Current Awareness Service

Issue no. 2 of 2019

The Park Library - The Park Centre for Mental Health

National Health Priority Area – Mental Health

- Anxiety
- Child and Adolescent Mental Health/Perinatal Mental Health
- Depression
- Employment and Mental Health
- Forensic Psychiatry
- Mental Health Services/Promotions and Prevention
- Personality Disorders
- Schizophrenia
- Suicide

Data for this Priority Area has been identified by:
The Park Library – The Park Centre for Mental Health

➢ How to locate articles in the Current Awareness Service (CAS) (Qld Health staff only)
➢ Article is not available on CKN? Instructions for Qld Health staff

Citations listed have been generated as an update from the Medline and the PsycINFO databases. The citations in this document should NOT be considered an exhaustive set of information on Mental Health. Queensland Health clinicians are reminded to utilise the Clinical Knowledge Network (CKN) https://www.ckn.org.au/ and the West Moreton Health Libraries website for more information on specific mental health areas.
How to locate articles in the Current Awareness Service (CAS)

- Some articles may be available in full text via CKN.

- Click on the article links in the PDF and this will take you to the database page in CKN.  
  **Note:** if you are not on a Qld Health computer you will need to login via your Open Athens login, if you haven’t registered here is the link to register - [https://www.ckn.org.au/register](https://www.ckn.org.au/register)

- If full text is available within the database, then a PDF icon or HTML text should display.

- If there is no PDF or HTML link, then use the **CKN Full Text** link on the left. You will find link/s for **CKN full text (example shown below)**.

![Predictors in Internet-delivered cognitive behavior therapy and behavioral stress management for severe health anxiety](image)

**Article is not available on CKN?**

- If the article is not available on CKN, [Request this item](#) will display on the left.

- Click on this link and you will get a result similar to what is shown below.

![Video-based mobile health interventions for people with schizophrenia: Bringing the “pocket therapist” to life.](image)

- Click on “**Request this item from your local HHS Library**” and the article information will be populated in the Article Request form → fill out your details → select your “HHS/Library from the drop down menu → then submit the form.

The latest CAS is published on our Library website – [http://parklibrary.qld.libguides.com/wmhhs-library](http://parklibrary.qld.libguides.com/wmhhs-library)

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## Queensland Health Libraries and Contact Numbers

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### University of Queensland Libraries

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Anxiety

Title:
Reflective network therapy for childhood autism and childhood PTSD.

Authors:
Kliman, Gilbert;

Source:
Neuropsychoanalysis, Vol 20(2), Nov, 2018 pp. 73-86. Publisher: Taylor & Francis; [Journal Article]

Abstract:
This paper presents a theory and related clinical technique that regards some cases of autism as a psychologically treatable form of stress disorder. We discuss results of Reflective Network Therapy (RNT), which treats autistic as well as traumatized preschool children. In this treatment, child analysis is provided in a classroom context, emphasizing empathic reflections of the child's inner state. This approach facilitates the child's development of mentalization and communication skills. As teachers, parents, and other children become involved in this process, a 'reflective network' supports the child in reducing stress and strengthening interpersonal connection. Following a survey of similarities between ASD and childhood PTSD, and a description of RNT, detailed vignettes of two videotaped treatments are presented here as exemplars: one case of childhood autism and one of childhood PTSD. In addition to a host of interpersonal improvements, both children demonstrated dramatic improvements in their IQ scores. The improvements following RNT are hypothesized to result, at least in part, from the neurotrophic effect of overcoming stress overload in both disorders. This effect results from the intensive, frequent interpersonal exercises provided by psychodynamic treatment within an affectionate, mentalizing, and reflective human network. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Visual cues of threat elicit greater steady-state electroencephalographic responses than visual reminders of death.

Authors:
Valentini, Elia; Gyimes, Istvan L.;

Source:
Biological Psychology, Vol 139, Nov, 2018 pp. 73-86. Publisher: Elsevier Science; [Journal Article]

Abstract:
Terror management theory (TMT) suggests that reminders of death activate an exclusive anxiety mechanism different from the one activated by other types of symbolic threats. This notion is supported by evidence showing how experimental participants verbally reflecting on their own death are then influenced in their opinions and behaviours. A previous study showed that magnitude of electroencephalography (EEG) activity is greater when images depicting death-related content are coupled with painful thermal stimuli compared to threat-related content. Here we expand on previous research by testing whether similar effects may be brought about by passive observation of generic visual reminders of death. More precisely, we hypothesised that fast periodic presentation of death-related vs. more generic threat-related images determine a preferential modulation of brain activity measured by means of EEG. In two experiments, we found that images depicting death content elicit lower frequency-tagged EEG response compared to more generic threat images. Visual evoked potentials revealed that a brief change of the scene from neutral to threat content elicits greater amplitude at the late latencies (compatible with a P300 potential), particularly at the parieto-occipital sites. Altogether, our findings suggest that, in a context where no reflection on death cues is allowed and no threatening stimuli in other modality occur, visual death cues trigger lower neural synchronisation than that elicited by similarly negative and arousing cues with divergent threatening meaning. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title:
Treating PTSD in active duty service members using cognitive processing therapy or prolonged exposure therapy: Examining everyday practice at a military outpatient clinic.

Authors:
Aronson, Keith R.; Welsh, Janet A.; Fedotova, Anna; Morgan, Nicole R.; Perkins, Daniel F.; Travis, Wendy;

Source:

Abstract:
The Institute of Medicine has stressed the need for evaluations of evidence-based treatments (EBTs) for posttraumatic stress disorder (PTSD) among active duty service members (AD) using a variety of evaluation approaches (Institute of Medicine, 2012). The current study examined the clinical files of 134 service members who completed treatment for PTSD using either prolonged exposure (PE) or cognitive processing therapy at an outpatient clinic. At the completion of each session, therapists made a clinical rating as to whether or not the session was protocol adherent. The total number of treatment sessions and the proportion of sessions rated as being protocol adherent were calculated. Multi-level models estimated the change in patient PTSD and other psychological symptoms over time as a function of clinician-rated protocol adherence and total number of sessions. Approximately 65% of clinic encounters were rated by therapists as being protocol adherent. Significant reductions in PTSD and psychological symptoms were associated with protocol adherence, and this was particularly true for patients who began treatment above clinical thresholds for both PTSD and other psychological symptoms. However, as the number of sessions increased, the impact of protocol adherence was attenuated. Patient characteristics, including gender, ethnicity, and co-morbidity for other psychiatric disorders were not related to symptom change trajectories over time. These findings suggest that protocol adherence and efficiency in delivery of EBTs for the treatment of PTSD with AD is critical. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Psychological impact of remote combat/graphic media exposure among US Air Force intelligence personnel.

Authors:
Ogle, Alan D.; Reichwald, Reed; Rutland, J. Brian;

Source:

Abstract:
Since 2001 there has been a significant increase in the use of intelligence, surveillance, and reconnaissance (ISR) analysis for tactical, operational, and strategic decision makers engaged in global operations. To meet this demand, US Air Force intelligence personnel participate in remote combat and graphic media exploitation operations (e.g., review of still imagery, video, and audio), the long-term psychological effects of which are not well understood. Research to date has focused primarily on outcomes related to how intelligence personnel work, versus the specifics of what they do. Military psychologists embedded in ISR units conducted studies to address this gap. Intelligence analysts participated in focus groups and surveys assessing the frequency of exposure, previous exposures to other potentially traumatic events, symptoms of PTSD, moral injury, and other psychosocial experiences. Results showed that exposure levels, albeit virtual, rivaled or exceeded those reported by a sample of special operations forces. Results also showed that specific types of exposures (e.g., witnessing US military casualties, civilian casualties, atrocities committed by the enemy) are related to increased posttraumatic stress and other sequelae that may not adequately be captured by standard posttraumatic stress disorder screening measures. The results contribute to the existing literature on posttraumatic stress, shed new light on the emerging construct of moral injury, and highlight challenges presented by remote combat and graphic media exploitation operations to force health sustainment and performance optimization. The authors provide directions for future research and recommendations for ongoing assessment, monitoring, and selection and training of ISR personnel. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title: Anxiety sensitivity and distress tolerance typologies and relations to posttraumatic stress disorder: A cluster analytic approach.

Authors: Overstreet, Cassie; Brown, Emily; Berenz, Erin C.; Brown, Ruth C.; Hawn, Sage; McDonald, Scott; Pickett, Treven; Danielson, Carla Kmett; Thomas, Suzanne; Amstadter, Ananda;

Source: Military Psychology, Vol 30(6), Nov-Dec, 2018 pp. 547-556. Publisher: Taylor & Francis; [Journal Article]

Abstract: A growing literature suggests a relationship between a high anxiety sensitivity (AS; the fear of anxiety and its related consequences)/low distress tolerance (DT; the capacity tolerate internal negative states) profile and posttraumatic stress disorder (PTSD) symptoms. However, specific profiles have not been identified or examined specifically in Veteran samples. Thus, the aims of the present study were to establish empirically derived profiles created from response patterns on the Anxiety Sensitivity Index and Distress Tolerance Scale and to examine associations with PTSD symptom clusters among a sample of combat-exposed Veterans (N = 250). A cluster analytic approach was used to identify AS/DT profiles, and a series of multivariate analyses of variance with post hoc analyses was conducted to examine the relationship between each AS/DT profile and each PTSD symptom cluster. Results indicated a 3-cluster solution including a high AS/low DT 'at risk' profile, a low AS/high DT 'resilient' profile, and an average AS/DT 'intermediate' profile. The at-risk profile was associated with significantly greater symptoms in each PTSD cluster (i.e., hyperarousal, avoidance, re-experiencing) when compared to the other two profiles. The at-risk profile was also associated with greater depressive symptoms and lower self-reported resilience. These findings extend the previous literature by identifying a high AS/low DT 'at risk' profile and its associations with PTSD symptoms, underscoring the potential utility in targeting these affect-regulation constructs for clinical intervention. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Impact and prevalence of physical and verbal violence toward healthcare workers.

Authors: Rosenthal, Lisa J.; Byerly, Ashley; Taylor, Adrienne D.; Martinovich, Zoran;


Abstract: Background: Threatening and assaultive behaviors against healthcare workers are a growing national concern. Objective: To assess the incidence and impact of aggression against healthcare workers, a safety and quality improvement project was initiated in an academic, tertiary care, urban hospital. Methods: Through the Northwestern Academy of Quality and Safety Initiatives program, an invitation to complete an online survey was sent to healthcare workers. The survey inquired about prevalence, location, and type of experience of physical or verbal abuse by patients or families. Other goals were: 1) worker knowledge and use of reporting systems, 2) effect on healthcare worker engagement, and 3) report of posttraumatic symptoms. Results: 34.4% of healthcare workers reported any incident of verbal or physical violence in the preceding 12 months, with 13.5% reporting physical assault. Of those with any incident of physical or verbal violence, 60.2% endorsed at least one posttraumatic symptom, 9.4% missed work, and 30.1% had thoughts about leaving their job or career. The reported impact was the same for physical or verbal incidents. Discussion: Physical and verbal abuse of healthcare workers is prevalent and has a significant impact on employee engagement and posttraumatic spectrum symptoms. These results are based on a cross-sectional survey at one institution and may have a significant selection and response bias. Conclusion: Assessment of both verbal and physical aggression against healthcare workers should be standard. Front-line consulting psychiatrists and psychiatric programs for employee wellness could assess and manage this impact. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title:
Temperament distinguishes persistent/recurrent from remitting anxiety disorders across early childhood.

Authors:
Bufferd, Sara J.; Dougherty, Lea R.; Olino, Thomas M.; Dyson, Margaret W.; Carlson, Gabrielle A.; Klein, Daniel N.;

Source:

Abstract:
Up to 20% of preschool-age children meet criteria for anxiety disorders and, for a large subset, anxiety appears to persist throughout early childhood. However, little is known about which factors predict persistence/recurrence of anxiety in young children. Temperament, including behavioral inhibition (BI), negative emotionality (NE), and positive emotionality (PE), predict the onset of anxiety disorders, but to our knowledge no study has examined whether temperament predicts the course of anxiety in young children. From a community sample of 3-year-olds, we identified 89 children (79.8% White, non-Hispanic; 41.6% female) who met criteria for an anxiety disorder and examined whether observed and parent-reported BI, NE, and PE at age 3 distinguished children who continued to meet criteria for an anxiety disorder from those who remitted by age 6. Higher levels of BI and lower levels of PE assessed in the laboratory and higher parent-reported BI and shyness and lower surgency at age 3 significantly predicted persistence/recurrence of anxiety disorders from age 3 to 6. These data are the first to demonstrate the influence of temperament on the course of anxiety disorders in young children. These findings can enhance assessment and treatment of anxiety by focusing intervention efforts on children who are at risk for persistent or recurring anxiety rather than children who are displaying transient, and possibly developmentally normative, anxiety. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
From treatment response to recovery: A realistic goal in OCD.

Authors:
Burchi, Elisabetta; Hollander, Eric; Pallanti, Stefano;

Source:

Abstract:
Despite longitudinal studies reporting symptomatic remission rates ranging from 32% to 70%, Obsessive-Compulsive Disorder is considered a persistent and very disabling disorder. However, these studies suggest that recovery can be a realistic goal for a subgroup of the Obsessive-Compulsive Disorder population and that a clear definition of recovery is timely in Obsessive-Compulsive Disorder. The aim of this paper is to discuss the dimensions of and propose an operational definition of recovery in Obsessive-Compulsive Disorder. Considering the impact generated by the definition of recovery for other mental disorders, this article discusses how this concept may shape the future of research and clinical practice in Obsessive-Compulsive Disorder. Ultimately, the hope is that the management of Obsessive-Compulsive Disorder may parallel, and expand upon, some of the current approaches implemented in the care of schizophrenia, so that early diagnosis, stepped-care techniques, and a personalized approach can be used to create recovery-oriented treatment programs and influence policy making for Obsessive-Compulsive Disorder. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Examination of the intolerance of uncertainty construct in youth with generalized anxiety disorder.

Authors:
Cowie, Jennifer; Clementi, Michelle A.; Alfano, Candice A.;

Source:

Abstract:
Intolerance of uncertainty (IU) is a dispositional characteristic reflecting negative cognitive, behavioral, and emotional reactivity in response to events or situations that are uncertain. Although closely associated with a generalized anxiety disorder (GAD) diagnosis in adulthood, IU has received little attention in youth. The goal of this study was to examine the construct in children with GAD and nonanxious children, including its incremental validity in predicting GAD severity and worry beyond anxiety. Ninety-eight children 6 to 11 years of age (51% male; 57% Caucasian) were assessed. The sample included 24 with a GAD diagnosis only (i.e., pure GAD), 36 with GAD plus at least one other disorder (i.e., comorbid GAD), and 38 healthy control children. Clinician, parent, and child reports of IU, anxiety, worry, and GAD severity were collected. Significant differences in levels of IU were found across all three groups; the highest levels in children with comorbid GAD, followed by children with pure GAD, and healthy controls. IU significantly contributed to worry but not GAD severity beyond the effects of anxiety. A significantly larger proportion of self-reported IU data were missing for younger (e.g., 6–8 years) as compared to older children, raising question about the validity of the construct in younger children. Overall findings suggest that IU is not specific to a GAD diagnosis in childhood. IU may instead serve as a broad cognitive risk factor for more severe (e.g., comorbid) forms of affective psychopathology. Future directions for research, including developmental considerations, are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Preventative and restorative safety behaviors: Effects on exposure treatment outcomes and risk for future anxious symptoms.

Authors:
Goodson, Jason T.; Haeffel, Gerald J.;

Source:

Abstract:
Objectives: Two studies investigated the differential effect of preventative and restorative safety behaviors on the treatment and development of anxiety and depression. Method: Study 1 investigated the impact of preventative and restorative safety behaviors in prolonged exposure therapy among US veterans with PTSD (N = 95). Study 2 was a 3-month prospective study investigating preventative and restorative safety behaviors as risk factors for anxious and depressive symptoms in a non-clinical sample (N = 84). Results: The results of Study 1 showed that both preventative and restorative safety behaviors were associated with worse treatment outcomes (both PTSD symptoms and depressive symptoms). The results of Study 2 found that preventative, but not restorative, safety behaviors predicted increases in future anxious symptoms. Neither preventative nor restorative safety behaviors conferred risk for increases in future depression symptoms (anhedonia). Conclusions: Preventative and restorative safety behaviors impact PTSD treatment outcomes, while only preventative safety behaviors predict future anxiety. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Validating an abbreviated version of the Obsessive Beliefs Questionnaire.

Authors:
Gagné, Jean-Philippe; Van Kirk, Nathaniel; Hernandez-Vallant, Alexandra; Potluri, Sriramya; Krompinger, Jason W.; Cattie, Jordan E.; Garner, Lauryn E.; Crosby, Jesse M.; Brennan, Brian P.; Elias, Jason A.;

Source:

Abstract:
Objectives: A shorter version of the Obsessive Beliefs Questionnaire (OBQ-44) is needed to promote the use of this measure in research and increase our understanding of cognitive phenomena maintaining obsessive-compulsive disorder (OCD). Additionally, an abbreviated version of the OBQ-44 would encourage frequent monitoring of dysfunctional beliefs in intensive care settings. This study aimed to validate a nine-item version of the questionnaire (OBQ-9). Method: Participants seeking intensive/residential treatment for OCD (N = 311) completed relevant measures on a weekly basis and at admission and discharge. Results: A confirmatory factor analysis revealed that the OBQ-9's factor
structure replicated the three-factor solution of the OBQ-44. The OBQ-9 demonstrated good psychometric properties and convergent validity and was sensitive to treatment effects. Finally, the OBQ-9 subscales predicted specific OCD dimensions over and above depressive symptoms. Conclusion: The OBQ-9 appears to be a psychometrically sound tool for routine outcome monitoring of dysfunctional beliefs in hospital-based settings. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title: Development of a measure of postpartum PTSD: The City Birth Trauma Scale.
Authors: Ayers, Susan; Wright, Daniel B.; Thornton, Alexandra;
Abstract: Post-traumatic stress disorder (PTSD) affects 4% of women after birth yet there are very few questionnaire measures of postpartum PTSD that have been validated in this population. In addition, none of the available questionnaires assess postpartum PTSD in accordance with criteria specified in the latest edition of the Diagnostic and Statistical Manual [DSM-5, (1)]. The City Birth Trauma Scale is a 29-item questionnaire developed to measure birth-related PTSD according to DSM-5 criteria of: stressor criteria (A), symptoms of re-experiencing (B), avoidance (C), negative cognitions and mood (D), and hyperarousal (E), as well as duration of symptoms (F), significant distress or impairment (E), and exclusion criteria or other causes (H). Two additional items from DSM-IV were also included on the basis of evidence suggesting they might be important in this population. The first was criterion A2 that women responded to events during birth with intense fear, helplessness or horror. The second was symptoms of emotional numbing. Items were first reviewed by researchers (n = 9) and postpartum women (n = 8) and revised accordingly. The questionnaire was then completed by 950 women recruited online. Results showed the City Birth Trauma Scale had excellent reliability (Cronbach’s α = 0.92) and is easy to understand (Flesch reading score 64.17). Exploratory factor analysis found two factors which together accounted for 56% of the variance: (i) Birth-related symptoms (40.8% variance) and (ii) General symptoms (15.5% variance). PTSD symptoms were highly associated with distress, impaired functioning, and women reporting they wanted treatment (r = 0.50–0.61). Removing DSM-IV A2 criteria only increased births classified as traumatic by 2%. Adding the item on emotional numbing did not change the psychometric properties of the scale. These items were therefore removed. The City Birth Trauma Scale has good psychometric properties and the two symptom clusters identified are consistent with previous research on symptoms of postpartum PTSD. This scale therefore provides a promising measure of PTSD following childbirth that can be used in research and clinical practice. Future research should examine the scale’s predictive validity using clinical interviews. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title: 'Not just right' experiences account for unique variance in eating pathology.
Authors: Kennedy, Grace A.; McDermott, Katherine A.; Mathes, Brittany M.; Summers, Berta J.; Cougle, Jesse R.;
Abstract: 'Not just right' experiences (NJRES) are uncomfortable sensations of incompleteness linked to obsessive–compulsive disorder; however, NJRES may be transdiagnostic and play a role in eating pathology. The current study examined relations between NJRES and eating pathology in undergraduate students. Participants (n = 248) completed self-report and behavioral assessments. Controlling for obsessive–compulsive symptoms, negative affect, and perfectionism, NJRE frequency was associated with greater drive for thinness, body dissatisfaction, and bulimic symptoms. Discomfort in response to a visual in vivo NJRE task was positively associated with drive for thinness and body dissatisfaction. The present study provides initial evidence for NJRES in eating pathology. Theoretical implications are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Associations of observed performance monitoring during preschool with obsessive-compulsive disorder and anterior cingulate cortex volume over 12 years.

**Authors:**
Gilbert, Kirsten E.; Barclay, Margot E.; Tillman, Rebecca; Barch, Deanna M.; Luby, Joan L.;

**Source:**
JAMA Psychiatry, Vol 75(9), Sep, 2018 pp. 940-948. Publisher: American Medical Association; [Journal Article]

**Abstract:**
Importance: Monitoring one's performance is necessary for learning and adaptive behavior; however, heightened performance monitoring is a purported endophenotype of obsessive-compulsive disorder (OCD). The anterior cingulate cortex (ACC), a brain region implicated in the pathogenesis of OCD, is associated with performance monitoring. Whether performance monitoring early in development is an identifiable risk factor for OCD and whether early childhood performance monitoring is associated with later alterations in ACC volume are unknown. Objective: To determine whether an observed indicator of heightened performance monitoring during the preschool age is associated with later onset of OCD and altered dorsal ACC (dACC) volume through adolescence. Design, setting, and participants: This longitudinal observational cohort study was performed at an academic medical center as part of the Preschool Depression Study. A sample of 292 children oversampled for depression from September 22, 2003, through May 12, 2005, completed a performance-based observational task during which they received persistent negative evaluation. Blind raters behaviorally coded child performance monitoring. During the next 12 years, children completed annual diagnostic assessments; 133 completed the final behavioral follow-up and 152 contributed 1 to 3 magnetic resonance imaging scans. Follow-up was completed on August 14, 2017. Main outcomes and measures: Onset of DSM-5 diagnosis of OCD from baseline to the final behavioral assessment and whole-brain–adjusted dACC volume at the 3 waves of scanning. Results: Among the 292 preschool children who completed the baseline evaluation (51.4% boys; mean [SD] age, 4.5 [0.8] years), when controlling for demographic and clinical indicators, those who exhibited observed heightened performance monitoring were 2 times more likely to develop OCD (n = 35) during the next 12 years (odds ratio, 2.00; 95% CI, 1.06-3.78; P = .03). Multilevel modeling of dACC volume across the 3 scan waves (n = 152) demonstrated that heightened performance monitoring was associated with smaller right dACC volume (intercept estimate, -0.14; SE, 0.07; t = -2.17; P = .03). Conclusions and relevance: An ecologically valid indicator of performance monitoring in early childhood was associated with onset of OCD and smaller dACC volumes in later childhood and adolescence. Early childhood observed performance monitoring is a readily observed risk factor of OCD that can be identified in preschool-aged children. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Generalized Anxiety Disorder (GAD) and physical anxiety symptoms. Together, asthma control and sleep quality explained 32.3% of the variance in overall anxiety, $F(3, 34) = 5.41, p = .004$. Adding sleep quality to the model accounted for 15.8% of the variance, with worse sleep quality being associated with higher anxiety, $\beta = -.43, p = .008$. Controlling for asthma control, sleep quality also explained additional variance in GAD and physical anxiety symptoms. Asthma control and sleep quality were not related to harm avoidance, $p > .05$. Conclusions: Our results emphasize the importance of screening for anxiety and sleep difficulties when working with adolescents with asthma, particularly those with poor asthma control.

(PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:

Authors:
Mason, Tyler B.; Smith, Kathryn E.; Engwall, Allison; Lass, Alisson; Mead, Michael; Sorby, Morgan; Bjorlie, Kayla; Strauman, Timothy J.; Wonderlich, Stephen;

Source:
Psychological Bulletin Publisher: American Psychological Association; [Journal Article]

Abstract:
Self-discrepancy theory (SDT) is a model of the relations between the self and affect which has been applied to the study of different types of psychopathology including depression, anxiety, and eating disorders. Although the theory itself is compatible with a transdiagnostic perspective on psychopathology, to date no systematic review of the literature has examined that possibility. We conducted a meta-analysis that synthesized the literature on self-discrepancy and psychopathology across a heterogeneous range of 70 studies. Results showed a small-to-medium association between self-discrepancy and psychopathology that was highly robust and similar in magnitude across domains. Furthermore, self-discrepancy was related to higher levels of a range of negative emotions and lower levels of a range of positive emotions. Meta-regression models showed that the effects were greater for actual:ideal discrepancy compared with actual:ought discrepancy for both depression and anxiety, which was contrary to the tenets of SDT which suggests specific associations between actual:ideal discrepancy and depression and actual:ought discrepancy and anxiety. Measurement type (i.e., idiographic vs. nomothetic) was a significant predictor of the effects for depression and anxiety, such that nomothetic measures evidenced greater associations compared with idiographic measures. Our findings could suggest that self-discrepancy represents a contributory factor related to a number of psychiatric disorders. However, the tenet of SDT suggesting unique associations between actual:ideal and actual:ought discrepancy and anxiety and depression respectively was not supported. Implications are discussed for future research on self-discrepancy and psychopathology including the study of mechanistic frameworks. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Combined transcranial direct current stimulation with virtual reality exposure for posttraumatic stress disorder: Feasibility and pilot results.

Authors:
vant Wout-Frank, Mascha; Shea, M. Tracie; Larson, Victoria C.; Greenberg, Benjamin D.; Philip, Noah S.;

Source:
Brain Stimulation, Vol 12(1), Jan-Feb, 2019 pp. 41-43. Publisher: Elsevier Science; [Journal Article]

Abstract:
Background: Facilitating neural activity using non-invasive brain stimulation may improve extinction-based treatments for posttraumatic stress disorder (PTSD). Objective/hypothesis: Here, we examined the feasibility of simultaneous transcranial direct current stimulation (tDCS) application during virtual reality (VR) to reduce psychophysiological arousal and symptoms in Veterans with PTSD. Methods: Twelve Veterans with PTSD received six combat-related VR exposure sessions during sham-controlled tDCS targeting ventromedial prefrontal cortex. Primary outcome measures were changes in skin conductance-based arousal and self-reported PTSD symptom severity. Results: tDCS + VR components were
combined without technical difficulty. We observed a significant interaction between reduction in arousal across sessions and tDCS group (p = .03), indicating that the decrease in physiological arousal was greater in the tDCS + VR versus sham group. We additionally observed a clinically meaningful reduction in PTSD symptom severity. Conclusions: This study demonstrates feasibility of applying tDCS during VR. Preliminary data suggest a reduction in psychophysiological arousal and PTSD symptomatology, supporting future studies. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Resting-state default mode network related functional connectivity is associated with sustained attention deficits in schizophrenia and obsessive-compulsive disorder.

Authors:
Fan, Jie; Gan, Jun; Liu, Wanting; Zhong, Mingtian; Liao, Haiyan; Zhang, Hongchun; Yi, Jinyao; Chan, Raymond C. K.; Tan, Changlian; Zhu, Xiongzhao;

Source:

Abstract:
Background: Previous studies have indicated the resting-state default mode network (DMN) related connectivity serving as predictor of sustained attention performance in healthy people. Interestingly, sustained attention deficits as well as DMN-involved functional connectivity (FC) alterations are common in both patients with schizophrenia (SCZ) and with obsessive-compulsive disorder (OCD). Thus, the present study was designed to investigate whether the DMN related resting-state connectivity alterations in these two psychiatric disorders were neural correlates of their sustained attention impairments.

Methods: The study included 17 SCZ patients, 35 OCD patients and 36 healthy controls (HCs). Sustained attention to response task was adopted to assess the sustained attention. Resting-state scan was administrated and seed-based whole-brain FC analyses were performed with seeds located in classical DMN regions including bilateral medial prefrontal cortex (mPFC) and posterior cingulate cortex (PCC).

Results: Both SCZ and OCD patients had poorer sustained attention than HCs. Sustained attention deficits in OCD was negatively correlated with their impaired FC of right mPFC-left superior frontal gyrus (SFG) within DMN, and that in SCZ was significantly correlated with their altered FC of left mPFC-bilateral anterior cingulate cortex (ACC) which indicated interaction between DMN and salience network. In addition, the FC between left mPFC and right parietal lobe indicating the interaction between DMN and frontal-parietal network was correlated with sustained attention in both SCZ and OCD. Conclusion: These findings suggest the importance of DMN-involved connectivity, both within and between networks in underlying sustained attention deficits in OCD and SCZ. Results further support the potential of resting-state FC in complementing information for cognitive deficits in psychiatric disorders. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Beyond PTSD and fear-based conditioning: Anger-related responses following experiences of forced migration—a systematic review.

Authors:
Tuomisto, Martti T.; Roche, Jane E.;

Source:

Abstract:
Introduction: Experiences of forced migration include traumas that are interpersonal in nature, as well as ongoing emotional responses, stress, and frustration in post-migration settings. Open questions exist, regarding anger/anger-like responses following experiences of persecution and ongoing stress. The aim of this study was to explore the adaptive and maladaptive underlying mechanisms of anger/anger-like responses, cultural, linguistic, and social contingencies, and possible interventions for problematic anger behavior. Method: We searched two databases (PsycINFO and PILOTS) with the following search terms: (refugee OR 'asylum seek' OR IDP OR 'internal displac' OR 'forced migra' OR 'involuntary migra') AND anger. Findings: This search yielded 34 studies that were included in the final review. Although, anger is a moral, adaptive, and prosocial response, dysfunctional anger/anger-like responses arise from PTSD, 'moral injury,' complicated grief, and independent forms of anger behavior. Cultural, linguistic, and social
issues also emerged from the search. Finally, considerations for treatment and intervention are discussed. Discussion: Anger responses following experiences of forced migration may require assessment beyond PTSD models currently framed by DSM and ICD. A very promising framework is the Adaptation and Development after Persecution and Trauma (ADAPT) model. Implications: Further longitudinal and epidemiological research will be necessary to continue testing the ADAPT model and to begin the process of assessing its cross-cultural coherence in other refugee populations (e.g., see Hinton et al., 2003). As anger behavior is also a societal issue, avenues for reconciliation, expression of grievances, employment, civic participation, and integration are needed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Death anxiety and its association with hypochondriasis and medically unexplained symptoms: A systematic review.
Authors: aan de Stegge, Birgit M.; Tak, Lineke M.; Rosmalen, Judith G. M.; Oude Voshaar, Richard C.;
Abstract: Objective: To systematically review of the available literature to (1) examine the association between death anxiety and hypochondriasis and (2) examine the association between death anxiety and medically unexplained symptoms (MUS). Methods: A systematic literature search was conducted in Embase, PsycINFO, Pubmed and Ovid databases and reference lists of selected articles. Articles were included when the research population concerned people with hypochondriasis and/or MUS in who death anxiety was assessed by a validated research method. Two independent reviewers verified that the studies met the inclusion criteria, assessed the quality of the studies and extracted relevant characteristics and data. The data were descriptively analysed. Results: Of the 1087 references identified in the search, six studies on the association between death anxiety and hypochondriasis and three studies on the association between death anxiety and MUS met inclusion criteria. All studies found a positive association of death anxiety with hypochondriasis and/or MUS. The design of all studies was cross-sectional and the overall quality of the studies was low. The influence of age or sex on these associations was not analysed in any of the studies. Given the diversity in setting, population, study design, and methods used, a meta-analysis was not possible. Conclusion: All studies found a positive association of death anxiety with hypochondriasis and/or MUS. Acknowledging that death anxiety may play a prominent role in hypochondriasis/MUS populations, future research should address (potentially modifiable) determinants of death anxiety in these populations. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Assessment of stress and resiliency in emergency dispatchers.
Authors: Steinkopf, Bryan; Reddin, Ryan A.; Black, Ryan A.; Van Hasselt, Vincent B.; Couwels, Judy;
Abstract: Although they are technically the first responders on most critical incidents, emergency dispatchers have received a modicum of attention from researchers and clinicians. The purpose of the present study was to evaluate job-related stress, psychological distress, posttraumatic stress disorder (PTSD), stress resiliency, and posttraumatic growth in this high-risk group. These areas were evaluated via an assessment battery administered to 90 emergency dispatchers working in a law enforcement agency. Results showed that dispatchers experienced an average amount of occupational stress, with 24% of the current sample reporting significant job stress. Between 13.34 and 15.56% reported symptoms consistent with a PTSD diagnosis, and 16.67% indicated sub-threshold PTSD symptomatology. The findings revealed that, overall, dispatchers experience occupational stress, psychological distress, and sub-threshold PTSD at
similar or higher rates compared to police officers. Further, dispatchers reported posttraumatic growth at an average rate, also similar to that reported by police officers. Clinical implications of the results are discussed. Suggestions for directions that future research might take are offered. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


**Title:**
Deficits in inhibitory control may place service members at risk for posttraumatic stress disorder and negative parenting behavior following deployment-related trauma.

**Authors:**
Monn, Amy R.; Zhang, Na; Gewirtz, Abigail H.;

**Source:**

**Abstract:**
This study examined the mediating role of posttraumatic stress disorder (PTSD) symptoms in the association between deployment-related trauma exposure and parenting behaviors in reserve-component military service members and whether this association was contingent upon parent inhibitory control (IC). Participants were 181 postdeployed fathers and their children. Fathers completed a neuropsychological test of IC and self-report measures of trauma exposure and PTSD symptoms. Measures of parenting behaviors (positive engagement and reactivity coercion) were obtained from direct observation of father–child interaction. Results demonstrated that (a) fathers’ PTSD symptoms indirectly mediated the effect of trauma exposure on both measures of parenting (i.e., negative indirect effect for positive engagement, point estimate = −.0045, 95% CI [−.0107, −.0003], and positive indirect effect for reactivity coercion, point estimate = .0061, 95% CI [.0007, .0146]); (b) fathers’ IC skills moderated the association between trauma exposure and PTSD, β = .14, p = .043, such that the association was positive and significant for fathers with high and medium IC but nonsignificant for fathers with low IC; and (c) the indirect effect of trauma exposure on both parenting measures through PTSD was dependent upon IC, point estimate = .0341, 95% CI [.0005, .0687]. These findings indicate that fathers with low IC skills tended to have higher rates of PTSD symptoms and related negative parenting behaviors, even for individuals with relatively low degrees of deployment-related trauma exposure. Results highlight the importance of IC as a potential moderating factor in the association between trauma exposure, PTSD, and parenting. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


**Title:**
Preliminary study of effects on paranoia ideation and jumping to conclusions in the context of group treatment of anxiety disorders in young people.

**Authors:**
Giusti, Laura; Ussorio, Donatella; Salza, Anna; Malavolta, Maurizio; Aggio, Annalisa; Bianchini, Valeria; Casacchia, Massimo; Roncone, Rita;

**Source:**

**Abstract:**
Background: People with anxiety disorders tend to focus on unpleasant and threatening stimuli. Our aims were to evaluate: (1) the presence of paranoid ideation, and the jumping to conclusions (JTC) bias in young suffering from an anxiety disorder and (2) the effectiveness of a cognitive-behavioural intervention (CBT) to manage anxiety combined with 2 modules to reduce the JTC bias. Methods: Psychopathology, social functioning, metacognition and the JTC bias were investigated in 60 subjects, randomly assigned to the experimental CBT group + treatment-as-usual (TAU) (n = 35) or to a wait-list group (n = 25) receiving only TAU. Each group was divided into 2 subgroups based on the score of the SCL-90 subscale paranoid ideation (high paranoid ideation, HP; low paranoid ideation, LP). The experimental group received a weekly session of a CBT for a 3-month period. Results: At baseline, 46.7% of our sample showed a HP and 38% showed a JTC bias. At the end of the intervention, greater effectiveness in improving anxious symptoms, paranoid ideation, interpersonal sensitivity and interpersonal relationship was reported in the experimental CBT + TAU group, with a statistically significant reduction of the JTC bias, displayed by
14.3% of the experimental group versus the 36% of the TAU group. In the same variables, greater benefits were reported for the HP experimental subgroup. Conclusions: Our study suggests the gains to integrate an anxiety CBT with modules to reduce the JTC bias in subjects with paranoid ideation, which may negatively impact the course of the disease. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
The residual medium and long-term cognitive effects of benzodiazepine use: An updated meta-analysis.
Authors:
Crowe, Simon F.; Stranks, Elizabeth K.;
Source:
Abstract:
Objective: This study presents an updated meta-analysis of the effects of benzodiazepines on cognitive functioning in long-term, current users of these agents, those who have recently withdrawn and on those who have successfully abstained following withdrawal. The study represents an update of the previous meta-analyses published by our group. Method: A comprehensive search of the computerized databases Medline and PsycINFO was undertaken to identify studies that assessed the cognitive effects of benzodiazepines published up to 28 November 2016 (the date of the last update). Nineteen studies (eight studies published since the previous meta-analyses and 11 studies included in the previous studies) were included. Results: The results of the analysis for current users revealed statistically significant, negative effects for the cognitive domains of working memory, processing speed, divided attention, visuoconstruction, recent memory, and expressive language. For those who had withdrawn and successfully abstained following withdrawal, deficits were observed for the domains of recent memory, processing speed, visuoconstruction, divided attention, working memory, and sustained attention. Conclusions: The results of the study are important in that they corroborate the mounting evidence that a range of neuropsychological functions are impaired as a result of long-term benzodiazepine use, and that these are likely to persist even following withdrawal. The findings highlight the residual neurocognitive compromise associated with long-term benzodiazepine therapy as well as the important clinical implications of these results. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Error‐related brain activity in pediatric anxiety disorders remains elevated following individual therapy: A randomized clinical trial.
Authors:
Ladouceur, Cecile D.; Tan, Patricia Z.; Sharma, Vinod; Bylsma, Lauren M.; Silk, Jennifer S.; Siegle, Greg J.; Forbes, Erika E.; McMakin, Dana L.; Dahl, Ronald E.; Kendall, Phillip C.; Mannarino, Anthony; Ryan, Neal D.;
Source:
Abstract:
Background: Anxiety disorders are associated with an overactive action monitoring system as indexed by a larger error-related negativity (ERN). This study tests whether ERN magnitude changes following treatment, predicts response to treatment, and varies by treatment type. Methods: The sample included 130 youth (9–14 years): youth with an anxiety disorder (ANX; n = 100) and healthy control (HC; n = 30) youth with no lifetime DSM-IV disorders. ANX youth were randomized to either a manualized cognitive-behavior therapy (CBT) or a comparison child-centered therapy (CCT). The ERN was assessed before and after 16 sessions of treatment and within a comparable interval for HC. Subjective ratings about making errors on the task were obtained following each testing session. The ClinicalTrials.gov identifier is NCT00774150. Results: The ERN was larger in ANX than HC youth but ERN magnitude did not significantly change following treatment in the ANX youth, regardless of treatment type, and baseline ERN did not predict treatment response. Post-task ratings revealed that ANX youth worried more about task
performance feedback than HC. Like the ERN, mean ratings did not significantly change following treatment. However, these ratings were not correlated with ERN amplitude. Conclusions: Findings of greater ERN in pediatric anxiety disorders are replicated in a larger sample. More importantly, findings from this randomized control trial show that a larger ERN and feeling worried about performance feedback remain unchanged following treatment and are unrelated to treatment response. Such findings suggest that action monitoring systems remain overactive in anxious youth treated with psychotherapy, suggesting the need for future investigation of whether novel complimentary cognitive and emotional training programs can modify these systems would be warranted. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Effectiveness of a trauma-focused group intervention for young refugees: A randomized controlled trial.

Authors:
Pfeiffer, Elisa; Sachser, Cedric; Rohlmann, Friederike; Goldbeck, Lutz;

Source:

Abstract:
Background: As access to evidence-based treatments for young refugees with posttraumatic stress symptoms (PTSS) is limited, we developed the trauma-focused group intervention Mein Weg to be delivered by trained social workers. A recently published pilot study delivered preliminary evidence of the intervention with regard to symptom reduction and its feasibility. The aim of this study was, therefore, to determine whether the intervention, in addition to usual care (UC), is more effective in reducing PTSS (primary outcome) compared to UC alone. Methods: A parallel group randomized controlled trial was conducted in seven German child and adolescent welfare agencies. Participants were randomly assigned to either six sessions Mein Weg (n = 50; Mage = 17.00, 94% male) or UC (n = 49; Mage = 16.92, 92% male). Mixed effect models, with fixed effects of group and time as well as their interaction, were performed on the relevant outcome measures. This trial was registered in the German Clinical Trials Registry (#DRKS00010915, https://www.drks.de/drks_web/). Results: Intention-to-treat analyses showed that Mein Weg was significantly superior to UC regarding symptom improvement of self-reported PTSS (Mein Weg: d = .61, UC: d = .15) and depression (Mein Weg: d = .63, UC: d = .06), but not regarding caregiver-reported symptoms and self-reported dysfunctional posttraumatic cognitions. Conclusions: MeinWeg is effective for young refugees according to self-reports and can be viewed as a valuable component in a stepped care approach for this vulnerable population. The findings need to be replicated with independent clinical assessments. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
The role of obesity in the association between posttraumatic stress disorder and incident diabetes.

Authors:
Scherrer, Jeffrey F.; Salas, Joanne; Lustman, Patrick J.; van den Berk-Clark, Carissa; Schnurr, Paula P.; Tuerk, Peter; Cohen, Beth E.; Friedman, Matthew J.; Norman, Sonya B.; Schneide, F. David; Chard, Kathleen M.;

Source:
JAMA Psychiatry, Vol 75(11), Nov, 2018 pp. 1189-1198. Publisher: American Medical Association;

Abstract:
Importance: Posttraumatic stress disorder (PTSD) is associated with an increased risk of type 2 diabetes mellitus (T2DM). Existing literature has adjusted for obesity in combination with other confounders, which does not allow estimating the contribution of obesity alone on the association of PTSD with incident T2DM. Objective: The current study was designed to determine if obesity accounted for the association between PTSD and incident T2DM. Design, Setting, and Participants: This cohort study used data from Veterans Health Administration medical records collected from patients with PTSD and without PTSD from 2008 to 2015. Patients were eligible for study inclusion if they were free of prevalent PTSD and T2DM for 12 months prior to index date. To estimate whether the association of PTSD and incident T2DM remained independent of obesity, Cox proportional hazard models were computed before and after adding obesity
to the model and then further expanded by adding psychiatric disorders, psychotropic medications, physical conditions, smoking status, and demographics. Additional Cox models were computed to compare the risk of incident T2DM in patients with PTSD with and without obesity. Data analysis was completed from February 2018 to May 2018. Exposures: Two International Classification of Diseases, Ninth Revision (ICD-9) codes for PTSD in the same 12 months and obesity, defined by a body mass index of 30 or more or an ICD-9 code for obesity. MAIN OUTCOMES AND MEASURES Incident T2DM, as defined by ICD-9 codes. RESULTS Among 2204 patients without PTSD, the mean (SD) age was 47.7 (14.3) years; 1860 (84.4%) were men, 1426 (64.7%) were white, and 956 (43.4%) were married. Among 3450 patients with PTSD, the mean (SD) age was 42.8 (14.2) years; 2983 (86.5%) were men, 2238 (64.9%) were white, and 1525 (44.2%) were married. The age-adjusted association between PTSD and incident T2DM was significant (hazard ratio [HR], 1.33 [95%CI, 1.08-1.64]; P = .01), and after adding obesity to the model, this association was reduced and no longer significant (HR, 1.16 [95%CI, 0.94-1.43]; P = .18). Results of the full model, which included additional covariate adjustment, revealed no association between PTSD and incident T2DM (HR, 0.84 [95%CI, 0.64-1.10]; P = .19). Among patients with PTSD with obesity, the age-adjusted incidence of T2DM was 21.0 per 1000 person-years vs 5.8 per 1000 person-years in patients without obesity. In patients without PTSD, it was 21.2 per 1000 person-years for patients with obesity vs 6.4 per 1000 person-years in those without obesity. Conclusions and Relevance: In this study of patients who use the Veterans Health Administration for health care, obesity moderated the association between PTSD and incident T2DM. The incidence of T2DM in patients with PTSD who are not obese is similar to the national incidence rate in the United States. These results suggest PTSD is not likely to have a causal association with incident T2DM. Future research is needed to determine if PTSD remission can lead to weight loss and reduced T2DM incidence. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Abstract: In adult populations, the more similar a posttraumatic nightmare is to a precipitating traumatic event, i.e., the replicativeness of the nightmare, the more distress one experiences, and the greater the frequency and severity of posttraumatic stress symptoms. Posttraumatic nightmare content in children and its relation to posttraumatic psychopathology remains unclear. Nightmare content and trauma-related themes within children’s posttraumatic nightmares remains relatively unexplored. Trauma-exposed children (n = 17) aged 5-17 years-old provided a posttraumatic nightmare narrative and answered questions about the replicativeness of their posttraumatic nightmare. Nightmare content and trauma-related themes were coded. Two one-way ANOVAs examined posttraumatic nightmare replicativeness to levels of posttraumatic stress and to nightmare distress. Findings showed that in children, posttraumatic nightmare replicativeness was associated with posttraumatic stress but not nightmare distress. The most common trauma-related themes in posttraumatic nightmares were safety and power/control. Girls’ nightmares more often contained pursuit and perceived threat whereas boys’ nightmares more often involved aggression. Our study is the first to examine trauma-related themes and qualitative aspects of posttraumatic nightmares in children with a variety of traumas. Future studies should examine gender differences and trauma-related themes, as these may have implications for our understanding and treatment of nightmares in children. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: There is a lot more to compulsions than meets the eye. Authors: Purdon, Christine; Source:
Abstract:
Compulsions are often the central complaint of people with obsessive-compulsive disorder (OCD) and yet we know surprisingly little about them. One reason for this lacunae is that they are viewed as products of distress over obsessional concerns; once that distress extinguishes compulsions become obsolete. We are, however, slowly starting to learn more about the complexity of compulsive behaviour and factors in its persistence. This paper reviews developments in our understanding of compulsions, synthesizes work from several different perspectives, and presents a descriptive model for the insidious cycle of compulsions. Major conclusions are that: a) repetition of checking behaviour is clearly associated with a decline in memory, cognitive, and sensory confidence, as is staring; b) the need for perfect certainty may be the key factor that transforms a routine behaviour into a compulsion, resulting in behavioural parsing, increased tax on working memory, and use of (elusive) feeling-based criteria as a guide for stopping; c) what we are learning about compulsions can be directly applied to standard cognitive-behavioural approaches to treatment; and, d) we still have much to learn about compulsions, particularly covert and ordering/arranging compulsions. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title:
Early life experiences in OCD and other disorders: A retrospective observational study using Imagery with Rescripting.

