Current Awareness Service

Issue no 5. of 2017

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

| Title: Predictors in Internet-delivered cognitive behavior therapy and behavioral stress management for severe health anxiety |
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The latest CAS is published on our Library website – http://parklibrary.qld.libguides.com/wmhhs-library

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Yacca Library (Mt Isa)
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E: mt_isa_library@health.qld.gov.au

University of Queensland Libraries

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E: pace@library.uq.edu.au

UQ/Mater McAuley Library
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E: mati@library.uq.edu.au
Anxiety

Title:
Developing a clinical translational neuroscience taxonomy for anxiety and mood disorder: Protocol for the baseline-follow up Research domain criteria Anxiety and Depression ('RAD') project.

Authors:
Williams, Leanne M.; Goldstein-Piekarski, Andrea N.; Chowdhry, Nowreen; Grisanzio, Katherine A.; Haug, Nancy A.; Samara, Zoe; Etkin, Amit; O'Hara, Ruth; Schatzberg, Alan F.; Suppes, Trisha; Yesavage, Jerome;

Source:

Abstract
Background: Understanding how brain circuit dysfunctions relate to specific symptoms offers promise for developing a brain-based taxonomy for classifying psychopathology, identifying targets for mechanistic studies and ultimately for guiding treatment choice. The goal of the Research Domain Criteria (RDoC) initiative of the National Institute of Mental Health is to accelerate the development of such neurobiological models of mental disorder independent of traditional diagnostic criteria. In our RDoC Anxiety and Depression ('RAD') project we focus trans-diagnostically on the spectrum of depression and anxiety psychopathology. Our aims are a) to use brain imaging to define cohesive dimensions defined by dysfunction of circuits involved in reactivity to and regulation of negatively valenced emotional stimulation and in cognitive control, b) to assess the relationships between these dimension and specific symptoms, behavioral performance and the real world capacity to function socially and at work and c) to assess the stability of brain-symptom-behavior-function relationships over time. Methods and design: Here we present the protocol for the 'RAD' project, one of the first RDoC studies to use brain circuit functioning to define new dimensions of psychopathology. The RAD project follows baseline-follow up design. In line with RDoC principles we use a strategy for recruiting all clients who 'walk through the door' of a large community mental health clinic as well as the surrounding community. The clinic attends to a broad spectrum of anxiety and mood-related symptoms. Participants are unmedicated and studied at baseline using a standardized battery of functional brain imaging, structural brain imaging and behavioral probes that assay constructs of threat reactivity, threat regulation and cognitive control. The battery also includes self-report measures of anxiety and mood symptoms, and social and occupational functioning. After baseline assessments, therapists in the clinic apply treatment planning as usual. Follow-up assessments are undertaken at 3 months, to establish the reliability of brain–based subgroups over time and to assess whether these subgroups predict real–world functional capacity over time. First enrollment was August 2013, and is ongoing. Discussion: This project is designed to advance knowledge toward a neural circuit taxonomy for mental disorder. Data will be shared via the RDoC database for dissemination to the scientific community. The clinical translational neuroscience goals of the project are to develop brain-behavior profile reports for each individual participant and to refine these reports with therapist feedback. Reporting of results is expected from December 2016 onward. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title:
Effectiveness and cost-effectiveness of a self-management training for patients with chronic and treatment resistant anxiety or depressive disorders: Design of a multicenter randomized controlled trial.

Authors:
Zoun, Maringa H. H.; Koekkoek, Bauke; Sinnema, Henny; Muntingh, Anna D. T.; van Balkom, Anton J. L. M.; Schene, Aart H.; Smit, Filip; Spijker, Jan;

Source:

Abstract
Background: Many patients with anxiety or depressive disorders achieve no remission of their symptoms after evidence-based treatment algorithms. They develop a chronic course of the disorder. Current care for these patients usually consists of long-term supportive contacts with a community psychiatric nurse and pharmacological management by a psychiatrist. Data on the effectiveness of these treatments is
lacking. A psychosocial rehabilitation approach, where self-management is an increasingly important part, could be more suitable. It focuses on the restoration of functioning and enhancement of patients’ autonomy and responsibility. Treatment with this focus, followed by referral to primary care, may be more (cost-)effective. Methods: A multicenter randomized controlled trial is designed for twelve participating specialized outpatient mental health services in the Netherlands. Patients with chronic and treatment resistant anxiety or depressive disorders, currently receiving supportive care in specialized outpatient mental health care, are asked to participate. After inclusion, patients receive the baseline questionnaire and are randomized to the intervention group or the usual care control group. The intervention focuses on rehabilitation and self-management and is provided by a trained community psychiatric nurse, followed by referral to primary care. Measurements take place at 6, 12, and 18 months after baseline. This study evaluates both the effectiveness (on quality of life, symptom severity, and empowerment), and cost-effectiveness of the intervention compared to usual care. In addition, a questionnaire is designed to get insight in which self-management strategies patients use to manage their disorder, and in the experiences of patients with the change of care setting. Discussion: In this study we evaluate the effectiveness and cost-effectiveness of a self-management intervention for patients with chronic and treatment resistant anxiety or depressive disorders in specialized outpatient mental health care. The results of this study may provide a first ‘proof-of-concept’ in this under-researched but important field, and might be relevant for a large group of patients in the context of a transition of the Dutch health care system. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title: Amygdala-based intrinsic functional connectivity and anxiety disorders in adolescents and young adults.

Authors: Toazza, Rudineia; Franco, Alexandre Rosa; Buchweitz, Augusto; Molle, Roberta Dalle; Rodrigues, Danitsa Marcos; Reis, Roberta Sena; Mucellini, Amanda Brondani; Esper, Nathalia Bianchini; Aguzzoli, Cristiano; Silveira, Patrícia Pelufo; Salum, Giovanni Abrahão; Manfro, Gisele Gus;


Abstract
Anxiety disorders (AD) are the most prevalent group of psychiatric disorders in adolescents and young adults. Nevertheless, the pathophysiology of anxiety disorders is still poorly understood. This study investigated differences in the functional connectivity of intrinsic amygdala-based networks of participants with and without AD. Resting state fMRI data were obtained from 18 participants with an AD and 19 healthy comparison individuals. Psychiatric diagnosis was assessed using standardized structured interviews. The comparison between groups was carried out using functional connectivity maps from six seed regions defined using probabilistic maps bilaterally within the amygdala (basolateral, superficial and centromedial amygdala). We found significant between-group differences in five clusters, which showed aberrant functional connectivity with the left basolateral amygdala: right precentral gyrus, right cingulate gyrus, bilateral precuneus, and right superior frontal gyrus in subjects with AD as compared with the comparison subjects. For the comparison subjects, the correlations between the amygdala and the five clusters were either non-significant, or negative. The present study suggests there is an intrinsic disruption in the communication between left basolateral amygdala and a network of brain regions involved with emotion regulation, and with the default mode network in adolescents and young adults with anxiety disorders. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title: The overlap of somatic, anxious and depressive syndromes: A population-based analysis.

Authors: Kohlmann, Sebastian; Gierk, Benjamin; Hilbert, Anja; Brähler, Elmar; Löwe, Bernd;


Abstract
Objective: The comorbidity of somatic, anxious and depressive syndromes occurs in half of all primary care cases. As research on this overlap of syndromes in the general population is scarce, the present...
study investigated the prevalence of the overlapping syndromes and their association with health care use. Method: A national general population survey was conducted between June and July 2012. Trained interviewers contacted participants face-to-face, during which, individuals reported their health care use in the previous 12 months. Somatic, anxious and depressive syndromes were assessed using the Somatic Symptom Scale–8 (SSS-8), Generalized Anxiety Disorder-2 (GAD-2) and Patient Health Questionnaire-2 (PHQ-2) respectively. Results: Out of 2510 participants, 236 (9.4%) reported somatic (5.9%), anxious (3.4%) or depressive (4.7%) syndromes, which were comorbid in 86 (3.4%) cases. The increase in the number of syndromes was associated with increase in health care visits (no syndrome: 3.18 visits vs. mono syndrome: 5.82 visits vs. multi syndromes: 14.16 visits, \( F(2,2507) = 149.10, p < 0.00001 \)). Compared to each somatic (semi-partial \( r^2 = 3.4\% \)), anxious (semi-partial \( r^2 = 0.82\% \)) or depressive (semi-partial \( r^2 = 0.002\% \)) syndrome, the syndrome overlap (semi-partial \( r^2 = 6.6\% \)) explained the greatest part of variance of health care use (change_inR^2= 11.2\% , change_inF(3,2499) = 112.81, \( p < 0.001 \)). Conclusions: The overlap of somatic, anxious and depressive syndromes is frequent in the general population but appears to be less common compared to primary care populations. To estimate health care use in the general population the overlap of somatic, anxious and depressive syndromes should be considered. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title: Use of evidence-based assessments for childhood anxiety disorders within a regional medical system.  
Authors: Sattler, Adam F.; Ale, Chelsea M.; Nguyen, Kristin; Gregg, Melissa S.; Geske, Jennifer R.; Whiteside, Stephen P. H.;  
Source: Psychological Services, Vol 13(4), Nov, 2016 pp. 411-418. Publisher: Educational Publishing Foundation;  
Abstract  
Anxiety disorders represent a common and serious threat to mental health in children and adolescents. To effectively treat anxiety in children, clinicians must conduct accurate assessment of patients’ symptoms. However, despite the importance of assessment in the treatment of childhood anxiety disorders, the literature lacks a thorough analysis of the practices used by clinicians when evaluating such disorders in community settings. Thus, the current study examines the quality of assessment for childhood anxiety disorders in a large regional health system. The results suggest that clinicians often provide non-specific diagnoses, infrequently document symptoms according to diagnostic criteria, and rarely administer rating scales and structured diagnostic interviews. Relatedly, diagnostic agreement across practice settings was low. Finally, the quality of assessment differed according to the setting in which the assessment was conducted and the complexity of the patient’s symptomatology. These results highlight the need to develop and disseminate clinically feasible evidence-based assessment practices that can be implemented within resource-constrained service settings. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title: The attention training technique: A review of a neurobehavioral therapy for emotional disorders.  
Authors: Fergus, Thomas A.; Bardeen, Joseph R.;  
Abstract  
Wells’s (1990) attention training technique (ATT) is a neurobehavioral therapy for emotional disorders that purportedly can improve upon existing treatment efforts for these disorders. Yet, ATT remains underutilized in the treatment of emotional disorders. One tenable reason for the underutilization of ATT is that researchers and clinicians alike may generally be unfamiliar with ATT and studies supporting its use. We sought to: (a) outline the setup and potential barriers to implementing ATT, (b) describe the distinctiveness of ATT from related interventions, (c) update readers on studies that have examined ATT since an earlier review, (d) discuss limitations surrounding extant ATT studies that preclude us from fully understanding the therapeutic benefits of ATT and describe how future studies can address these
limitations, and (e) extend prior discussions of potential mechanisms of change underlying ATT. Our review of empirical evidence for ATT suggests that ATT could be considered a possibly efficacious treatment for emotional disorders, with a great need existing for future efficacy studies that evaluate ATT as a standalone intervention. We offer recommendations for future research interested in shedding further light onto the therapeutic benefits of ATT. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title:
Brain laterality, depression and anxiety disorders: New findings for emotional and verbal dichotic listening in individuals at risk for depression.

Authors:
Bruder, Gerard E.; Alvarenga, Jorge; Abraham, Karen; Skipper, Jamie; Warner, Virginia; Voyer, Daniel; Peterson, Bradley S.; Weissman, Myrna M.; Laterality:

Source:
Asymmetries of Body, Brain and Cognition, Vol 21(4-6), Nov, 2016 pp. 525-548. Publisher: Taylor & Francis; [Journal Article]

Abstract
Studies using dichotic listening tests and electroencephalographic (EEG) measures of hemispheric asymmetry have reported evidence of abnormal brain laterality in patients having depressive disorders. We present new findings from a multigenerational study of risk for depression, in which perceptual asymmetry was measured in dichotic listening tests of emotional and verbal processing. Biological offspring and grandchildren of probands with a major depressive disorder (MDD) who were at high risk and those of nondepressed controls who were at low risk were tested on dichotic emotional recognition and consonant–vowel syllable tests. In the emotion test, individuals with a lifetime diagnosis of MDD had a smaller right hemisphere advantage than those without a MDD, but there was no difference between high- and low-risk groups or between those with or without an anxiety disorder. In the syllable test, a smaller left hemisphere advantage was found in individuals with an anxiety disorder compared to those without an anxiety disorder, but there was no difference between high- and low-risk groups or between those with or without a MDD. This double dissociation indicates that lifetime diagnosis of MDD and anxiety disorders have a differential impact on lateralized hemispheric processing of emotional and verbal information. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title:
The differential diagnosis of anxiety disorders in cognitively-able youth with autism.

Authors:
Kerns, Connor M.; Rump, Keiran; Worley, Julie; Kratz, Hilary; McVey, Alana; Herrington, John; Miller, Judith;

Source:
Cognitive and Behavioral Practice, Vol 23(4), Nov, 2016 pp. 530-547. Publisher: Elsevier Science;

Abstract
Anxiety disorders are common in children and adolescents with autism spectrum disorder (ASD), yet difficult to disentangle from features of ASD itself. Challenges to assessment include symptom overlap, the varied manifestation of some anxiety symptoms, and the limitations of self-report. Nonetheless, a growing body of research suggests that it is both possible and important to reliably differentiate anxiety and ASD pathology. Anxiety disorders are associated with a number of additive difficulties in youth with ASD. Emerging evidence also suggests that these difficulties—when identified—can be effectively treated in cognitively-able youth with cognitive-behavioral methods. The present article will provide a clinical framework for diagnosing anxiety disorders in cognitively-able youth on the autism spectrum, with a particular emphasis on differentiating anxiety and ASD symptoms. We will review recent research on the presentation, measurement, and predictors of anxiety in ASD, provide an overview of the pros and cons of available measures and illustrate approaches for differential diagnosis via vignettes of actual clinical assessments. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Title: Effectiveness of Transdiagnostic Cognitive Behaviour Therapy for anxiety and depression in adults: A systematic review and meta-analysis.

Authors: Andersen, Philip; Toner, Paul; Bland, Martin; McMillan, Dean;


Abstract
Background: Transdiagnostic Cognitive Behaviour Therapy (CBT) seeks to identify core cognitive-behavioural processes hypothesized to be important across a range of disorders and to develop a treatment that targets these. This contrasts with standard CBT approaches that are disorder-specific. Proponents of transdiagnostic CBT suggest that it may offer advantages over disorder-specific CBT, but little is known about the effectiveness of this approach. Aims: The review aimed to summarize trial-based clinical and cost-effectiveness data on transdiagnostic CBT for anxiety and depression. Method: A systematic review of electronic databases, including peer-reviewed and grey literature sources, was conducted (n = 1167 unique citations). Results: Eight trials were eligible for inclusion in the review. There was evidence of an effect for transdiagnostic CBT when compared to a control condition. There were no differences between transdiagnostic CBT and active treatments in two studies. We found no evidence of cost-effectiveness data. Conclusions: Quality assessment of the primary studies indicated a number of methodological concerns that may serve to inflate the observed effects of transdiagnostic approaches. Although there are positive signs of the value of transdiagnostic CBT, there is as yet insufficient evidence to recommend its use in place of disorder-specific CBT. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title: An exploratory analysis of the impact of specific interventions: Some clients reveal more than others.

Authors: Boswell, James F.; Bugatti, Matteo;


Abstract
Recent work has highlighted that process–outcome relationships are likely to vary depending on the client, yet there is little direct evidence regarding specific intervention effects in individual clients. This study attempted to address the hypothesis that some clients reveal more than others regarding the impact of specific interventions. Intensive case study analyses were applied to 2 clients with principal major depressive disorder and comorbid anxiety disorders receiving transdiagnostic psychotherapy. Clients completed a battery of symptom and psychological assessments of mindfulness, cognitive reappraisal use, and emotion avoidance on many occasions throughout treatment. Time series analyses were applied to symptom and change construct data. Results included: (a) significant decreases in depression, anxiety, and emotion avoidance from baseline to posttreatment were observed, as well as significant increases in mindfulness and reappraisal; and (b) in one case, intervention strategies exerted little influence on changes in key variables; in the other, emotion exposure strategies had the strongest influence on increases in mindfulness and present-focused awareness strategies had the strongest influence on reductions in emotion avoidance. Even when different clients appear to similarly benefit from the same treatment, specific intervention effects on putative change factors may be more prevalent for some clients and less prevalent for others. Regular assessment is needed to determine if a client requires an alternative set of specific intervention strategies. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2016-47853-001&site=ehost-live

Title: Mechanisms of comorbidity, continuity, and discontinuity in anxiety-related disorders. McNaughton, Neil;

Authors:
We discuss comorbidity, continuity, and discontinuity of anxiety-related disorders from the perspective of a two-dimensional neuropsychology of fear (threat avoidance) and anxiety (threat approach). Pharmacological dissection of the ‘neurotic’ disorders justifies both a categorical division between fear and anxiety and a subdivision of each mapped to a hierarchy of neural modules that process different immediacies of threat. It is critical that each module can generate normal responses, symptoms of another syndrome, or syndromal responses. We discuss the resultant possibilities for comorbid dysfunction of these modules both with each other and with some disorders not usually classified as anxiety related. The simplest case is symptomatic fear/anxiety comorbidity, where dysfunction in one module results in excess activity in a second, otherwise normal, module to generate symptoms and apparent comorbidity. More complex is syndromal fear/anxiety comorbidity, where more than one module is concurrently dysfunctional. Yet more complex are syndromal comorbidities of anxiety that go beyond the two dimensional fear/anxiety systems: depression, substance use disorder, and attention-deficit/hyperactivity disorder. Our account of attention-deficit/hyperactivity disorder–anxiety comorbidity entails discussion of the neuropsychology of externalizing disorders to account for the lack of anxiety comorbidity in some of these. Finally, we link the neuropsychology of disorder to personality variation, and to the development of a biomarker of variation in the anxiety system among individuals that, if extreme, may provide a means of unambiguously identifying the first of a range of anxiety syndromes. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Miloyan, Beyon; Bulley, Adam; Bandeen-Roche, Karen; Eaton, William W.; Gonçalves-Bradley, Daniela C.;

Source:
Social Psychiatry and Psychiatric Epidemiology, Vol 51(11), Nov, 2016 pp. 1467-1475. Publisher: Springer; [Journal Article]

Abstract
Purpose: The purpose of this study was to perform a systematic review and meta-analysis of prospective cohort studies that examined the relationship between anxiety disorders, or clinically significant anxiety symptoms, at baseline and all-cause mortality at follow-up relative to control participants without clinically significant anxiety. Methods: PubMed, EMBASE, PsycInfo, and CINAHL were searched through July 2015, along with manual searches of published reviews and forward and backward snowball searches of included studies. Studies were excluded if anxiety was not defined with a standardized instrument, or if participants were followed-up for 1 year or less. The initial search yielded 7901 articles after the removal of duplicates, of which 328 underwent full-text screening. Results: Forty-two estimates from 36 articles were included in the meta-analysis with a total sample of 127,552 participants and over 11,573 deaths. The overall hazard ratio (HR) estimate of mortality in clinically anxious participants relative to controls was 1.09 (95 % CI 1.01–1.16); however, this was reduced after adjusting for publication bias (1.03; 95 % CI 0.95–1.13). There was no evidence of increased mortality risk among anxious participants derived from community samples (0.99; 95 % CI 0.96–1.02) and in studies that adjusted for a diagnosis of depression (1.01; 95 % CI 0.96–1.06). Conclusions: These findings suggest that positive associations in the literature are attributable to studies in smaller samples, comorbid depression (or other psychiatric conditions) among participants, and possible confounding in medical patient samples followed-up for short durations. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Bias in the reporting of harms in clinical trials of second-generation antidepressants for depression and anxiety: A meta-analysis.

