48 cbt & psychotherapy relevant abstracts april '19 newsletter

Abrantes, A. M., S. G. Farris, et al. (2019). **"Acute effects of aerobic exercise on negative affect and obsessions and compulsions in individuals with obsessive-compulsive disorder."** Journal of Affective Disorders 245: 991-997. http://www.sciencedirect.com/science/article/pii/S0165032718316409

Background The acute effects of aerobic exercise on improved mood and anxiety reduction have been demonstrated across clinical and nonclinical populations. Limited work has evaluated the acute effects of aerobic exercise on negative affect, obsessions, and compulsions in patients with Obsessive Compulsive Disorder (OCD). Method Fifty-five patients (64% female) with treatment-resistant OCD were randomized to either 12 weeks of aerobic exercise (AE) or health education contact (HEC) control. Participants rated negative affect (i.e., mood and anxiety), obsessions and compulsions before and after each weekly AE or HEC session. Multilevel models were constructed to evaluate the effect of intervention condition, treatment week (time), and their interaction in terms of acute change in affect, obsession, and compulsions. Results Results reflected a main effect of condition, such that AE resulted in significantly larger increases in positive mood, and reductions in anxiety and compulsions, as compared to HEC. There was also a main effect of time in predicting acute anxiety reduction, such that linear reductions in anxiety over the course of treatment were observed. No significant effects were observed for acute changes in obsessions. Limitations The sample was small and was limited in demographic heterogeneity. Bouts of aerobic exercise were not standardized in terms of duration and mode, which could impact affective response to exercise, and acute affective OCD effects were exclusively self-reported. Discussion The current findings may help elucidate potential mechanisms of action of exercise on OCD outcomes. In addition, these results point toward the potential of designing exercise interventions that can teach patients to utilize individual bouts of physical activity, "in-the-moment" to improve mood and reduce anxiety and compulsions.

Adshead, G. (2018). **"Security of mind: 20 years of attachment theory and its relevance to psychiatry."** The British Journal of Psychiatry 213(3): 511-513. https://www.cambridge.org/core/article/security-of-mind-20-years-of-attachment-theory-and-its-relevance-to-psychiatry/F730F989CACEF1AB43581D309616547A

(Available in free full text) In this editorial, I suggest that no psychiatrist should be without a working knowledge of attachment theory, and it is a capability that all trainees should cover in the proposed new curriculum. I have focused on three domains of research to argue that attachment theory is relevant to practicing psychiatrists.

Atzil-Slonim, D., E. Bar-Kalifa, et al. (2019). **"Therapists' empathic accuracy toward their clients' emotions."** J Consult Clin Psychol 87(1): 33-45. http://psycnet.apa.org/record/2018-58514-001

OBJECTIVE: Therapists' empathic accuracy (EA) toward their clients' fluctuating emotions is a crucial clinical skill that underlies many therapeutic interventions. In contrast to the subjective components of empathy, limited empirical work has addressed EA or its effect on the outcomes of psychotherapy. Here, we differentiate between the components of EA (tracking accuracy, directional discrepancy) as well as the valence of the target emotions (positive vs. negative). We also investigated the relative contribution of cognitive and emotional processes to therapists' EA and examined the associations between EA and treatment outcomes. METHOD: The sample comprised 93 clients treated by 62 therapists in a university setting. Prior to each session, clients self-reported their symptoms. Following each session, clients rated their positive (PE) and negative (NE) emotions during the session and therapists rated their own emotions, as well as their assessment of their clients' emotions. RESULTS: Therapists accurately tracked their clients' PE and NE and were more accurate for NE. Therapists tended to overestimate their clients' NE and underestimate their clients' PE. Therapists' emotions were associated with their clients' emotions (real similarity). Therapists' emotions were also associated with their assessments of their clients' emotions (assumed similarity). Therapists' own emotions partially mediated the association between clients' emotions and therapists' assessments. Therapists' inaccuracy in assessing their clients' PE was associated with higher reported symptoms in the next session. CONCLUSION: These findings help provide a better understanding of the specific characteristics associated with more EA and underscore the importance of EA in facilitating clients' emotional well-being.

Bennett-Levy, J. (2019). **"Why therapists should walk the talk: The theoretical and empirical case for personal practice in therapist training and professional development."** Journal of Behavior Therapy and Experimental Psychiatry 62: 133-145. http://www.sciencedirect.com/science/article/pii/S0005791618301733

(Available in free full text) The key proposition of this invited essay is that personal practice (PP), coupled with self-reflection, is central to the development of the most effective therapists. To date, the discussion about personal practice in therapist training and professional development has largely revolved around the value of personal therapy, subscribed to by some schools of psychotherapy but not by others. However, since the turn of the century a new landscape of personal practices for therapists has emerged. In particular, two forms of personal practice, meditation programs and self-practice/self-reflection (SP/SR) programs, have developed a growing evidence base. Here it is proposed that there is now a strong theoretical and empirical case to accord personal practice an explicit role in therapist training and professional development. The case rests on recent research suggesting that: (1) personal and interpersonal qualities of therapists play a key role in client outcomes; and (2) personal practice is the most effective way to achieve changes in therapists' personal and interpersonal qualities. It is suggested that the research agenda needs to move beyond asking whether or not personal practice is effective towards a more sophisticated set of questions: what personal practice, facilitated by whom, is most effective with which practitioners, in what contexts, at what point in time? To make further progress, trainers and researchers need to be supported to include personal practices in therapist training and to undertake research to evaluate their impacts.

Bisra, K., Q. Liu, et al. (2018). **"Inducing self-explanation: A meta-analysis."** Educational Psychology Review 30(3): 703-725. https://doi.org/10.1007/s10648-018-9434-x

Self-explanation is a process by which learners generate inferences about causal connections or conceptual relationships. A meta-analysis was conducted on research that investigated learning outcomes for participants who received self-explanation prompts while studying or solving problems. Our systematic search of relevant bibliographic databases identified 69 effect sizes (from 64 research reports) which met certain inclusion criteria. The overall weighted mean effect size using a random effects model was g = .55. We coded and analyzed 20 moderator variables including type of learning task (e.g., solving problems, studying worked problems, and studying text), subject area, level of education, type of inducement, and treatment duration. We found that self-explanation prompts are a potentially powerful intervention across a range of instructional conditions. Due to the limitations of relying on instructor-scripted prompts, we recommend that future research explore computer-generation of self-explanation prompts.

Blakey, S. M., J. S. Abramowitz, et al. (2019). **"A randomized controlled trial of the judicious use of safety behaviors during exposure therapy."** Behaviour Research and Therapy 112: 28-35. http://www.sciencedirect.com/science/article/pii/S0005796718301888

(Available in free full text) Safety behaviors—actions performed to prevent, escape from, or reduce the severity of perceived threat—are typically eliminated during exposure therapy for clinical anxiety. Yet some experts have called for the strategic and "judicious use" of safety behaviors during exposure to improve treatment acceptability/tolerability without diminishing its efficacy. Empirical findings regarding this debate are mixed and existing work is subject to several methodological limitations. The current randomized controlled trial incorporated longitudinal design and multimethod assessment to compare the efficacy of traditional exposure with the elimination of safety behaviors (E/ESB) and exposure with judiciously used safety behaviors (E/JU). Adults with clinically significant spider fear (N = 60) were randomized to four twice-weekly sessions of E/ESB or E/JU. Self-report and behavioral measures were administered at pretreatment, posttreatment, and 1-month follow-up. Participants exhibited large effects on all measures from pretreatment to posttreatment, with no change from posttreatment to follow-up. There were no significant group differences in treatment outcome or treatment acceptability/tolerability. Exploratory analyses were used to compare behavioral and inhibitory learning processes between conditions. Clinical implications, study limitations, and future directions are discussed in terms of inhibitory learning theory.

Calati, R., C. Ferrari, et al. (2019). **"Suicidal thoughts and behaviors and social isolation: A narrative review of the literature."** Journal of Affective Disorders 245: 653-667. http://www.sciencedirect.com/science/article/pii/S016503271831694X

Background Social isolation is one of the main risk factors associated with suicidal outcomes. The aim of this narrative review was to provide an overview on the link between social isolation and suicidal thoughts and behaviors. Methods We used the PubMed database to identify relevant articles published until April 13, 2018. We focused on: (a) systematic reviews, meta-analyses, and narrative reviews; (b) original observational studies with large samples (N ≥ 500); and (c) qualitative studies. We included all relevant suicidal outcomes: suicidal ideation (SI), suicidal planning, non-suicidal self-injury, deliberate self-harm, suicide attempt (SA), and suicide. Results The main social constructs associated with suicidal outcomes were marital status (being single, separated, divorced, or widowed) and living alone, social isolation, loneliness, alienation, and belongingness. We included 40 original observational studies, the majority of them performed on adolescents and/or young adults (k = 23, 57.5%). Both the objective condition (e.g., living alone) and the subjective feeling of being alone (i.e., loneliness) were strongly associated with suicidal outcomes, in particular with SA and SI. However, loneliness, which was investigated in most studies (k = 24, 60%), had a major impact on both SI and SA. These associations were transculturally consistent. Limitations Confounding factors can limit the weight of the results obtained in observational studies. Conclusions Data from the observational studies suggest that both objective social isolation and the subjective feeling of loneliness should be incorporated in the risk assessment of suicide. Interventional studies targeting social isolation for suicide prevention are needed.

