30 babcp abstracts, february '12

(Milne, Reiser et al. 2011; Moore and Ayers 2011; Aderka, Anholt et al. 2012; Aderka, Nickerson et al. 2012; Bastian, Kuppens et al. 2012; Bedics, Atkins et al. 2012; Carpenter, Stoner et al. 2012; Dijk and de Jong 2012; Dunn, Vittengl et al. 2012; Fledderus, Bohlmeijer et al. 2012; Ginn and Horder 2012; Green and Bieling 2012; Gunby, Carline et al. 2012; Hamby, Finkelhor et al. 2012; Henderson and Joseph 2012; Hill and Updegraff 2012; Jacobi, Völker et al. 2012; Keyes, Eaton et al. 2012; Kripke, Langer et al. 2012; Lagerveld, Blonk et al. 2012; MacLeod and Holmes 2012; Magnusson, Lundholm et al. 2012; Markkula, Härkänen et al. 2012; Masten, Telzer et al. 2012; Nanni, Uher et al. 2012; Rosenthal, Learned et al. 2012; Shalev, Ankri et al. 2012; Sims, Sanghara et al. 2012; Toker and Biron 2012; van der Heiden, Muris et al. 2012)

Aderka, I. M., G. E. Anholt, et al. (2012). "Sudden gains in the treatment of obsessive-compulsive disorder." Psychother Psychosom **81**(1): 44-51. http://www.ncbi.nlm.nih.gov/pubmed/22116471.

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

Aderka, I. M., A. Nickerson, et al. (2012). "Sudden gains during psychological treatments of anxiety and depression: a meta-analysis." J Consult Clin Psychol **80**(1): 93-101. http://www.ncbi.nlm.nih.gov/pubmed/22122290.

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

Bastian, B., P. Kuppens, et al. (2012). "Feeling bad about being sad: the role of social expectancies in amplifying negative mood." Emotion **12**(1): 69-80. http://www.ncbi.nlm.nih.gov/pubmed/21787076.

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

Bedics, J. D., D. C. Atkins, et al. (2012). "Treatment differences in the therapeutic relationship and introject during a 2-year randomized controlled trial of dialectical behavior therapy versus nonbehavioral psychotherapy experts for borderline personality disorder." J Consult Clin Psychol **80**(1): 66-77. http://www.ncbi.nlm.nih.gov/pubmed/22061867.

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

Carpenter, K. M., S. A. Stoner, et al. (2012). "An online self-help CBT intervention for chronic lower back pain." The Clinical Journal of Pain **28**(1): 14-22. http://journals.lww.com/clinicalpain/Fulltext/2012/01000/An_Online_Self_help_CBT_Intervention_for_Chronic.3.aspx.

Objectives: Research has shown that cognitive and behavioral therapies can effectively improve quality of life in chronic pain patients. Unfortunately, many patients lack access to cognitive and behavioral therapy treatments. We developed a pilot version of an interactive online intervention to teach self-management skills for chronic lower back pain, a leading cause of disability and work absenteeism. The objective of this randomized, controlled trial was to evaluate its efficacy. Methods: Individuals with chronic lower back pain were recruited over the Internet, screened by phone, and randomly assigned to receive access to the intervention (Wellness Workbook; WW) either immediately (intervention group) or after a 3-week delay (wait-list control). Participants (n=141, 83% female, 23% minority) were asked to complete the WW over 3 weeks. Self-report measures of pain, disability, disabling attitudes and beliefs, self-efficacy for pain control, and mood regulation were completed at baseline, week 3, and week 6. Results: Controlling for baseline individual differences in the outcome measures, multivariate analysis of

covariance revealed that, at week 3, the intervention group scored better than the wait-list control group on all outcomes, including pain severity ratings. At week 6, after both groups had been exposed to the WW, there were no differences between groups. Discussion: Use of this pilot intervention seems to have had positive effects on a number of pain-related outcomes, including disability. Future research will evaluate the effectiveness of the completed intervention, with particular attention to quality of life and disability.

Dijk, C. and P. J. de Jong (2012). "Blushing-fearful individuals overestimate the costs and probability of their blushing." Behaviour Research and Therapy **50**(2): 158-162. http://www.sciencedirect.com/science/article/pii/S0005796711002646.

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

Dunn, T. W., J. R. Vittengl, et al. (2012). "Change in psychosocial functioning and depressive symptoms during acute-phase cognitive therapy for depression." Psychological Medicine **42**(02): 317-326. http://dx.doi.org/10.1017/S0033291711001279.

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

Fledderus, M., E. T. Bohlmeijer, et al. (2012). "Acceptance and commitment therapy as guided self-help for psychological distress and positive mental health: a randomized controlled trial." Psychol Med **42**(3): 485-495. http://www.ncbi.nlm.nih.gov/pubmed/21740624.

