30 babcp abstracts, april '12

(Adam and Galinsky ; Bach, Hayes et al. 2012; Bernardi, Faraone et al. 2012; Boschloo, van den Brink et al. 2012; Burgess, Andiappan et al. 2012; Clark, Pike et al. 2012; Day, Thorn et al. 2012; Freedland, Carney et al. 2012; Grant, McMeekin et al. 2012; Grilo, White et al. 2012; Hornsey, Olsen et al. 2012; Hudak and Wisner 2012; Johnston and Milne 2012; Jones, Hacker et al. 2012; Kivlighan Jr., London et al. 2012; Koivumaa-Honkanen, Kaprio et al. 2012; Lessard, Marchand et al. 2012; Lindfors, Unge et al. 2012; Manicavasagar, Perich et al. 2012; Öst, Karlstedt et al. 2012; Prazak, Critelli et al. 2012; Roest, Zuidersma et al. 2012; Shapiro, Kaplow et al. 2012; Slepian, Masicampo et al. 2012; Swartz, Frank et al. 2012; von Consbruch, Clark et al. 2012; Weiss, Murray et al. 2012; Zelenski, Santoro et al. 2012; Zhang, Howell et al. 2012; Zimmerman 2012)

Adam, H. and A. D. Galinsky ***"Enclothed cognition."*** Journal of Experimental Social Psychology(0). http://www.sciencedirect.com/science/article/pii/S0022103112000200

(Free full text at http://tinyurl.com/7tec9b4) We introduce the term "enclothed cognition" to describe the systematic influence that clothes have on the wearer's psychological processes. We offer a potentially unifying framework to integrate past findings and capture the diverse impact that clothes can have on the wearer by proposing that enclothed cognition involves the co-occurrence of two independent factors—the symbolic meaning of the clothes and the physical experience of wearing them. As a first test of our enclothed cognition perspective, the current research explored the effects of wearing a lab coat. A pretest found that a lab coat is generally associated with attentiveness and carefulness. We therefore predicted that wearing a lab coat would increase performance on attention-related tasks. In Experiment 1, physically wearing a lab coat increased selective attention compared to not wearing a lab coat. In Experiments 2 and 3, wearing a lab coat described as a doctor's coat increased sustained attention compared to wearing a lab coat described as a painter's coat, and compared to simply seeing or even identifying with a lab coat described as a doctor's coat. Thus, the current research suggests a basic principle of enclothed cognition—it depends on both the symbolic meaning and the physical experience of wearing the clothes. (For some fun potential implications of this work, see http://positivepsychologynews.com/news/emily-vansonnenberg/2012052122126).

Bach, P., S. C. Hayes, et al. (2012). ***"Long-term effects of brief acceptance and commitment therapy for psychosis."*** Behav Modif 36(2): 165-181. http://bmo.sagepub.com/content/36/2/165.abstract

A previous report explored the impact of a brief (four session) acceptance and commitment therapy (ACT) intervention as compared with treatment as usual (TAU) on rehospitalization over 4 months in a sample of 80 inpatients with psychosis. The present study extended the follow-up period to 1 year and used a more sophisticated survival analysis to take previous hospitalization and length of the current hospitalization into account. Those in the ACT condition showed reduced hospitalization as compared to those in TAU at 4 months post discharge and again at 1 year post discharge. A test of proportionality of hazard showed that survival curves continued to diverge in the 5- to 12-month postdischarge period after adjusting for differences in the 0 to 4 month period. Future directions are discussed.

Bernardi, S., S. V. Faraone, et al. (2012). ***"The lifetime impact of attention deficit hyperactivity disorder: Results from the national epidemiologic survey on alcohol and related conditions (nesarc)."*** Psychological Medicine 42(04): 875-887. http://dx.doi.org/10.1017/S003329171100153X

Background The aim of the study was to present nationally representative data on the lifetime independent association between attention deficit hyperactivity disorder (ADHD) and psychiatric co-morbidity, correlates, quality of life and treatment seeking in the USA. Method Data were derived from a large national sample of the US population. Face-to-face surveys of more than 34 000 adults aged 18 years and older residing in households were conducted during the 2004–2005 period. Diagnoses of ADHD, Axis I and II disorders were based on the Alcohol Use Disorder and Associated Disabilities Interview Schedule-DSM-IV version. Results ADHD was associated independently of the effects of other psychiatric co-morbidity with increased risk of bipolar disorder, generalized anxiety disorder, post-traumatic stress disorder, specific phobia, and narcissistic, histrionic, borderline, antisocial and schizotypal personality disorders. A lifetime history of ADHD was also associated with increased risk of engaging in behaviors reflecting lack of planning and deficient inhibitory control, with high rates of adverse events, lower perceived health, social support and higher perceived stress. Fewer than half of individuals with ADHD had ever sought treatment, and about one-quarter had ever received medication. The average age of first treatment contact was 18.40 years. Conclusions ADHD is common and associated with a broad range of psychiatric disorders, impulsive behaviors, greater number of traumas, lower quality of life, perceived social support and social functioning, even after adjusting for additional co-morbidity. When treatment is sought, it is often in late adolescence or early adulthood, suggesting the need to improve diagnosis and treatment of ADHD.

