3·0) of female deaths and 6·8% (5·8–8·0) of male deaths. The burden is particularly borne among those aged 15–49 years, for whom alcohol ranks as the leading cause of DALYs. In this population, alcohol use was the leading risk factor globally in 2016, with 3·8% (3·2–4·3) of female deaths and 12·2% (10·8–13·6) of male deaths attributable to alcohol use … The conclusions of the study are clear and unambiguous: alcohol is a colossal global health issue and small reductions in health-related harms at low levels of alcohol intake are outweighed by the increased risk of other health-related harms, including cancer. There is strong support here for the guideline published by the Chief Medical Officer of the UK who found that there is "no safe level of alcohol consumption".13 The findings have further ramifications for public health policy, and suggest that policies that operate by decreasing population-level consumption should be prioritised. The most effective and cost-effective means to reduce alcohol-related harms are to reduce affordability through taxation or price regulation, including setting a minimum price per unit (MUP), closely followed by marketing regulation, and restrictions on the physical availability of alcohol.10 These approaches should come as no surprise because these are also the most effective measures for curbing tobacco-related harms, another commercially mediated disease, with an increasing body of evidence showing that controlling obesity will require the same measures.14 These diseases of unhealthy behaviours, facilitated by unhealthy environments and fuelled by commercial interests putting shareholder value ahead of the tragic human consequences, are the dominant health issue of the 21st century. The solutions are straightforward: increasing taxation creates income for hard-pressed health ministries, and reducing the exposure of children and adolescents to alcohol marketing has no downsides. The outlook is promising: the UK has just embarked on a huge controlled natural experiment with a progressive evidence-based alcohol strategy in place in Scotland, and with similar measures planned in Northern Ireland and Wales, with England as the placebo control. MUP in Scotland was introduced in May, 2018, without so much as a whisper of complaint from the media, the public, and politicians. Mortality and morbidity rates might be expected to diverge dramatically within just a few years, and pressures to extend these measures across Europe and elsewhere will start to rise.

Clark, D. M., L. Canvin, et al. (2018). ***"Transparency about the outcomes of mental health services (iapt approach): An analysis of public data."*** The Lancet 391(10121): 679-686. http://dx.doi.org/10.1016/S0140-6736(17)32133-5

(Available in free full text) Background Internationally, the clinical outcomes of routine mental health services are rarely recorded or reported; however, an exception is the English Improving Access to Psychological Therapies (IAPT) service, which delivers psychological therapies recommended by the National Institute for Health and Care Excellence for depression and anxiety disorders to more than 537,000 patients in the UK each year. A session-by-session outcome monitoring system ensures that IAPT obtains symptom scores before and after treatment for 98% of patients. Service outcomes can then be reported, along with contextual information, on public websites. Methods We used publicly available data to identify predictors of variability in clinical performance. Using β regression models, we analysed the outcome data released by National Health Service Digital and Public Health England for the 2014–15 financial year (April 1, 2014, to March 31, 2015) and developed a predictive model of reliable improvement and reliable recovery. We then tested whether these predictors were also associated with changes in service outcome between 2014–15 and 2015–16. Findings Five service organisation features predicted clinical outcomes in 2014–15. Percentage of cases with a problem descriptor, number of treatment sessions, and percentage of referrals

treated were positively associated with outcome. The time waited to start treatment and percentage of appointments missed were negatively associated with outcome. Additive odd ratios suggest that moving from the lowest to highest level on an organisational factor could improve service outcomes by 11–42%, dependent on the factor. Consistent with a causal model, most organisational factors also predicted between-year changes in outcome, together accounting for 33% of variance in reliable improvement and 22% for reliable recovery. Social deprivation was negatively associated with some outcomes, but the effect was partly mitigated by the organisational factors. Interpretation Traditionally, efforts to improve mental health outcomes have largely focused on the development of new and more effective treatments. Our analyses show that the way psychological therapy services are implemented could be similarly important. Mental health services elsewhere in the UK and in other countries might benefit from adopting IAPT's approach to recording and publicly reporting clinical outcomes.

Collaborators, G. A. (2018). ***"Alcohol use and burden for 195 countries and territories, 1990-2016: A systematic analysis for the global burden of disease study 2016."*** The Lancet. https://doi.org/10.1016/S0140-6736(18)31310-2

(Available in free full text) Background Alcohol use is a leading risk factor for death and disability, but its overall association with health remains complex given the possible protective effects of moderate alcohol consumption on some conditions. With our comprehensive approach to health accounting within the Global Burden of Diseases, Injuries, and Risk Factors Study 2016, we generated improved estimates of alcohol use and alcohol-attributable deaths and disability-adjusted life-years (DALYs) for 195 locations from 1990 to 2016, for both sexes and for 5-year age groups between the ages of 15 years and 95 years and older. Methods Using 694 data sources of individual and population-level alcohol consumption, along with 592 prospective and retrospective studies on the risk of alcohol use, we produced estimates of the prevalence of current drinking, abstention, the distribution of alcohol consumption among current drinkers in standard drinks daily (defined as 10 g of pure ethyl alcohol), and alcohol-attributable deaths and DALYs. We made several methodological improvements compared with previous estimates: first, we adjusted alcohol sales estimates to take into account tourist and unrecorded consumption; second, we did a new meta-analysis of relative risks for 23 health outcomes associated with alcohol use; and third, we developed a new method to quantify the level of alcohol consumption that minimises the overall risk to individual health. Findings Globally, alcohol use was the seventh leading risk factor for both deaths and DALYs in 2016, accounting for 2·2% (95% uncertainty interval [UI] 1·5–3·0) of age-standardised female deaths and 6·8% (5·8–8·0) of age-standardised male deaths. Among the population aged 15–49 years, alcohol use was the leading risk factor globally in 2016, with 3·8% (95% UI 3·2–4·3) of female deaths and 12·2% (10·8–13·6) of male deaths attributable to alcohol use. For the population aged 15–49 years, female attributable DALYs were 2·3% (95% UI 2·0–2·6) and male attributable DALYs were 8·9% (7·8–9·9). The three leading causes of attributable deaths in this age group were tuberculosis (1·4% [95% UI 1·0–1·7] of total deaths), road injuries (1·2% [0·7–1·9]), and self-harm (1·1% [0·6–1·5]). For populations aged 50 years and older, cancers accounted for a large proportion of total alcohol-attributable deaths in 2016, constituting 27·1% (95% UI 21·2–33·3) of total alcohol-attributable female deaths and 18·9% (15·3–22·6) of male deaths. The level of alcohol consumption that minimised harm across health outcomes was zero (95% UI 0·0–0·8) standard drinks per week. Interpretation Alcohol use is a leading risk factor for global disease burden and causes substantial health loss. We found that the risk of all-cause mortality, and of cancers specifically, rises with increasing levels of consumption, and the level of consumption that minimises health loss is zero. These results suggest that alcohol control policies might need to be revised worldwide, refocusing on efforts to lower overall population-level consumption.

Connell, J., J. Carlton, et al. (2018). ***"The importance of content and face validity in instrument development: Lessons learnt from service users when developing the recovering quality of life measure (reqol)."*** Qual Life Res. https://www.ncbi.nlm.nih.gov/pubmed/29675691

PURPOSE: Service user involvement in instrument development is increasingly recognised as important, but is often not done and seldom reported. This has adverse implications for the content validity of a measure. The aim of this paper is to identify the types of items that service users felt were important to be included or excluded from a new Recovering Quality of Life measure for people with mental health difficulties. METHODS: Potential items were presented to service users in face-to-face structured individual interviews and focus groups. The items were primarily taken or adapted from current measures and covered themes identified from earlier qualitative work as being important to quality of life. Content and thematic analysis was undertaken to identify the types of items which were either important or unacceptable to service users. RESULTS: We identified five key themes of the types of items that service users found acceptable or unacceptable; the items should be relevant and meaningful, unambiguous, easy to answer particularly when distressed, do not cause further upset, and be non-judgemental. Importantly, this was from the perspective of the service user. CONCLUSIONS: This research has underlined the importance of service users' views on the acceptability and validity of items for use in developing a new measure. Whether or not service users favoured an item was associated with their ability or intention to respond accurately and honestly to the item which will impact on the validity and sensitivity of the measure.