Authors:
de Vries, Ymkje Anna; Roest, Annelieke M.; Beijers, Lian; Turner, Erick H.; de Jonge, Peter;

Source:
European Neuropsychopharmacology, Vol 26(11), Nov, 2016 pp. 1752-1759. Publisher: Elsevier Science;

Abstract
Previous research has shown that reporting bias has inflated the apparent efficacy of antidepressants. We investigated whether apparent safety was also affected. We included 133 trials, involving 31,296 patients, of second-generation antidepressants for the treatment of major depressive disorder (MDD) or anxiety disorders, obtained from Food and Drug Administration (FDA) reviews. We extracted data on overall discontinuation, discontinuation due to adverse events, and serious adverse events (SAEs). Meta-analysis was used to compare discontinuation rates between FDA reviews and matching journal articles, while SAEs were compared qualitatively. The odds ratio for overall discontinuation, comparing drug to placebo, was 1.0 for both sources, while that for discontinuation due to adverse events was 2.4 for both sources. Seventy-seven of 97 (79%) journal articles provided incomplete information on SAEs; sixty-one (63%) articles made no mention of SAEs at all. Of 21 articles which could be compared to the FDA, only 6 (29%) had full reporting without discrepancies. Nine (43%) articles reported a discrepant number of SAEs. Descriptions were absent or discrepant in 6 (29%) additional articles, even for important SAEs such as suicide attempts. In conclusion, reporting bias has not affected average discontinuation rates over trials. However, SAE reporting is not only very poor, with over half of articles failing to discuss SAEs altogether, but discrepancies between the FDA and articles were common and often led to a more favorable drug-placebo comparison. These findings suggest that journal articles are an unreliable source of data on SAEs in antidepressant trials. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title:
Associations between anxiety disorder diagnoses and body mass index differ by age, sex and race: A population based study.

Authors:
Background: Few large studies have examined correlations between anxiety and body mass index (BMI) by gender or racial groups using clinical data. Objective: This study aimed to determine associations between diagnosed anxiety disorders and BMI, and evaluate whether observed associations varied by demographic characteristics. Method: Data from the Rochester Epidemiology Project (REP) data linkage system were analyzed to examine associations between anxiety disorders and BMI among adults ages 18-85 residing in Olmsted County, MN in 2009 (n=103,557). Height and weight data were available for 75,958 people (73%). The international classification of underweight, overweight, and obesity by BMI was used. Results: Population consisted of 56% females, 92.8% White individuals, with median age of 46 years. When adjusted for age, sex, and race, we observed a U-shaped association between anxiety and BMI group. Underweight and obese individuals were more likely to have an anxiety diagnosis compared to normal weight individuals. Stratification by sex yielded a U-shaped association between anxiety and BMI only in women. Stratification by race showed a U-shaped association between anxiety and BMI only in the White population. Anxiety was significantly associated only with obesity in the Black population. Anxiety was not associated with a BMI category in Asian or Hispanic groups. Among elderly group, there is inverse correlation between anxiety and obesity. Conclusion: Our results suggest that anxiety may have heterogeneous associations with BMI in the population. Further research on potential mechanisms contributing to these findings will help direct efforts in anxiety and obesity management across diverse population groups. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

is an important factor that influences the treatment effectiveness in anxiety/depression patients with or without personality disorders resistant to previous treatment. Targeting dissociation in the treatment of these disorders may be beneficial. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title:
Evaluation of anxiety condition among type 1 and type 2 diabetic patients.
Authors:
Bulut, Aliye; Bulut, Aziz;
Source:
Abstract
Purpose: This study was conducted for the purpose of determining the relationship between type 1 and type 2 diabetic patients and anxiety. Method: This study was conducted between August and September 2015 at Bingol State Hospital. The study included 131 patients with diabetes mellitus (DM) followed up at the Internal Diseases Polyclinic of Bingol State Hospital. The questionnaire used in the study consisted of two parts. The first part of the questionnaire comprised a set of questions querying the sociodemographic characteristics and the second part comprised the Beck Anxiety Inventory. Results: The incidence of Type 1 DM was found to be higher among female compared to male patients, whereas type 2 DM was found to be higher among male compared to female patients, and this difference was statistically significant. According to the results of Beck Anxiety Scale (BAS) applied to the patients to examine their psychological states, 94.2% of male and 96.8% of female patients were found to be in the severe anxiety group. Among both male and female patients, BAS scores of the type 2 DM patients were higher than those of type 1 DM patients. When the distribution of BAS scores among the patients was examined, it was found that males received 44.7 ± 13.2 points and females received 47.0 ± 13.0 as mean value, but no statistically significant difference was found between BAS scores by sex. Unlike female patients, the difference between duration of disease and BAS score was found to be statistically significant in male patients. Conclusion: In planning the treatment of patients with diabetes, evaluating them mentally will help to provide optimal treatment and care services. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title:
Plasticity-augmented psychotherapy for refractory depressive and anxiety disorders.
Authors:
Choi, Kwang-Yeon; Kim, Yong-Ku;
Source:
Abstract
Psychotherapy and pharmacotherapy have been the mainstays of treatment for depression and anxiety disorders during the last century. However, treatment response has not improved in the last few decades, with only half of all patients responding satisfactorily to typical antidepressants. To fulfill the needs of the remaining patients, new treatments with better efficacy are in demand. The addition of psychotherapy to antidepressant treatment has been shown to be superior to pharmacotherapy alone. However, the time costs of psychotherapy limit its use for clinicians and patients. Advancements in neuroscience have contributed to an improved understanding of the pathogenesis of depressive and anxiety disorders. In particular, recent advances in the field of fear conditioning have provided valuable insight into the treatment of refractory depressive and anxiety disorders. In this review, we studied the reconsolidation-updating paradigm and the concept of epigenetic modification, which has been shown to permanently attenuate remote fear memory. This has implications for drug-augmented, e.g. antidepressant and valproic acid, psychotherapy. Future research on more sophisticated psychotherapy techniques will increase the desirability of this treatment modality for both clinicians and patients. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Perceived burdensomeness and suicide ideation in adult outpatients receiving exposure therapy for anxiety disorders.

Teismann, Tobias; Forkmann, Thomas; Rath, Dajana; Glaesmer, Heide; Margraf, Jürgen;


Abstract
Perceived burdensomeness is considered a proximal risk factor for suicide ideation. However, there is a lack of prospective studies. Furthermore, it is unclear in as much psychotherapy for anxiety disorders is associated with a decrease in suicide ideation. A total of 105 adult outpatients suffering from panic disorder, agoraphobia, or specific phobia received manualized exposure-therapy. Perceived burdensomeness was considered as predictor of suicide ideation concurrently, after the fourth and the tenth therapy session and posttreatment—controlling for baseline symptom distress, suicide ideation, number of therapy sessions and age. Furthermore, pre-to post-changes in suicide ideation and perceived burdensomeness were assessed. Perceived burdensomeness emerged as a significant predictor of suicidal ideation concurrently and after the fourth and the tenth therapy session, but not at the end of therapy. Treatment had no effect on suicide ideation and only a marginal effect on perceptions of burdensomeness. In conclusion, the current study highlights the importance of perceptions of burdensomeness in understanding suicide ideation. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

The association between personality traits, cognitive reactivity and body mass index is dependent on depressive and/or anxiety status.

Paans, Nadine P. G.; Bot, Mariska; Gibson-Smith, Deborah; Van der Does, Willem; Spinhoven, Philip; Brouwer, Ingeborg; Visser, Marjolein; Penninx, Brenda W. J. H.;


Abstract
Objective: A range of biological, social and psychological factors, including depression and anxiety disorders, is thought to be associated with higher body mass index (BMI). Depression and anxiety disorders are associated with specific psychological vulnerabilities, like personality traits and cognitive reactivity, that may also be associated with BMI. The relationship between those psychological vulnerabilities and BMI is possibly different in people with and without depression and anxiety disorders. Therefore, we examined the relationship between personality traits, cognitive reactivity and severity of affective symptoms with BMI in people with and without depression and anxiety disorders. Methods: Data from 1249 patients with current major depressive and/or anxiety disorder and 631 healthy controls were sourced from the Netherlands Study of Depression and Anxiety. Linear and logistic regression analyses were used to determine the associations between personality traits (neuroticism, extraversion, conscientiousness), cognitive reactivity (hopelessness, aggression, rumination, anxiety sensitivity), depression and anxiety symptoms with BMI classes (normal: 18.5–24.9, overweight: 25–29.9, and obese: ≥30 kg/m²) and continuous BMI. Due to significant statistical interaction, analyses were stratified for healthy individuals and depressed/anxious patients. Results: Personality traits were not consistently related to BMI. In patients, higher hopelessness and aggression reactivity and higher depression and anxiety symptoms were associated with higher BMI. In contrast, in healthy individuals lower scores on hopelessness, rumination, aggression reactivity and anxiety sensitivity were associated with higher BMI. Conclusion: These results suggest that, particularly in people with psychopathology, cognitive reactivity may contribute to obesity. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Title: Relative effects of cognitive and behavioral therapies on generalized anxiety disorder, social anxiety disorder and panic disorder: A meta-analysis.

Authors: Cuijpers, Pim; Gentili, Claudio; Banos, Rosa M.; Garcia-Campayo, Javier; Botella, Cristina; Cristea, Ioana A.;


Abstract

Although cognitive and behavioral therapies are effective in the treatment of anxiety disorders, it is not clear what the relative effects of these treatments are. We conducted a meta-analysis of trials comparing cognitive and behavioral therapies with a control condition, in patients with social anxiety disorder (SAD), generalized anxiety disorder (GAD) and panic disorder. We included 42 studies in which generic measures of anxiety were used (BAI, HAMA, STAI-State and Trait). Only the effects of treatment for panic disorder as measured on the BAI (13.33 points; 95% CI: 10.58–16.07) were significantly (p = 0.001) larger than the effect sizes on GAD (6.06 points; 95% CI: 3.96–8.16) and SAD (5.92 points; 95% CI: 4.64–7.20). The effects remained significant after adjusting for baseline severity and other major characteristics of the trials. The results should be considered with caution because of the small number of studies in many subgroups and the high risk of bias in most studies. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title: The aetiology and maintenance of social anxiety disorder: A synthesis of complimentary theoretical models and formulation of a new integrated model.

Authors: Wong, Quincy J. J.; Rapee, Ronald M.;

Source: Journal of Affective Disorders, Vol 203, Oct, 2016 pp. 84-100. Publisher: Elsevier Science

Abstract

Background: Within maintenance models of social anxiety disorder (SAD), a number of cognitive and behavioural factors that drive the persistence of SAD have been proposed. However, these maintenance models do not address how SAD develops, or the origins of the proposed maintaining factors. There are also models of the development of SAD that have been proposed independently from maintenance models. These models highlight multiple factors that contribute risk to the onset of SAD, but do not address how these aetiological factors may lead to the development of the maintaining factors associated with SAD. Methods: A systematic review of the literature was conducted to identify aetiological and maintenance models of SAD. We then united key factors identified in these models and formulated an integrated aetiological and maintenance (IAM) model of SAD. A systematic review of the literature was then conducted on the components of the IAM model. Results: A number of aetiological and maintaining factors were identified in models of SAD. These factors could be drawn together into the IAM model. On balance, there is empirical evidence for the association of each of the factors in the IAM model with social anxiety or SAD, providing preliminary support for the model. Limitations: There are relationships between components of the IAM model that require empirical attention. Future research will need to continue to test the IAM model. Conclusions: The IAM model provides a framework for future investigations into the development and persistence of SAD. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title: Reduction of depersonalization during social stress through cognitive therapy for social anxiety disorder: A randomized controlled trial.

Authors: Schweden, Tabea L. K.; Pittig, Andre; Bräuer, David; Klumbies, Elisabeth; Kirschbaum, Clemens; Hoyer, Juergen;

Source:
Symptoms of depersonalization during feared social situations are commonly experienced by individuals with social anxiety disorder (SAD). Despite its clinical relevance, it is not addressed in standard treatment manuals and it remains unclear if depersonalization is reduced by well-established treatments. This study investigated whether cognitive therapy (CT) for SAD effectively reduces depersonalization and whether pre-treatment severity of depersonalization predicts or mediates treatment outcome. In a randomized controlled trial, patients underwent the standardized Trier Social Stress Test before and after CT (n = 20) or a waitlist period (n = 20) and were compared to healthy controls (n = 21). Self-reported depersonalization was measured immediately after each stress test. Depersonalization significantly decreased following CT, especially in treatment responders (η² = 0.32). Pre-treatment depersonalization did neither predict nor mediate post-treatment severity of social anxiety. Further prospective studies are needed for a better scientific understanding of this effect. It should be scrutinized whether SAD-patients suffering from depersonalization would benefit from a more specific therapy. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title: Symptom- and personality disorder changes in intensive short-term dynamic residential treatment for treatment-resistant anxiety and depressive disorders.
Authors: Solbakken, Ole André; Abbass, Allan;
Abstract
Objective: The study investigated the effectiveness of an 8-week intensive residential treatment programme based on principles from intensive short-term dynamic psychotherapy for patients with known treatment-resistant anxiety- and/or depressive disorders (mainly with comorbid personality disorders).
Methods: Patients (N = 95) with prior repeated treatment failure were included. Changes in self-reported target complaints, symptom severity, and overall interpersonal problems have been presented for these patients in two previous articles. We now expand upon the existing knowledge by presenting novel data from a number of important observer-based and self-reported outcome domains (diagnostic changes on Axis I and II, changes in overall personality dysfunction, disorder complexity, medication use, health care utilisation, and occupational activity).
Results: There were pervasive and significant improvements on all measures during treatment, which were maintained or further improved during follow-up. Fourteen months after the end of treatment, 46.26% of patients had recovered in terms of Axis I pathology, 63.79% had recovered in terms of Axis II pathology, 71.18% had returned to work, and there was a 28.62% reduction in regular use of psychotropic medications. Health care utilisation was reduced by 65.55%, and there were large improvements in disorder complexity and levels of personality dysfunction. Conclusion: The treatment programme was highly effective for patients with common and complex treatment-resistant mental disorders. Results are encouraging for the relatively large number of patients who tend not to benefit from standard formats of treatment for debilitating psychological problems. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title: Anxiety disorders in postpartum women: A systematic review and meta-analysis.
Authors: Goodman, Janice H.; Watson, Grace R.; Stubbs, Brendon;
Abstract
Background: Evidence suggests that postpartum anxiety is relatively common among postpartum women. Anxiety meeting diagnostic criteria for a disorder represents anxiety at its most severe, distressing, and persistent, and thus it is most important to identify, understand, and treat. This paper describes a comprehensive systematic review of anxiety disorders among postpartum women, along with meta-
analysis of prevalence. Methods: Findings are based on a thorough search of the literature, strict inclusion of only studies which utilized the gold standard of diagnostic interviews for anxiety disorder determination, and critical appraisal and review of included studies. A random effects meta-analysis was used to determine prevalence. Results: Fifty-eight studies were included in the review: 13 addressed prevalence, 5 incidence, 14 onset, 16 course, 13 correlates and risk factors, 15 outcomes, and 2 treatments for postpartum anxiety disorders. An estimated 8.5% of postpartum mothers experience one or more anxiety disorders. Limitations: Many limitations relate to the state of the current literature, including a small number of studies to answer specific research questions for each disorder, methodological limitations, and considerable heterogeneity across studies. Conclusions: Anxiety disorders are common among postpartum women. The review summarizes the current status of research on postpartum anxiety disorders and underscores the need for increased research to more accurately determine prevalence, understand course, identify risk factors and outcomes, and determine effective treatments. Greater clinical attention to these disorders is warranted to ameliorate the negative consequences of postpartum anxiety disorders on women and families. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Title:
Estradiol levels in women predict skin conductance response but not valence and expectancy ratings in conditioned fear extinction.