Authors:
Basile, Barbara; De Sanctis, Brunetto; Fadda, Stefania; Luppino, Olga Ines; Perdighe, Claudia; Saliani, Angelo Maria; Tenore, Katia; Mancini, Francesco;

Source:

Abstract:
Objective: The close link between obsessive symptomatology, guilt and inflated responsibility is well documented, although one might suppose that guilt sensitiveness and dysfunctional beliefs about responsibility are rooted further in time. Imagery with rescripting (IwR) is an emotion-focused technique that binds actual stressful emotions to past memories where similar feelings were activated. It is used to change the meaning of emotionally distressing memories, turning aversive mental images into positive ones, and achieving a healthier prospective on the event. The aim of this study was to compare the content of IwR exercises, collected during an on-going cognitive-behavioral psychotherapy, in OCD and non-OCD patients, in order to explore eventual differences in their early negative childhood memories. We expected guilt and blame-related childhood episodes to be more frequent in OCD, compared against non-OCD patients. Method: Forty-one imagery exercises were collected and categorized according to their content, emotions, needs, type of re-scripting, and final cognitive re-attribution. Results: OCD patients reported significantly more blame/reproach memories, expressing more guilt emotions and needs for acceptance. Within the re-scripting phase, all patients, regardless of their diagnosis, concluded the exercise protecting, reassuring and fostering emotional and needs expression, with no specific difference between groups. Conclusions: This work has several limitations, including the subjective nature of the study, the small sample size and unbalanced gender distribution across samples. However, our findings are in line with cognitive models on OCD, supporting the role of guilt-related early experiences that seem to be specific to this disorder. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Abstract:
Importance: Obsessive-compulsive disorder (OCD) is a common and often debilitating psychiatric illness. Recent advances in the understanding of the neuroscience of OCD have provided valuable insights that have begun to transform the way we think about the management of this disorder. This educational review provides an integrated neuroscience perspective on formulation and treatment planning for patients with OCD. The article is organized around key neuroscience themes most relevant for OCD. Observations: An integrated neuroscience formulation of OCD is predicated on a fundamental understanding of phenomenology and symptom dimensions, fear conditioning and extinction, neurochemistry, genetics and animal models, as well as neurocircuitry and neurotherapeutics. Symptom dimensions provide a means to better understand the phenotypic heterogeneity within OCD with an eye toward more personalized treatments. The concept of abnormal fear extinction is central to OCD and to the underlying therapeutic mechanism of exposure and response prevention. A framework for understanding the neurochemistry of OCD focuses on both traditional monoaminergic systems and more recent evidence of glutamatergic and γ-aminobutyric acid–ergic dysfunction. Obsessive-compulsive disorder is highly heritable, and future work is needed to understand the contribution of genes to underlying pathophysiology. A circuit dysregulation framework focuses on cortico-striato-thalamo-cortical circuit dysfunction and the development of neurotherapeutic approaches targeting this circuit. The impact of these concepts on how we think about OCD diagnosis and treatment is discussed. Suggestions for future investigations that have the potential to further enhance the clinical management of OCD are presented. Conclusions and relevance: These key neuroscience themes collectively inform formulation and treatment planning for patients with OCD. The ultimate goal is to increase crosstalk between clinicians and researchers in an effort to facilitate translation of advances in neuroscience research to improved care for patients with OCD. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
A case of severe intractable contamination-based obsessive-compulsive disorder.
Authors:
Brennan, Brian P.; Jacoby, Ryan J.; Widge, Alik S.;
Source:
Abstract:
Presents a case report of a middle-aged woman who was referred to an outpatient mental health clinic for symptoms of obsessive-compulsive disorder (OCD) following a recent hospitalization. Her OCD symptoms consisted of concerns about dirt or germs and fears that she or others would get sick because of spreading these contaminants (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Maladaptive personality traits and 10-year course of psychiatric and medical symptoms and functional impairment following trauma.
Authors:
Waszczuk, Monika A.; Li, Kaiqiao; Ruggero, Camilo J.; Clouston, Sean A. P.; Luft, Benjamin J.; Kotov, Roman;
Source:
Abstract:
Background: Personality is a major predictor of many mental and physical disorders, but its contributions to illness course are understudied. Purpose: The current study aimed to explore whether personality is associated with a course of psychiatric and medical illness over 10 years following trauma. Methods: World Trade Center (WTC) responders (N = 532) completed the personality inventory for DSM-5, which measures both broad domains and narrow facets. Responders’ mental and physical health was assessed in the decade following the WTC disaster during annual monitoring visits at a WTC Health Program clinic. Multilevel modeling was used in an exploratory manner to chart the course of health and functioning, and examine associations of maladaptive personality domains and facets with intercepts (initial illness) and slopes (course) of illness trajectories. Results: Three maladaptive personality domains—negative
affectivity, detachment and psychoticism—were uniquely associated with initial posttraumatic stress disorder (PTSD); detachment and psychoticism were also associated with initial functional impairment. Five facets—emotional lability, anhedonia, callousness, distractibility and perceptual dysregulation—were uniquely associated with initial mental and physical health and functional impairment. Anxiousness and depressivity facets were associated with worse initial levels of psychiatric outcomes only. With regard to illness trajectory, callousness and perceptual dysregulation were associated with the increase in PTSD symptoms. Anxiousness was associated with greater persistence of respiratory symptoms. Conclusions: Several personality domains and facets were associated with initial levels and long-term course of illness and functional impairment in a traumatized population. Results inform the role of maladaptive personality in the development and maintenance of chronic mental-physical comorbidity. Personality might constitute a transdiagnostic prognostic and treatment target. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Stress and coping in social service providers after superstorm Sandy: An examination of a postdisaster psychoeducational intervention.
Authors:
Powell, Tara M.; Wegmann, Kate M.; Shin, Oe Jin;
Source:
Traumatology Publisher: Educational Publishing Foundation; [Journal Article]
Abstract:
Social service providers play a critical role in disaster recovery yet are disproportionately affected by disaster-related distress such as burnout and secondary traumatic stress. Psychosocial interventions designed for social service providers in the aftermath of a disaster are critical to aid in recovery. This article examines the impact of the Caregivers Journey of Hope (CJoH), a psychosocial intervention designed to alleviate stress and amplify coping resources in caregivers after a disaster. Social service providers (N = 722) living and working in New York and New Jersey during Superstorm Sandy were surveyed before and after participation in the CJoH. The surveys examined knowledge, stress, satisfaction, future orientation, and social support. Paired samples t tests illustrated all of the scale items significantly improved across time for the participants following participation in the CJoH. Significant negative correlations existed between current stress, coping knowledge, and perceived ability to handle stress. Results of a regression analysis found that social support was positively related to higher levels of knowledge of community resources, awareness of the signs of stress, and knowledge of coping strategies and mindfulness breathing techniques. Fewer years of work experience and higher satisfaction with the CJoH were also associated with significant gains in several types of knowledge. Implications for ways through which psychosocial interventions such as the CJoH may reduce the negative psychological impact on disaster-affected social service providers are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Time-varying moderation of treatment outcomes by illness duration and comorbid depression in generalized anxiety disorder.
Authors:
Newman, Michelle G.; Shin, Ki Eun; Lanza, Stephanie T.;
Source:
Journal of Consulting and Clinical Psychology Publisher: American Psychological Association; [Journal Article]
Abstract:
Objective: To extend the sparse literature on moderators, we used time-varying effect modeling (TVEM; Tan, Shiyko, Li, Li, & Dierker, 2012) to examine how depressive symptoms and duration of generalized anxiety disorder (GAD) moderated effects of 3 treatments for GAD (applied relaxation [AR], cognitive–behavioral therapy [CBT], and nondirective therapy [ND]) over time using intensive repeated measures. Method: In a secondary analysis of Borkovec and Costello (1993), 66 GAD clients were randomly
assigned to AR (n = 23), CBT (n = 23), or ND (n = 20). Clients received 12 therapy sessions over 6 weeks, and after 2 weeks of posttreatment assessment, had 2 additional weekly fading sessions. They completed thrice daily anxiety ratings during this 10-week period. GAD duration (Anxiety Disorders Interview Schedule-Revised) and depressive symptoms (Hamilton Depression Rating Scale) were assessed at baseline. Results: Longer GAD duration predicted less anxiety reduction in CBT and ND relative to AR. These effects were pronounced in the later phase of treatment, suggesting benefits of focused relaxation practice for clients with longer duration. Higher depression predicted better response to CBT than AR and ND. The moderation effects were also more noticeable in the later phase. In multilevel analyses, a similar moderation pattern held at 1-year follow-up on clinician-rated measures. Conclusion: GAD clients with long-standing symptoms may benefit more from repeatedly practicing fewer skills than learning multiple skills. On the other hand, clients with comorbid depression may respond better to CBT than AR, perhaps because CBT includes cognitive interventions that can generalize to depression.


Title: Reduction of BDNF results in GABAergic neuroplasticity dysfunction and contributes to late-life anxiety disorder.

Authors: Zhu, Gongbei; Sun, Xiaofei; Yang, Yun; Du, Yao; Lin, Yuhan; Xiang, Jianming; Zhou, Ningna;

Source: Behavioral Neuroscience Publisher: American Psychological Association; [Journal Article]

Abstract: The GABAergic neuroplasticity dysfunction (GND) has been proposed as a distinct pathology for late-life anxiety disorder (LLAD). Brain-derived neurotrophic factor (BDNF) is a critical signaling molecule that regulates the GABAergic neuroplasticity. This research was designed to explore our hypothesis that the reduction of BDNF along with aging could induce GND, which might contribute to LLAD, and application of exogenous BDNF might reverse LLAD by restoring the GABAergic neuroplasticity. We focused on the hippocampus because it is the neural core of mood regulation and can be affected by aging. Compared to young mice, BDNF messenger RNA (mRNA) and protein levels and those core neuroplasticity factors (neurotransmitter γ-aminobutyric acid [GABA] level, GABAA-R α2 and α5 subunits expression and GABA+ neurons) in hippocampus markedly decreased with anxiety-like behavior in aged mice. Knocking down BDNF mRNA in aged mice resulted in further dysfunction of GABAergic neuroplasticity and higher anxiety phenotype. Inversely, chronic exogenous BDNF treatment attenuated anxiety-like behavior, improved the cognitive function, and increased the neuroplasticity factors. We demonstrated that the basic function of BDNF in hippocampus was negatively correlated with GND and anxiety-like behavior of aged mice. These results provided evidence of a causal relationship between the reduced BDNF function in hippocampus and the anxiety susceptibility of aged mice. Gene knockdown mice model indicates the mechanism of low BDNF function in LLAD, particularly affecting GABA neurons, therefore bridging the neurotrophic factor and GABAergic neuroplasticity hypotheses of LLAD. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Training community providers in evidence-based treatment for PTSD: Outcomes of a novel consultation program.

Authors: Charney, Meredith E.; Chow, Louis; Jakubovic, Rafaela J.; Federico, Lydia E.; Goetter, Elizabeth M.; Baier, Allison L.; Riggs, David; Phillips, Jennifer; Bui, Eric; Simon, Naomi M.;

Source: Psychological Trauma: Theory, Research, Practice, and Policy Publisher: Educational Publishing Foundation; [Journal Article]

Abstract: Objective: Extensive research supports the use of prolonged exposure (PE) and cognitive processing therapy (CPT), for posttraumatic stress disorder (PTSD) in veterans and service members. PE and CPT have been disseminated nationally across the Department of Veterans Affairs (VA) facilities. Many service
members and veterans receive care outside the VA where access to these gold standard psychotherapies can be limited. This paper presents a novel program developed to train community providers in the use of PE and CPT and their application to veterans with PTSD through the use of a medium-touch approach to consultation. Method: Four 2-day trainings (2 in PE, 2 in CPT) were delivered to a total of 170 participants over an 8-month period. A subset of approximately 10 providers per training (n = 42) received 6 months of weekly, group phone consultation following the 2-day training. All providers were assessed pre- and posttraining, as well as 3 and 6 months after their training. Outcomes for the training workshop alone and the training plus 6 months of consultation were compared. Results: While participant knowledge, t = −22.57, p < .001 and comfort (χ² = 74.00, p < .001) with PE and CPT significantly increased immediately following the 2-day training, those who received consultation were more likely to implement (χ² = 20.88, p < .001) and either complete or be close to completing PE or CPT with patients (χ² = 20.57, p < .001) 6 months following training. Conclusions: Despite some limitations, these preliminary data support that consultation is an important component to include in PTSD therapy training and implementation in the community. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Personality-based posttraumatic stress disorder subtypes in young adults.
Authors: Egerton, Gregory A.; Radomski, Sharon A.; Read, Jennifer P.;
Source: Traumatology Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: The symptom presentation of posttraumatic stress disorder (PTSD) varies widely between individuals, which can complicate both diagnosis and treatment. Personality may help to explain this variability, and personality-based subtypes of PTSD (externalizing, internalizing, and simple; Miller, Greif, & Smith, 2003) have been identified for this purpose. Yet, empirical tests of these subtypes have been limited, focusing largely on older samples with combat trauma or other homogenous trauma types. Our study examined PTSD subtypes in two samples of young adults with heterogeneous trauma exposure using cluster analyses. We tested for subtype-based heterogeneity in traumatic response (i.e., PTSD symptomatology). Results revealed that, across the two samples, externalizing (low conscientiousness and moderate neuroticism), internalizing (low extraversion and moderate neuroticism), and simple (low neuroticism) personality-based subtypes emerged, consistent with the existing literature. Subtype-based differences in PTSD symptom severity also were observed, with the simple subtype generally exhibiting less severe PTSD symptomatology than internalizing and externalizing subtypes. However, the subtypes did not differ in terms in number or type (interpersonal vs. noninterpersonal) of traumatic experiences. Findings support PTSD subtypes and their relevance for posttraumatic response, particularly PTSD severity, in young adults with a variety of trauma types. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Dwelling on verbal but not pictorial threat cues: An eye-tracking study with adult survivors of childhood interpersonal violence.
Authors: Weidmann, Anke; Richert, Laura; Bernecker, Maximilian; Knauss, Miriam; Priebe, Kathlen; Reuter, Benedikt; Bohus, Martin; Müller-Engelmann, Meike; Fydrich, Thomas;
Source: Psychological Trauma: Theory, Research, Practice, and Policy Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: Objective: Previous studies have found evidence of an attentional bias for trauma-related stimuli in posttraumatic stress disorder (PTSD) using eye-tracking (ET) technology. However, it is unclear whether findings for PTSD after traumatic events in adulthood can be transferred to PTSD after interpersonal trauma in childhood. The latter is often accompanied by more complex symptom features, including, for example, affective dysregulation and has not yet been studied using ET. The aim of this study was to explore which components of attention are biased in adult victims of childhood trauma with PTSD.
compared to those without PTSD. Method: Female participants with (n = 27) or without (n = 27) PTSD who had experienced interpersonal violence in childhood or adolescence watched different trauma-related stimuli (Experiment 1: words, Experiment 2: facial expressions). We analyzed whether trauma-related stimuli were primarily detected (vigilance bias) and/or dwelled on longer (maintenance bias) compared to stimuli of other emotional qualities. Results: For trauma-related words, there was evidence of a maintenance bias but not of a vigilance bias. For trauma-related facial expressions, there was no evidence of any bias. Conclusions: At present, an attentional bias to trauma-related stimuli cannot be considered as robust in PTSD following trauma in childhood compared to that of PTSD following trauma in adulthood. The findings are discussed with respect to difficulties attributing effects specifically to PTSD in this highly comorbid though understudied population. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: The role of alexithymia in trauma therapy outcomes: Examining improvements in PTSD, dissociation, and interpersonal problems.
Authors: Zorzella, Karina P. M.; Muller, Robert T.; Cribbie, Robert A.; Bambrah, Veerpal; Classen, Catherine C.;
Source: Psychological Trauma: Theory, Research, Practice, and Policy Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: Objective: Alexithymia is a personality trait that reflects deficits in the cognitive processing and regulation of emotions (Taylor & Bagby, 2013). It has been closely linked to childhood trauma and reported by individuals presenting with other trauma-related conditions, such as posttraumatic stress disorder (PTSD), dissociation, and interpersonal problems (Powers, Etkin, Gyurak, Bradley, & Jovanovic, 2015). Addressing the emotional deficits associated with alexithymia is fundamental to resolving issues of childhood trauma and, therefore, is at the core of many trauma therapy models (e.g., Cloitre, Koenen, Cohen, & Han, 2002). The current study aims to build upon this foundation by examining the role of alexithymia in the improvements of trauma-specific difficulties prior to and following trauma therapy among treatment-seeking women with histories of childhood abuse. Method: Data were collected from 167 participants attending Women Recovering from Abuse Program (WRAP), an 8-week, Stage I, day treatment program using primarily group therapy for women with histories of severe childhood trauma. Participants’ level of alexithymia, PTSD, and dissociative symptoms, and interpersonal difficulties were assessed at three time points. Results: Significant positive relationships were found between improvements in alexithymia and improvements on all trauma-specific outcomes over the course of treatment (e.g., baseline to posttreatment) and between distinct stages of WRAP. Conclusions: These findings underscore the role of alexithymia in trauma therapy, and the need to properly attend to the deficits and issues related to alexithymia at initial stages of therapy with survivors of childhood abuse in order to facilitate improvements in trauma-specific symptoms. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: The prospective influence of trait alexithymia on intrusive memories: What is the role of emotional recognition memory?
Authors: Sopp, M. Roxanne; Brueckner, Alexandra H.; Michael, Tanja;
Abstract: Posttraumatic stress disorder (PTSD) is often considered to be a disorder of memory as patients suffer from fragmented uncontrollable memories (intrusions) whilst experiencing difficulties in intentionally retrieving details of the traumatic event. Recent research suggests that trait-related deficits in the identification of emotional states (alexithymia) may impact emotional memory processes in a way that promotes intrusion formation in PTSD. Therefore, we investigated the influence of alexithymia on intrusive re-experiencing and emotional recognition memory in a prospective analog study. Twenty-six healthy participants took part in a laboratory experiment, which combined two independent paradigms.
Participants were exposed to a traumatic film (first session) and completed an episodic memory task comprising neutral and emotional stimuli (second session). In between sessions, participants recorded intrusive memories of the film. Individuals with higher trait alexithymia (HTA) reported an increased number of intrusions on the day of film presentation. Moreover, analyses of memory performance revealed a negative correlation between alexithymia and emotional recognition memory. Further analyses suggest that reduced emotional recognition memory, as evident in individuals with HTA, may, in turn, be associated with enhanced intrusive re-experiencing. As such, the current findings provide first indications regarding the role of alexithymia in emotional learning and PTSD. Future studies should further investigate these associations as well as potential implications for the treatment of PTSD. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Virtual reality, augmented reality, and in vivo exposure therapy: A preliminary comparison of treatment efficacy in small animal phobia.

Authors: Suso-Ríbera, Carlos; Fernández-Álvarez, Javier; García-Palacios, Azucena; Hoffman, Hunter G.; Bretón-López, Juaní; Baños, Rosa M.; Quero, Soledad; Botella, Cristina;

Source: Cyberpsychology, Behavior, and Social Networking, Vol 22(1), Jan, 2019 pp. 31-38. Publisher: Virtual Reality Medical Institute BVBA; [Journal Article]

Abstract: This study aggregated data from three randomized control trials to explore the differential efficacy of three forms of exposure therapy, namely, in vivo (iVET), virtual reality (VRET), and augmented reality (ARET), in the treatment of small animal phobia. Additionally, baseline patient characteristics were used to detect subgroups of patients who showed a differential response to certain treatment modalities. Primary measures were distance covered, anxiety during the behavioral avoidance test (BAT), and overall fear of small animals. A repeated-measures analysis of variance was used to explore the overall treatment effect across the exposure modalities. A cluster analysis and an analysis of moderation were conducted to explore differential response to treatments. The main study finding was that the three treatment conditions were similarly efficacious in the treatment of small animal phobia for all study outcomes. Only for distance covered, our results revealed a tendency for iVET to be more effective than VRET and ARET in participants with worse performance on the BAT before treatment. The present study findings provide further evidence for the comparable efficacy of the three forms of exposure. Our results also suggest that, overall, treatments are likely to be similarly effective, regardless of the individual baseline characteristics (i.e., fear, anxiety, and age), whereas pretreatment scores on distance covered in the avoidance test might be used to personalize treatments (iVET may be preferable when participants perform worse at pretreatment). (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Re-examining psychological mechanisms underlying virtual reality-based exposure for spider phobia.

Authors: Tardif, Noémie; Therrien, Charles-Étienne; Bouchard, Stéphane;


Abstract: The proposed study aims at expanding results from a previous study on mechanisms of change after exposure in virtual reality (VR) and documenting the impact of adding tactile and haptic feedback. It was predicted that change in the severity of spider phobia according to the Fear of Spiders Questionnaire (FSQ) would be significantly predicted by change in dysfunctional beliefs toward spiders and self-efficacy, over and above the variance explained by a physiological measure of fear during exposure (heart rate) and presence during the immersion. Participants (N = 59) were randomly assigned to the presentation of visual stimuli only, visual plus tactile stimuli, or visual, tactile plus haptic feedback stimuli. A standard multiple regression was conducted to predict change on the FSQ using the following predictors: beliefs
about spiders, beliefs about one's own behavior when facing spiders, perceived self-efficacy, disgust, presence, and heart rate. Only changes in beliefs about spiders and in perceived self-efficacy significantly predicted the reduction in fear of spiders. This result enhances our understanding of the mechanisms involved in exposure conducted in VR. Analyses of variance also show that participants reported statistically significant changes in their clinical condition, with little added value to the addition of tactile and haptic feedback. The advantages of tactile and haptic stimulation are questioned, at least in the context of only one brief exposure session and the equipment used. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Physical presence, social presence, and anxiety in participants with social anxiety disorder during virtual cue exposure.
Authors: Felnohofer, Anna; Hlavacs, Helmut; Beutl, Leon; Kryspin-Exner, Ilse; Kothgassner, Oswald D.;
Abstract: Although social anxiety disorders (SADs) are increasingly treated by means of virtual cue exposure, the mechanisms leading to sufficient anxiety levels and thus to a success of virtual reality exposure therapy are still poorly understood. Also, most studies with SAD participants fail to evaluate social presence, although it may be a more appropriate indicator for virtual social stress scenarios than physical presence. Hence, for the first time, this study sets out to examine the link between social presence, physical presence, and emotional responses to phobogenic virtual social stimuli. A group of n = 12 participants with SAD and n = 12 healthy controls were exposed to three social tasks in an interactive virtual environment (VE). Self-report measures of physical and social presence as well as state anxiety were used alongside heart rate measures to evaluate the virtual experience. Results show significantly higher anxiety levels—both self-report and physiological—in SAD participants than in controls. Also, socially anxious subjects reported to experience more copresence and mutual attention as well as a higher sense of being in the VE than their healthy peers. In sum, social presence experiences may be more predictive of the anxiety response in SAD individuals than physical presence. Especially attentional processes seem to crucially shape the interplay between presence and affective responses. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Treatment of psychiatric disturbances in common hyperkinetic movement disorders.
Authors: Berardelli, Isabella; Pasquini, Massimo; Conte, Antonella; Bologna, Matteo; Berardelli, Alfredo; Fabbrini, Giovanni;
Abstract: Introduction: This paper reviews studies that have assessed the treatment of psychiatric disturbances in dystonia, tic disorders, Tourette syndrome, Huntington’s disease, and essential tremor. Areas covered: We searched for papers in English in Pubmed using the following keywords: blepharospasm, cervical dystonia, arm dystonia, laryngeal dystonia, spasmodic dysphonia, tic disorders, Tourette syndrome, Huntington’s chorea, essential tremor, depression, anxiety, obsessive compulsive disorders, attention deficit hyperactivity disorders, psychosis, apathy. Expert commentary: Although psychiatric disturbances are frequent in hyperkinetic movement disorders, few controlled studies have assessed the treatment of psychiatric disturbances in such disorders. In dystonia, none of the controlled studies conducted to date have demonstrated the efficacy of drug treatment for depression or anxiety. In TS, controlled studies have
demonstrated the usefulness of drug treatment on obsessive compulsive disorders and attention deficit hyperactivity disorders. Behavioral interventions may also play a role. No controlled studies have been conducted on HD nor have any studies addressed the treatment of psychiatric disturbances in ET. We conclude that there is the need of controlled studies to better evaluate pharmacological and non-pharmacological treatment of psychiatric disturbances in hyperkinetic movement disorders. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Terrorism and post-traumatic stress disorder: A historical review.
Authors: Durodié, Bill; Wainwright, David;
Abstract: Terror is a psychological state. Historically, most studies of terrorism focused on its societal purpose and structural consequences rather than mental health effects. That emphasis began to change shortly before the Sept 11, 2001, terrorist attacks. A vast expansion of research into post-traumatic stress disorder accompanied revisions to the classification of mental health disorders. The effect of terrorist incidents on those people now deemed vulnerable, both directly and indirectly, was actively sought. However, a review of more than 400 research articles (mostly published after Sept 11) on the association between terrorism and mental health reached the largely overlooked conclusion that terrorism is not terrorising—at least not in a way that causes a greater than expected frequency of post-traumatic stress disorder than other traumatic events. This conclusion is surprising given the emphasis on the psychological effects of terrorism in political discourse, media commentary, contemporary culture, and academic inquiry. Authorities might prefer to encourage an interpretation of terrorist incidents that highlights fortitude and courage rather than psychological vulnerability. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Perceptions of free will in obsessive-compulsive disorder: A quantitative analysis.
Authors: van Oudheusden, Lucas J. B.; Draisma, Stasja; van der Salm, Sandra; Cath, Danielle; van Oppen, Patricia; van Balkom, Anton J. L. M.; Meynen, Gerben;
Abstract: Background: The aim of this study was to explore perceptions of free will in the repetitive behaviors of patients with obsessive-compulsive disorder (OCD) and to explore their relation with core clinical characteristics. Methods: Experiences of free will were assessed with the Symptomatology And Perceived Free will rating scale (SAPF) in 295 subjects with a lifetime diagnosis of OCD. Patients' scores on the SAPF were subjected to an explorative principal axis factor analysis (PAF). Factor scores were regressed on five OCD symptom dimensions and on seven clinical variables: illness duration, severity of OCD, insight, anxiety and depression, suicidal ideation and quality of life. Results: The PAF revealed three factors: the perceived ability to control and change one’s course of action when faced with an obsession or compulsion (the 'alternative possibilities' factor); the experience of obsessions or compulsions as intentional (the 'intentionality' factor); and the experience of being the source or owner of the obsessions or compulsions (the 'ownership' factor). Lower scores on the 'alternative possibilities' factor were associated with lower scores on the washing dimension (β = 0.237, p = 0.004) and higher scores on the precision dimension (β = −0.190, p = 0.025) and independently associated with longer illness duration (β = −0.134, p = 0.039), higher illness severity (β = −0.298, p < 0.001) and lower quality of life (β = 0.172, p = 0.046). Lower scores on the 'intentionality' factor were independently associated with lower quality of life (β = 0.233, p = 0.027). Higher scores on the 'ownership' factor were associated with higher scores on the precision dimension (β = 0.207, p = 0.023) and independently associated with poorer insight (β = 0.170, p
Title: Identification of specific correlations in obsessive-compulsive disorder among different measures.

Authors: Femia, Giuseppe; Visco-Comandini, Federica; Cosentino, Teresa; Sorbara, Flavia; Gragnani, Andrea;


Abstract: Objective: Few studies have investigated the convergent validity of assessment methodologies administered to patients with obsessive-compulsive symptoms. None of them, however, report a quantitative analysis of the convergent validity across multiple tools dealing with the diagnosis of Obsessive Compulsive Disorder (OCD). Considering this gap, the aim of this study is to provide useful evidence investigating the correlation among four reporting tools featured by assessment methodologies used with OCD patients. Specifically, it aims at revealing significant correlations between the Symptom Checklist-90-Revision [SCL-90-R], the Minnesota Multiphasic Personality Inventory [MMPI-2], the Yale-Brown Obsessive Compulsive Scale [Y-BOCS] and the Padua Inventory Revised [PI-R] in OCD patients. Method: The administered tests include the Symptom Checklist-90-Revision (SCL-90-R), the Minnesota Multiphasic Personality Inventory (MMPI-2), the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) and the Padua Inventory Revised (PI-R). Subjective symptoms assessment and clinical interviews were performed in combination with the evaluation of these tests in 121 patients with OCD. As control groups, we selected 1) a group of depressed patients (N = 23) and 2) a group of patients with anxiety disorders (N = 54) that underwent the same clinical interviews. Results and conclusions: Results indicate significant correlations between i) two selected scales of the MMPI-2—in particular the Psychastenia (PT) and Schizophrenia (SC) scales—and those obtained from the SCL-90-R (i.e. obsessive-compulsive symptoms and psychoticism); ii) between the two scales above and the total score of the Y-BOCS; iii) between the PT scale (MMPI-2), the obsessive compulsive symptoms scale (SCL-90-R) and the total score of the PI-R; iv) between the total score of Y-BOCS and the total score of PI-R. These results confirmed the strong convergent validity among the selected assessment methodologies and lead to a new and integrative clinical approach to diagnose OCD that is pre-screening of OCD symptomatology through reporting measures. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title: Schemas, modes and coping strategies in obsessive-compulsive like symptoms.

Authors: Tenore, Katia; Mancini, Francesco; Basile, Barbara;


Abstract: Objective: Schema Therapy (ST) integrates cognitive-behavior therapy with emotion-focused, gestalt and object relations approaches. ST postulates that unmet emotional core needs in childhood play a role in the development of Early Maladaptive Schemas, that are maintained by dysfunctional coping strategies, and reveal themselves through specific modes. Ad hoc ST conceptualizations for personality disorders or for specific psychological conditions, have been proposed in the last years. The purpose of this study was to investigate the role of schemas, modes and coping styles in non-clinical subjects, exploring the association with Obsessive-Compulsive Disorder (OCD) symptoms severity. Moreover, we explored schemas, modes and coping styles constructs in two sub-groups, characterized by higher and lower obsessive symptoms. Finally, those constructs have been investigated in specific OC subtypes. Method: Selected from a sample of two-hundred, fifty-one subjects with high OCD symptoms (assessed through the Obsessive Compulsive Inventory–R) and fifty-nine healthy controls were recruited. Measures of
schemas, modes and coping styles were collected. Additional indexes of depression were collected. Descriptive, between-group and correlation analyses were performed. Participants were selected from a normal population, thus, the study should be replicated involving a clinical population. Results: Specific schemas (i.e., mistrust/abuse, vulnerability to harm and high standards), modes (i.e., demanding parent) and coping styles (i.e., intra-psychic avoidance) were identified in the high OCD symptoms group, with precise peculiarities for OCD characteristics (i.e., washing, checking and obsessions). Further, OC symptoms severity was positively associated with specific schemas and dysfunctional modes. Conclusions: Our results confirm previous findings investigating schemas and modes in OCD populations.


Title: The utility of the Personality Assessment Inventory in the assessment of posttraumatic stress disorder in OEF/OIF/OND veterans.
Authors: Bellet, Benjamin W.; McDevitt-Murphy, Meghan E.; Thomas, Danielle H.; Luciano, Matthew T.;
Abstract: We examined the use of the Personality Assessment Inventory (PAI) in a small sample of 47 U.S. military veterans of the conflicts in Iraq and Afghanistan. Approximately half of the sample met criteria for posttraumatic stress disorder (PTSD) based on the Clinician-Administered PTSD Scale. PAI profiles were compared between the PTSD and non-PTSD groups. The PTSD group had clinically significant scores (≥ 70T) on the PAI for 5 clinical scales (anxiety, anxiety-related disorders, depression, paranoia, and schizophrenia) and 10 clinical subscales consistent with the typical symptom picture for PTSD. Effect size correlations (r) between scales and diagnosis group membership were large (r ≥ .5) for several scales that reflect PTSD symptoms and for the PTSD LOGIT function. In a receiver operating characteristics curve analysis, the PTSD LOGIT function and the Traumatic Stress Subscale both demonstrated good diagnostic utility (areas under the curve > .80). (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Virtual mortality and near-death experience after a prolonged exposure in a shared virtual reality may lead to positive life-attitude changes.
Authors: Barberia, Itxaso; Oliva, Ramon; Bourdin, Pierre; Slater, Mel;
Source: PLoS ONE, Vol 13(11), Nov 5, 2018 ArtlID: e0203358. Publisher: Public Library of Science; [Journal Article]
Abstract: Mortality is an obvious if uncomfortable part of the human condition, yet it is impossible to study its impact on anyone who experiences it. Reports of phenomena associated with death such as out-of-the-body (OBE) and near death experiences (NDE) can only be studied post-hoc, since it is impossible to design a scientific study where an experimental group experiences death (and returns) and a control group does not. Yet NDEs seem to have a profound influence on the subsequent lives of people and are therefore worthy of study. Terror Management Theory, which argues that death anxiety contributes to in-group solidarity and hostility to out-groups, relies on studies that manipulate opinions and cannot be based on experiential evidence. Here we introduce a potential methodology that uses immersive virtual reality (VR) for the study of mortality and NDEs. Participants are embodied in alternate bodies in a beautiful island along with two companions. They explore the island and carry out tasks together. The mechanism of embodiment produces strong illusions of ownership over their life-sized virtual bodies. Over time each participant witnesses the death of the two companions and then her own death—which includes the reported features of an NDE (OBE, life review, the tunnel leading to white light) followed by a period of observation of the continuing activities in the virtual world on an external screen. Fifteen female participants experienced 6 sessions in the island, each starting as a child and gradually maturing, and
eventually ageing and dying. Sixteen control subjects formed a waiting group. We introduce this as a methodology for the study of these issues, and present promising results, suggesting that those who experienced the island report life attitude changes, becoming more concerned with others and more interested in global rather than material issues compared to the control group. The results are based on a small sample size, and should be considered as indicative of the possibilities of this new methodology as a way forward for future studies in this field. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Chronic obsessive–compulsive disorder: Prognostic factors.

Authors:
von Oudheusden, Lucas J. B.; Eikelenboom, Merijn; van Megen, Harold J. G. M.; Visser, Henny A. D.; Schruers, Koen; Hendriks, Gert-Jan; van der Wee, Nic; Hoogendoorn, Adriaan W.; van Oppen, Patricia; van Balkom, Anton J. L. M.;

Source:
Psychological Medicine, Vol 48(13), Oct, 2018 pp. 2213-2222. Publisher: Cambridge University Press;

Abstract:
Background: The course of illness in obsessive–compulsive disorder (OCD) varies significantly between patients. Little is known about factors predicting a chronic course of illness. The aim of this study is to identify factors involved in inducing and in maintaining chronicity in OCD. Methods: The present study is embedded within the Netherlands Obsessive Compulsive Disorder Association (NOCDA) study, an ongoing multicenter naturalistic cohort study designed to identify predictors of long-term course and outcome in OCD. For this study, 270 subjects with a current diagnosis of OCD were included. Chronicity status at 2-year follow-up was regressed on a selection of baseline predictors related to OCD, to comorbidity and to stress and support. Results: Psychotrauma [odds ratio (OR) 1.98, confidence interval (CI) 1.22–3.22, p = 0.006], recent negative life events (OR 1.42, CI 1.01–2.01, p = 0.043), and presence of a partner (OR 0.28, CI 0.09–0.85, p = 0.025) influenced the risk of becoming chronic. Longer illness duration (OR 1.46, CI 1.08–1.96, p = 0.013) and higher illness severity (OR 1.09, CI 1.03–1.16, p = 0.003) increased the risk of remaining chronic. Conclusions: External influences increase the risk of becoming chronic, whereas the factors involved in maintaining chronicity are illness-related. As the latter are potentially difficult to modify, treatment should be devoted to prevent chronicity from occurring in the first place. Therapeutic strategies aimed at alleviating stress and at boosting social support might aid in achieving this goal. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Symptoms of persistent complex bereavement disorder, depression, and PTSD in a conjugally bereaved sample: A network analysis.

Authors:
Malgaroli, Matteo; Maccallum, Fiona; Bonanno, George A.;

Source:
Psychological Medicine, Vol 48(14), Oct, 2018 pp. 2439-2448. Publisher: Cambridge University Press;

Abstract:
Background: Complicated and persistent grief reactions afflict approximately 10% of bereaved individuals and are associated with severe disruptions of functioning. These maladaptive patterns were defined in Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) as persistent complex bereavement disorder (PCBD), but its criteria remain debated. The condition has been studied using network analysis, showing potential for an improved understanding of PCBD. However, previous studies were limited to self-report and primarily originated from a single archival dataset. To overcome these limitations, we collected structured clinical interview data from a community sample of newly conjugally bereaved individuals (N = 305). Methods: Gaussian graphical models (GGM) were estimated from PCBD symptoms diagnosed at 3, 14, and 25 months after the loss. A directed acyclic graph (DAG) was generated from initial PCBD symptoms, and comorbidity networks with DSM-5 symptoms of major depressive disorder (MDD) and post-traumatic stress disorder (PTSD) were analyzed 1 year post-loss. Results: In the GGM, symptoms from the social/identity PCBD symptoms cluster (i.e. role confusion,
meaninglessness, and loneliness) tended to be central in the network at all assessments. In the DAG, yearning activated a cascade of PCBD symptoms, suggesting how symptoms lead into psychopathological configurations. In the comorbidity networks, PCBD and depressive symptoms formed separate communities, while PTSD symptoms divided in heterogeneous clusters. Conclusions: The network approach offered insights regarding the core symptoms of PCBD and the role of persistent yearnings. Findings are discussed regarding both clinical and theoretical implications that will serve as a step toward a more integrated understanding of PCBD. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Back to top
Depression

Title:
Autonomy–connectedness, self-construal, and acculturation: Associations with mental health in a multicultural society.

Authors:

Source:

Abstract:
The present study investigated the associations between self-construal, acculturation, and autonomy–connectedness, as well as the relations between autonomy–connectedness and psychopathological symptoms, controlling for self-construal and acculturation. Participants were 1,209 Dutch individuals, of whom 693 (57.3%) were immigrants with a non-Western background. Results showed that an independent self-construal was positively associated with self-awareness and capacity for managing new situations, and was negatively associated with sensitivity to others (which are the three components of autonomy–connectedness). Moreover, an interdependent self-construal was negatively associated with self-awareness and capacity for managing new situations, and was positively associated with sensitivity to others. Importantly, the latter associations were similar for both Dutch natives and immigrants, and the associations between acculturation and autonomy–connectedness were small and nonsignificant. Autonomy–connectedness, after controlling for self-construal and acculturation, explained a large amount of additional variance in anxiety (12.7%) and depression (14.1), and a medium amount of additional variance in drive for thinness (3.7%) and bulimia (4.8%). Autonomy–connectedness, thus, seems to be an important construct for people with a Western background, as well as for immigrants with a non-Western background. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Randomized controlled trial of transcranial magnetic stimulation in pregnant women with major depressive disorder.

Authors:
Kim, Deborah R.; Wang, Eileen; McGeehan, Brendan; Snell, Jessica; Ewing, Grace; Iannelli, Claudia; O'Reardon, John P.; Sammel, Mary D.; Epperson, C. Neill;

Source:
Brain Stimulation, Vol 12(1), Jan-Feb, 2019 pp. 96-102. Publisher: Elsevier Science; [Journal Article]

Abstract:
Background: Major depressive disorder (MDD) affects 10% of pregnancies. Because transcranial magnetic stimulation (TMS) is a nonmedication option, psychiatric patients who do not tolerate or prefer to avoid antidepressants are good candidates for TMS. Method: In a randomized controlled trial of twenty-two women with MDD in the second or third trimester of pregnancy, subjects were randomized to active TMS (n = 11) or sham TMS (n = 11). This study took place at a single academic center. Subjects received 20 sessions of TMS to the right dorsolateral prefrontal cortex at 1 Hz as a single train of 900 pulses per session at 100% motor threshold. Estradiol and progesterone and were measured before session 1 and after session 20. Results: Results demonstrated significantly decreased Hamilton Depression Rating Scale (HDRS-17) scores for the active compared to the sham group (p = 0.003). Response rates were 81.82% for the active and 45.45% for the sham coil (p = 0.088). Remission rates were 27.27% for the active 18.18% for the sham coil (p = 0.613). Late preterm birth (PTB) occurred in three women receiving active TMS. All other maternal and delivery outcomes were normal. Conclusions: Right-sided, low frequency TMS was effective in reducing depressive symptoms in this sample of pregnant women. There may be a possibility that TMS is associated with late PTB although a larger sample size would be needed for adequate power to detect a true difference between groups. This study demonstrated that TMS is low risk during pregnancy although larger trials would provide more information about the efficacy and safety of TMS in this population. This trial shows that an RCT of a biologic intervention in pregnant women with psychiatric illness can be conducted. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Title: Add-on rTMS for the acute treatment of depressive symptoms is probably more effective in adolescents than in adults: Evidence from real-world clinical practice.

Authors: Zhang, TianHong; Zhu, JunJuan; Xu, LiHua; Tang, XiaoChen; Cui, HuiRu; Wei, YanYan; Wang, Yan; Hu, Qiang; Qian, ZhenYing; Liu, XiaoHua; Tang, YingYing; Li, ChunBo; Wang, JiJun;

Source: Brain Stimulation, Vol 12(1), Jan-Feb, 2019 pp. 103-109. Publisher: Elsevier Science; [Journal Article]

Abstract: Background: Repetitive transcranial magnetic stimulation (rTMS) is considered as an effective treatment for adults with major depressive disorder. However, it remains unknown whether rTMS has comparable or better efficacy in adolescents. Objective: The current naturalistic study aimed to investigate the efficacy and clinical outcome of add-on rTMS in a large sample of adolescent patients compared to adult patients. Methods: This study included 117 patients (42 adolescents vs. 75 adults) with mood or anxiety disorders who were treated with at least 10 sessions of rTMS. rTMS was applied over the left dorsolateral prefrontal cortex (10 Hz). Symptoms of depression and anxiety were measured using the Hamilton Rating Scale for Depression (HAM-D) and the Hamilton Rating Scale for Anxiety (HAM-A) respectively, at baseline and after 2 and 4 weeks of follow-up. Comparisons of clinical improvement and rates of response/remission were made across age groups. Major findings and conclusions: All the age groups showed significant improvements in clinical symptoms. No safety or tolerability concerns were identified. Symptomatic improvements and response/remission rates were more significant in adolescent patients than in adults. Decrease in HAMD and HAMA scores after 2 weeks and 4 weeks of rTMS treatment were positively correlated in adolescents, but not in adults. General linear model repeated measures demonstrated significant effect of time × age group interaction on the HAMD score, in response to 10 sessions of rTMS. Add-on rTMS is feasible, tolerable, effective and more applicable to adolescents with mood or anxiety disorders. However, double-blinded and sham-controlled trials are needed for validating this conclusion.

Title: Health, pre-disease and critical transition to disease in the psycho-immune-neuroendocrine network: Are there distinct states in the progression from health to major depressive disorder?

Authors: Stapelberg, N. J. C.; Neumann, D. L.; Shum, D.; Headrick, J. P.;


Abstract: The psycho-immune-neuroendocrine (PINE) network is a regulatory network of interrelated physiological pathways that have been implicated in major depressive disorder (MDD). A model of disease progression for MDD is presented where the stable, healthy state of the PINE network (PINE physiome) undergoes progressive pathophysiological changes to an unstable but reversible pre-disease state (PINE pre-diseasome) with chronic stress. The PINE network may then undergo critical transition to a stable, possibly irreversible disease state of MDD (PINE pathome). Critical transition to disease is heralded by early warning signs which are detectible by biomarkers specific to the PINE network and may be used as a screening test for MDD. Critical transition to MDD may be different for each individual, as it is reliant on diathesis, which comprises genetic predisposition, intrauterine and developmental factors. Finally, we propose the PINE pre-disease state may form a 'universal pre-disease state' for several non-communicable diseases (NCDs), and critical transition of the PINE network may lead to one of several frequently associated disease states (influenced by diathesis), supporting the existence of a common Chronic Illness Risk Network (CIRN). This may provide insight into both the puzzle of multifinality and the growing clinical challenge of multimorbidity. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Title: Durability of antidepressant response to repetitive transcranial magnetic stimulation: Systematic review and meta-analysis.

Authors: Senova, Suhan; Cotovio, Gonçalo; Pascual-Leone, Alvaro; Oliveira-Maia, Albino J.;

Source: Brain Stimulation, Vol 12(1), Jan-Feb, 2019 pp. 119-128. Publisher: Elsevier Science; [Journal Article]

Abstract:
Background: The therapeutic options for treatment-resistant depression (TRD) encompass a range of neuromodulatory techniques, including repetitive transcranial magnetic stimulation (rTMS). While rTMS is safe and has documented short-term efficacy, durability of antidepressant effects is poorly established.

Objective: Assess existing evidence regarding durability of rTMS-induced antidepressant response.

Methods: We performed a systematic review of studies reporting antidepressant outcome measures collected three or more months after the end of an induction course of rTMS for depression. Among responders to the induction course, we used a meta-analytic approach to assess response rates at 3 (m3), 6 (m6) or 12 (m12) months after induction, and studied predictors of responder rates using meta-regression.

Results: Nineteen studies published between 2002 and 2018 were included. Eighteen were eligible for analysis at m3 (732 patients) and m6 (695 patients) and 9 at m12 (247 patients). Among initial responders, 66.5% sustained response at m3 (95% CI = 57.1–74.8%, I² = 27.6%), 52.9% at m6 (95% CI = 40.3–65%, I² = 0%), and 46.3% at m12 (95% CI = 32.6–60.7%, I² = 0%), in the absence of any major bias. Random-effects meta-regressions further demonstrated that a higher proportion of women, as well as receipt of maintenance treatment, predicted higher responder rates at specific time-points.

Conclusions: rTMS is a durable treatment for depression, with sustained responder rates of 50% up to 1 year after a successful induction course of treatment. Maintenance treatment may enhance the durability of the antidepressant effects of rTMS, and should be considered in clinical practice, as well as systematically explored in future clinical trials. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Shame and depressive symptoms: Self-compassion and contingent self-worth as mediators?

Authors: Zhang, Huaiyu; Carr, Erika R.; Garcia-Williams, Amanda G.; Siegelman, Asher E.; Berke, Danielle; Niles-Carnes, Larisa V.; Patterson, Bobbi; Watson-Singleton, Natalie N.; Kaslow, Nadine J.;

Source: Journal of Clinical Psychology in Medical Settings, Vol 25(4), Dec, 2018 pp. 408-419. Publisher: Springer;

Abstract:
Research has identified the experience of shame as a relevant predictor of depressive symptoms. Building upon resilience theory, this is the first study to investigate if self-compassion and/or contingent self-worth (i.e., family support and God’s love) mediate the link between shame and depressive symptoms. Participants were 109 African Americans, within the age range of 18 and 64, who sought service following a suicide attempt from a public hospital that serves mostly low-income patients. Findings suggest that shame was related to depressive symptoms through self-compassion but not through contingent self-worth, underscoring the significant role that self-compassion plays in ameliorating the aggravating effect of shame on depressive symptoms. Results highlight the value of incorporating self-compassion training into interventions for suicidal African Americans in an effort to reduce the impact of shame on their depressive symptoms and ultimately their suicidal behavior and as a result enhance their capacity for resilience. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Methodological quality of systematic reviews on treatments for depression: A cross-sectional study.


Source:
Abstract:
Aims: Depression is one of the most common mental disorders and identifying effective treatment strategies is crucial for the control of depression. Well-conducted systematic reviews (SRs) and meta-analyses can provide the best evidence for supporting treatment decision-making. Nevertheless, the trustworthiness of conclusions can be limited by lack of methodological rigour. This study aims to assess the methodological quality of a representative sample of SRs on depression treatments. Methods: A cross-sectional study on the bibliographical and methodological characteristics of SRs published on depression treatments trials was conducted. Two electronic databases (the Cochrane Database of Systematic Reviews and the Database of Abstracts of Reviews of Effects) were searched for potential SRs. SRs with at least one meta-analysis on the effects of depression treatments were considered eligible. The methodological quality of included SRs was assessed using the validated AMSTAR (Assessing the Methodological Quality of Systematic Reviews) tool. The associations between bibliographical characteristics and scoring on AMSTAR items were analysed using logistic regression analysis.

Results: A total of 358 SRs were included and appraised. Over half of included SRs (n = 195) focused on non-pharmacological treatments and harms were reported in 45.5% (n = 163) of all studies. Studies varied in methods and reporting practices: only 112 (31.3%) took the risk of bias among primary studies into account when formulating conclusions; 245 (68.4%) did not fully declare conflict of interests; 93 (26.0%) reported an ‘a priori’ design and 104 (29.1%) provided lists of both included and excluded studies. Results from regression analyses showed: more recent publications were more likely to report ‘a priori’ designs [adjusted odds ratio (AOR) 1.31, 95% confidence interval (CI) 1.09–1.57], to describe study characteristics fully (AOR 1.16, 95% CI 1.06–1.28), and to assess presence of publication bias (AOR 1.13, 95% CI 1.06–1.19), but were less likely to list both included and excluded studies (AOR 0.86, 95% CI 0.81–0.92). SRs published in journals with higher impact factor (AOR 1.14, 95% CI 1.04–1.25), completed by more review authors (AOR 1.12, 95% CI 1.01–1.24) and SRs on non-pharmacological treatments (AOR 1.62, 95% CI 1.01–2.59) were associated with better performance in publication bias assessment.