Boschloo, L., W. van den Brink, et al. (2012). ***"Alcohol-use disorder severity predicts first-incidence of depressive disorders."*** Psychological Medicine 42(04): 695-703. http://dx.doi.org/10.1017/S0033291711001681

Background Previous studies suggest that alcohol-use disorder severity, defined by the number of criteria met, provides a more informative phenotype than dichotomized DSM-IV diagnostic measures of alcohol use disorders. Therefore, this study examined whether alcohol-use disorder severity predicted first-incident depressive disorders, an association that has never been found for the presence or absence of an alcohol use disorder in the general population. Method In a national sample of persons who had never experienced a major depressive disorder (MDD), dysthymia, manic or hypomanic episode (n=27 571), we examined whether a version of DSM-5 alcohol-use disorder severity (a count of three abuse and all seven dependence criteria) linearly predicted first-incident depressive disorders (MDD or dysthymia) after 3-year follow-up. Wald tests were used to assess whether more complicated models defined the relationship more accurately. Results First-incidence of depressive disorders varied across alcohol-use disorder severity and was 4.20% in persons meeting no alcohol-use disorder criteria versus 44.47% in persons meeting all 10 criteria. Alcohol-use disorder severity significantly predicted first-incidence of depressive disorders in a linear fashion (odds ratio 1.14, 95% CI 1.06–1.22), even after adjustment for sociodemographics, smoking status and predisposing factors for depressive disorders, such as general vulnerability factors, psychiatric co-morbidity and subthreshold depressive disorders. This linear model explained the relationship just as well as more complicated models. Conclusions Alcohol-use disorder severity was a significant linear predictor of first-incident depressive disorders after 3-year follow-up and may be useful in identifying a high-risk group for depressive disorders that could be targeted by prevention strategies.

Burgess, M., M. Andiappan, et al. (2012). ***"Cognitive behaviour therapy for chronic fatigue syndrome in adults: Face to face versus telephone treatment - a randomized controlled trial."*** Behavioural and Cognitive Psychotherapy 40(02): 175-191. http://dx.doi.org/10.1017/S1352465811000543

Background: Previous research has shown that face to face cognitive behaviour therapy (CBT) is an effective treatment for chronic fatigue syndrome (CFS)/Myalgic Encephalomyelitis (ME). However, some patients are unable to travel to the hospital

for a number of reasons. Aims: The aim of this study was to assess whether face to face CBT was more effective than telephone CBT (with face to face assessment and discharge appointment) for patients with CFS. Method: Patients aged 18–65 were recruited from consecutive referrals to the Chronic Fatigue Syndrome (CFS) Research and Treatment Unit at The South London and Maudsley NHS Trust in London. Participants were randomly allocated to either face to face CBT or telephone CBT by a departmental administrator. Blinding of participants and care givers was inappropriate for this trial. A parallel-groups randomised controlled trial was used to compare the two treatments. The primary outcomes were physical functioning and fatigue. Results: Significant improvements in the primary outcomes of physical functioning and fatigue occurred and were maintained to one year follow-up after discharge from treatment. Improvements in social adjustment and global outcome were noted and patient satisfaction was similar in both groups. Conclusions: Results from this study indicate that telephone CBT with two face to face appointments is a mild to moderately effective treatment for CFS and may be offered to patients where face to face treatment is not a viable option. Despite these encouraging conclusions, dropout was relatively high and therapists should be aware of this potential problem.

Clark, C., C. Pike, et al. (2012). ***"The contribution of work and non-work stressors to common mental disorders in the 2007 adult psychiatric morbidity survey."*** Psychological Medicine 42(04): 829-842. http://dx.doi.org/10.1017/S0033291711001759

Background Evidence for an effect of work stressors on common mental disorders (CMD) has increased over the past decade. However, studies have not considered whether the effects of work stressors on CMD remain after taking co-occurring non-work stressors into account. Method Data were from the 2007 Adult Psychiatric Morbidity Survey, a national population survey of participants ⩾16 years living in private households in England. This paper analyses data from employed working age participants (N=3383: 1804 males; 1579 females). ICD-10 diagnoses for depressive episode, generalized anxiety disorder, obsessive compulsive disorder, agoraphobia, social phobia, panic or mixed anxiety and depression in the past week were derived using a structured diagnostic interview. Questionnaires assessed self-reported work stressors and non-work stressors. Results The effects of work stressors on CMD were not explained by co-existing non-work stressors. We found independent effects of work and non-work stressors on CMD. Job stress, whether conceptualized as job strain or effort–reward imbalance, together with lower levels of social support at work, recent stressful life events, domestic violence, caring responsibilities, lower levels of non-work social support, debt and poor housing quality were all independently associated with CMD. Social support at home and debt did not influence the effect of work stressors on CMD. Conclusions Non-work stressors do not appear to make people more susceptible to work stressors; both contribute to CMD. Tackling workplace stress is likely to benefit employee psychological health even if the employee's home life is stressful but interventions incorporating non-work stressors may also be effective.

Day, M. A., B. E. Thorn, et al. (2012). ***"The continuing evolution of biopsychosocial interventions for chronic pain."*** Journal of Cognitive Psychotherapy 26(2): 114-129. http://www.ingentaconnect.com/content/springer/jcogp/2012/00000026/00000002/art00003 http://dx.doi.org/10.1891/0889-8391.26.2.114

In the last several decades, great strides have been made in the treatment of persistent painful conditions. The scope of treatment has shifted from purely biomedical, including approaches built upon cognitive, behavioral, and social psychological principles. This article reports and discusses several key paradigm shifts that fueled this revolutionary change in the management of chronic pain. The progressive development of theoretical metamodels and treatment conceptualizations is presented. Cognitive behavioral therapy (CBT) is the most widely accepted biopsychosocial treatment for chronic pain and is founded upon a rich theoretical tradition. The CBT rationale, and empirical evidence to support its efficacy, is presented. The emergence and promise of mindfulness-based and acceptance-based interventions is also discussed. The article concludes with the assertion that future treatment outcome research should focus on understanding the treatment-specific and common factors associated with efficacy.