BACKGROUND: In order to reduce the high prevalence of depression, early interventions for people at risk of depression are warranted. This study evaluated the effectiveness of an early guided self-help programme based on acceptance and commitment therapy (ACT) for reducing depressive symptomatology. METHOD: Participants with mild to moderate depressive symptomatology were recruited from the general population and randomized to the self-help programme with extensive email support (n=125), the self-help programme with minimal email support (n=125) or to a waiting list control group (n=126). Participants completed measures before and after the intervention to assess depression, anxiety, fatigue, experiential avoidance, positive mental health and mindfulness. Participants in the experimental conditions also completed these measures at a 3-month follow-up. RESULTS: In the experimental conditions significant reductions in depression, anxiety, fatigue, experiential avoidance and improvements in positive mental health and mindfulness were found, compared with the waiting list condition (effect sizes Cohen's d=0.51-1.00). These effects were sustained at the 3-month follow-up. There were no significant differences between the experimental conditions on the outcome measures. CONCLUSIONS: The ACT-based self-help programme with minimal email support is effective for people with mild to moderate depressive symptomatology.

Ginn, S. and J. Horder (2012). ""One in four" with a mental health problem: the anatomy of a statistic." BMJ **344**. http://www.bmj.com/content/344/bmj.e1302.

Despite a lack of supporting evidence, the claim that one in four people will have a mental health problem at some point in their lives is a popular one. Where does this figure come from, and why does it persist, ask Stephen Ginn and Jamie Horder. "It's time to talk" is a campaign currently being promoted by Time to Change, a charity whose aim is to change attitudes to people with mental ill health. On the charity's website a banner tells us: "1 in 4 of us will experience a mental health problem at some point in our lives, but we still don't talk about it. What are we afraid of?" This "one in four" figure has also appeared in government speeches1 and NHS publications.2 It is the name of a short film and the title of a mental health magazine. Yet it is not always clear to what the figure refers. Time to Change seems to be referring to lifetime prevalence, while a 2010 advertising campaign by Islington Primary Care Trust stated, "One in four people will experience mental health problems each year." A statement on the Royal College of Psychiatrists' website reads, "One in four people has a mental health problem," implying point prevalence ... The one in four figure for mental illness prevalence is widely quoted, related variously to lifetime, yearly, or point prevalence. The evidence indicates that it is best supported as an estimate of yearly prevalence. However, estimates of the population prevalence of mental disorder should be approached with caution, as the methods used often have shortcomings. It is important that people know that mental illness is common and that treatment of mental disorder is essential, but it is not clear that championing a poorly supported prevalence figure is the way to achieve this.

Green, S. M. and P. J. Bieling (2012). "Expanding the Scope of Mindfulness-Based Cognitive Therapy: Evidence for Effectiveness in a Heterogeneous Psychiatric Sample." Cognitive and Behavioral Practice **19**(1): 174-180. http://www.sciencedirect.com/science/article/pii/S107772291100071X.

(Free full text available): Mindfulness-based interventions (e.g., MBSR; Kabat-Zinn, 1990; MBCT; Segal, Williams, & Teasdale, 2002) have demonstrated effectiveness in a number of distinct clinical populations. However, few studies have evaluated MBCT within a heterogeneous group of psychiatric adult outpatients. This study examined whether a wider variety of patients referred from a large, tertiary mood and anxiety outpatient clinic could benefit from such a program. Twenty-three psychiatric outpatients with mood and/or anxiety disorders (mean age = 53.65 years, SD = 10.73; 18 women) were included in this study. Each participant completed the Structured Clinical Interview for Diagnosis Axis I and measures of mood, life stress,

and mindfulness skills, prior to the start of group and immediately following its completion. Paired t-test analyses were conducted and results revealed a significant improvement in mood and mindfulness skills in addition to a significant reduction in severity and total number of perceived life stressors. In summary, our results indicate that MBCT can effectively be administered to a group of patients whose diagnoses and difficulties may vary, who have significant comorbidity, and who are currently experiencing significant symptoms. This has important practical implications for offering this treatment within broader psychological and psychiatric service systems.

Gunby, C., A. Carline, et al. (2012). "Gender differences in alcohol-related non-consensual sex; cross-sectional analysis of a student population." BMC Public Health **12**(1): 216. http://www.biomedcentral.com/1471-2458/12/216/abstract.

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

Hamby, S., D. Finkelhor, et al. (2012). "Teen Dating Violence: Co-Occurrence With Other Victimizations in the National Survey of Children's Exposure to Violence (NatSCEV)." Psychology of Violence. http://psycnet.apa.org/psycinfo/2012-03614-001/.