Conclusion: The methodological quality of included SRs is disappointing. Future SRs should strive to improve rigour by considering of risk of bias when formulating conclusions, reporting conflict of interests and authors should explicitly describe harms. SR authors should also use appropriate methods to combine the results, prevent language and publication biases, and ensure timely updates. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Title: Common and distinct changes of default mode and salience network in schizophrenia and major depression.

Authors: Shao, Junming; Meng, Chun; Tahmasian, Masoud; Brandl, Felix; Yang, Qinli; Luo, Guangchun; Luo, Cheng; Yao, Dezhong; Gao, Lianli; Riedl, Valentin; Wohlschläger, Afra; Sorg, Christian;

Source: Brain Imaging and Behavior, Vol 12(6), Dec, 2018 pp. 1708-1719. Publisher: Springer; [Journal Article]

Abstract: Brain imaging reveals schizophrenia as a disorder of macroscopic brain networks. In particular, default mode and salience network (DMN, SN) show highly consistent alterations in both interacting brain activity and underlying brain structure. However, the same networks are also altered in major depression. This overlap in network alterations induces the question whether DMN and SN changes are different across both disorders, potentially indicating distinct underlying pathophysiological mechanisms. To address this question, we acquired T1-weighted, diffusion-weighted, and resting-state functional MRI in patients with schizophrenia, patients with major depression, and healthy controls. We measure regional gray matter volume, inter-regional structural and intrinsic functional connectivity of DMN and SN, and compared these measures across groups by generalized Wilcoxon rank tests, while controlling for symptoms and medication. When comparing patients with controls, we found in each patient group SN volume loss, impaired DMN structural connectivity, and aberrant DMN and SN functional connectivity. When comparing patient groups, SN gray matter volume loss and DMN structural connectivity reduction did not differ between groups, but in schizophrenic patients, functional hyperconnectivity between DMN and SN was less in comparison to depressed patients. Results provide evidence for distinct functional hyperconnectivity between DMN and SN in schizophrenia and major depression, while structural changes in DMN and SN were similar. Distinct hyperconnectivity suggests different pathophysiological mechanism underlying aberrant DMN-SN interactions in schizophrenia and depression. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Investigating unique contributions of dispositional mindfulness facets to depression, anxiety, and stress in general and student populations.

Authors: Medvedev, Oleg N.; Norden, Phoenix A.; Krägeloh, Christian U.; Siegert, Richard J.;


Abstract: There is a well-documented evidence base for the beneficial effects of mindfulness-based interventions for various health issues, and research has increasingly explored the role of mindfulness in nonclinical contexts. While the Five Facet Mindfulness Questionnaire (FMMQ) was widely used to study dispositional mindfulness, no work has investigated the unique contributions of each mindfulness facet to depression, anxiety, and stress in a general population. The present study used psychometrically refined FFMQ and Depression, Anxiety and Stress Scale (DASS) scores obtained from a sample (n = 400) of equal number of students and general population. Multiple linear regression analysis was conducted to investigate predictive values of mindfulness facets to psychological distress variables. Nonjudgmental attitude was the strongest predictor of lower levels of depression, anxiety, and stress across both students and general population with standardized β ranging from —.32 to —.46. Nonreactivity was the second strongest predictor for stress and depression, but Acting with Awareness was a significant predictor for anxiety and stress in students only. Overall, mindfulness facets were stronger predictors of lower DASS scores in students compared to general population. Relationships between some mindfulness facets and distress variables differ between students and general population and therefore may not be generalizable across these populations. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Variance of the global signal as a pretreatment predictor of antidepressant treatment response in drug-naïve major depressive disorder.

**Authors:**
Zhu, Jiajia; Cai, Huanhuan; Yuan, Yonggui; Yue, Yingying; Jiang, Deguo; Chen, Ce; Zhang, Wei; Zhuo, Chuanjun; Yu, Yongqiang;

**Source:**
Brain Imaging and Behavior, Vol 12(6), Dec, 2018 pp. 1768-1774. Publisher: Springer; [Journal Article]

**Abstract:**
Several behavioral and neuroimaging markers could be used to predict eventual antidepressant medication (ADM) outcomes in patients with major depressive disorder (MDD). However, these predictors are either subjective or complex, which has limited their clinical use. Thus, we aimed to identify an objective and easy-to-get marker to predict early therapeutic efficacy. Forty-seven drug-naïve patients with MDD and 47 age-, gender- and education-matched healthy controls underwent resting-state functional magnetic resonance imaging (fMRI) scans. We calculated the variable coefficient (VC) of the global signal for each subject. Baseline Hamilton Rating Scale for Depression (HRSD) score and that after 2 weeks of ADM were assessed for patients. Although there was no difference in VC between patients with MDD and healthy controls, we found a significant positive correlation between the VC and the decline rate of HRSD scores in the patients. Compared with the non-responding depression (NRD) group, the treatment-responsive depression (TRD) group had a higher VC. Receiver operator characteristic curve analysis revealed that the VC exhibited a good ability to differentiate TRD from NRD. In addition, the linear and logistic regression analyses showed that the VC was a significant predictor of the decline rate of HRSD scores and the antidepressant treatment response. These findings suggest that variance of the global signal may serve as a useful marker to help clinicians find an appropriate drug for individuals with MDD at the earliest opportunity and then further to facilitate personalized therapy. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


**Title:**
Deep brain stimulation of the supero-lateral branch of the medial forebrain bundle does not lead to changes in personality in patients suffering from severe depression.

**Authors:**
Bewernick, Bettina H.; Kilian, Hannah M.; Schmidt, Klaudius; Reinfeldt, Ruth E.; Kayser, Sarah; Coenen, Volker A.; Markett, Sebastian; Schlaepfer, Thomas E.;

**Source:**
Psychological Medicine, Vol 48(16), Dec, 2018 pp. 2684-2692. Publisher: Cambridge University Press; [Journal Article]

**Abstract:**
Background: Reports of changes in patients’ social behavior during deep brain stimulation (DBS) raised the question whether DBS induces changes in personality. This study explored if (1) DBS is associated with changes in personality in patients suffering from treatment-resistant depression (TRD), (2) how personality dimensions and depression are associated, and (3) if TRD patients’ self-ratings of personality are valid. Methods: TRD patients were assessed before DBS (n = 30), 6 months (t2, n = 21), 2 (t3, n = 17) and 5 years (t4, n = 11) after the initiation of DBS of the supero-lateral branch of the medial forebrain bundle (slMFB-DBS). Personality was measured with the NEO-Five-Factor Inventory (NEO-FFI), depression severity with Hamilton (HDRS), and Montgomery–Åsberg Depression Rating Scale (MADRS). Results: Personality dimensions did not change with slMFB-DBS compared with baseline. Extraversion was negatively correlated with HDRS28 (r = −0.48, p < 0.05) and MADRS (r = −0.45, p < 0.05) at t2. Inter-rater reliability was high for the NEO-FFI at baseline (Cronbach's α = 0.74) and at t4 (α = 0.65). Extraversion [t(29) = -5.20; p < 0.001] and openness to experience [t(29) = -6.96; p < 0.001] differed statistically significant from the normative sample, and did not predict the antidepressant response. Conclusions: slMFB-DBS was not associated with a change in personality. The severity of depression was associated with extraversion. Personality of TRD patients differed from the healthy population and did not change with response, indicating a possible scar effect. Self-ratings of personality seem valid to assess personality during TRD. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


**Title:**
Brief behavioral activation intervention for depressive symptoms: Patient satisfaction, acceptability, engagement, and treatment response.

**Authors:**
Funderburk, Jennifer S.; Pigeon, Wilfred R.; Shepardson, Robyn L.; Maisto, Stephen A.

**Source:**
Psychological Services Publisher: Educational Publishing Foundation; [Journal Article]

**Abstract:**
Depressive symptoms are the most common reason for referral to integrated behavioral health providers in primary care. Although evidence-based brief psychotherapies for depression in primary care exist, treatment duration is a significant barrier to implementation. In this open trial, we examined the patient experience of receiving a brief behavioral activation intervention designed for use in primary care (BA-PC), which comprised 2 30-min appointments and 2 boosters spaced 2–3 weeks apart across 12 weeks, and its impact on depression symptoms. Participants were 22 patients recruited from primary care who reported at least moderate depressive symptoms (score ≥ 10 on the Patient Health Questionnaire-9 [PHQ-9]). Patient experiences were examined through assessing patient engagement, satisfaction, acceptability, and treatment response. Fidelity of intervention delivery in delivering the BA-PC within a 12-week period was also assessed. Participants reported a high level of satisfaction with and acceptability of the BA-PC intervention, materials, and format. Within-subject t tests revealed a significant reduction in depressive symptoms from baseline at the 12-week assessment, based on PHQ-9 total score, t(21) = 3.80, p = .001. Evidence of fidelity included 81% of patients completing the 2 BA-PC appointments, average appointment lengths of approximately 30 min, and high content fidelity within each appointment. These preliminary findings suggest that overall experience of a brief BA-PC intervention was positive, with high patient satisfaction, patient acceptability, and treatment fidelity as well as positive patient treatment response. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


**Title:**
Affect variability and predictability: Using recurrence quantification analysis to better understand how the dynamics of affect relate to health.

**Authors:**
Jenkins, Brooke N.; Hunter, John F.; Richardson, Michael J.; Conner, Tamlin S.; Pressman, Sarah D.

**Source:**
Emotion Publisher: American Psychological Association; [Journal Article]

**Abstract:**
Changes in affect over time have been associated with health outcomes. However, previously utilized measurement methods focus on variability of affect (e.g., standard deviation, root mean squared successive difference) and ignore the more complex temporal patterns of affect over time. These patterns may be an important feature in understanding how the dynamics of affect relate to health. Recurrence quantification analysis (RQA) may help alleviate this problem by assessing temporal characteristics unassessed by past methods. RQA metrics, such as determinism and recurrence, can provide a measure of the predictability of affect over time, indexing how often patterns within affective experiences repeat. In Study 1, we first contrasted RQA metrics with commonly used measures of variability to demonstrate that RQA can further differentiate among patterns of affect. In Study 2, we analyzed the associations between these new metrics and health, namely, depressive and somatic symptoms. We found that RQA metrics predicted health above and beyond mean levels and variability of affect over time. The most desirable health outcomes were observed in people who had high mean positive affect, low mean negative affect, low affect variability, and high affect predictability. These studies are the first to demonstrate the utility of RQA for determining how temporal patterns in affective experiences are important for health outcomes. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


**Title:**
Randomized cost-effectiveness trial of group interpersonal psychotherapy (IPT) for prisoners with major depression.

**Authors:**
Johnson, Jennifer E.; Stout, Robert L.; Miller, Ted R.; Zlotnick, Caron; Cerbo, Louis A.; Andrade, Joel T.; Nargis, Jessica; Bonner, Joseph; Wiltsey-Stirman, Shannon;

Source: Journal of Consulting and Clinical Psychology Publisher: American Psychological Association; [Journal Article]

Abstract: Objective: This study tested the effectiveness and cost-effectiveness of interpersonal psychotherapy (IPT) for major depressive disorder (MDD) among prisoners. It is the first fully powered randomized trial of any treatment (pharmacological or psychosocial) targeting MDD among incarcerated individuals. Method: One hundred eighty-one male (n = 117) and female (n = 64) prisoners from prison facilities in 2 states were randomized to group IPT (delivered by master’s-level and nonspecialist prison counselors) for MDD plus prison treatment as usual (TAU) or to TAU alone. Participants’ average age was 39 (range = 20–61); 20% were African American and 19% were Hispanic. Outcomes assessed at posttreatment and 3-month follow-up included depressive symptoms (primary; assessed using the Hamilton Rating Scale for Depression), suicidality (assessed with the Beck Scale for Suicide Ideation and Beck Hopelessness Scale), in-prison functioning (i.e., enrollment in correctional programs; discipline reports; aggression/victimization; and social support), remission from MDD, and posttraumatic stress disorder symptoms. Results: IPT reduced depressive symptoms, hopelessness, and posttraumatic stress disorder symptoms, and increased rates of MDD remission relative to prison TAU alone. Effects on hopelessness were particularly strong. Cost per patient was $2,054 including costs for IPT training and supervision or $575 without these costs. For providers running their second or subsequent IPT group, cost per additional week in remission from MDD (relative to TAU alone) was $524 ($148 excluding training and supervision costs, which would not be needed for established programs). Conclusions: IPT is effective and cost-effective and we recommend its use for MDD among prisoners. It is currently the only treatment for MDD evaluated among incarcerated individuals. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Time-varying moderation of treatment outcomes by illness duration and comorbid depression in generalized anxiety disorder.

Authors: Newman, Michelle G.; Shin, Ki Eun; Lanza, Stephanie T.;

Source: Journal of Consulting and Clinical Psychology Publisher: American Psychological Association; [Journal Article]

Abstract: Objective: To extend the sparse literature on moderators, we used time-varying effect modeling (TVEM; Tan, Shiyko, Li, Li, & Dierker, 2012) to examine how depressive symptoms and duration of generalized anxiety disorder (GAD) moderated effects of 3 treatments for GAD (applied relaxation [AR], cognitive–behavioral therapy [CBT], and nondirective therapy [ND]) over time using intensive repeated measures. Method: In a secondary analysis of Borkovec and Costello (1993), 66 GAD clients were randomly assigned to AR (n = 23), CBT (n = 23), or ND (n = 20). Clients received 12 therapy sessions over 6 weeks, and after 2 weeks of posttreatment assessment, had 2 additional weekly fading sessions. They completed thrice daily anxiety ratings during this 10-week period. GAD duration (Anxiety Disorders Interview Schedule–Revised) and depressive symptoms (Hamilton Depression Rating Scale) were assessed at baseline. Results: Longer GAD duration predicted less anxiety reduction in CBT and ND relative to AR. These effects were pronounced in the later phase of treatment, suggesting benefits of focused relaxation practice for clients with longer duration. Higher depression predicted better response to CBT than AR and ND. The moderation effects were also more noticeable in the later phase. In multilevel analyses, a similar moderation pattern held at 1-year follow-up on clinician-rated measures. Conclusion: GAD clients with long-standing symptoms may benefit more from repeatedly practicing fewer skills than learning multiple skills. On the other hand, clients with comorbid depression may respond better to CBT than AR, perhaps because CBT includes cognitive interventions that can generalize to depression. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title: Effectiveness and application of an online leadership intervention to promote mental health and reduce depression-related stigma in organizations.

Authors: Shann, Clare; Martin, Angela; Chester, Andrea; Ruddock, Scott;


Abstract: Addressing the stigma of mental illness and its effect in the workplace is a contemporary issue in occupational health. The role of leaders is a vital but relatively unexplored dimension of this phenomenon. This study examined the effectiveness and application of an online intervention to reduce depression-related stigma in organizational leaders. A randomized controlled, 'in the field' study was conducted with 196 leaders. Participants completed an online survey and were randomly assigned to either the experimental or wait-list control group. One week later, participants in the experimental group were given access to a brief online workplace mental health intervention and asked to complete a postsurvey, whereas the control group had to only complete the online postsurvey. Six months later, participants completed a follow-up online survey. Results revealed significant reductions in behavioral and affective depression-related stigma scores among leaders who completed the intervention, compared with the control group. These reductions were similar at 6 months. The factors that enabled or hindered training transfer from the intervention were examined through semistructured interviews with 16 of the participating leaders. Results showed that positive attitudes and high levels of knowledge are not sufficient to ensure leaders apply intervention learning in their work environments. Factors including the nature of the work environment, the collective readiness and capability of the organization to address these issues, the attitudes of others at work, and the broader political context affected the application of learning from the intervention. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Recognizing the hurt: Prevalence and correlates of elevated PTSD symptoms among adolescents receiving mental/behavioral health services in primary care.

Authors: Selwyn, Candice N.; Schneider, Mallory; Anderson, Caitlin; Langhinrichsen-Rohling, Jennifer;


Abstract: Youth are commonly exposed to potentially traumatic events (PTEs). Following exposure, approximately 25% develop persistent mental and behavioral health (M/BH) symptoms, yet many go untreated or are misdiagnosed and suffer adverse outcomes. Primary care is an ideal setting for detection of trauma-related symptoms. The current article uses archival data to (1) examine the prevalence of posttraumatic stress symptoms that are unlikely, possible, and likely to meet diagnostic criteria for posttraumatic stress disorder (PTSD) and the M/BH and physical health concerns that co-occur with PTSD symptoms among adolescents (n = 133, mean age = 15.1 years, 67% female, 60% White) referred for brief, integrated M/BH services within primary care and (2) identify the prevalence of referred adolescents with elevated symptoms of PTSD that would not be identified for services by traditional depression screening. M/BH providers assessed referred patients for PTSD, M/BH, and physical health symptoms as a routine part of services. Fifty-eight percent screened positive for PTSD (PTSD-possible or PTSD-likely range). The subset of adolescents in the PTSD-likely range (29%) reported significantly greater stress, depression, anxiety, anger, and externalizing symptoms than those categorized as PTSD-possible or PTSD-unlikely. Adolescents in the PTSD-possible or PTSD-unlikely ranges did not differ on any M/BH variables; PTSD groups' physical health did not differ. Of note, 15% of adolescents reporting symptoms likely to meet PTSD criteria did not report elevated depressive symptoms and would have been overlooked by depression screening alone. Given the prevalence of PTEs among M/BH patients, trauma-informed care is necessary for quality patient care. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Title: Passing on the half-empty glass: A transgenerational study of interpretation biases in children at risk for depression and their parents with depression.

Authors: Sfärlea, Anca; Löchner, Johanna; Neumüller, Jakob; Asperud Thomsen, Laura; Starman, Kornelija; Salemink, Elske; Schulte-Körne, Gerd; Platt, Belinda;


Abstract: Children of parents with a history of depression have an increased risk of developing depression themselves. The present study investigated the role of interpretation biases (that have been found in adults and adolescents with depression but have rarely been examined in at-risk youth) in the transgenerational transmission of depression risk. Interpretation biases were assessed with two experimental tasks: Ambiguous Scenarios Task (AST) and Scrambled Sentences Task (SST) in 9–14-year-old children of parents with a history of depression (high risk; n = 43) in comparison to children of parents with no history of mental disorders (low risk; n = 35). Interpretation biases were also compared between the two groups of parents and relationships between children’s and parents’ bias scores were examined. As expected, we found more negative interpretation biases in high-risk children compared to low-risk children as well as in parents with a history of depression compared to never-depressed parents (assessed via the SST but not the AST). However, transgenerational correlations were only found for the AST. Our results indicate that negative interpretation biases are present in youth at risk for depression, possibly representing a cognitive vulnerability for the development of depression. Moreover, different measures of interpretation bias seemed to capture different aspects of biased processing with the more implicit measure (SST) being a more valid indicator of depressive processing. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title: The attenuating effect of depression symptoms on negative-affect expression: Individual and group effects in group psychotherapy for personality disorders.

Authors: Cox, Daniel W.; Kealy, David; Kahn, Jeffrey H.; Wojcik, Katharine D.; Joyce, Anthony S.; Ogrodniczuk, John S.;

Source: Journal of Counseling Psychology Publisher: American Psychological Association; [Journal Article]

Abstract: Across a breadth of psychotherapeutic approaches, feeling affect intensely and then talking about those feelings is a common means for increasing insight and other desired outcomes. While several naturalistic and laboratory studies have found that depression symptoms attenuate (i.e., weaken) the association between negative-affect intensity and negative-affect expression, depression’s attenuating effect has not been examined in a psychotherapeutic context. The first aim of the present study was to examine if depression symptoms’ attenuating effect on the association between negative-affect intensity and negative-affect expression extended into group psychotherapy. Our second aim was to examine group effects on patients' negative-affect expression. Participants (N = 239) were patients consecutively admitted into a psychodynamic group-psychotherapy day treatment program for people with personality disorders. Patients indicated their negative-affect intensity and negative-affect expression each week that they were in treatment. Depression symptoms were assessed at baseline. Results indicated that depression symptoms attenuated (i.e., moderated) the association between negative-affect intensity and negative-affect expression. Further, while the association between patient intensity and expression increased over the course of treatment, the moderating effect of depression on this association did not vary over treatment. Regarding group effects, group negative-affect intensity was associated with higher levels of patient negative-affect expression. Inversely, group affect expression was associated with lower levels of patient affect expression. Patient depression symptoms did not moderate the association between group negative-affect intensity and patient negative-affect expression. Our findings indicate that
while group affect intensity and affect expression impacts patients’ expression, depression’s attenuating effect on negative-affect expression extends to patient effects but not group effects. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Teaching behavior and emerging adults’ depressive symptoms: Effect of perceived observer-model similarity.
Authors:
Pössel, Patrick; Smith, Rosamond J.;
Source:
Abstract:
Depression rates increase from 2% during childhood, to 22–27% during adolescence, and 50% during college. Previous studies showed an association between teaching behavior and students’ depressive symptoms; however, no research has examined whether all schoolteachers are equally influential in this relation. Social cognitive theory states that an observer’s perceived similarity to a model increases the observer’s ability to learn from that model. Thus, we hypothesized that the association between teaching behavior and students’ depressive symptoms would be strongest with schoolteachers that students perceived as most similar to them. In a retrospective study, a sample of 330 college freshmen aged 18 to 20 (M = 18.31; 56.7% female; 76.7% identifying as White, 9.7% as Black, 4.5% Asian American, 4.5% Latino/a, 3.9% Biracial, and 0.6% not providing information regarding race) completed the Teaching Behavior Questionnaire (TBQ) for the schoolteacher from throughout their schooling whom they perceived to be either most similar or least similar to themselves, and the Center for Epidemiological Studies — Depression Scale (CES-D). As predicted, path analyses showed that instructional (p < 0.01), organizational (p < 0.01), and socio-emotional teaching behaviors (p < 0.05) of the most similar schoolteachers were significantly related to students’ depressive symptoms, while these teaching behaviors from least similar schoolteachers were not. Conversely, negative teaching behavior was associated with depressive symptoms independent of teachers’ perceived similarity (p < 0.05). Future longitudinal and experimental studies are needed to replicate our findings. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Electrophysiological characteristics in depressive personality disorder: An event-related potential study.
Authors:
Yu, Hong-Hua; Gu, Si-meng; Yao, Fang-Min; Wang, Zhi-Ren; Fu, Wen-Qing;
Source:
Abstract:
This study aimed to investigate the neurophysiological characteristics of young people with depressive personality disorder using event-related potentials (ERP). To explore the effects of visual-emotional words on ERP, mainly N350, we recruited 19 individuals with a depressive personality disorder and 10 healthy controls. ERP were recorded while the subjects took decisions on target words that were classified into three categories: emotionally positive, negative, and neutral. The ERP signals were then separately averaged according to the subjects’ classifications. Data analysis showed that the amplitude of N350 was larger in response to positive and negative words than to neutral words. The latency of N350 was longer in negative words, in contrast with positive and neutral words. However, no difference was found between the two groups. These results suggest that neurophysiological characteristics of young people with a depressive personality disorder in visual-emotional word processing have not yet been influenced by their personality traits. To some extent, N350 reflected semantic processes and was not sensitive to participants’ mood state. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title:
Creative arts interventions to address depression in older adults: A systematic review of outcomes, processes, and mechanisms.

Authors:
Dunphy, Kim; Baker, Felicity A.; Dumaresq, Ella; Carroll-Haskins, Katrina; Eickholt, Jasmin; Ercole, Maya; Kaimal, Girija; Meyer, Kirsten; Sajnani, Nisha; Shamir, Opher Y.; Wosch, Thomas;

Source:

Abstract:
Depression experienced by older adults is proving an increasing global health burden, with rates generally 7% and as high as 27% in the USA. This is likely to significantly increase in coming years as the number and proportion of older adults in the population rises all around the world. Therefore, it is imperative that the effectiveness of approaches to the prevention and treatment of depression are understood. Creative arts interventions, including art, dance movement, drama, and music modalities, are utilized internationally to target depression and depressive symptoms in older adults. This includes interventions led by trained arts therapists as well as other health and arts professionals. However, to date there has not been a systematic review that reports effects and examines the processes (why) and mechanisms (how) of creative arts interventions are used to address depression in this older age group. This systematic review of studies on creative arts interventions for older adults experiencing depression examined: outcomes of four creative arts modalities (art, dance movement, drama, and music); with particular attention paid to processes documented as contributing to change in each modality; and mechanisms considered to result from these processes. Our analysis of 75 articles (17 art, 13 dance, 4 drama, and 41 music) indicates mostly significant quantitative or positive qualitative findings, particularly for interventions led by creative arts therapists. Mechanisms of change gleaned from the studies that were common across modalities include physical (e.g., increased muscle strength; neurochemical effects, such as endorphin release), intra-personal (e.g., enhanced self-concept, strengthened agency and mastery; processing and communication of emotions), cultural (e.g., creative expression, aesthetic pleasure), cognitive (e.g., stimulation of memory), and social (e.g., increased social skills and connection), that were all considered to contribute to reduced depression and symptoms. Recommendations for future research includes stronger focus on testing of processes and mechanisms. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Who has low health literacy and does it matter for depression? Findings from aggregated and disaggregated racial/ethnic groups.

Authors:
Zhou, Anne Q.; Lee, Hee Yun; Lee, Richard M.;

Source:

Abstract:
Objectives: Health literacy is an important factor related to health outcomes and, ultimately, health disparities. Of the research that has been done, results have been mixed, which may be a reflection of how previous research primarily explored these relationships within aggregated groups. Thus, the present study sought to fill this gap in literature by exploring the relationships between determinants, health literacy, and depression within both aggregated and disaggregated groups. Method: Data from the 2007 California Health Interview Survey (CHIS) was used, which included information collected from 51,048 adult participants. A model of the determinants of health, health literacy, and depression was constructed based on Andersen’s Model of Health Utilization and fit within both an aggregated ethnic/racial and immigration status group, as well as within disaggregated groups. Results: Results indicated that when comparing ethnic/racial groups, Latinx and AAPI groups had the lowest levels of health literacy. When comparing nativity groups, immigrants had lower health literacy levels than U.S.-born. Finally when looking at disaggregated groups, Latinx and AAPI immigrants had the lowest health literacy levels among all groups. Furthermore, health literacy determinants as well as the relationship between health literacy and depression differed depending on group demographics. Conclusions: This suggests that aggregated
data analyses may obscure nuanced within-group differences, highlighting the importance of exploring health literacy within disaggregated groups. The results can be used to help inform the development of intervention or prevention-based programs that seek to improve health literacy and depression. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Motor skills and internalizing problems throughout development: An integrative research review and update of the environmental stress hypothesis research.

Authors:
Mancini, Vincent; Rigoli, Daniela; Roberts, Lynne; Piek, Jan;

Source:
Research in Developmental Disabilities, Vol 84, Jan, 2019 pp. 96-111. Publisher: Elsevier Science;

Abstract:
Background: The Environmental Stress Hypothesis provides a conceptual framework detailing the complex relationship between poor motor skills and internalizing problems. Aims: This integrative research aimed to synthesize studies that have evaluated complex pathways posited in the framework. Method: This study followed the four stages of an integrative research review: (i) problem formation and research aims, (ii) literature search and data collection, (iii) data evaluation and analysis, and (iv) results and discussion. Outcomes and Results: Twelve peer-reviewed, English language studies published within 2010–2018 were identified. These used mostly cross-sectional, correlational methods and provided varying levels of support for relationships posited in the framework in samples spanning early childhood to adulthood. Compared to intrapersonal factors (e.g., self-esteem/ perceived competence), interpersonal factors (e.g., social support, peer problems) were found to more strongly and consistently mediate the relationship between motor skills and internalizing problems. Conclusions and Implications: There is growing empirical support for many of the Environmental Stress Hypothesis pathways. However, research to date is limited in the ability to establish causal relationships between variables, which is integral to the Environmental Stress Hypothesis. Intervention studies provide a useful type of experimental research that could establish causality between variables, while working to improve the physical and psychosocial functioning of people with poor motor skills. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Motor coordination problems and psychological distress in young adults: A test of the Environmental Stress Hypothesis.

Authors:
Li, Yao-Chuen; Kwan, Matthew Y. W.; Cairney, John;

Source:
Research in Developmental Disabilities, Vol 84, Jan, 2019 pp. 112-121. Publisher: Elsevier Science;

Abstract:
Background and aims: The Environmental Stress Hypothesis (ESH) has been used to examine how the relationship between poor motor coordination and psychological distress is affected by physical health and psychosocial factors. However, work applying the ESH is still limited, and no studies have used this framework with adults. The current investigation aims to examine the association between motor coordination and psychological distress among emerging adults, and examine potential mediators to this relationship based on the ESH. Methods: 225 young adults aged 17–23 years completed a survey of motor coordination, physical activity, secondary stressors (i.e., general stress and global relationships), perceived social support, self-concept, and psychological distress. Structural equation modeling was conducted to examine mediating pathways and overall model fit. Results: The final model of the ESH showed good model fit ($\chi^2 = 83.24, p < .01$; RMSEA = 0.056; NNFI = 0.927; CFI = 0.954; GFI = 0.947), and indicated that the relationship between poor motor coordination and psychological distress was mediated by secondary stressors, perceived social support, and self-concept. Conclusions: This study highlights the effect of poor motor coordination on psychological distress in young adults, and suggests that interventions should target psychosocial well-being, in addition to motor coordination, to prevent psychological distress. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Within-network connectivity in the salience network after attention bias modification training in residual depression: Report from a preregistered clinical trial.

Hilland, Eva; Landrø, Nils I.; Harmer, Catherine J.; Maglanoc, Luigi A.; Jonassen, Rune;


Alterations in resting state networks (RSNs) are associated with emotional- and attentional control difficulties in depressed individuals. Attentional bias modification (ABM) training may lead to more adaptive emotional processing in depression, but little is known about the neural underpinnings associated with ABM. In the current study a sample of 134 previously depressed individuals were randomized into 14 days of computerized ABM- or a closely matched placebo training regime followed by a resting state magnetic resonance imaging (MRI) scan. Using independent component analysis (ICA) we examined within-network connectivity in three major RSN’s, the default mode network (DMN), the salience network (SN) and the central executive network (CEN) after 2 weeks of ABM training. We found a significant difference between the training groups within the SN, but no difference within the DMN or CEN. Moreover, a significant symptom improvement was observed in the ABM group after training. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Differentiation of transformed bipolar disorder from unipolar depression by resting-state functional connectivity within reward circuit.

Shi, Jiabo; Geng, Jiting; Yan, Rui; Liu, Xiaoxue; Chen, Yu; Zhu, Rongxin; Wang, Xinyi; Shao, Junneng; Bi, Kun; Xiao, Ming; Yao, Zhijian; Lu, Qing;


Previous studies have found that neural functional abnormalities detected by functional magnetic resonance imaging (fMRI) in brain regions implicated in reward processing during reward tasks show promise to distinguish bipolar from unipolar depression (UD), but little is known regarding resting-state functional connectivity (rsFC) within the reward circuit. In this study, we investigated neurobiomarkers for early recognition of bipolar disorder (BD) by retrospectively comparing rsFC within the reward circuit between UD and depressed BD. Sixty-six depressed patients were enrolled, none of whom had ever experienced any manic/hypomanic episodes before baseline. Simultaneously, 40 matched healthy controls (HC) were also recruited. Neuroimaging data of each participant were obtained from resting-state fMRI scans. Some patients began to manifest bipolar disorder (tBD) during the follow-up period. All patients were retrospectively divided into two groups (33 tBD and 33 UD) according to the presence or absence of mania/hypomania in the follow-up. rsFC between key regions of the reward circuit was calculated and compared among groups. Results showed decreased rsFC between the left ventral tegmental area (VTA) and left ventral striatum (VS) in the tBD group compared with the UD group, which showed good accuracy in predicting diagnosis (tBD vs. UD) according to receiver operating characteristic (ROC) analysis. No significant different rsFC was found within the reward circuit between any patient group and HC. Our preliminary findings indicated that bipolar disorder, in early depressive stages before onset of mania/hypomania attacks, already differs from UD in the reward circuit of VTA-VS functional synchronicity at the resting state. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

The 'Clinician's illusion' and the epidemiology, diagnosis and treatment of depressive disorders.
Authors: Patten, Scott B.;
Abstract: Background: Depression often occurs in association with stressful events. However, people with depressive disorders may experience episodes in response to minor stressors or 'out of the blue.' Similar episodes can occur in people who do not have a disorder in response to severe events. This plurality of symptom patterns, occurring as it does in the absence of precise demarcation from normality has led to controversy over how depressive disorders should be defined, how common they are, and when treatment should be offered. Much of the controversy, however, may be illusory, arising from a tendency to view depressive disorders as defects or disease processes (the 'clinician’s illusion'). Avoiding the illusion involves understanding depression as a defense rather than a defect and requires consideration of aspects of signal detection theory and the associated 'smoke detector' principle. This perspective may help to understand aspects of depressive disorders that are otherwise puzzling and controversial.
Methods: In this paper, implications of signal detection theory and the 'smoke detector principle' are explored: (1) conceptually, (2) using calculations performed in a spreadsheet and (3) using an agent-based model. Depressive episodes are conceptualized or represented as all-or-nothing phenomena activated in response to stressful life events. These events occur in an environment that also includes variable levels of baseline stress, creating a signal detection problem. The agent-based framework allows interaction with the environment as agents attempt to achieve an ideal level of adaptation. Results: The smoke detector principle, if valid, may explain otherwise puzzling and controversial features of the depressive disorders, such as their lack of precise demarcation from normality, the role of life events and stressors and their patterns of prevalence. Conclusions: Signal detection concepts help to avoid the 'clinician's illusion' in which aspects of functioning of the body’s defenses are mistaken for a disease entity or defect. These principles emphasize inevitable difficulties that are encountered in attempts to conceptualize depressive disorders without reference to the environment in which they occur, and without addressing possible stochastic (randomly varying) elements. Because of the 'clinicians illusion', current research priorities, as well as diagnosis and treatment strategies, may be flawed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Validation of the Edinburgh Postnatal Depression Scale against both DSM-5 and ICD-10 diagnostic criteria for depression.
Authors: Smith-Nielsen, Johanne; Matthey, Stephen; Lange, Theis; Væver, Mette Skovgaard;
Abstract: Background: The Edinburgh Postnatal Depression Scale (EPDS) is widely used in many countries to screen women for depression in the perinatal period. However, across studies the psychometric properties and cutoff scores of the EPDS have varied considerably; potentially due to different depression criteria and diagnostic systems being used. Therefore, we validated the Danish EPDS against a depression diagnosis according to both DSM-5 and ICD-10. Furthermore, we examined whether the Danish EPDS is multidimensional, as it has previously been suggested. Methods: Women (N = 324) were recruited after routine screenings with the EPDS between 2 and 10 months postpartum (T1). At a subsequent home visit (T2), the EPDS and the Structured Clinical Interview for DSM-5 were administered. Diagnostic interviews were audio recorded to enable subsequent coding for ICD-10 diagnoses and inter-rater reliability analysis. A two-phase stratified sampling strategy with three sampling categories (EPDS-score at T1) was used. Using the distribution of 4931 T1 EPDS-scores from the same population from which we sampled the participants, we used sampling weighing to reweight the sample. The calculation of weights was based upon the mother’s sampling category at T1 (i.e. the probability of being sampled) and the weights were applied when assessing the receiver operation characteristics (ROCs) of the EPDS. Sensitivity, specificity, positive predictive value, negative predictive value and area under the ROC curve were computed from the reweighted data for all relevant cutoff values. CIs were computed by embedding the calculations in a weighted logistic regression. Exploratory factor analysis was done using oblique rotation. Parallel analysis was used to assess the number of factors. Results: A score of 11 or more was found to be the optimal
cutoff for depression according to both DSM-5 and ICD-10 criteria. Factor analysis suggested that the Danish EPDS consists of three factors, including an 'anxiety factor'. Conclusions: The Danish EPDS has reasonable sensitivity and specificity at a cutoff score of 11 or more. There are no notable differences with respect to using ICD-10 or DSM-5 criteria for depression in terms of optimal cutoff. The variation in cutoff scores is likely to be due to cultural variations in the expression of depressive symptoms. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
One-year follow-up of a randomized trial with a dilemma-focused intervention for depression: Exploring an alternative to problem-oriented strategies.

Authors:
Feixas, Guillem; Paz, Clara; García-Grau, Eugeni; Montesano, Adrián; Medina, Joan C.; Bados, Arturo; Trujillo, Adriana; Ortiz, Eliana; Compañ, Victoria; Salla, Marta; Aguilera, Mari; Guasch, Víctor; Codina, Jordi; Winter, David A.;

Source:
PLoS ONE, Vol 13(12), Dec 13, 2018 ArtID: e0208245. Publisher: Public Library of Science; [Journal Article]

Abstract:
Background: Cognitive behavioural therapy (CBT) is aimed to counteract cognitions and behaviours that are considered as dysfunctional. The aim of the study is to test whether the inclusion of a non-counteractive approach (dilemma-focused intervention, DFI) in combination with CBT group therapy will yield better short- and long-term outcomes than an intervention conducted entirely using CBT. Method: A total of 128 patients with depression and at least one cognitive conflict, of six health community centres in Barcelona, participated from November of 2011 to December of 2014 in seven weekly group CBT sessions and were then randomly allocated to either DFI or CBT (eight individual sessions each) by an independent researcher. Depressive symptoms were assessed with the Beck Depression Inventory-II at baseline, at the end of therapy and three- and twelve-month follow-ups. Therapists did not participate in any of the assessments nor in the randomisation of patients and evaluators were masked to group assignment. Both intention to treat and complete case analyses were performed using linear mixed models with random effects. Findings: According to intention-to-treat analysis (F2, 179 = 0.69) and complete case analysis (F2, 146 = 0.88), both conditions similarly reduced the severity of symptoms across posttreatment assessments. For the 77 participants (CBTgroup + CBTindividual = 40; CBTgroup DFIindividual = 37) that completed allocated treatment and one-year follow-up assessment, response and remission rates were relative higher for the DFI condition, however no significant differences were found between treatment conditions. The relapse rates were similar between treatment conditions (CBTgroup + CBTindividual = 7/20; CBTgroup + DFIindividual = 8/22). Interpretation: Although using a counteractive approach across all the treatment sessions is quite effective, it does not seem to be necessary to produce significant improvement. DFI may be considered as an alternative, which could be included in a wider treatment for depression. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


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Title: Antipsychotic drugs and risk of newly diagnosed tuberculosis in schizophrenia.

Authors: Liu, Hsing-Cheng; Hung, Galen Chin-Lun; Yang, Shu-Yu; Liao, Ya-Tang; Pan, Chun-Hung; Chen, Chiao-Chicy; Kuo, Chian-Jue;


Abstract:
Aim: Patients with schizophrenia have a higher incidence of tuberculosis than do people in the general population. Information is limited regarding the association between antipsychotic agents and the risk of tuberculosis in patients with schizophrenia. This exploratory study assessed the risk of tuberculosis among patients with schizophrenia on antipsychotic therapy. Methods: Among a nationwide schizophrenia cohort derived from the National Health Insurance Research Database in Taiwan (n = 32 399), we identified 284 patients who had developed newly diagnosed tuberculosis after their first psychiatric admission. Ten or fewer matched controls were selected randomly from the cohort for each patient based on risk-set sampling. We categorized exposure to antipsychotic medications by type and defined daily dose. Using multivariate methods, we explored individual antipsychotic agents for the risk of tuberculosis and employed a propensity-scoring method in sensitivity analyses to validate any associations. Results: Among the antipsychotic agents studied and after adjustment for covariates, current use of clozapine was the only antipsychotic agent associated with a 63% increased risk of tuberculosis (adjusted risk ratio = 1.63, P = 0.014). In addition, the association did not show a clear dose-dependent relationship. Clozapine combined with other antipsychotic agents showed a potential synergistic risk for tuberculosis (adjusted risk ratio = 2.30, P = 0.044). Conclusion: This exploratory study suggests the potential risk of clozapine on the risk of tuberculosis, especially for those on clozapine in combination with other antipsychotics. Future studies are needed to verify the association. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Amisulpride and olanzapine followed by open-label treatment with clozapine in first-episode schizophrenia and schizophreniform disorder (OPTiMiSE): A three-phase switching study.

Authors: Kahn, René S.; van Rossum, Inge Winter; Leucht, Stefan; McGuire, Philip; Lewis, Shon W.; Leboyer, Marion; Arango, Celso; Dazzan, Paola; Drake, Richard; Heres, Stephan; Díaz-Caneda, Covadonga M.; Rujescu, Dan; Weiser, Mark; Galderisi, Silvana; Glenthøj, Birte; Eijkemans, Marinus J. C.; Fleischhacker, W. Wolfgang; Kapur, Shilji; Sommer, Iris E.; OPTiMiSE study group;


Abstract:
Background: No established treatment algorithm exists for patients with schizophrenia. Whether switching antipsychotics or early use of clozapine improves outcome in (first-episode) schizophrenia is unknown. Methods: This three-phase study was done in 27 centres, consisting of general hospitals and psychiatric specialty clinics, in 14 European countries and Israel. Patients aged 18–40 years who met criteria of the DSM-IV for schizophrenia, schizophreniform disorder, or schizoaffective disorder were treated for 4 weeks with up to 800 mg/day amisulpride orally in an open-label design (phase 1). Patients who did not meet symptomatic remission criteria at 4 weeks were randomly assigned to continue amisulpride or switch to olanzapine (≤ 20 mg/day) during a 6-week double-blind phase, with patients and staff masked to treatment allocation (phase 2). Randomisation was done online by a randomisation website; the application implemented stratification by site and sex, and applied the minimisation method for randomisation. Patients who were not in remission at 10 weeks were given clozapine (≤ 900 mg/day) for an additional 12 weeks in an open-label design (phase 3). The primary outcome was the number of patients who achieved symptomatic remission at the final visits of phases 1, 2, and 3, measured by intention-to-treat analysis. Data were analysed with a generalised linear mixed model, with a logistic link and binomial error distribution. This trial is registered with ClinicalTrials.gov, number NCT01248195, and closed to accrual.
Findings: Between May 26, 2011, and May 15, 2016, we recruited 481 participants who signed informed consent. Of the 446 patients in the intention-to-treat sample, 371 (83%) completed open-label amisulpride treatment, and 250 (56%) achieved remission after phase 1. 93 patients who were not in remission continued to the 6-week double-blind switching trial, with 72 (77%) patients completing the trial (39 on olanzapine and 33 on amisulpride); 15 (45%) patients on amisulpride versus 17 (44%) on olanzapine achieved remission (p = 0.87). Of the 40 patients who were not in remission after 10 weeks of treatment, 28 (70%) started on clozapine; 18 (64%) patients completed the 12-week treatment, and five (28%) achieved remission. The number of serious adverse events did not differ between the treatment arms in phase 2: one patient on olanzapine was admitted to hospital because of an epileptic seizure, and one patient on amisulpride was admitted to hospital twice because of exacerbations of psychotic symptoms. Over the course of the trial, two serious suicide attempts were reported. Interpretation: For most patients in the early stages of schizophrenia, symptomatic remission can be achieved using a simple treatment algorithm comprising the sequential administration of amisulpride and clozapine. Since switching to olanzapine did not improve outcome, clozapine should be used after patients fail a single antipsychotic trial—not until two antipsychotics have been tried, as is the current recommendation. Funding: European Commission Seventh Framework Program. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Effects of N-acetylcysteine on brain glutamate levels and resting perfusion in schizophrenia.
Authors: McQueen, Grant; Lally, John; Collier, Tracy; Zelaya, Fernando; Lythgoe, David J.; Barker, Gareth J.; Stone, James M.; McGuire, Philip; MacCabe, James H.; Egerton, Alice;
Abstract
Rationale: N-Acetylcysteine (NAC) is currently under investigation as an adjunctive treatment for schizophrenia. The therapeutic potential of NAC may involve modulation of brain glutamate function, but its effects on brain glutamate levels in schizophrenia have not been evaluated. Objectives: The aim of this study was to examine whether a single dose of NAC can alter brain glutamate levels. A secondary aim was to characterise its effects on regional brain perfusion. Methods: In a double-blind placebo-controlled crossover study, 19 patients with a diagnosis of schizophrenia underwent two MRI scans, following oral administration of 2400 mg NAC or matching placebo. Proton magnetic resonance spectroscopy was used to investigate the effect of NAC on glutamate and Glx (glutamate plus glutamine) levels scaled to creatine (Cr) in the anterior cingulate cortex (ACC) and in the right caudate nucleus. Pulsed continuous arterial spin labelling was used to assess the effects of NAC on resting cerebral blood flow (rCBF) in the same regions. Results: Relative to the placebo condition, the NAC condition was associated with lower levels of Glx/Cr, in the ACC (P < 0.05), but not in the caudate nucleus. There were no significant differences in CBF in the NAC compared to placebo condition. Conclusions: These data provide preliminary evidence that NAC can modulate ACC glutamate in patients with schizophrenia. In contrast, physiological effects of NAC on the brain were not detectable as between session changes in rCBF. Future studies assessing the effects of a course of treatment with NAC on glutamate metabolites in schizophrenia are indicated. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Visual expertise for print in schizophrenia: Analysis of the n170 component.
Authors: Curzietti, Maxime; Chaillou, Anne-Clémence; Bonnfonf, Anne; Vidailhet, Pierre; Doignon-Camus, Nadège;
Abstract
Reading deficits have been reported for patients suffering from schizophrenia namely, specific phonological processing deficits. Phonological processing skills are crucial in the learning-to-read process...
as they are necessary to develop visual expertise for print, which reflects the neural specialization for print. The present study is the first to test visual expertise for print in patients suffering from schizophrenia by measuring the N170 component. Patients and pair-matched healthy control participants performed a lexical decision task, in which words and symbols were presented. As expected, larger N170 amplitudes to word than to control stimuli were observed at the left occipito-temporal site PO7 but not at the PO8. More importantly, the modulation of the N170 as a function of the stimulus and hemisphere did not vary between patients and controls. This result suggests preserved visual expertise for print processing in patients suffering from schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Schizotypal personality traits and social cognition are associated with childhood trauma exposure.
Authors: Quidé, Yann; Cohen-Woods, Sarah; O'Reilly, Nicole; Carr, Vaughan J.; Elzinga, Bernet M.; Green, Melissa J.;
Abstract
Objectives: Childhood trauma is a common risk factor for adult psychiatric disorders, such as schizophrenia (SZ) and bipolar-I disorder (BD). However, its association with schizotypal personality traits, as well as cognitive and social cognitive abilities, is less well studied in these populations. Methods: In a cohort of 79 SZ cases, 84 BD cases, and 75 healthy controls (HCs), clinically significant levels of childhood trauma exposure (according to scores on the Childhood Trauma Questionnaire; CTQ) were evident in 54 SZ, 55 BD, and 26 HC individuals. Trauma-exposed and non-exposed groups were compared on schizotypal personality features (schizotypy) measured with the Schizotypal Personality Questionnaire (SPQ). Cognitive assessments included executive function, working memory, attention, and immediate and delayed memory. Social cognitive measures assessed facial emotion processing and theory-of-mind abilities. Results: Trauma-exposed participants showed higher levels of schizotypy, especially suspiciousness, relative to non-exposed individuals, regardless of clinical or HC status. Furthermore, trauma-exposed individuals showed deficits specifically in social cognitive, but not general cognitive abilities, regardless of clinical or HC status. These trauma-related results were found in the context of higher schizotypy levels in both SZ and BD relative to HC, and lower cognitive and social cognitive performance in SZ, relative to BD and HC groups. Conclusions: These findings suggest that childhood trauma exposure impacts long-term schizotypy outcomes, especially paranoid ideation (suspiciousness), as well as complex social cognitive abilities in both healthy and psychotic populations. However, cognitive deficits associated with psychotic illness may not be distinguishable from those related to trauma exposure in previous studies. Practitioner points: Findings: 1. Childhood trauma exposure is associated with increased schizotypal features (in particular paranoid ideation) and complex social cognitive abilities, independently of the diagnosis of psychotic disorder. 1. Cognitive and social cognitive deficits were larger in schizophrenia compared to bipolar-I cases and healthy controls, but increased schizotypal features were observed in both schizophrenia and bipolar-I disorder relative to healthy controls. Limitations: 1. We were unable to distinguish the specific effects of particular childhood trauma exposures due to the high rate of exposure to more than one type of maltreatment. 2. Retrospective assessment of childhood trauma in adulthood cannot be externally validated, and associations with behavioural traits in later life may be confounded by other factors not studied here. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: A meta-analysis of context integration deficits across the schizotypy spectrum using AX-CPT and DPX tasks.
Authors: Chun, Charlotte A.; Ciceron, Laurita; Kwapił, Thomas R.;
Source:
Schizotypy and schizophrenia involve disrupted context integration (CI), the ability to assimilate internal and external information into coherent mental representations. Research has primarily examined patients with schizophrenia, with fewer studies assessing CI in schizotypy-spectrum groups. The literature shows overall CI deficits, but mixed results for specific performance patterns and associations with clinical symptoms. Furthermore, conclusions are limited by small samples and heterogeneity across studies. To examine CI deficits across the schizotypy spectrum using AX-Continuous Performance Task (CPT) and Dot Pattern Expectancy task (DPX) performance. Systematic review involved searching 4 databases and 12 journals, examining key references, and contacting 227 researchers for published and unpublished data. Search terms included AX-CPT/DPX/dot pattern expectancy task/CNTRACs/context integration/context processing and schizo/prodromal/high risk/psychosis; context and ultra high risk. Independent data from studies with diagnostically or psychometrically assessed schizotypy-spectrum groups and AX-CPT/DPX tasks with 10+ trials and 60+% AX trials were included. Articles were independently coded by two authors using predefined coding schemes with good agreement. Meta-analyses pooled outcomes using random-effects models. Forty-one studies met inclusion criteria. CI impairment was present across the schizotypy spectrum. CI deficits in schizophrenia were substantial and associated with disorganized and negative symptoms. Outcomes were comparable between patients with chronic and first-episode schizophrenia. At-risk groups demonstrated moderate CI impairment. Results were robust across task parameters and there was no evidence that reporting biases grossly impacted outcomes. Findings lend support to theories suggesting that CI is a stable vulnerability factor for schizophrenia.