Craske, M. G., D. Hermans, et al. (2018). ***"State-of-the-art and future directions for extinction as a translational model for fear and anxiety."*** Philos Trans R Soc Lond B Biol Sci 373(1742). https://www.ncbi.nlm.nih.gov/pubmed/29352025

Through advances in both basic and clinical scientific research, Pavlovian fear conditioning and extinction have become an exemplary translational model for understanding and treating anxiety disorders. Discoveries in associative and neurobiological mechanisms underlying extinction have informed techniques for optimizing exposure therapy that enhance the formation of inhibitory associations and their consolidation and retrieval over time and context. Strategies that enhance formation include maximizing prediction-error correction by violating expectancies, deepened extinction, occasional reinforced extinction, attentional control and removal of safety signals/behaviours. Strategies that enhance consolidation include pharmacological agonists of NMDA (i.e. d-cycloserine) and mental rehearsal. Strategies that enhance retrieval include multiple contexts, retrieval cues, and pharmacological blockade of contextual encoding. Stimulus variability and positive affect are posited to influence the formation and the retrieval of inhibitory associations. Inhibitory regulation through affect labelling is considered a complement to extinction. The translational value of extinction will be increased by more investigation of elements central to extinction itself, such as extinction generalization, and interactions with other learning processes, such as instrumental avoidance reward learning, and with other clinically relevant cognitive-emotional processes, such as self-efficacy, threat appraisal and emotion regulation, will add translational value. Moreover, framing fear extinction and related processes within a developmental context will increase their clinical relevance.This article is part of a discussion meeting issue 'Of mice and mental health: facilitating dialogue between basic and clinical neuroscientists'.

Deisenhofer, A. K., J. Delgadillo, et al. (2018). ***"Individual treatment selection for patients with posttraumatic stress disorder."*** Depress Anxiety. https://onlinelibrary.wiley.com/doi/abs/10.1002/da.22755

BACKGROUND: Trauma-focused cognitive behavioral therapy (Tf-CBT) and eye movement desensitization and reprocessing (EMDR) are two highly effective treatment options for posttraumatic stress disorder (PTSD). Yet, on an individual level, PTSD patients vary substantially in treatment response. The aim of the paper is to test the application of a treatment selection method based on a personalized advantage index (PAI). METHOD: The study used clinical data for patients accessing

treatment for PTSD in a primary care mental health service in the north of England. PTSD patients received either EMDR (N = 75) or Tf-CBT (N = 242). The Patient Health Questionnaire (PHQ-9) was used as an outcome measure for depressive symptoms associated with PTSD. Variables predicting differential treatment response were identified using an automated variable selection approach (genetic algorithm) and afterwards included in regression models, allowing the calculation of each patient's PAI. RESULTS: Age, employment status, gender, and functional impairment were identified as relevant variables for Tf-CBT. For EMDR, baseline depressive symptoms as well as prescribed antidepressant medication were selected as predictor variables. Fifty-six percent of the patients (n = 125) had a PAI equal or higher than one standard deviation. From those patients, 62 (50%) did not receive their model-predicted treatment and could have benefited from a treatment assignment based on the PAI. CONCLUSIONS: Using a PAI-based algorithm has the potential to improve clinical decision making and to enhance individual patient outcomes, although further replication is necessary before such an approach can be implemented in prospective studies.

Delgadillo, J. (2018). ***"Guided self-help in a brave new world."*** Br J Psychiatry 212(2): 65-66. https://www.ncbi.nlm.nih.gov/pubmed/29436327

Cognitive-behavioural therapy self-help offers an accessible and efficient way to treat common mental disorders. The evidence-based self-help movement has an important foothold in the healthcare arena. This article surveys the emergence of self-help at a particular social and historical junction, and summarises key lessons from experimental and practice-based studies. Declaration of interest None.

Delgadillo, J., K. de Jong, et al. (2018). ***"Feedback-informed treatment versus usual psychological treatment for depression and anxiety: A multisite, open-label, cluster randomised controlled trial."*** Lancet Psychiatry 5(7): 564-572. https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30162-7/abstract

BACKGROUND: Previous research suggests that the use of outcome feedback technology can enable psychological therapists to identify and resolve obstacles to clinical improvement. We aimed to assess the effectiveness of an outcome feedback quality assurance system applied in stepped care psychological services. METHODS: This multisite, open-label, cluster randomised controlled trial was done at eight National Health Service (NHS) Trusts in England, involving therapists who were qualified to deliver evidence-based low-intensity or high-intensity psychological interventions. Adult patients (18 years or older) who accessed individual therapy with participating therapists were eligible for inclusion, except patients who accessed group therapies and those who attended less than two individual therapy sessions. Therapists were randomly assigned (1:1) to an outcome feedback intervention group or a treatment-as-usual control group by use of a computer-generated randomisation algorithm. The allocation of patients to therapists was quasi-random, whereby patients on waiting lists were allocated sequentially on the basis of therapist availability. All patients received low-intensity (less than eight sessions) or high-intensity (up to 20 sessions) psychological therapies for the duration of the 1-year study period. An automated computer algorithm alerted therapists in the outcome feedback group to patients who were not on track, and primed them to review these patients in clinical supervision. The primary outcome was symptom severity on validated depression (Patient Health Questionnaire-9 [PHQ-9]) and anxiety (Generalised Anxiety Disorder-7 [GAD-7]) measures after treatment of varying durations, which were compared between groups with multilevel modelling, controlling for cluster (therapist) effects. We used an intention-to-treat approach. This trial was prospectively registered with ISRCTN, number ISRCTN12459454. FINDINGS: In total, 79 therapists were recruited to the study between Jan 8, 2016, and July 15, 2016, but two did not participate. Of these participants, 39 (51%) were randomly assigned to the outcome feedback group and 38 (49%) to the control group. Overall, 2233 patients were included in the trial (1176 [53%] were treated by therapists in the outcome feedback group, and 1057 [47%] by therapists in the control group). Patients classified as not on track had less severe symptoms after treatment if they were allocated to the outcome feedback group than those in the control group (PHQ-9 d=0.23, B=-1.03 [95% CI -1.84 to -0.23], p=0.012; GAD-7 d=0.19, B=-0.85 [-1.56 to -0.14], p=0.019). INTERPRETATION: Supplementing psychological therapy with low-cost feedback technology can reduce symptom severity in patients at risk of poor response to treatment. This evidence supports the implementation of outcome feedback in stepped care psychological services.

Eyal, T., M. Steffel, et al. (2018). ***"Perspective mistaking: Accurately understanding the mind of another requires getting perspective, not taking perspective "*** Journal of Personality and Social Psychology 114: 547-571. http://dx.doi.org/10.1037/pspa0000115

Taking another person's perspective is widely presumed to increase interpersonal understanding. Very few experiments, however, have actually tested whether perspective taking increases accuracy when predicting another person's thoughts, feelings, attitudes, or other mental states. Those that do yield inconsistent results, or they confound accuracy with egocentrism. Here we report 25 experiments testing whether being instructed to adopt another person's perspective increases interpersonal insight. These experiments include a wide range of accuracy tests that disentangle egocentrism and accuracy, such as predicting another person's emotions from facial expressions and body postures, predicting fake versus genuine smiles, predicting when a person is lying or telling the truth, and predicting a spouse's activity preferences and consumer attitudes. Although a large majority of pretest participants believed that perspective taking would systematically increase accuracy on these tasks, we failed to find any consistent evidence that it actually did so. If anything, perspective taking decreased accuracy overall while occasionally increasing confidence in judgment. Perspective taking reduced egocentric biases, but the information used in its place was not systematically more accurate. A final experiment confirmed that getting another person's perspective directly, through conversation, increased accuracy but that perspective taking did not. Increasing interpersonal accuracy seems to require gaining new information rather than utilizing existing knowledge about another person. Understanding the mind of another person is therefore enabled by getting perspective, not simply taking perspective.