Objective: To examine the co-occurrence of physical teen dating violence (TDV) with other forms of victimization. Method: The sample includes 1,680 youth aged 12 to 17 from the National Survey of Children's Exposure to Violence (NatSCEV), a nationally representative telephone survey of victimization experiences. Results: Every victim of physical TDV (100%) reported at least one other type of victimization. Physical TDV is very closely associated with several other forms of victimization in this sample, with adjusted odds ratio ranging from 1.48 to 17.13. The lifetime rate of TDV was 6.4% for all youth, but TDV rates reached 17% for youth who had been physically abused by a caregiver, 25% for youth who had been raped, and 50% for youth (<16 years) who had experienced statutory rape or sexual misconduct by a partner more than 5 years older. Victims of TDV reported, on average, twice as many other types of victimizations as those with no history of TDV. Conclusions: These data indicate that physical TDV is especially closely associated with some forms of child maltreatment, sexual victimization, and polyvictimization. Universal dating violence prevention programs designed for youth who have not yet, or just recently, started dating will typically include a large number of youth who have already been victimized by other forms of violence. Prevention curricula may be more effective if they address the needs of victimized youth, for example, by teaching skills for coping with prior victimization experiences. (Free full text downloadable from www.apa.org/pubs/journals/releases/vio-ofp-hamby.pdf).

Henderson, A. F. and A. P. Joseph (2012). "Motor vehicle accident or driver suicide? Identifying cases of failed driver suicide in the trauma setting." Injury **43**(1): 18-21. http://linkinghub.elsevier.com/retrieve/pii/S0020138311002968?showall=true.

Many authors have suggested that some road traffic crashes are disguised suicide attempts. A case report and literature review is used to explore this claim and to examine the frequency and risk factors associated with driver suicide. The author concludes the methodological difficulty of establishing the driver's intent of suicide accounts for an under-estimation of the frequency of this event and that many cases of driver suicide go unrecognised. Familiarity with the risk factors associated with driver suicide may assist in the identification of cases of failed driver suicide and referral to psychiatric services. *The BMJ - http://www.bmj.com/content/344/bmj.e851 - comments "At least one in 15 motor vehicle crashes are probably intentional but remain unrecognised as attempted driver suicide. An Injury review states that the identification of such disguised suicide attempts is difficult, and the methodological conundrum of proving drivers' intent has led to an underestimation of incidence (2012;43:18-21, doi:10.1016/j.injury.2011.06.192). Risk factors associated with driver suicide included being a young man; involvement in single occupancy crashes; not wearing seat belts; being involved in single vehicle, head on collisions into trees and poles; and the absence of evidence suggesting loss of control of the vehicle before impact."*

Hill, C. L. and J. A. Updegraff (2012). "Mindfulness and its relationship to emotional regulation." Emotion **12**(1): 81-90. http://www.ncbi.nlm.nih.gov/pubmed/22148996.

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

Jacobi, C., U. Völker, et al. (2012). "Effects of an Internet-based intervention for subthreshold eating disorders: A randomized controlled trial." Behaviour Research and Therapy **50**(2): 93-99. http://www.sciencedirect.com/science/article/pii/S0005796711002257.

Background Women reporting initial eating disorder (ED) symptoms are at highest risk for the development of an eating disorder. Preventive interventions should, therefore, be specifically tailored for this subgroup. Aims To adapt and evaluate the effects of the Internet-based prevention program "Student Bodies™" for women with symptoms of disordered eating and/or subthreshold eating disorder (ED) syndromes. Method 126 women, reporting subthreshold ED symptoms (high weight and

shape concerns and below threshold bingeing, purging, chronic dieting or several of these symptoms) were randomly assigned to a Student Bodies™+ (SB+) intervention or a wait-list control group and assessed at pre-intervention, post-intervention, and 6-month follow-up. "Student Bodies™" was adapted to be suitable for subthreshold EDs. Main outcome measures were attitudes and symptoms of disordered eating. Pre-follow-up data were analyzed by ANCOVAS with mixed effects. Results At 6-month follow-up, compared to participants in the control group, participants in the intervention group showed significantly greater improvements on ED-related attitudes. Intervention participants also showed 67% (95% CI = 20–87%) greater reductions in combined rates of subjective and objective binges, and 86% (95% CI = 63–95%) greater reduction in purging episodes. Also, the rates of participants abstinent from all symptoms of disordered eating (restrictive eating, binge eating and any compensatory behavior) were significantly higher in the intervention group (45.1% vs. 26.9%). Post-hoc subgroup analyses revealed that for participants with binge eating the effect on EDE-Q scores was larger than in the pure restricting subgroup. Conclusion The adapted "SB+" program represents an effective intervention for women with subthreshold EDs of the binge eating subtype.

Keyes, K. M., N. R. Eaton, et al. (2012). "Childhood maltreatment and the structure of common psychiatric disorders." The British Journal of Psychiatry **200**(2): 107-115. http://bjp.rcpsych.org/content/200/2/107.abstract.