Title: Assessing social affiliative behavior: A comparison of in vivo and video tasks.
Authors: Garcia, Cristina P.; Catalano, Lauren T.; Dwyer, Kristen R.; McCarthy, Julie M.; Bennett, Melanie E.; Blanchard, Jack J.
Abstract
Social affiliation, or engagement in positive social interactions, is often profoundly impaired in individuals with schizophrenia. Valid measures of social affiliation are needed to understand these impairments and their symptom and functional correlates; however, such measures are limited and have not been validated. This pilot study evaluated one such measure—the video-based Social Affiliation Interaction Task (SAIT)—and a novel in vivo behavioral measure, the Affiliative Conversation Task (ACT). Twenty participants with schizophrenia or schizoaffective disorder (SZ) and 35 nonpsychiatric controls (CT) completed both tasks and measures of negative symptoms and functioning. We explored group differences in social affiliation skills; convergent validity between social affiliation skill ratings from the two tasks; and concurrent validity with social affiliation skill ratings, negative symptoms, and functioning. SZ evidenced lower affiliation skill ratings than CT on the video SAIT, but not on the ACT, and the tasks displayed moderate convergent validity for affiliation skill ratings. Less affiliation skill in the SAIT was correlated with more negative symptoms and less functioning in the SZ group with medium effects, though the results were not significant. Findings suggest that the SAIT may be more sensitive to individual differences in skill level. Future research should continue to examine the SAIT for use in measuring affiliation skills.


Title: Frequency specific resting state functional abnormalities in psychosis.
Authors: Gohel, Suril; Gallego, Juan A.; Robinson, Delbert G.; DeRosse, Pamela; Biswal, Bharat; Szewzko, Philip R.
Source:
Abstract

Resting state functional magnetic resonance imaging studies of psychosis have focused primarily on the amplitude of low-frequency fluctuations in the blood oxygen level dependent (BOLD) signal ranging from .01 to 0.1 Hz. Few studies, however, have investigated the amplitude of frequency fluctuations within discrete frequency bands and higher than 0.1 Hz in patients with psychosis at different illness stages. We investigated BOLD signal within three frequency ranges including slow-4 (.027–0.073 Hz), slow-3 (.074–0.198 Hz) and slow-2 (0.199–0.25 Hz) in 89 patients with either first-episode or chronic psychosis and 119 healthy volunteers. We investigated the amplitude of frequency fluctuations within three frequency bands using 47 regions-of-interest placed within 14 known resting state networks derived using group independent component analysis. There were significant group x frequency interactions for the visual and motor cortex networks, with the largest significant group differences (patients < healthy volunteers) evident in slow-4 and slow-3, respectively. Also, healthy volunteers had an overall higher amplitude of frequency fluctuations compared to patients across the three frequency ranges in the visual cortex, dorsal attention and motor cortex networks with the opposite effect (patients > healthy volunteers) evident within the salience and frontal gyrus networks. Subsequent analyses indicated that these effects were evident in both first-episode and chronic patients. Our study provides new data regarding the importance of BOLD signal fluctuations within different frequency bands in the neurobiology of psychosis.

Title:
Sleep spindles and slow waves in schizophrenia and related disorders: Main findings, challenges and future perspectives.

Authors:
Castelnovo, Anna; Graziano, Bianca; Ferrarelli, Fabio; D'Agostino, Armando;

Source:

Abstract

Sleep abnormalities have recently gained renewed attention in patients diagnosed with schizophrenia. Disrupted thalamocortical brain oscillations hold promise as putative biomarkers or endophenotypes of the disorder. Despite an increase in studies related to sleep spindle and slow-wave activity, findings remain in part contradictory. Although sleep spindle deficits have been confirmed in several groups of patients with chronic, medicated schizophrenia, data on the early stages of the disorder and in unmedicated subjects are still insufficient. Findings on slow-wave abnormalities are largely inconclusive, possibly due to the different criteria employed to define the phenomenon and to the influence of atypical antipsychotics. In this review, we aim to address the methodological and practical issues that may have limited the consistency of findings across research groups and different patient populations. Given the neurobiological relevance of these oscillations, which reflect the integrity of thalamocortical and cortico-cortical function, research in this domain should be encouraged. To promote widespread consensus over the scientific and clinical implications of these sleep-related phenomena, we advocate uniform and sound methodological approaches. These should encompass electroencephalographic recording and analysis techniques but also selection criteria and characterization of clinical populations.

Title:
Comparison of original and revised reinforcement sensitivity theory in clinically-stable schizophrenia and bipolar disorder patients.

Authors:
Afshari, Behrooz; Rasouli-Azad, Morad; Ghoreishi, Fatemeh Sadat;

Source:
Personality and Individual Differences, Vol 139, Feb 1, 2019 pp. 321-327. Publisher: Elsevier Science;

Abstract
Introduction: The study of personality can help explicate the pathology of psychological disorders. To this end, our study compared the profile of factors from the original (o) and revised (r) reinforcement sensitivity theory (RST) of personality in schizophrenia (SC), bipolar disorder (BD) patients, both compared with healthy controls (HC). Method: 34 SC patients, 52 BD patients, and 72 matched HC completed: Yang Mania Rating Scale (YMRS), Positive and Negative Syndrome Scale (PANSS), Beck Depression Inventory (BDI), BAS/BIS scale, and the Jackson-5 scale. Data were analyzed by chi square, independent t-test, analysis of variance (ANOVA), and multivariate analysis of variance (MANOVA). Results: SC patients had lower o-BIS, r-BIS and o-BAS, and r-BAS scores than the BD and HC groups. Compared to HC, SC and BD patients had higher Freeze and Fight scores. Depression in SC was significantly higher than other two groups; and in BD it was higher than HC. Conclusion: SC, BD, and HC differ on both o-RST and r-RST; however, the more nuanced knowledge from r-RST may be helpful in the diagnosis, etiology and psychotherapy. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Polygenic risk score for schizophrenia and structural brain connectivity in older age: A longitudinal connectome and tractography study.
Abstract
Higher polygenic risk score for schizophrenia (szPGRS) has been associated with lower cognitive function and might be a predictor of decline in brain structure in apparently healthy populations. Age-related declines in structural brain connectivity—measured using white matter diffusion MRI—are evident from cross-sectional data. Yet, it remains unclear how graph theoretical metrics of the structural connectome change over time, and whether szPGRS is associated with differences in ageing-related changes in human brain connectivity. Here, we studied a large, relatively healthy, same-year-of-birth, older age cohort over a period of 3 years (age ∼ 73 years, N = 731; age ∼ 76 years, N = 488). From their brain scans we derived tract-averaged fractional anisotropy (FA) and mean diffusivity (MD), and network topology properties. We investigated the cross-sectional and longitudinal associations between these structural brain variables and szPGRS. Higher szPGRS showed significant associations with longitudinal increases in MD in the splenium (β = 0.132, pFDR = 0.040), arcuate (β = 0.291, pFDR = 0.040), anterior thalamic radiations (β = 0.215, pFDR = 0.040) and cingulum (β = 0.165, pFDR = 0.040). Significant declines over time were observed in graph theory metrics for FA-weighted networks, such as mean edge weight (β = -0.039, pFDR = 0.048) and strength (β = -0.027, pFDR = 0.048). No significant associations were found between szPGRS and graph theory metrics. These results are consistent with the hypothesis that szPGRS confers risk for ageing-related degradation of some aspects of structural connectivity. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Moving beyond summary scores: Decomposing free recall performance to understand episodic memory deficits in schizotypy.
Authors: Sahakyan, Lili; Kwapil, Thomas R.;
Abstract
Negative symptom schizophrenia and negative schizotypy are associated with deficits in episodic memory, which may reflect deficits in context processing. However, studies that rely on summary performance measures such as mean accuracy or latency are limited in the extent that they can examine processes underlying memory impairment. The present study decomposed free recall performance by
Examining serial position functions, first response probability, temporal contiguity effect, cumulative recall functions, and interresponse times in high-positive schizotypy, high-negative schizotypy, and control groups. The negative schizotypy group exhibited not only impaired overall free recall performance but also a pattern of deficits consistent with impaired context processing on the underlying measures. Specifically, the negative schizotypy group was less likely than the other groups to initiate recall with the first item in the list, suggesting impaired encoding or reinstatement of context, and also showed reduced temporal contiguity compared with the other groups, suggesting diminished temporal organization. The cumulative recall function indicated that the negative schizotypy group experienced disruptions in both the sampling and recovery stages of retrieval. Finally, the negative schizotypy group experienced greater slowing between the responses during retrieval, consistent with the finding of reduced temporal contiguity and indicating that it likely terminated memory search before the remaining groups. The positive schizotypy and control groups did not differ on any of the measures. The finding that context-processing deficits occur in both subclinical negative schizotypy and negative symptom schizophrenia suggests that they may represent core areas of impairment in the schizophrenia spectrum. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Contributions of olfactory and neuropsychological assessment to the diagnosis of first-episode schizophrenia.

Authors: Kamath, Vidyulata; Crawford, Jeffrey; DuBois, Samantha; Nucifora, Frederick C. Jr.; Nestadt, Gerald; Sawa, Akira; Schretlen, David;

Source: Neuropsychology Publisher: American Psychological Association; [Journal Article]

Abstract
Objective: First-episode schizophrenia and schizoaffective patients (SZ+) show olfactory impairments, but how these relate to cognitive dysfunction remains unclear. We examined the relationship between cognitive and olfactory dysfunction in SZ+ and the clinical utility of these measures in the assessment of SZ+ patients. Method: First-episode SZ+ patients (n = 63) and controls (n = 63) were administered tests of odor identification and discrimination in addition to measures of manual dexterity, processing speed, attention and working memory, executive functioning, ideational fluency, and memory. We analyzed the relationships between olfactory and cognitive variables and conducted stepwise multiple regressions to identify which cognitive indices best predicted olfactory performance within the SZ+ group. Linear discriminant analysis was used to identify which measures best distinguished cases from controls. Results: Among patients, odor discrimination correlated with perseverative errors and odor identification correlated with bilateral manual dexterity. Odor discrimination performance was best predicted by perseverative errors and letter fluency, whereas odor identification ability was best predicted by manual dexterity. Stepwise linear discriminant analysis revealed that manual dexterity, letter-guided word fluency, and odor discrimination best distinguished SZ+ from healthy adults. Conclusions: These findings indicate that manual dexterity, letter-guided word fluency, and odor discrimination may provide incremental information that strengthens a diagnosis of SZ+. Although odor discrimination tasks have received limited attention in schizophrenia studies, the extant data along with the present results indicate that odor discrimination tasks may have utility over odor identification measures as a neurodevelopmental risk marker. Additional studies examining odor discrimination as a predictor of SZ spectrum illness are warranted. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Patients with schizophrenia assessing psychiatrists’ communication skills.

Authors: Pestana-Santos, Adriana; Loureiro, Luís; Santos, Vitor; Carvalho, Irene;


Abstract
Communication plays a central role in mental health care. Yet, studies fail to address the adequacy of psychiatrists' communication according to patients' needs. We examined how patients with schizophrenia assess their psychiatrists' communication skills, inspecting the importance that these aspects have for patients. Thirty patients with schizophrenia filled the Communication Assessment Tool after the appointment with their psychiatrists. An external observer also rated the videotaped appointments using the same instrument. Patients' mean rating of their psychiatrists' communication was 4.28 (mean proportion of excellent, '5' scores, was 57.4%). 'Treated me with respect' received the highest mean, whereas 'Encouraged me to ask questions' received the lowest. The assessment by the external observer was concordant, though lower (mean = 3.39) than patients'. Psychiatrists' communication skills correlated positively with the importance that patients gave to the respective communication aspects (overall mean importance = 2.77). Main discrepancies were related with 'Understood my concerns' and 'Involved me in decisions'. Patients who were non-married, with higher education level and in medical treatment for less time gave significantly higher scores to psychiatrists' communication. Patients with schizophrenia consider clinical communication important and their psychiatrists' communication adequate. Room for improvement exists, namely regarding more elicitation of patients' health concerns and involvement in the encounter.


Title: Evaluating social skill in individuals with schizophrenia with the Brief Impression Questionnaire (BIQ).

Authors: Lanser, Isabelle; Browne, Julia; Pinkham, Amy E.; Harvey, Philip D.; Jarskog, L. Fredrik; Penn, David L.;


Abstract
Current social skill assessments for individuals with schizophrenia require extensive administration times, training, and coding procedures, thus limiting their clinical utility. The purpose of this study was to investigate the psychometric properties of the Brief Impression Questionnaire (BIQ), a novel measure designed to utilize immediate impression formation in the assessment of social skill in schizophrenia. An exploratory factor analysis of the BIQ was conducted, and relationships between the extracted factors and measures of social cognition and functioning were assessed. Additionally, we assessed differences on the BIQ between individuals with schizophrenia and control participants. Twenty-two research assistants at three sites rated participants using the BIQ (154 control participants and 218 individuals with schizophrenia). The results revealed identical one-factor structures for both participant groups. For both groups, the BIQ total score was positively associated with performance on social cognitive and everyday functioning assessments. Further, control participants were rated more positively on all BIQ items and received higher BIQ total scores. In the schizophrenia sample, BIQ scores predicted performance on social functioning assessments while controlling for symptom severity. These results indicate that impression formation may be a viable and efficient tool to measure aspects of social cognition and functioning in people with schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Contributions of executive functions components to affective and cognitive theory of mind in outpatients diagnosed with schizophrenia.

Authors: López-Navarro, Emilio;


Abstract
Aim was to use a well-established Executive Functions (EF) model to test if different EF domains predict performance in affective and cognitive Theory of Mind (ToM) in schizophrenia. Fifty-four outpatients diagnosed with DSM-IV-TR schizophrenia disorder were recruited. Assessment consisted in Trail Making Test Part B (TMTB) to assess Shifting, WAIS Backwards Digits to assess Updating, Stroop Test Non-congruent trials to assess Inhibition, Reading the Mind in the Eyes Test (RMET), and Hinting Test. Stroop Test Non-congruent predicted RMET scores, while TMT-B predicted Hinting Test scores. Findings
suggest that cognitive and affective ToM performance are associated to specific EF processes. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Modelling reaction time distribution of fast decision tasks in schizophrenia: Evidence for novel candidate endophenotypes.

**Authors:**
Fish, Simon; Toumaian, Maida; Pappa, Eleni; Davies, Timothy J.; Tanti, Ruth; Saville, Christopher W. N.; Theleritis, Christos; Economou, Marina; Klein, Christoph; Smyrnis, Nikolaos;

**Source:**

**Abstract**
Increased reaction time (RT) and variability of RT in fast decision tasks is observed in patients with schizophrenia and their first degree relatives. This study used modelling of the RT distribution with the aim of identifying novel candidate endophenotypes for schizophrenia. 20 patients with schizophrenia, 15 siblings of patients and 25 healthy controls performed an oddball task of varying working memory load. Increases in mean and standard deviation (SD) of RT were observed for both patients and siblings compared to controls and they were again independent of working memory load. Ex-Gaussian modelling of the RT distribution confirmed that parameters μ, σ and τ increased significantly in patients and siblings compared to controls. The Drift Diffusion Model was applied on RT distributions. A decrease in the diffusion drift rate (v) modeling the accumulation of evidence for reaching the decision to choose one stimulus over the other, was observed in patients and siblings compared to controls. The mean time of the non-decisional sensorimotor processes (t0) and it’s variance (st0) was also increased in patients and siblings compared to controls. In conclusion modeling of the RT distribution revealed novel potential cognitive endophenotypes in the quest of heritable risk factors for schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Sodium nitroprusside treatment for psychotic symptoms and cognitive deficits of schizophrenia: A randomized, double-blind, placebo-controlled trial.

**Authors:**
Wang, Xiujuan; Zhao, Jingyuan; Hu, Yunqing; Jiao, Zhiqiang; Lu, Yanli; Ding, Minli; Kou, Yanna; Li, Benliang; Meng, Fan cui; Zhao, Hongzu; Li, Hong; Li, Wenqiang; Yang, Yongfeng; Lv, Luxian;

**Source:**

**Abstract**
Schizophrenia presents with a broad range of negative, positive, and cognitive symptoms, and comprehensive treatment is still a challenge. Sodium nitroprusside (SNP) has been reported to rapidly reduce psychotic symptoms and improve cognitive functions in patients with schizophrenia, providing a new possible direction for treatment. In this study, we tested whether SNP can improve psychotic symptoms and cognitive function in schizophrenia patients with longer disease history. This was a randomized, double-blind, placebo-controlled trial conducted between May 2016 and April 2017. Forty-two schizophrenia patients aged 18–45 years were recruited from Henan Province Mental Hospital. Baseline psychiatric symptoms were measured using the Positive and Negative Syndrome Scale (PANSS), and baseline cognitive functions were measured using the Wechsler Adult Intelligence Scale. Patients received two SNP or placebo infusions (0.5 μg/kg per min for 4 h) at a one-week interval. We reassessed psychiatric symptoms and cognitive functions using the same tests shortly after the first and second infusions and 4 weeks after the second infusion. We did not find any significant effect of SNP over placebo on psychotic symptoms or cognitive functions, although SNP was relatively well tolerated with a good safety profile. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Sex differences in hedonic judgement of odors in schizophrenia cases and healthy controls.
Authors: Walsh-Messinger, Julie; Wong, Philip S.; Antonius, Daniel; McMahon, Kevin; Opler, Lewis A.; Ramirez, Paul Michael; Malaspina, Dolores;
Abstract
The neurocircuitries subserving affective and olfactory processes overlap, are sexually dimorphic, and show disruptions in schizophrenia, suggesting their intersection may be a window on the core process producing psychosis. This study investigated diagnostic and sex differences in hedonic judgments of odors and smell identification in 26 schizophrenia cases and 27 healthy controls. Associations between olfaction measures and psychiatric symptoms were also examined. Cases and controls had similar identification accuracy of unpleasant odors, but cases were significantly less accurate in naming pleasant odors. In cases, greater negative symptom severity was related to abnormal hedonic judgments; specifically, higher pleasantness ratings for unpleasant odors and higher unpleasantness ratings for pleasant odors. Greater positive symptom severity was associated with lower pleasantness ratings for neutral odors. Regarding sex differences, male cases and female controls rated pleasant odors as significantly more unpleasant than male controls. Correlations between depression severity and pleasantness ratings of neutral odors were in opposite directions in male and female cases. These results suggest that a normal sexual dimorphism in the circuitry for hedonic odor judgments may interact with schizophrenia pathology, supporting the utility of olfactory hedonics as a sex-specific biomarker of this pathology. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Disordered eating behaviors as a potential obesogenic factor in schizophrenia.
Authors: Kouidrat, Youssef; Amad, Ali; Stubbs, Brendon; Louhou, Rufin; Renard, Nathalie; Diouf, Momar; Lalau, Jean-Daniel; Loas, Gwenole;
Abstract
Whilst people with schizophrenia have high levels of obesity and metabolic disease, our understanding of their eating behaviors is still limited. Our aim was to evaluate the relationships between eating behavior and clinical data in schizophrenia. A cross-sectional study including 66 schizophrenia outpatients compared to 81 healthy controls was undertaken. Eating behavior was assessed using the shortened 21-item version of the Three-Factor Eating Questionnaire (TFEQ-R21). The patients had a mean of 44 ± 11 years; a mean BMI of 30.3 ± 8 kg/m² (vs. 24 ± 3.3 kg/m² for controls) and a mean duration of illness of 7.2 ± 6 years. All mean TFEQ scores were significantly higher in patients (indicating poorer eating behaviors) compared to controls after adjustment for age and sex, BMI and smoking status. Among patients, mean TFEQ scores were not significantly different between men and women samples. The 'cognitive restraint' factor was significantly higher in schizophrenia patients with a BMI < 25 than in the group of overweight patients with a BMI > 25. Our findings suggest that disordered eating behaviors affect schizophrenia patients regardless of gender or duration of disease compared to controls. More research is needed to help clarify the relationships between eating behaviors and weightrelated outcomes in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Evaluation of a few discrete clinical markers may predict categorization of actively symptomatic non-acute schizophrenia patients as treatment resistant or responders: A study by ROC curve analysis and multivariate analyses.
Authors:
Iasevoli, Felice; Avagliano, Camilla; Altavilla, Benedetta; Barone, Annarita; Ciccarelli, Mariateresa; D’Ambrosio, Luigi; Francesco, Danilo Notar; Razzino, Eugenio; Fornaro, Michele; de Bartolomeis, Andrea;

Abstract  
Here, we used Receiver Operating Characteristic (ROC) curve analysis to determine whether clinical factors may aid predicting the categorization of schizophrenia patients as Treatment Resistant (TRS) or antipsychotic responsive schizophrenia (ARS). Patients with an established condition of TRS or ARS were assessed for: clinical presentation and course; neurological soft signs (NES); psychopathology by PANSS; cognitive performances; quality of life scale (QLS); functional capacity; social functioning (PSP and SLOF scales). In ROC curve analysis, significance indicated that the Area under curve (AUC) allowed distinguishing between TRS and ARS. Multivariate analyses were additionally used to provide independent predictive analysis. Multiple clinical variables showed significant AUCs. The largest significant AUCs were found for: NES total score; SLOF Area2; QLS subscale; antipsychotic doses. The highest sensitivity was found for NES total score, the highest specificity for previous hospitalizations. The highest Odds Ratio of being included within the TRS category were found for: NES total score (7.5); QLS total score (5.49); and previous hospitalizations (4.76). This same circumscribed group of variables was also found to be predictive of TRS when adopting stepwise logistic regression or discriminant analysis. We concluded that the evaluation of few clinical factors may provide reliable and accurate predictions on whether one schizophrenia patient may be categorized as a TRS. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Increased circulating regulatory T cells in medicated people with schizophrenia.  
Authors: Kelly, Deanna L.; Li, Xin; Kilday, Catherine; Feldman, Stephanie; Clark, Sarah; Liu, Fang; Buchanan, Robert W.; Tonelli, Leonardo H.;  
Abstract  
Immunological abnormalities are increasingly reported in people with schizophrenia, but no clear functional biomarkers associated with genetic correlates of the disease have been found. Regulatory T cells (Tregs) are key immunoregulatory cells involved in the control of inflammatory processes and their functions are directly related to the human leucocyte antigen (HLA) gene, which has been implicated in schizophrenia genetic studies. However, there is a lack of studies reporting Treg status in people with schizophrenia. In the current study, the proportion of circulating Tregs was examined using flow cytometry in 26 medicated participants with schizophrenia and 17 healthy controls. Psychiatric symptoms and cognitive function were evaluated using the Scale for the Assessment of Negative Symptoms, the Brief Psychiatric Rating Scale, and the MATRICS Consensus Cognitive Battery. The proportion of Tregs was found to be significantly greater in the schizophrenia group compared to healthy controls. No differences were observed in total lymphocyte counts or CD3+ and CD4+ T cells, confirming a specific effect for Tregs. Elevated Tregs in schizophrenia correlated with fewer negative symptoms, a core domain of the illness. These results suggest that Tregs may contribute to improved negative symptoms in schizophrenia, possibly by counteracting on-going inflammatory processes. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Elevated C-reactive protein as a predictor of a random one-year clinical course in the first ten years of schizophrenia.  
Authors: Gonzalez-Blanco, Leticia; Garcia-Portilla, Maria P.; Garcia-Alvarez, Leticia; de la Fuente-Tomas, Lorena; Garcia, Celso Iglesias; Saiz, Pilar A.; Bobes, Julio;  
Source:
We investigate whether C-reactive protein (CRP) levels could predict the clinical course of patients with schizophrenia in a prospective study of 50 stable outpatients during a random 1-year period within the first 10 years of illness. Positive, negative, depressive, and cognitive symptoms were evaluated. Patients with low-grade inflammation (CRP=3–10 mg/L; 28%) at baseline showed significant worsening of PANSS-positive and general psychopathology at 1-year follow-up compared with those with CRP ≤ 3 mg/L. Elevated CRP may be a biomarker of poor 1-year clinical course in patients with schizophrenia.


Title: Association between neurological soft signs and antioxidant enzyme activity in schizophrenic patients.

Authors: Miljević, Čedo D.; Nikolić-Kokić, Aleksandra; Blagojević, Duško; Milovanović, Maja; Munjiza, Ana; Jukić, Marin M.; Pešić, Vesna; Lečić-Toševski, Dušica; Spasić, Mihajlo B.;


Abstract
To determine the relationship between alterations in the activity of the enzymes participating in antioxidative defense system and neurological soft signs (NSS) in schizophrenic patients with the first episode psychosis (SFE, n = 19), patients in relapse (SR, n = 46), and healthy controls (HC, n = 20). NSS intensity and enzymatic plasma activities of superoxide dismutase (SOD), catalase (CAT), and glutathione peroxidase (GPX) were compared between SFE, SR and HC subjects and a follow-up correlation analyses between the enzyme activities and NSS intensity was performed. NSS intensity was increased four times in schizophrenic patients compared with healthy controls. Activities of SOD and CAT were 40% decreased in SFE and these reductions were ameliorated by antipsychotic treatment. GPX activity was 20% decreased in both patient groups compared with controls. A negative correlation between NSS intensity and GPX activity was specifically found in the SFE patients. The data in this report argue that a reduction of GPX activity might be one of the causes for the emergence of NSS at the onset of schizophrenia, and provide the evidence that antipsychotic therapy can attenuate activity reductions of SOD and CAT, but not the activity reduction of GPX and the intensity of NSS. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Themes of unfulfilled agency and communion in life stories of patients with schizophrenia.

Authors: Holm, Tine; Thomsen, Dorthe Kirkegaard; Bliksted, Vibeke;


Abstract
We examined themes of agency and communion in life stories of individuals with schizophrenia. Twenty-four individuals diagnosed with schizophrenia and 24 control participants matched on age, gender, and education described their life stories in a free format. The life stories were coded for the presence of agency and communion themes and whether or not the themes captured fulfillment of agency and communion needs. In addition, the temporal macrostructure was coded. Individuals with schizophrenia described their life stories with similar levels of temporal macrostructure as controls, but they expressed more themes focusing on unfulfilled agency and communion needs. We suggest possible avenues for using these insights to improve recovery in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
The benefit of minocycline on negative symptoms of schizophrenia in patients with recent-onset psychosis (BeneMin): A randomised, double-blind, placebo-controlled trial.

Authors:
Deakin, Bill; Suckling, John; Barnes, Thomas R. E.; Byrne, Kelly; Chaudhry, Imran B.; Dazzan, Paola; Drake, Richard J.; Giordano, Annalisa; Husain, Nusrat; Jones, Peter B.; Joyce, Eileen; Knox, Emma; Krynicki, Carl; Lawrie, Stephen M. (Lewis, Shôn; Lisiecka-Ford, Danuta M.; Nikkheslat, Nagmeh; Pariente, Carmine M.; Smallman, Richard; Watson, Andrew; Williams, Steven C. R.; Upthegrove, Rachel; Dunn, Graham; BeneMin Study team;

Source:

Abstract
Background: The antibiotic minocycline has neuroprotective and anti-inflammatory properties that could prevent or reverse progressive neuropathic changes implicated in recent-onset schizophrenia. In the BeneMin study, we aimed to replicate the benefit of minocycline on negative symptoms reported in previous pilot studies, and to understand the mechanisms involved. Methods: In this randomised, double-blind, placebo-controlled trial, we recruited people with a schizophrenia-spectrum disorder that had begun within the past 5 years with continuing positive symptoms from 12 National Health Service (NHS) trusts. Participants were randomly assigned according to an automated permuted blocks algorithm, stratified by pharmacy, to receive minocycline (200 mg per day for 2 weeks, then 300 mg per day for the remainder of the 12-month study period) or matching placebo, which were added to their continuing treatment. The primary clinical outcome was the negative symptom subscale score of the Positive and Negative Syndrome Scales (PANSS) across follow-ups at months 2, 6, 9, and 12. The primary biomarker outcomes were medial prefrontal grey-matter volume, dorsolateral prefrontal cortex activation during a working memory task, and plasma concentration of interleukin 6. This study is registered as an International Standard Randomised Controlled Trial, number ISRCTN49141214, and the EU Clinical Trials register (EudraCT) number is 2010-022463-35I. Findings: Between April 16, 2013, and April 30, 2015, we recruited 207 people and randomly assigned them to receive minocycline (n = 104) or placebo (n = 103). Compared with placebo, the addition of minocycline had no effect on ratings of negative symptoms (treatment effect difference −0.19, 95% CI −1.23 to 0.85; p = 0.73). The primary biomarker outcomes did not change over time and were not affected by minocycline. The groups did not differ in the rate of serious adverse events (n = 11 in placebo group and n = 18 in the minocycline group), which were mostly due to admissions for worsening psychiatric state (n = 10 in the placebo group and n = 15 in the minocycline group). The most common adverse events were gastrointestinal (n = 12 in the placebo group, n = 19 in the minocycline group), psychiatric (n = 16 in placebo group, n = 8 in minocycline group), nervous system (n = 8 in the placebo group, n = 12 in the minocycline group), and dermatological (n = 10 in the placebo group, n = 8 in the minocycline group). Interpretation: Minocycline does not benefit negative or other symptoms of schizophrenia over and above adherence to routine clinical care in first-episode psychosis. There was no evidence of a persistent progressive neuropathic or inflammatory process underpinning negative symptoms. Further trials of minocycline in early psychosis are not warranted until there is clear evidence of an inflammatory process, such as microgliosis, against which minocycline has known efficacy. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Benzodiazepines and risk of pneumonia in schizophrenia: A nationwide case–control study.

Authors:
Cheng, Sheng-Yun; Chen, Wen-Yin; Liu, Hsing-Cheng; Yang, Tien-Wei; Pan, Chun-Hung; Yang, Shu-Yu; Kuo, Chian-Jue;

Source:
Psychopharmacology, Vol 235(11), Nov, 2018 pp. 3329-3338. Publisher: Springer; [Journal Article]

Abstract
Objectives: To investigate the relationship between benzodiazepine and risk of developing pneumonia in patients with schizophrenia, whose benzodiazepine dosage and usage frequency was higher than that of the general population. Methods: We conducted a nested case–control study to assess the association between benzodiazepine use and pneumonia among patients with schizophrenia. By using the Taiwan National Health Insurance Research Database, we identified a schizophrenia cohort comprising 34,929 patients during 2000–2010. Within the schizophrenia cohort, 2501 cases of pneumonia and 9961 matched
control patients (1:4 ratio) were identified. Benzodiazepine exposure was categorized by drug, treatment duration, and daily dose. Conditional logistic regression models were used to examine the association between benzodiazepine exposure and the risk of pneumonia. Results: The current use (within 30 days) of midazolam led to the highest pneumonia risk (adjusted risk ratio = 6.56, P < 0.001), followed by diazepam (3.43, P < 0.001), lorazepam (2.16, P < 0.001), and triazolam (1.80, P = 0.019). Furthermore, nearly all the benzodiazepines under current use had a dose-dependent effect on pneumonia risk. The risk of pneumonia was correlated with the affinities of γ-aminobutyric acid A α1, α2, and α3 receptors. Conclusions: Benzodiazepines had a dose-dependent relationship with pneumonia in patients with schizophrenia. The differences in risk and mechanism of action of the individual drugs require further investigation. Clinicians should be aware of the early signs of pneumonia in patients with schizophrenia receiving benzodiazepines. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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Suicide

Title: The zero suicide model: Applying evidence-based suicide prevention practices to clinical care.
Authors: Brodsky, Beth S.; Spruch-Feiner, Aliza; Stanley, Barbara;
Abstract: Suicide is reaching epidemic proportions, with over 44,000 deaths by suicide in the US, and 800,000 worldwide in 2015. This, despite research and development of evidence-based interventions that target suicidal behavior directly. Suicide prevention efforts need a comprehensive approach, and research must lead to effective implementation across public and mental health systems. A 10-year systematic review of evidence-based findings in suicide prevention summarized the areas necessary for translating research into practice. These include risk assessment, means restriction, evidence-based treatments, population screening combined with chain of care, monitoring, and follow-up. In this article, we review how suicide prevention research informs implementation in clinical settings where those most at risk present for care. Evidence-based and best practices address the fluctuating nature of suicide risk, which requires ongoing risk assessment, direct intervention and monitoring. In the US, the National Action Alliance for Suicide Prevention has put forth the Zero Suicide (ZS) Model, a framework to coordinate a multilevel approach to implementing evidence-based practices. We present the Assess, Intervene and Monitor for Suicide Prevention model (AIM-SP) as a guide for implementation of ZS evidence-based and best practices in clinical settings. Ten basic steps for clinical management model will be described and illustrated through case vignette. These steps are designed to be easily incorporated into standard clinical practice to enhance suicide risk assessment, brief interventions to increase safety and teach coping strategies and to improve ongoing contact and monitoring of high-risk individuals during transitions in care and high risk periods. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Effectiveness of a web-based self-help program for suicidal thinking in an Australian community sample: Randomized controlled trial.
Authors: van Spijker, Bregje A. J.; Werner-Seidler, Aliza; Batterham, Philip J.; Mackinnon, Andrew; Calear, Alison L.; Gosling, John A.; Reynolds, Julia; Kerkhof, Ad J. F. M.; Solomon, Daniela; Shand, Fiona; Christensen, Helen;
Source: Journal of Medical Internet Research, Vol 20(2), Feb 14, 2018 ArtID: e15. Publisher: Gunther Eysenbach;
Abstract: Background: Treatment for suicidality can be delivered online, but evidence for its effectiveness is needed. Objective: The goal of our study was to examine the effectiveness of an online self-help intervention for suicidal thinking compared to an attention-matched control program. Methods: A 2-arm randomized controlled trial was conducted with assessment at postintervention, 6, and, 12 months. Through media and community advertizing, 418 suicidal adults were recruited to an online portal and were delivered the intervention program (Living with Deadly Thoughts) or a control program (Living Well). The primary outcome was severity of suicidal thinking, assessed using the Columbia Suicide Severity Rating Scale. Results: Intention-to-treat analyses showed significant reductions in the severity of suicidal thinking at postintervention, 6, and 12 months. However, no overall group differences were found. Conclusions: Living with Deadly Thoughts was of no greater effectiveness than the control group. Further investigation into the conditions under which this program may be beneficial is now needed. Limitations of this trial include it being underpowered given the effect size ultimately observed, a high attrition rate, and the inability of determining suicide deaths or of verifying self-reported suicide attempts. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Cognition as a therapeutic target in the suicidal patient approach.

Authors: da Silva, Antônio Geraldo; Malloy-Diniz, Leandro Fernandes; Garcia, Marina Saraiva; Figueiredo, Carlos Guilherme Silva; Figueiredo, Renata Nayara; Diaz, Alexandre Paim; Palha, António Pacheco;


Abstract: The current considerations about completed suicides and suicide attempts in different cultures call the attention of professionals to this serious public health problem. Integrative approaches have shown that the confluence of multiple biological and social factors modulate various psychopathologies and dysfunctional behaviors, such as suicidal behavior. Considering the level of intermediate analysis, personality traits and cognitive functioning are also of great importance for understanding the suicide phenomenon. About cognitive factors, we can group them into cognitive schemas of reality interpretation and underlying cognitive processes. On the other hand, different types of primary cognitive alterations are related to suicidal behavior, especially those resulting from changes in frontostriatal circuits. Among such cognitive mechanisms can be highlighted the attentional bias for environmental cues related to suicide, impulsive behavior, verbal fluency deficits, non-adaptive decision-making, and reduced planning skills. Attentional bias consists in the effect of thoughts and emotions, frequently not conscious, about the perception of environmental stimuli. Suicidal ideation and hopelessness can make the patient unable to find alternative solutions to their problems other than suicide, biasing their attention to environmental cues related to such behavior. Recent research efforts are directed to assess the possible use of attention bias as a therapeutic target in patients presenting suicide behavior. The relationship between impulsivity and suicide has been largely investigated over the last decades, and there is still controversy about the theme. Although there is strong evidence linking impulsivity to suicide attempts. Effective interventions address to reduce impulsivity in clinical populations at higher risk for suicide could help in the prevention. Deficits in problem-solving ability also seem to be distorted in patients who attempt suicide. Understanding cognitive changes in patients who attempt suicide open an important perspective in the approach of patients with mental disorders. Identifying cognitive deficits in these patients, along with personality traits, depressive symptoms, and suicidal cognitive schemas may indicate to the psychiatrist the need for emergency care. Behavioral and cognitive interventions have been associated with reductions in suicide ideation, as well as suicide attempts in different populations. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Suicidal risk, psychopathology, and quality of life in a clinical population of adolescents.

Authors: Balazs, Judith; Miklosi, Monika; Halasz, Jozsef; Horváth, Lili Olga; Szentiványi, Dóra; Vida, Péter;


Abstract: Background: According to literature data, psychopathology is associated with both quality of life (QoL) and suicidal risk in adolescents, but the literature does not fully support a direct association between psychopathology and suicidal thoughts and behaviors. The aim of this study was to investigate the possible mediational role of QoL in the relationship between psychopathology and level of suicidal risk in a clinical sample of adolescents. Method: The authors examined a clinical population of 134 adolescents, aged 13–18 years. Suicidal risk—having any current suicidal ideations and/or previous suicide attempt—was assessed by the Mini International Neuropsychiatric Interview. QoL was evaluated by the adolescent self-rated versions of ‘Das Interviertar zur Erfassung der Lebensqualität Kindern und Jugendlichen’ (ILK: Measure of Quality of Life for Children and Adolescents) and psychopathology was measured by adolescent self-rated versions of the Strengths and Difficulties Questionnaire (SDQ). A mediational model, in which QoL mediated the relationship between psychopathology and suicidal risk controlling for gender and age, was tested by means of regression analyses. Results: Gender and age were both associated with suicidal risk. Self-reported QoL significantly mediated the relationships between emotional problems (= 1.846; 95% BCa CI: 0.731–2.577), as well as peer problems (= 0.883; 95% BCa CI: 0.055–1.561) and suicidal risk: more emotional and peer problems were associated with lower QoL, which in turn was related to higher level of suicidal risk. Conclusion: Based on this study, which aims to make further steps in suicidal prevention, our findings suggest that clinicians should routinely screen the QoL of their patients,
especially in adolescents with emotional and peer problems. Furthermore, it is important to focus intervention and treatment efforts on improving the QoL of adolescents with emotional and peer problems.


Title:
Follow-up with callers to the National Suicide Prevention Lifeline: Evaluation of callers’ perceptions of care.

Authors:
Gould, Madelyn S.; Lake, Alison M.; Galfalvy, Hanga; Kleinman, Marjorie; Munfakh, Jimmie Lou; Wright, James; McKeon, Richard;

Source:
Suicide and Life-Threatening Behavior, Vol 48(1), Feb, 2018 pp. 75-86. Publisher: Wiley-Blackwell Publishing Ltd.; [Journal Article]

Abstract:
Continuity of care for suicidal individuals engaged with a variety of health and mental health care systems has become a national priority, and crisis hotlines are increasingly playing a part in the risk management and continuum of care for these individuals. The current study evaluated a national initiative to have crisis centers in the National Suicide Prevention Lifeline network provide follow-up care to suicidal callers. Data were obtained from 550 callers followed by 41 crisis counselors from 6 centers. Two main data sources provided the information for the current study: a self-report counselor questionnaire on the follow-up activities completed on each clinical follow-up call and a telephone interview with follow-up clients, providing data on their perceptions of the follow-up intervention’s effectiveness. The majority of interviewed follow-up clients reported that the intervention stopped them from killing themselves (79.6%) and kept them safe (90.6%). Counselor activities, such as discussing distractors, social contacts to call for help, and reasons for dying, and individual factors, such as baseline suicide risk, were associated with callers' perceptions of the impact of the intervention on their suicide risk. Our findings provide evidence that follow-up calls to suicidal individuals can reduce the perceived risk of future suicidal behavior.


Title:
The role of perceived burden and social support in suicide and depression.

Authors:
Bell, Christopher M.; Ridley, Josephine A.; Overholser, James C.; Young, Kevin; Athey, Alison; Lehmann, Jennifer; Phillips, Kristie;

Source:

Abstract:
In a sample of 114 military veterans with depression histories, perceived burden was related to depression symptoms and suicide attempt history. After accounting for perceived burden, sense of belonging was negatively related to depression. Among the areas of social support, family support was inversely related to both depression and suicide history. After accounting for family support, personal meaning from relationships and friend support were related to depression. The results of this study suggest that perceived burdensomeness may be a stronger determinant of suicidality than sense of belonging or social support. This study highlights the contribution of perceived burdensomeness to suicide and depression.


Title:
Barriers toward help-seeking among young men prior to suicide.

Authors:
Rasmussen, Mette Lyberg; Hjelmeland, Heidi; Dieserud, Gudrun;
Source:
Death Studies, Vol 42(2), Feb, 2018 pp. 96-103. Publisher: Taylor & Francis; [Journal Article]

Abstract:
This study explores barriers to help-seeking among young men prior to suicide. We analyzed 61 in-depth interviews with parents, siblings, friends, and ex-partners of 10 young men (aged 18–30) with no record of mental illness, as well as 6 suicide notes, using interpretative phenomenological analysis. Three barriers emerged: (a) a total defeat; (b) no room for weakness; and (c) fear of mental disorder. The shame from falling short of standards (own/significant male others’) could be a considerable barrier to help-seeking in a suicidal crisis. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:

Authors:
Spitzer, Elizabeth G.; Zuromski, Kelly L.; Davis, Margaret T.; Witte, Tracy K.; Weathers, Frank;

Source:

Abstract:
This study used the interpersonal–psychological theory of suicide to explore the relationships among DSM-5 posttraumatic stress disorder (PTSD) symptom clusters derived from the six-factor anhedonia model and facets of acquired capability for suicide (ACS). In a sample of 373 trauma-exposed undergraduates, most PTSD symptom clusters were negatively associated with facets of ACS in bivariate correlations, but the anhedonia cluster was positively associated with ACS in regression models. Structure coefficients and commonality analysis indicated that anhedonia served as a suppressor variable for the other symptom clusters. Our findings further elucidate the complex relationship between specific PTSD symptom clusters and ACS. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Suicide lethality: A concept analysis.

Authors:
DeBastiani, Summer; De Santis, Joseph P.;

Source:

Abstract:
Purpose: Suicide is a significant health problem internationally. Those who complete suicide may have different behaviors and risk factors than those who attempt a non-fatel suicide. The purpose of this article is to analyze the concept of suicide lethality and propose a clear definition of the concept through the identification of antecedents, attributes, and consequences. Methods: A literature search for articles published in the English language between 1970 and 2016 was conducted using MEDLINE, the Cochrane Library, Pubmed, Psychlit, Ovid, PsycINFO, and Proquest. The bibliographies of all included studies were also reviewed to identify additional relevant citations. A concept analysis was conducted on the literature findings using six stages of Walker and Avant's method. Findings: The concept analysis differentiated between suicide, lethality, suicidal behavior, and suicide lethality. Presence of a suicide plan or a written suicide note was not found to be associated with the majority of completed suicides included in the definition of suicide lethality. There are a few scales that measure the lethality of a suicide attempt, but none that attempt to measure the concept of suicide lethality as described in this analysis. Conclusions: Clarifying the concept of suicide lethality encourages awareness of the possibility of different suicidal behaviors associated with different suicide outcomes and will inform the development of future nursing interventions. A clearer definition of the concept of suicide lethality will guide clinical practice, research, and policy development aimed at suicide prevention. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
Suicide screening in primary care: Use of an electronic screener to assess suicidality and improve provider follow-up for adolescents.

Authors:
Etter, Dillon J.; McCord, Allison; Ouyang, Fangqian; Gilbert, Amy Lewis; Williams, Rebekah L.; Hall, James A.; Tu, Wanzhu; Downs, Stephen M.; Aalsma, Matthew C.;

Source:

Abstract:
[Correction Notice: An Erratum for this article was reported in Vol 62(6) of Journal of Adolescent Health (see record 2018-25140-015). In the original article, disclosure of a potential conflict was inadvertently omitted from the article. The disclosure is given in the erratum.] Purpose: The purpose of this study was to assess the feasibility of using an existing computer decision support system to screen adolescent patients for suicidality and provide follow-up guidance to clinicians in a primary care setting. Predictors of patient endorsement of suicidality and provider documentation of follow-up were examined. Methods: A prospective cohort study was conducted to examine the implementation of a CDSS that screened adolescent patients for suicidality and provided follow-up recommendations to providers. The intervention was implemented for patients aged 12–20 years in two primary care clinics in Indianapolis, Indiana. Results: The sample included 2,134 adolescent patients (51% female; 60% black; mean age = 14.6 years [standard deviation = 2.1]). Just over 6% of patients screened positive for suicidality. A positive endorsement of suicidality was more common among patients who were female, depressed, and seen by an adolescent–medicine board-certified provider as opposed to general pediatric provider. Providers documented follow-up action for 83% of patients who screened positive for suicidality. Documentation of follow-up action was correlated with clinic site and Hispanic race. The majority of patients who endorsed suicidality (71%) were deemed not actively suicidal after assessment by their provider. Conclusions: Incorporating adolescent suicide screening and provider follow-up guidance into an existing computer decision support system in primary care is feasible and well utilized by providers. Female gender and depressive symptoms are consistently associated with suicidality among adolescents, although not all suicidal adolescents are depressed. Universal use of a multi-item suicide screener that assesses recency might more effectively identify suicidal adolescents. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Suicidal and help-seeking behaviors among youth in an online lesbian, gay, bisexual, transgender, queer, and questioning social network.