Authors:
White, Emily C.; Graham, Bronwyn M.;

Source:

Abstract
Anxiety disorders are more prevalent in women than men. One contributing factor may be the sex hormone estradiol, which is known to impact the long term recall of conditioned fear extinction, a laboratory procedure that forms the basis of exposure therapy for anxiety disorders. To date, the literature examining estradiol and fear extinction in humans has focused primarily on physiological measures of fear, such as skin conductance response (SCR) and fear potentiated startle. This is surprising, given that models of anxiety identify at least three important components: physiological symptoms, cognitive beliefs, and avoidance behavior. To help address this gap, we exposed women with naturally high (n = 20) or low estradiol (n = 19), women using hormonal contraceptives (n = 16), and a male control group (n = 18) to a fear extinction task, and measured SCR, US expectancy and CS valence ratings. During extinction recall, low estradiol was associated with greater recovery of SCR, but was not related to US expectancy or CS evaluation. Importantly, women using hormonal contraceptives showed a dissociation between SCR and cognitive beliefs: they exhibited a greater recovery of SCR during extinction recall, yet reported similar US expectancy and CS valence ratings to the other female groups. This divergence underscores the importance of assessing multiple measures of fear when examining the role of estradiol in human fear extinction, especially when considering the potential of estradiol as an enhancement for psychological treatments for anxiety disorders. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


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Depression

Title:
Guarding the gate: Remote structured assessments to enhance enrollment precision in depression trials.

Authors:
Freeman, Marlene P.; Pooley, James; Flynn, Martina J.; Baer, Lee; Mischoulon, David; Mou, David; Fava, Maurizio;

Source:

Abstract

Background: Failed treatment trials are common in major depressive disorder and treatment-resistant depression, and remotely performed multifaceted, centralized structured interviews can potentially enhance signal detection by ensuring that enrolled patients meet eligibility criteria. Methods: We assessed the use of a specific remote structured interview that validated the diagnosis, level of treatment resistance, and depression severity. The objectives were to (1) assess the rate at which patients who were deemed eligible for participation in trials by site investigators were ineligible, (2) assess the reasons for ineligibility, (3) compare rates of ineligibility between academic and nonacademic sites, (4) compare eligibility between US and non-US sites, and (5) report the placebo response rates in trials utilizing this quality assurance approach, comparing its placebo response rates with those reported in the literature. Methods included a pooled analysis of 9 studies that utilized this methodology (SAFER interviews). Results: Overall, 15.33% of patients who had been deemed eligible at research sites were not eligible after the structured interviews. The most common reason was that patients did not meet the study requirements for level of treatment resistance. Pass rates were significantly higher at non-US compared with US sites (94.6% vs 83.3%, respectively; P < 0.001). There was not a significant difference between academic and nonacademic sites (87.8% vs 82.4%; P = 0.08). Placebo response rates were 13.0% to 27.3%, below the 30% to 40% average in antidepressant clinical trials, suggesting a benefit of the quality assurance provided by these interviews. Conclusions: The use of a remotely structured interview by experienced clinical researchers was feasible and possibly contributed to lower-than-average placebo response rates. The difference between US and non-US sites should be the subject of further research. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Efficacy of desvenlafaxine compared with placebo in major depressive disorder patients by age group and severity of depression at baseline.

Authors:
Mosca, Daniel; Zhang, Min; Prieto, Rita; Boucher, Matthieu;

Source:

Abstract

Purpose: This post hoc meta-analysis evaluated the efficacy and safety of desvenlafaxine 50 and 100 mg versus placebo across age groups and severity of depression at baseline in patients with major depressive disorder. Methods: Data from placebo and desvenlafaxine 50-mg and 100-mg dose arms were pooled from 9 short-term, placebo-controlled, major depressive disorder studies (N = 4279). Effects of age (18–40 years, >40 to <55 years, 55–<65 years, and ≥65 years) and baseline depression severity (mild, 17-item Hamilton Rating Scale for Depression total score [HAM-D17] ≤18; moderate, HAM-D17 >18 to <25; severe, HAM-D17 ≥25) on desvenlafaxine efficacy were assessed using analysis of covariance for continuous end points and logistic regression for categorical end points. Findings: Desvenlafaxine-treated (50 or 100 mg/d) patients had significantly (P < 0.05, 2-sided) greater improvement in most measures of depression and function compared with placebo for patients 18 to 40 years, older than 40 to younger than 55 years, and 55 to younger than 65 years, with no significant evidence of an effect of age. Desvenlafaxine significantly improved most measures of depression and function in moderately and severely depressed patients. There was a significant baseline severity by treatment interaction for HAM-D17 total score only (P = 0.027), with a larger treatment effect for the
severely depressed group. Implications: Desvenlafaxine significantly improved depressive symptoms in patients younger than 65 years and in patients with moderate or severe baseline depression. Sample sizes were not adequate to assess desvenlafaxine efficacy in patients 65 years or older or with mild baseline depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Comparison of the efficacy and safety of aripiprazole versus bupropion augmentation in patients with major depressive disorder unresponsive to selective serotonin reuptake inhibitors: A randomized, prospective, open-label study.

Authors: Cheon, Eun-Jin; Lee, Kwang-Hun; Park, Young-Woo; Lee, Jong-hun; Koo, Bon-Hoon; Lee, Seung-Jae; Sung, Hyung-Mo;


Abstract
Purpose: The purpose of this study was to compare the efficacy and safety of aripiprazole versus bupropion augmentation in patients with major depressive disorder (MDD) unresponsive to selective serotonin reuptake inhibitors (SSRIs). Methods: This is the first randomized, prospective, open-label, direct comparison study between aripiprazole and bupropion augmentation. Participants had at least moderately severe depressive symptoms after 4 weeks or more of SSRI treatment. A total of 103 patients were randomized to either aripiprazole (n = 56) or bupropion (n = 47) augmentation for 6 weeks. Concomitant use of psychotropic agents was prohibited. Montgomery Asberg Depression Rating Scale, 17-item Hamilton Depression Rating scale, Iowa Fatigue Scale, Drug-Induced Extrapyramidal Symptoms Scale, Psychotropic-Related Sexual Dysfunction Questionnaire scores were obtained at baseline and after 1, 2, 4, and 6 weeks of treatment. Results: Overall, both treatments significantly improved depressive symptoms without causing serious adverse events. There were no significant differences in the Montgomery Asberg Depression Rating Scale, 17-item Hamilton Depression Rating scale, and Iowa Fatigue Scale scores, and response rates. However, significant differences in remission rates between the 2 groups were evident at week 6 (55.4% vs 34.0%, respectively; P = 0.031), favoring aripiprazole over bupropion. There were no significant differences in adverse sexual events, extrapyramidal symptoms, or akathisia between the 2 groups. Conclusions: The present study suggests that aripiprazole augmentation is at least comparable to bupropion augmentation in combination with SSRI in terms of efficacy and tolerability in patients with MDD. Both aripiprazole and bupropion could help reduce sexual dysfunction and fatigue in patients with MDD. Aripiprazole and bupropion may offer effective and safe augmentation strategies in patients with MDD who are unresponsive to SSRIs. Double-blinded trials are warranted to confirm the present findings. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-11336-014&site=ehost-live

Title: Moderating effects of relational interdependence on the association between peer victimization and depressive symptoms.

Authors: Kawabata, Yoshito; Onishi, Ayako;


Abstract
This short-term longitudinal study examined the association between relational and physical victimization and subsequent depressive symptoms together with the roles of social cognitive processes (i.e., relational interdependence) and gender in this association. A total of 580 Japanese adolescents in the seventh and eighth grades (52 % girls; age range 12–14) participated in this study across an academic year. Results of structural equation modeling demonstrated that relational and physical victimization, which was assessed via self- and teacher- reports, was concurrently associated with greater depressive symptoms, regardless of the gender of the youth and the level of relational interdependence. Furthermore, after controlling for the stability and co-occurrence between each construct, relational victimization (not physical victimization) was predictive of elevated depressive symptoms only for boys who exhibited relatively higher relational
interdependence. The findings are discussed from developmental, gender, and cultural perspectives. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
A more rational, theory-driven approach to analysing the factor structure of the Edinburgh Postnatal Depression Scale.

Authors:
Kozinszky, Zoltan; Töreki, Annamária; Hompoth, Emőke A.; Dudas, Robert B.; Németh, Gábor;

Source:

Abstract
We endeavoured to analyze the factor structure of the Edinburgh Postnatal Depression Scale (EPDS) during a screening programme in Hungary, using exploratory (EFA) and confirmatory factor analysis (CFA), testing both previously published models and newly developed theory-driven ones, after a critical analysis of the literature. Between April 2011 and January 2015, a sample of 2967 pregnant women (between 12th and 30th weeks of gestation) and 714 women 6 weeks after delivery completed the Hungarian version of the EPDS in South-East Hungary. EFAs suggested unidimensionality in both samples. 33 out of 42 previously published models showed good and 6 acceptable fit with our antepartum data in CFAs, whilst 10 of them showed good and 28 acceptable fit in our postpartum sample. Using multiple fit indices, our theory-driven anhedonia (items 1,2)—anxiety (items 4,5)—low mood (items 8,9) model provided the best fit in the antepartum sample. In the postpartum sample, our theory-driven models were again among the best performing models, including an anhedonia and an anxiety factor together with either a low mood or a suicidal risk factor (items 3,6,10). The EPDS showed moderate within- and between-culture invariability, although this would also need to be re-examined with a theory-driven approach. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The effects of psychotherapy for major depressive disorder on daily mood and functioning: A longitudinal experience sampling study.

Authors:
Eddington, Kari M.; Burgin, Chris J.; Silvia, Paul J.; Fallah, Niloofar; Majestic, Catherine; Kwapił, Thomas R.;

Source:

Abstract
Experience sampling methodology (ESM) was used in a randomized controlled trial of short-term therapy to examine changes in daily affect and reactivity to daily event appraisals among depressed patients. Fifty-five depressed adults (mean age 37 years, 80 % female) were randomly assigned to one of two therapy conditions. Using an interactive voice response system, participants rated activities and emotional functioning eight times per day for 7 days. Twenty-nine participants completed treatment and repeated ESM at post-treatment. Broad improvements in mood, cognition, and physical functioning were similar across treatment conditions, with the largest improvements for markers of positive affect. Participants demonstrated increased resilience, i.e., diminished reactivity to stressors, at post-treatment. Changes in reactivity to positive daily situations were minimal. Findings underscore the utility of ESM in psychotherapy research and the importance of including measures of both positive and negative affect and experiences. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
A systematic review and meta-analysis of prospective transition from major depression to bipolar disorder.

Authors:

Source:
Objective: Some people with major depressive disorder (MDD) may be at a pre-onset stage for bipolar disorder (BD), where early identification or prevention efforts may be feasible. We aimed to identify rates and characteristics predictive of transition to BD in prospective follow-up studies of people with MDD.

Methods: Using a systematic search strategy, we identified studies with a diagnostic ascertainment of MDD and BD of an adequate standard, and where the minimum length of follow-up was 6 months. We examined the incidence and point prevalence of BD and the pooled odds ratios (OR) for baseline predictors.

Results: From 5554 unique publications, 56 were included. Nearly a quarter of adults (22.5%) and adolescents with MDD followed up for a mean length of 12–18 years developed BD, with the greatest risk of transition being in the first 5 years. The meta-analysis identified that transition from MDD to BD was predicted by family history of BD (OR = 2.89, 95% CI: 2.01–4.14, N = 7), earlier age of onset of depression (g = −0.33, SE = 0.05, N = 6) and presence of psychotic symptoms (OR = 4.76, 95% CI: 1.79–12.66, N = 5). Conclusions: Participants with the identified risk factors merit closer observation and may benefit from prevention efforts, especially if outcomes broader than BD are considered.


Title: Targeting and transforming major depression.
Authors: Parker, G.; Paterson, A.; McCraw, S.; Hadzi-Pavlovic, D.
Abstract
Objective: To detail limitations to the construct of 'major depression', argue for repositioning it as a proxy for 'clinical depression' and then operationalize it and its principal constituent depressive subtypes, while preserving the DSM criteria-based format. Method: We summarize limitations to major depression being viewed as a diagnostic entity. Data from 391 clinically depressed patients were analysed to identify high-prevalence non-specific depressive symptoms to define 'clinical depression' as well as the features showing specificity to a melancholic depressive subtype. Results: We identified a set of high-prevalence and generalized symptoms for defining clinical depression and with many being current criteria for major depression. We also developed a refined set of melancholic features and with their underlying distributions generating two classes that correlated strongly with clinical diagnoses of a melancholic or non-melancholic depression, thus validating its capacity to so differentiate. We append criteria sets for diagnosing clinical depression and its principal diagnostic subtypes (psychotic, melancholic and non-melancholic).
Conclusion: This heuristic study reframes and modifies major depression's criteria set to define a domain of clinical depression with additional criteria and then allowing the delineation of three diagnostic subtypes. If this paradigm shift is accepted and further refined, greater precision in diagnosis, treatment and research would be anticipated.


Title: Substance use and depression in home visiting clients: Home visitor perspectives on addressing clients' needs.
Authors: Dauber, Sarah; Ferayorni, Frances; Henderson, Craig; Hogue, Aaron; Nugent, Jessica; Alcantara, Jeannette;
Abstract
Substance use and depression are prevalent among mothers enrolled in home visiting programs and are significant risk factors for child maltreatment, yet most home visiting programs are staffed by workers who lack the training and clinical skills to address these risks. Emanating from one state network's interest in advancing its practice in this area, the current study surveyed 159 home visitors on their current practices,
training, knowledge, and perceived self-efficacy, and perceived system- and client-level barriers regarding client substance use and depression. Home visitors reported managing maternal depression more extensively than substance use, though overall management of both risk areas was low. More training was associated with more extensive management of both risk domains, as was greater home visitor knowledge and self-efficacy. Implications for the development of strategies to improve home visitor management of client behavioral health risks, including enhanced skills-based training and supervision, are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Late-onset major depression is associated with age-related white matter lesions in the brainstem.

Authors:
Schwichtenberg, Johannes; Al-Zghoul, Mansour; Kerl, Hans U.; Wenz, Holger; Hausner, Lucrezia; Frölich, Lutz; Groden, Christoph; Förster, Alex;

Source:

Abstract
Objective: Age-related white matter lesions (ARWMLs) have been identified in various clinical conditions such as reduced gait speed, cognitive impairment, urogenital dysfunction, and mood disturbances. Previous studies indicated an association between ARWML and late-onset major depression. However, most of these focused on the extent of supratentorial ARWML and neglected presence and degree of infratentorial lesions. Methods: In 45 patients (mean age 73.7 ± 6.3 years, 17 (37.8%) men, 28 (62.2%) women) with late-onset major depression, MRI findings (3.0-T MR system, Magnetom Trio, Siemens Medical Systems, Erlangen, Germany) were analyzed with emphasis on the extent of supratentorial and infratentorial, as well as brainstem ARWMLs, and compared with control subjects. ARWMLs were determined by semiquantitative rating scales (modified Fazekas rating scale, Scheltens’ rating scale), as well as a semiautomatic volumetric assessment, using a specific software (MRIcron). Supratentorial and infratentorial, as well as brainstem ARWMLs, were assessed both on fluid attenuated inversion recovery and T2-weighted images. Results: Patients with late-onset major depression had significantly higher infratentorial ARWML rating scores (5 (5–7) vs 4.5 (3–6), p = 0.003) on T2-weighted images and volumes (1.58 ± 1.35 mL vs 1.05 ± 0.81 mL, p = 0.03) on T2-weighted images, as well as fluid attenuated inversion recovery images (2.07 ± 1.35 mL vs 1.52 ± 1.10 mL, p = 0.04), than normal controls. In more detail, in particular, the pontine ARWML rating subscore was significantly higher in patients with late-onset major depression (1 (1–2) vs 1 (1–1), p = 0.004). Conclusions: The extent and localization of brainstem ARWML might be of importance for the pathophysiology of late-onset major depression. In particular, this may hold true for pontine ARWML. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Amyloid burden and incident depressive symptoms in cognitively normal older adults.