Background: Previous research suggests that various types of childhood maltreatment frequently co-occur and confer risk for multiple psychiatric diagnoses. This non-specific pattern of risk may mean that childhood maltreatment increases vulnerability to numerous specific psychiatric disorders through diverse, specific mechanisms or that childhood maltreatment engenders a generalised liability to dimensions of psychopathology. Although these competing explanations have different implications for intervention, they have never been evaluated empirically. Aims: We used a latent variable approach to estimate the associations of childhood maltreatment with underlying dimensions of internalising and externalising psychopathology and with specific disorders after accounting for the latent dimensions. We also examined gender differences in these associations. Method: Data were drawn from a nationally representative survey of 34,653 US adults. Lifetime DSM-IV psychiatric disorders were assessed using the AUDADIS-IV. Physical, sexual and emotional abuse and neglect were assessed using validated measures. Analyses controlled for other childhood adversities and sociodemographics. Results: The effects were fully mediated through the latent liability dimensions, with an impact on underlying liability levels to internalising and externalising psychopathology rather than specific psychiatric disorders. Important gender differences emerged with physical abuse associated only with externalising liability in men, and only with internalising liability in women. Neglect was not significantly associated with latent liability levels. Conclusions: The association between childhood maltreatment and common psychiatric disorders operates through latent liabilities to experience internalising and externalising psychopathology, indicating that the prevention of maltreatment may have a wide range of benefits in reducing the prevalence of many common mental disorders. Different forms of abuse have gender-specific consequences for the expression of internalising and externalising psychopathology, suggesting gender-specific aetiological pathways between maltreatment and psychopathology.

Kripke, D. F., R. D. Langer, et al. (2012). "Hypnotics' association with mortality or cancer: a matched cohort study." BMJ Open **2**(1): e000850. http://www.ncbi.nlm.nih.gov/pubmed/22371848.

OBJECTIVES: An estimated 6%-10% of US adults took a hypnotic drug for poor sleep in 2010. This study extends previous reports associating hypnotics with excess mortality. SETTING: A large integrated health system in the USA. DESIGN: Longitudinal electronic medical records were extracted for a one-to-two matched cohort survival analysis. SUBJECTS: Subjects (mean age 54 years) were 10 529 patients who received hypnotic prescriptions and 23 676 matched controls with no hypnotic prescriptions, followed for an average of 2.5 years between January 2002 and January 2007. MAIN OUTCOME MEASURES: Data were adjusted for age, gender, smoking, body mass index, ethnicity, marital status, alcohol use and prior cancer. Hazard ratios (HRs) for death were computed from Cox proportional hazards models controlled for risk factors and using up to 116 strata, which exactly matched cases and controls by 12 classes of comorbidity. RESULTS: As predicted, patients prescribed any hypnotic had substantially elevated hazards of dying compared to those prescribed no hypnotics. For groups prescribed 0.4-18, 18-132 and >132 doses/year, HRs (95% CIs) were 3.60 (2.92 to 4.44), 4.43 (3.67 to 5.36) and 5.32 (4.50 to 6.30), respectively, demonstrating a dose-response association. HRs were elevated in separate analyses for several common hypnotics, including zolpidem, temazepam, eszopiclone, zaleplon, other benzodiazepines, barbiturates and sedative antihistamines. Hypnotic use in the upper third was associated with a significant elevation of incident cancer; HR=1.35 (95% CI 1.18 to 1.55). Results were robust within groups suffering each comorbidity, indicating that the death and cancer hazards associated with hypnotic drugs were not attributable to pre-existing disease. CONCLUSIONS: Receiving hypnotic prescriptions was associated with greater than threefold increased hazards of death even when prescribed <18 pills/year. This association held in separate analyses for several commonly used hypnotics and for newer shorter-acting drugs. Control of selective prescription of hypnotics for patients in poor health did not explain the observed excess mortality.

Lagerveld, S. E., R. W. Blonk, et al. (2012). "Work-focused treatment of common mental disorders and return to work: A comparative outcome study." J Occup Health Psychol **17**(2): 220-234. http://www.ncbi.nlm.nih.gov/pubmed/22308965.

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

followed 168 employees, of whom 60 percent were women, on sick leave due to psychological problems such as anxiety, adjustment disorder and minor depression. Seventy-nine employees from a variety of jobs received standard, evidence-based cognitive-behavioral therapy, while the rest received cognitive-behavioral therapy that included a focus on work and the process of returning to work. Cognitive-behavioral therapy is based on the idea that people's thoughts, rather than external factors such as people, situations or events, cause feelings and behaviors. Cognitive-behavioral therapists encourage their clients to change the way they think in order to feel better even if the situation does not change. Behavioral techniques such as gradual exposure to difficult situations are often used within cognitive-behavioral therapy. In the work-focused group, psychotherapists addressed work issues in an early phase and used work and the workplace as mechanisms or context to improve the client's mental health. For example, therapists consistently explained to their clients how work can offer structure and self-esteem, characteristics beneficial to clients' recovery. They also helped clients draft a detailed, gradual plan for returning to work, focusing on how the client would engage in specific tasks and activities. Clients in both groups received treatment for about 12 sessions over an average of six months. The researchers checked in with them at three-month intervals for one year, shortly before treatment began. Those in the work-focused group fully returned to work on average 65 days earlier than the participants in the standard therapy group, and they started a partial return to work 12 days earlier. Those in the work-focused therapy engaged in more steps to fully return to work, gradually increasing their hours and duties. Almost all the participants in the study – 99 percent – had at least partially returned to work at the one-year follow-up. Most participants resumed work gradually, with only 7 percent going directly from full sick leave to full-time work. All participants had fewer mental health problems over the course of treatment, no matter which type of therapy they received, with the most dramatic decrease in symptoms occurring in the first few months. "Being out of work has a direct effect on people's well-being. Those who are unable to participate in work lose a valuable source of social support and interpersonal contacts," said Lagerveld. "They might lose part of their income and consequently tend to develop even more psychological symptoms. We've demonstrated that employees on sick leave with mental disorders can benefit from interventions that enable them to return to work." The savings to an employer whose employee went back to work earlier was estimated at 20 percent, which amounted to about a $5,275 gain in U.S. dollars per employee, according to the article. This was based solely on wages paid during sick leave and did not include additional costs of productivity loss and hiring replacements."