Freedland, K. E., R. M. Carney, et al. (2012). ***"Effect of obstructive sleep apnea on response to cognitive behavior therapy for depression after an acute myocardial infarction."*** Journal of Psychosomatic Research 72(4): 276-281. http://www.sciencedirect.com/science/article/pii/S0022399912000190

Objective To determine whether obstructive sleep apnea (OSA) interferes with cognitive behavior therapy (CBT) for depression in patients with coronary heart disease. Methods Patients who were depressed within 28 days after an acute myocardial infarction (MI) were enrolled in the Enhancing Recovery in Coronary Heart Disease (ENRICHD) trial; 289 (12%) of the 2481 participants in ENRICHD met the criteria for inclusion in this ancillary study. Results A validated ambulatory ECG algorithm was used to detect OSA. Of the 289 participants, 64 (22%) met the criteria for OSA. CBT was efficacious relative to usual care (UC) for depression ($p = .004$). OSA had no effect on 6-month Beck Depression Inventory (BDI) scores ($p = .11$), and there was no interaction between OSA and treatment ($p = .42$). However, the adjusted mean (s.e.) 6-month BDI scores among patients without OSA were 12.2 (0.8) vs. 9.0 (0.8) in the UC and CBT groups (Cohen's $d = .40$); among those with OSA, they were 9.5 (1.4) and 8.1 (1.5) in the UC and CBT groups ($d = .17$). There were no significant OSA × Treatment interactions in the major depression ($n = 131$) or minor depression ($n = 158$) subgroups, but in those with major depression, there was a larger treatment effect in those without ($d = .44$) than with ($d = .09$) OSA. In those with minor depression, the treatment effects were $d = .37$ and $d = .25$ for the non-OSA and OSA subgroups. Conclusion CBT is efficacious for depression after an acute myocardial infarction in patients without obstructive sleep apnea, but it may be less efficacious for post-MI patients with OSA.

Grant, K., E. McMeekin, et al. (2012). ***"Individual therapy attrition rates in a low-intensity service: A comparison of cognitive behavioural and person-centred therapies and the impact of deprivation."*** Behavioural and Cognitive Psychotherapy 40(02): 245-249. http://dx.doi.org/10.1017/S1352465811000476

Background: This paper looks at attrition in relation to deprivation and type of therapy – CBT or person-centred counselling. Method: Case notes of all those referred in a 4-month period (n = 497) were assessed for those who failed to opt-in; those who opted-in but failed to attend first appointment and those who attended first appointment but subsequently dropped-out. Results: Significant numbers failed to opt-in, attend first appointment or dropped out during therapy. There were no differences between CBT and PCT. Those from the most deprived areas were less likely to opt-in. Conclusions: We need to develop better approaches to attracting and maintaining contact with individuals complaining of common mental health problems.

Grilo, C. M., M. A. White, et al. (2012). ***"Rapid response predicts 12-month post-treatment outcomes in binge-eating disorder: Theoretical and clinical implications."*** Psychological Medicine 42(04): 807-817. http://dx.doi.org/10.1017/S0033291711001875

Background We examined rapid response in obese patients with binge-eating disorder (BED) in a clinical trial testing cognitive behavioral therapy (CBT) and behavioral weight loss (BWL). Method Altogether, 90 participants were randomly

assigned to CBT or BWL. Assessments were performed at baseline, throughout and post-treatment and at 6- and 12-month follow-ups. Rapid response, defined as ⩾70% reduction in binge eating by week four, was determined by receiver operating characteristic curves and used to predict outcomes.ResultsRapid response characterized 57% of participants (67% of CBT, 47% of BWL) and was unrelated to most baseline variables. Rapid response predicted greater improvements across outcomes but had different prognostic significance and distinct time courses for CBT versus BWL. Patients receiving CBT did comparably well regardless of rapid response in terms of reduced binge eating and eating disorder psychopathology but did not achieve weight loss. Among patients receiving BWL, those without rapid response failed to improve further. However, those with rapid response were significantly more likely to achieve binge-eating remission (62% v. 13%) and greater reductions in binge-eating frequency, eating disorder psychopathology and weight loss. Conclusions Rapid response to treatment in BED has prognostic significance through 12-month follow-up, provides evidence for treatment specificity and has clinical implications for stepped-care treatment models for BED. Rapid responders who receive BWL benefit in terms of both binge eating and short-term weight loss. Collectively, these findings suggest that BWL might be a candidate for initial intervention in stepped-care models with an evaluation of progress after 1 month to identify non-rapid responders who could be advised to consider a switch to a specialized treatment.

Hornsey, M. J., S. Olsen, et al. (2012). ***"Testing a single-item visual analogue scale as a proxy for cohesiveness in group psychotherapy "*** Group Dynamics: Theory, Research, and Practice 16(1): 80-90. doi: 10.1037/a0024545

Group cohesion is one factor that is widely suggested to be important in producing clinically meaningful change in group psychotherapy. However, the construct has proved difficult to define, and in an effort to capture the construct's multidimensionality, contemporary measures have become long, cognitively demanding, and challenging for people with limited literacy. In response to this, we test a single-item visual analogue scale that provides a simple, intuitive, time-efficient, and user-friendly proxy for the cohesion construct. The Group Entitativity Measure–Group Psychotherapy (GEM-GP) was validated in a clinical sample of individuals who completed a group cognitive–behavioral therapy course for depression. GEM-GP scores correlated highly with a lengthier, traditional measure of group cohesion and were just as predictive of outcomes as a multi-item, traditional measure. The GEM-GP is a valid, user-friendly, and brief proxy for the cohesion construct in the group psychotherapy context.

Hudak, R. and K. L. Wisner (2012). ***"Diagnosis and treatment of postpartum obsessions and compulsions that involve infant harm."*** Am J Psychiatry 169(4): 360-363. http://ajp.psychiatryonline.org/article.aspx?articleid=1090646

Obsessive-compulsive symptoms in the postpartum period often include intrusive thoughts of harming the infant and rituals that result in avoidance of the baby. The differential diagnosis of women who develop these symptoms includes postpartum major mood disorders, obsessive-compulsive disorder, and psychosis with infanticidal thoughts. The treatment of the most common diagnoses, mood disorders and obsessive-compulsive disorder, includes serotonergic drugs, psychoeducation to help the patient understand that she is highly unlikely to harm her infant, and exposure with response prevention therapy. This intervention involves exposure of the patient to the feared situations, which are usually related to infant care, while simultaneously preventing the compulsive rituals.