Authors:
Harrington, Karra D.; Gould, Emma; Lim, Yen Ying; Ames, David; Pietrzak, Robert H.; Rembach, Alan; Rainey-Smith, Stephanie; Martins, Ralph N.; Salvador, Olivier; Villemagne, Victor L.; Rowe, Christopher C.; Masters, Colin L.; Maruff, Paul; AIBL Research Group;

Source:

Abstract
Objective: Several studies have reported that non-demented older adults with clinical depression show changes in amyloid-β (Aβ) levels in blood, cerebrospinal fluid and on neuroimaging that are consistent with those observed in patients with Alzheimer’s disease. These findings suggest that Aβ may be one of the mechanisms underlying the relation between the two conditions. We sought to determine the relation between elevated cerebral Aβ and the presence of depression across a 54-month prospective observation period. Methods: Cognitively normal older adults from the Australian Imaging Biomarkers and Lifestyle study who were not depressed and had undergone a positron emission tomography scan to classify them as either high Aβ (n = 81) or low Aβ (n = 278) participated. Depressive symptoms were assessed using
the Geriatric Depression Scale—Short Form at 18-month intervals over 54 months. Results: Whilst there was no difference in probable depression between groups at baseline, incidence was 4.5 (95% confidence interval [CI] 1.3–16.4) times greater within the high Aβ group (9%) than the low Aβ group (2%) by the 54-month assessment. Conclusions: Results of this study suggest that elevated Aβ levels are associated with a 4.5-fold increased likelihood of developing clinically significant depressive symptoms on follow-up in preclinical Alzheimer’s disease. This underscores the importance of assessing, monitoring and treating depressive symptoms in older adults with elevated Aβ. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Pathways between self-esteem and depression in couples.
Authors: Johnson, Matthew D.; Galambos, Nancy L.; Finn, Christine; Neyer, Franz J.; Horne, Rebecca M.;
Abstract
Guided by concepts from a relational developmental perspective, this study examined intra- and interpersonal associations between self-esteem and depressive symptoms in a sample of 1,407 couples surveyed annually across 6 years in the Panel Analysis of Intimate Relations and Family Dynamics (pairfam) study. Autoregressive cross-lagged model results demonstrated that self-esteem predicted future depressive symptoms for male partners at all times, replicating the vulnerability model for men (low self-esteem is a risk factor for future depression). Additionally, a cross-partner association emerged between symptoms of depression: Higher depressive symptoms in one partner were associated with higher levels of depression in the other partner one year later. Finally, supportive dyadic coping, the support that partners reported providing to one another in times of stress, was tested as a potential interpersonal mediator of pathways between self-esteem and depression. Female partners’ higher initial levels of self-esteem predicted male partners’ subsequent reports of increased supportive dyadic coping, which, in turn, predicted higher self-esteem and fewer symptoms of depression among female partners in the future. Male partners’ initially higher symptoms of depression predicted less frequent supportive dyadic coping subsequently reported by female partners, which was associated with increased feelings of depression in the future. Couple relations represent an important contextual factor that may be implicated in the developmental pathways connecting self-esteem and symptoms of depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: A test of the core process account of psychopathology in a heterogenous clinical sample of anxiety and depression: A case of the blind men and the elephant?
Authors: Mansell, Warren; McEvoy, Peter M.;
Source: Journal of Anxiety Disorders, Vol 46, Mar, 2017 pp. 4-10. Publisher: Elsevier Science; [Journal Article]
Abstract
Many cognitive and behavioral processes, such as selective attention to threat, self-focused attention, safety-seeking behaviors, worry and thought suppression, have their foundations in research on anxiety disorders. Yet, they are now known to be transdiagnostic, i.e. shared across a wide range of psychological disorders. A more pertinent clinical and theoretical question is whether these processes are themselves distinct, or whether they reflect a shared ‘core’ process that maintains psychopathology. The current study utilized a treatment-seeking clinical adult sample of 313 individuals with a range of anxiety disorders and/or depression who had completed self-report measures of widely ranging processes: affect control, rumination, worry, escape/avoidance, and safety-seeking behaviors. We found that only the first factor extracted from a principal components analysis of the items of these measures was associated with symptoms of anxiety and depression. Our findings supported the ‘core process’ account that had its origins in the field of anxiety disorders, and we discuss the implications for theory, clinical practice and
future research across psychological disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: 
Goal orientation, emotion regulation strategies, and affective responses. 
Authors: 
Fredericks, Brittany A.; Uliaszek, Amanda A.; Daros, Alexander R.; 
Source: 
Abstract 
Significant research exists exploring goal orientation in the context of emotionally-relevant variables, such as depression and self-esteem. However, almost no research exists examining the relationship between goal orientation and emotion regulation. Further, the interaction between goal orientation as a situational variable (imposed orientation) and an individual difference variable (natural orientation) has not been considered regarding emotion regulation. The present study examines the causal relationships between natural and imposed goal orientation on emotion regulation strategy use and affect after the completion of an emotional task. Participants were 71 students who viewed a series of aversive images and were told to regulate their emotions within either a learning or performance goal orientation paradigm. They reported emotion regulation strategy usage and affect after each task. There was no evidence of main effects for either natural or imposed goal orientation on strategy use. However, significant interaction effects were found demonstrating 1) an increase in problem solving when the situation was congruent with natural orientation and 2) a decrease in rumination for those with a natural performance orientation when in an imposed learning goal situation. Although an increase in problem solving occurred in congruent conditions, an increase in negative affect was also associated with congruence. These findings suggest that both natural and imposed goal orientations may affect emotion regulation attempts. (PsycINFO Database Record (c) 2017 APA, all rights reserved) 

Title: 
Authors: 
Zou, Yingmin; Li, Huanhuan; Shi, Chuan; Lin, Yixuan; Zhou, Hanyu; Zhang, Jiaqi; 
Source: 
Abstract 
The present study aimed to explore the effects of psychological pain theory–based cognitive therapy (PPTBCT) on suicide among depressed patients, compared with a control group who received usual psychological care (UPC). The sample consisted of 32 depressed patients and 32 healthy control subjects. All participants completed the Beck Scale for Suicide Ideation (BSI), Beck Depression Inventory, Three-Dimensional Psychological Pain Scale (TDPPS), and Problem Solving Inventory(PSI), and Automatic Thoughts Questionnaire (ATQ). All measures differed significantly between depressed patients and healthy controls. Then clinical participants were assigned randomly to the PPTBCT (n = 19) and control (n = 13) groups. During the 8-week intervention, scores related to depression, suicidal ideation, psychological pain, and automatic thoughts were decreased in both groups at the post-intervention and 4-week follow-up time points, compared with pre-intervention scores. BSI scores remained low at follow up and did not differ significantly from post-intervention scores in the PPTBCT group, but were significantly higher at follow up than at post-intervention in the control group. PPTBCT may effectively reduce suicide risk in patients with major depressive disorder, although the effects of its application need to be confirmed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Transdiagnostic versus disorder-specific internet-delivered cognitive behaviour therapy for anxiety and depression in primary care.

**Authors:**
Newby, Jill M.; Mewton, Louise; Andrews, Gavin;

**Source:**
Journal of Anxiety Disorders, Vol 46, Mar, 2017 pp. 25-34. Publisher: Elsevier Science; [Journal Article]

**Abstract**

Background: Disorder-specific and transdiagnostic internet cognitive behaviour therapy (iCBT) programs are effective for anxiety and depression, but no studies have compared their effectiveness in primary care.

Methods: Patient characteristics, adherence and effectiveness of Transdiagnostic iCBT (n = 1005) were compared to disorder-specific programs for generalized anxiety disorder (GAD) (n = 738) and depression (n = 366) in a naturalistic non-randomised comparison study. Patients completed their iCBT program in primary care. The PHQ-9 (depression), GAD-7 (generalized anxiety), K-10 (distress), and the WHODAS-II (disability) were measured at pre- and post-treatment. Results: Patients in the Transdiagnostic program had higher comorbidity rates and baseline distress. All programs were associated with medium to large within-group effect sizes for improving anxiety, depression and distress between pre- and post-treatment (d’s = 0.64–1.39). Controlling for baseline group differences in severity, we found small effect sizes favoring the Transdiagnostic program over the GAD program in reducing PHQ-9 (d = 0.44, 95%CI: 0.34–0.53), K-10 (d = 0.21, 95%CI: 0.16–0.35) and WHODAS scores (d = 0.20, 95%CI: 0.10–0.29), and small effect sizes favoring the Transdiagnostic program over the Depression program in reducing GAD-7 scores (d = 0.48, 95%CI: 0.36–0.60). A smaller proportion of patients completed the Transdiagnostic program (44.9%) compared to the depression (51.6%) and GAD (49.2%) programs, which was attributable to baseline differences in age and symptom severity. Conclusions: Both Transdiagnostic iCBT and disorder-specific iCBT programs are effective in primary care, but there appears to be small effects favoring Transdiagnostic iCBT. Methods to increase adherence are needed to optimize the benefits to patients, and these findings await replication in a RCT. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Experiential reframing: A promising new treatment for psychosocial and existential trauma.

**Authors:**
Rogers, Steven D.; White, Sandra L.;

**Source:**
Practice Innovations, Vol 2(1), Mar, 2017 pp. 27-38. Publisher: Educational Publishing Foundation;

**Abstract**

Experiential reframing (ER) is a therapeutic protocol specifically designed to treat the dysthymia and dysfunctional behavior incident to both chronic psychosocial trauma and more discrete event existential traumas. The protocol is unique among substantially all other trauma therapies in 2 regards: (a) It uses somatosensory or affective association rather than a cognitive search to identify experiences for therapeutic intervention and (b) it uses actual rather than imaginary experiences for resource experiences. Resource experiences are (actual) patient experiences that model appropriate behavior and perspectives and successful coping. The article sets forth the 10 steps of the ER process and ER’s theoretical grounding in Milton Erickson’s hypnotherapy, equating many of Erickson’s hypnosis techniques with currently common mindfulness and meditation practices. Trauma is conceptualized as the problematic interaction between 2 human learning and memory systems. The reasons behind why traumagenic learning is so resistant to subsequent modification is discussed, along with the manner in which the ER process may potentiate resolution of trauma and allow more normal posttreatment learning and memory to obtain. The reasons why ER’s unique features are critical to its clinical success are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Actigraphy in patients with major depressive disorder undergoing repetitive transcranial magnetic stimulation: An open label pilot study.

**Authors:**
Nishida, Masaki; Kikuchi, Senichiro; Nisijima, Koichi; Suda, Shiro;
Background: The effects of repetitive transcranial magnetic stimulation (rTMS) on physical activity and sleep patterns in individuals with major depressive disorder (MDD) remain unclear. Method: We examined the effects of rTMS treatment on the rest–activity cycle and sleep disturbances in MDD. In this open-label pilot study, 14 patients with medication-resistant MDD underwent 10 rTMS sessions over the bilateral dorsolateral prefrontal cortex. In addition to Hamilton Depression Rating Scale and Pittsburgh Sleep Quality Index scores, waist actigraphy was used to evaluate alterations in the rest–activity cycle over the course of rTMS treatments. Actigraphic data were evaluated at baseline and in the first (rTMS sessions 1–3), second (rTMS sessions 4–7), and third (rTMS sessions 8–10) sections. Results: Although Hamilton Depression Rating Scale and Pittsburgh Sleep Quality Index scores were significantly improved by rTMS, sleep variables assessed by actigraphy did not show significant changes. However, post hoc tests indicated a significant increase in mean steps per day between the baseline and first section time points (P = 0.014; t₁₃ = −2.316). Conclusions: Our data indicated that a daytime physical activity response to rTMS occurred in early sessions, whereas subjective symptom improvements were consistent across all sessions. Future double-blind placebo-controlled studies assessing the effects of rTMS on the rest–activity cycle and sleep disturbances in MDD are warranted. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Spiritual distress and depression in bereavement: A meaning-oriented contribution.
Authors: Neimeyer, Robert A.; Burke, Laurie A.;
Abstract
One key focus of a meaning reconstruction model of bereavement concerns spiritual meanings attributed to the death, whether consoling or troubling. Specifically, previous studies in our research program suggest that religiously inclined violent death survivors are at risk for elevated levels of both bereavement distress and complicated spiritual grief, a crisis of faith following loss that refers to the erosion of the mourner's relationship to God and/or the religious community. However, more research is needed to understand the convergence of depression and spiritual struggle in the context of violent and natural loss. In this study of a diverse sample of 59 American Christians bereaved less than 5 years, we sought to: (1) determine if individuals bereaved by homicide, suicide or fatal accident differed from those bereaved by natural causes in their levels of depression and spiritual coping; (2) investigate the relation between the latter constructs; and (3) ascertain if cause of death mediates the effect of religious coping on depression. We found that: (a) violently bereaved individuals endorsed more negative religious coping, and (b) depression was associated with greater spiritual struggle, particularly a sense of disrupted relationship with God. Contrary to expectations, positive religious coping was unrelated to post-loss depression, and cause of death did not mediate the relationship between spiritual coping and depressive symptomatology. A clinical case study concludes the article, illustrating the interweaving of spiritual and psychological distress in tragic bereavement, and their implications for a meaning-oriented grief therapy. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: A comparison of right unilateral and sequential bilateral repetitive transcranial magnetic stimulation for major depression: A naturalistic clinical Australian study.
Authors: Galletly, Cherrie A.; Carnell, Benjamin L.; Clarke, Patrick; Gill, Shane;
Abstract
Background: A great deal of research has established the efficacy of repetitive transcranial magnetic stimulation (rTMS) in the treatment of depression. However, questions remain about the optimal method to deliver treatment. One area requiring consideration is the difference in efficacy between bilateral and unilateral treatment protocols. Objective: This study aimed to compare the effectiveness of sequential bilateral rTMS and right unilateral rTMS. Methods: A total of 135 patients participated in the study, receiving either bilateral rTMS (N = 57) or right unilateral rTMS (N = 78). Treatment response was assessed using the Hamilton depression rating scale. Results: Sequential bilateral rTMS had a higher response rate than right unilateral (43.9% vs 30.8%), but this difference was not statistically significant. This was also the case for remission rates (33.3% vs 21.8%, respectively). Controlling for pretreatment severity of depression, the results did not indicate a significant difference between the protocols with regard to posttreatment Hamilton depression rating scale scores. Conclusions: The current study found no statistically significant differences in response and remission rates between sequential bilateral rTMS and right unilateral rTMS. Given the shorter treatment time and the greater safety and tolerability of right unilateral rTMS, this may be a better choice than bilateral treatment in clinical settings. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Influence of depressive symptoms on memory in transient global amnesia.
Authors: Noël, Audrey; Quinette, Peggy; Dayan, Jacques; de la Sayette, Vincent; Viader, Fausto; Desgranges, Béatrice; Giffard, Bénédicte; Eustache, Francis;
Abstract
Introduction: Recent studies have shown that patients with transient global amnesia (TGA) experience a depressive mood during the episode. However, little evidence has been found of possible mood congruency effects on memory, which are probably masked by the massive anterograde amnesia. An implicit assessment could provide a means of settling this question. Methods: First, we measured patients' emotional states on psychopathological scales. Second, we administered a lexical decision task to assess three priming effects: Semantic priming (SP; table–chair), emotional priming (EP; murder–garbage), and emotional plus semantic priming (ESP; cemetery–coffin). Results: Patients displayed a more depressed mood than controls. For patients, we found a SP effect in the ESP condition and a striking inhibition effect (i.e., negative target recognized more slowly when preceded by a negative prime rather than a neutral one) in the EP condition. For controls, a priming effect was found in the SP and ESP conditions, but not the EP condition. Finally, whereas the priming effect was greater in SP than in the other two conditions for controls, for patients it was the EP condition that stood out from the other two, being the only condition that led to an inhibition effect. Conclusions: We highlighted a mood congruency effect in TGA which could impel patients to focus their attention on negative information. While the negative valence of items always led to a slowdown in reaction times for both patients and controls, attesting to a negativity bias, this bias was greater in patients, leading to an inhibition effect. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Differences in psychological and somatic symptom cluster score profiles between subjects with idiopathic environmental intolerance, major depression and schizophrenia.
Authors: Weiss, Elisabeth M.; Singewald, Evelin; Baldus, Claudia; Hofer, Ellen; Marksteiner, Josef; Nasrouei, Sarah; Ruepp, Beatrix; Kapfhammer, Hans-Peter; Fitz, Werner; Mai, Christoph; Bauer, Anke; Papousek, Ilona; Holzer, Peter;
Abstract
Idiopathic Environmental Intolerance (IEI) has been associated with psychogenic factors and an increased number of comorbid psychiatric disorders such as depression and anxiety disorder. The purpose of the current study was to examine a possible overlap of psychological and somatic symptoms between
subjects with IEI and patients with major depression and schizophrenia as well as to specify characteristic differences. The different symptom clusters included symptoms of chemical intolerance, neurotoxicity and psychological distress as well as measurements of mental health such as anxiety, depression, somatoform symptoms, and schizophrenia-specific disturbances in cognitive domains. IEI patients reported higher overall levels in physical symptoms such as chemical intolerance, neurotoxicity and somatic symptoms not attributable to an organic cause. Schizophrenia patients showed higher overall levels in self-experienced disturbances in several schizophrenia-specific cognitive domains, whereas general psychological distress, anxiety and depression were rated highest by patients with major depression. Importantly, the groups markedly differed in the shapes of profiles of various symptom clusters. Our results provide evidence that IEI patients can be distinguished on the phenomenological level from patients with major depression or schizophrenia, and that distinct domains of psychological and somatic symptoms are particularly problematic in specific diagnostic groups. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Double-blind, randomized crossover study of intravenous infusion of magnesium sulfate versus 5% dextrose on depressive symptoms in adults with treatment-resistant depression.

Authors: Mehdi, Syed M. A.; et al.


Abstract

Aim: Treatment-resistant depression patients are more likely to suffer from comorbid physical and mental disorders, experience marked and protracted functional impairment, and incur higher health-care costs than non-affected individuals. Magnesium sulfate is a treatment option that may offer great potential for patients with treatment-resistant depression based on prior work in animals and humans. Methods: Twelve subjects with mild or moderate treatment-resistant depression were randomized into a double-blind crossover trial to receive an infusion of 4 g of magnesium sulfate in 5% dextrose or placebo infusion of 5% dextrose with a 5-day washout in between the 8-day intervention period. Subjects were assessed before and after the intervention for serum and urine magnesium, lipid panel, the Hamilton Rating Scale for Depression, and the Patient Health Questionnaire-9. Results: We found a difference in serum magnesium from day 2 to 8 (pre-infusion) (P < 0.002) and from baseline to day 8 (P < 0.02). No changes were noted on the Hamilton Rating Scale for Depression or the Patient Health Questionnaire-9 24 h post-treatment, but as serum magnesium increased from baseline to day 7, the Patient Health Questionnaire-9 decreased from baseline to day 7 (P = 0.02). Conclusion: Magnesium sulfate did not significantly affect depression 24 h post-infusion, but other results were consistent with the literature. The association between changes in serum magnesium and the Patient Health Questionnaire-9 supports the idea that magnesium sulfate may be used to address treatment-resistant depression, an ongoing medical challenge. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2016-62516-001&site=ehost-live

Title: Trajectories of relapse in randomised, placebo-controlled trials of treatment discontinuation in major depressive disorder: An individual patient-level data meta-analysis.