MacLeod, C. and E. A. Holmes (2012). "Cognitive bias modification: An intervention approach worth attending to." American Journal of Psychiatry **169**(2): 118-120. http://dx.doi.org/10.1176/appi.ajp.2011.11111682.

(Free full text editorial): People with emotional disorders display biased patterns of cognition, operating to favor the processing of emotionally negative information. A particularly robust finding is that anxiety disorders are characterized by an attentional bias toward threatening information. Cognitive accounts have implicated this attentional bias in the genesis and maintenance of anxiety pathology. However, it is only recently that clinical researchers have developed training procedures capable of directly modifying cognitive biases and have sought to evaluate the capacity of these procedures to therapeutically ameliorate emotional dysfunction. Encouraging early findings have led to rapid expansion of this cognitive bias modification literature across the past 3 years. Much of this work has made use of a computerized attentional training task, designed to reduce selective attention to threatening stimuli by requiring participants to process visual probes consistently presented in screen locations distal to threatening words or images. Initial proof-of-concept studies confirmed that single-session delivery of this computer training task successfully modifies selective attentional response to threat and also alters the intensity of anxiety reactions to laboratory stressors, both in healthy adults and in children. Several randomized controlled trials employing placebo control conditions since then have shown that more extended exposure to this attentional bias modification procedure, configured to reduce attention to threat, can alleviate clinical symptoms in adults diagnosed with generalized anxiety disorder or social anxiety disorder. Recently, a small case series showed that clinically anxious children given extended exposure to this attentional training procedure evidenced a reduction in anxiety symptoms. However, until now, no randomized controlled trial has investigated whether the attention bias modification approach can yield therapeutic benefits for children with clinical anxiety. In this issue of the Journal, Eldar et al. report the first randomized controlled trial to evaluate whether computerized attention bias modification can ameliorate the symptoms of pediatric clinical anxiety ... Perhaps the most significant limitation of the study is that it does not contrast the therapeutic effect of attention bias modification with that of more established intervention approaches, such as cognitive-behavioral therapy or pharmacotherapy. Such comparisons will be necessary in order to determine the true value of this intervention in the clinical setting. Future research should also evaluate the potential benefits of delivering attention bias modification in conjunction with conventional interventions, given the evidence that multimodal approaches are more effective than monotherapies in the treatment of pediatric anxiety. Nevertheless, Eldar et al. have made a timely, distinctive, and significant contribution to the burgeoning body of evidence that attention bias modification can contribute to the alleviation of clinical anxiety. They have convincingly demonstrated that attentional bias to threat can be attenuated in clinically anxious children using a computerized training approach and have shown that this leads to a restriction in the breadth of anxiety symptoms experienced, a decline in their severity, and reduced rates of clinical diagnosis. Hence, this study gives good grounds for confidence that attention bias modification is likely to prove to be of therapeutic value in the treatment of pediatric anxiety.

Magnusson, Å., C. Lundholm, et al. (2012). "Familial influence and childhood trauma in female alcoholism." Psychological Medicine **42**(02): 381-389. http://dx.doi.org/10.1017/S0033291711001310.

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

Markkula, N., T. Härkänen, et al. (2012). "Mortality in people with depressive, anxiety and alcohol use disorders in Finland." The British Journal of Psychiatry **200**(2): 143-149. http://bjp.rcpsych.org/content/200/2/143.abstract.

Background: Mental disorders are associated with increased mortality, but population-based surveys with reliable diagnostic procedures controlling for somatic health status are scarce.AimsTo assess excess mortality associated with

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

Masten, C. L., E. H. Telzer, et al. (2012). "Time spent with friends in adolescence relates to less neural sensitivity to later peer rejection." Soc Cogn Affect Neurosci **7**(1): 106-114. http://www.ncbi.nlm.nih.gov/pubmed/21183457.

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

Milne, D. L., R. P. Reiser, et al. (2011). "A qualitative comparison of cognitive-behavioural and evidence-based clinical supervision." The Cognitive Behaviour Therapist **4**(04): 152-166. http://dx.doi.org/10.1017/S1754470X11000092.