Feigelman, W., J. Cerel, et al. (2018). ***"Disclosure in traumatic deaths as correlates of differential mental health outcomes."*** Death Studies 42(7): 456-462. https://doi.org/10.1080/07481187.2017.1372533

ABSTRACT This analysis addresses the controversial question of whether disclosure of a significant other?s traumatic death cause is associated with mental health outcomes. Consistent with the limited previous research, this data, collected from 131 suicide bereaved, 10 exclusively drug death bereaved, and six other bereaved respondents, showed fewer grief difficulties and better self-rated mental health among those inclined to openly disclose a significant other?s death cause, compared to those who feared incurring shame and embarrassment from doing so. Regression analyses suggested that the tendency to openly discuss the death was the single most powerful correlate to explaining variations in grief difficulties.

Fraley, R. C. and G. I. Roisman (2019). ***"The development of adult attachment styles: Four lessons."*** Current Opinion in Psychology 25: 26-30. http://www.sciencedirect.com/science/article/pii/S2352250X18300113

(Available in free full text) Why are some adults secure or insecure in their relationships? The authors review four lessons they have learned from longitudinal research on the developmental antecedents of adult attachment styles. First, although adult attachment appears to have its origins in early caregiving experiences, those associations are weak and inconsistent across measurement domains. Second, attachment styles appear to be more malleable in childhood and

adolescence than in adulthood, leading to asymmetries in socialization and selection processes. Third, early experiences do not determine adult outcomes. Fourth, there is still a lot to learn, and future research requires examining relationship-specific attachment patterns, the distinction between distal and proximal factors, and interactions between relational and genetic vulnerabilities.

Furihata, R., C. Konno, et al. (2018). ***"Unhealthy lifestyle factors and depressive symptoms: A japanese general adult population survey."*** Journal of Affective Disorders 234: 156-161. http://www.sciencedirect.com/science/article/pii/S0165032717327155

Objective To investigate the relationship between unhealthy lifestyles factors and depressive symptoms among the general adult population in Japan. Method Participants were randomly selected from the Japanese general adult population. Data from 2334 people aged 20 years or older were analyzed. This cross-sectional survey was conducted in August and September 2009. Participants completed a face-to-face interview about unhealthy lifestyle factors, including lack of exercise, skipping breakfast, a poorly balanced diet, snacking between meals, insufficient sleep, current smoking, alcohol drinking, and obesity. Presence of depressive symptoms was defined as a score of ≥ 16 on the Japanese version of the Center for Epidemiologic Studies Depression Scale (CES-D). Relationships between unhealthy lifestyle factors and depressive symptoms were evaluated by multivariate logistic regression analysis adjusting for sociodemographic variables and other unhealthy lifestyle factors. Results Multivariate logistic regression analysis revealed that insufficient sleep, a poorly balanced diet, snacking between meals and lack of exercise were significantly associated with the prevalence of depressive symptoms, with odds ratios ranging from 1.56 for lack of exercise to 3.98 for insufficient sleep. Limitations Since this study was a cross-sectional study, causal relationships could not be determined. Conclusion These results suggest that promoting a healthy lifestyle focused on sleep, food intake and exercise may be important for individuals with depressive symptoms.

Glombiewski, J. A., S. Holzapfel, et al. (2018). ***"Exposure and cbt for chronic back pain: An rct on differential efficacy and optimal length of treatment."*** J Consult Clin Psychol 86(6): 533-545. https://www.ncbi.nlm.nih.gov/pubmed/29781651

OBJECTIVE: Our aim was to establish whether Exposure, a specialized tailored treatment for chronic low back pain, has any advantages over cognitive-behavioral therapy (CBT) among individuals with high fear-avoidance levels. Second, we planned to compare short and long versions of Exposure. Third, we aimed to investigate whether Exposure can be delivered in an outpatient psychological setting. METHOD: A total of 88 Caucasian participants (55% women) were randomized to three different psychological treatment conditions, Exposure-long, Exposure-short, and CBT. All participants were suffering from chronic pain and elevated levels of pain-related anxiety and disability. The primary outcomes were disability (assessed using two different questionnaires, QBPDS and PDI) and average pain intensity; secondary outcomes included pain-related anxiety, psychological flexibility, coping strategies, and depression. Assessments took place at pretreatment, midtreatment, posttreatment, and 6-month follow-up. RESULTS: Exposure was more effective than CBT at reducing movement-related disability assessed with the QBPDS. Exposure and CBT did not differ in reduction of pain intensity or disability assessed using the PDI. Exposure-short outperformed Exposure-long after 10 sessions, meaning that individuals improved faster when they were offered fewer sessions. Exposure could be safely delivered in the psychological setting. Concerning secondary outcomes, Exposure led to greater improvements in psychological flexibility relative to CBT. CBT was more effective than Exposure at enhancing coping strategies. In Exposure, significantly more participants dropped out. CONCLUSIONS: Although being more challenging to patients, Exposure is an effective treatment, which can be delivered in a psychological treatment setting and should be offered as a short-term treatment.

Hasin, D. S., A. L. Sarvet, et al. (2018). ***"Epidemiology of adult dsm-5 major depressive disorder and its specifiers in the united states."*** JAMA Psychiatry 75(4): 336-346. http://dx.doi.org/10.1001/jamapsychiatry.2017.4602

Importance No US national data are available on the prevalence and correlates of DSM-5–defined major depressive disorder (MDD) or on MDD specifiers as defined in DSM-5.Objective To present current nationally representative findings on the prevalence, correlates, psychiatric comorbidity, functioning, and treatment of DSM-5 MDD and initial information on the prevalence, severity, and treatment of DSM-5 MDD severity, anxious/distressed specifier, and mixed-features specifier, as well as cases that would have been characterized as bereavement in DSM-IV. Design, Setting, and Participants In-person interviews with a representative sample of US noninstitutionalized civilian adults (≥18 years) (n = 36 309) who participated in the 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions III (NESARC-III). Data were collected from April 2012 to June 2013 and were analyzed in 2016-2017. Main Outcomes and Measures Prevalence of DSM-5 MDD and the DSM-5 specifiers. Odds ratios (ORs), adjusted ORs (aORs), and 95% CIs indicated associations with demographic characteristics and other psychiatric disorders.Results Of the 36 309 adult participants in NESARC-III, 12-month and lifetime prevalences of MDD were 10.4% and 20.6%, respectively. Odds of 12-month MDD were significantly lower in men (OR, 0.5; 95% CI, 0.46-0.55) and in African American (OR, 0.6; 95% CI, 0.54-0.68), Asian/Pacific Islander (OR, 0.6; 95% CI, 0.45-0.67), and Hispanic (OR, 0.7; 95% CI, 0.62-0.78) adults than in white adults and were higher in younger adults (age range, 18-29 years; OR, 3.0; 95% CI, 2.48-3.55) and those with low incomes ($19 999 or less; OR, 1.7; 95% CI, 1.49-2.04). Associations of MDD with psychiatric disorders ranged from an aOR of 2.1 (95% CI, 1.84-2.35) for specific phobia to an aOR of 5.7 (95% CI, 4.98-6.50) for generalized anxiety disorder. Associations of MDD with substance use disorders ranged from an aOR of 1.8 (95% CI, 1.63-2.01) for alcohol to an aOR of 3.0 (95% CI, 2.57-3.55) for any drug. Most lifetime MDD cases were moderate (39.7%) or severe (49.5%). Almost 70% with lifetime MDD had some type of treatment. Functioning among those with severe MDD was approximately 1 SD below the national mean. Among 12.9% of those with lifetime MDD, all episodes occurred just after the death of someone close and lasted less than 2 months. The anxious/distressed specifier characterized 74.6% of MDD cases, and the mixed-features specifier characterized 15.5%. Controlling for severity, both specifiers were associated with early onset, poor course and functioning, and suicidality. Conclusions and Relevance Among US adults, DSM-5 MDD is highly prevalent, comorbid, and disabling. While most cases received some treatment, a substantial minority did not. Much remains to be learned about the DSM-5 MDD specifiers in the general population.