Authors: Gueorguieva, Ralitza; Chekroud, Adam M.; Krystal, John H.;


Abstract

Background: Understanding patterns of relapse in patients who respond to antidepressant treatment can inform strategies for prevention of relapse. We aimed to identify distinct trajectories of depression severity, assess whether similar or different trajectory classes exist for patients who continued or discontinued active treatment, and test whether clinical predictors of trajectory class membership exist using pooled data from clinical trials. Methods: We analysed individual patient data from four double-blind
discontinuation clinical trials of duloxetine or fluoxetine versus placebo in major depression from before 2012 (n = 1462). We modelled trajectories of relapse up to 26 weeks during double-blind treatment. Trajectories of depression severity, as measured by the Hamilton Depression Rating Scale score, were identified in the entire sample, and separately in groups in which antidepressants had been continued or discontinued, using growth mixture models. Predictors of trajectory class membership were assessed with weighted logistic regression. Findings: We identified similar relapse trajectories and two trajectories of stable depression scores in the normal range on active medication and on placebo. Active treatment significantly lowered the odds of membership in the relapse trajectory (odds ratio 0·47, 95% CI 0·37–0·61), whereas female sex (1·56, 1·23–2·06), shorter length of time with clinical response by 1 week (1·10, 1·06–1·15), and higher Clinical Global Impression score at baseline (1·28, 1·01–1·62) increased the odds. Overall, the protective effect of antidepressant medication relative to placebo on the risk of being classified as a relaper was about 13% (33% vs 46%). Interpretation: The existence of similar relapse trajectories on active medication and on placebo suggests that there is no specific relapse signature associated with antidepressant discontinuation. Furthermore, continued treatment offers only modest protection against relapse. These data highlight the need to incorporate treatment strategies that prevent relapse as part of the treatment of depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: What do childhood attention deficit/hyperactivity symptoms in depressed adults tell us about the bipolar spectrum?
Authors: Purper-Ouakil, D.; Porfirio, M. C.; Le Strat, Y.; Falissard, B.; Gorwood, P.; Masi, G.;
Source: Psychiatry Research, Vol 249, Mar, 2017 pp. 244-251. Publisher: Elsevier Science; [Journal Article]
Abstract
Background: This study aims to establish if adult patients with major depressive disorder (MDD) and childhood Attention Deficit/Hyperactivity disorder (ADHD) symptoms would be more frequently within the bipolar spectrum than depressed patients without childhood ADHD. Methods: This study was carried out in outpatients recruited by psychiatrists in private practice, with 3963 participants being included in the final sample. Clinicians filled out questionnaires about current depressive symptoms in their patients, lifetime bipolar symptoms, global assessment of functioning and parental history of both major depression and bipolar disorder. Patients assessed current level of anxiety and depressive symptoms and antecedents of childhood ADHD symptoms. Results: Depressed adults with significant childhood ADHD symptoms had a specific pattern of their major depressive episode compared to depressed patients without such symptoms. Subjects with childhood ADHD symptoms were more likely to report lifetime symptoms of mania/hypomania and to have a parent with type I or II bipolar disorder. The developmental trajectories of familial risk for lifetime bipolar symptoms showed that parental bipolar disorder influenced lifetime bipolar symptoms both through a direct pathway and an indirect pathway involving childhood ADHD symptoms. Childhood ADHD and number of depressive symptoms both made direct contributions to lifetime bipolar symptoms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: A controlled comparison trial of the Collaborative Assessment and Management of Suicidality (CAMS) in an inpatient setting: Outcomes at discharge and six-month follow-up.
Authors: Ellis, Thomas E.; Rufino, Katrina A.; Allen, Jon G.;
Abstract
This controlled comparison trial evaluated a suicide-specific intervention, the Collaborative Assessment and Management of Suicidality (CAMS), in an extended-stay psychiatric inpatient setting. Multiple outcomes were examined for 104 patients, half of whom received individual therapy from therapists trained in CAMS. The comparison group was selected from a larger pool through Propensity Score
Matching to ensure comparability on age, sex, treatment program, number of prior suicide attempts, and severity of suicidal ideation. Results showed that a) all patients improved significantly across a wide range of measures, including depression, suicidal ideation, functional disability, and well-being; b) these gains were durable over a 6-month post-discharge period; and c) patients treated by a CAMS-trained individual therapist improved significantly more from admission to discharge across all measures. Differences between CAMS and non-CAMS patients were no longer statistically significant at 6-month follow-up, although statistical power was compromised due to attrition. Although replication studies are needed, these findings suggest that interventions specifically tailored for suicidal patients may have advantages compared to usual, intensive inpatient treatment, perhaps by addressing psychological vulnerabilities specific to the population. The lack of significant differences at follow-up suggest that post-treatment contact may be needed to maintain advantages associated with this and similar interventions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Treatment-emergent mania/hypomania during antidepressant treatment with transcranial direct current stimulation (tDCS): A systematic review and meta-analysis.

Authors: Brunoni, André R.; Moffa, Adriano H.; Sampaio-Júnior, Bernardo; Gálvez, Verònica; Loo, Colleen K.;


Abstract

Background: Treatment-emergent mania/hypomania (TEM) is a possible adverse effect of pharmacological and non-pharmacological antidepressant treatments. Objective: We performed a systematic review and meta-analysis to evaluate the risk of TEM in depressed patients during randomized, sham-controlled trials (RCTs). Data sources: Medline database, from the first date available to August 12, 2016. Results: From 283 references, 10 RCTs were identified. Only 3 of them described TEM. In active and sham groups, respectively, only 8 of 226 (3.5%) and 1 of 190 (0.5%) participants presented TEM. This difference was not statistically significant (OR = 1.79, 95% CI = 0.6 to 5.32). There were also five additional reports of TEM in participants not on RCTs. No risk factors for TEM were identified. Limitations: Low number of studies and TEM reports. Conclusion: Despite previous reports, active vs. sham tDCS was not associated with a significantly greater number of TEM episodes. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Somebody to lean on: Social relationships predict post-treatment depression severity in adults.

Authors: Hallgren, Mats; Lundin, Andreas; Tee, Fwo Yi; Burström, Bo; Forsell, Yvonne;


Abstract

Supportive social relationships can help protect against depression, but few studies have examined how social relationships influence the response to depression treatment. We examined longitudinal associations between the availability of social relationships and depression severity following a 12-week intervention. In total, 946 adults aged 18–71 years with mild-to-moderate depression were recruited from primary care centres across Sweden and treated for 12 weeks. The interventions included internet-based cognitive behavioural therapy (ICBT), ‘usual care’ (CBT or supportive counselling) and exercise. The primary outcome was the change in depression severity. The availability of social relationships were self-rated and based on the Interview Schedule for Social Interaction (ISSI). Prospective associations were explored using and logistic regression models. Participants with greater access to supportive social relationships reported larger improvements in depression compared to those with ‘low’ availability of relationships (β = −3.95, 95% CI = −5.49, −2.41, p < .01). Binary logistic models indicated a significantly better ‘treatment response’ (50% score reduction) in those reporting high compared to low availability of relationships (OR = 2.17, 95% CI = 1.40, 3.36, p < .01). Neither gender nor the type of treatment received
moderated these effects. In conclusion, social relationships appear to play a key role in recovery from depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Doing gender online: New mothers’ psychological characteristics, Facebook use, and depressive symptoms.
Authors: Schoppe-Sullivan, Sarah J.; Yavorsky, Jill E.; Bartholomew, Mitchell K.; Sullivan, Jason M.; Lee, Meghan A.; Dush, Claire M. Kamp; Glassman, Michael;
Source: Sex Roles, Vol 76(5-6), Mar, 2017 pp. 276-289. Publisher: Springer; [Journal Article]
Abstract
Online social networking sites, such as Facebook, have provided a new platform for individuals to produce and reproduce gender through social interactions. New mothers, in particular, may use Facebook to practice behaviors that align with their mothering identity and meet broader societal expectations, or in other words, to 'do motherhood.' Given that Facebook use may undermine well-being, it is important to understand the individual differences underlying new mothers’ experiences with Facebook during the stressful first months of parenthood. Using survey data from a sample of 127 new mothers with Facebook accounts residing in the U.S. Midwest, we addressed two key questions: (a) Are individual differences in new mothers’ psychological characteristics associated with their use and experiences of Facebook? and (b) Are new mothers’ psychological characteristics associated with greater risk for depressive symptoms via their use and experiences of Facebook? Regression analyses revealed that mothers who were more concerned with external validation of their identities as mothers and those who believed that society holds them to excessively high standards for parenting engaged in more frequent Facebook activity and also reported stronger emotional reactions to Facebook commentary. Moreover, mothers who were more concerned with external validation were more likely to have featured their child in their Facebook profile picture. Mediation analyses indicated that mothers who were more prone to seeking external validation for their mothering identity and perfectionistic about parenting experienced increases in depressive symptoms indirectly via greater Facebook activity. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Evidence-based interventions for depressed mothers and their young children.
Authors: Goodman, Sherryl H.; Garber, Judy;
Abstract
Depression in mothers is a significant risk factor for the development of maladjustment in children. This article focuses on modifiable risk processes linking depression in mothers and adaptation in their young children (i.e., infancy through preschool age). First, the authors present evidence of the efficacy of interventions for reducing the primary source of risk: maternal depression. Second, they describe a central mechanism—parenting behaviors—underlying the relation between maternal depression and children's adjustment. Third, the authors recommend two different integrated interventions that successfully treat mothers' depression and enhance parenting skills with infants and young children. Finally, the authors note the possible need for supplementary interventions to address severity and comorbidity of mothers' depression, barriers to engaging in treatment, and the sustainability of program benefits. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The differential relationship between trait anxiety, depression, and resting frontal α-asymmetry.
Authors:
Relatively larger resting right frontal cortical brain activation has been labeled as a risk factor for emotion-related disorders. In light of this framework, the present studies’ aim was twofold. First, we wanted to determine whether a relationship between symptoms of anxiety and depression and frontal asymmetry does already manifest in a sample of so far healthy individuals showing a large symptom range. This could be expected if frontal asymmetry constitutes a risk factor for depression and anxiety. Second, we aimed to investigate whether symptoms of depression and anxiety are independently related to frontal asymmetry, or whether either anxiety or depression is superior in predicting the relationship with frontal asymmetry. To address these questions, trait-like resting frontal α-asymmetry by means of EEG, as well as trait anxiety and depressive symptoms by questionnaire were measured from 43 healthy students (28 female). Results indicate that higher symptom severity of depression and anxiety were both significantly correlated with relatively larger right frontal cortical activation. However, in a regression analysis, frontal asymmetry was predicted by anxiety only. Controlling for depression and mood, anxiety explained 13% of variance, while controlling for mood and anxiety, depression did explain < 1% of variance within frontal asymmetry. In conclusion, although both anxiety and depression add to the relationship, relatively larger right frontal cortical activity might be influenced more strongly by symptoms of anxiety. Moreover, as this effect is present already in healthy individuals, the findings might further support the notion that right frontal cortical asymmetry constitutes a risk factor for anxiety or depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Association between CHADS₂ score, depressive symptoms, and quality of life in a general population.
Authors: Sun, Guo-Zhe; Ye, Ning; Zhang, Nai-Jin; Li, Yuan; Chen, Shuang; Chang, Ye; Li, Zhao; Sun, Ying-Xian;
Abstract
Background: To investigate the association between CHADS₂ score, depressive symptoms, and quality of life in a large general population from China. Methods: A cross-sectional study of 11,956 permanent residents of Liaoning Province in China ≥ 35 years of age was conducted between January and August 2013 (response rate 85.3%). All participants completed a questionnaire, had a physical examination, and underwent blood examination. Depressive symptoms were assessed with the Patient Health Questionnaire-9 (PHQ-9), while the quality of life (QoL) was measured using the World Health Organization Quality of Life Brief Scale (WHOQOL-BREF).
Results: With increasing CHADS₂ score, the prevalence of depressive symptoms increased from 4.9 to 27.8% (P < 0.001), and all scores of WHOQOL-BREF decreased significantly (all Ps < 0.001). After adjusting for confounding risk factors, subjects with CHADS₂ score ≥ 3 had higher risk of depressive symptoms than those with CHADS₂ score = 0 (all Ps < 0.05). Also, CHADS₂ score was negatively associated with all scores of WHOQOL-BREF (all Ps < 0.001). Furthermore, subjects with any item in CHADS₂ had higher prevalence of depressive symptoms (all Ps < 0.001). Heart failure and stroke remained independently associated with depressive symptoms after adjusting for confounding risk factors and other items (Ps < 0.001), while heart failure, age ≥ 75 years, diabetes mellitus, and stroke were all independently negatively associated with the total score of WHOQOL-BREF (all Ps < 0.05). Conclusions: The CHADS₂ score is significantly associated with depressive symptoms and impaired quality of life in the general population. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Using clinical characteristics to identify which patients with major depressive disorder have a higher genetic load for three psychiatric disorders.
Authors: Verduijn, Judith; Milaneschi, Yuri; Peyrot, Wouter J.; Hottenga, Jouke Jan; Abdellaoui, Abdel; de Geus, Eco J. C.; Smit, Johannes H.; Breen, Gerome; Lewis, Cathryn M.; Boomsma, Dorret I.; Beekman, Aartjan T. F.; Penninx, Brenda W. J. H.;
Abstract
Background: Limited successes of gene finding for major depressive disorder (MDD) may be partly due to phenotypic heterogeneity. We tested whether the genetic load for MDD, bipolar disorder, and schizophrenia (SCZ) is increased in phenotypically more homogenous MDD patients identified by specific clinical characteristics. Methods: Patients (n = 1539) with a DSM-IV MDD diagnosis and control subjects (n = 1792) were from two large cohort studies (Netherlands Study of Depression and Anxiety and Netherlands Twin Register). Genomic profile risk scores (GPRSs) for MDD, bipolar disorder, and SCZ were based on meta-analysis results of the Psychiatric Genomics Consortium. Regression analyses (adjusted for year of birth, sex, three principal components) examined the association between GPRSs with characteristics and GPRSs with MDD subgroups stratified according to the most relevant characteristics. The proportion of liability variance explained by GPRSs for each MDD subgroup was estimated. Results: GPRS-MDD explained 1.0% (p = 4.19e −09) of MDD variance, and 1.5% (p = 4.23e −09) for MDD endorsing nine DSM symptoms. GPRS–bipolar disorder explained 0.6% (p = 2.97e −05) of MDD variance and 1.1% (p = 1.30e −05) for MDD with age at onset < 18 years. GPRS-SCZ explained 2.0% (p = 6.15e −16) of MDD variance, 2.6% (p = 2.88e −10) for MDD with higher symptom severity, and 2.3% (p = 2.26e −13) for MDD endorsing nine DSM symptoms. An independent sample replicated the same pattern of stronger associations between cases with more DSM symptoms, as compared to overall MDD, and GPRS-SCZ. Conclusions: MDD patients with early age at onset and higher symptom severity have an increased genetic risk for three major psychiatric disorders, suggesting that it is useful to create phenotypically more homogenous groups when searching for genes associated with MDD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
Genome-wide association for major depression through age at onset stratification: Major depressive disorder working group of the Psychiatric Genomics Consortium.

Authors:
Power, Robert A.; et al.

Source:

Abstract
Background: Major depressive disorder (MDD) is a disabling mood disorder, and despite a known heritable component, a large meta-analysis of genome-wide association studies revealed no replicable genetic risk variants. Given prior evidence of heterogeneity by age at onset in MDD, we tested whether genome-wide significant risk variants for MDD could be identified in cases subdivided by age at onset.

Methods: Discovery case-control genome-wide association studies were performed where cases were stratified using increasing/decreasing age-at-onset cutoffs; significant single nucleotide polymorphisms were tested in nine independent replication samples, giving a total sample of 22,158 cases and 133,749 control subjects for subsetting. Polygenic score analysis was used to examine whether differences in shared genetic risk exists between earlier and adult-onset MDD with commonly comorbid disorders of schizophrenia, bipolar disorder, Alzheimer's disease, and coronary artery disease.

Results: We identified one replicated genome-wide significant locus associated with adult-onset (>27 years) MDD (rs7647854, odds ratio: 1.16, 95% confidence interval: 1.11-1.21, p = 5.2 × 10^-11). Using polygenic score analyses, we show that earlier-onset MDD is genetically more similar to schizophrenia and bipolar disorder than adult-onset MDD. Conclusions: We demonstrate that using additional phenotype data previously collected by genetic studies to tackle phenotypic heterogeneity in MDD can successfully lead to the discovery of genetic risk factor despite reduced sample size. Furthermore, our results suggest that the genetic susceptibility to MDD differs between adult- and earlier-onset MDD, with earlier-onset cases having a greater genetic overlap with schizophrenia and bipolar disorder. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
A combined pathway and regional heritability analysis indicates netrin1 pathway is associated with major depressive disorder.

Authors:
Zeng, Yanni; Navarro, et al.

Source:

Abstract
Background: Genome-wide association studies (GWASs) of major depressive disorder (MDD) have identified few significant associations. Testing the aggregation of genetic variants, in particular biological pathways, may be more powerful. Regional heritability analysis can be used to detect genomic regions that contribute to disease risk.

Methods: We integrated pathway analysis and multilevel regional heritability analyses in a pipeline designed to identify MDD-associated pathways. The pipeline was applied to two independent GWAS samples [Generation Scotland: The Scottish Family Health Study (GS:SFHS, N = 6455) and Psychiatric Genomics Consortium (PGC:MDD) (N = 18,759)]. A polygenic risk score (PRS) composed of single nucleotide polymorphisms from the pathway most consistently associated with MDD was created, and its accuracy to predict MDD, using area under the curve, logistic regression, and linear mixed model analyses, was tested.

Results: In GS:SFHS, four pathways were significantly associated with MDD, and two of these explained a significant amount of pathway-level regional heritability. In PGC:MDD, one pathway was significantly associated with MDD. Pathway-level regional heritability was significant in this pathway in one subset of PGC:MDD. For both samples the regional heritabilities were further localized to the gene and subregion levels. The NETRIN1 signaling pathway showed the most consistent association with MDD across the two samples. PRSs from this pathway showed competitive predictive accuracy compared with the whole-genome PRSs when using area under the curve statistics, logistic regression, and linear mixed model analyses.