Johnston, L. H. and D. L. Milne (2012). ***"How do supervisee's learn during supervision? A grounded theory study of the perceived developmental process."*** The Cognitive Behaviour Therapist 5(01): 1-23. http://dx.doi.org/10.1017/S1754470X12000013

To contribute to a model of CBT supervision, we interpreted supervisees' understanding of the processes involved in their receipt of supervision. Second, we assessed the utility of a Grounded Theory Methodology (GTM) to study supervision. Supervisees were interviewed about their experiences of supervision, within a cross-sectional, qualitative design. In-depth, face-to-face individual interviews were conducted with seven trainee clinical psychologists. Their perceptions of supervision were analysed by means of a constructivist revision of GTM. A conceptual model is presented, to show the learning process from the perspective of the supervisees. This suggests that the receipt of supervision was experienced against a developmental backdrop involving a progression along two continua: competency and awareness. A set of core processes (Reflection, Socratic Information Exchange, Scaffolding, Supervisory Alliance) were thought to interact, enabling appropriate learning across developmental stages. This was thought to facilitate movement through individualized Zones of Proximal Development (ZPD). The fidelity construct of 'receipt' is complex and does not lend itself to quantification and measurement using a positivistic approach. By contrast, GTM was a useful methodology to use in this context. Further research using a similar methodology may further contribute to a model of CBT supervision.

Jones, C., D. Hacker, et al. (2012). ***"Cognitive behaviour therapy versus other psychosocial treatments for schizophrenia."*** Cochrane Database Syst Rev 4: CD008712. http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008712.pub2/abstract

BACKGROUND: Cognitive behavioural therapy (CBT) is now a recommended treatment for people with schizophrenia. This approach helps to link the person's distress and problem behaviours to underlying patterns of thinking. OBJECTIVES: To review the effects of CBT for people with schizophrenia when compared with other psychological therapies. SEARCH METHODS: We searched the Cochrane Schizophrenia Group Trials Register (March 2010) which is based on regular searches of CINAHL, EMBASE, MEDLINE and PsycINFO. We inspected all references of the selected articles for further relevant trials, and, where appropriate, contacted authors. SELECTION CRITERIA: All relevant randomised controlled trials (RCTs) of CBT for people with schizophrenia-like illnesses. DATA COLLECTION AND ANALYSIS: Studies were reliably selected and assessed for methodological quality. Two review authors, working independently, extracted data. We analysed dichotomous data on an intention-to-treat basis and continuous data with 65% completion rate are presented. Where possible, for dichotomous outcomes, we estimated a risk ratio (RR) with the 95% confidence interval (CI) along with the number needed to treat/harm. MAIN RESULTS: Thirty papers described 20 trials. Trials were often small and of limited quality. When CBT was compared with other psychosocial therapies, no difference was found for outcomes relevant to adverse effect/events (2 RCTs, n = 202, RR death 0.57 CI 0.12 to 2.60). Relapse was not reduced over any time period (5 RCTs, n = 183, RR long-term 0.91 CI 0.63 to 1.32) nor was rehospitalisation (5 RCTs, n = 294, RR in longer term 0.86 CI 0.62 to 1.21). Various global mental state measures failed to show difference (4 RCTs, n = 244, RR no important change in mental state 0.84 CI 0.64 to 1.09). More specific measures of mental state failed to show differential effects on positive or negative symptoms of schizophrenia but there may be some longer term effect for affective symptoms (2 RCTs, n = 105, mean difference (MD) Beck Depression Inventory (BDI) -6.21 CI -10.81 to -1.61). Few trials report on social functioning or quality of life. Findings do not convincingly favour either of the interventions (2 RCTs, n = 103, MD Social Functioning Scale (SFS) 1.32 CI -4.90 to 7.54; n = 37, MD EuroQOL -1.86 CI -19.20 to 15.48). For the outcome of leaving the study early, we found no significant advantage when CBT was compared with either non-active control therapies (4 RCTs, n = 433, RR 0.88 CI 0.63 to 1.23) or active therapies (6 RCTs, n = 339, RR 0.75 CI 0.40 to 1.43) AUTHORS' CONCLUSIONS: Trial-based evidence suggests no clear and convincing advantage for cognitive behavioural therapy over other - and sometime much less sophisticated - therapies for people with schizophrenia.

Kivlighan Jr., D. M., K. London, et al. (2012). ***"Are two heads better than one? The relationship between number of group leaders and group members, and group climate and group member benefit from therapy "*** Group Dynamics: Theory, Research, and Practice 16(1): 1-13. doi: 10.1037/a0026242

We examined the relationships between the numbers of group leaders and group members, and group climate and member satisfaction in 32 semistructured therapy groups for adolescents. Specifically, we compared group climate and group member satisfaction in 13 singly led and 19 co-led therapy groups ranging in size from 3 to 12 members. Group members completed the Group Climate Questionnaire after each of eight sessions, and the Youth Client Satisfaction Questionnaire at termination. Results indicated that group size was negatively related to group member ratings of engagement, and positively related to ratings of conflict. In individually led groups, group size was also positively related to ratings of avoidance, and negatively related to group members' relationship with the group. In coled groups, however, group size was negatively related to ratings of avoidance, and positively related to group members' relationship with the group. Group members who participated in coled groups reported greater benefit from treatment than those group members in individually led groups. These results suggest that coled groups have several advantages over individually led groups.