Heber, E., D. D. Ebert, et al. (2017). ***"The benefit of web- and computer-based interventions for stress: A systematic review and meta-analysis."*** J Med Internet Res 19(2): e32. http://www.jmir.org/2017/2/e32

Background: Stress has been identified as one of the major public health issues in this century. New technologies offer opportunities to provide effective psychological interventions on a large scale. Objective: The aim of this study is to investigate the efficacy of Web- and computer-based stress-management interventions in adults relative to a control group. Methods: A meta-analysis was performed, including 26 comparisons (n=4226). Cohen d was calculated for the primary outcome level of stress to determine the difference between the intervention and control groups at posttest. Analyses of the effect on depression, anxiety, and stress in the following subgroups were also conducted: risk of bias, theoretical basis, guidance, and length of the intervention. Available follow-up data (1-3 months, 4-6 months) were assessed for the primary outcome stress. Results: The overall mean effect size for stress at posttest was Cohen d=0.43 (95% CI 0.31-0.54). Significant, small effects were found for depression (Cohen d=0.34, 95% CI 0.21-0.48) and anxiety (Cohen d=0.32, 95% CI 0.17-0.47). Subgroup analyses revealed

that guided interventions (Cohen d=0.64, 95% CI 0.50-0.79) were more effective than unguided interventions (Cohen d=0.33, 95% CI 0.20-0.46; P=.002). With regard to the length of the intervention, short interventions (≤4 weeks) showed a small effect size (Cohen d=0.33, 95% CI 0.22-0.44) and medium-long interventions (5-8 weeks) were moderately effective (Cohen d=0.59; 95% CI 0.45-0.74), whereas long interventions (≥9 weeks) produced a nonsignificant effect (Cohen d=0.21, 95% CI −0.05 to 0.47; P=.006). In terms of treatment type, interventions based on cognitive behavioral therapy (CBT) and third-wave CBT (TWC) showed small-to-moderate effect sizes (CBT: Cohen d=0.40, 95% CI 0.19-0.61; TWC: Cohen d=0.53, 95% CI 0.35-0.71), and alternative interventions produced a small effect size (Cohen d=0.24, 95% CI 0.12-0.36; P=.03). Early evidence on follow-up data indicates that Web- and computer-based stress-management interventions can sustain their effects in terms of stress reduction in a small-to-moderate range up to 6 months. Conclusions: These results provide evidence that Web- and computer-based stress-management interventions can be effective and have the potential to reduce stress-related mental health problems on a large scale. *[Medscape commented: After extensive searches of the academic literature and the Internet, from 36 possible resources found they selected seven to examine in detail. The general categories under which they fall are breathing (Breath2Relax), meditation (Headspace, guided-meditation audios), Web-based cognitive-behavioral therapy (MoodGYM, Stress Gym), and suicide prevention (Stay Alive, Virtual Hope Box). They concluded that this list serves as a starting point to enhance coping with stressors, and they recommended future steps such as adapting digital health strategies to specifically fit the needs of healthcare providers, with the ultimate goal of facilitating in-person care when warranted.]*

Hudson, N. W. and R. C. Fraley (2018). ***"Moving toward greater security: The effects of repeatedly priming attachment security and anxiety."*** Journal of Research in Personality 74: 147-157.
http://www.sciencedirect.com/science/article/pii/S0092656618300345

Contemporary models of personality development suggest that state-level changes that are maintained for long periods of time have the potential to coalesce into more enduring trait-level changes. In this research, we explored whether repeatedly increasing participants' state-level attachment security via priming might educe trait-level changes over the course of four months. Results indicated that both repeated security and anxiety primes were effective in reducing participants' trait levels of attachment anxiety over time. In contrast, neither prime generally affected participants' well-being. The fact that both primes had similar results suggests that one "active ingredient" in attachment priming may be reflecting upon close relationships—irrespective of the valence of those relationships. Moreover, our findings are compatible with the notion that repeated or prolonged changes to state-level security have the potential to coalesce into trait-level changes.

Johns, R. G., M. Barkham, et al. (2018). ***"A systematic review of therapist effects: A critical narrative update and refinement to baldwin and imel's (2013) review."*** Clinical Psychology Review.
http://www.sciencedirect.com/science/article/pii/S0272735817305305

Objective To review the therapist effects literature since Baldwin and Imel's (2013) review. Method Systematic literature review of three databases (PsycINFO, PubMed and Web of Science) replicating Baldwin and Imel (2013) search terms. Weighted averages of therapist effects (TEs) were calculated, and a critical narrative review of included studies conducted. Results Twenty studies met inclusion criteria (3 RCTs; 17 practice-based datasets) with 19 studies using multilevel modeling. TEs were found in 19 studies. The TE range for all studies was 2% to 29% (weighted average = 5%). For RCTs, 1%–29% (weighted average = 8.2%). For practice-based studies, 0.2–21% (weighted average = 5%). The university counseling subsample yielded a lower TE (2.4%) than in other groupings (i.e., primary care, mixed clinical settings, and specialist/focused settings). Therapist sample sizes remained lower than recommended, and few studies appeared to be designed specifically as TE studies as opposed to maximising on the availability of large routine patient datasets. Conclusions Therapist effects are a robust phenomenon although considerable heterogeneity exists across studies. Patient severity appeared related to TE size. TEs from RCTs were highly variable. Using an overall therapist effects statistic may lack precision, and TEs might be better reported separately for specific clinical settings. Highlights • Therapist effects in naturalistic studies averaged 5% (range 0.2–21.0%). • Therapist effects in university counseling centers averaged 2.4% (range 0.4–19.1%). • Therapist effects in RCTs were 8.2% (range 1–29%). • There was considerable heterogeneity and greater therapist effects were consistently linked to higher patient severity. • Many studies still have insufficient numbers of therapists and are not specifically designed as studies of therapists.

Kaplan, D. M., R. Palitsky, et al. (2018). ***"Maladaptive repetitive thought as a transdiagnostic phenomenon and treatment target: An integrative review."*** 74(7): 1126-1136. https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22585

Abstract Objective Maladaptive repetitive thought (RT), the frequent and repetitive revisiting of thoughts or internal experiences, is associated with a range of psychopathological processes and disorders. We present a synthesis of prior research on maladaptive RT and develop a framework for elucidating and distinguishing between five forms of maladaptive RT. Method In addition to the previously studied maladaptive RT (worry, rumination, and obsession), this framework is used to identify two additional forms of maladaptive RT (yearning and interoceptive RT). We then present a review of extant psychotherapy intervention research targeting maladaptive RT, focusing both on specific empirically based treatment strategies, and also constructs within treatments that impact maladaptive RT. Conclusion The paper concludes with recommendations for future basic and intervention research on maladaptive RT and related psychopathologies.

Keetharuth, A. D., J. Brazier, et al. (2018). ***"Recovering quality of life (reqol): A new generic self-reported outcome measure for use with people experiencing mental health difficulties."*** Br J Psychiatry 212(1): 42-49.
https://www.ncbi.nlm.nih.gov/pubmed/29433611

BACKGROUND: Outcome measures for mental health services need to adopt a service-user recovery focus. Aims To develop and validate a 10- and 20-item self-report recovery-focused quality of life outcome measure named Recovering Quality of Life (ReQoL). METHOD: Qualitative methods for item development and initial testing, and quantitative methods for item reduction and scale construction were used. Data from >6500 service users were factor analysed and item response theory models employed to inform item selection. The measures were tested for reliability, validity and responsiveness. RESULTS: ReQoL-10 and ReQoL-20 contain positively and negatively worded items covering seven themes: activity, hope, belonging and relationships, self-perception, well-being, autonomy, and physical health. Both versions achieved acceptable internal consistency, test-retest reliability (>0.85), known-group differences, convergence with related measures, and were responsive over time (standardised response mean (SRM) > 0.4). They performed marginally better than the Short Warwick-Edinburgh Mental Well-being Scale and markedly better than the EQ-5D. CONCLUSIONS: Both versions are appropriate for measuring service-user recovery-focused quality of life outcomes.