Conclusions: These post-GWAS analyses highlight the value of
combining multiple methods on multiple GWAS data for the identification of risk pathways for MDD. The NETRIN1 signaling pathway is identified as a candidate pathway for MDD and should be explored in further large population studies. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Relation between emotional intelligence, socio-demographic and clinical characteristics of patients with depressive disorders.
Authors: Abdellatif, Sayeda Ahmed; Hussien, El-Sayed Saleh; Hamed, Warda Elshahat; Zoromba, Mohamed Ali;
Abstract: The present study aims to assess the emotional intelligence in relation to socio-demographic and clinical characteristics of patients with depressive disorders. A descriptive correlational study was utilized with a sample of (106) depressed patients who were diagnosed by a psychiatrist with depressive disorders at psychiatric outpatient clinics in Mansoura University Hospital. Data were collected through assessing socio demographic and clinical characteristics, assessing level of depression using Beck Depression Inventory BDI-II, and assessing emotional intelligence using Barchard emotional intelligence scales. Results revealed that emotional intelligence not related significantly to socio demographic and clinical characteristics of patients with depressive disorders, there is a highly significant relationship between emotional intelligence in relation to level of depression and other practices used to alleviate depression. Therefore, it is recommended to conduct a periodical workshops and training programs for adolescents and young in the universities, schools, social clubs, camps and youth organizations to enhance their emotional intelligence in order to prevent depression. In addition, assessing the effect of emotional intelligence programs on preventing and managing depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: A quick behavioral dichotic word test is prognostic for clinical response to cognitive therapy for depression: A replication study.
Authors: Bruder, Gerard E.; Haggerty, Agnes; Siegle, Greg J.;
Abstract: There are no commonly used clinical indicators of whether an individual will benefit from cognitive therapy (CT) for depression. A prior study found right ear (left hemisphere) advantage for perceiving dichotic words predicted CT response. This study replicates this finding at a different research center in clinical trials that included clinically representative samples and community therapists. Right-handed individuals with unipolar major depressive disorder who subsequently received 12–14 weeks of CT at the University of Pittsburgh were tested on dichotic fused words and complex tones tests. Responders to CT showed twice the mean right ear advantage in dichotic fused words performance than non-responders. Patients with a right ear advantage greater than the mean for healthy controls had an 81% response rate to CT, whereas those with performance lower than the mean for controls had a 46% response rate. Individuals with a right ear advantage, indicative of strong left hemisphere language dominance, may be better at utilizing cognitive processes and left frontotemporal cortical regions critical for success of CT for depression. Findings at two clinical research centers suggest that verbal dichotic listening may be a clinically disseminative brief, inexpensive and easily automated test prognostic for response to CT across diverse clinical settings. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Changes in cytokine and chemokine expression distinguish dysthymic disorder from major depression and healthy controls.

**Authors:**
Ho, Pei-Shen; Yen, Che-Hung; Chen, Chun-Yen; Huang, San-Yuan; Liang, Chih-Sung;

**Source:**

**Abstract**
An important area of uncertainty is the inflammatory degree to which depression occurring as part of dysthymic disorder may differ from major depression. Using a 27-plex cytokine assay, we analyzed the serum of 12 patients with dysthymic disorder, 12 with major depression, and an age-, sex-, and body mass index-matched control group of 20 healthy volunteers. We observed that patients with dysthymic disorder exhibited aberrant cytokine and chemokine expression compared with healthy controls and patients with major depression. The levels of interferon-γ-induced protein 10 highly predicted dysthymic disorder. Network analyses revealed that in patients with dysthymic disorder, the vertices were more sparsely connected and adopted a more hub-like architecture, and the connections from neighboring vertices of interleukin 2 and eotaxin-1 increased. After treatment with the same antidepressant, there was no difference between dysthymic disorder and major depression regarding any of the cytokines or chemokines analyzed. For dysthymic disorder, changes in the levels of interferon-γ-induced protein 10 and macrophage inflammatory protein-1α correlated with depression improvement. The findings suggest that the cytokine milieu in dysthymic disorder differs either at the level of individual expression or in network patterns. Moreover, chemokines play an important role in driving the pathophysiology of dysthymic disorder. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-04132-005&site=ehost-live

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**Title:**
Memory performance of patients with major depression in an everyday life situation.

**Authors:**
Beblo, Thomas; Kater, Leona; Baetge, Sharon; Driessen, Martin; Piefke, Martina;

**Source:**

**Abstract**
Although patients with major depressive disorder (MDD) report severe memory impairment in their everyday life, memory tests indicate only moderate deficits. In order to clarify these conflicting observations, the present study aimed at the investigation of MDD patients’ memory performance in a real everyday life situation. The study included 20 MDD patients and 20 healthy control subjects. Nonverbal memory was assessed by means of the Rey Complex Figure Test whereas verbal memory was assessed by the recall of a 20-item wordlist with supermarket products. For the assessment of everyday life memory, subjects had to purchase as many products as possible of the 20-item wordlist in a real supermarket. Furthermore, subjects were asked for memory complaints. MDD patients’ performance in the supermarket resembled memory test results and was not significantly impaired. MDD patients’ self-reports, however, indicated severe memory problems that clearly fell below their performance in the supermarket. This study helped to identify everyday life-related factors that do not impair MDD patients’ cognitive performance beyond their performance in standard laboratory testing situations. These factors may not be relevant for remediation programs that are specifically developed for depressed patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


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**Title:**
Effect of treatments for depression on quality of life: A meta-analysis. Hofmann,

**Authors:**
Stefan G.; Curtiss, Joshua; Carpenter, Joseph K.; Kind, Shelley;

**Source:**

**Abstract**
Cognitive-behavioral therapy (CBT) and selective serotonin reuptake inhibitors (SSRIs) are the two first-line treatments for depression, but little is known about their effects on quality of life (QOL). A meta-analysis was conducted to examine changes in QOL in adults with major depressive disorder who
received CBT (24 studies examining 1969 patients) or SSRI treatment (13 studies examining 4286 patients) for their depression. Moderate improvements in QOL from pre to post-treatment were observed in both CBT (Hedges' g = .63) and SSRI (Hedges' g = .79) treatments. The effect size remained stable over the course of the follow-up period for CBT. No data were available to examine follow-ups in the SSRI group. QOL effect sizes decreased linearly with publication year, and greater improvements in depression were significantly associated with greater improvements in QOL for CBT, but not for SSRIs. CBT and SSRIs for depression were both associated with moderate improvements in QOL, but are possibly caused by different mechanisms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Structural relations between brain-behavioral systems, social anxiety, depression and internet addiction: With regard to revised Reinforcement Sensitivity Theory (r-RST).
Authors:
Fayazi, Morteza; Hasani, Jafar;
Source:
Abstract
The exclusion of Internet addiction as a diagnostic category in DSM-V does not detract from the importance of this problem. Based on the literature, we have examined a model that comprises neurobiological factors (brain-behavioral systems) and psychopathologies (depression and social anxiety) predicting Internet addiction on a sample of Iranian students (240 females and 213 males), using Jackson-5 Scale, 2nd version of Beck Depression Inventory (BDI-II), Liebowitz Social Anxiety Scale, and Young's Internet Addiction Test. Data analysis showed that r-BIS is not related to Internet addiction, directly or indirectly, and r-BAS is related to Internet addiction only through depression and social anxiety. Finally, FFFS is related to Internet addiction both directly and indirectly; i.e. through depression and social anxiety. In sum, findings dismissed the revised Reinforcement Sensitivity Theory (r-RST) in favor of the original Reinforcement Sensitivity Theory (o-RST). In addition, it seems that the conceptualization of Internet addiction as a secondary disorder is more appropriate than a primary disorder. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Impaired memory updating associated with impaired recall of negative words in dysphoric rumination—Evidence for a removal deficit.
Authors:
Chang, Ee Pin; Ecker, Ullrich K. H.; Page, Andrew C.;
Source:
Abstract
We present evidence that dysphoric rumination involves a working memory (WM) updating deficit. Sixty-one undergraduates—pre-screened with rumination and depression scales—completed a novel task providing a specific measure of WM updating. This task involved the substitution of emotionally—valenced words, and provided an online measure of the time taken to remove outdated items from WM. Results showed that dysphoric ruminators spent less time removing outdated words from WM when the new to-be-remembered word was negative. This effect was (1) associated with impaired subsequent recall of negative words, arguably caused by interference from the insufficiently removed outdated words; and (2) correlated with participants’ rumination scores. This is the first study to use the novel removal task to investigate the nature of WM-updating impairments in rumination. The findings are consistent with a negative attentional bias in rumination, and provide preliminary evidence that rumination is associated with a valence-generic removal deficit during WM updating. Reducing the attentional bias could thus be an intervention target in the treatment of dysphoric rumination. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Referential focus moderates depression-linked attentional avoidance of positive information.
Authors: Ji, Julie Lin; Grafton, Ben; MacLeod, Colin;
Source: Behaviour Research and Therapy, Vol 93, Jun, 2017 pp. 47-54. Publisher: Elsevier Science;
Abstract
While there is consensus that depression is associated with a memory bias characterized by reduced retrieval of positive information that is restricted to information that had been self-referentially processed, there is less agreement concerning whether depression is characterized by an attention bias involving reduced attention to positive information. However, unlike memory research, previous attention research has not systematically examined the potential role of referential processing focus. The present study tested the hypothesis that evidence of depression-linked attentional avoidance of positive information would be more readily obtained following the self-referential processing of such information. We assessed attentional responding to positive information (and also to negative information) using a dot-probe procedure, after this information had been processed either in a self-referential or other-referential manner. The findings lend support to the hypothesis under scrutiny. Participants scoring high in depression score exhibited reduced attention to positive information compared to those scoring low in depression score, but only when this information had been processed in a self-referential manner. These findings may shed light on the mechanisms that underpin attentional selectivity in depression, while potentially also helping to account for inconsistencies in previous literature. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Cognitive reactivity in depressed outpatients: How different is severe depression?
Authors: Batmaz, Sedat; Kocbiyik, Sibel; Yuncu, Ozgur Ahmet;
Abstract
Cognitive behavioral approaches have been able to demonstrate some of the underlying and perpetuating factors of depression such as cognitive reactivity (CR). The association of CR and the severity of depression is yet to be reported. We aimed to compare the CR of a group of outpatients based on their self-reported severity of depression (SRSD), and to identify the role of specific CR vulnerability markers in depression. The study population consisted of 221 outpatients diagnosed with Major Depressive Disorder. We used the Mini International Neuropsychiatric Interview, and completed a demographic and clinical data form. The participants completed the Leiden Index of Depression Sensitivity-Revised (LEIDS-R), and the Hospital Anxiety and Depression Scale. To identify how well CR, as measured by the scores of the LEIDS-R, could discriminate the groups based on the SRSD, one-way analysis of variance was used. To examine the unique associations between the CR and the SRSD, a hierarchical linear regression analysis was performed. To identify group membership to severe depression, the scores of the LEIDS-R were entered in a logistic regression model. Large, and small group differences emerged on the rumination, and control scores, respectively. The other group differences were all in the medium range. The control, risk aversion, and rumination scores were the subscales which explained a significant proportion of the variance in the SRSD. Overall, the logistic regression model classified 93.7 % of the severely depressed patients correctly. These results indicated that rumination, risk aversion, and perfectionism were particularly associated with severe depression. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Effects of engaging in repeated mental imagery of future positive events on behavioural activation in individuals with major depressive disorder.
Authors:
Depression is associated with decreased engagement in behavioural activities. A wide range of activities can be promoted by simulating them via mental imagery. Mental imagery of positive events could thus provide a route to increasing adaptive behaviour in depression. The current study tested whether repeated engagement in positive mental imagery led to increases in behavioural activation in participants with depression, using data from a randomized controlled trial (Blackwell et al. in Clin Psychol Sci 3(1):91–111, 2015. doi: 10.1177/2167702614560746). Participants (N = 150) were randomized to a 4-week positive imagery intervention or an active non-imagery control condition, completed via the internet. Behavioural activation was assessed five times up to 6 months follow-up using the Behavioural Activation for Depression Scale (BADS). While BADS scores increased over time in both groups, there was an initial greater increase in the imagery condition. Investigating mental imagery simulation of positive activities as a means to promote behavioural activation in depression could provide a fruitful line of enquiry for future research. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: A comparative study on the efficacy of a positive psychology intervention and a cognitive behavioral therapy for clinical depression.

Authors: Chaves, Covadonga; Lopez-Gomez, Irene; Hervas, Gonzalo; Vazquez, Carmelo;


Abstract

Traditionally, treatments for depression have been primarily focused on reducing patients’ symptoms or deficits and less concerned with building positive resources. This study aims to compare the efficacy of a manualized protocol of empirically-validated positive psychology interventions (PPI) with a cognitive-behavioral therapy (CBT) protocol. This controlled clinical trial included 96 adult women with a DSM-IV diagnosis of major depression or dysthymia. Participants were blindly allocated to a 10-session PPI (n = 47) or CBT (n = 49) group therapy condition. Intention to treat analysis showed that both interventions were effective in reducing clinical symptoms and increasing well-being. There were no significant differences between groups in either main outcomes (i.e., severity of depressive symptoms and clinical diagnosis) or secondary outcomes (e.g., positive and negative affect, and satisfaction with life). Even within the most severely depressed participants, no differences between PPI and CBT emerged. If further clinical studies confirm these results, this would widen treatment choice for both patients and professionals. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: What predicts positive life events that influence the course of depression? A longitudinal examination of gratitude and meaning in life.

Authors: Disabato, David J.; Kashdan, Todd B.; Short, Jerome L.; Jarden, Aaron;


Abstract

Decades of research have shown that positive life events contribute to the remission and recovery of depression; however, it is unclear how positive life events are generated. In this study, we sought to understand if personality strengths could predict positive life events that aid in the alleviation of depression. We tested a longitudinal mediation model where gratitude and meaning in life lead to increased positive life events and, in turn, decreased depression. The sample consisted of 797 adult participants from 43 different countries who completed online surveys at five timepoints. Higher levels of gratitude and meaning in life each predicted decreases in depression over 3 and 6 months time. Increases in positive life events mediated the effects of these personality strengths on depression over 3 months; however, not over 6 months. Goal pursuit and positive emotions are theorized to be the driving forces...
behind gratitude and meaning in life’s effects on positive life events. We used the hedonic treadmill to interpret the short-term impact of positive life events on depression. Our findings suggest the potential for gratitude and meaning in life interventions to facilitate depression remission. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Investigational drugs in recent clinical trials for treatment-resistant depression.
Authors: Garay, Ricardo P.; Zarate, Carlos A. Jr.; Charpeaud, Thomas; Citrome, Leslie; Correll, Christoph U.; Hameg, Ahcène; Llorca, Pierre-Michel;
Abstract
Introduction: The authors describe the medications for treatment-resistant depression (TRD) in phase II/III of clinical development in the EU and USA and provide an opinion on how current treatment can be improved in the near future. Areas covered: Sixty-two trials were identified in US and EU clinical trial registries that included six investigational compounds in recent phase III development and 12 others in recent phase II clinical trials. Glutamatergic agents have been the focus of many studies. A single intravenous dose of the glutamatergic modulator ketamine produces a robust and rapid antidepressant effect in persons with TRD; this effect continues to remain significant for 1 week. This observation was a turning point that opened the way for other, more selective glutamatergic modulators (intranasal esketamine, AVP-786, AVP-923, AV-101, and rapastinel). Of the remaining compounds, monoclonal antibodies open highly innovative therapeutic options, based on new pathophysiological approaches to depression. Expert commentary: Promising new agents are emerging for TRD treatment. Glutamatergic modulators likely represent a very promising alternative to monoaminergic antidepressant monotherapy. We could see the arrival of the first robust and rapid acting antidepressant drug in the near future, which would strongly facilitate the ultimate goal of recovery in persons with TRD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Attenuated intrinsic connectivity within cognitive control network among individuals with remitted depression: Temporal stability and association with negative cognitive styles.
Authors: Stange, Jonathan P.; Bessette, Katie L.; Jenkins, Lisanne M.; Peters, Amy T.; Feldhaus, Claudia; Crane, Natania A.; Ajilore, Olusola; Jacobs, Rachel H.; Watkins, Edward R.; Langenecker, Scott A.;
Abstract
Many individuals with major depressive disorder (MDD) experience cognitive dysfunction including impaired cognitive control and negative cognitive styles. Functional connectivity magnetic resonance imaging studies of individuals with current MDD have documented altered resting-state connectivity within the default-mode network and across networks. However, no studies to date have evaluated the extent to which impaired connectivity within the cognitive control network (CCN) may be present in remitted MDD (rMDD), nor have studies examined the temporal stability of such attenuation over time. This represents a major gap in understanding stable, trait-like depression risk phenotypes. In this study, resting-state functional connectivity data were collected from 52 unmedicated young adults with rMDD and 47 demographically matched healthy controls, using three bilateral seeds in the CCN (dorsolateral prefrontal cortex, inferior parietal lobule, and dorsal anterior cingulate cortex). Mean connectivity within the entire CCN was attenuated among individuals with rMDD, was stable and reliable over time, and was most pronounced with the right dorsolateral prefrontal cortex and right inferior parietal lobule, results that were corroborated by supplemental independent component analysis. Attenuated connectivity in rMDD appeared to be specific to the CCN as opposed to representing attenuated within-network coherence in other networks (e.g., default-mode, salience). In addition, attenuated connectivity within the CCN mediated relationships between rMDD status and cognitive risk factors for depression, including...
ruminative brooding, pessimistic attributional style, and negative automatic thoughts. Given that these cognitive markers are known predictors of relapse, these results suggest that attenuated connectivity within the CCN could represent a biomarker for trait phenotypes of depression risk. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Self-referential processing in unipolar depression: Distinct roles of subregions of the medial prefrontal cortex.
Authors:
Li, Yu; Li, Mengze; Wei, Dongtao; Kong, Xia; Du, Xue; Hou, Xin; Sun, Jiangzhou; Qiu, Jiang;
Source:
Abstract
Self-concept is used to explain emotional disturbance or other behavioural and psychological problems associated with depression. Self-referential processing generally reflects self-concept in different domains. Cortical midline structures, such as the medial prefrontal cortex (MPFC), are critical for self-referential processing both in healthy controls and depressive patients. However, the role of subregions of the MPFC in self-referential processing in depression remains uncertain. In this study, we aimed to explore the neural basis of self-referential processing in depressive patients and the activation-deactivation patterns of subregions of the MPFC. Nineteen depressive patients and 21 controls completed the classic self-referential task with two different judgement conditions: self-referential processing and semantic processing. In the self-referential condition, with analysis of the two sample t-test unipolar patients showed significantly higher activation of the central MPFC and significantly lower activation of the dorsal MPFC, relative to controls. The results substantially suggested that the different activation of the MPFC may be selectively involved in self-referential processing in depressive patients, potentially indicating abnormal engagement of cognitive control and emotion regulation in this group. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-20162-003&site=ehost-live

Title:
Authors:
Burkhouse, Katie L.; Kujawa, Autumn; Keenan, Kate; Klumpp, Heide; Fitzgerald, Kate D.; Monk, Christopher S.; Phan, K. Luan;
Source:
Abstract
Offspring of depressed parents are at significantly elevated risk for depressive disorders themselves; however, the specific mechanisms associated with this risk are not well known. Given the well-established link between parental depression and biased attention for negative stimuli in children, this preliminary study sought to examine the neural correlates of directing attention toward and away from emotional faces in children and adolescents in association with parent's current depressive symptoms. Forty-two youth (age 7–18 years) completed a task with conditions that manipulated whether participants were instructed to match emotional faces (explicit emotion processing) or match shapes in the context of emotional face distractors (implicit emotion processing) during functional magnetic resonance imaging. Results revealed a positive correlation between parent depressive symptoms and youths’ recruitment of the dorsal anterior cingulate cortex (ACC) during attempts to direct attention away (implicit processing) from negative faces. These findings were maintained after accounting for current anxiety and depressive symptoms among youth suggesting that the findings were not fully attributable to offspring's psychopathology. These preliminary findings suggest that altered dorsal ACC function may contribute to the biased attention for negative information typically demonstrated in youth at high risk for depression by disrupting efficient inhibition of negative stimuli. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Relationship between rapheal echogenicity and personality as possible markers of a disposition to develop depressive and anxiety disorders.