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

Moore, D. and S. Ayers (2011). "A review of postnatal mental health websites: help for healthcare professionals and patients." Arch Womens Ment Health **14**(6): 443-452. http://dx.doi.org/10.1007/s00737-011-0245-z.

The internet offers an accessible and cost-effective way to help women suffering with various types of postnatal mental illness and also can provide resources for healthcare professionals. Many websites on postnatal mental illness are available, but there is little information on the range or quality of information and resources offered. The current study therefore aimed to review postnatal health websites and evaluate their quality on a variety of dimensions. A systematic review of postnatal health websites was conducted. Searches were carried out on four search engines (Google, Yahoo, Ask Jeeves and Bing) which are used by 98% of web users. The first 25 websites found for each key word and their hyperlinks were assessed for inclusion in the review. Websites had to be exclusively dedicated to postnatal mental health or have substantial information on postnatal mental illness. Eligible websites (n = 114) were evaluated for accuracy of information, available resources and quality. Results showed that information was largely incomplete and difficult to read; available help was limited and website quality was variable. The top five postnatal mental illness websites were identified for (1) postnatal mental illness sufferers and (2) healthcare professionals. It is hoped these top websites can be used by healthcare professionals both for their own information and to advise patients on quality online resources. *MedicalXpress - http://medicalxpress.com/news/2012-02-uk-online-advice-postnatal-depression.html - comments: "Researchers at the University of Sussex have identified the top five internet sites offering support for women struggling with postnatal mental illness such as depression or anxiety. Around 10-15 per cent of new mothers are diagnosed with postnatal mental illnesses, while around one in four women may have significant post-birth distress without meeting the criteria for a disorder. Many women turn to the internet to seek advice and reassurance over these conditions. Health psychologists Donna Moore and Dr. Susan Ayers sorted through thousands of web sites and whittled down their selection to the top five sites for new mothers seeking information about postnatal depression and anxiety and the top five for healthcare professionals looking for ways to support patients. For mums they are: http://www.panda.org.au; http://www.hapis.org.uk; http://www.postpartumhealthalliance.org; http://www.postpartum.net & http://www.pndsa.co.za. And for health professionals: http://www.postpartum.net; http://www.postpartumhealthalliance.org; www.babybluesconnection.org; http://www.postpartumsupport.com; http://www.postpar … rt.com. The research, published in the journal Archives of Women's Mental Health, offers the latest systematic survey of web advice for postnatal psychological problems and serves as an authoritative guide to most reliable sites. Women can suffer from various psychological problems after having a baby that range from mild baby blues to more severe depression, anxiety and psychosis. The researchers found that although there were thousands of sites devoted to postnatal depression (typing "postnatal depression" into Google returned more than a million results), the quality was extremely variable, with very few sites offering the full spectrum of easily accessed support, advice, information and reassurance about the different psychological problems women might encounter. Many sites were hard to navigate, suffered from poorly edited content or had information that was out of date or just plain wrong. Information focused on symptoms rather than risk factors or the potential negative impact of not dealing with the illness on children and families as well as the sufferer. There was some information on treatment, but it was generally superficial. Most websites rarely had prominent information on what the users should do if they have thoughts of harming themselves or their infant. Donna Moore says: "Most web sites did encourage women to seek medical help. However, information tended to be about depressive symptoms and largely ignored other forms of postnatal illness, namely anxiety, post traumatic stress disorder and puerperal psychosis. This could reinforce the common misconception that postnatal mental illness is solely depression or simply an extension of the 'baby blues'. Mothers need to know what the signs of the illness are and treatment options and health professionals need to know all the facts for effective screening. It is essential that web sites provide accurate and comprehensive information and advice for mothers and their families. Mothers need to be informed that if they get help they will get better." Dr. Ayers says:"The internet is often the first port of call for people worried about health issues. This is particularly the case for women suffering from depressive illness following the birth of a baby because they many find it difficult to leave the house with a young infant and, like all mental health issues, there is the fear of being stigmatised. Using the internet, therefore, provides a way of seeking reassurance, information and advice anonymously from home. Effective web sites are therefore*

important in directing women to the professional help they need while giving them the confidence to ask for it." To identify the best sites, the researchers searched for sites using the four main search engines using the terms "postnatal depression", "postnatal illness", "postpartum depression" and "postpartum illness". The first 25 web sites for each key term were selected for review. Each site had to be exclusively dedicated to postnatal mental health or have substantial information on postnatal mental illness. They were evaluated for accuracy of information, available resources and quality. A total of 114 sites were eventually surveyed. It is hoped that through this systematic review, the top web sites will be used by healthcare professionals and help with the creation of new online resources, based on knowledge of how sufferers use web resources. Donna Moore and Susan Ayers are currently investigating how women with postnatal distress use and benefit from resources on the internet. Accurate information on all symptoms is essential for healthcare professionals screening for postnatal mental illness and sufferers and their families deciding whether to get help."