Authors:
Lytle, Megan C.; Silenzio, Vincent M. B.; Homan, Christopher M.; Schneider, Phoenix; Caine, Eric D.;

Source:

Abstract:
LGBTQ youth have a great burden for suicidal ideation/behavior compared to their non-LGBTQ peers. While scholars have explored risk factors for suicidal behaviors, little is known about protective factors among LGBTQ youth, let alone within group differences in terms of help-seeking. Data were collected from 203 TrevorSpace (e.g., a social network for LGBTQ youth) users via online survey to examine suicidal and help-seeking behaviors among LGBTQ individuals. Among participants who reported suicidal ideation/behavior, a large proportion did not seek help (73.1% of gay men, 33.3% of bisexual men, 42.9% of bisexual women, 14.3% of lesbian women, 41.2% of queer individuals) when they considered or attempted suicide. Among those who sought support, reaching out to a friend was most common. However, family support was associated with fewer suicidal behaviors. Our findings underscore the need to examine the effectiveness of specific sources of help and the impact of exposure to social connectedness. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
The association between different traumatic life events and suicidality.

Authors: Ásgeirs dóttir, Hildur G.; Valdimars dóttir, Unnur A.; Porsteinds dóttir, Þórdís K.; Lund, Sigrún H.; Tomasson, Gunnar; Nyberg, Ullakarin; Ásgeirs dóttir, Tinna L.; Hauksdóttir, Arna;


Abstract: Background: Traumatic life events have been associated with increased risk of various psychiatric disorders, even suicidality. Our aim was to investigate the association between different traumatic life events and suicidality, by type of event and gender. Methods: Women attending a cancer screening programme in Iceland (n = 689) and a random sample of men from the general population (n = 709) were invited to participate. In a web-based questionnaire, life events were assessed with the Life Stressor Checklist—Revised, and the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criterion was used to identify traumatic life events. Reports of lifetime suicidal thoughts, self-harm with suicidal intent and suicide attempt were considered as lifetime suicidality. We used Poisson regression, adjusted for demographic factors, to express relative risks (RRs) as a measure of the associations between traumatic events and suicidality. Results: Response rate was 66% (922/1398). The prevalence of lifetime traumatic events was 76% among women and 77% among men. Lifetime suicidality was 11% among women and 16% among men. An overall association of having experienced traumatic life events with suicidality was observed [RR 2.05, 95% confidence interval (CI) 1.21–3.75], with a stronger association for men (RR 3.14, 95% CI 1.25–7.89) than for women (RR 1.45, 95% CI 0.70–2.99). Increased likelihood for suicidality was observed among those who had experienced interpersonal trauma (RR 2.97, 95% CI 1.67–5.67), childhood trauma (RR 4.09, 95% CI 2.27–7.36) and sexual trauma (RR 3.44, 95% CI 1.85–6.37), with a higher likelihood for men. In addition, an association between non-interpersonal trauma and suicidality was noted among men (RR 3.27, 95% CI 1.30–8.25) but not women (RR 1.27, 95% CI 0.59–2.70). Conclusion: Findings indicate that traumatic life events are associated with suicidality, especially among men, with the strongest association for interpersonal trauma. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Attention-deficit hyperactivity disorder and suicidality: The mediating effects of psychiatric comorbidities and family function.

Authors: Chen, Ying-Yeh; Chen, Yi-Lung; Gau, Susan Shur-Fen;

Source: Journal of Affective Disorders, Vol 242, Jan 1, 2019 pp. 96-104. Publisher: Elsevier Science;

Abstract: Objective: To explore the association between Attention-Deficit Hyperactivity Disorder (ADHD) and suicidality in children. Mediating effects of family function and psychiatric co-morbidities were also explored. Methods: This is a national representative cross-sectional survey of school-based sample of 4739 children aged 7–15. Logistic regression was used to assess the excess risks of suicidality (i.e., suicidal ideation, suicide plan, and suicide attempts) in 412 children with ADHD. Serial multiple mediator models were conducted to assess the mediating effects of family function and psychiatric comorbidities. Results: The prevalence of suicidality in children with ADHD was approximately 20% in Taiwan. After adjusting for potential confounders, the risk of suicidality among children with ADHD was approximately four times higher than among non-ADHD children [(adjusted Odds Ratio [OR]) = 3.82, 95% Confidence Interval (CI) (2.73, 5.34)] for suicidal ideation, adjusted OR = 4.18, 95% CI (2.57, 6.80) for suicide plan and adjusted OR = 4.45, 95% CI (1.99, 9.93) for suicide attempts. The mediating effects of anxiety/depression and conduct problems were about 20% and 8%, respectively, across all suicide outcomes. The mediating effects of family function were around 6–7% for suicidal ideation and 16–18% for suicide plan and suicide attempts. The effects of ADHD on suicidality, in general, remained after considering the mediating roles of family function and psychiatric comorbid conditions. Conclusions: Children with ADHD are at a high risk of suicide. Although the family function and psychiatric co-
morbidities partially mediate this association, ADHD in itself is a potent suicide risk factor and should be an important target for suicide prevention. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Association between completed suicide and bipolar disorder: A systematic review of the literature.
Authors:
Source:
Journal of Affective Disorders, Vol 242, Jan 1, 2019 pp. 111-122. Publisher: Elsevier Science; [Journal Article]
Abstract:
Background: Completed suicide is a major cause of death in bipolar disorder (BD) patients. Objective: The aim of this paper is to provide an overall review of the existing literature of completed suicide in BD patients, including clinical and genetic data Data sources: We performed a systematic review of English and non-English articles published on MEDLINE/PubMed, PsycInfo and Cochrane database (1970–2017). Additional studies were identified by contacting clinical experts, searching bibliographies, major textbooks and website of World Health Organization. Initially we did a broad search for the association of bipolar disorder and suicide and we were narrowing the search in terms included 'bipolar disorder' and 'completed suicide'. Study Selection: Inclusion criteria were articles about completed suicide in patients with BD. Articles exclusively focusing on suicide attempts and suicidal behaviour have been excluded. We used PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) consensus for drafting this systematic review. Results: The initial search generated 2806 articles and a total of 61 meeting our inclusion criteria. We reviewed epidemiological data, genetic factors, risk factors and treatment of completed suicide in BD. Suicide rates in BD vary between studies but our analyses show that they are approximately 20-30-fold greater than in general population. The highest risk of successful suicide was observed in BD-II subjects. The heritability of completed suicide is about 40% and some genes related to major neurotransmitter systems have been associated with suicide. Lithium is the only treatment that has shown anti-suicide potential. Limitations: The most important limitation of the present review is the limited existing literature on completed suicide in BD. Conclusions: BD patients are at high risk for suicide. It is possible to identify some factors related to completed suicide, such as early onset, family history of suicide among first-degree relatives, previous attempted suicides, comorbidities and treatment. However it is necessary to promote research on this serious health problem. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
What is the relationship between rejection and self-harm or suicidality in adulthood?
Authors:
Cawley, Rosanne; Pontin, Eleanor E.; Touhey, Jade; Sheehy, Kate; Taylor, Peter James;
Source:
Journal of Affective Disorders, Vol 242, Jan 1, 2019 pp. 123-134. Publisher: Elsevier Science; [Journal Article]
Abstract:
Background: Rejection is an adverse experience that may help explain the heightened risk of self-harm and suicide amongst many societal groups. The aim of this systematic review was to determine the relationship between rejection experiences and self-harm and suicidal ideation. Method: The databases PsychINFO, CINAHL, Medline and Web of Science were searched from inception until May 2017 using key search terms. Quantitative studies were included if they were: (i) mean sample age over 18; (ii) in the English language; (iii) and had a measure of self-harm or suicidal behaviour and a measure of rejection. The results were synthesised narratively. Results: Eighteen studies were identified for the review. Fifteen out of the eighteen studies found a significant positive association between rejection and self-harm. This association was identified within several marginalised groups known to be at risk of self-harm, including those from lesbian, gay or bisexual sexuality or those who identify as transgender. Limitations: Heterogeneity between the measures of self-harm, suicidal behaviour and rejection, as well as the lack of longitudinal analyses made it difficult to draw firm conclusions. Conclusion: Perceived rejection may leave
some individuals at risk of self-harm and might account for the elevated risk in marginalised societal groups. Interventions focused on modifying rejection experiences may help reduce the risk of self-harm in this population. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
MicroRNAs in depression and suicide: Recent insights and future perspectives.

**Authors:**
Dwivedi, Yogesh;

**Source:**

**Abstract:**
Suicide is a major public health concern. A significant proportion of depressed individuals show suicidal ideation. The currently available medications are not optimal and a large number of depressed/suicidal patients do not respond to these medications. Thus, there is an urgent need to fully understand the neurobiological mechanisms associated with depression and suicidal behavior and to find novel targets for therapeutic interventions. In this regard, microRNAs (miRNAs), member of small non-coding RNA family, have emerged as an invaluable tool not only to understand disease pathogenesis but also to precisely pinpoint the targets that can be developed as drugs. In this review, these aspects have been discussed in a comprehensive and critical manner. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Development and pilot study of a suicide prevention intervention delivered by peer support specialists.

**Authors:**
Pfeiffer, Paul N.; King, Cheryl; Ilgen, Mark; Ganoczy, Dara; Clive, Rebecca; Garlick, James; Abraham, Kristen; Kim, H. Myra; Vega, Eduardo; Ahmedani, Brian; Valenstein, Marcia;

**Source:**
Psychological Services Publisher: Educational Publishing Foundation; [Journal Article]

**Abstract:**
Suicide rates in the United States have been increasing in recent years, and the period after an inpatient psychiatric hospitalization is one of especially high risk for death by suicide. Peer support specialists may play an important role in addressing recommendations that suicide prevention activities focus on protective factors by improving hope and connectedness. The present study developed a peer specialist intervention titled Peers for Valued Living (PREVAIL) to reduce suicide risk, incorporating components of motivational interviewing and psychotherapies targeting suicide risk into recovery-based peer support. A randomized controlled pilot study was conducted to assess the acceptability, feasibility, and fidelity of the intervention. A total of 70 adult psychiatric inpatients at high risk for suicide were enrolled into the study. Participants were randomized to usual care (n = 36) or to the 12-week PREVAIL peer support intervention (n = 34). Those in the PREVAIL arm completed an average of 6.1 (SD = 5.0) peer sessions over the course of 12 weeks. Fidelity was rated for 20 peer support sessions, and 85% of the peer specialist sessions demonstrated adequate fidelity to administering a conversation tool regarding hope, belongingness, or safety, and 72.5% of general support skills (e.g., validation) were performed with adequate fidelity. Participants’ qualitative responses (n = 23) were highly positive regarding peer specialists’ ability to relate, listen, and advise and to provide support specifically during discussions about suicide. Findings demonstrate that a peer support specialist suicide prevention intervention is feasible and acceptable for patients at high risk for suicide. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Differences in characteristics and exposure to stressors between persons with and without diagnosed mental illness who died by suicide in Victoria, Australia.

**Authors:**
Clapperton, Angela; Newstead, Stuart; Bugeja, Lyndal; Pirkis, Jane;

Source:
Crisis: The Journal of Crisis Intervention and Suicide Prevention Publisher: Hogrefe Publishing; [Journal Article]

Abstract:
Background: Mental illness is an established risk factor for suicide. To develop effective prevention interventions and strategies, the demographic characteristics and stressors (other than, or in addition to, mental illness) that can influence a person's decision to die by suicide need to be identified. Aim: To examine cases of suicide by the presence or absence of a diagnosed mental illness (mental illness status) to identify differences in factors associated with suicide in the groups. Method: Logistic regression analyses were used to investigate mental illness status and exposure to stressors among 2,839 persons who died by suicide in Victoria, Australia (2009–2013), using the Victorian Suicide Register. Results: Females, metropolitan residents, persons treated for physical illness/injury, those exposed to stressors related to isolation, family, work, education, and substance use and those who had made a previous suicide attempt had increased odds of having a diagnosed mental illness. Employed persons had decreased odds of having a diagnosed mental illness. Limitations: The retrospection of data collection as well as the validity and reliability of some of the data may be questionable owing to the potential for recall bias. Conclusion: The point of intervention for suicide prevention cannot always be a mental health professional; some people who die by suicide either do not have a mental illness or have not sought help. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Attachment styles and posttraumatic growth among suicide-loss survivors: The mediating role of interpersonal factors.

Authors:
Levi-Belz, Yossi; Lev-Ari, Lilac;

Source:
Crisis: The Journal of Crisis Intervention and Suicide Prevention Publisher: Hogrefe Publishing; [Journal Article]

Abstract:
Background and aims: The world loses approximately one million people to suicide every year, leaving behind many suicide-loss survivors, family members and friends, who are significantly affected by the traumatic loss. Yet some suicide-loss survivors not only manage to cope with the loss, but actually experience posttraumatic growth (PTG). To date, no studies have fully examined the psychological processes that underlie this personal positive change. We hypothesized that attachment style would predict PTG and this association would be mediated by self-disclosure and social support. Method: A community sample of 131 suicide-loss survivors (108 women), aged 18–70, self-reported on attachment style, self-disclosure, social support, and PTG. Results: Securely attached individuals scored highest on PTG compared with other attachment styles. A structural equation model confirmed that self-disclosure and social support mediated the association between attachment and PTG. Suicide-loss survivors with secure attachment tended to self-disclose more and to perceive greater support from others than did suicide-loss survivors with insecure attachment, thus enhancing their chances of PTG. Limitations: The sample comprised mostly female participants, and the findings may not be directly generalizable to male suicide-loss survivors. Conclusion: Our results suggest that different psychological interventions should be utilized for suicide-loss survivors with particular attachment styles. Psychotherapies aiming to modify internal working models may be useful for enhancing PTG among survivors characterized by insecure attachment styles. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Family, health, and poverty factors impacting suicide attempts in Cambodian women: A qualitative analysis from a randomly selected national sample.

Authors:
Seponski, Desiree M.; Somo, Charity M.; Kao, Sovandara; Lahar, Cindy J.; Khann, Sareth; Schunert, Tanja;
Background: Our recent report demonstrates that 5.5% of Cambodian women have previously attempted suicide. Despite these high rates and critical need for intervention, research on suicide attempts in Cambodia is lacking, and life-saving information on suicide prevention is therefore unknown. Aims: This study explores factors impacting Cambodian women suicide attempts. Method: A total of 1,801 women participated in the large national survey during which 100 of these women (5.5%) reported at least one suicide attempt. Of the 100 participants 76 provided qualitative reasons for the suicide attempts. Only the 76 who provided the reasons for suicide attempt were included for analysis in this study. Results: Four major themes emerged: (1) family conflict, (2) emotional distress, (3) poverty, and (4) illness. Family conflict, emotional distress, poverty, and illness were all interrelated with each other; for example, women without money were unable to pay for treatment of otherwise treatable illnesses. Limitations: Owing to the nature of the data collection, member checking could not be conducted. Conclusion: Cumulative and intertwined personal, interpersonal, and contextual levels to prevent suicide.
The association between concentration and suicide attempts was assessed by multivariate analysis after adjusting for sociodemographics, lifestyle and health indicators. Tenasin-C concentrations were higher in patients than in controls, and higher in patients who had attempted suicide than in patients who had not. Higher concentrations were associated with greater risk of attempting suicide. Among patients who had attempted suicide, tenasin-C concentrations were associated with severity of depression. Our results suggest that high tenasin-C levels in depressive patients correlate with suicide attempts and severity of depression. Tenasin-C may contribute to risk of suicide attempts in depressed patients. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: How well does a wellbeing measure predict psychiatric ‘caseness’ as well as suicide risk and self-harm in adolescents?
Authors: Parker, Gordon; Smith, Isabelle Granville; Paterson, Amelia; Romano, Mia; Hadzi-Pavlovic, Dusan; Ricciardi, Tahlia;
Abstract: Screening for psychiatric disorders may be hampered by traditional measures that increase participant burden and elicit negative responses via denial and social desirability biases. This study examined the utility of a wellbeing measure to identify psychopathology and suicide risk in adolescent participants. 1,579 students from Sydney schools participated in a survey which assessed wellbeing using the Satisfaction With Life Scale (SWLS) as well as psychiatric disorders and suicide risk. Results showed that low scores on the SWLS discriminated adolescents who had experienced a psychiatric condition or suicidality from those not so assigned. Specifically, students with no psychiatric diagnosis yielded a mean SWLS score of 28.0 while for those assigned a diagnosis, mean scores ranged from 19.4–3.0 across the various psychiatric conditions. Students who reported any suicidal ideation yielded a mean SWLS score of 22.7, and those with a current suicidal plan yielded a mean score of 17.7. We derived SWLS cut-off scores for predicting psychiatric caseness and suicidality but established that they had low positive predictive power. The SWLS therefore appears to provide a limited proxy measure of the chance of a psychiatric disorder or psychological distress, and might usefully complement more direct measures of such states. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Is suicide risk a predictor of diagnosis conversion to bipolar disorder?
Authors: de Azevedo Cardoso, Taiane; Mondin, Thaîse Campos; Azevedo, Laura Barzoni; Toralles, Luísa Marques Davila; de Mattos Souza, Luciano Dias;
Abstract: To assess predictors of the diagnosis of bipolar disorder is important since it is known that the early diagnosis is associated with a better response to the treatment. Thus, the aim of this systematic review is to assess the role of the suicide risk in the diagnosis conversion to bipolar disorder. We searched Pubmed, Bireme, Scopus, and PsycINFO with no year restriction for articles containing the words (suicidal or suicide or suicide risk or suicide attempt) and (conversion or switch) and (bipolar disorder or mania or hypomania or bipolar disorders). The review included four studies, with only one confirming that subjects who converted to bipolar disorder had higher rates of suicide risk than subjects who did not convert to bipolar disorder. The main limitation of this review is that few longitudinal studies assessed the predictors of conversion to bipolar disorders. In conclusion, suicide risk appears to be a predictor of bipolar disorder; nevertheless, more studies are needed to confirm this association. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Evidence of reduced agmatine concentrations in the cerebral cortex of suicides.
Authors: Chen, Gary G.; Almeida, Daniel; Fiori, Laura; Turecki, Gustavo;
Abstract: Background: The polyamines are a group of ubiquitous low-molecular-weight aliphatic molecules that play an essential role in various physiological functions of the mammalian CNS. Previous literature has indicated alterations in the expression of polyamine-related genes in the brains of individuals who died by suicide, including downregulation of spermidine/spermine N1-acetyltransferase, a key enzyme involved in polyamine catabolism. One such polyamine, agmatine, has been shown to act as an antidepressant in animal models of depressive-like behavior. However, agmatine concentrations have not been explored in postmortem human brain of individuals who died by suicide. Methods: To measure agmatine in postmortem human brain tissue, we employed our previously published high-resolution capillary gas chromatography in combination with mass spectrometry method. Using this method, we analyzed agmatine levels in a total of 120 tissue samples from Brodmann areas 4, 11, and 44 of 40 male subjects comprising controls (n = 13), individuals who died by suicide and met criteria for major depressive disorder (n = 14), and subjects who died by suicide and did not meet criteria for major depressive disorder (n = 13).
Results: Agmatine fell within the expected nanomolar range and was significantly reduced in the cortex of suicides, irrespective of meeting criteria for major depressive disorder compared with controls.
Conclusions: This is the first gas chromatography-mass spectrometry study to analyze agmatine concentrations in human postmortem brain of individuals who died by suicide. These results add to our mechanistic understanding of the role that the polyamine stress response pathway may play in the neurobiology of major depression and/or suicide. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: 'I should have …': A photovoice study with women who have lost a man to suicide.
Authors: Creighton, Genevieve; Oliffe, John L.; Bottorff, Joan; Johnson, Joy;
Abstract: While the gendered nature of suicide has received increased research attention, the experiences of women who have lost a man to suicide are poorly understood. Drawing on qualitative photovoice interviews with 29 women who lost a man to suicide, we completed a narrative analysis, focused on describing the ways that women constructed and accounted for their experiences. We found that women’s narratives drew upon feminine ideals of caring for men’s health, which in turn gave rise to feelings of guilt over the man’s suicide. The women resisted holding men responsible for the suicide and tended to blame themselves, especially when they perceived their efforts to support the man as inadequate. Even when women acknowledged their guilt as illogical, they were seemingly unable to entirely escape regret and self-blame. In order to reformulate and avoid reifying feminine ideals synonymous with selflessly caring for others regardless of the costs to their own well-being, women’s postsuicide bereavement support programs should integrate a critical gender approach. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Impacts of a documentary about masculinity and men’s health.
Authors: King, Kylie; Schlichthorst, Marisa; Reifels, Lennart; Keough, Louise; Spittal, Matthew J.; Phelps, Andrea; Pirkis, Jane;
Abstract: As part of a larger study, we developed a three-part documentary called Man Up that explored the relationship between masculinity, mental health, and suicide. In this study, we examine in detail the qualitative feedback provided by those who viewed Man Up, in order to gain a more in-depth understanding of its impact on them. A total of 169 participants provided qualitative feedback via an online survey 4 weeks after viewing Man Up. We examined their opinions about the show and whether they reported any changes in their attitudes and/or behaviors as a result of watching it. All the men who provided feedback on Man Up were overwhelmingly positive about it. The majority reported significant and profound impacts of viewing the documentary. They reported being more aware of others, more willing to help others, and more open about their emotions and problems, as well as demonstrating associated behavioral changes related to helping others and being more emotionally expressive. The data presented here demonstrate the potential for men’s health outcomes to be positively impacted by novel, media-based public health interventions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Is externalizing psychopathology a robust risk factor for suicidal thoughts and behaviors? A meta-analysis of longitudinal studies.
Authors: Witte, Tracy K.; Gauthier, Jami M.; Huang, Xieyining; Ribeiro, Jessica D.; Franklin, Joseph C.;
Source: Journal of Clinical Psychology, Vol 74(9), Sep, 2018 pp. 1607-1625. Publisher: John Wiley & Sons;
Abstract: Objective: Our primary objective was to determine the potency of externalizing psychopathology as a risk factor for suicidal thoughts and behaviors (STBs). Method: We conducted a random effects meta-analysis of 174 prospective studies (839 unique statistical tests) examining externalizing psychopathology and suicidal thoughts and behaviors (STBs) published prior to December 8, 2017. The weighted mean odds ratios for the overall relationship between externalizing psychopathology and STBs were below 2.00 in magnitude, and all risk factor subcategories were also fairly modest predictors of STBs. Taking publication bias into account reduced the magnitude of these associations, particularly for death. Although externalizing psychopathology modestly predicts STBs, this may be due to design limitations of existing studies. Future research should employ shorter follow-up periods, consider risk factors in combination, and focus on forms of externalizing psychopathology that have not been studied extensively. Results: The weighted mean odds ratios for the overall relationship between externalizing psychopathology and STBs were below 2.00 in magnitude, and all risk factor subcategories were also fairly modest predictors of STBs. Taking publication bias into account reduced the magnitude of these associations, particularly for death. Additionally, our results were mostly consistent regardless of sample age, sample severity, follow-up length, and predictor scale. Conclusions: Although externalizing psychopathology modestly predicts STBs, this may be due to design limitations of existing studies. Future research should employ shorter follow-up periods, consider risk factors in combination, and focus on forms of externalizing psychopathology that have not been studied extensively. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Association between traumatic brain injury and risk of suicide.
Authors: Madsen, Trine; Erlangsen, Annette; Orlovska, Sonja; Mofaddy, Ramy; Nordentoft, Merete; Benros, Michael E.;
Source:
Abstract:
Importance: Traumatic brain injuries (TBIs) can have serious long-term consequences, including psychiatric disorders. However, few studies have assessed the association between TBI and risk of suicide. Objective: To examine the association between TBI and subsequent suicide. Design, Setting, and Participants: Retrospective cohort study using nationwide registers covering 7418391 individuals (>10 years) living in Denmark (1980-2014) with 164265624 person-years' follow-up; 567823 (76%) had a medical contact for TBI. Data were analyzed using Poisson regression adjusted for relevant covariates, including fractures not involving the skull, psychiatric diagnoses, and deliberate self-harm. Exposure: Medical contacts for TBI recorded in the National Patient Register (1977-2014) as mild TBI (concussion), skull fracture without documented TBI, and severe TBI (head injuries with evidence of structural brain injury). Main Outcomes and Measures: Suicide recorded in the Danish Cause of Death register until December 31, 2014. Results: Of 34529 individuals who died by suicide (mean age, 52 years [SD, 18 years]; 32.7% women; absolute rate 21 per 100 000 person-years [95% CI, 20.8-21.2]), 3536 (10.2%) had medical contact: 2701 with mild TBI, 174 with skull fracture without documented TBI, and 661 with severe TBI. The absolute suicide rate was 41 per 100 000 person-years (95% CI, 39.2-41.9) among those with TBI vs 20 per 100 000 person-years (95% CI, 19.7-20.1) among those with no diagnosis of TBI. The adjusted incidence rate ratio (IRR) was 1.90 (95% CI, 1.83-1.97). Compared with those without TBI, severe TBI (absolute rate, 50.8 per 100 000 person-years; 95% CI, 46.9-54.6) was associated with an IRR of 2.38 (95% CI, 2.20-2.58), whereas mild TBI (absolute rate, 38.6 per 100 000 person-years; 95% CI, 37.1-40.0), and skull fracture without documented TBI (absolute rate, 42.4 per 100 000 person-years; 95% CI, 36.1-48.7) had an IRR of 1.81 (95% CI, 1.74-1.88) and an IRR of 2.01 (95% CI, 1.73-2.34), respectively. Suicide risk was associated with number of medical contacts for TBI compared with those with no TBI contacts: 1 TBI contact, absolute rate, 34.3 per 100 000 person-years (95% CI, 33.0-35.7; IRR, 1.75; 95% CI, 1.68-1.83); 2 TBI contacts, absolute rate, 59.8 per 100 000 person-years (95% CI, 55.1-64.6; IRR, 2.31; 95% CI, 2.13-2.51); and 3 or more TBI contacts, absolute rate, 90.6 per 100 000 person-years (95% CI, 82.3-98.9; IRR, 2.59; 95% CI, 2.35-2.85; all P < .001 for the IRR's). Compared with the general population, temporal proximity since the last medical contact for TBI was associated with risk of suicide (P < .001), with an IRR of 3.67 (95% CI, 3.33-4.04) within the first 6 months and an incidence IRR of 1.76 (95% CI, 1.67-1.86) after 7 years. Conclusions and Relevance: In this nationwide registry-based retrospective cohort study individuals with medical contact for TBI, compared with the general population without TBI, had increased suicide risk.

Title: Nonsuicidal self-injury in community adolescents: A systematic review of prospective predictors, mediators and moderators.

Authors: Valencia-Agudo, Fatima; Burcher, Georgina Corbet; Ezpeleta, Lourdes; Kramer, Tami;


Abstract: Nonsuicidal self-injury (NSSI) usually starts during adolescence and is associated with an array of psychological and psychiatric symptoms and future suicide attempts. The aim of this study is to determine prospective predictors, mediators and moderators of NSSI in adolescent community samples in order to target prevention and treatment strategies. Two team members searched online databases independently. Thirty-nine studies were included in the review. Several variables were seen to prospectively predict NSSI: female gender, family-related variables, peer victimisation, depression, previous NSSI and self-concept. Few studies analysed mediators and moderators. Low self-concept was highlighted as a relevant moderator in the relationship between intra/interpersonal variables and NSSI. Implications of these findings are discussed. The considerable heterogeneity between studies posed a limitation to determine robust predictors of NSSI. Further prospective studies using standardised measures of predictors and outcomes are needed to ascertain the most at risk individuals and develop prevention strategies.

Title: The longitudinal association between cognitive control capacities, suicidality, and depression during late adolescence and young adulthood.

Authors: Crandall, AliceAnn; Allsop, Yvonne; Hanson, Carl L.;


Abstract: This study examined the association between cognitive control capacities, suicidal thoughts and attempts, and depressive symptoms during late adolescence and young adulthood. The sample included 4192 participants (55.5% female) from the United States who participated in Waves III (2001–2002; respondent age 18–26 years) and IV (2007–2008; respondent age 24–33 years) of the National Longitudinal Study of Adolescent to Adult Health. Data were analyzed using structural equation modeling. Suicidality in late adolescence predicted depressive symptoms in young adulthood. Depressive symptoms were not predictive of later suicide ideation nor attempts. Working memory was associated with lower depressive symptoms. Higher verbal ability was associated with more suicidal thoughts but not attempts. Internal locus of control was associated with decreased depressive symptoms and suicidal thoughts/attempts in young adulthood. Findings suggest that cognitive control capacities developed in adolescence differentially predict depressive symptoms, suicidal thoughts, and suicide attempts in young adulthood. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: 'Dead people don’t claim': A psychopolitical autopsy of UK austerity suicides.

Authors: Mills, China;


Abstract: One of the symptoms of post financial crisis austerity in the UK has been an increase in the numbers of suicides, especially by people who have experienced welfare reform. This article develops and utilises an analytic framework of psychopolitical autopsy to explore media coverage of ‘austerity suicide’ and to take seriously the psychic life of austerity (internalisation, shame, anxiety), embedding it in a context of social dis-ease. Drawing on three distinct yet interrelated areas of literature (the politics of affect and psychosocial dynamics of welfare, post and anti-colonial psychopolitics, and critical suicidology), the article aims to better understand how austerity ‘kills’. Key findings include understanding austerity suicides as embedded within an affective economy of the anxiety caused by punitive welfare retrenchment, the stigmatisation of being a recipient of benefits, and the internalisation of market logic that assigns value through ‘productivity’ and conceptualises welfare entitlement as economic ‘burden’. The significance of this approach lies in its ability to widen analytic framing of suicide from an individual and psychocentric focus, to illuminate culpability of government reforms while still retaining the complexity of suicide, and thus to provide relevant policy insights about welfare reform. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Exploring the pathway from anxiety sensitivity intervention to suicide risk reduction: Chained mediation through anxiety and depressive symptoms.

Authors: Norr, Aaron M.; Allan, Nicholas P.; Reger, Greg M.; Schmidt, Norman B.;

Abstract:
Background: The suicide rate in the United States continues to increase suggesting novel intervention strategies are needed. Anxiety sensitivity (AS), or a fear of anxiety-related sensations, is a suicide risk factor that can be ameliorated via a single-session, computerized intervention called the Cognitive Anxiety Sensitivity Treatment (CAST). Results from randomized controlled trials have demonstrated that reductions in suicidal ideation (SI) due to CAST were mediated by AS reductions. However, a more detailed analysis of the mechanisms of SI reduction due to AS interventions is needed to further our understanding of theoretical models of AS and suicide, and to refine AS treatments. Methods: Participants (N = 74) with co-occurring anxiety pathology and SI were randomized to a single-session computerized treatment (CAST + cognitive bias modification) or a control intervention. Assessments were conducted immediately post treatment, and at 1 month and 4 month follow-ups. Results: Chained mediation models revealed significant reductions in SI (month 4 follow-up) through AS (post-treatment) and subsequently anxiety symptoms (month 1 follow-up), but not depressive symptoms. There were no direct mediation effects through either AS or anxiety or depressive symptoms. Limitations: Limitations include self-report assessment of symptoms, a sample of only individuals with a diagnosed anxiety pathology, and exploratory nature of anxiety/depression dimension analyses. Conclusions: Results of the current study help clarify the mechanistic pathways of SI reduction due to an AS intervention, and suggest future work attempting to increase the efficacy of AS interventions should consider the potentially important role of downstream mechanisms that follow AS reduction. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: 13 Reasons Why: A trigger for teen suicide?
Authors: Beal, Judy A.;
Abstract: This article provides an overview of the American web television series, 13 Reasons Why. The series depicts the story of a teenage girl who commits suicide and delivers 13 audiotaped cassettes to classmates who played a role in her decision to kill herself. Critics have posited that the series may romanticize suicide and stir a contagion among teens who are prone to depression or may have underlying mental illness. On the other hand, some suggest that the series may promote the dialogue providing an opportunity to discuss teen suicide more openly and directly. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The views of clergy regarding ethical controversies in care at the end of life.
Authors: Balboni, Michael J.; Sullivan, Adam; Smith, Patrick T.; Zaidi, Danish; Mitchell, Christine; Tulsky, James A.; Sulmasy, Daniel P.; VanderWeele, Tyler J.; Balboni, Tracy A.;
Abstract: Context: Although religion often informs ethical judgments, little is known about the views of American clergy regarding controversial end-of-life ethical issues including allowing to die and physician aid in dying or physician-assisted suicide (PAD/PAS). Objective: To describe the views of U.S. clergy concerning allowing to die and PAD/PAS. Methods: A survey was mailed to 1665 nationally representative clergy between 8/2014 to 3/2015 (60% response rate). Outcome variables included beliefs about whether the terminally ill should ever be ‘allowed to die’ and moral/legal opinions concerning PAD/PAS. Results: Most U.S. clergy are Christian (98%). Clergy agreed that there are circumstances in which the terminally ill should be ‘allowed to die’ (80%). A minority agreed that PAD/PAS was morally (28%) or legally (22%) acceptable. Mainline/Liberal Christian clergy were more likely to approve of the morality (56%) and legality
(47%) of PAD/PAS, in contrast to all other clergy groups (6%–17%). Greater end-of-life medical knowledge was associated with moral disapproval of PAD/PAS (adjusted odds ratio [AOR], 1.51; 95% CI, 1.04–2.19, P = 0.03). Those reporting distrust in health care were less likely to oppose legalization of PAD/PAS (AOR 0.93; 95% CI, 0.87–0.99, P < 0.02). Religious beliefs associated with disapproval of PAD/PAS included ‘life’s value is not tied to the patient’s quality of life’ (AOR 2.12; 95% CI, 0.1.49–3.03, P < 0.001) and ‘only God numbers our days’ (AOR 2.60; 95% CI, 1.77–3.82, P < 0.001). Conclusion: Most U.S. clergy approve of ‘allowing to die’ but reject the morality or legalization of PAD/PAS. Respectful discussion in public discourse should consider rather than ignore underlying religious reasons informing end-of-life controversies. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-57701-007&site=ehost-live

Title:
Follow-up protocol was useful for children whose parents attended emergency departments after partner violence, substance abuse or a suicide attempt.

Authors:
van Konijnenburg, Eva M. M. Hoytema; Gigengack, Maj; Teeuw, Arianne H.; Sieswerda-Hoogendoorn, Tessa; Brillessliper-Kater, Sonja N.; Flapper, Boudien C.; Lindauer, Ramón J. L.; van Goudoever, Johannes B.; van der Lee, Johanna H.; aftERcare Group;

Source:

Abstract:
Aim: This was a one-year follow-up of families referred to support services after the parents visited the emergency department due to intimate partner violence, substance abuse or a suicide attempt. Its aim was to evaluate the well-being of any children. Methods: Data on families identified a year earlier by the Amsterdam protocol were gathered from child protective services and parent and child self-reports in two Dutch regions from 2012-2015. Results: We included 399 children (52%) boys with a median age of eight years (range 1–18) in the study using child protective services data. Of the 101 families who participated in the first measurement, 67 responded one year after the parent’s emergency department visit. The results showed that 20% of the children had no or minor problems, voluntary support services were involved in 60% of cases and child protective services were involved in 20%. Compared to their first assessment a year earlier, the children’s psychosocial problems had not increased, but this could have been an underestimation due to selective responses. Conclusion: The Amsterdam protocol was valuable in referring families to voluntary support services, but given the ongoing problems in some families, professionals need to carefully monitor whether support services are sufficiently effective. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Google and suicides: What can we learn about the use of Internet to prevent suicides?

Authors:
Chandler, V.;

Source:
Public Health, Vol 154, Jan, 2018 pp. 144-150. Publisher: Elsevier Science; [Journal Article]

Abstract:
Objectives: This article studies the statistical relationship between the search propensity of suicide-related terms on Google and the number of suicides. Study design: Suicide mortality data from all American states from January 2006 to November 2014 (n = 5372) and data on Google search intensity for the same period was collected. Methods: Regression analysis with dynamic components was performed to determine the relationship between search intensity and the number of suicides. Results: First, this article finds a positive simultaneous correlation between search intensity and the number of suicides. The magnitude of this relationship has grown from 2006 to 2014 suggesting an increased reliance on the internet for suicide-related information. Second, search propensity is a significant predictor for the number of suicides for youth and for males. Conclusions: Suicide prevention websites should therefore be designed knowing that at-risk individuals in both groups are probably more prone to look for suicide-related information online. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Suicidal behavior and non-suicidal self-injury in emergency departments underestimated by administrative claims data.

Authors: Stanley, Barbara; Currier, Glenn W.; Chesin, Megan; Chaudhury, Sadia; Jager-Hyman, Shari; Gafalvy, Hanga; Brown, Gregory K.; Crisis:


Abstract: Background: External causes of injury codes (E-codes) are used in administrative and claims databases for billing and often employed to estimate the number of self-injury visits to emergency departments (EDs). Aims: This study assessed the accuracy of E-codes using standardized, independently administered research assessments at the time of ED visits. Method: We recruited 254 patients at three psychiatric emergency departments in the United States between 2007 and 2011, who completed research assessments after presenting for suicide-related concerns and were classified as suicide attempters (50.4%, n = 128), nonsuicidal self-injurers (11.8%, n = 30), psychiatric controls (29.9%, n = 76), or interrupted suicide attempters (7.8%, n = 20). These classifications were compared with their E-code classifications. Results: Of the participants, 21.7% (55/254) received an E-code. More research-classified suicide attempters and 26.7% of research-classified nonsuicidal self-injurers received self-inflicted injury E-codes. Those who did not receive an E-code but should have based on the research assessments had more severe psychopathology, more Axis I diagnoses, more suicide attempts, and greater suicidal ideation. Limitations: The sample came from three large academic medical centers and these findings may not be generalizable to all EDs. Conclusion: The frequency of ED visits for self-inflicted injury is much greater than current figures indicate and should be increased threefold. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

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Title: Chronotype and suicide: The mediating effect of depressive symptoms.

Authors: Park, Hwanjin; Lee, Hye-Kyung; Lee, Kounseok;


Abstract: Background: Chronotype is individual characteristic, and people who stay up late are acknowledged to be more likely to experience depressive symptoms as well as impulsivity and suicide. Depression is also associated with suicidality. The purpose of this study was to investigate and analyze the role of depression in its effects on chronotype and suicidality. Method: A total of 5632 university students were recruited as participants. We evaluated their chronotype, depressive symptoms, and suicidality using questionnaires. Correlation analysis, analysis of covariance, and path analysis were performed. Results: Depressive symptoms and suicidality were higher among individuals with an eveningness chronotype: the greater the depressive symptoms, the higher the suicidality. The results of path analysis showed that the direct effect of suicidality in relation to chronotype was not statistically significant, but the indirect effect of depressive symptoms was statistically significant. This result indicates that depressive symptoms fully mediated the relationship between chronotype and suicidality. Conclusion: Morningness may be a protective factor, not only against depression but also against suicide. To assess the risk of suicide, we must evaluate not only depressive symptoms, but also the effects of chronotype on depressive symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

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Title: Chronotype and suicide: The mediating effect of depressive symptoms.

Authors: Park, Hwanjin; Lee, Hye-Kyung; Lee, Kounseok;


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Acute stress and substance use as predictors of suicidal behaviour in acute and transient psychotic disorders.

**Source:**
López-Díaz, Álvaro; Lorenzo-Herrero, Pablo; Lara, Ignacio; Fernández-González, José Luis; Ruiz-Veguilla, Miguel;

**Authors:**

**Abstract:**
Several authors have reported high rates of suicidal behaviour in acute and transient psychotic disorders (ATPD). However, the literature in this area remains scarce. We wanted to find out whether there are predictors of suicidal behaviour in ATPD. Of 1032 psychosis admissions examined over a five-year period, ATPD was confirmed in 39 patients according to the International Classification of Diseases (ICD-10) diagnostic criteria. These patients were classified as suicidal behaviour (20.5%) or non-risk (79.5%) using a structured interview to assess suicidal risk. The following variables were analysed: previous history of suicide attempt or deliberate self-harm, history of depressive episodes, previous substance use history, education, ATPD subtype (polymorphic vs. nonpolymorphic), type of onset (abrupt vs. acute), and presence of associated acute stress. Multivariate analysis revealed that acute stress and substance use are significantly associated with suicidal behaviour in ATPDs. To our knowledge, this is the first study identifying independent risk factors that could predict suicidal behaviour in individuals with ATPD.


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Title:
Openness to firearm storage safety as a suicide prevention tool among those exposed to suicide: The role of perceived closeness to the suicide decedent.

**Authors:**
Daruwala, Samantha E.; Butterworth, Sarah E.; Anestis, Michael D.;

**Source:**

**Abstract:**
Background: Exposure to suicide and closeness to a suicide decedent may be relevant to means safety, especially in firearm owners. This study examines how such factors are associated with firearm owners’ current firearm storage methods and openness to changing storage methods. Method: 300 firearm owners completed a survey on Amazon’s Mechanical Turk program; 176 participants reported being exposed to suicide. Perceived closeness was rated as Not at all close, Close, or Extremely Close. Results: Those exposed to suicide were more open to secure storage and temporarily storing the firearm with a trusted individual to prevent someone else's suicide. Those close to the suicide decedent were more likely to use secure storage practices, more open to using secure storage methods to prevent their own and someone else's suicide, and had a higher degree of storage methods in place compared to those not close to the decedent. Limitations: The sample may not be representative of all American firearm owners exposed to suicide. Conclusions: Being close to a suicide decedent may influence firearm owners’ current storage practices and openness to changing storage methods. Such individuals may better relate to the suicide decedent and realize the significance of using secure storage methods to prevent suicide.


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Title:
The intensity of suicidal ideation at the worst point and its association with suicide attempts.

**Authors:**
Law, Keyne C.; Jin, Hyejin M.; Anestis, Michael D.;

**Source:**

**Abstract:**
This study seeks to determine if the severity of suicidal ideation at the worst point can differentiate individuals who think about suicide (ideators) from those who make a suicide attempt (attempters). Subsequently, the indirect effect of worst point ideation on differentiating ideators from attempters through
various pathways such as an increased capability for suicide, painful and provocative experiences, non-suicidal self-injury (NSSI), and planning for suicide was examined. The sample included 229 adults with a lifetime history of suicidal ideation who were recruited through Amazon's Mechanical Turk program and asked to complete a battery of self-report questionnaires. Furthermore, the sample was oversampled on the basis of prior suicide attempts. Our results suggest that there is a strong relationship between worst point ideation and suicide attempts such that there is a greater likelihood of endorsing past suicide attempts when individuals reported high intensity at the worst point of their suicidal ideation. An elevated level of painful and provocative events partially accounted for the aforementioned relationship while a heightened capability for suicide. The results from the present study suggest utility in managing intensity of suicidal ideation and the importance of addressing painful and provocative behaviors to prevent potentially lethal suicide attempts in the future. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Suicidal ideation and attempts in patients who seek treatment for substance use disorder.
Authors: López-Goñi, José J.; Fernández-Montalvo, Javier; Arteaga, Alfonso; Haro, Begoña;
Abstract: Patients with substance dependence have a great risk of suicidal ideation and attempts. The study of the specific risk characteristics of patients with substance use disorders who present with suicidal ideation and/or attempts becomes a crucial clinical issue in order to develop prevention strategies. The main goals of this study were to determine the prevalence rate of both suicidal ideation and attempts among patients receiving treatment for substance use disorder and to analyse the differential characteristics between these patients with and without suicidal behaviours. A sample of 334 patients (263 men-71 women) who sought treatment for substance use disorder in a Spanish clinical centre was assessed. In total, 43.7% of the patients presented with lifetime suicidal ideation (8.7% in the last month) and 17.7% with suicide attempts (1.5% in the last month). Patients with suicidal ideation or attempts showed a more severe addiction profile (assessed by the EuropASI), and more psychopathological symptoms (assessed by the SCL-90-R). Moreover the rate of suicidal ideation and attempts was significantly higher in inpatients than in outpatients. According to these results, systematic screening of suicidal risk in patients seeking treatment for substance use disorders is recommended, especially in those with a greater addiction severity. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Cyberbullying, positive mental health and suicide ideation/behavior.
Authors: Brailovskaia, Julia; Teismann, Tobias; Margraf, Jürgen;
Abstract: Cyberbullying has regularly been shown to be associated with suicide ideation/behavior. The present study investigated whether positive mental health, i.e., high levels of emotional, cognitive and psychological well-being, buffers the association between cyberbullying and suicide ideation/behavior. A total of 225 students completed measures of cyberbullying, suicide ideation/behavior, and positive mental health. Positive mental health fully mediated the association between cyberbullying and suicide ideation/behavior. Positive mental health seems to confer resilience and should be taken into account in clinical and preventive programs for student populations. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Ecological assessment of daily suicidal thoughts and attempts among suicidal teens after psychiatric hospitalization: Lessons about feasibility and acceptability.

Authors: Czyz, E. K.; King, C. A.; Nahum-Shani, I.;

Source: Psychiatry Research, Vol 267, Sep, 2018 pp. 566-574. Publisher: Elsevier Science; [Journal Article]

Abstract: Despite its potential to yield information about the dynamic course of suicidal ideation/behavior in individuals' natural environment, Ecological Momentary Assessment (EMA) has been strikingly underutilized among suicidal teens. This study reports on feasibility and acceptability of ecological assessment of daily suicide risk-related outcomes ('daily diaries,' a special case of EMA) among adolescent inpatients in the critical post-discharge period. Thirty-four adolescents (76% female; ages 13–17) responded to daily electronic surveys for four weeks after discharge. Survey adherence was 69% (n = 650 days) and decreased each week. Adherence was half as likely among adolescents without attempt history (OR = 0.50, CI = 0.27–0.95). Mid- and end-point study responses indicated high acceptability of daily diaries. Most adolescents reported no change or more positive change in their thoughts/mood after daily surveys. Suicidal ideation was reported on 24.4% (n = 159) of the days. In the month post discharge, more teens reported suicidal thoughts using daily surveys (70.6%) compared to end-of-study assessment (45.2%) (Chi-square = 4.24, p = .039). Two participants (5.9%) reported an attempt. Ideation frequency and duration varied across time, suggesting utility of frequent assessments in this context. EMA data collection with high-risk adolescents offers a feasible approach to examining real-time suicidal ideation/behavior, yielding nuanced information that is critical to advancing suicide prevention efforts. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Sexual identity, adverse childhood experiences, and suicidal behaviors.

Authors: Clements-Nolle, Kristen; Lensch, Taylor; Baxa, Amberlee; Gay, Christopher; Larson, Sandra; Yang, Wei;


Abstract: Purpose: The objective of this study was to examine the influence of sexual identity and adverse childhood experiences (ACEs) on suicidal behaviors in a population-based sample of high school students. Methods: A two-stage cluster random sampling design was used to recruit 5,108 students from 97 high schools. A total of 4,955 students (97%) provided information that allowed for classification of sexual identity into three groups: (1) lesbian, gay, or bisexual (LGB) (10%); (2) not sure (4.6%); and (3) heterosexual (85.4%). Five measures of childhood abuse and household dysfunction were summed, and the ACE score was categorized as 0, 1, 2, and 3–5 ACEs. Weighted logistic regression was used to assess the influence of sexual identity, ACEs, and their interaction on suicide ideation and attempts in the past 12 months. Results: Compared with heterosexual students, those who were LGB and were not sure had higher odds of suicide ideation and attempts. There was also a graded relationship between cumulative ACE exposure and suicidal behaviors. Although sexual identity/ACE interaction was not observed, LGB/not sure students who experienced a high number of ACEs were disproportionately affected. Compared with heterosexual students with 0 ACE, LGB/not sure students with 0 ACE (adjusted odds ratio [AOR] = 3.32, 95% confidence interval [CI] = 1.96–6.51), 1 ACE (AOR = 6.58, 95% CI = 4.05–10.71), 2 ACEs (AOR 13.50, 95% CI = 8.45–21.58), and 3–5 ACEs (AOR = 14.04, 95% CI = 8.72, 22.62) had higher odds of suicide ideation. A similar pattern was observed for suicide attempts. Conclusions: LGB and students not sure of their sexual identity with greater exposure to ACEs have disproportionately high levels of suicide ideation and attempts. Trauma-informed interventions for these populations are warranted. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Hospital emergency department lethal means counseling for suicidal patients.