Authors: Šilhán, Petr; Hýža, Martin; Hosák, Ladislav; Perničková, Denisa; Vantuch, Jan; Jelínková, Monika; Školoudík, David;


Abstract
Early diagnosis of anxiety and depression may be facilitated by the use of neurobiological markers. In depression and panic disorder, transcranial sonography (TCS) has revealed decreased echogenicity of the brainstem raphe (BR). The aim of the present study was to detect whether decreased echogenicity of the BR correlates with personality features described in the five-dimension model, especially neuroticism. We examined 100 healthy volunteers using quantitative and qualitative TCS, the five-dimension revised NEO Personality Inventory, Beck’s scales of anxiety and depression, and the Social Re-adjustment Rating Scale (SRRS). Visual BR anechogenicity was found in 11 subjects, BR hypoechogenicity in 29 subjects, and normal BR echogenicity in 60 subjects. The visual assessment correlated with the digital assessment. Comparing the groups with visual BR anechogenicity and BR normoechogenicity, only increased SRRS score and increased agreeableness z-score were significant. Our hypothesis that BR hypoechogenicity reflects an inclination for depression and anxiety characterized by the personality dimension neuroticism was not supported. However, this disposition may be present in a different state, such as stress. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Functional network connectivity alterations in schizophrenia and depression.

Authors: Wu, Xing-jie; Zeng, Ling-Li; Shen, Hui; Yuan, Lin; Qin, Jian; Zhang, Peng; Hu, Dewen;


Abstract
There is a high degree of overlap between the symptoms of major depressive disorder (MDD) and schizophrenia, but it remains unclear whether the similar symptoms are derived from convergent alterations in functional network connectivity. In this study, we performed a group independent component analysis on resting-state functional MRI data from 20 MDD patients, 24 schizophrenia patients, and 43 matched healthy controls. The functional network connectivity analysis revealed that, compared to healthy controls, the MDD and schizophrenia patients exhibited convergent decreased positive connectivity between the left and right fronto-parietal control network and decreased negative connectivity between the left control and medial visual networks. Furthermore, the MDD patients showed decreased negative connectivity between the left control and auditory networks, and the schizophrenia patients showed decreased positive connectivity between the bilateral control and language networks and decreased negative connectivity between the right control and dorsal attention networks. The convergent network connectivity alterations may underlie the common primary control and regulation disorders, and the divergent connectivity alterations may enable the distinction between the two disorders. All of the convergent and divergent network connectivity alterations were relevant to the control network, suggesting an important role of the network in the pathophysiology of MDD and schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Imaging the neural effects of cognitive bias modification training.

Authors: Wiers, Corinde E.; Wiers, Reinout W.;
Cognitive bias modification (CBM) was first developed as an experimental tool to examine the causal role of cognitive biases, and later developed into complementary interventions in experimental psychopathology research. CBM involves the 're-training' of implicit biases by means of multiple trials of computerized tasks, and has been demonstrated to change anxious, depressive and drug-seeking behavior, including clinically relevant effects. Recently, the field has progressed by combining CBM with neuroimaging techniques, which provides insight into neural mechanisms underlying how CBM affects implicit biases in anxiety, depression, and addiction, and potentially other pathologies. This narrative literature review summarizes the state of the art of studies on the neural effects of CBM and provides directions for future research in the field. A total of 13 published studies were found and discussed: n = 9 in anxiety, n = 2 in depressive behavior, and n = 2 in addiction. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Reduced capacity to cognitively regulate emotional responses is a common impairment across major neuropsychiatric disorders. Brain systems supporting one such strategy, cognitive reappraisal of emotion, have been investigated extensively in the healthy population, a research focus that has led to influential metaanalyses and literature reviews. However, the emerging literature on neural substrates underlying cognitive reappraisal in clinical populations is yet to be systematically reviewed. Therefore, the goal of the current review was to summarize the literature on cognitive reappraisal and highlight common and distinct neural correlates of impaired emotion regulation in clinical populations. We performed a two-stage systematic literature search, selecting 32 studies on cognitive reappraisal in individuals with mood disorders (n = 12), anxiety disorders (n = 14), addiction (n = 2), schizophrenia (n = 2), and personality disorders (n = 5). Comparing findings across these disorders allowed us to determine underlying mechanisms that were either disorder-specific or common across disorders. Results showed that across clinical populations, individuals consistently demonstrated reduced recruitment of the ventrolateral prefrontal cortex (vlPFC) and dorsolateral prefrontal cortex (dlPFC) during downregulation of negative emotion, indicating that there may be a core deficit in selection, manipulation and inhibition during reappraisal. Further, in individuals with mood disorders, amygdala responses were enhanced during downregulation of emotion, suggesting hyperactive bottom-up responses or reduced modulatory capacity. In individuals with anxiety disorders, however, emotion regulation revealed reduced activity in the dorsal anterior cingulate cortex (dACC) and inferior/superior parietal cortex, possibly indicating a deficit in allocation of attention. The reviewed studies thus provide evidence for both disorderspecific and common deficits across clinical populations. These findings highlight the role of distinct neural substrates as targets for developing/assessing novel therapeutic approaches that are geared towards cognitive regulation of emotion, as well as the importance of transdiagnostic research to identify both disorder specific and core mechanisms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Depressive symptoms mediate the relationship between changes in emotion regulation during treatment and abstinence among women with alcohol use disorders.

Authors:
Holzhauer, Cathryn Glanton; Gamble, Stephanie A.;
Women with alcohol use disorders (AUD) experience high rates of co-occurring conditions, such as depression and posttraumatic stress disorder (PTSD), which can complicate treatment engagement and response. Therefore, identifying factors that underlie alcohol use, depression, and PTSD symptoms in women with AUD has important treatment implications. The current study investigated emotion regulation as one such underlying factor. We tested a model that examined the extent to which changes in emotion regulation during treatment predicted women’s depression and PTSD symptom severity at treatment completion and subsequent alcohol use following treatment. The study included 48 participants enrolled in a randomized controlled trial of interpersonal psychotherapy versus usual care for women with co-occurring alcohol dependence and major depression. Assessments were conducted at baseline, posttreatment (16 weeks), and follow-up (24 weeks). Descriptive statistics of baseline data revealed heightened levels of emotion dysregulation in this sample, which were related to fewer days abstinent from alcohol, more negative consequences from alcohol, and greater PTSD symptom severity. Women’s lower depressive symptoms at the end of treatment were found to mediate the relationship between improved emotion regulation during the treatment period and greater abstinence following treatment. Posttreatment PTSD symptoms, however, were not found to mediate that relationship. These results suggest that improvements in depressive symptoms during treatment are associated with emotion regulation at the end of treatment, which may contribute to greater abstinence from alcohol following treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Multidimensional cognitive impairment in unipolar and bipolar depression and the moderator effect of adverse childhood experiences.

Authors: Poletti, Sara; Aggio, Veronica; Brioschi, Silvia; Dallaspезia, Sara; Colombo, Cristina; Benedetti, Francesco;


Abstract
Aim: Studies have demonstrated neuropsychological deficits across a variety of cognitive domains in depression. These deficits are observable both in major depressive disorder (MDD) and in bipolar disorder (BD) and are present in each phase of the illness, including euthymia. Adverse childhood experiences (ACE) have been associated with an increased risk of developing psychiatric disorders and cognitive deficits. The aim of this study was to assess neuropsychological performances in a sample of MDD and BD patients during a depressive episode compared to healthy controls (HC) and, to investigate if ACE affect the cognitive profiles in the three groups. Methods: Seventy-six BD patients, 57 MDD patients, and 57 HC underwent neuropsychological assessment for cognitive performances through the Brief Assessment of Cognition in Schizophrenia and Wisconsin Card Sorting Test. Results: Both BD and MDD patients obtained significantly lower domain scores across the entire battery compared to HC. Splitting the sample according to exposure to ACE (high and low), the differences observed in the whole sample persisted only in the subsample of those patients exposed to high ACE. Conclusion: This study confirms that cognitive impairment is present both in MDD and BD, albeit in different degrees of severity, and highlights the importance of early stress as a moderator factor when investigating cognitive functions in mood disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Suicidal ideation vs. suicide attempts: Clinical and psychosocial profile differences among depressed patients: A study on personality traits, psychopathological variables, and sociodemographic factors in 228 patients.

Authors:
Lewitzka, Ute; Spirling, Sina; Ritter, Dirk; Smolka, Michael; Goodday, Sarah; Bauer, Michael; Felber, Werner; Bschor, Tom;

Source:

Abstract
This study investigated whether personality traits, psychopathological characteristics, and sociodemographic factors in depressed patients differentiate patients with only suicidal thoughts from those who have attempted suicide. We investigated two groups of patients with an affective disorder: 198 patients with a suicide attempt within the last 3 months (sex ratio male to female, 1:1.3; mean age male to female, 44.8/44.7 years) and 30 patients without a suicide attempt but with suicidal thoughts (sex ratio male to female, 1:2; mean age male to female, 39.4/42.6 years) using a comprehensive measurement (Mini-International Neuropsychiatric Interview, Structured Clinical Interview for DSM-4 Axis II disorders, Hamilton Depression Scale, Beck Depression Inventory, State-Trait Anxiety Inventory, Hamilton Anxiety Scale, Brief Psychiatric Rating Scale, Clinical Global Impression Scale, Scale for Suicide Ideation, Impulsivity Rating Scale, Barratt Impulsivity Scale, Inventory for the Assessment of Aggression Factors, State-Trait Anger Expression Inventory, Ways of Coping Checklist). Several differences distinguished the two groups, namely, in personality traits such as anxiety or coping strategies and sociodemographics (e.g., education level). Personality traits, psychopathological characteristics, and sociodemographic factors are useful tools for assessing suicidal risk. Our findings encourage us to suggest that clinicians pay particular attention to sociodemographic variables such as separation/divorce and a lower education level when conducting risk assessments on suicidal patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Predictors of postpartum depression in partnered mothers and fathers from a longitudinal cohort.

Authors:
Leung, Brenda M. Y.; Letourneau, Nicole L.; Giesbrecht, Gerald F.; Ntanda, Henry; Hart, Martha; APrON Team;

Source:

Abstract
Postpartum depression (PPD) is a growing mental health concern in new mothers and fathers. The purpose of this study was to determine the predictors of depression at 3 months postpartum, comparing depressed couples to couples with only one depressed partner or no depressed partner, using data from the Alberta Pregnancy Outcomes and Nutrition study. Data from mothers and fathers were collected at second trimester and 3 months postpartum. Results showed predictors of PPD in mothers to be low household income, high prenatal depressive symptoms, and postnatally, low social support and higher number of stressful life events. Fathers had similar predictors, including low household income, high prenatal depressive symptoms, and postnatally low social support and smoking. Compared with non-depressed couples, factors that predicted PPD in both mothers and fathers in couples included low income, high prenatal depressive symptoms in mothers and low prenatal social support reported by fathers. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Leptin dysregulation is specifically associated with major depression with atypical features: Evidence for a mechanism connecting obesity and depression.

Authors:
Milaneschi, Yuri; Lamers, Femke; Bot, Mariska; Drent, Madeleine L.; Penninx, Brenda W. J. H.;

Source:
Biological Psychiatry, Vol 81(9), May 1, 2017 pp. 807-814. Publisher: Elsevier Science; [Journal Article]

Abstract
Background: Obesity-related dysregulation of leptin signaling (e.g., hyperleptinemia due to central functional resistance) may affect mood. However, evidence for leptin dysregulation in major depressive disorder (MDD) is conflicting. Inconclusive findings may be attributable to heterogeneity of MDD,
aggregating biologically different subtypes. We examined the relationship of leptin with MDD, its common subtypes (typical and atypical), and clinical features. Methods: The sample consisted of participants (aged 18 to 65 years) from the Netherlands Study of Depression and Anxiety with current (n = 1062) or remitted (n = 711) MDD and healthy control subjects (n = 497). Diagnoses of MDD and subtypes were based on DSM-IV symptoms. Additional symptoms were measured with the Inventory of Depressive Symptomatology. Blood levels of leptin and adiposity indexes (body mass index and waist circumference) were assessed. Results: As compared to control subjects, higher leptin was associated with the atypical MDD subtype both for remitted (n = 144, odds ratio = 1.53, 95% confidence interval = 1.16–2.03, p = .003) and current (n = 270, odds ratio = 1.90, 95% confidence interval = 1.51–2.93, p = 5.3e-8) cases. This association was stronger for increasing adiposity levels (leptin by body mass index interaction, p < .02), strengthening the hypothesis of the involvement of leptin resistance. No association with leptin was found for overall MDD or the typical subtype. Among currently depressed patients, higher leptin was associated with key symptoms identifying the atypical subtype, such as hyperphagia, increased weight, and leden paralysis. Conclusions: Leptin dysregulation (resistance) may represent an underlying mechanism connecting obesity and MDD with atypical features. Development of treatment effectively targeting leptin resistance may benefit patients with atypical depression characterized by obesity-related metabolic alterations. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
From the neurobiological basis of comorbid alcohol dependence and depression to psychological treatment strategies: Study protocol of a randomized controlled trial.

Authors:
Becker, Alena; Ehret, Anna M.; Kirsch, Peter;

Source:

Abstract
Background: Alcohol use disorder and depression occur commonly in the community. Even though this high-prevalence comorbidity is associated with poorer posttreatment outcomes and greater utilization of costly treatment services, existing treatment trials often exclude patients with comorbid depressive and alcohol use disorders. Past research suggests that symptoms such as craving and anhedonia might be associated with alterations within the reward circuit, while emotion regulation deficits are related to disruptions within the default mode network. The aim of this clinical neuroimaging study is to transfer previous research about the reward circuit and default mode network underlying alcohol use disorder and depression to achieve a better understanding of neural signatures characterizing their comorbidity. In addition, the neurobiological results will be used to test whether two psychotherapeutic intervention programs, mindfulness-based training and behavioral activation training, are able to positively influence the identified pathomechanisms. Methods: By means of functional magnetic resonance imaging (fMRI), 60 comorbid alcohol dependent and depressed patients are compared to 30 patients with depression only, 30 patients with alcohol use disorder only and 30 healthy control participants. Comorbid patients are randomized to either receive a behavior activation or mindfulness based training and asked to participate in a second fMRI session and 3 month follow-up assessment. Thereby, we plan to explore whether these brief group psychotherapeutic intervention programs are able to positively influence the identified neurobiological pathomechanisms. The primary outcomes are reward and default mode network activity and connectivity evoked by paradigms measuring different facets of reward and emotion processing. Secondary outcome measures include craving and depression scores, as well as relapse rates. Predictors include participants’ characteristics, personality traits and indicators of mental health. Discussion: The objective of the project is to identify common and/or distinct neural signatures underlying the comorbidity of alcohol dependence and depression. If the neurobiological understanding of alcohol addiction and depression is improved, this could potentially serve as a key predictor of treatment response to specific types of behavioral or mindfulness therapies hypothesized to alter reward and resting state systems. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
A case of recurrent depressive disorder presenting with Alice in Wonderland syndrome: Psychopathology and pre- and post-treatment FDG-PET findings.

Authors:
Yokoyama, Tatsushi; Okamura, Tsuyoshi; Takahashi, Miwako; Momose, Toshimitsu; Kondo, Shinsuke;

Source:

Abstract
Background: Alice in Wonderland syndrome (AIWS) is a rare neuropsychiatric syndrome that typically manifests in distortion of extrapersonal visual image, altered perception of one’s body image, and a disturbed sense of the passage of distance and time. Several conditions have been reported to contribute to AIWS, although its biological basis is still unknown. Here, we present the first case demonstrating a clear concurrence of recurrent depressive disorder and AIWS. The clinical manifestations and pre- and post-treatment fluorodeoxyglucose positron-emission tomographic (FDG-PET) images provide insights into the psychopathological and biological basis of AIWS. Case presentation: We describe a 63-year-old Japanese male who developed two distinct episodes of major depression concurrent with AIWS. In addition to typical AIWS perceptual symptoms, he complained of losing the ability to intuitively grasp the seriousness of news and the value of money, which implies disturbance of high-order cognition related to estimating magnitude and worth. Both depression and AIWS remitted after treatment in each episode. Pre-treatment FDG-PET images showed significant hypometabolism in the frontal cortex and hypermetabolism in the occipital and parietal cortex. Post-treatment images showed improvement of these abnormalities. Conclusions: The clinical co-occurrence of depressive episodes and presentation of AIWS can be interpreted to mean that they have certain functional disturbances in common. In view of incapacity, indifference, devitalization, altered perception of one’s body image, and disturbed sense of time and space, the features of AIWS analogous to those of psychotic depression imply a common psychopathological basis. These high-order brain dysfunctions are possibly associated with the metabolic abnormalities in visual and parietotemporal association cortices that we observed on the pre- and post-treatment FDG-PET images in this case, while the hypometabolism in the frontal cortex is probably associated with depressive symptoms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Physical activity modulates common neuroplasticity substrates in major depressive and bipolar disorder.