Koivumaa-Honkanen, H., J. Kaprio, et al. (2012). ***"Self-reported life satisfaction and alcohol use: A 15-year follow-up of healthy adult twins."*** Alcohol and Alcoholism.
http://alcalc.oxfordjournals.org/content/early/2012/01/02/alcalc.agr151.abstract

Aims: To study the bidirectional relationships between life satisfaction (LS) and alcohol use. Methods: Health questionnaires were administered in 1975, 1981 and 1990 to a population-based sample of healthy Finnish twins aged 18–45 at baseline (n = 14,083). These included a LS scale and three indicators for adverse alcohol use: binge drinking, passing out and high consumption (women/men ≥400/800 g/month). In longitudinal analyses, logistic regression, pair-wise case–control analyses and growth models were applied. Results: All alcohol indicators increased the age-adjusted risk of becoming dissatisfied regardless of study period [binge drinking odds ratio (OR)1975–1990 = 1.29; 95% confidence interval (CI) 1.12–1.50; high consumption OR1975–1990 = 1.60; 1.29–1.99 and passing out OR1981–1990 = 2.01; 1.57–2.57]. Also, the dissatisfied had an increased subsequent risk for adverse alcohol use. The risk for passing out due to drinking (OR1975–1990 = 1.50; 1.22–1.86) was increased regardless of study period, while high consumption (OR1975–1981 = 1.97; 1.40–2.77; OR1981–1990 = 2.48; 1.50–4.12) and binge drinking (OR1975–1981 = 1.37; 1.12–1.67) showed some variation by the study period. Predictions remained after multiple adjustments. Longitudinally, high consumption predicted dissatisfaction somewhat more strongly than vice versa. The change/levels within the whole range of LS and alcohol consumption were only slightly associated in the entire study population. Conclusion: Life dissatisfaction and adverse alcohol use reciprocally predict each other prospectively. The heavier the alcohol use the stronger the relationship.

Lessard, M.-J., A. Marchand, et al. (2012). ***"Comparing two brief psychological interventions to usual care in panic disorder patients presenting to the emergency department with chest pain."*** Behavioural and Cognitive Psychotherapy 40(02): 129-147. http://dx.doi.org/10.1017/S1352465811000506

Background: Panic disorder (PD) is a common, often unrecognized condition among patients presenting with chest pain to the emergency departments (ED). Nevertheless, psychological treatment is rarely initiated. We are unaware of studies that evaluated the efficacy of brief cognitive-behavioural therapy (CBT) for this population. Aim: Evaluate the efficacy of two brief CBT interventions in PD patients presenting to the ED with chest pain. Method: Fifty-eight PD patients were assigned to either a 1-session CBT-based panic management intervention (PMI) (n = 24), a 7-session CBT intervention (n = 19), or a usual-care control condition (n = 15). A structured diagnostic interview and self-reported questionnaires were administered at pre-test, post-test, 3- and 6-month follow-ups. Results: Statistical analysis showed significant reduction in PD severity following both interventions compared to usual care control condition, but with neither showing superiority compared to the other. Conclusions: CBT-based interventions as brief as a single session initiated within 2 weeks after an ED visit for chest pain appear to be effective for PD. Given the high prevalence of PD in emergency care settings, greater efforts should be made to implement these interventions in the ED and/or primary care setting.

Lindfors, P., P. Unge, et al. (2012). ***"Long-term effects of hypnotherapy in patients with refractory irritable bowel syndrome."*** Scandinavian Journal of Gastroenterology 47(4): 414-421.
http://informahealthcare.com/doi/abs/10.3109/00365521.2012.658858

Objective. Gut-directed hypnotherapy is considered to be an effective treatment in irritable bowel syndrome (IBS) but few studies report the long-term effects. This retrospective study aims to evaluate the long-term perceived efficacy of gut-directed hypnotherapy given outside highly specialized hypnotherapy centers. Methods. 208 patients, who all had received gut-directed hypnotherapy, were retrospectively evaluated. The Subjective Assessment Questionnaire (SAQ) was used to measure changes in IBS symptoms, and patients were classified as responders and non-responders. Patients were also asked to report changes in health-care seeking, use of drugs for IBS symptoms, use of alternative non-pharmacological treatments, and if they still actively used hypnotherapy. Results. Immediately after hypnotherapy, 103 of 208 patients (49%) were responders and 75 of these (73%) had improved further at the follow-up 2–7 years after hypnotherapy (mean 4 years). A majority of the responders still used hypnotherapy on a regular basis at follow-up (73%), and the responders reported a greater reduction in health-care seeking than non-responders. A total of 87% of all patients reported that they considered gut-directed hypnotherapy to be worthwhile, and this differed between responders and non-responders (100% vs. 74%; $p < 0.0001$). Conclusion. This long-term follow-up study indicates that gut-directed hypnotherapy in refractory IBS is an effective treatment option with long-lasting effects, also when given outside highly specialized hypnotherapy centers. Apart from the clinical benefits, the reduction in health-care utilization has the potential to reduce the health-care costs.

Manicavasagar, V., T. Perich, et al. (2012). ***"Cognitive predictors of change in cognitive behaviour therapy and mindfulness-based cognitive therapy for depression."*** Behavioural and Cognitive Psychotherapy 40(02): 227-232.
http://dx.doi.org/10.1017/S1352465811000634

Background: An appreciation of cognitive predictors of change in treatment outcome may help to better understand differential treatment outcomes. The aim of this study was to examine how rumination and mindfulness impact on treatment outcome in two group-based interventions for non-melancholic depression: Cognitive Behaviour Therapy (CBT) and Mindfulness-Based Cognitive Therapy (MBCT). Method: Sixty-nine participants were randomly allocated to either 8-weekly sessions of group CBT or MBCT. Complete data were obtained from 45 participants (CBT = 26, MBCT = 19). Outcome was assessed at completion of group treatments. Results: Depression scores improved for participants in both group interventions, with no significant differences between the two treatment conditions. There were no significant differences between the interventions at post-treatment on mindfulness or rumination scores. Rumination scores significantly decreased from pre- to post-treatment for both conditions. In the MBCT condition, post-treatment rumination scores were significantly associated with post-treatment mindfulness scores. Conclusions: Results suggest that decreases in rumination scores may be a common feature following both

CBT and MBCT interventions. However, post-treatment rumination scores were associated with post-treatment mindfulness in the MBCT condition, suggesting a unique role for mindfulness in understanding treatment outcome for MBCT.