Caspi, A. and T. E. Moffitt (2018). **"All for one and one for all: Mental disorders in one dimension."** Am J Psychiatry 175(9): 831-844. https://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2018.17121383

In both child and adult psychiatry, empirical evidence has now accrued to suggest that a single dimension is able to measure a person's liability to mental disorder, comorbidity among disorders, persistence of disorders over time, and severity of symptoms. This single dimension of general psychopathology has been termed "p," because it conceptually parallels a dimension already familiar to behavioral scientists and clinicians: the "g" factor of general intelligence. As the g dimension reflects low to high mental ability, the p dimension represents low to high psychopathology severity, with thought disorder at the extreme. The dimension of p unites all disorders. It influences present/absent status on hundreds of psychiatric symptoms, which modern nosological systems typically aggregate into dozens of distinct diagnoses, which in turn aggregate into three overarching domains, namely, the externalizing, internalizing, and psychotic experience domains, which finally aggregate into one dimension of psychopathology from low to high: p. Studies show that the higher a person scores on p, the worse that person fares on measures of family history of psychiatric illness, brain function, childhood developmental history, and adult life impairment. A dimension of p may help account for ubiquitous nonspecificity in psychiatry: multiple disorders share the same risk factors and biomarkers and often respond to the same therapies. Here, the authors summarize the history of the unidimensional idea, review modern research into p, demystify statistical models, articulate some implications of p for prevention and clinical practice, and outline a transdiagnostic research agenda. [AJP AT 175: Remembering Our Past As We Envision Our Future. October 1910: A Study of Association in InsanityGrace Helen Kent and A.J. Rosanoff: "No sharp distinction can be drawn between mental health and mental disease; a large collection of material shows a gradual and not an abrupt transition from the normal state to pathological states."(Am J Psychiatry 1910; 67(2):317–390)]

Cuijpers, P., I. A. Cristea, et al. (2019). **"Component studies of psychological treatments of adult depression: A systematic review and meta-analysis."** Psychotherapy Research 29(1): 15-29. https://doi.org/10.1080/10503307.2017.1395922

(Available in free full text) Abstract Objectives: A recent report from the US Institute of Medicine indicated that identifying core elements of psychosocial interventions is a key step in successfully bringing evidence-based psychosocial interventions into clinical practice. Component studies have the best design to examine these core elements. Earlier reviews resulted in heterogeneous sets of studies and probably missed many studies. Methods: We conducted a comprehensive search of component studies on psychotherapies for adult depression and included 16 studies with 22 comparisons. Results: Fifteen components were examined of which four were examined in more than one comparison. The pooled difference between the full treatments and treatments with one component removed was g = 0.21 (95% CI: 0.03?0.39). One study had sufficient statistical power to detect a small effect size and found that adding emotion regulation skills increased the effects of CBT. None of the other studies had enough power to detect an effect size smaller than g = 0.55. Only one study had low risk of bias. Conclusions: The currently available component studies do not have the statistical power nor the quality to draw any meaningful conclusion about key ingredients of psychotherapies for adult depression.

Dagan, O., C. R. Facompré, et al. (2018). **"Adult attachment representations and depressive symptoms: A meta-analysis."** Journal of Affective Disorders 236: 274-290. http://www.sciencedirect.com/science/article/pii/S0165032718300582

Background Attachment theory has long argued that insecure and disorganized attachment representations are associated with vulnerability to psychopathology in general, and depressive symptoms in particular. However, studies assessing the link between insecure and disorganized attachment and depressive symptoms report inconsistent results. The primary aim of this meta-analysis was to examine the extent to which adult attachment representations are associated with depressive symptoms. Methods We conducted a literature search for published studies using PsycINFO, MEDLINE, and ProQuest in March 2017, identifying 55 samples (N = 4,386). Eligible studies assessed depression using a well-validated self-report or clinical diagnostic measure of depression and attachment using the Adult Attachment Interview. Results Results demonstrated that insecure individuals had higher levels of depression than secure-autonomous individuals (d = 0.21, 95% CI [0.08–0.33]).

Specifically, insecure-preoccupied individuals (d = 0.48, 95% CI [0.30–0.65]), but not insecure-dismissing individuals (d = 0.09, 95% CI [−0.03–0.22]), exhibited significantly more depressive symptoms than the secure-autonomous individuals. Additionally, unresolved adults had higher levels of depression than adults with organized attachment classifications (d = 0.29, 95% CI [0.13–0.44]). Limitations Due to the nature of the studies reviewed, causal inferences regarding the links found between adult attachment representations and depressive symptoms may not be drawn. Further, the aggregate effect sizes do not solely reflect the magnitude of the association between attachment representations and clinically-diagnosed major depressive disorder. Conclusions The results of this meta-analysis have important conceptual and practical implications for attachment-based prevention and intervention efforts, as they suggest that attachment representations, specifically insecure-preoccupied and unresolved, are associated with depressive symptoms in adulthood. Future research using longitudinal and intervention-based designs should examine the extent to which insecure-preoccupied and unresolved attachment lead to increased depressive symptoms, as well as the mechanisms by which these attachment patterns across the life span may increase vulnerability to depressive symptoms in adulthood.

Delhom, I., M. Gutierrez, et al. (2018). *"Does emotional intelligence predict depressed mood? A structural equation model with elderly people."* Journal of Happiness Studies 19(6): 1713-1726. https://doi.org/10.1007/s10902-017-9891-9
    It is widely accepted that older people need to perceive and understand their feelings and believe in their ability to adapt to negative situations or losses that occur in aging. In this study, we examined the relationships among emotional intelligence, coping, and depressed mood, measuring these relationships through a structural equation model (SEM). A total of 215 subjects over 60 years old with no cognitive impairment participated in the study. The results show that emotional intelligence positively predicts problem-focused coping, which in turn negatively predicts depressed mood. However, there is no significant relationship between emotional intelligence and emotion-focused coping, which positively predicts depressed mood. These results indicate that emotionally intelligent people make greater use of problem-focused strategies, and they benefit from them in achieving a positive mood and, therefore, better psychological adjustment, whereas emotional strategies foster depressed mood. It should be noted that emotional intelligence can be seen as an indicator of psychological adjustment and as a precursor of feelings associated with good mental health. Therefore, the implementation of activities that promote emotional intelligence can improve the quality of life of older people.

Espie, C. A., R. Emsley, et al. (2018). *"Effect of digital cognitive behavioral therapy for insomnia on health, psychological well-being, and sleep-related quality of life: A randomized clinical trial."* JAMA Psychiatry. http://dx.doi.org/10.1001/jamapsychiatry.2018.2745
    Importance Digital cognitive behavioral therapy (dCBT) is a scalable and effective intervention for treating insomnia. Most people with insomnia, however, seek help because of the daytime consequences of poor sleep, which adversely affects quality of life.Objectives To investigate the effect of dCBT for insomnia on functional health, psychological well-being, and sleep-related quality of life and to determine whether a reduction in insomnia symptoms was a mediating factor.Design, Setting, and Participants This online, 2-arm, parallel-group randomized trial comparing dCBT for insomnia with sleep hygiene education (SHE) evaluated 1711 participants with self-reported symptoms of insomnia. Participants were recruited between December 1, 2015, and December 1, 2016, and dCBT was delivered using web and/or mobile channels plus treatment as usual; SHE comprised a website and a downloadable booklet plus treatment as usual. Online assessments took place at 0 (baseline), 4 (midtreatment), 8 (posttreatment), and 24 (follow-up) weeks. Programs were completed within 12 weeks after inclusion.Main Outcomes and Measures Primary outcomes were scores on self-reported measures of functional health (Patient-Reported Outcomes Measurement Information System: Global Health Scale; range, 10-50; higher scores indicate better health); psychological well-being (Warwick-Edinburgh Mental Well-being Scale; range, 14-70; higher scores indicate greater well-being); and sleep-related quality of life (Glasgow Sleep Impact Index; range, 1-100; higher scores indicate greater impairment). Secondary outcomes comprised mood, fatigue, sleepiness, cognitive failures, work productivity, and relationship satisfaction. Insomnia was assessed with the Sleep Condition Indicator (range: 0-32; higher scores indicate better sleep).Results Of the 1711 participants included in the intention-to-treat analysis, 1329 (77.7%) were female, mean (SD) age was 48.0 (13.8) years, and 1558 (91.1%) were white. Use of dCBT was associated with a small improvement in functional health compared with SHE (adjusted difference [95% CI] at week 4, 0.90 [0.40-1.40]; week 8, 1.76 [1.24-2.28]; week 24, 1.76 [1.22-2.30]) and psychological well-being (adjusted difference [95% CI] at week 4, 1.04 [0.28-1.80]; week 8, 2.68 [1.89-3.47]; week 24, 2.95 [2.13-3.76]), and with a large improvement in sleep-related quality of life (at week 4, −8.76 [−11.83 to −5.69]; week 8, −17.60 [−20.81 to −14.39]; week 24, −18.72 [−22.04 to −15.41]) (all P < .01). A large improvement in insomnia mediated these outcomes (range mediated, 45.5%-84.0%).Conclusions and Relevance Use of dCBT is effective in improving functional health, psychological well-being, and sleep-related quality of life in people reporting insomnia symptoms. A reduction in insomnia symptoms mediates these improvements. These results confirm that dCBT improves both daytime and nighttime aspects of insomnia, strengthening existing recommendations of CBT as the treatment of choice for insomnia.