Authors: Runyan, Carol W.; Brooks-Russell, Ashley; Tung, Gregory; Brandspigel, Sara; Betz, Marian E.; Novins, Douglas K.; Agans, Robert;


Abstract: Introduction: Lethal means counseling of suicidal individuals in emergency departments has the potential to reduce suicide. This study examines the provision of lethal means counseling and the presence of written protocols in a region with high rates of both firearm ownership and suicide. Methods: In 2015–2016, emergency department nurse managers in hospital-based emergency departments throughout eight states were surveyed using an 80-item survey developed through qualitative interviews and pilot testing. Questions focused on discharge counseling with suicidal patients and the presence of written protocols. Using survey weights to adjust for nonresponse, relationships of protocols with counseling practices were examined. Results: Data were obtained from 52.3% of all 363 eligible hospital emergency departments in the region. Among facilities that discharge suicidal patients, 79.7% (95% CI = 75.0%, 84.4%) reported asking about access to firearms and 68.9% (95% CI = 62.9%, 74.8%) counsel about safe storage when patients reported access. Forty-four percent of emergency departments reported having written protocols for lethal means counseling. Presence of written protocols was associated with a higher rate of counseling for all suicidal patients even if they were not planning to use a gun (45.0% [95% CI = 33.4%, 56.7%] in hospitals with protocols vs 21.5% [95% CI = 14.9%, 29.0%] in facilities without protocols). Conclusions: There are significant gaps in attention to lethal means counseling in emergency departments. This signals an opportunity to increase consistency and thoroughness of care for suicidal patients in the emergency department and for leadership from key professional organizations to advocate for protocols. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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Title: Examining the effectiveness of a coordinated perinatal mental health care model using an intersectional-feminist perspective.

Authors: Stevens, Natalie R.; Heath, Nicole M.; Lillis, Teresa A.; McMinn, Kenleigh; Tirone, Vanessa; Sha’ini, Mervat


Abstract: Untreated perinatal depression and anxiety are significant public health problems that disproportionately affect ethno-racial minorities. The purpose of this study was to examine the effectiveness of a coordinated perinatal mental health care model, focusing on socially-disadvantaged, ethno-racial minority women, with an intersectional-feminist perspective. The treatment model was grounded in intersectionality theory with the aim of addressing complex social vulnerability factors in the context of perinatal mental health treatment. Participants were 67 perinatal women (64% African American or Hispanic/Latina) referred by medical providers at an urban teaching hospital. Results demonstrated high treatment engagement and effectiveness, with 65.9% of participants demonstrating reliable improvement in symptoms. Moreover, African American and Hispanic/Latina patients had similar treatment outcomes compared to White patients, despite facing greater socio-economic disadvantages. Findings indicate that the treatment model may be a promising approach to reducing perinatal mental health disparities. Strengths and limitations of the study are discussed within the intersectionality framework. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Increasing access to care by delivering mental health services in schools: The school-based support program.

Authors: Swick, Danielle; Powers, Joelle D.;

Source: The School Community Journal, Vol 28(1), Spr-Sum 2018 pp. 129-144. Publisher: Academic Development Institute; [Journal Article]

Abstract: It is widely estimated that approximately 25% of school age youth face mental and behavioral health challenges. The vast majority of these youth are insufficiently treated, leaving them vulnerable to negative school outcomes such as attendance, behavioral, and academic problems. One common barrier to treatment is a lack of access to appropriate and consistent care including assessment and intervention. Often when students are identified in schools as potentially struggling with mental health issues, the child is referred out to the community for treatment. While well-intended, this approach is largely unsuccessful if families face challenges such as a language barrier, a lack of transportation or health insurance, or lack of flexibility with their jobs leaving them unable to make appointments. A unique school–community partnership in North Carolina attempted to overcome these obstacles by bringing mental health services to youth at the school campuses. The School-Based Support program largely mitigated problems with access to care and made a positive impact on school outcomes for youth. This report from the field describes the consequences of untreated mental health problems among children, barriers to receiving mental health treatment, and ways student mental health needs are currently addressed in schools. We then detail how the School-Based Support program was formed through a school–community partnership, the program components, evaluation results, and a case example. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Treatment integrity in psychotherapy research and implications for the delivery of quality mental health services.

**Authors:** Cox, Julia Revillion; Martinez, Ruben G.; Southam-Gerow, Michael A.;

**Source:** Journal of Consulting and Clinical Psychology Publisher: American Psychological Association; [Journal Article]

**Abstract:**
Objective: Treatment integrity, or the degree to which an intervention is delivered as intended, serves a crucial function as an independent variable check in treatment outcome research. Implementation science focuses on understanding and improving the processes (e.g., training, supervision, monitoring) that establish and support treatment integrity in community settings. This review assessed the adequacy of treatment integrity procedures (i.e., establishing, assessing, evaluating, and reporting integrity) implemented in treatment outcome research with the goals of updating the review by Perepletchikova, Treat, and Kazdin (2007) and connecting findings to implementation science goals. Method: Using the Implementation of Treatment Integrity Procedures Scale (Perepletchikova et al., 2007), 2 trained raters coded the treatment integrity procedures described by randomized controlled trials of psychosocial interventions published in 6 high-impact-factor journals from 2011 to 2015 (N = 188 studies describing 270 treatments). Results: Compared with Perepletchikova et al., current findings indicate significant improvement, but the frequency of adequate treatment integrity implementation remains low (10.7%). Conclusions: Recommendations for future work include focus on conceptualization of treatment integrity, establishment of treatment integrity standards, and use of findings from implementation science to improve treatment integrity procedures. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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**Title:** Gender-affirming medical interventions and mental health in transgender adults.

**Authors:** Tomita, Kevin K.; Testa, Rylan J.; Balsam, Kimberly F.;

**Source:** Psychology of Sexual Orientation and Gender Diversity Publisher: Educational Publishing Foundation;

**Abstract:**
Purpose: Researchers have provided evidence for behavioral health disparities between transgender and cisgender individuals. Few studies considered the impact of possessing sex characteristics at birth that are not congruent with gender identity. In studies that examined gender-affirming medical interventions (GAMIs) and behavioral health in transgender adults, important variables and a range of behavioral health symptoms have not been considered. This study explored relationships between three GAMIs and scores on 6 symptom measures, while controlling for key variables. We hypothesized that, compared with transgender people who desire but have not yet engaged in a GAMI, those who engaged in the GAMI will report lower symptom scores on behavioral health outcomes. Method: Using a cross-sectional design, data from 868 transgender people were analyzed through comparison of the behavioral health of those who completed a given GAMI and those who wanted to complete the intervention. Results: GAMIs were associated with lower scores on measures of depression, social anxiety, generalized anxiety, and PTSD and higher scores on alcohol abuse for trans masculine identity spectrum (TMIS) people who completed GAMIs compared with those who desired but did not complete GAMIs. Results related to trans feminine identity spectrum (TFIS) people largely demonstrated nonsignificant differences. Discussion: Results indicate that among those who desire GAMIs, the completion of GAMIs are associated with better behavioral health for TMIS people, with the exception of alcohol abuse. Nonsignificant differences in the results of TFIS people may be attributable to differences in sample size, social ramifications, GAMI satisfaction, and hormone effects. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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**Title:** Training community health workers in geriatric mental health: Process of manual development and pilot testing findings.

**Authors:**
The rising population of elderly possibly indicates an improvement in the quality of health care in the country at the same time it also point out the responsibility of ensuring quality care. Amidst this, unlike the physical health, mental health in the elderly has not received much attention. Strengthening the capacity of primary health care to deliver effective elder care services is recommended for a developing country like India. In this context, addressing the mental health needs of elderly would be successful if task shifting method is strategically used. The current paper shares the process of manual development for health workers and presents findings of pilot testing in rural Bangalore. The pilot experience observes that this is a useful method of ensuring mental health help to the elderly in the community. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title: Opportunities to improve measurement-based care practices in mental health care systems: A case example of electronic mental health screening and measurement.
Authors: King, Paul R.; Beehler, Gregory P.; Wade, Michael; Buchholz, Laura J.; Funderburk, Jennifer S.; Lilienthal, Kaitlin R.; Vair, Christina L.
Abstract: Introduction: Measurement-based care (MBC) involves the systematic collection of data to inform clinical decision-making and monitor treatment outcomes. In addition to benefitting patients and providers, data on MBC implementation can also be used to inform quality improvement efforts within existing health care systems. Method: The method was retrospective chart review. We collected data on electronic mental health (MH) screens and symptom measures recorded by MH providers. Patients were 28,376 veterans who received MH services in a northeastern region. Results: Although rates varied by MH condition and clinic type, screening for alcohol misuse, depression, and posttraumatic stress disorder appeared to occur with regularity. MH symptom measurement was less frequent than screening but included measures of alcohol and substance use, posttraumatic stress disorder, depression, and suicidal ideation. Patient demographics (e.g., age, military service era, sex, MH diagnosis) and frequency of clinic contact emerged as significant predictors of symptom measurement. Discussion: In this article, we illustrate how data on MH screening and measurement can be organized, analyzed, and interpreted to identify opportunities to enhance MBC practices in MH care. We conclude with a discussion of how large data set analyses can contribute to programmatic MBC initiatives. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Internalised stigma in mental health: An investigation of the role of attachment style.
Authors: Bradstreet, Simon; Dodd, Alyson; Jones, Steven
Abstract: Internalised stigma is associated with a range of negative outcomes, yet little is known about what determines the internalisation of stigma. In this study we examined the potential role of adult attachment style in the internalisation process in a transdiagnostic sample of adults with experience of recent mental health service use (n = 122), using an online survey. Associations between internalised stigma and perceived public stigma were tested. We also examined whether anxious and avoidant (insecure) attachment styles were positively associated with a significant amount of variance in internalised stigma when controlling for other variables, and whether the relationship between perceived public stigma and internalised stigma was moderated by anxious and avoidant attachment. We found that internalised...
stigma, perceived public stigma and insecure attachment were commonly reported and that internalised stigma was positively associated with perceived public stigma. However, neither anxious or avoidant attachment were associated with a significant amount of variance in internalised stigma and we found no moderating effect on the relationship between perceived public stigma and internalised stigma for insecure attachment. Despite mixed results, the strength of association between anxious attachment and internalised stigma suggests further research, which addresses some limitations of the current study, is warranted. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Predictors of mental health service use among individuals with high psychological distress and mental disorders.
Authors: Simo, Béatrice; Bamvita, Jean-Marie; Caron, Jean; Fleury, Marie-Josée;
Abstract: This study identified predictors of mental health service use over 12 months among 746 individuals with mental disorders and high psychological distress from a catchment area in southwest Montreal, Quebec (Canada). Data collected in 2011 and 2014 were analyzed using Andersen's Behavioral Model of Health Services Use. A hierarchical logistic regression identified predictors of mental health service use. In all, 29% of participants reported using mental health services in the previous 12 months. Three key enabling variables predicted mental health service use: having a family doctor, previous experience with mental health services, and employment. Self-perception of mental health, stressful events, and unmet needs marginally (Needs factors: non-clinical variables) were also associated with the outcome variable. Mental health service utilization depends primarily on organization of the health system, and patient perceptions of its condition (non-clinical needs). Mental health policy should focus on increasing the availability of services and professionals, especially family doctors. Other measures for encouraging service use and overall population wellbeing include raising public awareness around the signs and symptoms of mental illness as a way to promote more rapid response to patient needs, and protecting workplace mental health by reducing stress and stigma toward individuals affected by mental distress. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Promoting well-being through group drumming with mental health service users and their carers.
Authors: Ascenso, Sara; Perkins, Rosie; Atkins, Louise; Fancourt, Daisy; Williamon, Aaron;
Abstract: Purpose: Music has been linked with well-being across clinical and community settings. Yet, research has focused on assessment of single dimensions of well-being and on the typical receiver of support services. Acknowledging the burden that a caring role encompasses and integrating recent proposals for a multifaceted definition of well-being, we explore the extent to which group drumming interventions translate into multidimensional well-being change for both mental health service users and carers. Method: Thirty-nine participants engaged in one of a series of community drumming programmes were assessed via semi-structured interviews (n = 11) and focus groups (n = 28) at the end of each programme. Data were analysed using IPA. Results and Conclusion: Emotional, psychological and social dimensions of well-being emerged for both patients and carers, accounted for through six themes: (1) hedonia: positive affect and pleasant physical effects of drumming; (2) agency: initiative and sense of control; (3) accomplishment: non-specific and in relation to musical goals; (4) engagement, through focus and flow; (5) a redefinition of self, through self-awareness, construction of a positive identity, self-prospection and incorporation of a musical identity; and (6) social well-being, through connectedness and
positive relationships. The potential of such interventions for clinical contexts is discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Analyse me.
Authors: Crane, Jennifer;
Abstract: The poem Analyse Me evolved from my desire to understand where and how the creative fitted into the scheme of military veteran mental health treatments in Australia. In 2016, as an Australian Army veteran and a creative writer, I undertook to conduct craft of writing workshops for veterans. However, I found creative arts, in all modes, were not as widely incorporated into treatments and research as I thought. The poem is a creative response to my frustration and disbelief of the results of my research and is a representation of my findings conceptualised to be the clinical and externally measurable treatment modes at one extreme, contrasted against the less definable use of the imagination or the creative at the other. The poem highlights the broad expanse between these extremes. It underlines a view on the difference of gender in treatment and the divide between the detached, clinical analysis and the more personal, intuitive creative response. Analyse Me does not deny the use of one modality over, or to the exclusion, of the other but rather indicates they both have purpose and can be mutually supportive and beneficial. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Taking action to reduce mental disorders: Clinical intervention and beyond.
Authors: Jorm, Anthony;
Abstract: Presents a brief introduction of the articles featured in this month issue of Australian and New Zealand Journal of Psychiatry. A welcome trend in the Journal has been the increase in papers reporting trials of interventions. In the current issue, there are two reports of randomized controlled trials that have been completed and a report of an innovative program of work that is ongoing. There are also some papers that remind us that reducing the impact of mental disorders in society may require more than clinical intervention. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title: Barriers and facilitators of responding to problem gambling: Perspectives from Australian mental health services.
Authors: Rodda, S. N.; Manning, V.; Dowling, N. A.; Lee, S. J.; Lubman, D. I.;
Abstract: Despite high rates of comorbidity between problem gambling and mental health disorders, few studies have examined barriers or facilitators to the implementation of screening for problem gambling in mental health services. This exploratory qualitative study identified key themes associated with screening in mental health services. Semi-structured interviews were undertaken with 30 clinicians and managers from
11 mental health services in Victoria, Australia. Major themes and subthemes were identified using qualitative content analysis. Six themes emerged including competing priorities, importance of routine screening, access to appropriate screening tools, resources, patient responsiveness and workforce development. Barriers to screening included a focus on immediate risk as well as gambling being often considered as a longer-term concern. Clinicians perceived problem gambling as a relatively rare condition, but did acknowledge the need for brief screening. Facilitators to screening were changes to system processes, such as identification of an appropriate brief screening instrument, mandating its use as part of routine screening, as well as funded workforce development activities in the identification and management of problem gambling. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Transforming nurse–patient relationships—a qualitative study of nurse self-disclosure in mental health care.

Authors:
Unhjem, Jeanette Varpen; Vatne, Solfrid; Hem, Marit Helene;

Source:

Abstract:
Aims and objectives: To describe what and why nurses self-disclose to patients in mental health care. Background: Self-disclosure is common, but controversial and difficult to delineate. Extant research suggests that self-disclosure might have several potentially beneficial effects on therapeutic alliance and treatment outcome for patients in mental health care, but results are often mixed and limited by definitional inconsistencies. Design: Multi-site study with purposive sampling and source triangulation. Method: Qualitative descriptive study including data from 16 nurses taking part in participant observation, individual interviews and focus group interviews. Results: Separate analyses resulted in four themes addressing the research question of what nurses self-disclose, and one main theme and four subthemes addressing why nurses self-disclose. The content of self-disclosure was captured in the four themes: Immediate family, Interests and activities, Life experiences and Identity. In addition, results showed that disclosures were common among the nurses. Self-disclosure's potential to transform the nurse–patient relationship, making it more open, honest, close, reciprocal and equal, was the overarching reason why nurses shared personal information. The nurses also chose to self-disclose to share existential and everyday sentiments, to give real-life advice, because it felt natural and responsive to patients' question to do so. Conclusion: Nurse self-disclosure is common and cover a variety of personal information. Nurses have several reasons for choosing to self-disclose, most of which are connected to improving the nurse–patient relationship. Relevance to clinical practice: Self-disclosure controversy can make it difficult for nurses to know whether they should share personal information or not. Insights into the diversity of and reasons for nurse self-disclosure can help with deliberations on self-disclosure. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Treatment integrity in psychotherapy research and implications for the delivery of quality mental health services.

Authors:
Cox, Julia Revillion; Martinez, Ruben G.; Southam-Gerow, Michael A.;

Source:
Journal of Consulting and Clinical Psychology Publisher: American Psychological Association; [Journal Article]

Abstract:
Objective: Treatment integrity, or the degree to which an intervention is delivered as intended, serves a crucial function as an independent variable check in treatment outcome research. Implementation science focuses on understanding and improving the processes (e.g., training, supervision, monitoring) that establish and support treatment integrity in community settings. This review assessed the adequacy of treatment integrity procedures (i.e., establishing, assessing, evaluating, and reporting integrity)
implemented in treatment outcome research with the goals of updating the review by Perepletchikova, Treat, and Kazdin (2007) and connecting findings to implementation science goals. Method: Using the Implementation of Treatment Integrity Procedures Scale (Perepletchikova et al., 2007), 2 trained raters coded the treatment integrity procedures described by randomized controlled trials of psychosocial interventions published in 6 high-impact-factor journals from 2011 to 2015 (N = 188 studies describing 270 treatments). Results: Compared with Perepletchikova et al., current findings indicate significant improvement, but the frequency of adequate treatment integrity implementation remains low (10.7%). Conclusions: Recommendations for future work include focus on conceptualization of treatment integrity, establishment of treatment integrity standards, and use of findings from implementation science to improve treatment integrity procedures. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Gender-affirming medical interventions and mental health in transgender adults.
Authors: Tomita, Kevin K.; Testa, Rylan J.; Balsam, Kimberly F.;
Source: Psychology of Sexual Orientation and Gender Diversity Publisher: Educational Publishing Foundation;
Abstract: Purpose: Researchers have provided evidence for behavioral health disparities between transgender and cisgender individuals. Few studies considered the impact of possessing sex characteristics at birth that are not congruent with gender identity. In studies that examined gender-affirming medical interventions (GAMIs) and behavioral health in transgender adults, important variables and a range of behavioral health symptoms have not been considered. This study explored relationships between three GAMIs and scores on 6 symptom measures, while controlling for key variables. We hypothesized that, compared with transgender people who desire but have not yet engaged in a GAMI, those who engaged in the GAMI will report lower symptom scores on behavioral health outcomes. Method: Using a cross-sectional design, data from 868 transgender people were analyzed through comparison of the behavioral health of those who completed a given GAMI and those who wanted to complete the intervention. Results: GAMIs were associated with lower scores on measures of depression, social anxiety, generalized anxiety, and PTSD and higher scores on alcohol abuse for trans masculine identity spectrum (TMIS) people who completed GAMIs compared with those who desired but did not complete GAMIs. Results related to trans feminine identity spectrum (TFIS) people largely demonstrated nonsignificant differences. Discussion: Results indicate that among those who desire GAMIs, the completion of GAMIs are associated with better behavioral health for TMIS people, with the exception of alcohol abuse. Nonsignificant differences in the results of TFIS people may be attributable to differences in sample size, social ramifications, GAMI satisfaction, and hormone effects. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: How racially concordant therapists and culturally responsive online profiles impact treatment-seeking among Black and White Americans.
Authors: Ellis, Donovan M.; Guastello, Andrea D.; Anderson, Page L.; McNamara, Joseph P. H.;
Source: Practice Innovations Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: Recent research has identified various structural and ideological barriers to mental health treatment seeking among Black Americans. However, the ever-increasing role of online sources by which potential clients encounter mental health practitioners remains underexamined. The present study aims to investigate the impact of characteristics in a therapist’s online profile on interest in pursuing treatment among a sample of Black and White Americans. Participants were asked to rate their interest in seeking treatment from a therapist after being presented with vignettes simulating online profiles that either contained an expression of religious inclusivity and a commitment to serving minority groups or did not contain these statements. Black participants reported equal levels of interest in seeking treatment from therapists whether these expressions were included or not. Conversely, White participants expressed
lower levels of treatment interest from therapists when these multiculturally sensitive statements were included. Furthermore, more Black participants viewed the race of the therapist as important to their decision-making than White participants. Results of the study suggest that the contents of brief therapist biographies can influence treatment-seeking attitudes. Furthermore, Black and White participants may respond differently to the contents of online profiles when treatment seeking. Practitioner recommendations for the marketing of mental health services are explored. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Disparities in follow-up care for Asian American youth assessed for suicide risk in schools.

Authors: Kim, Joanna J.; Kodish, Tamar; Bear, Laurel; El-Hendi, Tonya; Duong, Jacqueline; Lau, Anna S.;


Abstract: Asian American (AA) students in academically high-performing schools are thought to represent a high-risk but underidentified group for mental health need and potential suicide risk. Previous data indicate that internalizing mental health needs among AA students are more likely to go unmet compared with other racial/ethnic groups. This is the first study to examine disparities in rates of follow-up mental health services (MHS) for AA students assessed for suicide risk in schools. We examined rates of parental consent for MHS and ultimate linkage to care following risk assessments for students in an ethnically diverse, high-performing school district. Findings indicated that AA students were underrepresented among suicide risk assessments compared with their district enrollment. Although female students were more often referred for suicide risk assessments, AA boys appeared at heightened risk compared with boys from other racial/ethnic groups at the elementary and middle school levels. In terms of rates of MHS receipt, 43.4% of AA students and 57.1% of Latino students received new or ongoing MHS following risk assessment. Multinomial logistic regressions revealed racial/ethnic disparities in parental consent and linkage to care, such that AA students were at significantly higher risk of having parents decline MHS (relative risk ratio = .26, p < .001) and having no initiation of MHS following risk assessment (relative risk ratio = .55, p < .01) compared with Latino students. Potential barriers to parental consent and aftercare for AA families are discussed, highlighting the need for implementation strategies to reduce racial/ethnic disparities for youth at risk of suicide. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Opportunities to improve measurement-based care practices in mental health care systems: A case example of electronic mental health screening and measurement.

Authors: King, Paul R.; Beehler, Gregory P.; Wade, Michael; Buchholz, Laura J.; Funderburk, Jennifer S.; Lilienthal, Kaitlin R.; Vair, Christina L.;


Abstract: Introduction: Measurement-based care (MBC) involves the systematic collection of data to inform clinical decision-making and monitor treatment outcomes. In addition to benefitting patients and providers, data on MBC implementation can also be used to inform quality improvement efforts within existing health care systems. Method: The method was retrospective chart review. We collected data on electronic mental health (MH) screens and symptom measures recorded by MH providers. Patients were 28,376 veterans who received MH services in a northeastern region. Results: Although rates varied by MH condition and clinic type, screening for alcohol misuse, depression, and posttraumatic stress disorder appeared to occur with regularity. MH symptom measurement was less frequent than screening but included measures of alcohol and substance use, posttraumatic stress disorder, depression, and suicidal ideation. Patient demographics (e.g., age, military service era, sex, MH diagnosis) and frequency of clinic contact emerged
as significant predictors of symptom measurement. Discussion: In this article, we illustrate how data on MH screening and measurement can be organized, analyzed, and interpreted to identify opportunities to enhance MBC practices in MH care. We conclude with a discussion of how large data set analyses can contribute to programmatic MBC initiatives. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Aging out or continuing on? Exploring strategies to prepare marginalized youth for a transition to recovery in adulthood.

Authors: Manuel, Jennifer I.; Munson, Michelle R.; Dino, Mary; Villodas, Melissa L.; Barba, Antonia; Panzer, Paula G.;


Abstract: Objective: This study aimed to improve our understanding of how to best assist marginalized youth during their transition to adulthood, and how to provide them services that help them achieve independence within existing public systems of care. Method: Using purposive sampling methods, 17 direct service providers and supervisors of a large behavioral health organization participated in individual interviews and focus groups. Results: A team of analysts identified eight primary themes: (a) the primacy of consistent and caring relationships with adults; (b) working with youth and family concurrently; (c) the complicated dance of autonomy and independence; (d) engagement of alumni and peers in service delivery; (e) transition navigator: an active not passive approach to becoming an adult; (f) youth as the drivers of treatment and recovery; (g) provider training and resources to address the unique needs of transition-age youth; and (h) broadening the definition of treatment. Conclusions and Implications for Practice: Our findings have important implications for practice, including (a) adapting clinical practice to meet the unique needs of transition-age youth and young adults; (b) engaging and expanding positive support systems; and (c) shifting the mindset of transition-age youth and young adults, their caregivers, and providers from a perspective of ‘aging out’ of the mental health system to a perspective of ‘continuing on’ in the management of their mental health through treatment and rehabilitation as needed as young adults. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Functional recovery of individuals with serious mental illnesses: Development and testing of a new short instrument for routine outcome monitoring.

Authors: Swildens, Wilma Elisabeth; Visser, Ellen; Bähler, Michiel; Bruggeman, Richard; Delespaul, Philippe; van der Gaag, Mark; de Haan, Lieuwe; Keet, René; Nijsen, Yolanda; van Os, Jim; Pijnenborg, Gerdirna Marieke; Slooff, Cees; de Vos, Annerieke; van Weeghel, Jaap; Wunderink, Lex; Mulder, Cornelis Lambert; Wiersma, Durk;


Abstract: Objective: This article describes the development and testing of the Functional Recovery tool (FR tool), a short instrument for assessing functional recovery during routine outcome monitoring of people living with serious mental illnesses. Methods: To assess functional recovery, mental health professionals conducted semistructured interviews with people living with serious mental illnesses on three areas of social functioning: daily living and self-care, work and study, and social contacts. Functioning in each of these areas over the past 6 months was rated on a 3-point scale: 0 (independent), 1 (partially independent), and 2 (dependent). The dichotomous overall outcome of the tool is defined as independent functioning in all areas. We analyzed interrater and test–retest reliability, sensitivity to change, and correlations with
constructs that are assumed to be similar to the FR tool (quality of life in daily living, work, and social contacts) or divergent from it (symptomatic functioning). Results: The FR tool was administered to 840 individuals with serious mental illnesses in Dutch mental health care services, 523 of whom were followed up for 1 year (response rate 62%). The tool was easy to complete and was appropriate for policy evaluation and practice. However, when it was combined with more elaborate instruments, it added little extra clinical information. Interrater and test–retest reliability, convergent and discriminant validity, and sensitivity to change were rated sufficient to good. Conclusions and Implications for Practice: The FR tool could be a useful measure of functional recovery in addition to current measures of symptomatic remission and personal recovery in routine outcome monitoring. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Sustaining attendance at a mental health service: A randomized controlled trial.
Authors: Avishai, Aya; Oldham, Mary; Kellett, Stephen; Sheeran, Paschal;
Abstract: Objective: A substantial proportion of psychotherapeutic treatments are prematurely terminated because the client discontinues attendance. Interventions have been developed to reduce premature termination, but these are only moderately effective and often place considerable burden on clients and services. This research evaluated a brief, low-cost self-regulation intervention (i.e., implementation intentions) designed to sustain attendance at a group psychoeducation program. Method: Clients (N = 82) who had been referred for a psychological intervention due to anxiety or depression were sent a questionnaire concerning their views of attendance. Participants were randomly assigned to form an implementation intention as part of the questionnaire or not (controls). Attendance was then monitored over the 5 scheduled sessions of an evidence-based psychoeducational intervention. Results: Intention-to-treat analyses indicated that forming implementation intentions led to attendance at a greater number of sessions (M = 2.84 vs. 1.62), p < .01, and higher rates of completing the full course of treatment compared to controls (35% vs. 11%), p < .02. Conclusions: An intervention rooted in basic research on the psychology of action increased and sustained attendance at a mental health service. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Community-based learning collaboratives and participant reports of interprofessional collaboration, barriers to, and utilization of child trauma services.
Authors: Hanson, Rochelle F.; Saunders, Benjamin E.; Peer, Samuel O.; Ralston, Elizabeth; Moreland, Angela D.; Schoenwald, Sonja; Chapman, Jason;
Abstract: Given the high prevalence and severe consequences of child trauma, effective implementation strategies are needed to increase the availability and utilization of evidence-based child trauma services. One promising strategy, the Community-Based Learning Collaborative (CBLC), augments traditional Learning Collaborative activities with a novel set of community-focused strategies. This prospective, observational study examined pre- to post-changes in CBLC participant reports of interprofessional collaboration (IPC), barriers to, and utilization of evidence-based child trauma treatment in their communities. Participants of five CBLCs from a statewide dissemination initiative, comprising 572 child abuse professionals (296 clinicians, 168 brokers, and 108 senior leaders), were surveyed pre- and post-CBLC participation. Results suggested that CBLCs significantly decreased barriers to child trauma treatment and significantly
increased IPC and perceived utilization of evidence-based child trauma treatment. Further, changes in barriers partially mediated this relationship. Finally, small to medium differences in participants' reports were detected, such that senior leaders perceived significantly greater IPC than clinicians and brokers did, while brokers perceived significantly greater barriers to child trauma treatment than clinicians and senior leaders did. Collectively, these preliminary findings suggest the CBLC implementation model—which augments traditional Learning Collaborative models with a focus on fostering IPC—can reduce barriers and increase the utilization of evidence-based mental health treatment services. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Barriers and consultation needs regarding implementation of evidence-based treatment in community agencies.  
Authors: Oliver, Jason A.; Lang, Jason M.;  
Abstract: There is growing recognition of the gap between research and practice in mental health settings, and community agencies now face significant pressure from multiple stakeholders to engage in evidence-based practices. Unfortunately, little is known about the barriers that exist among agencies involved in formal implementation efforts or their perceptions about how implementation experts can best support change. This study reports the results of a survey of 263 individuals across 32 agencies involved in a state-wide effort to increase access to an evidence-based trauma-focused treatment for children. Quantitative and qualitative results identified lack of time and secondary trauma as significant barriers to implementation and areas in which agencies desired consultation and support. Qualitative responses further suggested the importance of addressing client/structural barriers, staff turnover, and continued intervention training. Findings inform the development of a structured consultation process for community agencies focused on addressing the multiple barriers that can interfere with implementation of evidence-based treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Integration of mental health services into an innovative health care delivery model for children with chronic conditions.  
Authors: Glassgcow, Anne Elizabeth; Gerges, Michael; Martin, Molly A.; Estrada, Isela; Issa, Zahra; Lapin, Katerine; Morell, Laura; Solis, Nitza; Van Voorhees, Benjamin; Risser, Heather J.;  
Source: Children and Youth Services Review, Vol 95, Dec, 2018 pp. 144-151. Publisher: Elsevier Science;  
Abstract: Coordinated Healthcare for Complex Kids (CHECK) is an innovative health care delivery demonstration project for children with chronic conditions and is supported by the Centers for Medicare and Medicaid Services Health Care Innovation Award Round Two. CHECK integrated behavioral health care into the model of comprehensive healthcare delivery. CHECK has provided a total of 31,470 services to 5923 children and their families. CHECK has provided 12,243 mental health screenings, 18,411 preventive interventions, 7511 consultative services, 2443 direct interventions, and 3105 referral services. A significant relationship was found between type of mental health service and disease and age. Children received different types of mental health services based on their type of chronic medical condition and age. CHECK is a promising model that has the potential to inform the development of future integrated health and behavioral health care service delivery models for children and youth with chronic medical conditions. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title:
Internalised stigma in mental health: An investigation of the role of attachment style.
Authors:
Bradstreet, Simon; Dodd, Alyson; Jones, Steven;
Source:
Abstract:
Internalised stigma is associated with a range of negative outcomes, yet little is known about what determines the internalisation of stigma. In this study we examined the potential role of adult attachment style in the internalisation process in a transdiagnostic sample of adults with experience of recent mental health service use (n = 122), using an online survey. Associations between internalised stigma and perceived public stigma were tested. We also examined whether anxious and avoidant (insecure) attachment styles were positively associated with a significant amount of variance in internalised stigma when controlling for other variables, and whether the relationship between perceived public stigma and internalised stigma was moderated by anxious and avoidant attachment. We found that internalised stigma, perceived public stigma and insecure attachment were commonly reported and that internalised stigma was positively associated with perceived public stigma. However, neither anxious or avoidant attachment were associated with a significant amount of variance in internalised stigma and we found no moderating effect on the relationship between perceived public stigma and internalised stigma for insecure attachment. Despite mixed results, the strength of association between anxious attachment and internalised stigma suggests further research, which addresses some limitations of the current study, is warranted. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Predictors of mental health service use among individuals with high psychological distress and mental disorders.
Authors:
Simo, Béatrice; Bamvita, Jean-Marie; Caron, Jean; Fleury, Marie-Josée;
Source:
Abstract:
This study identified predictors of mental health service use over 12 months among 746 individuals with mental disorders and high psychological distress from a catchment area in southwest Montreal, Quebec (Canada). Data collected in 2011 and 2014 were analyzed using Andersen's Behavioral Model of Health Services Use. A hierarchical logistic regression identified predictors of mental health service use. In all, 29% of participants reported using mental health services in the previous 12 months. Three key enabling variables predicted mental health service use: having a family doctor, previous experience with mental health services, and employment. Self-perception of mental health, stressful events, and unmet needs marginally (Needs factors: non-clinical variables) were also associated with the outcome variable. Mental health service utilization depends primarily on organization of the health system, and patient perceptions of its condition (non-clinical needs). Mental health policy should focus on increasing the availability of services and professionals, especially family doctors. Other measures for encouraging service use and overall population wellbeing include raising public awareness around the signs and symptoms of mental illness as a way to promote more rapid response to patient needs, and protecting workplace mental health by reducing stress and stigma toward individuals affected by mental distress. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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Title: Examining criterion a: DSM–5 level of personality functioning as assessed through life story interviews.
Authors: Cruitt, Patrick J.; Boudreaux, Michael J.; King, Hannah R.; Oltmanns, Joshua R.; Oltmanns, Thomas F.;
Source: Personality Disorders: Theory, Research, and Treatment Publisher: Educational Publishing Foundation;
Abstract: The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition alternative model for personality disorders offers a two-part definition of personality pathology, separating personality functioning from traits. The Level of Personality Functioning Scale (LPFS) from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition alternative model for personality disorders encapsulates the personality functioning criterion, and several methods have been used to assess it. Previous interview rating methods have overlapped with an assessment of personality traits and symptoms, biasing the assessment of functioning, and recently developed self-report instruments rely on the participant’s awareness of their personality pathology. The purpose of the current analyses was to examine the reliability and validity of LPFS ratings based on open-ended, nondiagnostic interviews. The sample consisted of 162 community-dwelling, older adult participants from the St. Louis Personality and Aging Network. Undergraduate students rated video recordings of Life Story Interviews, using a 12-item version of the LPFS. One-way random, average measures intraclass correlation coefficient for the total LPFS was .80. A principal components analysis indicated that a single underlying dimension could characterize the LPFS. Component scores derived from this analysis demonstrated theoretically consistent associations with both normal-range and maladaptive personality traits. The component scores also contributed small but significant variance to the prediction of personality disorder symptoms, health, and functional outcomes over and above personality traits. These findings support the reliability and validity of the LPFS as assessed using Life Story Interviews and suggest that personality functioning ratings may have utility in predicting clinically relevant outcomes. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: A parallel process latent growth model of narcissistic personality disorder symptoms and normal personality traits.
Authors: Dowgwillo, Emily A.; Pincus, Aaron L.; Lenzenweger, Mark F.;
Source: Personality Disorders: Theory, Research, and Treatment Publisher: Educational Publishing Foundation;
Abstract: Although evidence from a number of longitudinal studies indicates a marked change in narcissistic personality disorder (NPD) symptoms over time, few studies have examined other psychological systems that may be related to this change. The current study uses data from the Longitudinal Study of Personality Disorders to examine how change in NPD symptoms is related to change in normal personality trait trajectories using parallel process growth curve modeling. A total of 250 students provided information on their personality traits and NPD symptoms on 3 occasions over the course of 4 years. Results suggest that cross-sectionally, NPD symptoms are positively correlated with dominance, neuroticism, and openness. Longitudinally, however, NPD symptoms decrease in parallel with increases in conscientiousness and decreases in neuroticism. Importantly, these longitudinal relationships are not a simple replication of the cross-sectional relationships between these 2 systems. Rather, this pattern of change is consistent with trait profiles suggesting maturation in young adults and has implications for the temporal stability of NPD as a construct and the theoretical relationship between normal personality traits and personality disorder more generally. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Schizotypal traits and the dark triad from an ecological perspective: A nonclinical sample study.
The Dark Triad is a collection of socially aversive personality traits, namely subclinical psychopathy, Machiavellianism, and subclinical narcissism. These deviant traits, however, contribute to the success of individuals with dark personality traits. Therefore, Dark Triad traits can be conceived as pseudopathologies. Schizotypal traits have also been studied from the perspective of behavioral adaptations. In this study, we investigated whether schizotypal traits were associated with the Dark Triad traits and how schizotypal symptoms can be considered as parts of dark interpersonal strategies that contribute to the individual success of people with dark personality traits. A sample of 277 university students (198 females and 79 males; Mage = 20.64; SDage = 2.15) were recruited to fill out the Short Dark Triad and the Schizotypal Personality Questionnaire-Brief Revised. Statistical analyses revealed that Machiavellianism was positively associated with restricted emotional and social life. Narcissism was negatively associated with interpersonal problems. Psychopathy was positively associated with distorted perceptions/cognitions and disorganization. Results of the study are discussed within a behavioral ecology framework. This perspective emphasizes the adaptive values connected to schizotypal personality traits. We further discuss how these adaptive traits fit into strategies of individuals with Dark Triad traits, and how these schizotypal traits might restrict or further promote their individual success. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Strategies to deal with suicide and non-suicidal self-injury in borderline personality disorder, the case of DBT.

Prada, Paco; Perroud, Nader; Rüfenacht, Eva; Nicastro, Rosetta;

One of the most problematic aspects of borderline personality disorder resides in repeated non-suicidal self-injury (NSSI) and suicide attempts. These behaviors constitute the prime therapeutic target and a factor that complicates patient care, namely in terms of therapeutic continuity. It has been demonstrated that Dialectical Behavior Therapy (DBT) is efficient in reducing the symptomatology of this disorder, as well as NSSI and suicide. DBT is a multi-component psychotherapeutic treatment, and the effectiveness of its individual constituents is therefore a relevant question. Studies comparing its various components (individual therapy, group therapy, and standard DBT) have not revealed any marked difference between them, other than a tendency toward improved patient retention rates in the standard version of the treatment. The aim of this study is to review the various components of DBT and their constituent parts, in order to highlight the importance of focusing on self-harm behaviors within the therapy as a whole. Although therapeutic strategies may differ and target directly suicide or NSSI, managing the quality of life, and the persistence of the therapeutic alliance (and of the interpersonal alliance) is equally important in terms of treatment efficacy. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Staff perceptions of borderline personality disorder and recovery: A Q-sort method approach.

Dean, Rebecca; Siddiqui, Sara; Beesley, Frank; Fox, John; Berry, Katherine;

Although therapeutic strategies may differ and target directly suicide or NSSI, managing the quality of life, and the persistence of the therapeutic alliance (and of the interpersonal alliance) is equally important in terms of treatment efficacy. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Objectives: This study was the first to explore how staff that work with people diagnosed with borderline personality disorder (BPD) perceive recovery in this client group. These views are important because of the crucial role that staff play in the care of people with BPD, and the challenges that staff experience with these clients. Design: A Q methodology design was used, containing 58 statements about recovery. Methods: Twenty-nine mental health staff sorted recovery statements according to perceived importance to recovery in BPD. Results: There were two different viewpoints about recovery in BPD. A medically oriented group viewed coping with symptoms and behaviours specific to BPD as being most important to recovery, whereas participants who were more well-being oriented viewed achieving overall well-being that was universally valued regardless of diagnosis as more important. Both groups reported that engaging in socially valued activities such as work and education was not an important aspect of recovery and that people with BPD could be considered to have recovered despite continued impairments in everyday functioning. Conclusions: Staff perceptions of recovery in BPD can differ, which poses risks for consistent team working, a particularly important issue in this client group due to the relational difficulties associated with the diagnosis. Multidisciplinary teams working with people diagnosed with BPD therefore need to find a forum to promote a shared understanding of each patient's needs and support plans. We advocate that team formulation is a promising approach to achieve more consistent ways of working within teams. Practitioner points: Findings: Multidisciplinary teams working with people with borderline personality disorder should use team formulations to create a shared understanding of individual patient's needs and goals for recovery, so they can deliver a consistent approach to care. 1. Recovery questionnaires should be used to develop an understanding of a patient's individual recovery goals. Limitations: Opportunity sampling was utilized in recruitment, and the sample was not representative of the general population of staff working with borderline personality disorder. Although views from a wide range of professions were sampled in this research, the views of psychiatrists were not represented.


Title: Examining the interpersonal nature of criterion A of the DSM–5 section III alternative model for personality disorders using bootstrapped confidence intervals for the interpersonal circumplex.

Authors: Dowgwillo, Emily A.; Roche, Michael J.; Pincus, Aaron L.;

Source: Journal of Personality Assessment, Vol 100(6), Nov-Dec, 2018 pp. 581-592. Publisher: Taylor & Francis;

Abstract: Criterion A of the alternative model of personality disorders (AMPD) involves the assessment of impairments in self and self in relation to other functioning and can be assessed using the Level of Personality Functioning Scale (LPFS). This study uses responses to a self-report version of the LPFS (AMPD–CAS) from 248 college students to examine the interpersonal implications of AMPD personality impairments using the interpersonal circumplex (IPC) as a nomological net. Results suggest that AMPD–CAS self-impairments are related to problems of low communion and interpersonal distress and do not appear to tap expected interpersonal problems of low agency. Additionally, AMPD–CAS identity is specifically associated with sensitivity to control, suggesting that individuals with diffuse identity find it aversive and intrusive when others take the lead. AMPD–CAS self in relation to other impairments are related to problems of low communion and interpersonal distress and do not appear to tap expected interpersonal problems of low agency. Additionally, AMPD–CAS identity is specifically associated with sensitivity to control, suggesting that individuals with diffuse identity find it aversive and intrusive when others take the lead. AMPD–CAS self in relation to other impairments are related to being too argumentative and suspicious of others, having difficulty connecting and caring for others, and finding others' affection and reliance aversive. Both self and self in relation to other AMPD–CAS impairments are related to interpersonal distress and misanthropy, suggesting they tap pathological aspects of personality functioning. These findings represent a first step toward fully examining the interpersonal nature of Criterion A impairments and provides preliminary evidence for the construct validity of AMPD–CAS scores. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Interrater reliability of the Structured Clinical Interview for the DSM–5 Alternative Model of Personality Disorders Module I: Level of Personality Functioning Scale.

Authors:
Buer Christensen, Tore; Paap, Muirne C. S.; Arnesen, Marianne; Koritzinsky, Karoline; Nysaeter, Tor-Erik; Eikenaes, Ingeborg; Germans Selvik, Sara; Walther, Kristoffer; Torgersen, Svenn; Bender, Donna S.; Skodol, Andrew E.; Kvarstein, Elfrida; Pedersen, Geir; Hummelen, Benjamin;

Source:
Journal of Personality Assessment, Vol 100(6), Nov-Dec, 2018 pp. 630-641. Publisher: Taylor & Francis;

Abstract:
The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM–5) presents an alternative model for personality disorders in which severity of personality pathology is evaluated by the Level of Personality Functioning Scale (LPFS). The Structured Interview for the DSM–5 Alternative Model for Personality Disorders, Module I (SCID–5–AMPD I) is a new tool for LPFS assessment, but its interrater reliability (IRR) has not yet been tested. Here we examined the reliability of the Norwegian translation of the SCID–5–AMPD I, applying two different designs: IRR assessment based on ratings of 17 video-recorded SCID–5–AMPD I interviews by five raters; and test–retest IRR based on interviews of 33 patients administered by two different raters within a short interval. For the video-based investigation, intraclass correlation coefficient (ICC) values ranged from .77 to .94 for subdomains, .89 to .95 for domains, and .96 for total LPFS. For the test–retest investigation, ICC ranged from .24 to .72 for subdomains, .59 to .90 for domains, and .75 for total LPFS. The test–retest study revealed questionable reliability estimates for some subdomains. However, overall the level of personality functioning was measured with a sufficient degree of IRR when assessed by the SCID–5–AMPD I. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Optimizing borderline personality disorder treatment by incorporating significant others: A review and synthesis.

Authors:
Fitzpatrick, Skye; Wagner, Anne C.; Monson, Candice M.;

Source:
Personality Disorders: Theory, Research, and Treatment Publisher: Educational Publishing Foundation;

Abstract:
Borderline personality disorder (BPD) is a debilitating mental health condition that is highly associated with distress in close relationships and in romantic and nonromantic (e.g., familial) significant others. Interventions that efficiently improve BPD treatment outcomes are needed. Theory and research suggest that BPD may both promote and be maintained by close relationship distress. Incorporating significant others into BPD treatments may therefore present a novel and unique opportunity to maximize treatment outcomes. This work systematically reviews the empirical support for interventions that incorporate significant others in BPD treatment in addressing three potential treatment targets: (a) BPD pathology, (b) significant other distress, and (c) close relationship distress. Three distinct categories of intervention that involve significant others into BPD treatment are presented, and the interventions that fall within them are reviewed: (a) significant-other-assisted interventions, (b) education- and family-facilitated engagement interventions, and (c) disorder-specific interventions. Twelve articles outlining six treatments that vary in terms of potential treatment target, form of intervention, and level of empirical support are discussed. Interventions that target BPD in the context of close relationships, which are disorder-specific interventions, have amassed the most robust evidence base as an efficacious approach for all three targets at once. We conclude our review with a synthesis of the extant literature and offer future directions in terms of advancing theory to better understand and treat BPD. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Emotions at the border: Increased punishment behavior during fair interpersonal exchanges in borderline personality disorder.

Authors:
De Panfilis, Chiara; Schito, Graziana; Generali, Irene; Gozzi, Luigi Alberto; Ossola, Paolo; Marchesi, Carlo; Grecucci, Alessandro;

Source:
Abstract:
This study evaluated whether the impairment in cooperation that characterizes individuals with borderline personality disorder (BPD) can be explained by the difficulty to use emotion regulation strategies and to accurately perceive the fairness of others' behavior. Forty-one patients with BPD and 41 sex and age matched healthy controls (HC) played the responder's role in a Modified Ultimatum Game during which they were asked to apply 3 different emotion regulation strategies: look, distancing, and reappraisal. Offer rejection rates were used as an index of punishment behavior. After the experiment, participants also rated the degree of perceived equity of the offers after receiving fair and unfair offers. Reappraisal was effective in decreasing punishment behaviors for unfair offers in both the BPD and HC groups. By contrast, BPD patients displayed a different behavior than HC when making decisions upon fair offers, independently from the regulation strategies adopted. In fact, they rejected higher rates of fair offers than HC. Further, BPD patients judged fair offers as less fair than HC. This indicates an altered judgment and decision making on fair interpersonal exchanges. In conclusion, BPD patients exhibit increased punishment behavior during fair, 'favorable' social exchanges, which they tend to perceive as less fair than controls. Thus, BPD patients may be biased toward underestimating positive feedback from others.
Title:
Examination of differential validity of MMPI-2-RF scores by gender and ethnicity in predicting future suicidal and violent behaviors in a forensic sample.