Öst, L.-G., A. Karlstedt, et al. (2012). ***"The effects of cognitive behavior therapy delivered by students in a psychologist training program: An effectiveness study."*** Behavior Therapy 43(1): 160-173. http://www.sciencedirect.com/science/article/pii/S0005789411000608

(Free full text available) Relatively little is known about the efficacy of clinically inexperienced student therapists carrying out cognitive behavior therapy (CBT) under supervision during a professional, psychologist training program. The current study evaluated this by collecting pre- and posttreatment data on 591 consecutive patients receiving treatment at the Psychotherapy Clinic of the Department of Psychology, Stockholm University, Sweden, over an 8-year period. The patients had mainly anxiety disorders or depression with a mean duration of 15 years, and received individual CBT for a mean of 18 sessions. They improved significantly on both general measures (Beck Anxiety Inventory [BAI], Beck Depression Inventory [BDI], and Quality of Life Inventory [QOLI]) and disorder-specific self-report scales. The proportions of recovered patients on the BAI (63%) and the BDI (60%) were higher than those of a comparison effectiveness study. On the specific self-report scales the current sample improved as much as the samples in extant efficacy trials. We conclude that clinically inexperienced student therapists who receive supervision from experienced supervisors can achieve treatment effects that are on a par with those of experienced licensed psychotherapists.

Prazak, M., J. Critelli, et al. (2012). ***"Mindfulness and its role in physical and psychological health."*** Applied Psychology: Health and Well-Being 4(1): 91-105. http://dx.doi.org/10.1111/j.1758-0854.2011.01063.x

(Free full text available) This study examined the relationships of mindfulness, a form of focused self-awareness, with physical and psychological health. Mindfulness was measured in terms of four stable forms of awareness: Observe, an awareness of internal and external stimuli; Describe, an ability to verbally express thoughts clearly and easily; Act with Awareness, the tendency to focus on present tasks with undivided attention; and Accept without Judgment, the tendency to take a nonjudgmental attitude toward one's own thoughts and emotions. These aspects of mindfulness were explored in relation to both physical health, which consisted of heart rate variability, a measure of overall cardiovascular health, and psychological health, which consisted of flourishing, existential well-being, negative affect, and social well-being in a sample of 506 undergraduate students. Individuals high in mindfulness showed better cardiovascular health and psychological health.

Roest, A. M., M. Zuidersma, et al. (2012). ***"Myocardial infarction and generalised anxiety disorder: 10-year follow-up."*** The British Journal of Psychiatry 200(4): 324-329. http://bjp.rcpsych.org/content/200/4/324.abstract

Background: Few studies have addressed the relationship between generalised anxiety disorder and cardiovascular prognosis using a diagnostic interview. Aims: To assess the association between generalised anxiety disorder and adverse outcomes in patients with myocardial infarction. MethodL Patients with acute myocardial infarction (n = 438) were recruited between 1997 and 2000 and were followed up until 2007. Current generalised anxiety disorder and post-myocardial infarction depression were assessed with the Composite International Diagnostic Interview. The end-point consisted of all-cause mortality and cardiovascular-related readmissions. Results: During the follow-up period, 198 patients had an adverse event. Generalised anxiety disorder was associated with an increased rate of adverse events after adjustment for age and gender (hazard ratio: 1.94; 95% confidence interval: 1.14-3.30; P = 0.01). Additional adjustment for measures of cardiac disease severity and depression did not change the results. Conclusions: Generalised anxiety disorder was associated with an almost twofold increased risk of adverse outcomes independent demographic and clinical variables and depression.

Shapiro, D. N., J. B. Kaplow, et al. (2012). ***"Behavioral markers of coping and psychiatric symptoms among sexually abused children."*** Journal of Traumatic Stress 25(2): 157-163. http://dx.doi.org/10.1002/jts.21674

The current study examined coping and psychiatric symptoms in a longitudinal sample of sexually abused children. Coping was behaviorally coded from children's forensic interviews in the aftermath of sexual abuse. Using principal components analysis, coping behaviors were found to cluster into 3 categories: avoidant, expressive, and positive affective coping. Avoidant coping had predictive utility for a range of psychiatric symptoms, including depressive, posttraumatic stress, anxiety, and dissociative symptoms as well as aggression and attention problems measured 8–36 months following the forensic interview. Specific behaviors, namely fidgetiness and distractibility, were also found to be associated with future symptoms. These findings suggest the predictive utility of avoidant behaviors in general, and fidgetiness and distractibility in particular, among sexually abused children.

Slepian, M. L., E. J. Masicampo, et al. (2012). ***"The physical burdens of secrecy."*** J Exp Psychol Gen. http://www.ncbi.nlm.nih.gov/pubmed/22390267

The present work examined whether secrets are experienced as physical burdens, thereby influencing perception and action. Four studies examined the behavior of people who harbored important secrets, such as secrets concerning infidelity and sexual orientation. People who recalled, were preoccupied with, or suppressed an important secret estimated hills to be steeper, perceived distances to be farther, indicated that physical tasks would require more effort, and were less likely to help others with physical tasks. The more burdensome the secret and the more thought devoted to it, the more perception and action were influenced in a manner similar to carrying physical weight. Thus, as with physical burdens, secrets weigh people down. *The BPS Research Blog - http://www.bps-research-digest.blogspot.co.uk/2012/04/secrets-leave-us-physically-encumbered.html - comments "We talk metaphorically of secrets as great weights that must be carried through life like a heavy burden. Consistent with the ever-growing literature on embodied cognition, a new study shows how secrets affect perception and action, as if their keepers are encumbered, literally. A first study used participants recruited online via Amazon's Mechanical Turk website. Those asked to write a recollection about a big secret rated a hill, depicted head-on, as being steeper than participants who wrote about a trivial secret. This matches previous research (pdf) showing that people who are physically encumbered tend to rate hills as steeper. By contrast, the big secret vs. small secret groups didn't differ on other measures, such as their rating of the sturdiness of a table. Next, 36 undergrads threw a small beanbag at a target located just over two and a half meters away. Those who'd been asked to recall a meaningful secret threw their beanbag further, on average, than those asked to recall a trivial secret. It's as if they perceived the target to be further away, consistent with prior research showing that people who are physically encumbered tend to overestimate spatial distances. In a penultimate study, forty participants who'd recently been unfaithful to their partners were recruited via Amazon. Those who said the secret of their infidelity was a burden (it bothered them, affected them and they thought about it a lot) tended to rate physical tasks, such as carrying shopping upstairs, as requiring more physical effort and energy than those who were unburdened by their infidelity. Ratings of non-physical tasks, by contrast, did not vary between the groups. Finally, keeping a significant secret (in this case not revealing one's homosexuality whilst being video-interviewed) led gay male participants to be less likely to agree to help the researchers move some books; keeping a trivial secret (concealing one's extraversion) had no such effect. Michael Slepian and his colleagues said their findings*