Keyes, A., H. R. Gilpin, et al. (2018). ***"Phenomenology, epidemiology, co-morbidity and treatment of a specific phobia of vomiting: A systematic review of an understudied disorder."*** Clin Psychol Rev 60: 15-31.
https://www.sciencedirect.com/science/article/pii/S0272735817300259?via%3Dihub

Specific Phobia of Vomiting (SPOV) is an under-researched disorder compared to other Specific Phobias. A systematic review was conducted to synthesise existing research across areas of phenomenology, aetiology, epidemiology, co-morbidity,

assessment measures and treatment. Online databases (Psychinfo, Embase, Medline, Pubmed and Cochrane Library) were searched using terms related to SPOV and 'emetophobia'. A manual search of reference lists of included papers was also conducted. In total, 385 articles were found and 24 were included in the review. The review was registered on the PROSPERO register (CRD42016046378). The review presents a qualitative synthesis of identified studies exploring the features of SPOV including locus of fear, feared consequences of vomiting, and common safety and avoidance behaviours. It also identified articles describing aetiological factors involved in the development of SPOV, co-morbid disorders and the epidemiology of the disorder. Further studies focused on valid and reliable measures to assess SPOV, and treatments that are effective at reducing symptomatology of SPOV and psychological distress. There are relatively few published research articles on SPOV, and particularly high quality studies exploring effective treatment options for SPOV. Further research should focus on RCTs for comparing different approaches to reducing symptomatology and distress in people with SPOV.

Lee, K. S. and T. Vaillancourt (2018). ***"Longitudinal associations among bullying by peers, disordered eating behavior, and symptoms of depression during adolescence."*** JAMA Psychiatry 75(6): 605-612. http://dx.doi.org/10.1001/jamapsychiatry.2018.0284

Importance Bullying by peers has been associated with disordered eating behavior and symptoms of depression among adolescents as both an antecedent and an outcome. Identification of the temporal pattern of associations among bullying by peers, disordered eating behavior, and depression in adolescence is needed for the optimal targeting of intervention and prevention. Objective To assess the concurrent and longitudinal associations among bullying by peers, disordered eating behavior, and symptoms of depression using a cascade model that controlled for within-time and across-time (ie, stability paths) associations while examining cross-lag effects.Design, Setting, and Participants In this 5-year longitudinal cohort study, 612 participants of the McMaster Teen Study were included. This ongoing Canadian study examines the associations among bullying, mental health, and educational outcomes. Data collection began in 2008 when students were in grade 5 (10 years of age) and have since been collected annually. Data analysis was performed between August 20 and October 18, 2017. Exposures Bullying by peers was assessed in grades 7 to 11 using a composite measure of 5 items.Main Outcomes and Measures Disordered eating behavior was assessed in grades 7 to 11 using the Short Screen for Eating Disorders, and depressive symptoms were assessed in grades 7 to 11 using the Behavior Assessment System for Children–Second Edition. Results The 612 students included in the analytic sample had a mean age (SD) of 13.03 (0.38) years in grade 7; 331 (54.1%) were girls and 392 (71.1%) were white. Bullying by peers was concurrently associated with disordered eating behavior and depressive symptoms at every time point during the 5-year period (r range [SE], 0.15-0.48 [0.04-0.08]; $P < .01$). Disordered eating behavior was associated longitudinally with depressive symptoms at every time point (β range [SE], 0.14-0.19 [0.06-0.08]; $P < .02$) and bullying by peers at 2 time points (β range [SE], 0.12-0.22 [0.06-0.07]; $P < .04$) in girls and boys. Conclusions and Relevance Bullying by peers was proximally associated with multiple psychopathologic symptoms, whereas symptoms of disordered eating behavior were a key risk factor for future depressive symptoms and bullying by peers. Interventions aimed at reducing problematic eating behavior in adolescents may attenuate the risk of future depressive symptoms and relational problems.

Lucock, M., S. Bartys, et al. (2018). ***"Using implementation intentions to prevent relapse after psychological treatment for depression - the smart intervention."*** Behav Cogn Psychother: 1-7. https://doi.org/10.1017/S1352465818000255

BACKGROUND: It is recognized that a significant proportion of people with depression are prone to relapse, even after successful treatment, and that self-management interventions should be developed and provided. There is evidence that implementation intentions (IMPS) can be successfully applied to health-related behaviours but their application to self-management of mental health problems has been limited. AIMS: This paper describes the design and initial evaluation of a Self-Management After Therapy (SMArT) intervention, which incorporated IMPS and followed psychological therapy for depression. We sought to assess the feasibility and acceptability of SMArT. METHOD: The SMArT intervention was designed with reference to the MRC guidance on developing and evaluating complex interventions and co-designed with and implemented in a UK Improving Access to Psychological Therapies (IAPT) service. Eleven patients who were in remission following treatment for depression received the SMArT intervention, provided by Psychological Wellbeing Practitioners (PWPs). The evaluation used routine IAPT outcome measures at each session, feedback from patients and PWPs, and analysis of the type of IMPS identified and their fidelity with the model. Six patients provided brief feedback about the intervention to an independent researcher. RESULTS: Feedback from patients and PWPs suggested that the intervention was feasible, acceptable and could potentially help patients to stay well after therapy. Patients confirmed the value of setting their own goals in the form of IMPS, receiving support from PWPs and in some cases from partners, friends and family members. CONCLUSIONS: Implementation intentions are a promising approach to support the self-management of depression.

Marcus, D. K., J. Preszler, et al. (2018). ***"A network of dark personality traits: What lies at the heart of darkness?"*** Journal of Research in Personality 73: 56-62. http://www.sciencedirect.com/science/article/pii/S0092656617301095

The question of whether there is a common element at the core of the various dark personality traits (e.g., psychopathy, narcissism, Machiavellianism, spitefulness, aggressiveness) has been the subject of debate. Callousness, manipulativeness, and disagreeableness have all been nominated as possibly serving as the core of these dark traits. Network analysis, which graphically and quantitatively describes the centrality of various related traits, provides a novel technique for examining this issue. We estimated an association network and an Adaptive Least Absolute Shrinkage and Selection Operator network for two large samples, one college student sample ($N = 2831$) and one mixed college student and Mechanical Turk sample ($N = 844$). Interpersonal manipulation and callousness were the traits that were central to the networks.

Marsden, Z., K. Lovell, et al. (2018). ***"A randomized controlled trial comparing emdr and cbt for obsessive-compulsive disorder."*** Clin Psychol Psychother 25(1): e10-e18. https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.2120

(Available in free full text). BACKGROUND: This study aimed to evaluate eye movement desensitization and reprocessing (EMDR) as a treatment for obsessive-compulsive disorder (OCD), by comparison to cognitive behavioural therapy (CBT) based on exposure and response prevention. METHOD: This was a pragmatic, feasibility randomized controlled trial in which 55 participants with OCD were randomized to EMDR ($n = 29$) or CBT ($n = 26$). The Yale-Brown obsessive-compulsive scale was completed at baseline, after treatment and at 6 months follow-up. Treatment completion and response rates were compared using chi-square tests. Effect size was examined using Cohen's d and multilevel modelling. RESULTS: Overall, 61.8% completed treatment and 30.2% attained reliable and clinically significant improvement in OCD symptoms, with no significant differences between groups ($p > .05$). There were no significant differences between groups in Yale-Brown obsessive-compulsive scale severity post-treatment ($d = -0.24$, $p = .38$) or at 6 months follow-up ($d = -0.03$, $p = .90$). CONCLUSIONS: EMDR and CBT had comparable completion rates and clinical outcomes.

Melli, G., S. Gelli, et al. (2018). ***"Specific and general cognitive predictors of sexual orientation-obsessive compulsive disorder."*** Journal of Obsessive-Compulsive and Related Disorders 16: 104-111. http://www.sciencedirect.com/science/article/pii/S2211364917301902

(Available in free full text) Sexual Orientation-Obsessive Compulsive Disorder (SO-OCD) is yet understudied in the literature. The current study was prompted to test the role of specific and general beliefs potentially involved in the genesis and maintenance of SO-OCD. As such, 263 patients with SO-OCD, 42 patients with OCD (NSO-OCD) and 116 non-clinical participants (NCP) were administered the Sexual Orientation-Obsessive Beliefs Scale (SO-OBS), which was designed to evaluate specific beliefs hypothesized to relate to SO-OCD, together with other measures assessing SO-OCD symptoms, general obsessive beliefs, depression and anxiety. The final SO-OBS consisted of 12 items and showed a four-factor structure and a very good internal consistency. Regression analysis and multivariate analysis of covariance (MANCOVA) highlighted the significant role of beliefs regarding the negative impact of homosexuality on one's identity and beliefs about the meaning of sexual problems in heterosexual intercourse as well as a more marginal role of black/white beliefs regarding what it is "right" to feel in heterosexual sexuality. There were no significant differences between SO-OCD and NSO-OCD patients on homophobic beliefs. Despite some limitations of the study, including the limitation to heterosexual individuals with SO-OCD, the identification of these specific cognitive factors has important implications for the prevention and treatment of SO-OCD.