Authors:
Whitman, Megan R.; Taresscavage, Anthony M.; Glassmire, David M.; Burchett, Danielle; Sellbom, Martin; Tarescavage, Anthony M.; Glassmire, David M.; Burchett, Danielle; Sellbom, Martin

Source:
Psychological Assessment Publisher: American Psychological Association; [Journal Article]

Abstract:
Given the diversity of individuals who undergo psychological assessment, examining whether cultural bias exists in psychological assessment instruments (i.e., differential validity) is crucial. This issue occurs when a measure systematically over- or underpredicts a criterion across demographic groups or is associated with the criterion unequally across the groups. We tested the differential validity of a widely used psychological test, the Minnesota Multiphasic Personality Inventory (MMPI)-2-Restructured Form (MMPI-2-RF), as a function of gender (male, female) and ethnicity (Caucasian, African American, and Hispanic/Latino American) in large samples of forensic psychiatric inpatients. Regression models were estimated in a multigroup framework. The analyses yielded negligible to small statistical evidence of differential validity in MMPI-2-RF scores predicting the number of future suicidal behaviors and violent behaviors in the samples. This evidence supports use of the MMPI-2-RF as a generally unbiased instrument for predicting key criteria across genders and ethnicities in a forensic psychiatric population.


Title:
Community-based service requests and utilization among pregnant women incarcerated in jail.

Authors:
Kelsey, Caroline M.; Thompson, Morgan J.; Dallaire, Danielle H.

Source:
Psychological Services Publisher: Educational Publishing Foundation; [Journal Article]

Abstract:
Pregnant incarcerated women represent a unique population in the criminal justice system that has been largely overlooked in terms of their service-related needs. The present study examines 241 pregnant incarcerated women’s service requests and preincarceration service utilization related to material help (e.g., food, housing), mental health (e.g., counseling), family services (e.g., home-visiting nurses), and health care (e.g., insurance). A subsample (n = 74) also provided information about service utilization following their release from jail. Analyses examined request and utilization patterns in relation to other sociodemographic risk experiences. Results show that specific risk factors such as age, as well as the accumulation of multiple risk factors, served as barriers to requesting and accessing community-based services. The present study illuminates unique challenges pregnant incarcerated women experience requesting and utilizing services. The results support the use of a gender-responsive, trauma-informed approach to better address the needs of these women. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Implicit measurement of violence-related cognitions.

Authors:
Blumenthal, Stephen; Gray, Nicola S.; Shuker, Richard; Wood, Heather; Fonagy, Peter; Allonby, Miranda; Flynn, Alison; Takala, Tanja; Snowden, Robert J.

Source:
Psychology of Violence Publisher: Educational Publishing Foundation; [Journal Article]

Abstract:
Objective: Violence-related cognitions may underpin many acts of violence, but explicit self-report measures of these cognitions may be inadequate to assess them fully due to their unconscious nature or...
due to deliberate dissimulation. We designed three versions of the Implicit Association Test (IAT) that separately examined violence-related associations to valence (good vs. bad), hedonic value (enjoy vs. dislike), and arousal (exciting vs. boring) and examined if these were associated with greater levels of past criminal activity and self-reported violence. Method: The three IATs were administered to an offender sample (N = 108) with a history of serious offending and a diagnosis of personality disorder. Violence was assessed via the Proactive and Reactive Aggression Questionnaire and by the examination of previous convictions. Results: The IATs showed good to moderate reliability. The valence-IAT did not show any significant correlations to the measures of previous violence. The hedonic value-IAT showed positive relationships with official records of convictions, especially among participants without a conviction for homicide. The arousal IAT was positively related to self-reported aggression in those without a conviction for homicide. Conclusions: The results show some promise that indirect techniques may be able to measure violence-related cognitions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Clues from the digital world: A survey of clinicians’ reliance on social media as collateral data in forensic evaluations.
Authors: Coffey, C. Adam; Batastini, Ashley B.; Vitacco, Michael J.;
Source: Professional Psychology: Research and Practice, Vol 49(5-6), Oct-Dec, 2018 Special Issue: Master's Level Practice. pp. 345-354. Publisher: American Psychological Association; [Journal Article]
Abstract: Access to and use of social media has increased throughout the United States. In parallel, information gleaned from social media is often available as part of discovery packets provided to clinicians conducting forensic evaluations. As social media continues to be a primary mode of communication, forensic evaluators are likely to grapple with decisions to use information from these sites to inform psycholegal opinions. However, professional commentary on obtaining, interpreting, and integrating data from social networking sites (SNSs) in forensic practice began only recently. There have been few empirical efforts thus far to better understand whether and how forensic mental health evaluators use SNSs to inform their opinions about various psycholegal issues. Thus, the current study sought to address this gap in the professional literature by surveying practicing forensic evaluators (N = 102) regarding their use of SNS data in civil and criminal legal contexts. Quantitative and qualitative findings from our survey are presented and discussed to provide an overview of current practices and concerns among forensic clinicians. Overall, SNSs are used with some frequency in forensic mental health assessments and are generally perceived as a useful source. Findings are integrated with previous professional commentary about Internet-based data to facilitate greater understanding of how SNS data may be best incorporated into assessments and to identify emergent legal and ethical issues when such data are included. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: DNA test to assess criminal responsibility: A Bayesian approach.
Authors: Giacalone, Massimiliano; Giannuzzi, Maria Rosaria; Panarello, Demetrio;
Abstract: Judicial statistics is generally referred to as the detection of data on crimes and trial outcomes, with subsequent analysis of the data thus detected. Statistics applied to the evaluation of evidence is increasingly being recognized as an important part of the modern criminal justice system. This paper is about the use of DNA test for identification and judicial purposes—the greatest revolution in criminal investigation—, also in reference to a concrete case of statistics applied to forensic genetics. Science and law walk together in the process of determining the procedural truth, from the preliminary investigation phase until the final judgement. Statistical evidence is not always considered reliable in the criminal
procedure, as it is often based on a subjective probability concept. On the other hand, a rational evidence that can claim criminal liability ‘beyond any reasonable doubt’ is necessary. In this regard, in this paper we analyze how DNA test can be considered a scientific, reliable and valid evidence when contextualized and evaluated together with the other elements found during the criminal procedure. The scientificty of identifying the individual by typing the DNA profile detected on the crime scene is thus validated, supported by the statistical calculation of the rarity of the probability that the typed genetic profile could be casually attributed to another individual in the world population. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Forensic Psychiatric Services in Hong Kong.(includes abstract)
Authors: Wei-Man Siu, BonnieLam, M.;
Abstract: An introduction to the journal is presented on issues related to forensic psychiatry, including the use of forensic psychiatric services as a basis for service review and reform, a study on the prevalence of psychiatric disorders in the remanded Chinese population using the Chinese version of Correctional Mental Health Screen, and forensic psychiatric practice in Hong Kong.

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=133807662&site=ehost-live

Title: Diminished Responsibility: Law Reform in the United Kingdom and Personal Perspective on Forensic Psychiatric Practice in Hong Kong.(includes abstract)
Authors: Liu, A. C. Y.;
Source: East Asian Archives of Psychiatry, Dec2018; 28(4): 144-149. (6p) (Article) ISSN: 2078-9947 AN: 133807668
Abstract: This commentary discusses law reform on diminished responsibility in the United Kingdom and provides a personal perspective on forensic psychiatric practice relating to diminished responsibility in Hong Kong.

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Title: Dark and peculiar: The key features of militant extremist thinking pattern?
Authors: Međedović, Janko; Knežević, Goran;
Source: Journal of Individual Differences Publisher: Hogrefe Publishing; [Journal Article]
Abstract: Earlier research suggested that militant extremists could have certain aspects of psychopathic and psychotic characteristics. Relying on these studies, we investigated whether the Militant Extremist Mind-Set (MEM) could be explained by psychopathy, sadism, and Disintegration (psychosis proneness), as subclinical manifestations of amoral, antisocial, and psychotic-like traits. In Study 1 (306 undergraduate students), it was shown that sadistic and psychopathic tendencies were related to Proviolence (advocating violence as a means for achieving a goal); psychopathic and disintegrative tendencies were associated to the Vile World (belief in a world as a corrupted and vile place), while Disintegration was the best predictor of Divine Power (relying on supernatural forces as a rationale for extremist acts). In Study 2 (147 male convicts), these relations were largely replicated and broadened by including implicit emotional associations to violence in the study design. Thus, while Proviolence was found to be related to a
weakened negative emotional reaction to violent pictures, Vile World was found to be associated with stronger negative emotions as a response to violence. Furthermore, Provioience was the only MEM factor clearly differentiating the sample of convicts from male students who participated in Study 1. Results help extend current understanding about personal characteristics related to militant extremism. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The role of emotion regulation, coping, self-reflection and insight in staff interaction with patients with a diagnosis of personality disorder in forensic settings.(includes abstract)
Authors: Oostvogels, InezBongers, Ilja L.Willems, Arno;
Abstract: Accessible summary: What is known on the subject?: Interaction between staff and patients with a diagnosis of personality disorder in forensic settings is important for quality of care, but research is lacking on what determines this interaction. What the paper adds to existing knowledge?: Insight, emotion-focused coping and emotion regulation of staff influence the interaction between staff and these patients. Staff who understand their own thoughts, feelings and behaviour better (more insight) needed less support, encouragement or back-up from their patients. Staff who cope by getting upset, blaming themselves or fantasizing about solutions (emotion-focused coping) on the contrary needed more support from their patients. Emotion regulation had an impact on the relation between coping and hostile staff behaviour. When staff get upset (emotion-focused coping) and try to think differently about the situation (reappraisal), this makes them behave in a more hostile manner towards their patients. When staff suppress their emotions and also distract themselves or engage in social activities (avoidance-focused coping), they behave in a less hostile manner towards their patients. What are the implications for practice?: In order to provide compassionate care for their patients, staff ought to be trained in self-compassion. This may help them not to get upset, blame themselves or fantasize about solutions and to understand their own thoughts, feelings and behaviour better. As a result, staff may need less support, encouragement or back-up from their patients. Context is important: Staff ought to suppress their emotions when emotions run high, but only when they also care for themselves by distracting themselves or engaging in social activities. Facing and regulating their emotions by changing what they think about the situation (reappraisal) may be more appropriate once emotions have settled down. This may help staff to remain compassionate towards their patients in the long run and avoid burn-out or compassion fatigue due to ignoring their own needs and boundaries. Introduction: Research is lacking on what determines interaction between staff and patients with a diagnosis of personality disorder in forensic settings. Aim: To test whether coping, self-reflection, insight and emotion regulation are related to the behaviour of staff towards these patients, and to test the possible moderating and mediating effect of emotion regulation. Method: Using a cross-sectional design, 76 direct care staff of a forensic clinic completed questionnaires on all variables. Relations were tested using simple linear regression, mediation and moderation analyses. Results: Insight and emotion-focused coping of staff were related to seeking less and more support from patients, respectively. Emotion regulation by reappraisal combined with emotion-focused coping was associated with more hostile behaviour by staff, and suppression combined with avoidance-focused coping with less hostile behaviour. Conclusion: Insight, emotion-focused coping and emotion regulation of staff influence the quality of care of patients with a diagnosis of personality disorder in forensic settings. Future research ought to include contextual factors. Implications for practice: Enhancing self-compassion may improve insight and reduce emotion-focused coping. Context is important: Taking the needs of staff into account may involve suppressing emotions combined with avoidance in a highly emotional situation while facing and reappraising the situation when emotions are low.

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=133669696&site=ehost-live

Title: Agents and spectres: Life-space on a medium secure forensic psychiatric unit.(includes abstract)
Authors:
Abstract: Medium secure forensic psychiatric units are unique environments within the broader 'post asylum' landscape of mental health services. Length of stay is much greater, a recovery-focused care system is much more difficult to implement, and there is a paucity of suitable "step-down" services. The aim of this study was to examine how forensic psychiatric environments contribute to the shaping of recovery, by examining key features such as social interactions and agency. Here, we report on the findings from patients participating in a qualitative-visual study. This analysis forms part of larger study on staff and patient experiences of secure hospital space. In this paper, the analytical focus is directed towards two key elements of recovery - agency and relationality, using the concept of 'topology' and 'life-space', developed by the social psychologist Kurt Lewin. First, we explore how patients have relative freedom to move within institutional spaces, yet lack relational space. Secondly, we explore how life-space is expanded or compressed by the manner in which the patient's present life in hospital is connected or disconnected from their past or pending future. Finally, we discuss the implications of these findings for a recovery model within secure forensic settings, focused on personalisation and expanded life-space.

Highlights:
• secure psychiatric care in the UK has failings around patient autonomy and choice.
• Reforms have focused on improving the built environment rather than relationships.
• Patients have more physical space to move but feel there is less psychological space.
• Neglecting the temporal dimension of relationships impedes recovery.
• Secure care should be designed around a relational mapping of patients' experiences.

Title: Comorbid opioid use is undertreated among forensic patients with schizophrenia. (includes abstract)
Authors: Kivimies, KristiinaRepo-Tiihonen, EilaKautiainen, HannuTiihonen, Jari
Source: Substance Abuse Treatment, Prevention & Policy, 11/6/2018; 13(1): N.PAG-N.PAG. (1p) (journal article)
ISSN: 1747-597X PMID: 30400965 AN: 132863907
Abstract:
Background: Substance use disorders are associated with poorer clinical outcomes in patients with schizophrenia. There is no specific treatment for amphetamine or cannabis use disorder, but methadone and buprenorphine are used as replacement therapy in the treatment of opioid dependence. Our aim was to study whether patients with schizophrenia have received opioid replacement therapy for their opioid use disorder.
Methods: The study sample consisted of 148 individuals diagnosed with schizophrenia who were in involuntary psychiatric treatment as forensic patients in Finland in 2012. The proportion of the study sample with comorbid opioid use disorder having received opioid replacement therapy prior to their forensic psychiatric treatment was compared to the available information of opioid dependent patients in general. The data were collected from forensic examination statements, patient files and other medical registers retrospectively.
Results: Of the study sample, 15.6% (23/148) had a history of opioid use disorder, of whom 8.7% (2/23) had received opioid replacement treatment (95% confidence interval (CI): 1.1-28.0), even though opioid use disorder had been diagnosed in the treatment system. According the available information the corresponding proportion among patients with opioid use disorder and using substance use disorder services was 30.4% (565/1860, 95% CI: 28.3-32.5). The fraction of patients receiving opioid replacement therapy was significantly lower among patients with schizophrenia (p = 0.022).
Conclusions: Opioid replacement therapy was seldom used among schizophrenia patients who were later ordered to involuntary forensic psychiatric treatment. More attention should be paid to the possible use of opioids when planning treatment for patients with schizophrenia.
Trial Registration: Our study is not a randomized controlled trial (but a register-based study); thus the trial registration is not applicable.
Rates of criminal victimization in an early intervention for psychosis service - A cross sectional survey.

Authors: Jones, Rowena; Banbury, Luke;

Abstract:
Background: There is a growing body of research looking into the high rates of victimization amongst people with severe mental illness. Studies to date have tended to look at victimization rates in people with chronic mental illness over a wide age range. However, national crime surveys indicate that younger people are more likely to be the victim of crime than older people. There is also evidence that people from ethnic minorities are more likely to experience and less likely to report criminal victimization. This study therefore aimed to look at victimization rates specifically in young people with first episode psychosis (FEP) in Birmingham, one of the most youthful and ethnically diverse cities in the UK. Methods: Patients with FEP under the South Birmingham Early Intervention Service were asked to complete a modified version of the Crime Survey for England and Wales (CSEW). Data was compared to control-group data from the CSEW 2014. Results: Patients with FEP were significantly more likely to be victims of crime, in particular violent crime, than their age-matched counterparts. The overall victimization rate was 39%. Black and Minority Ethnic (BME) groups were more likely to be victims of personal and violent crime than the white FEP population. Victimization rates were broadly in keeping with other UK and international studies. Conclusions: Young people with FEP, particularly those from BME backgrounds, are at significantly greater risk of victimhood than the general population of the West Midlands. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Risk factors for inpatient violence and self-harm in forensic psychiatry: the role of head injury, schizophrenia and substance misuse.(includes abstract)
Authors: Brown, SarahO'Rourke, SuzanneSchwannauer, Matthias;

Abstract:
Objective: To investigate factors relevant to violence and self-harm in forensic psychiatric inpatients the cross-sectional association between four potential contributory factors; head injury, schizophrenia, drug and alcohol misuse, and self-harm or violence-related outcomes was examined. Methodology: Data were extracted from an existing dataset of routinely collected data on all patients under the care of Scotland's Forensic Mental Health Managed Care Network, of whom (n = 432) met inclusion criteria. A Factorial MANOVA and Pearson's chi-square tests were conducted to assess the relationship between potential contributory factors and self-harm and violence. Results: Forty-seven individuals had a documented head injury (10.9%). The presence of head injury was significantly associated with inpatient violence and assessed violence risk. Number of historic violent offences was significantly associated with a history of drug misuse and co-morbid alcohol misuse and schizophrenia. Self-harm was significantly associated with drug misuse and a diagnosis of schizophrenia. Conclusion: These findings highlight a significant association between head injury and actual/assessed risk in forensic psychiatry, over and above that of substance misuse and a diagnosis of schizophrenia, emphasising the need for routine assessment of head injury in clinical practice. Further examination of the impact of head injury in forensic psychiatric populations is needed.

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Title: Distance is not a barrier: the use of videoconferencing to develop a community of practice.(includes abstract)
Authors: Page, RuairiHynes, FionaReed, James;
Source:
Abstract:
The purpose of this paper is to describe the use of videoconferencing to deliver a post-graduate education programme in forensic mental services by video-conference across three sites in a large urban centre and develop a forensic community of practice. Design/methodology/approach This paper describes the setting up of the programme, equipment used, the challenges and evaluation of a teaching programme delivered using technology-enhanced education. Findings This forward thinking mechanism of delivery of education has propelled multi-disciplinary and multi-site discussion with the formation of a community of practice. Research limitations/implications Additional skills are demanded of clinicians including familiarisation with the equipment and an awareness of the restrictions in communication using videoconferencing. Practical implications The use of technology has facilitated delivery of a learning programme within our services. Practical benefits are readily evident with increased accessibility, cost and travel savings. Social implications The greatest benefit has been the development of a virtual community allowing peer support, an extended peer review and network development. Originality/value The paper describes use of technology to support delivery of a post-graduate forensic mental health training programme.

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=133899071&site=ehost-live

Title: Murder at the Dinner table: Family Narratives of Forensic Mental Health
Authors: Regehr, Kaitlyn; Regehr, Cheryl; Glancy, Graham;
Source: Journal of Loss & Trauma, Jan 2019; 24(1): 31-49. (19p) (Article) ISSN: 1532-5024 AN: 134919504
Abstract: Stemming from work on emergency professionals directly affected by trauma exposure, attention has turned to the impact of work-related trauma on their families, including media and public scrutiny, trauma contagion, marital discord, and overprotective parenting. More recently, colleagues in forensic mental health are speaking anecdotally not only about the personal impact of exposure to violence, but also the impact on their families. This study uses a narrative approach to elicit stories from adult children of forensic psychiatrists to explore the extent of exposure to disturbing material, the impact of exposure, and mechanisms employed by parents to mitigate risk and exposure.

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=134919504&site=ehost-live

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Title: Power of cognition: How dysfunctional cognitions and schemas influence eating behavior in daily life among individuals with eating disorders.
Authors: Legenbauer, Tanja; Radix, Anne Kathrin; Augustat, Nick; Schütt-Strömel, Sabine;
Abstract: Eating disorders (EDs) are characterized by marked cognitive distortions and maladaptive schemas. Cognitive models of EDs highlight the direct impact of cognitive dysfunctions on eating-related disturbances, insofar as specific cognitive contents such as thoughts about diet rules and food or loss of control may trigger disturbed eating behavior. Moreover, early maladaptive schemas that reflect perfectionist standards and relate to achievement and performance seem to be associated with disturbed eating, e.g., via their impact on situation-specific appraisals. However, so far, no study has investigated these assumptions. Hence, the present study sought to demonstrate whether and how cognitive content exerts an impact on eating behavior in daily life, and whether maladaptive core schemas impact the occurrence of binge eating via dysfunctional ED cognitions in eating-related contexts. N = 29 females with bulimia nervosa (BN), n = 31 females with binge eating disorder (BED) and n = 30 female controls without EDs (NC) participated in the study. All participants received a handheld computer for a 48-h period to capture antecedents of disturbed eating behavior in daily life. Event-sampling (meals, binge eating, purging, stressful situations) and signal-sampling (five times a day) methods were applied. EMA included a short questionnaire to assess dysfunctional cognitions and level of craving and to capture information about situational contexts. Early maladaptive schemas were assessed using a short version of the Young Schema Questionnaire at baseline. The main results showed specific patterns of dysfunctional eating-related cognitions for BED and BN. Binge eating was predicted by thoughts about loss of control (positively) and dietary restraint (negatively). For meal situations, no significant differences between the two ED groups emerged. All three domains exerted indirect effects on craving via thoughts about ‘eating/loss of control,’ whereas neither a direct nor an indirect effect emerged regarding thoughts about ‘dietary restraint.’ These results fit well with previous studies and support cognitive models of EDs; schema therapeutic approaches may be a valuable contribution to enhance treatment of EDs. Further studies should explore whether the findings from emerging adulthood can be generalized to younger age groups. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Childhood narcolepsy and autism spectrum disorders: Four case reports.
Authors: Prihodova, Iva; Dudova, Iva; Mohaplova, Marketa; Hrdlicka, Michal; Nevsimalova, Sona;
Source: Sleep Medicine, Vol 51, Nov, 2018 pp. 167-170. Publisher: Elsevier Science; [Journal Article]
Abstract: Background: Childhood narcolepsy is associated with various emotional, behavioural and cognitive dysfunctions as well as with psychiatric and neurodevelopmental disorders: anxiety, depression, attention deficit hyperactivity disorder and psychosis. A relationship between these conditions is unclear—comorbidity or similar pathophysiological mechanisms can be suggested. Objective: We reported four children with narcolepsy type 1 (NT1) and autism spectrum disorder (ASD)—Asperger syndrome (AS). Results and Conclusion: To the best of our knowledge co-occurrence of NT1 and AS has not been described in the literature as noted in this report. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Emotional expressivity in toddlers with autism spectrum disorder.

Authors: Macari, Suzanne; DiNicola, Lauren; Kane-Grade, Finola; Prince, Emily; Vernetti, Angelina; Powell, Kelly; Fontenelle, Scuddy; Chawarska, Katarzyna;


Abstract:
Objective: There is a prevailing notion that children with autism spectrum disorder (ASD) exhibit intense negative and attenuated positive emotions, although the empirical evidence regarding their emotional expressiveness (EE) is limited. Given the importance of emotions in shaping social and cognitive development, we examined intensity and valence of EE and links between EE and autism severity and parent-reported temperament in ASD. Method: Toddlers (aged 21.2 months) with ASD (n = 43), developmental delay (DD, n = 16), and typical development (TD, n = 40) underwent standardized probes designed to induce anger, joy, and fear. Intensity of EE through facial and vocal channels were coded offline. Autism severity and temperament were quantified using the Autism Diagnostic Observation Schedule–2 (ADOS-2) and Early Childhood Behavior Questionnaire (ECBQ). Results: The ASD group exhibited less intense fear compared to both the DD and TD groups, more intense anger than DD but not TD, with no differences in joy intensity. All groups showed similar levels of incongruous negative EE. Intensity of fear and anger were not associated with severity of autism symptoms, but lower intensity of joy was related to greater autism severity. Expressed fear and joy were associated with temperament. Conclusion: The study provides no support for a negative emotionality bias in ASD. Instead, toddlers with ASD display a muted response to threat and an accentuated response to goal blockage, whereas the ability to express positive emotions appears intact. Negative emotionality and social disability dimensions are independent. The study demonstrates the complexity of EE in ASD and motivates investigations into underlying mechanisms as well as its role in shaping complex phenotypes of affected children. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Lives on the line: The online lives of girls and women with and without a lifetime eating disorder diagnosis.

Authors: Bachner-Melman, Rachel; Zontag-Oren, Einat; Zohar, Ada H.; Sher, Helene;


Abstract:
This study aimed to compare the scope, internet use patterns, and degree of online need satisfaction of girls and women with and without a lifetime eating disorder (ED) diagnosis. Participants were 122 females aged 12–30, 53 with a lifetime ED diagnosis recruited via a hospital-based treatment program, and 69 age-matched controls recruited via normative social media sites. Participants completed questionnaires assessing disordered eating, body image, positive and negative affect, general distress, and life satisfaction, and completed an online survey about the scope of their internet use, the frequency of watching and posting pictures and videos, online friendships and social comparison, fulfillment of needs online, and mood after internet use. All questionnaire scores differed significantly between groups in the expected directions. Whereas overall, ED and control groups spent similar amounts of time online (6.21, SD = 5.13), they spent this time differently. ED participants reported devoting 56.7% of their online time to eating, weight and body image, versus 29.1% for controls, and spent significantly more time than controls on forums and blogs (t = -5.3, p < 0.0001, Cohen’s d = 0.87). They also engaged more often in social comparison (t = 3.6, p < 0.005, Cohen’s d = 0.65), had a higher online–offline friend ratio (t = 3.7, p < 0.0001, Cohen’s d = 0.65), and more online friends with ED (t = 5.4, p < 0.0001, Cohen’s d = 0.89). In comparison to controls, ED participants reported that their use of forums and blogs gave them more eating- and weight-related advice, and a greater sense of belonging, social support, and safety resulting from anonymity, with effect sizes of 0.63–0.96. However, they also reported more negative affect after posting online. Most online behaviors and patterns correlated positively with measures of symptomatology and negatively with measures of psychological health, in both groups. Internet use was rarely addressed in therapy. Professionals, families and friends should help people with disordered eating and EDs to broaden the scope of their internet use. They should invest less in food- and weight-related forums/blogs, expand their ‘real life’ social lives and develop their interpersonal skills, so that their legitimate needs can
be satisfied face-to-face, rather than virtually. Clinicians should address the online lives of their ED clients in therapy. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Episodic future thinking and narrative discourse generation in children with Autism Spectrum Disorders.
Authors:
Source:
Abstract:
Individuals with Autism spectrum disorders (ASD) have difficulties in the recollection of past experiences (Episodic Memory). Accumulating evidence suggests that they might have also difficulties in the ability to imagine potential future scenarios (Episodic Future Thinking, EFT) and in narrative generation skills. This investigation aimed to determine 1) whether impairments of EFT can be identified in a large cohort of children with high functioning ASD using a task with minimal narrative demands; and 2) if such impairments are related to the ability to generate a narrative's scenario. 77 children with high-functioning ASD and 77 children with typical development were recruited for the study. The two groups were balanced for age, level of formal education, and IQ. EFT was assessed by administering a task with minimal narrative demands, whereas narrative generation skills were assessed with three tasks requiring children to generate past, middle or future episodes in a narrative discourse. With respect to control participants, a subgroup of children with ASD had impaired EFT skills and also showed significant impairments in the ability to generate adequate narratives. On the contrary, participants with spared EFT had normal performance on the narrative generation task. Interestingly, EFT skills predicted narrative generation abilities in both groups. The results of this study support the hypothesis that EFT may be impaired in some but not all children with ASD and of a relation between difficulties with EFT and impairments in the process of narrative generation. The assessment of EFT should employ tasks that do not require narrative production, as children with impaired EFT may also have reduced narrative skills. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Neurobiology, not artifacts: Challenges and guidelines for imaging the high risk infant.
Authors:
Denisova, Kristina;
Source:
Abstract:
The search for the brain-basis of atypical development in human infants is challenging because the process of imaging and the generation of the MR signal itself relies on assumptions that reflect biophysical properties of the brain tissue. These assumptions are not inviolate, have been questioned by recent empirical evidence from high risk infant-sibling studies, and to date remain largely underexamined at the between-group level. In particular, I consider recent work showing that infants at High vs. Low familial risk (HR vs. LR, respectively) for developing Autism Spectrum Disorders (ASD) have atypical patterns of head movements during an MR scan that are functionally important—they are linked to future learning trajectories in toddlerhood. Addressing head movement issues in neuroimaging analyses in infant research as well as understanding the causes of these movements from a developmental perspective requires acknowledging the complexity of this endeavor. For example, head movement signatures in infants can interact with experimental task conditions (such as listening to language compared to sleeping), autism risk, and age. How can new knowledge about newborns’ individual, subject-specific behavioral differences which may impact MR signal acquisition and statistical inference ignite critical thinking for the field of infant brain imaging across the spectrum of typical and atypical development? Early behavioral differences between HR and LR infant cohorts that are often examples of ‘artifactual’ confounds in MR work provide insight into nascent neurobiological differences, including biophysical tissue properties and hemodynamic response variability, in these and related populations at risk for
atypical development. Are these neurobiological drivers of atypical development? This work identifies important knowledge gaps and suggests guidelines at the leading edge of baby imaging science to transform our understanding of atypical brain development in humans. The precise study of the neurobiological underpinnings of atypical development in humans calls for approaches including quantitative MRI (qMRI) pulse sequences, multi-modal imaging (including DTI, MRS, as well as MEG), and infant-specific HRF shapes when modeling BOLD signal. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Brainstem enlargement in preschool children with autism: Results from an intermethod agreement study of segmentation algorithms.

Authors:
Bosco, Paolo; Giuliano, Alessia; Delafield-Butt, Jonathan; Muratori, Filippo; Calderoni, Sara; Retico, Alessandra;

Source:

Abstract:
The intermethod agreement between automated algorithms for brainstem segmentation is investigated, focusing on the potential involvement of this structure in Autism Spectrum Disorders (ASD). Inconsistencies highlighted in previous studies on brainstem in the population with ASD may in part be a result of poor agreement in the extraction of structural features between different methods. A sample of 76 children with ASD and 76 age-, gender-, and intelligence-matched controls was considered. Volumetric analyses were performed using common tools for brain structures segmentation, namely FSL-FIRST, FreeSurfer (FS), and Advanced Normalization Tools (ANTs). For shape analysis SPHARM-MAT was employed. Intermethod agreement was quantified in terms of Pearson correlations between pairs of volumes obtained by the different methods. The degree of overlap between segmented masks was quantified in terms of the Dice index. Both Pearson correlations and Dice indices, showed poor agreement between FSL-FIRST and the other methods (ANTs and FS), which by contrast, yielded Pearson correlations greater than 0.93 and average Dice indices greater than 0.76 when compared with each other. As with volume, shape analyses exhibited discrepancies between segmentation methods, with particular differences noted between FSL-FIRST and the others (ANT and FS), with under- and over-segmentation in specific brainstem regions. These data suggest that research on brain structure alterations should cross-validate findings across multiple methods. We consistently detected an enlargement of brainstem volume in the whole sample and in the male cohort across multiple segmentation methods, a feature particularly driven by the subgroup of children with idiopathic intellectual disability associated with ASD. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Body concerns and BMI as predictors of disordered eating and body mass in girls: An 18-year longitudinal investigation.

Authors:
Lowe, Michael R.; Marmorstein, Naomi; Iacono, William; Rosenbaum, Diane; Espel-Huynh, Hallie; Muratore, Alexandra F.; Lantz, Elin L.; Zhang, Fengquig;

Source:

Abstract:
Body concerns (e.g., body dissatisfaction and weight preoccupation) are well-supported prospective risk factors for the development of eating disorders in women. Body concerns are psychological variables but they are partly based on actual body mass. This study tested whether (a) body concerns predict increases in eating disorder characteristics measured both continuously (via subscale scores on the Minnesota Eating Behavior Survey (MEBS) and categorically (via transition to a probable or definite eating disorder), (b) body concerns predict changes in BMI, and (c) BMI predicts changes in eating disorder symptoms or development of an eating disorder. Beginning with 762 girls at age 11, the MEBS' Body Dissatisfaction
(BD) and Weight Preoccupation (WP) scales were used to predict change in the MEBS' Bulimic Behavior scale (the sum of the Binge Eating and Compensatory Behaviors scales), in BD and WP themselves and in BMI over 18 years of follow up. Baseline BMI was also used to predict BMI and MEBS change. Contrary to expectations, BD and WP predicted significantly reduced growth in all MEBS scales and also predicted significantly reduced growth in BMI. BD, WP and BMI did not predict development of an ED. This pattern was strengthened when predictors were measured at age 17 instead of 11. We consider the possibility that the divergence between the current findings and past findings on eating disorder risk factors may stem from the unusually long developmental period studied, ranging from age 11 (or 17) through age 29. Additional longitudinal research that spans a similar developmental period could shed light on the plausibility of this explanation.
priori hypothesis was that children with ASD would present with hypoperfusion in the temporal lobes—most notably the fusiform gyrus (given its prominent role in ASD social perception deficits). We also sought to examine the reproducibility of CBF measures, and their relationship to individual differences in facial recognition and ASD symptoms. Methods: A total of 58 males (33 with ASD) between the ages of 12 and 17 years participated in the study. All children completed two arterial spin labeling and structural (T1) scans using a 3 T Siemens Verio scanner approximately 8 weeks apart, as well as behavioral testing at time 1 that included diagnostic measures and the Benton Facial Recognition Test. CBF was the key dependent variable, as was facial recognition performance, and ASD symptoms. The two scans were used for reliability analyses. Results: The ASD group showed hypoperfusion in the bilateral fusiform gyrus and in right inferior temporal gyrus. Intra-class correlations showed moderate to good reliability across time within both groups, and no diagnostic group × time interactions. CBF in the left fusiform gyrus was significantly positively correlated with facial recognition. No significant correlations were observed with core ASD symptoms. Conclusions: Arterial spin labeling revealed hypoperfusion in children with ASD in regions critical to social perception and cognition. The left fusiform gyrus plays an important role in facial recognition, and greater CBF in this region was correlated with more normative facial recognition performance in children with ASD. This study takes an important first step in establishing CBF of the temporal lobes as a reliable marker of ASD. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Does emotional intelligence mediate the relation between mindfulness and anxiety and depression in adolescents?
Authors: Foster, Brigid; Lomas, Justine; Downey, Luke; Stough, Con;
Abstract: High anxiety and depression are often observed in the Australian adolescent population, and if left untreated, can have long-term negative consequences impacting educational attainment and a range of important life outcomes. The utilization of mindfulness techniques has been associated with decreased anxiety and depression, but the underlying mechanisms for this is only beginning to be understood. Previous research with adult samples has suggested that the development of emotional intelligence (EI) may be one mechanism by which mindfulness confers its benefits on wellbeing. This study is the first to examine the relation between mindfulness, EI, anxiety, and depression in an adolescent population. It was hypothesized that EI would mediate the relationships between mindfulness and anxiety, as well as mindfulness and depression. The sample consisted of 108 adolescents from a public secondary school, aged between 13 and 15 years (Mage = 13.68, SDage = 0.56, 51 males and 57 females). Participants completed an online self-report questionnaire which measured dispositional mindfulness, EI, anxiety, and depression. The results indicated that one subscale of EI – Emotional Recognition and Expression (ERE) mediated the relation between mindfulness and anxiety, while two subscales of EI—ERE and Emotional Management and Control (EMC) mediated the relation between mindfulness and depression. Future research utilizing a mindfulness intervention should be conducted to examine whether the use of mindfulness increases EI and decreases anxiety and depression in adolescents. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Gait pattern and motor performance during discrete gait perturbation in children with autism spectrum disorders.
Authors: Biffi, Emilia; Costantini, Cristina; Ceccarelli, Silvia Busti; Cesareo, Ambra; Marzocchi, Gian Marco; Nobile, Maria; Molteni, Massimo; Crippa, Alessandro;
Abstract:
Quantitative evaluation of gait has been considered a useful tool with which to identify subtle signs of motor system peculiarities in autism spectrum disorder (ASD). However, there is a paucity of studies reporting gait data in ASD as well as investigating learning processes of locomotor activity. Novel advanced technologies that couple treadmills with virtual reality environments and motion capture systems allows the evaluation of gait patterns on multiple steps and the effects of induced gait perturbations, as well as the ability to manipulate visual and proprioceptive feedbacks. This study aims at describing the gait pattern and motor performance during discrete gait perturbation of drug-naïve, school-aged children with ASD compared to typically developing (TD) peers matched by gender and age. Gait analysis was carried out in an immersive virtual environment using a 3-D motion analysis system with a dual-belt, instrumented treadmill. After 6 min of walking, 20 steps were recorded as baseline. Then, each participant was exposed to 20 trials with a discrete gait perturbation applying a split-belt acceleration to the dominant side at toe-off. Single steps around perturbations were inspected. Finally, 20 steps were recorded during a post-perturbation session. At baseline, children with ASD had reduced ankle flexion moment, greater hip flexion at the initial contact, and greater pelvic anteversion. After the discrete gait perturbation, variations of peak of knee extension significantly differed between groups and correlated with the severity of autistic core symptoms. Throughout perturbation trials, more than 60% of parameters showed reliable adaptation with a decay rate comparable between groups. Overall, these findings depicted gait peculiarities in children with ASD, including both kinetic and kinematic features; a motor adaptation comparable to their TD peers, even though with an atypical pattern; and a motor adaptation rate comparable to TD children but involving different aspects of locomotion. The platform showed its usability with children with ASD and its reliability in the definition of paradigms for the study of motor learning while doing complex tasks, such as gait. The additional possibility to accurately manipulate visual and proprioceptive feedback will allow researchers to systematically investigate motor system features in people with ASD. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: The Shepard illusion is reduced in children with an autism spectrum disorder because of perceptual rather than attentional mechanisms.
Authors: Chouinard, Philippe A.; Royals, Kayla A.; Landry, Oriane; Sperandio, Irene;
Abstract: Earlier studies demonstrate reduced illusion strength in the Shepard illusion in adults and adolescents with an autism spectrum disorder (ASD) and in typically developing (TD) adults with high levels of autistic traits. We measured the strength of the Shepard illusion in ASD and TD children and tested if ten different eye-tracking measurements could predict group differences in illusion strength. The ASD children demonstrated reduced illusion strength relative to the TD group. Despite this, there were no mean differences on any of the eye-tracking measurements between groups. Even though none of the eye-tracking measurements revealed mean differences between the two groups, the degree to which spatial attention was directed toward the standard stimulus, as indexed by the number of saccades within and toward this stimulus, predicted the strength of the illusion in the overall sample. Furthermore, this active scanning of the standard stimulus was found to enhance illusion strength more strongly in the ASD than the TD group. Together, we conclude that scan patterns and the degree to which participants are able to shift between different locations in a visual scene did not account for group differences in illusion strength. Thus, the reduced strength of the Shepard illusion in ASD does not appear to be driven by how attention shifts or is spatially allocated. Rather, differences may relate instead to perceptual mechanisms that integrate visual information. Strategies that may aid ASD individuals to see this illusion more strongly could have them make even more eye movements within and between the stimuli presented in the illusion display. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Factorial integrity and validation of the Eating Pathology Symptoms Inventory (EPSI).
Authors:
Coniglio, Kathryn A.; Becker, Kendra R.; Tabri, Nassim; Keshishian, Ani C.; Miller, Joshua D.; Eddy, Kamryn T.; Thomas, Jennifer J.;

**Source:**

**Abstract:**
The Eating Pathology Symptoms Inventory (EPSI) is a 45-item self-report measure of eating pathology designed to be sensitive in assessing symptoms among diverse populations of individuals with disordered eating. The current study represents the first external validation of the EPSI as well as the first to examine the factor structure in an outpatient eating disorder clinic sample. We conducted an exploratory factor analysis in three separate samples: an outpatient clinic sample (n = 284), a college sample (n = 296), and a community sample (n = 341) and compared the observed factor structures to the original 8-factor solution proposed by Forbush et al. (2013). We also investigated whether the subscales correlated with the Eating Disorder Examination Questionnaire (EDE-Q) and a clinical impairment measure among the outpatient clinic sample. Results suggested between 7 and 8 factors for each of the three samples. Our findings largely replicated those of the original EPSI development study, excepting some deviations in the Muscle Building, Cognitive Restraint, and Excessive Exercise subscales. However, confirmatory factor analysis and exploratory structural equation modeling produced poor model fit, which may be related to the item heterogeneity within many of the subscales. Finally, eating disorder attitudes and behaviors assessed by the EPSI were significantly correlated with the EDE-Q and with clinical impairment. Overall, our results highlight both strengths and limitations of the EPSI. Findings provide preliminary support for the use of the EPSI among research with diverse populations, and present several avenues for future research for enhancing clinical utility. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


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**Title:**
The relation between dimensions of maltreatment, placement instability, and mental health among youth in foster care.

**Authors:**
McGuire, Austen; Cho, Bridget; Huffhines, Lindsay; Gusler, Stephanie; Brown, Shaquanna; Jackson, Yo;

**Source:**

**Abstract:**
Youth in foster care with maltreatment experiences often demonstrate higher rates of mental and behavioral health problems compared to youth in the general population as well as maltreated youth who remain at home. Previous research has demonstrated that dimensions of maltreatment (type, frequency, and severity) and placement instability are two prominent factors that account for high rates of psychopathology (e.g., depression, anxiety, and disruptive behavior disorders). The present study sought to clarify the relation between maltreatment and mental health among youth in foster care by studying both the isolated dimensions of maltreatment and cumulative maltreatment, and to determine whether the effects of maltreatment on mental health operated indirectly through placement instability. Information on youth in foster care’s (N = 496, Mage = 13.14) mental and behavioral health, maltreatment history, and placement changes were obtained from state records and primary caregivers. Using a SEM framework, the results suggest that maltreatment and placement instability each independently relate to mental and behavioral health problems. Further, none of the maltreatment types predicted greater placement instability in the current models. These findings suggest that placement stability is critical for mental health for youth in foster care, regardless of the type, severity, or frequency of their maltreatment experiences. Results also indicated that, although cumulative maltreatment predicted both internalizing and externalizing symptoms, maltreatment frequency and severity had direct relations to externalizing symptoms only. These findings underscore the utility of comprehensive maltreatment assessment, encouraging researchers and clinicians to assess and carefully consider the relation between maltreatment dimensions and outcomes. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


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**Title:**
Low plasma concentrations of N-methyl-D-aspartate receptor subunits as a possible biomarker for psychosis.
Abstract:
Background: N-methyl-D-aspartate receptor (NMDAR) has been largely implicated in the neurobiology of schizophrenia and other psychosis. Aiming to evaluate their potential as peripheral biomarkers for psychosis, we quantified the plasma concentrations of NR1 and NR2 NMDAR subunits of first-episode psychosis patients in their first contact with mental health services due to psychotic symptoms, compared with siblings and matched community-based controls. Methods: The quantifications of NR1 and NR2 plasma concentrations were performed by ELISA. Data were analysed by nonparametric tests and Receiver Operating Curve (ROC) analysis. Results: We included 166 first-episode psychosis patients (mean age = 30.3 ± 12.2 years; 64% men), with the diagnosis of schizophrenia spectrum (n = 84), bipolar disorder (n = 51) and psychotic depression (n = 31), 76 siblings (mean age = 31.5 ± 11.0 years; 30.3% men) and 166 healthy community-based controls (mean age = 31.4 ± 12.0 years; 63.9% men). NMDAR subunits were significantly lower in patients compared with siblings and controls (p < 0.001), except by NR1 plasma concentrations of bipolar patients compared with siblings and controls. NR1 plasma concentrations lower than 17.65 pg/ml (AUC = 0.621) showed sensitivity of 42.8%, specificity of 84.3%, positive predictive value (PPV) of 73.2% and negative predictive value (NPV) of 59.6%. Individuals with NR2 plasma concentrations lower than 2.92 ng/ml (AUC = 0.801) presented a 10.61-fold increased risk of psychosis, with a sensitivity of 71.9%, specificity of 80.6%, PPV of 79.0% and NPV of 73.9%. Conclusions: This is the first study reporting the measurement and the reduction of NR1 and NR2 NMDAR subunits plasma concentrations in psychiatric disorders. In particular, the NR2 subunit may be a possible plasma biomarker for psychosis. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

**Source:**

**Abstract:**
Objective: We conducted a controlled randomized preliminary trial of an expanded online version of the Body Project (n = 46) compared to an assessment-only control condition (n = 36) via a longitudinal design (baseline, postintervention, 2-month follow-up) in a community sample of women (N = 82) with clinical (n = 53) and subclinical (n = 29) eating disorder symptoms. Method: The traditional content of the Body Project was modified to include verbal, written, and behavioral exercises designed to dissuade objectification and maladaptive social comparison and adapted to an online format. Body dissatisfaction, self-esteem, self-objectification, thin-ideal internalization, maladaptive social comparison, trait anxiety, positive affect, negative affect, and eating disorder symptomatology were evaluated in the control and the online expanded Body Project condition at baseline, postintervention, and 2-month follow-up. Results: A 2(condition: online expanded Body Project, control) × 3 (time: baseline, postintervention, 2-month follow-up) mixed factorial multivariate analysis of variance (MANOVA) was conducted to examine statistically significant group differences. As predicted, results indicated a statistically significant condition × time interaction. Conclusions: Participants in the expanded online Body Project condition showed significant reductions in eating disorder symptoms and several associated psychological risk correlates from baseline to postintervention and follow-up; contrary to predictions, eating disorder symptoms and risk correlates were not significantly lower in the online expanded Body Project condition compared to the waitlist control condition at postintervention or 2-month follow-up. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


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**Title:**
Psychological, social and role functioning as predictors of psychosis in an adolescent psychiatric sample.

**Authors:**
Ärmänen, Anna; Lahti, Marius; Therman, Sebastian; Suvisaari, Jaana; Lindgren, Maija;

**Source:**

**Abstract:**
Aim: Recent evidence from psychosis risk studies of preselected samples suggests that early functional impairment may be a vulnerability marker for psychosis. We investigated whether functional impairment predicted later risk of psychotic disorder and psychiatric hospitalizations in adolescents at entry to general psychiatric services. Methods: A total of 154 adolescents, aged 15 to 18 years, were recruited to the study at entry to general adolescent psychiatric services in Helsinki, Finland. Structured Interview for Prodromal Syndrome and Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorder for DSM-IV, Clinical version interviews were used to assess psychotic-like symptoms, psychosis risk and psychiatric diagnoses. Of the adolescents, 46 met the criteria for clinical high risk status. The level of functioning was assessed with Global Functioning Social, Role and Psychological scales. The adolescents were followed for 3 to 9 (median = 5) years via a hospital discharge register. Cox regression analyses were used to examine whether baseline functioning predicted psychotic disorders and psychiatric hospitalizations when controlling for the effect of psychosis risk symptoms. Results: Impairments in social, role or psychological functioning did not predict psychotic disorders beyond risk symptoms. Impairment in psychological functioning was the only significant predictor of any psychiatric hospitalization after adjusting for positive psychosis risk symptom severity and level of social and role functioning. Conclusions: Psychosis was predicted by psychotic-like experiences at entry to psychiatric services. No aspect of functioning predicted psychosis in adolescents, which is likely to be explained by the low incidence of psychosis transitions. Severe mental disorders as assessed by psychiatric hospitalizations were predicted by more severe symptomatology as assessed by the psychological functioning scale. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


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**Title:**
Serious illness and end-of-life quality for US foster children: A national study.