showed how carrying a secret leads to the experience of being weighed down. They don't think the findings can be explained by the mental effort of keeping a secret - for example, past research has shown that cognitive load prompts people to underestimate, not overestimate, physical distances. The researchers warned about the health implications of their findings. "We suggest that concealment ... leads to greater physical burden and perhaps eventually physical overexertion, exhaustion, and stress," they said."

Swartz, H. A., E. Frank, et al. (2012). ***"A randomized pilot study of psychotherapy and quetiapine for the acute treatment of bipolar ii depression."*** Bipolar Disorders 14(2): 211-216. http://dx.doi.org/10.1111/j.1399-5618.2012.00988.x

Objectives: The differential roles of psychotherapy and pharmacotherapy in the management of bipolar (BP) II depression are unknown. As a first step toward exploring this issue, we conducted a pilot study to evaluate the feasibility and acceptability of comparing a BP-specific psychotherapy [Interpersonal and Social Rhythm Therapy (IPSRT)] to quetiapine as treatments for BP-II depression. Methods: Unmedicated individuals (n = 25) meeting DSM-IV criteria for BP-II disorder, currently depressed, were randomly assigned to weekly sessions of IPSRT (n = 14) or quetiapine (n = 11), flexibly dosed from 25–300 mg. Participants were assessed with weekly measures of mood and followed for 12 weeks. Treatment preference was queried prior to randomization. Results: Using mixed effects models, both groups showed significant declines in the 25-item Hamilton Rating Scale for Depression [$F(1,21) = 44$, $p < 0.0001$] and Young Mania Rating Scale [$F(1,21) = 20$, $p = 0.0002$] scores over time but no group-by-time interactions. Dropout rates were 21% (n = 3) and 27% (n = 3) in the IPSRT and quetiapine groups, respectively. Overall response rates (defined as ≥ 50% reduction in depression scores without an increase in mania scores) were 29% (n = 4) in the IPSRT group and 27% (n = 3) in the quetiapine group. Measures of treatment satisfaction were high in both groups. Treatment preference was not associated with outcomes. Conclusions: Outcomes in participants with BP-II depression assigned to IPSRT monotherapy or quetiapine did not differ over 12 weeks in this small study. Follow-up trials should examine characteristics that predict differential response to psychotherapy and pharmacotherapy.

von Consbruch, K., D. M. Clark, et al. (2012). ***"Assessing therapeutic competence in cognitive therapy for social phobia: Psychometric properties of the cognitive therapy competence scale for social phobia (ctcs-sp)."*** Behavioural and Cognitive Psychotherapy 40(02): 149-161. http://dx.doi.org/10.1017/S1352465811000622

Background: There has been considerable acknowledgement in treatment outcome research that, although the assessment of treatment integrity is essential in many respects, it requires great effort as well as resources and is therefore often neglected. Aims: In order to fill this gap, the Cognitive Therapy Competence Scale for Social Phobia (CTCS-SP) was developed, based on the Cognitive Therapy Scale, to measure therapist competence in delivering cognitive therapy for social phobia. The aim of the present study was to investigate interrater reliability, internal consistency and retest reliability of the scale. Method: Raters evaluated therapist competence from 161 videotaped sessions (98 patients) selected from 234 cognitive treatments within a multi-centre study. Results: Interrater-reliability was found to be high for the overall score (ICC = .81) and moderate for individual items (ICC = .62–.92). Internal consistency and retest reliability were also found to be high (Cronbach's alpha = .89; (ICCretest = .86). Conclusions: The results indicate that the CTCS-SP is highly reliable. As even individual items yield satisfactory reliability, the scale can be used in various fields of research, including the measurement of changes in skill acquisition and the impact of competence on outcome criteria.

Weiss, M., C. Murray, et al. (2012). ***"A randomized controlled trial of cbt therapy for adults with adhd with and without medication."*** BMC Psychiatry 12(1): 30. http://www.ncbi.nlm.nih.gov/pubmed/22480189

(Free full text available & additionally 61pp treatment manual available from authors) BACKGROUND: Previous studies of psychological treatment in adults with ADHD have not controlled for medication status and include either medicated participants or mixed samples of medicated and unmedicated participants. The objective of this study is to examine whether use of medication improves outcome of therapy. METHOD: This was a secondary analysis comparing 23 participants randomized to CBT and Dectroamphetamine vs. 25 participants randomized to CBT and placebo. Both patients and investigators were blind to treatment assignment. Two co-primary outcomes were used: ADHD symptoms on the ADHD-RS-Inv completed by the investigator and improvement in functioning as reported by the patient on the Sheehan Disability Scale. RESULTS: Both groups showed robust improvement in both symptoms and functioning, but the use of medication did not significantly improve outcome over and above use of CBT and placebo. CONCLUSION: This study replicates previous work demonstrating that CBT is an effective treatment for ADHD in adults. Within the limits of this pilot, secondary analysis we were not able to demonstrate that medication significantly augments the outcome of CBT therapy for adults with ADHD.