Mennin, D. S., D. M. Fresco, et al. (2018). ***"A randomized controlled trial of emotion regulation therapy for generalized anxiety disorder with and without co-occurring depression."*** J Consult Clin Psychol 86(3): 268-281. https://www.ncbi.nlm.nih.gov/pubmed/29504794

OBJECTIVE: Generalized anxiety disorder (GAD) and major depression (MDD), especially when they co-occur, are associated with suboptimal treatment response. One common feature of these disorders is negative self-referential processing (NSRP; i.e., worry, rumination), which worsens treatment outcome. Emotion Regulation Therapy (ERT) integrates principles from affect science with traditional and contemporary cognitive-behavioral treatments to identify and modify the functional nature of NSRP by targeting motivational and regulatory mechanisms, as well as behavioral consequences. METHOD: Building on encouraging open trial findings, 53 patients with a primary diagnosis of GAD (43% with comorbid MDD) were randomly assigned to immediate treatment with ERT (n = 28) or a modified attention control condition (MAC, n = 25). RESULTS: ERT patients, as compared with MAC patients, evidenced statistically and clinically meaningful improvement on clinical indicators of GAD and MDD, worry, rumination, comorbid disorder severity, functional impairment, quality of life, as well as hypothesized mechanisms reflecting mindful attentional, metacognitive, and overall emotion regulation, which all demonstrated mediation of primary outcomes. This superiority of ERT exceeded medium effect sizes with most outcomes surpassing conventions for a large effect. Treatment effects were maintained for nine months following the end of acute treatment. Overall, ERT resulted in high rates of high endstate functioning for both GAD and MDD that were maintained into the follow-up period. CONCLUSIONS: Findings provide encouraging support for the efficacy and hypothesized mechanisms underlying ERT and point to fruitful directions for improving our understanding and treatment of complex clinical conditions such as GAD with co-occurring MDD. (PsycINFO Database Record

Montero-Marin, J., J. Garcia-Campayo, et al. (2018). ***"Is cognitive–behavioural therapy more effective than relaxation therapy in the treatment of anxiety disorders? A meta-analysis."*** Psychological Medicine 48(9): 1427-1436. https://www.cambridge.org/core/article/is-cognitivebehavioural-therapy-more-effective-than-relaxation-therapy-in-the-treatment-of-anxiety-disorders-a-metaanalysis/7DB51D0838F0D6A81B527F4A70659E9A

Background It is not clear whether relaxation therapies are more or less effective than cognitive and behavioural therapies in the treatment of anxiety. The aims of the present study were to examine the effects of relaxation techniques compared to cognitive and behavioural therapies in reducing anxiety symptoms, and whether they have comparable efficacy across disorders. Method We conducted a meta-analysis of 50 studies (2801 patients) comparing relaxation training with cognitive and behavioural treatments of anxiety. Results The overall effect size (ES) across all anxiety outcomes, with only one combined ES in each study, was g = −0.27 [95% confidence interval (CI) = −0.41 to −0.13], favouring cognitive and behavioural therapies (number needed to treat = 6.61). However, no significant difference between relaxation and cognitive and behavioural therapies was found for generalized anxiety disorder, panic disorder, social anxiety disorder and specific phobias (considering social anxiety and specific phobias separately). Heterogeneity was moderate (I2 = 52; 95% CI = 33–65). The ES was significantly associated with age (p < 0.001), hours of cognitive and/or behavioural therapy (p = 0.015), quality of intervention (p = 0.007), relaxation treatment format (p < 0.001) and type of disorder (p = 0.008), explaining an 82% of variance. Conclusions Relaxation seems to be less effective than cognitive and behavioural therapies in the treatment of post-traumatic stress disorder, and obsessive–compulsive disorder and it might also be less effective at 1-year follow-up for panic, but there is no evidence that it is less effective for other anxiety disorders.

Murray, S. B., D. S. Quintana, et al. ***"Treatment outcomes for anorexia nervosa: A systematic review and meta-analysis of randomized controlled trials."*** Psychological Medicine: 1-10. https://www.cambridge.org/core/article/treatment-outcomes-for-anorexia-nervosa-a-systematic-review-and-metaanalysis-of-randomized-controlled-trials/AB05A8856C66EA5AD99AD9B2DF1C1F80

BackgroundTo determine the impact of specialized treatments, relative to comparator treatments, upon the weight and psychological symptoms of anorexia nervosa (AN) at end-of-treatment (EOT) and follow-up.MethodsRandomized controlled trials (RCTs) between January 1980 and December 2017 that reported the effects of at least two treatments on AN were screened. Weight and psychological symptoms were analyzed separately for each study. PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines were followed, and studies were assessed using the GRADE (Grading of Recommendations, Assessment, Development and Evaluation) criteria and Cochrane risk of bias tool.ResultsWe identified 35 eligible RCTs, comprising data from 2524 patients. Meta-analyses revealed a significant treatment effect on weight outcomes at EOT [g = 0.16, 95% CI (0.05–0.28), p = 0.006], but not at follow-up [g = 0.11, 95% CI (−0.04 to 0.27), p = 0.15]. There was no significant treatment effect on psychological outcomes at either EOT [g = −0.03, 95% CI (−0.14 to 0.08), p = 0.63], or follow-up [g = −0.001, 95% CI (−0.11 to 0.11), p = 0.98]. There was no strong evidence of publication bias or significant moderator effects for illness duration, mean age, year of publication, comparator group category, or risk of bias (all p values > 0.05).ConclusionsCurrent specialized treatments are more adept than comparator interventions at imparting change in weight-based AN symptoms at EOT, but not at follow-up. Specialized treatments confer no advantage over comparator interventions in terms of psychological symptoms. Future precision treatment efforts require a specific focus on the psychological symptoms of AN.

Na, P. J., S. R. Yaramala, et al. (2018). ***"The phq-9 item 9 based screening for suicide risk: A validation study of the patient health questionnaire (phq)−9 item 9 with the columbia suicide severity rating scale (c-ssrs)."*** Journal of Affective Disorders 232: 34-40. http://www.sciencedirect.com/science/article/pii/S0165032717309655

Background Item 9 of the Patient Health Questionnaire (PHQ) evaluates passive thoughts of death or self-injury within the last two weeks, and is often used to screen depressed patients for suicide risk. We aimed to validate the PHQ-9 item 9 with a brief electronic version of the Columbia Suicide Severity Rating Scale (eC-SSRS). Methods We analyzed data from 841 patients enrolled in the National Network of Depression Centers Clinical Care Registry. We performed a validation analysis of PHQ-9 item

9 for suicide risk and ideation, using the eC-SSRS as a gold standard (defined as positive response to suicidal ideation with intent to act or recent suicidal behavior). Results Of the 841 patients, 13.4% and 41.1% were assessed as being positive for suicide risk by the eC-SSRS and PHQ-9 item 9, respectively. For the overall cohort, sensitivity was 87.6% (95%CI 80.2–92.5%), specificity was 66.1% (95%CI 62.6–69.4%), PPV was 28.6% (95%CI 24.1–33.6%), and NPV was 97.2% (95%CI 95.3–98.3%) for the PHQ-9 suicide item. These performance measures varied within subgroups defined by demographic and clinical characteristics. In addition, the validity of PHQ-9 item 9 (cutoff score of 1) with eC-SSRS-defined suicide ideation showed overall poor results. Limitations The gold standard used in our study was a surrogate measure of suicidality based on eC-SSRS scores. Conclusions The results of our study suggest that item 9 of the PHQ-9 is an insufficient assessment tool for suicide risk and suicide ideation, with limited utility in certain demographic and clinical subgroups that requires further investigation.