Firth, N., D. Saxon, et al. (2019). *"Therapist and clinic effects in psychotherapy: A three-level model of outcome variability."* J Consult Clin Psychol. http://eprints.whiterose.ac.uk/141765/
    Objective: The study aimed to 1) investigate the effect of treatment location on clinical outcomes for patients receiving psychological therapy (a clinic effect, akin to the concept of a therapist effect), and 2) assess the impact of explanatory individual and aggregate demographic and process variables on the clinic and therapist effects. Method: The sample comprised 26,888 patients, seen by 462 therapists, across 30 clinics. Mean patient age was 38 years (69% female, 90% White, 92% planned ending). The dependent variable was patients' post-therapy score on the Clinical Outcomes in Routine Evaluation – Outcome Measure. An incremental three-level multilevel model was constructed. Markov Chain Monte Carlo estimation created 95% probability intervals for the clinic and therapist effects. Results: A three-level model with no explanatory variables detected a clinic effect of 8.2%, significantly larger than the therapist effect of 3.2%. Adding explanatory variables significantly reduced the clinic effect to 1.9% but did not significantly alter the therapist effect (3.4%). Patient-level symptom severity and employment status, and clinic-level percentage of White patients and healthcare sector explained the most clinic outcome variance and overall outcome variance. Conclusions: Substantial variability in clinical outcomes was found between clinics providing psychological therapy. Socioeconomic mix of patients explained significant proportions of variability at the clinic level but not the therapist level. Clinical implications include the need to go beyond the therapist-patient interaction in order to deliver effective psychological therapy. Future research is also needed to identify the mechanisms by which clinic and/or area-level factors impact on clinical outcomes.

Flückiger, C., A. C. Del Re, et al. (2018). *"The alliance in adult psychotherapy: A meta-analytic synthesis."* Psychotherapy 55(4): 316-340. https://psycnet.apa.org/record/2018-23951-001
    (Available in free full text) The alliance continues to be one of the most investigated variables related to success in psychotherapy irrespective of theoretical orientation. We define and illustrate the alliance (also conceptualized as therapeutic alliance, helping alliance, or working alliance) and then present a meta-analysis of 295 independent studies that covered more

than 30,000 patients (published between 1978 and 2017) for face-to-face and Internet-based psychotherapy. The relation of the alliance and treatment outcome was investigated using a three-level meta-analysis with random-effects restricted maximum-likelihood estimators. The overall alliance–outcome association for face-to-face psychotherapy was r = .278 (95% confidence intervals [.256, .299], p < .0001; equivalent of d = .579). There was heterogeneity among the effect sizes, and 2% of the 295 effect sizes indicated negative correlations. The correlation for Internet-based psychotherapy was approximately the same (viz., r = .275, k = 23). These results confirm the robustness of the positive relation between the alliance and outcome. This relation remains consistent across assessor perspectives, alliance and outcome measures, treatment approaches, patient characteristics, and countries. The article concludes with causality considerations, research limitations, diversity considerations, and therapeutic practices.

Fowler, J. C., A. Madan, et al. (2019). ***"Differentiating bipolar disorder from borderline personality disorder: Diagnostic accuracy of the difficulty in emotion regulation scale and personality inventory for dsm-5."*** Journal of Affective Disorders 245: 856-860. http://www.sciencedirect.com/science/article/pii/S0165032718316203
Background Confusion abounds when differentiating the diagnoses of bipolar disorder (BD) from borderline personality disorder (BPD). This study explored the relative clinical utility of affective instability and self-report personality trait measures for accurate identification of BD and BPD. Methods Receiver operator characteristics and diagnostic efficiency statistics were calculated to ascertain the relative diagnostic efficiency of self-report measures. Inpatients with research-confirmed diagnoses of BD (n = 341) or BPD (n = 381) completed the Difficulty in Emotion Regulation Scale (DERS) and Personality Inventory for DSM-5 (PID-5). Results The total score for DERS evidenced relatively poor accuracy for differentiating the disorders (AUC = 0.72, SE = 0.02, p < .0001), while subscales of affective instability measures yielded fair discrimination (AUC range = 0.70–0.59). The PID-5 BPD algorithm (consisting of emotional lability, anxiousness, separation insecurity, hostility, depressivity, impulsivity, and risk taking) evidenced moderate-to-excellent accuracy (AUC = 0.83, SE = 0.04, p < .0001) with a good balance of specificity (SP = 0.79) and sensitivity (SN = 0.77). Conclusion Findings support the use of the PID-5 algorithm for differentiating BD from BPD. Furthermore, findings support the accuracy of the DSM-5 alternative model Criteria B trait constellation for differentiating these two disorders with overlapping features.

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.

Gelso, C. J., D. M. Kivlighan Jr, et al. (2018). ***"The real relationship and its role in psychotherapy outcome: A meta-analysis."*** Psychotherapy 55(4): 434-444 https://psycnet.apa.org/record/2018-51673-009
Although writing about the real relationship has existed from the beginnings of the "talking cure," it is only in recent years that empirical research has focused on this phenomenon. The real relationship is the personal relationship between patient and therapist marked by the extent to which each is genuine with the other and perceives/experiences the other in ways that are realistic. The strength of the real relationship is determined by both the extent to which it exists and the degree to which it is positive or favorable. In this article, a meta-analysis is presented on the association between the strength of the real relationship and the outcome of psychotherapy. Summed across 16 studies, this meta-analysis revealed a moderate association with outcome (r = .38, 95% confidence interval [.30, .44], p < .001, d = 0.80, N = 1.502). This real relationship–outcome association was independent of the type of outcome studied (treatment outcome, treatment progress, and session outcome) and of the source of the measure (whether the client or the therapist rated the real relationship and/or treatment outcome). We also present commonly used measures of the real relationship, limitations of the research, and patient contributions. The article concludes with diversity considerations and practice recommendations for developing and strengthening the real relationship.

Hennecke, M., T. Czikmantori, et al. (2018). ***"Doing despite disliking: Self-regulatory strategies in everyday aversive activities."*** European Journal of Personality 0(0). https://onlinelibrary.wiley.com/doi/abs/10.1002/per.2182
Abstract We investigated the self-regulatory strategies people spontaneously use in their everyday lives to regulate their persistence during aversive activities. In pilot studies (pooled N = 794), we identified self-regulatory strategies from self-reports and generated hypotheses about individual differences in trait self-control predicting their use. Next, deploying ambulatory assessment (N = 264, 1940 reports of aversive/challenging activities), we investigated predictors of the strategies' self-reported use and effectiveness (trait self-control and demand types). The popularity of strategies varied across demands. In addition, people higher in trait self-control were more likely to focus on the positive consequences of a given activity, set goals, and use emotion regulation. Focusing on positive consequences, focusing on negative consequences (of not performing the activity), thinking of the near finish, and emotion regulation increased perceived self-regulatory success across demands, whereas distracting oneself from the aversive activity decreased it. None of these strategies, however, accounted for the beneficial effects of trait self-control on perceived self-regulatory success. Hence, trait self-control and strategy use appear to represent separate routes to good self-regulation. By considering trait- and process-approaches these findings promote a more comprehensive understanding of self-regulatory success and failure during people's daily attempts to regulate their persistence. *[Excellent commentary on this article in BPS Digest at https://tinyurl.com/y7ftccuo].*

Hilbert, A., D. Petroff, et al. (2019). ***"Meta-analysis of the efficacy of psychological and medical treatments for binge-eating disorder."*** J Consult Clin Psychol 87(1): 91-105. http://psycnet.apa.org/record/2018-65356-004
OBJECTIVE: To provide a comprehensive meta-analysis on the efficacy of psychological and medical treatments for binge-eating disorder (BED), including those targeting weight loss. METHOD: Through a systematic search before March 2018, 81 published and unpublished randomized-controlled trials (RCTs), totaling 7,515 individuals with BED (Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition [DSM-IV] and Fifth Edition [DSM-5]), were retrieved and analyzed using random-effect modeling. RESULTS: In RCTs with inactive control groups, psychotherapy, mostly consisting of cognitive-behavioral therapy, showed large-size effects for the reduction of binge-eating episodes and abstinence from binge eating, followed by structured self-help treatment with medium-to-large effects when compared with wait-list. Pharmacotherapy and pharmacological weight loss treatment mostly outperformed pill placebo conditions with small effects on binge-eating outcome. These results were confirmed for the most common treatments of cognitive-behavioral therapy, self-help treatment based on cognitive-behavioral therapy, and lisdexamfetamine. In RCTs with active control groups, there was limited evidence for the

superiority of one treatment category or treatment. In a few studies, psychotherapy outperformed behavioral weight loss treatment in short- and long-term binge-eating outcome and led to lower longer-term abstinence than self-help treatment, while combined treatment revealed no additive effect on binge-eating outcome over time. Overall study quality was heterogeneous and the quality of evidence for binge-eating outcome was generally very low. CONCLUSIONS: This comprehensive meta-analysis demonstrated the efficacy of psychotherapy, structured self-help treatment, and pharmacotherapy for patients with BED. More high quality research on treatments for BED is warranted, with a focus on long-term maintenance of therapeutic gains, comparative efficacy, mechanisms through which treatments work, and complex models of care.