Zelenski, J. M., M. S. Santoro, et al. (2012). ***"Would introverts be better off if they acted more like extraverts? Exploring emotional and cognitive consequences of counterdispositional behavior."*** Emotion 12(2): 290-303. http://www.ncbi.nlm.nih.gov/pubmed/21859197

People enjoy acting extraverted, and this seems to apply equally across the dispositional introversion-extraversion dimension (Fleeson, Malanos, & Achille, 2002). It follows that dispositional introverts might improve their happiness by acting more extraverted, yet little research has examined potential costs of this strategy. In two studies, we assessed dispositions, randomly assigned participants to act introverted or extraverted, and examined costs-both emotional (concurrent negative affect) and cognitive (Stroop performance). Results replicated and extended past findings suggesting that acting extraverted produces hedonic benefits regardless of disposition. Positive affect increased and negative affect did not, even for participants acting out of character. In contrast, we found evidence that acting counterdispositionally could produce poor Stroop performance, but this effect was limited to dispositional extraverts who were assigned to act introverted. We suggest that the positive affect produced by introverts' extraverted behavior may buffer the potentially depleting effects of counterdispositional behavior, and we consider alternative explanations. We conclude that dispositional introverts may indeed benefit from acting extraverted more often and caution that dispositional extraverts may want to adopt introverted behavior strategically, as it could induce cognitive costs or self-regulatory depletion more generally.

Zhang, J., R. Howell, et al. (2012). ***"Comparing three methods to measure a balanced time perspective: The relationship between a balanced time perspective and subjective well-being."*** Journal of Happiness Studies: 1-16. http://dx.doi.org/10.1007/s10902-012-9322-x

The goals of this study were to determine the relations between having a balanced time perspective (BTP) with various measures of subjective well-being (SWB) and to test how various operationalizations of a BTP might impact the relation between having a BTP and SWB. We operationalized a balanced time perspective using: (a) Drake et al.'s Time Soc 17(1):47–61, (2008) cut-off-point method, (b) Boniwell et al.'s J Posit Psychol 5(1):24–40, (2010) suggestion of using a hierarchical cluster analysis, and (c) a deviation from a balanced time perspective (DBTP; Stolarski et al. Time Soc, 2011). The results demonstrated that having a BTP is related to increased satisfaction with life, happiness, positive affect, psychological need satisfaction, self-determination, vitality, and gratitude as well as decreased negative affect. Also, the DBTP was the best predictor of SWB. We discuss why individuals with a BTP are likely to be happier in life. *MedicalXpress -*

http://medicalxpress.com/news/2012-04-people-perspective-content.html - comments "Do you look fondly at the past, enjoy yourself in the present, and strive for future goals? If you hold these time perspectives simultaneously—and don't go overboard on any one of them—you're likely to be a happy person. A new study by San Francisco State University researcher Ryan Howell and his colleagues demonstrates that having this sort of "balanced time perspective" can make people feel more vital, more grateful, and more satisfied with their lives. Their findings are reported online in the Journal of Happiness Studies. "If you are too extreme or rely too much on any one of these perspectives, it becomes detrimental, and you can get into very destructive types of behaviors," Howell said. "It is best to be balanced in your time perspectives." While it may seem obvious that people who have a positive attitude about their past, enjoy the present, and focus on goals for the future would be the happiest, Howell said that a sense of well-being depends on the balance between these elements. "If you're really dominant in one type of perspective, you're very limited in certain situations," he added. "To deal well when you walk into any situation, you need to have cognitive flexibility. That is probably why people with a balanced time perspective are happiest." It can be fine to have fond memories of childhood, for instance, but spending too much time remembering the past can keep you from enjoying the present. It might be great to treat yourself to a nice dinner, but "living in the moment" like that every night could keep you from achieving future goals. There is some evidence that people can "rebalance" their time perspectives, Howell said, while noting that "there hasn't been a lot of work that's tried to change time perspectives explicitly." But in general, "if you're too future-oriented, it might be good to give yourself a moment to sit back and enjoy the present," Howell suggested. "If you're too hedonistic and living for the moment, maybe it's time to start planning some future goals." Howell directs The Personality and Well-Being Lab. He and his graduate students at SF State are collecting data on time perspectives through their Beyond the Purchase website at http://www.beyondthepurchase.org. They hope their results will help individuals to extend the benefits of a balanced time perspective into the area of consumer choice. The site contains a variety of short quizzes and surveys on purchasing habits and values and how they relate to happiness. "The site is open to anyone who wants to learn more about their spending habits," Howell said, "and put themselves in a place where they can make better consumer choices." "We would expect that people with certain time perspectives would be much more likely to make consumer choices that fall either in the more experiential or more materialistic side of things," said Howell, who is preparing a new study on the topic."

Zimmerman, M. (2012). ***"Misuse of the mood disorders questionnaire as a case-finding measure and a critique of the concept of using a screening scale for bipolar disorder in psychiatric practice."*** Bipolar Disorders 14(2): 127-134. http://dx.doi.org/10.1111/j.1399-5618.2012.00994.x

Zimmerman M. Misuse of the Mood Disorders Questionnaire as a case-finding measure and a critique of the concept of using a screening scale for bipolar disorder in psychiatric practice. Bipolar Disord 2012: 14: 127–134. © 2012 The Author. Journal compilation © 2012 John Wiley & Sons A/S. Objectives: Under-recognition of bipolar disorder (BD) is common and incurs significant costs for individuals and society. Clinicians are often encouraged to use screening instruments to help them identify patients with the disorder. The Mood Disorder Questionnaire (MDQ) is the most widely studied measure for this purpose. Some studies, however, have used the MDQ as a case-finding instrument rather than a screening scale. Such inappropriate use of screening scales risks distorting perceptions about many facets of BD, from its prevalence to its consequences. Methods: Studies using the MDQ were reviewed to identify those reports that have used the scale as a case-finding measure rather than a screening scale. Results: Multiple studies were identified in the BD literature that used the MDQ as a diagnostic proxy. The findings of these studies were misinterpreted because of the failure to make the distinction between screening and case-finding. Conclusions: Inappropriate conclusions have been drawn regarding the prevalence, morbidity, and diagnostic under-recognition of BD in studies that rely on the MDQ as a diagnostic proxy. A conceptual critique is offered against the use of self-administered screening questionnaires for the detection of BD in psychiatric settings.