Nanni, V., R. Uher, et al. (2012). "Childhood maltreatment predicts unfavorable course of illness and treatment outcome in depression: a meta-analysis." Am J Psychiatry **169**(2): 141-151. http://www.ncbi.nlm.nih.gov/pubmed/22420036.

OBJECTIVES: Evidence suggests that childhood maltreatment may negatively affect not only the lifetime risk of depression but also clinically relevant measures of depression, such as course of illness and treatment outcome. The authors conducted the first meta-analysis to examine the relationship between childhood maltreatment and these clinically relevant measures of depression. METHOD: The authors conducted searches in MEDLINE, PsycINFO, and Embase for articles examining the association of childhood maltreatment with course of illness (i.e., recurrence or persistence) and with treatment outcome in depression that appeared in the literature before December 31, 2010. Recurrence was defined in terms of number of depressive episodes. Persistence was defined in terms of duration of current depressive episode. Treatment outcome was defined in terms of either a response (a 50% reduction in depression severity rating from baseline) or remission (a decrease in depression severity below a predefined clinical significance level). RESULTS: A meta-analysis of 16 epidemiological studies (23,544 participants) suggested that childhood maltreatment was associated with an elevated risk of developing recurrent and persistent depressive episodes (odds ratio=2.27, 95% confidence interval [CI]=1.80-2.87). A meta-analysis of 10 clinical trials (3,098 participants) revealed that childhood maltreatment was associated with lack of response or remission during treatment for depression (odds ratio=1.43, 95% CI=1.11-1.83). Meta-regression analyses suggested that the results were not significantly affected by publication bias, choice of outcome measure, inclusion of prevalence or incidence samples, study quality, age of the sample, or lifetime prevalence of depression. CONCLUSIONS: Childhood maltreatment predicts unfavorable course of illness and treatment outcome in depression.

Rosenthal, D. G., N. Learned, et al. (2012). "Characteristics of Fathers with Depressive Symptoms." Matern Child Health J. http://www.ncbi.nlm.nih.gov/pubmed/22362259.

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

symptoms as is paternal unemployment. Fathers play profoundly important roles in the lives of children and families, and are all too often forgotten in our efforts to help children. These new findings, we hope, will be useful to much needed efforts to develop strategies to identify and treat the very large number of fathers with depression."

Shalev, A. Y., Y. Ankri, et al. (2012). "Prevention of Posttraumatic Stress Disorder by Early Treatment: Results From the Jerusalem Trauma Outreach and Prevention Study." Arch Gen Psychiatry **69**(2): 166-176. http://archpsyc.ama-assn.org/cgi/content/abstract/69/2/166.

Context Preventing posttraumatic stress disorder (PTSD) is a pressing public health need. Objectives To compare early and delayed exposure-based, cognitive, and pharmacological interventions for preventing PTSD. Design Equipoise-stratified randomized controlled study. Setting Hadassah Hospital unselectively receives trauma survivors from Jerusalem and vicinity. Participants Consecutively admitted survivors of traumatic events were assessed by use of structured telephone interviews a mean (SD) 9.61 (3.91) days after the traumatic event. Survivors with symptoms of acute stress disorder were referred for clinical assessment. Survivors who met PTSD symptom criteria during the clinical assessment were invited to receive treatment. Interventions Twelve weekly sessions of prolonged exposure (PE; n = 63), or cognitive therapy (CT; n = 40), or double blind treatment with 2 daily tablets of either escitalopram (10 mg) or placebo (selective serotonin reuptake inhibitor/placebo; n = 46), or 12 weeks in a waiting list group (n = 93). Treatment started a mean (SD) 29.8 (5.7) days after the traumatic event. Waiting list participants with PTSD after 12 weeks received PE a mean (SD) 151.8 (42.4) days after the traumatic event (delayed PE). Main Outcome Measure Proportion of participants with PTSD after treatment, as determined by the use of the Clinician-Administered PTSD Scale (CAPS) 5 and 9 months after the traumatic event. Treatment assignment and attendance were concealed from the clinicians who used the CAPS. Results At 5 months, 21.6% of participants who received PE and 57.1% of comparable participants on the waiting list had PTSD (odds ratio [OR], 0.21 [95% CI, 0.09-0.46]). At 5 months, 20.0% of participants who received CT and 58.7% of comparable participants on the waiting list had PTSD (OR, 0.18 [CI, 0.06-0.48]). The PE group did not differ from the CT group with regard to PTSD outcome (OR, 0.87 [95% CI, 0.29-2.62]). The PTSD prevalence rates did not differ between the escitalopram and placebo subgroups (61.9% vs 55.6%; OR, 0.77 [95% CI, 0.21-2.77]). At 9 months, 20.8% of participants who received PE and 21.4% of participants on the waiting list had PTSD (OR, 1.04 [95% CI, 0.40-2.67]). Participants with partial PTSD before treatment onset did similarly well with and without treatment. Conclusions Prolonged exposure, CT, and delayed PE effectively prevent chronic PTSD in recent survivors. The lack of improvement from treatment with escitalopram requires further evaluation. Trauma-focused clinical interventions have no added benefit to survivors with subthreshold PTSD symptoms.