Johns, R. G., M. Barkham, et al. (2019). *"A systematic review of therapist effects: A critical narrative update and refinement to baldwin and imel's (2013) review."* Clinical Psychology Review 67: 78-93.
http://www.sciencedirect.com/science/article/pii/S0272735817305305
        (Available in free full text) 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) with 19 studies using multilevel modeling. TEs were found in 19 studies. The TE range for all studies was 0.2% 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, with too few examples of maximising the research potential 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.

Johnston, K. M., L. C. Powell, et al. (2019). *"The burden of treatment-resistant depression: A systematic review of the economic and quality of life literature."* Journal of Affective Disorders 242: 195-210.
http://www.sciencedirect.com/science/article/pii/S0165032718311200
        (Available in free full text) Background Major depressive disorder (MDD) is a global public health concern. In particular, treatment-resistant depression (TRD) represents a key unmet need in the management of MDD. A systematic review of the epidemiological and economic literature on the burden associated with an increasing number of treatment steps due to TRD/non-response within an MDD episode was performed to quantify the burden of TRD. Methods Studies were identified in the PubMed/Medline databases through April 27th, 2017. Articles were limited to full-length peer-reviewed journal publications with no date restrictions. Economic and patient health-related quality of life (HRQoL) data on non-response by the number of treatment steps were quantified and, where appropriate, compared across studies; otherwise, comparative data within studies were reported. Results The 12 studies on economic burden found an association between increasing levels of TRD/non-response and elevations in direct and indirect costs. Likewise, the 19 studies studying HRQoL burden found that increasing levels of TRD/non-response correlated with reduced patient HRQoL and health status. Limitations TRD is defined inconsistently, which results in notable heterogeneity between published studies and poses methodological challenges for between-study comparisons. It is unknown if the increased economic and patient HRQoL burden are due to factors associated with TRD/non-response in addition to those due to depression persistence or severity. Conclusions A consistent trend was observed such that medical costs increased and patient HRQoL and health status decreased by increasing level of TRD/non-response within an MDD episode. These findings highlight the need for improved therapies for TRD to help reduce disease burden.

Kählke, F., T. Berger, et al. (2019). *"Efficacy of an unguided internet-based self-help intervention for social anxiety disorder in university students: A randomized controlled trial."* Int J Methods Psychiatr Res 0(0): e1766.
https://onlinelibrary.wiley.com/doi/abs/10.1002/mpr.1766
        Abstract Objectives Internet- and mobile-based interventions (IMIs) offer the opportunity to deliver mental health treatments on a large scale. This randomized controlled trial evaluated the efficacy of an unguided IMI (StudiCare SAD) for university students with social anxiety disorder (SAD). Methods University students (N = 200) diagnosed with SAD were randomly assigned to an IMI or a waitlist control group (WLC) with full access to treatment as usual. StudiCare SAD consists of nine sessions. The primary outcome was SAD symptoms at posttreatment (10 weeks), assessed via the Social Phobia Scale (SPS) and the Social Interaction Anxiety Scale (SIAS). Secondary outcomes included depression, quality of life, fear of positive evaluation, general psychopathology, and interpersonal problems. Results Results indicated moderate to large effect sizes in favor of StudiCare SAD compared with WLC for SAD at posttest for the primary outcomes (SPS: d = 0.76; SIAS: d = 0.55, p < 0.001). Effects on all secondary outcomes were significant and in favor of the intervention group. Conclusion StudiCare SAD has proven effective in reducing SAD symptoms in university students. Providing IMIs may be a promising way to reach university students with SAD at an early stage with an effective treatment.

Kamp, K. S. and H. Due (2019). *"How many bereaved people hallucinate about their loved one? A systematic review and meta-analysis of bereavement hallucinations."* Journal of Affective Disorders 243: 463-476.
http://www.sciencedirect.com/science/article/pii/S0165032718301551
        Background Bereavement hallucinations (BHs) entail a perception of a deceased in any sense modality or as a quasi-sensory sense of presence. BHs are an associated feature of the proposed Persistent Complex Bereavement Disorder (PCBD) in DSM-5. The goals of this review are to estimate the prevalence of BHs, identify possible moderators, and review the methodological status of this research field. Methods A systematic literature search was conducted through the databases PubMed, PsycINFO, and CINAHL. Studies systematically assessing the prevalence of BHs of a relative or friend were included. Results Twenty-one eligible studies were identified and 8 meta-analyses of BHs in different sense modalities were conducted. The prevalence of having one or more BHs was estimated to be 56.6% (95% CI 49.9–63.2), and the estimated prevalence of BHs in specific sense modalities ranged within 7.0–39.7%. Meta-regression analyses revealed associations to age and conjugal bereavement, but results are tentative and dependent on the type of BH in question. Limitations The included studies were methodologically heterogeneous. Limitations included the lack of a valid measure of BHs and low sample generalizability. Conclusion This first systematic review and meta-analysis of BHs suggests that more than half of the bereaved people experience some kind of BH. However, there are considerable methodological limitations in the research of BHs, which is of pertinent interest as BHs have been linked to the development of a future diagnosis of clinically impairing grief. A valid measure of BHs needs to be developed and used in high-quality epidemiological research using population-based designs.

Kaya, A., D. K. Iwamoto, et al. (2019). *"The role of masculine norms and gender role conflict on prospective well-being among men."* Psychology of Men & Masculinities 20(1): 142-147. https://psycnet.apa.org/record/2018-18237-001

Masculinity has been theorized to be an anxiety-provoking state. Consequently, many researchers have examined masculinity in relation to negative psychological outcomes such as anxiety, depression, and alcohol or substance use. However, emerging research suggests that certain facets of masculinity may also be related to positive psychological outcomes and that there is a need for more empirical research examining the differential impact of distinct masculine norms on both negative and positive outcomes. Accordingly, this study longitudinally examined the influence of masculine norms and gender role conflict on eudaimonic psychological well-being among young adult college men (N = 278). Participants were recruited from a public university and completed Time 1 (baseline) measures of masculine norm conformity and gender role conflict as well as Time 2 (6 months follow-up) measure of eudaimonic well-being. Results demonstrated that both masculine norm conformity and gender role conflict were predictive of increased and decreased well-being among young adult men. Specifically, the masculine norms of power and playboy were negatively associated with prospective well-being. In addition, gender role conflict, particularly restricted emotionality, was negatively associated with well-being. The norm of winning was positively associated with prospective well-being. In sum, men's baseline adherence to traditional masculine norms was predictive of both positive and negative psychological well-being at follow-up, highlighting the differential impact of masculine norms on men's health. The study's theoretical and clinical implications, limitations, and future directions are discussed.

Kim, H., S. I. Di Domenico, et al. (2019). ***"Self–other agreement in personality reports: A meta-analytic comparison of self- and informant-report means."*** Psychological Science 30(1): 129-138.
https://journals.sagepub.com/doi/abs/10.1177/0956797618810000

Self-report questionnaires are the most commonly used personality assessment despite longstanding concerns that self-report responses may be distorted by self-protecting motives and response biases. In a large-scale meta-analysis (N = 33,033; k = 152 samples), we compared the means of self- and informant reports of the same target's Big Five personality traits to examine the discrepancies in two rating sources and whether people see themselves more positively than they are seen by others. Inconsistent with a general self-enhancement effect, results showed that self-report means generally did not differ from informant-report means (average $\delta = -.038$). Moderate mean differences were found only when we compared self-reports with stranger reports, suggesting that people are critical of unacquainted targets. We discuss implications of these findings for personality assessment and other fields in which self-enhancement motives are relevant.

Kivlighan, D. M. and C. L. Marmarosh (2018). ***"Counselors' attachment anxiety and avoidance and the congruence in clients' and therapists' working alliance ratings."*** Psychotherapy Research 28(4): 571-580.
https://doi.org/10.1080/10503307.2016.1198875

Objective: To determine how counselors' attachment anxiety and avoidance related to congruence between counselors' and clients' Working alliance (WA) ratings. Congruence strength was defined as the regression coefficient for clients' WA ratings predicting counselors' WA ratings. Directional bias was defined as the difference in level between counselors' and clients WA ratings. Method: Twenty-seven graduate student counselors completed an attachment measure and they and their 64 clients completed a measure of WA early in therapy. The truth-and-bias analysis was adapted to analyze the data. Results: As hypothesized counselors' WA ratings were significantly and positively related to clients' WA ratings. Also as hypothesized, counselors' WA ratings were significantly lower than their clients' WA ratings (directional bias). Increasing counselor attachment anxiety was related to increasing negative directional bias; as counselors' attachment anxiety increased the difference between counselors and clients WA ratings became more negative. There was a significant interaction between counselor attachment anxiety and congruence strength in predicting counselor WA ratings. There was a stronger relationship between client WA ratings and counselor WA ratings for counselors low versus high in attachment anxiety. Conclusion: Counselors' attachment anxiety is realted to their ability to accurately percieve their clients' WA.