Pachankis, J. E. and R. Branstrom (2018). ***"Hidden from happiness: Structural stigma, sexual orientation concealment, and life satisfaction across 28 countries."*** J Consult Clin Psychol 86(5): 403-415. http://psycnet.apa.org/doiLanding?doi=10.1037%2Fccp0000299

OBJECTIVE: Although structural stigma (i.e., discriminatory laws, policies, and community attitudes) toward sexual minorities predicts adverse health and wellbeing, this association has typically only been examined within a single country and potential mechanisms remain unknown. Consequently, we examined the association between structural stigma and sexual minorities' life satisfaction across 28 countries, identity concealment as a potential mechanism of this association, and, in high-stigma countries, the potential for concealment to protect sexual minorities from discrimination and victimization, and therefore even poorer life satisfaction than they would otherwise experience in those countries. METHOD: Sexual minority adults (n = 85,582) from 28 European countries responded to questions regarding sexual minority stigma, identity concealment, and life satisfaction. Structural stigma was assessed as national laws, policies, and attitudes affecting sexual minorities in each country. RESULTS: Country-level structural stigma explained 60% of country-level variation in life satisfaction and more than 70% of country-level variation in sexual orientation concealment. Sexual orientation concealment mediated the association between structural stigma and life satisfaction. Especially in high-stigma countries, concealment also protected against even lower life satisfaction than would be experienced if a sexual minority individual did not conceal in those countries because it partially protected against discrimination and victimization. CONCLUSIONS: Sexual minorities' life satisfaction varies greatly across countries largely due to the structural stigma of those countries and associated demands to conceal one's sexual orientation. Findings highlight the importance of reducing structural stigma to promote equitable life satisfaction and tailoring affirmative psychotherapies to address the structural context surrounding sexual minorities who seek treatment.

Pulverman, C. S., C. D. Kilimnik, et al. (2018). ***"The impact of childhood sexual abuse on women's sexual health: A comprehensive review."*** Sex Med Rev 6(2): 188-200. https://www.ncbi.nlm.nih.gov/pubmed/29371141

INTRODUCTION: Childhood sexual abuse (CSA) has been identified as a potent risk factor for sexual dysfunction. Certain characteristics of the abuse experience, such as repeated abuse, appear to affect the risk of developing sexual dysfunction. Despite the robust findings that CSA can be detrimental to sexual function, there is little consensus on the exact mechanisms that lead to these difficulties. AIM: To summarize the most up-to-date research on the relation between CSA and women's sexual function. METHODS: The published literature examining the prevalence of sexual dysfunction among women with CSA histories, various types of sexual dysfunctions, and mechanisms proposed to explain the relation between CSA and later sexual difficulties was reviewed. MAIN OUTCOME MEASURES: Review of peer-reviewed literature. RESULTS: Women with abuse histories report higher rates of sexual dysfunction compared with their non-abused peers. The sexual concerns most commonly reported by women with abuse histories include problems with sexual desire and sexual arousal. Mechanisms that have been proposed to explain the relation between CSA and sexual dysfunction include cognitive associations with sexuality, sexual self-schemas, sympathetic nervous system activation, body image and esteem, and shame and guilt. CONCLUSION: Women with CSA histories represent a unique population in the sexual health literature. Review of mechanisms proposed to account for the relation between CSA and sexual health suggests that a lack of positive emotions related to sexuality, rather than greater negative emotions, appears to be more relevant to the sexual health of women with CSA histories. Treatment research has indicated that mindfulness-based sex therapy and expressive writing treatments are particularly effective for this group. Further research is needed to clarify the mechanisms that lead to sexual dysfunction for women with abuse histories to provide more targeted treatments for sexual dysfunction among women with abuse histories.

Samuel, D. B., T. Suzuki, et al. (2018). ***"The agreement between clients' and their therapists' ratings of personality disorder traits."*** J Consult Clin Psychol 86(6): 546-555. https://www.ncbi.nlm.nih.gov/pubmed/29781652

OBJECTIVE: Treating clinicians provide the majority of mental health diagnoses, yet little is known about the validity of their routine diagnoses, including the agreement with clients' self-reports. This is particularly notable for personality disorders (PDs) as the literature suggests weak agreement between therapists and clients. Existing research has been limited by a focus on PD categories and brief therapist-report measures. Furthermore, although self-reports of PD have been criticized for underreporting, very few data have compared them with therapist report in terms of mean level. METHOD: We addressed these limitations by collecting dimensional trait ratings from 54 therapist-client dyads within outpatient clinics. The clients (52% women, 94% Caucasian, 39.8 years) provided ratings of dimensional PD traits via the Personality Inventory for DSM-5 (PID-5) while therapists (72% female, 89% Caucasian) completed the Informant version of the same measure. RESULTS: Employing systematic measures of traits yielded higher rank-order agreement than observed in prior studies, with a median correlation of .41 across the PID-5 domains. Most interestingly, mean-level comparisons indicated that clients reported significantly higher levels of PD pathology than did their therapists. This effect was most notable for the domain of Psychoticism, which had the lowest rank-order agreement (r = .16) and the largest mean-level discrepancies. CONCLUSIONS: When clinicians utilized systematic measures of dimensional traits their agreement with client was higher than reported in past studies. Furthermore, clients reported significantly more PD pathology than was noted by their therapists suggesting concerns about invalid self-reports due to underreporting have been overstated.

Schwartz, C., S. Hilbert, et al. (2018). ***"Common change factors and mediation of the alliance-outcome link during treatment of depression."*** J Consult Clin Psychol 86(7): 584-592. https://www.ncbi.nlm.nih.gov/pubmed/29939052

OBJECTIVE: Alliance, Mastery/Self-Efficacy, Problem Actualization, and Problem Clarification exemplify common or nonspecific factors of change in psychotherapy (Grawe, 1997). In this study, we tested the hypothesis that other change factors mediate the alliance-outcome link on a within-person level over the treatment course. METHOD: Our sample consisted of 193 patients with major depression undergoing intensive inpatient cognitive-behavioral-based therapy. Each week, we assessed depressive symptoms (using the Beck Depression Inventory-II) and change factors during individual therapy. Multilevel mediation models were used to test our hypothesis. RESULTS: As expected, within-person change in Alliance (differentiated into Emotional Bond and Contentment with the Therapist) as well as Mastery/Self-Efficacy and Problem Clarification predicted symptom change over the course of therapy. Moreover, the relation between Contentment with the Therapist and subsequent change in depression was mediated by increased Mastery/Self-Efficacy on a within-person level. CONCLUSIONS: Our data

suggest that within-person change of alliance and other general change factors precede symptom change in depressive patients, and that the link between alliance and outcome may be partially mediated by enhanced Mastery/Self-Efficacy. Future studies should further elucidate the mechanisms responsible for the alliance-outcome link. (PsycINFO Database Record

Simionato, G. K. and S. Simpson (2018). ***"Personal risk factors associated with burnout among psychotherapists: A systematic review of the literature."*** Journal of Clinical Psychology 0(0). https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.22615

Abstract Objectives Emotionally taxing job demands place psychotherapists at risk for burnout, often to the detriment of the therapist, clients, and the profession of psychotherapy (Maslach, 2007). The aim of the present systematic review was to (a) explore the levels of both burnout and job stress in psychotherapists, (b) identify tools used to measure work-related stress and burnout, and (c) identify personal risk factors for developing burnout among psychotherapists. Method Databases PsycINFO, Medline, EMBASE, ASSIA, and CINHAL were searched. Forty articles met inclusion criteria. Results Over half of sampled psychotherapists reported moderate-high levels of burnout, with the majority of results based on quantitative cross-sectional self-report surveys. Younger age, having less work experience, and being overinvolved in client problems were the most common personal risk factors for moderate-high levels of stress and burnout among psychotherapists. Conclusion It appears that psychotherapists commonly experience some burnout, and personal factors influence burnout development. [For a helpful discussion of this study see the BPS Research Digest at https://tinyurl.com/y8tnwvl3].