Sims, H., H. Sanghara, et al. (2012). "Text message reminders of appointments: a pilot intervention at four community mental health clinics in London." Psychiatr Serv **63**(2): 161-168. http://www.ncbi.nlm.nih.gov/pubmed/22302334.

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

Toker, S. and M. Biron (2012). "Job burnout and depression: Unraveling their temporal relationship and considering the role of physical activity." J Appl Psychol. http://www.ncbi.nlm.nih.gov/pubmed/22229693.

Job burnout and depression have been generally found to be correlated with one another. However, evidence regarding the job burnout-depression association is limited in that most studies are cross-sectional in nature. Moreover, little is known about factors that may influence the job burnout-depression association, other than individual or organizational factors (e.g., gender, supervisor support). The current study seeks to address these gaps by (a) unraveling the temporal relationship between job burnout and depression and (b) examining whether the job burnout-depression association may be contingent upon the degree to which employees engage in physical activity. On the basis of a full-panel 3-wave longitudinal design with a large sample of employees (N = 1,632), latent difference score modeling indicated that an increase in depression from Time 1 to Time 2 predicts an increase in job burnout from Time 2 to Time 3, and vice versa. In addition, physical activity attenuated these effects in a dose-response manner, so that the increase in job burnout and depression was strongest among employees who did not engage in physical activity and weakest to the point of nonsignificance among those engaging in high physical activity. *MedicalXpress - http://medicalxpress.com/news/2012-02-calories-gym-burnout.html - comments "Obesity can be a dangerous risk to our physical health, but according to a Tel Aviv University researcher, avoiding the gym can also take a toll on our mental health, leading to depression and greater burnout rates at work. Dr. Sharon Toker of TAU's Recanati Faculty of Management, working with Dr. Michal Biron from the University of Haifa, discovered that employees who found the time to engage in physical activity were less likely to experience a deterioration of their mental health, including symptoms of burnout and depression. The best benefits were achieved among those exercising for four hours per week - they were approximately half as likely to experience deterioration in their mental state as those who did no physical activity. Drs. Toker and Biron say that employers will benefit from encouraging the physical fitness of their employees. If the fight against obesity isn't enough of an incentive, inspiring workers to be physically active lessens high heath costs, reduces absenteeism, and increases productivity in the workplace. Their research was recently published in the Journal of Applied Psychology. Though depression and burnout are connected, they are not the same entity, says Dr. Toker. Depression is a clinical mood disorder, and burnout is defined by physical, cognitive, and emotional exhaustion. But both contribute towards a "spiral of loss" where the loss of one resource, such as a job, could have a domino effect and lead to the loss of other resources such as one's home, marriage, or sense of self-worth. Originally designed to examine the relationship between depression and burnout, the study assessed the personal, occupational, and psychological states of 1,632 healthy Israeli workers in both the private and public sectors. Participants completed questionnaires when they came to medical clinics for routine check-ups and had three follow-up appointments over a period of nine years. Findings indicate that an increase in depression predicts an increase in job burnout over time, and vice versa. But for the first time, the researchers also considered the participants' levels of physical activity, defined as any activity that increases the heart rate and brings on a sweat. The participants were divided into four groups: one that did not engage in physical activity; a second that did 75 to 150 minutes of physical activity a week; a third that did 150 to 240 minutes a week;*

and a fourth that did more than 240 minutes a week. Depression and burnout rates were clearly the highest among the group that did not participate in physical activity. The more physical activity that participants engaged in, the less likely they were to experience elevated depression and burnout levels during the next three years. The optimal amount of physical activity was a minimum of 150 minutes per week, where its benefits really started to take effect. In those who engaged in 240 minutes of physical activity or more, the impact of burnout and depression was almost nonexistent. But even 150 minutes a week will have a highly positive impact, says Dr. Toker, helping people to deal with their workday, improving self-efficacy and self-esteem, and staving off the spiral of loss. If they're feeling stressed at work, employees can always ask the boss to effect changes, such as providing more opportunities for emotional support in the workplace. But if the organization is unwilling to change, workers can turn to physical activities in their leisure time as an effective stress management tool. Far-sighted employers can benefit by building a gym on company grounds or subsidizing memberships to gyms in the community, and by allowing for flexible work hours to encourage employees to make physical activity an integral part of their day, suggests Dr. Toker. Such a strategy pays business dividends in the long run."

van der Heiden, C., P. Muris, et al. (2012). "Randomized controlled trial on the effectiveness of metacognitive therapy and intolerance-of-uncertainty therapy for generalized anxiety disorder." Behaviour Research and Therapy **50**(2): 100-109. http://www.sciencedirect.com/science/article/pii/S0005796711002701.

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