Kraaij, V. and N. Garnefski (2019). ***"The behavioral emotion regulation questionnaire: Development, psychometric properties and relationships with emotional problems and the cognitive emotion regulation questionnaire."*** Personality and Individual Differences 137: 56-61. http://www.sciencedirect.com/science/article/pii/S0191886918304318

A new questionnaire, the Behavioral Emotion Regulation Questionnaire (BERQ) was developed. This questionnaire consists of 5 scales and assesses one's behavioral style or strategies of responding to stressful events to regulate emotions. It is the first questionnaire that measures behavioral coping only and complements the Cognitive Emotion Regulation Questionnaire (CERQ) which measures cognitive coping. In a sample of 457 adults from the general population the psychometric properties of the BERQ (measuring dispositional coping) and its relationship with well-being and the CERQ were examined. Principal component analyses supported the allocation of items to the subscales, with alphas of all scales being high. All BERQ scales correlated significantly with symptoms of depression and anxiety. Higher use of Seeking Distraction, Actively Approaching and Seeking Social Support was related to fewer depression and anxiety symptoms, suggesting these are more adaptive strategies. Higher use of Withdrawal and Ignoring was related to more depression and anxiety symptoms, suggesting these are less adaptive strategies. The BERQ and CERQ scales were mainly small to moderately correlated with each other. The results suggest that it is important to pay attention to behavioral coping in the development of intervention programs for mental health problems.

Lee, S. B., S. Chung, et al. (2018). ***"The mutual relationship between men's drinking and depression: A 4-year longitudinal analysis."*** Alcohol and Alcoholism 53(5): 597-602. http://dx.doi.org/10.1093/alcalc/agy003

Aims The purpose of the current study was to examine the longitudinal reciprocal relationship between depression and drinking among male adults from the general population. Methods This study used a panel dataset from the Korean Welfare Panel (from 2011 to 2014). The subjects were 2511 male adults aged between 20 and 65 years. Based on the Korean Version of the Alcohol Use Disorders Identification Test (AUDIT-K) scores, 2191 subjects were categorized as the control group (AUDIT-K < 12) and 320 subjects were categorized as the problem drinking group (AUDIT-K ≥ 12). An autoregressive cross-lagged modelling analysis was performed to investigate the mutual relationship between problem drinking and depression measured consecutively over time. Results The results indicated that alcohol drinking and depression were stable over time. In the control group, there was no significant causal relationship between problem drinking and depression while in the problem drinking group, drinking in the previous year significantly influenced depression in the following second, third and fourth years. Conclusion This study compared normal versus problem drinkers and showed a 4-year mutual causal relationship between depression and drinking. No longitudinal interaction between drinking and depression occurred in normal drinkers, while drinking intensified depression over time in problem drinkers. Short summary This study found that problem drinking was a risk factor for development of depression. Therefore, more attention should be given to problem alcohol use in the general population and evaluation of past alcohol use history in patients with depressive disorders.

Lee, Y. Y., E. A. Stockings, et al. (2019). ***"The risk of developing major depression among individuals with subthreshold depression: A systematic review and meta-analysis of longitudinal cohort studies."*** Psychological Medicine 49(1): 92-102. https://www.cambridge.org/core/article/risk-of-developing-major-depression-among-individuals-with-

Background Studies have consistently shown that subthreshold depression is associated with an increased risk of developing major depression. However, no study has yet calculated a pooled estimate that quantifies the magnitude of this risk across multiple studies. Methods We conducted a systematic review to identify longitudinal cohort studies containing data on the association between subthreshold depression and future major depression. A baseline meta-analysis was conducted using the inverse variance heterogeneity method to calculate the incidence rate ratio (IRR) of major depression among people with subthreshold depression relative to non-depressed controls. Subgroup analyses were conducted to investigate whether IRR estimates differed between studies categorised by age group or sample type. Sensitivity analyses were also conducted to test the robustness of baseline results to several sources of study heterogeneity, such as the case definition for subthreshold depression. Results Data from 16 studies (n = 67 318) revealed that people with subthreshold depression had an increased risk of developing major depression (IRR = 1.95, 95% confidence interval 1.28–2.97). Subgroup analyses estimated similar IRRs for different age groups (youth, adults and the elderly) and sample types (community-based and primary care). Sensitivity analyses demonstrated that baseline results were robust to different sources of study heterogeneity. Conclusion The results of this study support the scaling up of effective indicated prevention interventions for people with subthreshold depression, regardless of age group or setting.

Løge-Hagen, J. S., A. Sæle, et al. (2019). **"Prevalence of depressive disorder among patients with fibromyalgia: Systematic review and meta-analysis."** Journal of Affective Disorders 245: 1098-1105.
http://www.sciencedirect.com/science/article/pii/S0165032718318433

Background It is acknowledged that fibromyalgia (FM) as a medical (rheumatological) disorder and major depressive disorder (MDD) as a mental disorder often co-occurs, but the inconsistency is prevailing at study-level and no overall estimate of the co-occurrence exist. Aims This systematic review and meta-analysis aimed to estimate the overall point- and life-time prevalence of MDD among FM patients based on structured clinical interviews (SCI); and to estimate the point-prevalence of MDD among FM patients based on screening symptom scales (SSS). Method The electronical databases MEDLINE, EMBASE, Cochrane Central Register of Controlled Trials (CENTRAL), and PsycINFO were searched for papers that reported on prevalence of MDD among FM patients. Eligible studies were included in a random effects meta-analysis pooling the prevalence of depression. Results The literature search identified 11 eligible studies for the meta-analysis. For SCI, the overall pooled point-prevalence (PP) was 25% (95% CI 19 to 31%), and life-time prevalence (LP) was 65% (95% CI 59 to 71%). When estimating the PP with self-administered SSS the overall pooled PP was 45% (95% CI 32 to 59%), and a single clinician–administered SSS yielded a PP of 23% (95% CI 10 to 41%). There was low inconsistency for the SCI and high inconsistency for the SSS. Conclusion One fourth of all FM patients had MDD, and more than half experienced MDD during their life-time according to clinician-administered instruments. Prevalence of MDD was almost twice as high when using self-administered symptom scales and may be likely to overestimate the co-occurrence.

Malagón-Amor, Á., L. M. Martín-López, et al. (2018). **"A 12-month study of the hikikomori syndrome of social withdrawal: Clinical characterization and different subtypes proposal."** Psychiatry Research 270: 1039-1046.
http://www.sciencedirect.com/science/article/pii/S0165178117317341

Social withdrawal is a new mental health problem increasingly common, present in different cultures, whose psychopathology and treatment is not yet established. This study aims to determine the socio-demographic and clinical features and possible clinical subtypes that predict the 12-month outcomes of cases with hikikomori syndrome, a severe form of social withdrawal. Socio-demographic and clinical data at baseline were analysed as well as data obtained for 12 months after at-home treatment in 190 cases. The inclusion criteria were: spending all time at home, avoiding social situations and relationships, significant deterioration due to social isolation, with a minimum duration of 6 months. Six major diagnostic groups were identified: affective, anxiety, psychotic, drug use, personality and other Axis I disorders. The anxiety-affective subgroup demonstrated lower clinical severity, but worse evolution. Less than half of the cases were available for medical follow-up at 12-months. Subjects undergoing intensive treatment had a higher medical follow-up rate and better social networks at 12-months. Therefore, our findings provide data to reach consensus on the specific characteristics of social isolation hikikomori syndrome. The analysis demonstrated the fragility and tendency to relapse and have disengagement, particularly relevant in the anxiety-affective subgroup, suggesting that intensive treatments are more effective.

Massoudi, B., F. Holvast, et al. (2019). **"The effectiveness and cost-effectiveness of e-health interventions for depression and anxiety in primary care: A systematic review and meta-analysis."** Journal of Affective Disorders 245: 728-743. http://www.sciencedirect.com/science/article/pii/S0165032717321535

Purpose Psychological interventions are labor-intensive and expensive, but e-health interventions may support them in primary care. In this study, we systematically reviewed the effectiveness and cost-effectiveness of e-health interventions for depressive and anxiety symptoms and disorders in primary care. Methods We searched MEDLINE, Cochrane library, Embase, and PsychINFO until January 2018, for randomized controlled trials of e-health interventions for depression or anxiety in primary care. Two reviewers independently screened the identified publications, extracted data, and assessed risk of bias using the Cochrane Collaboration's tool. Results Out of 3617 publications, we included 14 that compared 33 treatments in 4183 participants. Overall, the methodological quality was poor to fair. The pooled effect size of e-health interventions was small (standardized mean difference = −0.19, 95%CI −0.31 to −0.06) for depression compared to control groups in the short-term, but this was maintained in the long-term (standardized mean difference = −0.22, 95%CI −0.35 to −0.09). Further analysis showed that e-health for depression had a small effect compared to care as usual and a moderate effect compared to waiting lists. One trial on anxiety showed no significant results. Four trials reported on cost-effectiveness. Limitations The trials studied different types of e-health interventions and had several risks of bias. Moreover, only one study was included for anxiety. Conclusions E-health interventions for depression have a small effect in primary care, with a moderate effect compared to waiting lists. The approach also appeared to be cost-effective for depression. However, we found no evidence for its effectiveness for anxiety.