Stolz, T., A. Schulz, et al. (2018). ***"A mobile app for social anxiety disorder: A three-arm randomized controlled trial comparing mobile and pc-based guided self-help interventions."*** J Consult Clin Psychol 86(6): 493-504. https://www.ncbi.nlm.nih.gov/pubmed/29781648

OBJECTIVE: Internet-based cognitive-behavioral treatments (ICBT) have shown promise for various mental disorders, including social anxiety disorder (SAD). Most of these treatments have been delivered on desktop computers. However, the use of smartphones is becoming ubiquitous and could extend the reach of ICBT into users' everyday life. Only a few studies have empirically examined the efficacy of ICBT delivered through a smartphone app and there is no published study on mobile app delivered ICBT for SAD. This three-arm randomized-controlled trial (RCT) is the first to compare the efficacy of guided ICBT for smartphones (app) and conventional computers (PC) with a wait list control group (WL). METHOD: A total of 150 individuals meeting the diagnostic criteria for SAD were randomly assigned to one of the three conditions. Primary endpoints were self-report measures and diagnostic status of SAD. RESULTS: After 12 weeks of treatment, both active conditions showed superior outcome on the composite of all SAD measures (PC vs. WL: d = 0.74; App vs. WL: d = 0.89) and promising diagnostic response rates (NNTPC = 3.33; NNTApp = 6.00) compared to the WL. No significant between-groups effects were found between the two active conditions on the composite score (Cohen's d = 0.07). Treatment gains were maintained at 3-month follow-up. Program use was more evenly spread throughout the day in the mobile condition, indicating an integration of the program into daily routines. CONCLUSIONS: ICBT can be delivered effectively using smartphones.

Strauss, A. Y., J. D. Huppert, et al. (2018). ***"What matters more? Common or specific factors in cognitive behavioral therapy for ocd: Therapeutic alliance and expectations as predictors of treatment outcome."*** Behav Res Ther 105: 43-51. https://www.sciencedirect.com/science/article/pii/S0005796718300433?via%3Dihub

CBT for obsessive-compulsive disorder (OCD) is a strong challenge to the contention that common factors explain most of the variance in outcomes in all therapies and all disorders, given that the treatment is focused and placebo response is low. In this study, the relative contributions of expectancy and therapeutic alliance as predictors of outcome in the treatment of OCD are examined and compared to the contribution of specific treatment effects. One hundred and eight patients with OCD were randomly assigned to two forms of CBT: exposure and response prevention (EX/RP) or stress management training (SMT). Measures of OCD symptoms, quality of life, therapist and patient expectancy and alliance were collected at several timepoints. Treatment type was a substantially stronger predictor of symptom reduction compared to alliance and expectancy. However, neither specific nor common factors predicted improvement in quality of life very well. Only in EX/RP, symptom change was associated with subsequent changes in alliance. Finally, therapist effects were estimated using Bayesian methods and were negligible. In the context of CBT for OCD, the data support the specific factor model, and suggest that the relative contribution of common vs. specific factors likely varies by disorder and by treatment type.

Wang, P.-W., H.-C. Lin, et al. (2018). ***"Effect of aerobic exercise on improving symptoms of individuals with schizophrenia: A single blinded randomized control study."*** Frontiers in Psychiatry 9(167). https://www.frontiersin.org/article/10.3389/fpsyt.2018.00167

(Available in free full text) Introduction Antipsychotic treatment can improve the symptoms of schizophrenia; however, residual symptoms after antipsychotic treatment are frequent. The effects of exercise on the symptoms of schizophrenic patients under antipsychotic treatment are not conclusive. The aim of this randomized case–control study was to examine the effects of aerobic exercise (AE) on the symptoms of schizophrenic patients receiving antipsychotic treatment. Method In total, 33 and 29 participants who received antipsychotics for schizophrenia were randomly assigned into intervention and control groups, respectively. We measured the severities of schizophrenic symptoms using the Chinese version of the Positive and Negative Syndrome Scale (PANSS) before, immediately after, and at 3 months after the intervention in both the AE and control groups. Results In total, 24 participants (72.7%) in the AE group and 22 participants (75.9%) in the control group completed the study. The results indicated that the severities of positive symptoms and general psychopathology in the AE group significantly decreased during the 12 weeks of intervention but did not further significantly change during the follow-up period of 3 months. The severity of negative symptoms in the AE group significantly decreased after 12 weeks of intervention and continued decreasing during the 3-month follow-up period. Interaction effects between time and group for the severities of symptoms on the negative and general psychopathology scales were observed. Conclusion AE can improve the severities of symptoms on the negative and general psychopathology scales in individuals with antipsychotic-treated schizophrenia.

Wilson, D. M., J. Cohen, et al. (2018). ***"Bereavement grief: A population-based foundational evidence study."*** Death Studies 42(7): 463-469. https://doi.org/10.1080/07481187.2017.1382609

Information is needed on the incidence and prevalence of bereavement grief, and factors associated with severe or prolonged grief. Among 1,208 representative Canadian adults, 96% had experienced bereavement grief and 78% were actively grieving at interview. Grief levels were higher among women, Protestants, and Catholics, when the death was under 2 years previously, when a spouse, parent, or child had died, and when the perceived death quality was lower. This study reveals the importance of good deaths; they are essential for dying people and also those who mourn their deaths.

Yoon, S., V. Dang, et al. (2018). ***"Are attitudes towards emotions associated with depression? A conceptual and meta-analytic review."*** Journal of Affective Disorders 232: 329-340. http://www.sciencedirect.com/science/article/pii/S0165032717323789

Objectives We performed a conceptual and meta-analytic review of the relationship between negative cognitive and affective evaluations of negative emotional experiences (negative ATE) and depression. We examined the negative ATE-depression relationship in terms of three ATE constructs: fear of emotion, non-acceptance of emotion, and distress intolerance. We also explored whether the negative ATE-depression relationship differs as a function of specific emotions. Methods Seventy articles with a total sample of 19950 adults were included in the general analysis, and 10 studies with a total sample of 1726 were included in the emotion-specific analysis. Results In the general analysis, negative ATE was associated with depression with a medium to large effect. Notably, this effect size was stronger than previously observed associations between emotion regulation strategies and depression (Aldao et al., 2010). In the emotion-specific analysis, negative attitudes towards depressive affect had a particularly strong association with depression. Limitations Limitations include heterogeneity in effect sizes and a small number of samples for the emotion-specific analyses. Conclusions The present review is the first to establish a systematic relationship between negative ATE and depression. We close with suggestions for future work designed to understand why negative ATE is related to depression, which can lead to understanding of depression's etiology and ways to refine interventions to alter ATE.

Zvolensky, M. J., L. Garey, et al. (2018). ***"Effects of anxiety sensitivity reduction on smoking abstinence: An analysis from a panic prevention program."*** J Consult Clin Psychol 86(5): 474-485.
http://psycnet.apa.org/doiLanding?doi=10.1037%2Fccp0000288

OBJECTIVE: Scientific evidence implicates anxiety sensitivity (AS) as a risk factor for poor smoking cessation outcomes. Integrated smoking cessation programs that target AS may lead to improved smoking cessation outcomes, potentially through AS reduction. Yet, little work has evaluated the efficacy of integrated smoking cessation treatment on smoking abstinence. The present study prospectively examined treatment effects of a novel AS reduction-smoking cessation intervention relative to a standard smoking cessation intervention on smoking abstinence. METHOD: Participants (N = 529; 45.9% male; Mage = 38.23, SD = 13.56) included treatment-seeking smokers who received either a 4-session integrated anxiety-reduction and smoking cessation intervention (Smoking Treatment and Anxiety Management Program; [STAMP]) or a 4-session standard smoking cessation program (SCP). The primary aims focused on examining the effects of STAMP on (a) AS reduction during treatment, (b) early and late smoking point prevalence abstinence, and (c) the mechanistic function of AS reduction on treatment effects across early and late smoking abstinence. RESULTS: Results indicated a significantly greater decline in AS in STAMP relative to SCP (B = -.72, $p < .001$). Treatment condition did not significantly directly predict early or late abstinence. However, the effect of STAMP on early abstinence was significantly mediated by reductions in AS (indirect = .16, 95% CI [.02, .40]). CONCLUSIONS: Findings provide evidence for the efficacy of a novel, integrated anxiety and smoking cessation treatment to reduce AS. Moreover, the meditation pathway from STAMP to early abstinence through reductions in AS suggest that AS is a clinically important mechanism of change for smoking cessation treatment and research.