**Authors:**
Lindley, Lisa C.; Slayter, Elspeth M.;

**Source:**

**Abstract:**
Background: Of the nearly 500 000 children in foster care, several hundred children die each year. Their quality of life at end of life is a matter of their foster care experience. Objectives: The purpose of this study was to investigate whether serious illness was associated with foster care placement outcomes. Methods: US foster care data from 2005 to 2015 were used. Children who were younger than 18 years with residence in the United States were included. Serious illness (ie, physical health, mental/behavioral health, developmental disabilities) was measured via the foster care files. Two foster care placement outcomes were created (ie, type of placement, placement instability). Using multinomial and logistic regressions, the influence of serious illness on placement outcomes was evaluated while controlling for demographic, geographic, prior trauma, and foster care support characteristics. Results: Fifty-seven percent of the children were placed with nonrelatives, 27% in group homes/institutions, and 17% with relatives. Twenty-eight percent experienced placement instability. Serious illness was significantly associated with nonrelative (relative risk ratio [RRR] = 1.97; 95% confidence interval [CI] = 1.58-2.45) and group home/institution placement (RRR = 2.67; 95% CI = 2.09-3.40). Serious illness was not significantly related to placement instability. Children with serious illness were no more likely than their peers to experience multiple foster care placements. Conclusions: Foster care youth at end of life were more likely to be placed with nonrelatives or in group homes/institutions. They also did not experience the disruption and stress of being moved to multiple foster homes while seriously ill. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


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**Title:**
The interrelationship between motor coordination and adaptive behavior in children with autism spectrum disorder.

**Authors:**
Bremer, Emily; Cairney, John;

**Source:**

**Abstract:**
Objective: Children with autism spectrum disorder (ASD) experience significant challenges with their motor coordination. It is not, however, well understood how motor coordination may impact the behavioral functioning of children with ASD. Therefore the purpose of this study was to explore the relationships between motor coordination and adaptive behavior in 7–12-year-old children with ASD. Methods: Motor coordination was assessed using the Movement Assessment Battery for Children, 2nd Edition (MABC-2) and adaptive behavior was assessed by parental report using the Vineland Adaptive Behavior Scales, 2nd Edition (VABS-2) as part of a larger cross-sectional study. Descriptive characteristics were calculated for MABC-2 and VABS-2 scores and Spearman’s rank order correlation analyses were used to examine the relationship between motor coordination and adaptive behavior. Results: On average, the participants (n = 26) exhibited significant challenges in regard to their motor coordination with all but two participants classified as having significant motor impairments by scoring at or below the 16th percentile on the MABC-2. Results from the correlation analyses indicated that manual dexterity was positively related to daily living skills (ρ = 0.58, p < 0.003), and overall motor coordination was positively related to daily living skills (ρ = 0.60, p < 0.003) and overall adaptive behavior (ρ = 0.57, p < 0.003). In all instances, better motor coordination was related to more adaptive behaviors. Conclusion: These results highlight the profound motor coordination challenges that children with ASD experience and also suggest that these challenges, particularly with manual dexterity, are related to the daily behavior of children with ASD. The interrelatedness of motor and adaptive behavior suggests the need to further explore the impact of motor-based interventions for this population, as well as conduct longitudinal studies to disentangle these relationships. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Parental depression and diabetes-specific distress after the onset of type 1 diabetes in children.

Authors: Noser, Amy E.; Dai, Hongying; Marker, Arwen M.; Raymond, Jennifer K.; Majidi, Shideh; Clements, Mark A.; Stanek, Kelly R.; Patton, Susana R.

Source: Health Psychology Publisher: American Psychological Association; [Journal Article]

Abstract: Objective: To examine trajectories of two types of type 1 diabetes (T1D) specific distress (i.e., daily T1D management and worries about the future and long-term complications) and the moderating role of parental depression in parents of children newly diagnosed with T1D. Method: A total of 126 families of 5- to 9-year-olds with new-onset T1D enrolled in the study. One-hundred twenty-five families completed study measures at baseline, 102 at 6-month follow-up, and 89 at 12-month follow-up. Parents completed measures of depression and T1D-specific distress concerning daily T1D management and worries about the future and long-term complications at baseline and at 6- and 12-month follow-ups. We used multilevel modeling to examine 12-month trajectories of daily and long-term T1D-specific distress and to examine if parental depression modified these trajectories. Results: Results showed a significant reduction in daily T1D-specific distress from baseline to 6-month follow-up and maintenance of daily T1D-specific distress from 6- to 12-month follow-up. The significant interaction of baseline parental depression and time indicated that parents with depressive symptoms had a smaller reduction in daily T1D-specific distress from baseline to 6-month follow-up compared to parents without depressive symptoms. Findings for long-term T1D-specific distress indicated that parents with depressive symptoms reported higher distress across all assessment points, with peak long-term T1D-specific distress for parents with depressive symptoms occurring at 6-month follow-up. Conclusion: Many parents experienced significant T1D-specific distress for a period of time following their child's initial diagnosis and this distress appears to be exacerbated by parental depressive symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The digital footprints of adolescent depression, social rejection and victimization of bullying on Facebook.

Authors: Ophir, Yaakov; Asterhan, Christa S.C.; Schwarz, Baruch B.


Abstract: Online Social Networking Sites (SNSs) are immensely popular, especially among adolescents. Activity on these sites leaves digital footprints, which may be used to study online behavioral correlates of adolescent psychological distress and to, ultimately, improve detection and intervention efforts. In the present work, we explore the digital footprints of adolescent depression, social rejection, and victimization of bullying on Facebook. Two consecutive studies were conducted among Israeli adolescents (N = 86 and N = 162). We collected a range of Facebook activity features, as well as self-report measurements of depression, social rejection, and victimization of bullying. Findings from Study 1 demonstrate that explicit distress references in Facebook postings (e.g., 'Life sucks, I want to die') predict depression among adolescents, but that such explicit distress references are rare. In Study 2, we applied a bottom-up research methodology along with the previous top-down, theory driven approach. Study 2 demonstrates that less explicit features of Facebook behavior predict social rejection and victimization of bullying. These features include 'posts by others', 'check-ins', 'gothic and dark content', 'other people in pictures', and 'positive attitudes towards others'. The potential, promises and limitations of using digital Facebook footprints for the detection of adolescent psychological distress are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Prevention of anxiety and depression in school children: Effectiveness of the transdiagnostic EMOTION program.

**Authors:**
Martinsen, Kristin D.; Rasmussen, Lene Mari P.; Wentzel-Larsen, Tore; Holen, Solveig; Sund, Anne Mari; Løvaas, Mona Elisabeth S.; Patras, Joshua; Kendall, Philip C.; Waaktaar, Trine; Neumer, Simon-Peter;

**Source:**
Journal of Consulting and Clinical Psychology Publisher: American Psychological Association;

**Abstract:**
Objective: The objective of the study was to examine the effectiveness of a transdiagnostic program (EMOTION, Coping Kids Managing Anxiety and Depression) targeting symptoms of anxiety and depression in schoolchildren by comparing the intervention condition (EC) to a control condition (CC).

Method: A clustered randomized design was used with schools as the unit of randomization. Children (N = 1686) aged 8–12 years in 36 schools completed screening using the Multidimensional Anxiety Scale (MASC-Child) and The Mood and Feelings Questionnaire Short version (SMFQ-Child). Scoring 1 SD above a population-based mean on anxiety and/or depression, 873 children were invited to participate. Intent-to-treat analyses were performed, and mixed-effects models were used. Results: Analyses revealed significant reductions of anxious and depressive symptoms as reported by the children, in which children in the intervention condition EC had almost twice the reduction in symptoms compared with the control condition CC. For parent report of the child’s depressive symptoms, there was a significant decrease in symptoms in the intervention condition EC compared with CC. However, parents did not report a significant decrease in anxious symptoms in the intervention condition EC as compared with CC.

Conclusion: A transdiagnostic prevention program, provided in schools, was successful in reducing youth-reported symptoms of anxiety and depression and parent-reported depression. The EMOTION program has the potential to reduce the incidence of anxious and depressive disorders in youth. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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**Title:**
Does emotional intelligence mediate the relation between mindfulness and anxiety and depression in adolescents?

**Authors:**
Foster, Brigid; Lomas, Justine; Downey, Luke; Stough, Con;

**Source:**

**Abstract:**
High anxiety and depression are often observed in the Australian adolescent population, and if left untreated, can have long-term negative consequences impacting educational attainment and a range of important life outcomes. The utilization of mindfulness techniques has been associated with decreased anxiety and depression, but the underlying mechanisms for this is only beginning to be understood. Previous research with adult samples has suggested that the development of emotional intelligence (EI) may be one mechanism by which mindfulness confers its benefits on wellbeing. This study is the first to examine the relation between mindfulness, EI, anxiety, and depression in an adolescent population. It was hypothesized that EI would mediate the relationships between mindfulness and anxiety, as well as mindfulness and depression. The sample consisted of 108 adolescents from a public secondary school, aged between 13 and 15 years (Mage = 13.68, SDage = 0.56, 51 males and 57 females). Participants completed an online self-report questionnaire which measured dispositional mindfulness, EI, anxiety, and depression. The results indicated that one subscale of EI—Emotional Recognition and Expression (ERE) mediated the relation between mindfulness and anxiety, while two subscales of EI—ERE and Emotional Management and Control (EMC) mediated the relation between mindfulness and depression. Future research utilizing a mindfulness intervention should be conducted to examine whether the use of mindfulness increases EI and decreases anxiety and depression in adolescents. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


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**Title:**
The role of depression, eating disorder symptoms, and exercise in young adults' quality of life.
Objective: Eating disorder (ED) symptoms are negatively associated with quality of life (QOL), while exercise is typically positively associated with QOL. Past studies have not examined the relative contribution of depression to this outcome. This study examined the influence of ED symptoms, exercise frequency, and exercise motivation on global QOL in undergraduates while accounting for the shared relationship between ED symptoms and depression. Method: Students (N = 851) completed the EDE-Q, Reasons for Exercise Inventory, BDI-II, Quality of Life Inventory, and a 1-month exercise timeline followback calendar. Hierarchical regression analyses were conducted to examine the relative contributions of ED symptoms, depression, and exercise variables to QOL. Results: Shape concern and BDI-II scores accounted for significant variance in QOL scores. Depressive symptoms, however, accounted for 9.55% of the unique variance in QOL, while shape concern accounted for only 0.77%. Exercise frequency did not explain significant variance in QOL. The motivations of exercising for mood improvement and for enjoyment explained significant variance in QOL. No interactions between exercise frequency and exercise motivations were significant. In the final model, identifying as a woman was associated with decreased QOL. Discussion: Results suggest that studies examining the impact of disordered eating and exercise on QOL should account for depression due to depression's high comorbidity with EDs and its influence on exercise behavior and motivation. Additionally, results support findings that factors such as exercise motivation may better account for differences in QOL than exercise frequency. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Does the type of maltreatment matter? Assessing the individual and combined effects of multiple forms of childhood maltreatment on exclusive breastfeeding behavior.

Authors: Islam, Md. Jahirul; Mazerolle, Paul; Broidy, Lisa; Baird, Kathleen;


Abstract: Background: Childhood maltreatment (CM) has been associated with a range of adult health outcomes; however, extant research has focused more on exposure to a single form of abuse rather than multiple forms. Moreover, very few studies have specifically investigated the impact of CM on exclusive breastfeeding (EBF) outcomes. Objectives: This study aims to examine: (1) the individual and combined effects of multiple forms of CM on EBF outcomes; and (2) whether postpartum depression and maternal stress act to mediate or moderate the association between CM and EBF. Method: Cross-sectional survey data were collected between October 2015 and January 2016 from 426 women of Bangladesh who were six months postpartum. Results: Based on the adjusted multivariate logistic regression model, women who experienced childhood sexual abuse (CSA) were significantly less likely to exclusively breastfeed babies than their non-abused counterparts (AOR: 0.38, 95% CI [0.15, 0.92]). When a composite measure was created to examine the additive effects of adverse childhood experiences, a dose-response association was observed between the reported number of different types of CM and early termination of EBF. Though experiencing postpartum depression and maternal stress do not mediate the effect of CSA on EBF, they do moderate them such that the odds of early termination of EBF are notably higher among women who experienced CSA in combination with postpartum depression or high levels of stress. Conclusions: Findings from this study offer some insight into the intergenerational effects associated with CM experiences, and underpin the need for effective policies and programs to prevent or reduce its occurrence and improve the EBF outcomes. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Increases in orbitofrontal cortex thickness following antidepressant treatment are associated with changes in resting state autonomic function in adolescents with major depression—Preliminary findings from a pilot study.

**Authors:** Koenig, Julian; Schreiner, Melinda Westlun; Klimes-Dougan, Bonnie; Ubani, Benjamin; Mueller, Bryon A.; Lim, Kelvin O.; Kaess, Michael; Cullen, Kathryn R.;

**Source:** Psychiatry Research: Neuroimaging, Vol 281, Nov 30, 2018 pp. 35-42. Publisher: Elsevier Science;

**Abstract:**

In adults with major depressive disorder (MDD), effective treatment has been associated with increases in both heart rate variability (HRV) and cortical thickness. However, the impact of treatment on these indices has not yet been examined in adolescents. Cortical thickness and HRV were measured in twelve adolescents with MDD before and after 8 weeks of treatment with a selective serotonin reuptake inhibitor (SSRI). We examined treatment-related changes in depression symptoms, HRV, heart rate (HR), and cortical thickness, and analyzed correlations among these change indices. At follow-up, patients showed significantly decreased depression severity, increased HRV and increased thickness of the left medial orbitofrontal cortex (OFC). Clinical improvement was associated with increased HRV and decreased HR. Increased HRV was associated with increased cortical thickness of left lateral OFC and superior frontal cortex. Due to the small sample size, results represent preliminary findings that need replication. Further, in the absence of a placebo arm, we cannot confirm that the observed effects are due solely to medication. These preliminary findings suggest that SSRI treatment in adolescents impacts both cortical thickness and autonomic functioning. Confirmation of these findings would support OFC thickness and HRV as neurobiological mediators of treatment outcome. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


**Title:**

Meaning and medication: A thematic analysis of depressed adolescents' views and experiences of SSRI antidepressants alongside psychological therapies.

**Authors:** Maroun, Rita A.; Thackeray, Lisa A.; Midgley, Nick;

**Source:** BMC Psychiatry, Vol 18, Nov 28, 2018 ArtID: 374. Publisher: BioMed Central Limited; [Journal Article]

**Abstract:**

Background: Adolescence is a key period of risk for the emergence of Major Depressive Disorder (MDD). The prescription of selective serotonin re-uptake inhibitors (SSRIs) for the treatment of depression in adolescents is an issue of worldwide controversy, and evidence regarding their safety and efficacy is inconclusive. In the UK, NICE guidelines have recently recommended offering SSRIs to adolescents alongside psychological therapy or on their own if therapy is refused. Thus, SSRIs are increasingly becoming a major component of treatment for adolescents. This study qualitatively explored adolescents’ views and experiences of SSRIs within their accounts of engaging in a psychological therapy for depression, particularly focusing on meanings they attached to medication-use. Methods: The qualitative study reports data from semi-structured interviews conducted 12-months post-treatment with 12 adolescents who were clinically referred and treated for depression as part of the IMPACT trial. The interviews were analysed using Thematic Analysis. Results: Four themes were identified: ‘a perceived threat to autonomy’, ‘a sign of severity’, ‘a support, not a solution’, and ‘an ongoing process of trial and error’. Conclusions: This study highlights the value of bringing adolescents’ voices into the broader debate on the use of antidepressants in their age group and in the development of future guidelines. Future implications for research and clinical practice are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


**Title:**

The link between parental smoking and youth externalizing behaviors: Effects of smoking, psychosocial factors, and family characteristics.

**Authors:**
Steeger, Christine M.; Bailey, Jennifer A.; Epstein, Marina; Hill, Karl G.;
Source: Psychology of Addictive Behaviors Publisher: American Psychological Association; [Journal Article]
Abstract: This study examined the associations between parental cigarette smoking and youth externalizing behaviors (i.e., oppositional and conduct problems) both concurrently and 1 year later, and tested whether parental smoking predicted youth externalizing over and above parent psychosocial, family, and demographic characteristics linked to smoking and externalizing behaviors. Data were drawn from the Seattle Social Development Project (SSDP) and The Intergenerational Project (TIP), a prospective longitudinal study aimed toward understanding the intergenerational transmission of substance use, mental health, and risky behaviors. The current study used multilevel modeling to examine both concurrent and lagged associations from 325 families, which included parents and youth (Aged 6–19) across seven waves of data. In concurrent analyses, both parental smoking and several family characteristics independently predicted higher levels of child externalizing behaviors, even after controlling for parent age at child birth and demographic correlates of smoking. However, parental depressive symptoms reduced the association between smoking and externalizing behaviors to nonsignificance in concurrent models. In lagged analyses, only harsh parenting, low monitoring, and low parent-child bonding predicted externalizing behaviors 1 year later; parental smoking did not predict externalizing behaviors over time. Results showed that parental smoking, mental health, parenting, and family relationships all are associated with externalizing problems and constitute potential intervention targets in the short term, though poor parenting and parent-child bonding, rather than smoking, predicted externalizing behaviors over time. The robust association between concurrent parental depressive symptoms and youth conduct problems may suggest prioritizing parental mental health (e.g., via mental health screening) for improving both parent and child well-being. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Strategies not accompanied by a mental health professional to address anxiety and depression in children and young people: A scoping review of range and a systematic review of effectiveness.
Authors: Wolpert, Miranda; Dalzell, Kate; Ullman, Roz; Garland, Laureen; Cortina, Melissa; Hayes, Daniel; Patalay, Praveetha; Law, Duncan;
Source: The Lancet Psychiatry, Vol 6(1), Jan, 2019 pp. 46-60. Publisher: Elsevier Science; [Journal Article]
Abstract: This Review reports on a scoping review followed by a systematic review to consider interventions designed to address or manage depression or anxiety in children and young people up to the age of 25 years without the need to involve mental health professionals. The scoping review identified 132 approaches, 103 of which referred to children or young people (younger than 25 years). These approaches included social interaction, engagement with nature, relaxation, distraction, sensory stimulation, physical activity, altering perceptions, engaging in hobbies, self-expression, and exploration. A systematic review of effectiveness studies from the literature identified in the scoping review found only 38 studies on seven types of intervention that met the inclusion criteria. 16 studies were based on cognitive or behavioural principles (15 on digital interventions and one on bibliotherapy), ten focused on physical exercise, five on light therapy, three on dietary supplements, two on massage therapy, one on online peer support, and one on contact with a dog. Most studies focused on adolescents or young adults. Evidence suggested that light therapy could be effective for season depression and that digital interventions based on attention bias modification are ineffective for anxiety. Mixed evidence was available on the effectiveness of computerised cognitive behavioural therapy for depression and anxiety, and of physical exercise for depression. All other studies had insufficient certainty to obtain even tentative conclusions about effectiveness. These results highlight the disparity between the extensive range of approaches identified in the scoping review and the restricted number and focus found in the systematic review of effectiveness of these approaches. We call for an expanded research agenda that brings evaluation rigour to a wide range of self or community approaches. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Youth with chronic pain and postural orthostatic tachycardia syndrome (POTS): Treatment mediators of improvement in functional disability.

Authors: Junghans-Rutelonis, Ashley N.; Craner, Julia R.; Ale, Chelsea M.; Harbeck-Weber, Cynthia; Fischer, Philip R.; Weiss, Karen E.;


Abstract: Intensive pain rehabilitation programs are effective in increasing functioning for youth with chronic pain (CP). However, the utility of such programs for youth with CP and co-morbid postural orthostatic tachycardia syndrome (POTS) is rarely examined. In addition, studies examining mediators of treatment for CP are sparse. This paper compares treatment outcomes for youth with CP (n = 117) and youth with CP + POTS (n = 118). Additionally, depression and pain catastrophizing were tested as potential mediators of treatment effects. Significant treatment improvements were found for functional disability, depression, pain catastrophizing, and perceived pain intensity but with no differences between groups. Improvements in depressed mood, pain catastrophizing (helplessness subscale), and pain severity partially mediated functioning improvement. Pain severity was not a significant mediator in the CP + POTS group. We concluded that depression and pain catastrophizing, especially the helplessness domain, can impact functioning improvement in adolescents with CP and POTS and are particularly important to target in treatment. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Previous research indicates a positive link between youth runaway episodes and the likelihood of homelessness in later adolescence and early adulthood. An adolescent's decision to run away from home often accompanies depressive symptomology compared with stably housed youth. The present study used a large, nationally representative sample of 8,560 youth to identify links among runaway behavior, changes in depressive symptomology during the transition from adolescence to emerging adulthood, and homelessness. Results suggest that running away during adolescence is linked with later homelessness across depressive symptom classes. In fact, even a single runaway episode as a teenager tripled the odds of reporting homelessness by young adulthood. However, the magnitude of the association varies based on depressive symptom trajectories. Adolescents reporting high levels of depressive symptomology that increased over time were 6 times more likely to experience homelessness, compared with youth with consistently low depressive symptoms. Interestingly, among participants who reported never running away, this same high/increasing depressive symptoms group were less likely to report homelessness than were peers with consistently low depressive symptoms. These findings point to a potential resiliency process among youth in this category that needs to be further explored to identify differences in youth with poor mental health who leave home verses those who remain stably housed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Social norms, social connections, and sex differences in adolescent mental and behavioral health.
Authors:
Lombardi, Caitlin McPherran; Coley, Rebekah Levine; Sims, Jacqueline; Lynch, Alicia Doyle; Mahalik, James R.;
Source:
Abstract:
This study examined whether sex-related health disparities that emerge during adolescence are linked to social norms and social connections within three primary social contexts: families, friendships, and schools. Using data from the National Longitudinal Study of Adolescent Health (N = 18,921), we assessed links between social norms and social connections with parents, friends, and schools and depressive symptoms and substance use separately for males and females. In addition, we considered parents, friends, and schools as both combined and sex-specific contexts. Results suggested that links between social norms and adolescent health were stable across the sex of the recipient but varied by sex of the provider, whereas links between social connections and adolescent health varied across the sex of both provider and recipient. Social norms from mothers and female schoolmates (but not from fathers or male schoolmates) were associated with both male and female substance use. In contrast, connectedness with fathers served as a protective factor for male depressive symptoms, whereas connectedness with female friends was a risk factor for female depressive symptoms. These findings extend the literature investigating sex disparities in adolescent mental and behavioral health by locating significant influences from multiple social contexts, revealing sex-specific social norms and social connections within these contexts as playing a salient role, and identifying several areas for preventative efforts, specifically (a) maternal and female schoolmate social norms in reducing substance use, (b) paternal connectedness in reducing male depressive symptoms, and (c) connectedness within female friendships as a risk for female adolescents’ mental health. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Childhood adversities are different in Schizophrenic Spectrum Disorders, Bipolar Disorder and Major Depressive Disorder.
Authors:
Bruni, Antonella; Carbone, Elvira Anna; Pugliese, Valentina; Aloì, Matteo; Calabrò, Giuseppina; Cerminara, Gregorio; Segura-García, Cristina; De Fazio, Pasquale;
Source:
Abstract:
Background: Research has shown that a history of childhood adversities is common in patients with psychiatric disorders but few studies have investigated links between specific types of adversity and specific psychiatric disorders. Methods: We investigated the frequency of early childhood adversities in a sample consisting of 91 patients with diagnosis of schizophrenic spectrum disorders (SSD), 74 patients with bipolar disorder (BD), 83 patients with major depressive disorder (MDD) and 85 healthy controls and sought to identify adverse early childhood life events that predict the development of major psychiatric disorders. The Childhood Experiences of Care and Abuse questionnaire was used to collect data on traumatic experiences occurring before the age of 17 years and comprehensive demographic data were also collected. The data were analyzed with chi-squared tests, t-tests, post-hoc and logistic regression. Results: Maternal absence/loss and economic difficulties in the early life were more prevalent in the BD group than other groups. Escape from home, cannabis abuse, psychological abuse, physical abuse and loneliness were more frequent in the SSD group than in other groups. Paternal absence, neglect of core needs, serious familial tension and absence of adult and peer confidants were all less common in the HC group than in the other groups. The regression model confirmed that different types of adversities play a crucial role in the development of the three investigated disorders. Conclusions: Our results support that SSD, BD and MDD are associated to different childhood adversities. This suggests that psychosocial interventions that reduce the incidence of these early life adversities might reduce the incidence of severe and disabling psychiatric disorders. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title: The courses of maternal and paternal depressive and anxiety symptoms during the prenatal period in the FinnBrain Birth Cohort study.
Authors: Korja, Riikka; Nolvi, Saara; Kataja, Eeva-Leena; Scheinin, Noora; Juntila, Niina; Lahtinen, Henna; Saarni, Suoma; Karlsson, Linnea; Karlsson, Hasse;
Source: PLoS ONE, Vol 13(12), Dec 17, 2018 ArtlID: e0207856. Publisher: Public Library of Science; [Journal Article]
Abstract: Maternal prenatal symptoms of depression and anxiety have been suggested to impose differential effects on later offspring development, depending on their characteristics, such as timing, intensity and persistence. Paternal symptoms have been less investigated. While knowledge on these trajectory characteristics is essential for improved comprehension of prenatal stress, prospective studies including both expecting parents have been scarce. We aim at identifying and comparing the trajectories of prenatal depressive and anxiety symptoms in both parents in a pregnancy cohort design. The sample included 3202 mothers and 2076 fathers who were recruited to the FinnBrain Birth Cohort study (www.finnbrain.fi). Depressive symptoms were assessed using the Edinburgh Postnatal Depression Scale (EPDS) and general anxiety by the anxiety scale of the Symptom Checklist -90 (SCL-90) repeatedly at 14, 24, and 34 gestational weeks. Five differential depressive and four anxiety symptom trajectories were identified across pregnancy both in mothers and in fathers. The trajectories of consistently low depressive or anxiety symptoms were associated with higher educational level in both parents, and with nulliparity and non-smoking during pregnancy in mothers. Parents with consistently high or increasing levels of symptoms had more often prenatal SSRI medication. The congruences between elevated depressive and anxiety symptoms at any point in pregnancy, as well as parental trajectories within families were low. However, in this population-based sample, the self-reported symptom levels of both parents were generally very low. Variance in timing and persistence of parent-reported prenatal depressive and anxiety symptoms is potentially important, while symptom trajectories are very similar in mothers and fathers. These differential symptom trajectories and the significance of their correlates should be acknowledged when studying prenatal stress exposures and the related outcomes in children. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Depression is linked with serious social and educational impairments and elevated rates of smoking, substance misuse and obesity among children and adolescents. Due to already existing structures within schools and their important role within the community, they appear to provide an ideal environment to implement preventative strategies against depression. Even though there is a growing evidence base for school-based interventions, it is rarely supportive for their effectiveness. In the current piece, we are exploring potential reasons for a limited success of school-based prevention against depression. We mainly focus on parental mental health as one of the potential moderators of the effectiveness of school-based approaches. We argue that family-oriented approach to mental health provision at schools needs to be taken. We also explore barriers to parental involvement experienced by schools and make recommendations of how these can be mitigated. Finally, the article outlines existing school-based interventions targeting mental health of both pupils and parents. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title: Community-based providers’ selection of practices for children and adolescents with comorbid mental health problems.
Authors: Park, Alayna L.; Moskowitz, Andrew L.; Chorpita, Bruce F.
Abstract: The goal of this study is to explore providers’ patterns of implementation by investigating how community mental health providers selected therapy practice modules from a flexible, modular evidence-based treatment working with youths with comorbid mental health problems. Data were obtained from 57 youths, 5–15 years old, presenting with anxiety, depressive, and/or conduct problems and their 27 providers during their participation in an effectiveness trial involving a modular evidence-based treatment. Although all youths evidenced clinically elevated symptomatology in at least two problem areas, providers targeted youths’ comorbid problems with only about half of their study cases. Practice modules indicated for youths’ comorbid problems were typically used less frequently and with less depth relative to practice modules indicated for youths’ principal clinical problem and were often transdiagnostic in nature (i.e., designed to target more than one problem area). To determine whether providers’ decisions to target youths’ comorbid problems were systematic, multilevel, logistic regression analyses were conducted and revealed that youths’ pretreatment characteristics and time in therapy influenced providers’ patterns of module selection. Providers tend to use, but not exploit, the flexibility allowed by modular EBTs and to focus treatment on youths’ principal presenting problem. In addition, providers appear to make these practice choices in a systematic and rational manner, and whether and which choices are associated with improved outcomes is an important area of future study. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Shared decision-making in youth mental health care: Using the evidence to plan treatments collaboratively.
Authors: Langer, David A.; Jensen-Doss, Amanda
Abstract:
The shared decision-making (SDM) model is one in which providers and consumers of health care come together as collaborators in determining the course of care. The model is especially relevant to youth mental health care, when planning a treatment frequently entails coordinating both youth and parent perspectives, preferences, and goals. The present article first provides the historical context of the SDM model and the rationale for increasing our field’s use of SDM when planning psychosocial treatments for youth and families. Having established the potential utility of SDM, the article then discusses how to apply the SDM model to treatment planning for youth psychotherapy, proposing a set of steps consistent with the model and considerations when conducting SDM with youth and families. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Foster and adoptive parent perspectives on needs and services: A mixed methods study.

Authors:
Barnett, Erin R.; Jankowski, Mary K.; Butcher, Rebecca L.; Meister, Catherine; Parton, Rebecca R.; Drake, Robert E.;

Source:
The Journal of Behavioral Health Services & Research, Vol 45(1), Jan, 2018 pp. 74-89. Publisher: Springer; [Journal Article]

Abstract:
Caring for children with complex needs severely stresses foster and adoptive parents, but few studies have examined their perspectives on needs and services. To examine parental views, the authors analyzed four focus groups (n = 27 participants) and one state-wide survey (n = 512 respondents, 42% of 1206 contacted) of foster and adoptive parents in one state. Results highlighted inadequate communication between providers and families, cultural and legal barriers, needs for parent training and preparation, the importance of several types of parent supports, and needs for specialized mental health treatment for the children. Surveyed parents identified children’s behavior problems as their top challenge, and over half rated the availability of mental health providers who treat attachment and family as insufficient. The findings suggest specific areas in which state leaders could enhance training and supports for child welfare staff and foster and adoptive parents and improve mental health services for children in foster and adoptive care. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Employment and Mental Health

Title: Randomized controlled trial of acceptance and commitment therapy and a workplace intervention for sickness absence due to mental disorders.

Authors: Finnes, Anna; Ghaderi, Ata; Dahl, JoAnne; Nager, Anna; Enebrink, Pia;


Abstract: Mental disorders contribute to high rates of sickness absence (SA) and impaired work functioning. The aim of the present study was to evaluate the efficacy of 3 interventions targeting SA of workers. Participants (n = 352; 78.4% females) of working age with current employment, and SA due to depression, anxiety disorders, or exhaustion disorder, were recruited to the study and randomized to (a) acceptance and commitment therapy (ACT), (b) a workplace dialogue intervention (WDI), (c) a combination of ACT and WDI, or (d) treatment as usual (TAU). For SA days, there was a significant interaction effect for the follow-up period, in which ACT + WDI generated more SA compared with TAU. When diagnostic group was included as a moderator, participants with exhaustion disorder had less SA days in the WDI group compared with TAU. For symptoms of depression, anxiety, and stress-related ill health, there were significant interaction effects for ACT and ACT + WDI, when compared with TAU, from pre- to postmeasurement (small to moderate between-groups effect sizes). Within-group effect sizes pre- to postmeasurement (Cohen’s d) ranged from .55 to 1.17 (ACT), .40 to .94 (WDI), .26 to 1.13 (ACT + WI), and −.06 to .70 (TAU). There were no differences between groups during follow-up for symptoms. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Employment insecurity and sleep disturbance: Evidence from 31 European countries.

Authors: Mai, Quan D.; Hill, Terrence D.; Vila-Henninger, Luis; Grandner, Michael A.;


Abstract: For nearly half a century, jobs have become increasingly characterized by employment insecurity. We examined the implications for sleep disturbance with cross-sectional data from the European Working Conditions Survey (2010). A group of 24,553 workers between the ages of 25 and 65 years in 31 European countries were asked to indicate whether they suffered from ‘insomnia or general sleep difficulties’ in the past 12 months. We employed logistic regression to model the association between employment insecurity and sleep disturbance for all countries combined and each individual country. For all countries combined, employment insecurity increased the odds of reporting insomnia or general sleep difficulties in the past 12 months, Each unit increase in employment insecurity elevated the odds of sleep disturbance by approximately 47%. This finding was remarkably consistent across 27 of 31 European countries, including Albania, Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, the Netherlands, Norway, Slovakia, Slovenia, Spain, Sweden, Turkey and UK. These results persisted with adjustments for age, gender, immigrant status, household size, partnership status, number of children, child care, elder care, education, earner status, precarious employment status, workplace sector, workplace tenure and workplace size. Employment insecurity was unrelated to sleep disturbance in four European countries: Malta, Poland, Portugal and Romania. Our research continues recent efforts to reveal the human costs associated with working in neoliberal postindustrial labour markets. Our analyses contribute to the external validity of previous research by exploring the impact of employment insecurity across European countries. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Title: Using DNA to predict educational trajectories in early adulthood.
Authors: Ayorech, Ziada; Plomin, Robert; von Stumm, Sophie;
Source: Developmental Psychology Publisher: American Psychological Association; [Journal Article]
Abstract: At the end of compulsory schooling, young adults decide on educational and occupational trajectories that impact their subsequent employability, health and even life expectancy. To understand the antecedents to these decisions, we follow a new approach that considers genetic contributions, which have largely been ignored before. Using genomewide polygenic scores (EA3) from the most recent genomewide association study of years of education in 1.1 million individuals, we tested for genetic influence on early adult decisions in a United Kingdom–representative sample of 5,839 at 18 years of age. EA3 significantly predicted educational trajectories in early adulthood (Nagelkerke R2 = 10%), χ2(4) = 571.77, p < .001, indicating that young adults partly adapt their aspirations to their genetic propensities—a concept known as gene–environment correlation. Compared to attending university, a 1 standard deviation increase in EA3 was associated on average with a 51% reduction in the odds of pursuing full-time employment (OR = .47; 95% CI [.43, .51]); an apprenticeship (OR = .49; 95% CI [.45, .54]); or not going in education, employment, or training (OR = .50; 95% CI [.41, .60]). EA3 associations were attenuated when controlling for previous academic achievement and family socioeconomic status. Overall this research illustrates how DNA-based predictions offer novel opportunities for studying the sociodevelopmental structures of life outcomes. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title: The restorative effect of work after unemployment: An intraindividual analysis of subjective well-being recovery through reemployment.
Authors: Zhou, Ying; Zou, Min; Woods, Stephen A.; Wu, Chia-Huei;
Source: Journal of Applied Psychology Publisher: American Psychological Association; [Journal Article]
Abstract: Previous research shows that unemployment has lasting detrimental effects on individuals’ subjective well-being. However, the issue of how well-being evolves after individuals switch back into the labor force has received little theoretical and empirical attention. This study examines the extent to which reemployment restores individuals’ subjective well-being following a period of unemployment. Applying fixed effects models to the large-scale longitudinal data from the British Household Panel Survey, we find that recovery of subjective well-being upon reemployment is fast, complete and enduring, even when individuals take less favorable employment options to return to work. By contrast, transitions into economic inactivity following unemployment are accompanied by persistent scars on subsequent well-being trajectories. This study advances our understanding of well-being development over the entire employment–unemployment–reemployment cycle. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title: A serial mediation model of workplace social support on work productivity: The role of self-stigma and job tenure self-efficacy in people with severe mental disorders.
Authors: Villotti, Patrizia; Corbière, Marc; Dewa, Carolyn S.; Fraccaroli, Franco; Sultan-Taïeb, Hélène; Zaniboni, Sara; Lecomte, Tania;
Source:
Abstract:
Purpose: Compared to groups with other disabilities, people with a severe mental illness face the greatest stigma and barriers to employment opportunities. This study contributes to the understanding of the relationship between workplace social support and work productivity in people with severe mental illness working in Social Enterprises by taking into account the mediating role of self-stigma and job tenure self-efficacy. Method: A total of 170 individuals with a severe mental disorder employed in a Social Enterprise filled out questionnaires assessing personal and work-related variables at Phase-1 (baseline) and Phase-2 (6-month follow-up). Process modeling was used to test for serial mediation. Results: In the Social Enterprise workplace, social support yields better perceptions of work productivity through lower levels of internalized stigma and higher confidence in facing job-related problems. When testing serial multiple mediations, the specific indirect effect of high workplace social support on work productivity through both low internalized stigma and high job tenure self-efficacy was significant with a point estimate of 1.01 (95% CI = 0.42, 2.28). Conclusions: Continued work in this area can provide guidance for organizations in the open labor market addressing the challenges posed by the work integration of people with severe mental illness. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Effects of a two-generation human capital program on low-income parents’ education, employment, and psychological wellbeing.

Authors:
Chase-Lansdale, P. Lindsay; Sabol, Terri J.; Sommer, Teresa Eckrich; Chor, Elise; Cooperman, Allison W.; Brooks-Gunn, Jeanne; Yoshikawa, Hirokazu; King, Christopher; Morris, Amanda;

Source:
Journal of Family Psychology Publisher: American Psychological Association; [Journal Article]

Abstract:
Two-generation human capital programs for families provide education and workforce training for parents simultaneously with education for children. This study uses a quasi-experimental design to examine the effects of a model two-generation program, CareerAdvance, which recruits parents of children enrolled in Head Start into a health care workforce training program. After 1 year, CareerAdvance parents demonstrated higher rates of certification and employment in the health care sector than did matched-comparison parents whose children were also in Head Start. More important, there was no effect on parents’ short-term levels of income or employment across all sectors. CareerAdvance parents also experienced psychological benefits, reporting higher levels of self-efficacy and optimism, in addition to stronger career identity compared with the matched-comparison group. Notably, even as CareerAdvance parents juggled the demands of school, family, and employment, they did not report higher levels of material hardship or stress compared with the matched-comparison group. These findings are discussed in terms of the implications of a family perspective for human capital programs. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title:
Progress in women’s representation in top leadership weakens people’s disturbance with gender inequality in other domains.

Authors:
Georgeac, Oriane; Rattan, Aneeta;

Source:
Journal of Experimental Psychology: General Publisher: American Psychological Association; [Journal Article]

Abstract:
Conventional wisdom suggests that progress for women in the domain of top leadership representation will naturally spread to other domains of gender inequality, whether in organizations or beyond. Extending social–cognitive theories of exemplar-based information processing to the study of social progress perceptions for stigmatized groups, we theorized that perceiving substantial female representation in top
leadership may instead reduce people’s concern with ongoing gender inequality in other domains. Study 1 (N = 331) finds that perceiving greater female representation in top corporate echelons decreases people’s disturbance with the gender pay gap, but not with wealth inequality generally. Study 2a (N = 350) and its replication Study 2b (N = 1,098) present correlational evidence of the proposed psychological mechanism: an overgeneralization of women’s access to equal opportunities. Study 3 (N = 454) provides experimental evidence for this psychological process, tests attributions of the gender pay gap to women’s personal career choices as an alternative mechanism, and introduces a control condition to determine the directionality of the effect. Study 4 (N = 326) replicates and extends the basic effect across various domains of gender inequality within and outside of the workplace. Taken together, these studies highlight the importance of acknowledging the fragmented nature of social progress across domains of inequality, and highlight the psychological underpinnings of a previously overlooked potential barrier for progress toward gender equality. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Social care: An essential aspect of mental health rehabilitation services.
Authors: Craig, T. J.;
Abstract: This study is aimed at the importance of social care in rehabilitation. A brief overview of the social care theme is used as the methodology. There is a tension in mental health care between biological and psychological treatments that focus on deficits at the individual level (symptoms, disabilities) and social interventions that try to address local inequalities and barriers in order to improve access for service users to ordinary housing, employment and leisure opportunities. The history of mental health care tells us that social care is often underfunded and too easily dismissed as not the business of health care. But too much emphasis on a health model of individual deficits is a slippery slope to institutionalisation by way of therapeutic nihilism. Rehabilitation services follow the biopsychosocial model but with a shift in emphasis, recognising the vital role played by social interventions in improving the functional outcomes that matter to service users including access to housing, occupation, leisure facilities and the support of family and friends. In conclusion, rehabilitation is framed within a model of personal recovery in which the target of intervention is to boost hope and help the individual find a meaning to life, living well regardless of enduring symptoms. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Authors: Perera, G.; Di Gessa, G.; Corna, L. M.; Glaser, K.; Stewart, R.;
Abstract: Aims: Associations between employment status and mental health are well recognised, but evidence is sparse on the relationship between paid employment and mental health in the years running up to statutory retirement ages using robust mental health measures. In addition, there has been no investigation into the stability over time in this relationship: an important consideration if survey findings are used to inform future policy. The aim of this study is to investigate the association between employment status and common mental disorder (CMD) in 50–64-year old residents in England and its stability over time, taking advantage of three national mental health surveys carried out over a 14-year period. Methods: Data were analysed from the British National Surveys of Psychiatric Morbidity of 1993, 2000 and 2007. Paid employment status was the primary exposure of interest and CMD the primary outcome—both ascertained identically in all three surveys (CMD from the revised Clinical Interview
Multivariable logistic regression models were used. Results: The prevalence of CMD was higher in people not in paid employment across all survey years; however, this association was only present for non-employment related to poor health as an outcome and was not apparent in those citing other reasons for non-employment. Odds ratios for the association between non-employment due to ill health and CMD were 3.05 in 1993, 3.56 in 2000, and 2.80 in 2007, after adjustment for age, gender, marital status, education, social class, housing tenure, financial difficulties, smoking status, recent physical health consultation and activities of daily living impairment. Conclusions: The prevalence of CMD was higher in people not in paid employment for health reasons, but was not associated with non-employment for other reasons. Associations had been relatively stable in strength from 1993 to 2007 in those three cross-sectional nationally representative samples. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title:
Equal access for equal need: Eliciting public preferences for access to health treatment by employment status.

Authors:
Gibbs, Naomi; Powell, Philip A.; Tsuchiya, Aki;

Source:
Social Science & Medicine, Vol 222, Feb, 2019 pp. 246-255. Publisher: Elsevier Science; [Journal Article]

Abstract:
The National Health Service in the UK is set up under the principle of 'equal access for equal need', where those with identical medical needs should be given equal priority in receiving health care. However, non-medical needs may also be relevant in health care decision-making. This paper considers how members of the general public value access to a health service given equal medical needs, where some service users have additional non-medical needs. There are three primary research questions. First, are public preferences regarding access to a health care service symmetric and inequality averse? Second, are public preferences asymmetric across different needs groups? And third, which individual characteristics of respondents are predictive of different public preferences in this domain? An online survey of the UK general public was conducted in January 2017 using binary choice questions. The hypothetical scenarios involved allocating extra resources from a social perspective, to reduce the waiting time to access a mental health service for the unemployed, for the employed, or for both groups. Based on a valid sample of 662 respondents, the study found that the three main preference categories were: inequality averse and symmetric, inequality averse and asymmetric in favour of the unemployed, and inequality seeking and asymmetric in favour of the unemployed, with the first group being the largest. Respondents' current labour market status was found to explain their preferences so that those who were currently job-seeking were more likely to demonstrate preferences that favoured the unemployed, and those who were currently unemployed were less likely to demonstrate asymmetric preferences that favoured the employed. The implications from these findings are that health policies in the UK that support equal access for equal medical need are likely to be received most favourably, yet a non-trivial minority may support policies favouring those with other, non-medical needs. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Title:
Adolescent mental health and unemployment over the lifespan: Population evidence from Sweden.

Authors:
Mousteri, Victoria; Daly, Michael; Delaney, Liam; Tynelius, Per; Rasmussen, Finn;

Source:

Abstract:
Rationale: Symptoms of mental health problems have been shown to predict adverse labour market outcomes including unemployment, but no studies have used sibling models to examine the relationship between clinically diagnosed psychiatric conditions in adolescence and subsequent unemployment. Objective: This study used extensive Swedish registry data to investigate the link between psychiatric conditions diagnosed during military conscription and unemployment over two decades. Further, we identified whether this relation was amplified during an economic downturn and tested whether it was
affected by adjustment for unobserved family characteristics using sibling fixed-effects models. Method: Psychiatric conditions were diagnosed by psychologists and psychiatrists at military conscription in sample of 929,191 Swedish men (mean age = 18.4 years) between 1969 and 1989. The average number of days unemployed per year was observed from 1992 to 2012, using the records of the Swedish Public Employment Services. Results: After adjustment for physical health and childhood socioeconomic status those diagnosed with any psychiatric condition experienced approximately an additional 10 days per year unemployment compared to others. Alcohol (16 days unemployment) and other substance use disorders (17 days) were the strongest predictors of exposure to future unemployment, followed by personality disorders (10 days), neurotic and adjustment conditions (nine days), and depressive disorders (six days). Family background factors accounted for approximately half of the observed relationship between mental health conditions and unemployment. Psychiatric conditions interacted with macroeconomic conditions such that those with pre-existing alcohol-related, and neurotic and adjustment disorders were disproportionately more likely to become unemployed following the 1990s crisis in Sweden. Conclusions: Adolescent mental health conditions forecast an elevated risk of unemployment, which endures over the life course and is amplified in times of economic uncertainty. Investment in youth mental health services and alcohol and substance use prevention programs may yield economic benefits by reducing unemployment. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Adolescent mental health and unemployment over the lifespan: Population evidence from Sweden.
Authors: Mousteri, Victoria; Daly, Michael; Delaney, Liam; Tynelius, Per; Rasmussen, Finn;
Abstract: Rationale: Symptoms of mental health problems have been shown to predict adverse labour market outcomes including unemployment, but no studies have used sibling models to examine the relationship between clinically diagnosed psychiatric conditions in adolescence and subsequent unemployment. Objective: This study used extensive Swedish registry data to investigate the link between psychiatric conditions diagnosed during military conscription and unemployment over two decades. Further, we identified whether this relation was amplified during an economic downturn and tested whether it was affected by adjustment for unobserved family characteristics using sibling fixed-effects models. Method: Psychiatric conditions were diagnosed by psychologists and psychiatrists at military conscription in sample of 929,191 Swedish men (mean age = 18.4 years) between 1969 and 1989. The average number of days unemployed per year was observed from 1992 to 2012, using the records of the Swedish Public Employment Services. Results: After adjustment for physical health and childhood socioeconomic status those diagnosed with any psychiatric condition experienced approximately an additional 10 days per year unemployment compared to others. Alcohol (16 days unemployment) and other substance use disorders (17 days) were the strongest predictors of exposure to future unemployment, followed by personality disorders (10 days), neurotic and adjustment conditions (nine days), and depressive disorders (six days). Family background factors accounted for approximately half of the observed relationship between mental health conditions and unemployment. Psychiatric conditions interacted with macroeconomic conditions such that those with pre-existing alcohol-related, and neurotic and adjustment disorders were disproportionately more likely to become unemployed following the 1990s crisis in Sweden. Conclusions: Adolescent mental health conditions forecast an elevated risk of unemployment, which endures over the life course and is amplified in times of economic uncertainty. Investment in youth mental health services and alcohol and substance use prevention programs may yield economic benefits by reducing unemployment. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Title: Common mental disorders among US Army aviation personnel: Prevalence and return to duty. Britt, Authors: Thomas W.; McGhee, James S.; Quattlebaum, Martin D.;
Source:
Abstract:
Objectives: Assess the prevalence of US Army aviation personnel with common mental disorders, the percentage that return to duty following mental health treatment, and predictors of return to duty. Methods: Examined the prevalence over a 5-year period. The percentage of personnel who were granted a waiver to return to flying duty following treatment was also determined. Results: The results revealed a 5-year prevalence of 0.036 (95% CI = 0.034–0.038) for personnel experiencing one or more of the mental disorders (N = 1,155). Prevalence was highest for adjustment disorders and for nonpilot participants. Overall, personnel were granted a waiver 55.3% of the time and suspended or disqualified 44.7% of the time. Waivers were more likely to be granted for an adjustment disorder and for pilots. Conclusions: Discussion focuses on the importance of aviation personnel receiving mental health treatment when problems are not severe to maximize the likelihood of returning to duty. (PsycINFO Database Record (c) 2019 APA, all rights reserved)