McCauley, E., M. S. Berk, et al. (2018). **"Efficacy of dialectical behavior therapy for adolescents at high risk for suicide: A randomized clinical trial."** JAMA Psychiatry 75(8): 777-785. http://dx.doi.org/10.1001/jamapsychiatry.2018.1109

Importance Suicide is a leading cause of death among 10- to 24-year-old individuals in the United States; evidence on effective treatment for adolescents who engage in suicidal and self-harm behaviors is limited. Objective To evaluate the efficacy of dialectical behavior therapy (DBT) compared with individual and group supportive therapy (IGST) for reducing suicide attempts, nonsuicidal self-injury, and overall self-harm among high-risk youths. Design, Setting, and Participants This randomized clinical trial was conducted from January 1, 2012, through August 31, 2014, at 4 academic medical centers. A total of 173 participants (pool of 195; 22 withdrew or were excluded) 12 to 18 years of age with a prior lifetime suicide attempt (≥3 prior self-harm episodes, suicidal ideation, or emotional dysregulation) were studied. Adaptive randomization balanced

participants across conditions within sites based on age, number of prior suicide attempts, and psychotropic medication use. Participants were followed up for 1 year.Interventions Study participants were randomly assigned to DBT or IGST. Treatment duration was 6 months. Both groups had weekly individual and group psychotherapy, therapist consultation meetings, and parent contact as needed. Main Outcomes and Measures A priori planned outcomes were suicide attempts, nonsuicidal self-injury, and total self-harm assessed using the Suicide Attempt Self-Injury Interview. Results A total of 173 adolescents (163 [94.8%] female and 97 [56.4%] white; mean [SD] age, 14.89 [1.47] years) were studied. Significant advantages were found for DBT on all primary outcomes after treatment: suicide attempts (65 [90.3%] of 72 receiving DBT vs 51 [78.9%] of 65 receiving IGST with no suicide attempts; odds ratio [OR], 0.30; 95% CI, 0.10-0.91), nonsuicidal self-injury (41 [56.9%] of 72 receiving DBT vs 26 [40.0%] of 65 receiving IGST with no self-injury; OR, 0.32; 95% CI, 0.13-0.70), and self-harm (39 [54.2%] of 72 receiving DBT vs 24 [36.9%] of 65 receiving IGST with no self-harm; OR, 0.33; 95% CI, 0.14-0.78). Rates of self-harm decreased through 1-year follow-up. The advantage of DBT decreased, with no statistically significant between-group differences from 6 to 12 months (OR, 0.65; 95% CI, 0.12-3.36; P = .61). Treatment completion rates were higher for DBT (75.6%) than for IGST (55.2%), but pattern-mixture models indicated that this difference did not informatively affect outcomes. Conclusions and Relevance The results of this trial support the efficacy of DBT for reducing self-harm and suicide attempts in highly suicidal self-harming adolescents. On the basis of the criteria of 2 independent trials supporting efficacy, results support DBT as the first well-established, empirically supported treatment for decreasing repeated suicide attempts and self-harm in youths.Trial Registration ClinicalTrials.gov Identifier: NCT01528020.

Moroz, M. and D. M. Dunkley (2019). ***"Self-critical perfectionism, experiential avoidance, and depressive and anxious symptoms over two years: A three-wave longitudinal study."*** Behaviour Research and Therapy 112: 18-27. http://www.sciencedirect.com/science/article/pii/S0005796718301785
(Available in free full text) This three-wave longitudinal study examined the relations among perfectionism, experiential avoidance, and depressive and anxious symptoms over two years. Community adults (N = 173) completed self-report questionnaires assessing two higher-order perfectionism dimensions (self-critical [SC], personal standards [PS]), neuroticism, experiential avoidance, and depressive and anxious symptoms at Time 1, Time 2 one year later, and Time 3 two years later. Cross-lagged path analyses demonstrated that SC perfectionism predicted increases in experiential avoidance from Time 1 to Time 2 and again from Time 2 to Time 3. Experiential avoidance predicted increases in both depressive and anxious symptoms from Time 1 to Time 2 and again from Time 2 to Time 3. Time 2 experiential avoidance mediated the relation between Time 1 SC perfectionism and both depressive and anxious symptoms over two years, controlling for the effects of Time 1 neuroticism and prior symptom levels. Experiential avoidance did not mediate the relations between PS perfectionism and depressive/anxious symptoms over two years. These findings highlight the importance of targeting experiential avoidance in reducing vulnerability to depressive and anxious symptoms over the long-term in individuals with higher SC perfectionism.

Mulder, R. and P. Tyrer (2019). ***"Diagnosis and classification of personality disorders: Novel approaches."*** Current Opinion in Psychiatry 32(1): 27-31. https://journals.lww.com/co-psychiatry/Fulltext/2019/01000/Diagnosis_and_classification_of_personality.6.aspx
Purpose of review To provide an update of the recent studies, which have evaluated the radical changes in personality disorder classification in DSM-5 and ICD-11. Recent findings Although the DSM-5 Committee rejected the personality disorders Work Group proposal for personality disorder classification, the model was published in DSM-5 Section III. This Alternative Model of Personality Disorders (AMPD) has been widely adopted by the research community resulting in multiple studies evaluating its reliability and clinical utility. The ICD-11 Personality Classification has recently been accepted by the WHO and is also receiving increasing study. Both models emphasize personality disorder severity, which most studies report is consistently linked to impairment and outcome. Both models propose five descriptive domains, which appear to capture most of the current personality disorder diagnoses, and can be linked to disease extremes of normal personality such as the Five Factor Model. Summary The changes in DSM-5 AMPD and ICD-11 represent a significant paradigm shift in the diagnosis of personality disorders. Early research suggests that the changes may be beneficial for clinicians and researchers. The models more closely align with the large body of literature supporting dimensional models of normal personality. The severity dimensions are consistent with the large body of evidence that personality disorder severity is a strong determinant of impairment and outcome. It remains to be seen if clinicians will use the classification to plan and predict treatment for a wide range of mental disorders.

Muran, J. C. (2019). ***"Confessions of a new york rupture researcher: An insider's guide and critique."*** Psychotherapy Research 29(1): 1-14. https://doi.org/10.1080/10503307.2017.1413261
Abstract Objective: The study of alliance rupture has become quite prevalent since 1990 and especially in the past 10 years where we have seen a noticeable surge in empirical publications on the subject. This honorary paper attempts to provide a critical review of this literature from the perspective of someone who has contributed to it in his collaborative work on a research program designed to investigate ruptures and to develop intervention and training models to resolve them. Method: This paper is organized into three topics or sections: (1) alliance rupture, (2) rupture resolution, and (3) alliance training; and it addresses definitions, findings, questions, and lessons with regard to each topic. Results/Conclusions: It suggests some clinical conceptualizations (concerning agency and communion as well as mutual recognition), training implications (regarding emotion regulation and deliberate practice), and methodological considerations (promoting pluralism and contextualism), along with future directions.

Norcross, J. C. and M. J. Lambert (2018). ***"Psychotherapy relationships that work iii."*** Psychotherapy 55(4): 303-315. https://psycnet.apa.org/record/2018-51673-001
(Available in free full text) This article introduces the journal issue devoted to the most recent iteration of evidence-based psychotherapy relationships and frames it within the work of the Third Interdivisional American Psychological Association Task Force on Evidence-Based Relationships and Responsiveness. The authors summarize the overarching purposes and processes of the Task Force and trace the devaluation of the therapy relationship in contemporary treatment guidelines and evidence-based practices. The article outlines the meta-analytic results of the subsequent 16 articles in the issue, each devoted to the link between a particular relationship element and treatment outcome. The expert consensus deemed 9 of the relationship elements as demonstrably effective, 7 as probably effective, and 1 as promising but with insufficient research to judge. What works—and what does not—in the therapy relationship is emphasized throughout. The limitations of the task force work are also addressed. The article closes with the Task Force's formal conclusions and 28 recommendations. The authors conclude that decades of research evidence and clinical experience converge: The psychotherapy relationship makes substantial and consistent contributions to outcome independent of the type of treatment.

Oswalt, S. B., A. M. Lederer, et al. (2018). ***"Trends in college students' mental health diagnoses and utilization of services, 2009–2015."*** Journal of American College Health: 1-11. https://doi.org/10.1080/07448481.2018.1515748

(Available in free full text) Objective: To examine changes in diagnoses/treatment for 12 mental health (MH) conditions, previous use of campus MH services, and willingness to seek MH services in the future. Participants: ACHA?NCHA II participants from 2009 to 2015 (n = 454,029). Methods: Hierarchical binary logistic regression with step 1 controlling for demographics and step 2 considering time. Results: Time was significant except for bipolar disorder, bulimia, and schizophrenia with increases for all conditions except substance abuse. Anxiety (OR = 1.68), panic attacks (OR = 1.61), and ADHD (OR = 1.40) had the highest odd ratios. Use of MH services at current institution (OR?=?1.30) and willingness to utilize services in the future (OR = 1.37) also increased over time. Conclusions: Based on a national sample, self-reported diagnoses/treatment of several MH conditions are increasing among college students. This examination of a variety of MH issues can aid college health professionals to engage institutional stakeholders regarding the resources needed to support college students' MH.

Rai, D., I. Culpin, et al. (2018). *"Association of autistic traits with depression from childhood to age 18 years."* JAMA Psychiatry 75(8): 835-843. http://dx.doi.org/10.1001/jamapsychiatry.2018.1323

(Available in free full text) Importance Population-based studies following trajectories of depression in autism spectrum disorders (ASD) from childhood into early adulthood are rare. The role of genetic confounding and of potential environmental intermediaries, such as bullying, in any associations is unclear.Objectives To compare trajectories of depressive symptoms from ages 10 to 18 years for children with or without ASD and autistic traits, to assess associations between ASD and autistic traits and an International Statistical Classification of Diseases, 10th Revision (ICD-10) depression diagnosis at age 18 years, and to explore the importance of genetic confounding and bullying.Design, Setting, and Participants Longitudinal study of participants in the Avon Longitudinal Study of Parents and Children birth cohort in Bristol, United Kingdom, followed up through age 18 years. Data analysis was conducted from January to November 2017.Main Outcomes and Measures Depressive symptoms were assessed using the Short Mood and Feelings Questionnaire (SMFQ) at 6 time points between ages 10 and 18 years. An ICD-10 depression diagnosis at age 18 years was established using the Clinical Interview Schedule–Revised. Exposures were ASD diagnosis and 4 dichotomized autistic traits (social communication, coherence, repetitive behavior, and sociability). An autism polygenic risk score was derived using the Psychiatric Genomics Consortium autism discovery genome-wide association study summary data. Bullying was assessed at ages 8, 10, and 13 years.Results The maximum sample with complete data was 6091 for the trajectory analysis (48.8% male) and 3168 for analysis of depression diagnosis at age 18 years (44.4% male). Children with ASD and autistic traits had higher average SMFQ depressive symptom scores than the general population at age 10 years (eg, for social communication 5.55 [95% CI, 5.16-5.95] vs 3.73 [95% CI, 3.61-3.85], for ASD 7.31 [95% CI, 6.22-8.40] vs 3.94 [95% CI, 3.83-4.05], remaining elevated in an upward trajectory until age 18 years (eg, for social communication 7.65 [95% CI, 6.92-8.37] vs 6.50 [95% CI, 6.29-6.71], for ASD 7.66 [95% CI, 5.96-9.35] vs 6.62 [95% CI, 6.43-6.81]). Social communication impairments were associated with depression at age 18 years (adjusted relative risk, 1.68; 95% CI, 1.05-2.70), and bullying explained a substantial proportion of this risk. There was no evidence of confounding by the autism polygenic risk score. Analysis in larger samples using multiple imputation led to similar but more precise results.Conclusions and Relevance Children with ASD and ASD traits have higher depressive symptom scores than the general population by age 10 years, which persist to age 18 years, particularly in the context of bullying. Social communication impairments are an important autistic trait in relation to depression. Bullying, as an environmental intermediary, could be a target for interventions.

Reins, J. A., L. Boß, et al. (2019). *"The more i got, the less i need? Efficacy of internet-based guided self-help compared to online psychoeducation for major depressive disorder."* Journal of Affective Disorders 246: 695-705. http://www.sciencedirect.com/science/article/pii/S0165032718311121

Background This study's aims were to compare the efficacy and negative effects of guided Internet-based cognitive behavior therapy (iCBT) and online psychoeducation (OPE) in people with major depression. Methods A total of 131 individuals were randomized. Assessments took place at baseline (T1), six weeks (T2), and three months (T3). The primary endpoint was change in observer-based depression severity from T1 to T2. Potential negative effects were analyzed in terms of suicidal ideations, symptom deterioration, attitudes toward seeking further help, and other adverse events. Results iCBT (n = 65) and OPE (n = 66) both reduced depressive symptoms from T1 to T2, with large changes observed for iCBT and medium for OPE (iCBT: Cohen's d = 1.09; OPE: d = 0.60). Differences between groups were significant at the primary endpoint (d = 0.36, p = 0.028). OPE continued to have a positive effect from post-treatment to follow-up, while the effect of iCBT remained stable, with differences between groups not being significant anymore at follow-up. Participants who had undergone prior psychotherapy benefited from both treatments; but for those without prior psychotherapy, iCBT was superior also at follow-up. In the iCBT group 26.2% of the participants reported at least one side-effect. Limitations The history of psychotherapy was imbalanced between the groups. Some negative effects were assessed in the iCBT group only. Conclusions Both iCBT and OPE were effective in reducing depressive symptoms, but with iCBT having a more rapid effect. iCBT was specifically superior in those with no prior history of psychotherapy. Negative effects occurred frequently and should be considered when implementing iCBT. Trial registration German clinical trials register: DRKS00005025

Richardson, C., G. Micic, et al. (2019). *"Cognitive "insomnia" processes in delayed sleep-wake phase disorder: Do they exist and are they responsive to chronobiological treatment?"* J Consult Clin Psychol 87(1): 16-32. http://psycnet.apa.org/record/2018-57242-001

OBJECTIVE: To systematically investigate whether cognitive "insomnia" processes are implicated in adolescent Delayed Sleep-Wake Phase Disorder (DSWPD) and to examine whether these processes are responsive to chronobiological treatment. METHOD: Sixty-three adolescents (M = 15.8 +/- 2.2 years, 63.5% f) diagnosed with DSWPD and 40 good sleeping adolescents (M = 15.9 +/- 2.4 years, 75% f) completed baseline measures of sleep, daytime functioning and cognitive "insomnia" processes (i.e., repetitive negative thinking, physiological hyperarousal, distress, sleep-related attention and monitoring, sleep misperception). Sixty DSWPD adolescents (M = 15.9 +/- 2.2 y, 63% f) entered a treatment trial and received 3 weeks of light therapy. Sleep, daytime functioning, and insomnia were measured again post-treatment and at 3-month follow-up. RESULTS: Adolescents with DSWPD had significantly later sleep timing (d = 0.99-1.50), longer sleep latency (d = 1.14), and shorter total sleep time (d = 0.85) on school nights, compared with the good sleeping adolescents. There was evidence of cognitive "insomnia" symptoms, with the DSWPD group reporting more repetitive negative thinking (d = 0.70-1.02), trait hyperarousal (d = 0.55), distress (d = 2.19), sleep associated monitoring (d = 0.76), and sleep onset misperception (d = 1.29). Across treatment and follow-up, adolescents with DSWPD reported advanced sleep timing (d = 0.54-0.62), reduced sleep latency (d = 0.53), increased total sleep time (d = 0.49), and improved daytime functioning (d = 0.46-1.00). Repetitive negative thinking (d = 0.64-0.96), physiological arousal (d = 0.69), distress (d = 0.87), and sleep onset misperception (d = 0.37) also showed improvement. CONCLUSIONS: Cognitive "insomnia" processes may be implicated in the development and maintenance of DSWPD in adolescents. Many of these processes are amendable to chronobiological treatment; however, residual symptoms may place adolescents at risk of poor treatment outcome or relapse.

Rogers, S. L., O. Guidetti, et al. (2019). *"Contact is in the eye of the beholder: The eye contact illusion."* Perception 0(0): 0301006619827486. https://journals.sagepub.com/doi/abs/10.1177/0301006619827486

In a simple experiment, we demonstrate that you don't need to mindfully look at the eyes of your audience to be perceived as making eye contact during face-to-face conversation. Simply gazing somewhere around the face/head area will suffice. Or to borrow a term from Mareschal and colleagues, direct gaze will suffice. For those readers who experience anxiety when gazing specifically at another person's eyes, or when being gazed at, we expect this is welcome news. [There is a good discussion of these findings at https://tinyurl.com/y268nrpm in a BPS Digest post.]

Stephan, Y., A. R. Sutin, et al. (2019). *"Facets of conscientiousness and longevity: Findings from the health and retirement study."* Journal of Psychosomatic Research 116: 1-5.
http://www.sciencedirect.com/science/article/pii/S002239991830864X
    (Available in free full text) Objectives Conscientiousness is the strongest personality predictor of longevity. The present study examined which facets of conscientiousness are the most strongly related to mortality risk in a large longitudinal sample of middle-aged and older adults. Method Seven-year mortality data were obtained from participants (total N > 11,000) from the Health and Retirement Study (HRS, 2008–2014). Six facets of conscientiousness, demographic factors, disease burden, smoking and physical inactivity were assessed at baseline. Results Controlling for demographic factors, every standard deviation higher order, traditionalism, virtue, and responsibility was related to an approximately 10% reduced risk of mortality; industriousness was associated with an almost 25% lower likelihood of mortality. Except for traditionalism, these associations were partially accounted by health and behavioral covariates. Self-control was not related to longevity. When all facets and the covariates were simultaneously included, only industriousness was significantly associated with mortality. Conclusions The present study provides new evidence about the specific facets of conscientiousness that are related to longevity.

Velten, J., A. Bieda, et al. (2018). *"Lifestyle choices and mental health: A longitudinal survey with german and chinese students."* BMC Public Health 18(1): 632. https://doi.org/10.1186/s12889-018-5526-2
    (Available in free full text) Background A healthy lifestyle can be beneficial for one's mental health. Thus, identifying healthy lifestyle choices that promote psychological well-being and reduce mental problems is useful to prevent mental disorders. The aim of this longitudinal study was to evaluate the predictive values of a broad range of lifestyle choices for positive mental health (PMH) and mental health problems (MHP) in German and Chinese students. Method Data were assessed at baseline and at 1-year follow-up. Samples included 2991 German (Mage = 21.69, SD = 4.07) and 12,405 Chinese (Mage = 20.59, SD = 1.58) university students. Lifestyle choices were body mass index, frequency of physical and mental activities, frequency of alcohol consumption, smoking, vegetarian diet, and social rhythm irregularity. PMH and MHP were measured with the Positive Mental Health Scale and a 21-item version of the Depression Anxiety and Stress Scale. The predictive values of lifestyle choices for PMH and MHP at baseline and follow-up were assessed with single-group and multi-group path analyses. Results Better mental health (higher PMH and fewer MHP) at baseline was predicted by a lower body mass index, a higher frequency of physical and mental activities, non-smoking, a non-vegetarian diet, and a more regular social rhythm. When controlling for baseline mental health, age, and gender, physical activity was a positive predictor of PMH, smoking was a positive predictor of MHP, and a more irregular social rhythm was a positive predictor of PMH and a negative predictor of MHP at follow-up. The good fit of a multi-group model indicated that most lifestyle choices predict mental health comparably across samples. Some country-specific effects emerged: frequency of alcohol consumption, for example, predicted better mental health in German and poorer mental health in Chinese students. Conclusions Our findings underline the importance of healthy lifestyle choices for improved psychological well-being and fewer mental health difficulties. Effects of lifestyle on mental health are comparable in German and Chinese students. Some healthy lifestyle choices (i.e., more frequent physical activity, non-smoking, regular social rhythm) are related to improvements in mental health over a 1-year period.

Volkert, J., T.-C. Gablonski, et al. (2018). *"Prevalence of personality disorders in the general adult population in western countries: Systematic review and meta-analysis."* The British Journal of Psychiatry 213(6): 709-715.
https://www.cambridge.org/core/article/prevalence-of-personality-disorders-in-the-general-adult-population-in-western-countries-systematic-review-and-metaanalysis/4A8D81B3BB7564E2E561D99E2F80CB89
    Background Personality disorder is a severe health issue. However, the epidemiology of personality disorders is insufficiently described and surveys report very heterogeneous rates. Aims We aimed to conduct a meta-analysis on the prevalence of personality disorders in adult populations and examine potential moderators that affect heterogeneity. Method We searched PsycINFO, PSYNDEX and Medline for studies that used standardised diagnostics (DSM-IV/-5, ICD-10) to report prevalence rates of personality disorders in community populations in Western countries. Prevalence rates were extracted and aggregated by random-effects models. Meta-regression and sensitivity analyses were performed and publication bias was assessed.ResultsThe final sample comprised ten studies, with a total of 113 998 individuals. Prevalence rates were fairly high for any personality disorder (12.16%; 95% CI, 8.01–17.02%) and similarly high for DSM Clusters A, B and C, between 5.53 (95% CI, 3.20–8.43%) and 7.23% (95% CI, 2.37–14.42%). Prevalence was highest for obsessive–compulsive personality disorder (4.32%; 95% CI, 2.16–7.16%) and lowest for dependent personality disorder (0.78%; 95% CI, 0.37–1.32%). A low prevalence was significantly associated with expert-rated assessment (versus self-rated) and reporting of descriptive statistics for antisocial personality disorder. Conclusions Epidemiological studies on personality disorders in community samples are rare, whereas prevalence rates are fairly high and vary substantially depending on samples and methods. Future studies investigating the epidemiology of personality disorders based on the DSM-5 and ICD-11 and models of personality functioning and traits are needed, and efficient treatment should be a priority for healthcare systems to reduce disease burden.

Wojnarowski, C., N. Firth, et al. (2018). *"Predictors of depression relapse and recurrence after cognitive behavioural therapy: A systematic review and meta-analysis."* Behavioural and Cognitive Psychotherapy.
https://www.researchgate.net/publication/328783439_Predictors_of_depression_relapse_and_recurrence_after_Cognitive_Behavioural_Therapy_A_systematic_review_and_meta-analysis
    Cognitive Behavioural Therapy (CBT) is an effective psychological treatment for major depressive disorder, although some patients experience a return of symptoms after finishing therapy. The ability to predict which individuals are more vulnerable to deterioration would allow for targeted interventions to prevent short-term relapse and longer-term recurrence. This systematic review and meta-analysis aimed to investigate which patient factors are associated with an increased risk of relapse and/or recurrence (RR) after CBT for depression. We identified 13 relevant papers, of which a small set of unique samples were eligible for meta-analysis (k = 5, N = 369). Twenty-six predictor variables were identified and grouped into seven categories: residual depressive symptoms; prior episodes of depression; cognitive reactivity; stressful life events; personality factors; clinical and diagnostic factors; demographics. Meta-analyses indicated that residual depressive symptoms (r = 0.34 [0.10, 0.54], p = .01) and prior episodes (r = 0.19 [0.07, 0.30], p = .002) were statistically significant predictors of RR, but cognitive reactivity was not (r = 0.18 [−0.02, 0.36], p = .08). Other variables lacked replicated findings. On average, 33.4% of patients experienced RR after CBT. Patients with the above risk factors could be offered evidence-based continuation-phase interventions to enhance the longer-term effectiveness of CBT.

Zhang, A., C. Franklin, et al. (2019). ***"The effectiveness of four empirically supported psychotherapies for primary care depression and anxiety: A systematic review and meta-analysis."*** Journal of Affective Disorders 245: 1168-1186.
http://www.sciencedirect.com/science/article/pii/S0165032718319608

Background Depressive and anxiety disorders are highly prevalent and detrimental in primary care settings. However, there are gaps in the literature concerning effectiveness and generalizability of empirically supported interventions and treatment of both depression and anxiety in primary care settings. The aim of this review is to systematically assess and meta-analyze the effectiveness of brief empirically-supported psychotherapies for treating depression and/or anxiety in primary care. Methods Seven electronic databases, five professional websites and manual search of reference lists were searched through April 2017 for randomized controlled trials (RCTs) of four psychotherapies treating primary care depression and anxiety: cognitive-behavior therapy (CBT), problem-solving therapy (PST), motivational interviewing (MI), and solution-focused brief therapy (SFBT). Results From an initial pool of 1140 articles, 179 articles were eligible for full-text review and 65 articles were included for final analysis. Sixty-five articles containing 198 effect sizes reported an overall treatment effect size of d = 0.462, p < 0.001. Single-predictor meta-regression indicated that marital status, treatment modality (individual versus group), and treatment composition were significant moderators. Multiple-predictor meta-regression discovered treatment setting (inside versus outside primary care) significantly moderated treatment effect, b = −0.863, p = 0.039 after controlling for other intervention characteristics. Conclusion Treatment effects were found for CBT and PST, both for depressive and anxiety disorders. Interventions delivered outside primary care settings were more effective than those within, individual treatment had greater treatment effects compared to group treatment, and both technology-assisted and in-person treatments were found to be effective.

Zhou, X., Y. Zhang, et al. (2018). ***"Different types and acceptability of psychotherapies for acute anxiety disorders in children and adolescents: A network meta-analysis."*** JAMA Psychiatry.
http://dx.doi.org/10.1001/jamapsychiatry.2018.3070

(Available in free full text) Importance Anxiety disorders are common in children and adolescents, and uncertainty remains regarding the optimal strategy of psychotherapies in this population. Objective To compare and rank the different types of psychotherapies and the different ways of delivering psychological treatments for anxiety disorders in children and adolescents. Data Sources PubMed, Cochrane Central Register of Controlled Trials, EMBASE, PsycINFO, Web of Science, CINAHL (Cumulative Index to Nursing and Allied Health Literature), ProQuest Dissertations, LILACS (Literatura Latino Americana em Ciências da Saúde), international trial registers, and US Food and Drug Administration reports were searched from inception to November 30, 2017. Study Selection Randomized clinical trials that compared any structured psychotherapy with another psychotherapy or a control condition for anxiety disorders in children and adolescents were selected. Data Extraction and Synthesis Four researchers independently performed data extraction and quality assessment. Pairwise meta-analyses and Bayesian network meta-analysis within the random-effects model were used to synthesize data. Main Outcomes and Measures Efficacy (change in anxiety symptoms) posttreatment and at follow-up, acceptability (all-cause discontinuation), and quality of life and functional improvement were measured. The certainty of evidence was assessed using the Grading of Recommendations Assessment, Development and Evaluation framework.Results A total of 101 unique trials including 6625 unique participants compared 11 different psychotherapies with 4 specific control conditions. The certainty of evidence was rated as low or very low for most comparisons. For efficacy, most psychotherapies were significantly more effective than the wait list condition posttreatment (standardized mean difference [SMD], −1.43 to −0.61) and at the longest follow-up (SMD, −1.84 to −1.64). However, only group cognitive behavioral therapy (CBT) was significantly more effective than the other psychotherapies and all control conditions posttreatment. For acceptability, bibliotherapy CBT had significantly more all-cause discontinuations than some psychotherapies and control conditions (range of odds ratios, 2.48-9.32). In terms of quality of life and functional improvement, CBT (delivered in different ways) was significantly beneficial compared with psychological placebo and the wait list condition (SMDs, 0.73 to 1.99). Conclusions and Relevance Group CBT would be the more appropriate choice of psychotherapy for anxiety disorders in children and adolescents, based on these findings. Other types of psychotherapies and different ways of delivering psychological treatment can be alternative options. Further research is needed to explore specific anxiety disorders, disorder-specific psychotherapy, and moderators of treatment effect.