Authors:
Phillips, Cristy;

Source:

Abstract
Mood disorders (MDs) are chronic, recurrent mental diseases that affect millions of individuals worldwide. Although the biogenic amine model has provided some clinical utility, a need remains to better understand the interrelated mechanisms that contribute to neuroplasticity deficits in MDs and the means by which various therapeutics mitigate them. Of those therapeutics being investigated, physical activity (PA) has shown clear and consistent promise. Accordingly, the aims of this review are to (1) explicate key modulators, processes, and interactions that impinge upon multiple susceptibility points to effectuate neuroplasticity deficits in MDs; (2) explore the putative mechanisms by which PA mitigates these features; (3) review protocols used to induce the positive effects of PA in MDs; and (4) highlight implications for clinicians and researchers. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Leukocyte telomere length and depression, anxiety and stress and adjustment disorders in primary health care patients.

Authors:
Wang, Xiao; Sundquist, Kristina; Hedelius, Anna; Palmér, Karolina; Memon, Ashfaque A.; Sundquist, Jan;

Source:

Abstract
Background: The primary aim was to examine possible differences in telomere length between primary health care patients, with depression, anxiety or stress and adjustment disorders, and healthy controls. The second aim was to examine the association between telomere length and baseline characteristics in the patients. The third aim was to examine the potential effects of the 8-week treatments (mindfulness-based group therapy or treatment as usual, i.e. mostly cognitive-based therapy) on telomere length, and to examine whether there was a difference in the potential effect on telomere length between the two groups.

Methods: A total of 501 individuals including 181 patients (aged 20–64 years), with depression, anxiety and stress and adjustment disorders, and 320 healthy controls (aged 19–70 years) were recruited in the study. Patient data were collected from a randomized controlled trial comparing mindfulness-based group therapy with treatment as usual. We isolated genomic DNA from blood samples, collected at baseline and after the 8-week follow-up. Telomere length was measured by quantitative real-time (qRT)-PCR. Results: Telomere length was significantly shorter in the patients (mean = 0.77 ± 0.12), compared to the controls (mean = 0.81 ± 0.14) (p = 0.006). The difference in telomere length remained significant after controlling for age and sex. Old age, male sex and being overweight were associated with shorter telomere length. There was no significant difference in telomere length between baseline and at the 8-week follow-up in any of the treatment groups and no difference between the two groups. Conclusion: Our findings confirm that telomere length, as compared with healthy controls, is shortened in patients with depression, anxiety and stress and adjustment disorders. In both groups (mindfulness-based group therapy or treatment as usual), the telomere length remained unchanged after the 8-week treatment/follow-up and there was no difference between the two groups. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: New treatment strategies of depression: Based on mechanisms related to neuroplasticity.

Authors: Huang, Yu-Jhen; Lane, Hsien-Yuan; Lin, Chieh-Hsin;


Abstract

Major depressive disorder is a severe and complex mental disorder. Impaired neurotransmission and disrupted signalling pathways may influence neuroplasticity, which is involved in the brain dysfunction in depression. Traditional neurobiological theories of depression, such as monoamine hypothesis, cannot fully explain the whole picture of depressive disorders. In this review, we discussed new treatment directions of depression, including modulation of glutamatergic system and noninvasive brain stimulation. Dysfunction of glutamatergic neurotransmission plays an important role in the pathophysiology of depression. Ketamine, an N-methyl-D-aspartate (NMDA) receptor antagonist, has rapid and lasting antidepressive effects in previous studies. In addition to ketamine, other glutamatergic modulators, such as sarcosine, also show potential antidepressant effect in animal models or clinical trials. Noninvasive brain stimulation is another new treatment strategy beyond pharmacotherapy. Growing evidence has demonstrated that superficial brain stimulations, such as transcranial magnetic stimulation, transcranial direct current stimulation, cranial electrotherapy stimulation, and magnetic seizure therapy, can improve depressive symptoms. The antidepressive effect of these brain stimulations may be through modulating neuroplasticity. In conclusion, drugs that modulate neurotransmission via NMDA receptor and noninvasive brain stimulation may provide new directions of treatment for depression. Furthermore, exploring the underlying mechanisms will help in developing novel therapies for depression in the future. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Schizophrenia

Title: Configural and featural face processing influences on emotion recognition in schizophrenia and bipolar disorder.

Authors: Van Rheenen, Tamsyn E.; Joshua, Nicole; Castle, David J; Rossell, Susan L.; Journal of the International Neuropsychological Society, Vol 23(3), Mar, 2017 pp. 287-291. Publisher: Cambridge University Press;

Abstract

Objectives: Emotion recognition impairments have been demonstrated in schizophrenia (Sz), but are less consistent and lesser in magnitude in bipolar disorder (BD). This may be related to the extent to which different face processing strategies are engaged during emotion recognition in each of these disorders. We recently showed that Sz patients had impairments in the use of both featural and configural face processing strategies, whereas BD patients were impaired only in the use of the latter. Here we examine the influence that these impairments have on facial emotion recognition in these cohorts. Methods: Twenty-eight individuals with Sz, 28 individuals with BD, and 28 healthy controls completed a facial emotion labeling task with two conditions designed to separate the use of featural and configural face processing strategies; part-based and whole-face emotion recognition. Results: Sz patients performed worse than controls on both conditions, and worse than BD patients on the whole-face condition. BD patients performed worse than controls on the whole-face condition only. Conclusions: Configural processing deficits appear to influence the recognition of facial emotions in BD, whereas both configural and featural processing abnormalities impair emotion recognition in Sz. This may explain discrepancies in the profiles of emotion recognition between the disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Empathy in schizophrenia: A meta-analysis of the Interpersonal Reactivity Index.

Authors: Bonfils, Kelsey A.; Lysaker, Paul H.; Minor, Kyle S.; Salyers, Michelle P.;


Abstract

Empathy is a complex construct, thought to contain multiple components. One popular measurement paradigm, the Interpersonal Reactivity Index (IRI), has been used extensively to measure empathic tendencies in schizophrenia research across four domains: empathic concern, perspective-taking, personal distress, and fantasy. However, no recent meta-analysis has been conducted for all four factors of this scale. The goal of this meta-analysis was to examine self-reported empathic tendencies for each factor of the IRI in people with schizophrenia as compared to healthy controls. A literature search revealed 32 eligible schizophrenia studies. The Hedges’ g standardized difference effect size was calculated for each component using a random effects meta-analytic model. Compared to healthy controls, schizophrenia samples reported significantly reduced tendencies for empathic concern, perspective-taking, and fantasy, but significantly greater tendencies for personal distress. Duration of illness significantly moderated the results for perspective-taking such that those with a longer duration exhibited greater deficits; percent female significantly moderated the results for personal distress such that samples with more females exhibited reduced effect sizes. Future work is needed to examine the impact of heightened personal distress on the empathic tendencies and abilities of those with schizophrenia, including the possible role of emotion regulation. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Antipsychotic use is a risk factor for hyponatremia in patients with schizophrenia: A 15-year follow-up study.

Authors: Yang, Hang-Ju; Cheng, Wan-Ju;


Abstract
Rationale: Hyponatremia affects 10% of patients with chronic schizophrenia and can lead to severe consequences. However, the role of antipsychotics and other risk factors in hyponatremia occurrence has remained inconsistent. Objective: This study examined the association between antipsychotic use and hyponatremia occurrence in patients with schizophrenia. Methods: We utilized the National Health Insurance Research Database to follow 2051 patients with schizophrenia from 1998 to 2013. Among them, 137 (6.7%) developed hyponatremia. Sociodemographic characteristics, physical comorbidities, and psychiatric treatment experiences were compared between those who had hyponatremia and those who did not. A Cox proportional hazards model was used to examine the hazard ratios (HRs) of these characteristics. Results: In patients with hyponatremia, the mean age at first hyponatremia occurrence was 54.7 ± 13.9 years, an average of 9.5 ± 4.0 years after schizophrenia diagnosis, and 32.9% of them were off antipsychotics before hyponatremia occurrences. Age at schizophrenia diagnosis (HR = 1.1), low-income household (HR = 2.4), comorbidities (HR = 1.2), and psychiatric admissions (HR = 1.04) were associated with the risks of hyponatremia. Compared with no antipsychotic use, atypical (HR = 2.1) and typical antipsychotics (HR = 3.1) were associated with an elevated risk of hyponatremia, after adjustment for age, sex, and physical comorbidities. Carbamazepine use (HR = 2.9) was also a significant risk factor for hyponatremia (p < 0.05). Conclusions: Antipsychotic use in patients with schizophrenia with polypharmacy should be monitored for hyponatremia occurrences. Clinicians should pay attention to the impact of poor living conditions on hyponatremia occurrence. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Metabolic profile at first-time schizophrenia diagnosis: A population-based cross-sectional study.

Authors: Horsdal, Henriette Thisted; Benros, Michael Eriksen; Köhler-Forsberg, Ole; Krogh, Jesper; Gasse, Christine;


Abstract
Objective: Schizophrenia and/or antipsychotic drug use are associated with metabolic abnormalities; however, knowledge regarding metabolic status and physician’s monitoring of metabolic status at first schizophrenia diagnosis is sparse. We assessed the prevalence of monitoring for metabolic blood abnormalities and characterized the metabolic profiles in people with a first-time schizophrenia diagnosis. Methods: This is a population-based cross-sectional study including all adults born in Denmark after January 1, 1955, with their first schizophrenia diagnosis between 2000 and 2012 in the Central Denmark Region. Information on metabolic parameters was obtained from a clinical laboratory information system. Associations were calculated using Wilcoxon rank-sum tests, chi-square tests, logistic regression, and Spearman’s correlation coefficients. Results: A total of 2,452 people with a first-time schizophrenia diagnosis were identified, of whom 1,040 (42.4%) were monitored for metabolic abnormalities. Among those monitored, 58.4% had an abnormal lipid profile and 13.8% had an abnormal glucose profile. People who had previously filled prescription(s) for antipsychotic drugs were more likely to present an abnormal lipid measure (65.7% vs 46.8%, P < 0.001) and abnormal glucose profile (16.4% vs 10.1%, P = 0.01). Conclusion: Metabolic abnormalities are common at first schizophrenia diagnosis, particularly among those with previous antipsychotic prescription(s). Increased metabolic abnormalities already present in the early phase of schizophrenia emphasize the need for increased monitoring and management. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Quality of life, self-stigma, and hope in schizophrenia spectrum disorders: A cross-sectional study.

Authors:
Vrbova, Kristyna; Prasko, Jan; Ociskova, Marie; Kamaradova, Dana; Marackova, Marketa; Holubova, Michaela; Grambal, Ales; Slepecky, Milos; Latalova, Klara;

Source:

Abstract
Goals: The aim of this study was to explore the quality of life, self-stigma, personality traits, and hope in patients with schizophrenia spectrum disorders. Patients and methods: A total of 52 outpatients participated in this cross-sectional study. The attending psychiatrist assessed each patient with Mini International Neuropsychiatric Interview (MINI). The patients then completed Quality of Life Satisfaction and Enjoyment Questionnaire (Q-LES-Q), Internalized Stigma of Mental Illness (ISMI) Scale, Temperament and Character Inventory – Revised (TCI-R), Adult Dispositional Hope Scale (ADHS), Drug Attitude Inventory 10 (DAI-10), and Liebowitz Social Anxiety Scale (LSAS)-Self-report. The psychiatrist evaluated Clinical Global Impression Severity—the objective version (objCGI-S), and the patients completed the Clinical Global Impression Severity—the subjective version (subjCGI-S). Each participant also completed Beck Depression Inventory-II (BDI-II), and Beck Anxiety Inventory (BAI). Results: The quality of life was significantly higher in employed patients and individuals with higher hope, self-directedness (SD), and persistence (PS). The quality of life was lower among patients with higher number of psychiatric hospitalizations, those with higher severity of the disorder, and individuals who were taking higher doses of antipsychotics. Patients with more pronounced symptoms of depression, anxiety, and social anxiety had a lower quality of life. Finally, the quality of life was lower among individuals with higher harm avoidance (HA) and self-stigmatization (ISMI). Backward stepwise regression was applied to identify the most significant factors connected to self-stigma. The regression analysis showed that occupation, level of depression (BDI-II), attitude to using medication (DAI-10), social anxiety (LSAS), and antipsychotic index were the most relevant factors associated with lower quality of life. Conclusion: Detection of the quality of life in the context of personality traits, hope, self-stigma, and demographic and clinical factors may be an important part of the assessment of the patient with schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Comparison of suicide attempts/behaviors following smoking cessation treatments among schizophrenic smokers.

Authors:
Wu, I-Hsuan; Chen, Hua; Bordnick, Patrick; Essien, Ekere James; Johnson, Michael; Peters, Ronald J.; Wang, Xin; Abughosh, Susan M.;

Source:

Abstract
Background: Smoking cessation may lead to depression in some smokers and result in increased risk of suicide. Objective: To compare the risk of suicide attempts/behaviors associated with different smoking cessation medications among schizophrenic patients. Methods: A retrospective cohort study was conducted using General Electric (GE) medical record database (1995–2011). The first day of being prescribed a smoking cessation medication defined as index date. Patients were followed up to one year from index date. Patients' suicide behaviors or attempts were identified through ICD-9 codes and E-codes. Cox proportional hazards model was applied to examine the association between smoking cessation medication and suicidal/self-injurious behaviors. Results: Our cohort consisted of 3925 patients with diagnosis of schizophrenia or schizoaffective disorder who initiated cessation medication. Among them, 104 (2.65%) had suicide attempts or behavior within one-year follow up. However, statistically significant difference in the risk of suicide attempts/behaviors was not detected across cessation regimens in the Cox proportional hazard analysis. Only comorbidity index was found to be associated with suicide, which showed that higher Charlson comorbidity index was associated with higher risks of suicide behaviors within one year (HR = 1.15, 95% CI = 1.04–1.27). Conclusion: There were no significant differences in suicide attempts/behaviors with different cessation medications. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Destination memory in schizophrenia: ‘Did I told Elvis Presley about the thief?’.

Authors: El Haj, Mohamad; Altman, Rosalie; Bortolon, Catherine; Capdevielle, Delphine; Raffard, Stéphane;


Abstract
Destination memory refers to the ability to remember to whom a piece of information was previously transmitted. Our paper assessed this ability in schizophrenia. Twenty-five patients with schizophrenia and 25 control participants told proverbs (e.g., ‘send a thief to catch a thief’) to pictures of celebrities (e.g., Elvis Presley). Afterward, participants had to indicate to which celebrity they had previously said the proverbs. Participants also completed a binding task in which they were required to associate letters with their corresponding context (i.e., location). Analysis revealed worse destination memory and binding in patients with schizophrenia than in controls. In both populations, destination memory was significantly correlated with performances on the binding task. Our findings suggest difficulty in the ability to attribute information to its appropriate destination in schizophrenia. This difficulty may be related to compromise in binding separate cues together to form a coherent representation of an event in memory. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Thinking about electroconvulsive therapy: The opinions of parents of adolescents with schizophrenia spectrum disorders.

Authors: Flamarique, Itziar; Baeza, Inmaculada; de la Serna, Elena; Pons, Alexandre; Bernardo, Miguel; Castro-Fornieles, Josefina;


Abstract
Objective: To assess the experience with, knowledge of, and attitudes toward electroconvulsive therapy (ECT) among parents of adolescents with schizophrenia spectrum disorders (SSD) who have received ECT. Methods: A self-administered questionnaire was used to assess the experience with, knowledge of, and attitudes toward ECT in a sample of parents of adolescents diagnosed with SSD. Parents of adolescents treated with ECT before the age of 18 years (ECT group; n = 19) were compared with a randomly selected group of parents of adolescents treated only with antipsychotics (No ECT group; n = 20). Results: Most parents in the ECT group claimed that they had received adequate information about the ECT procedure (94.7%), most of them thought it had been helpful for their children (73.7%) and none thought that it had made things worse. The large majority of parents in the ECT group (80%) thought that the illness had been worse than ECT or medication, and none thought that ECT was the worst. Parents in the ECT group generally had better knowledge of what ECT is and its indications. All the parents in the ECT group (100%) and almost all of those in the No ECT group (94.7%) would agree to the treatment for their children if recommended in the future by a doctor, there being no differences between the groups in this respect (p = 0.447). Most parents in the ECT group (88.9%) thought it was a legitimate treatment when used appropriately, an opinion that was held by a much smaller proportion of parents in the No ECT group (52.6%), although the remaining parents in that group were unsure about it (47.4%). Conclusions: Most parents of adolescents with SSD treated with ECT had positive views about the treatment. Parents of adolescents treated only with antipsychotics tended either to have positive views about ECT or claimed to have no knowledge about it, with negative views being uncommon. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
Reduction of severity of recurrent psychotic episode by sustained treatment with aripiprazole in a schizophrenic patient with dopamine supersensitivity: A case report.

Authors:
Tadokoro, Shigenori; Nonomura, Naho; Kanahara, Nobuhisa; Hashimoto, Kenji; Iyo, Masaomi;

Source:

Abstract
Dopamine supersensitivity psychosis (DSP) is a type of acute exacerbation of recurrent psychosis caused by long-term treatment with antipsychotics in schizophrenic patients. Although DSP is exceedingly troublesome for clinicians, effective treatment has not yet been established. Based on clinical research and our animal study, we hypothesize that aripiprazole, an atypical antipsychotic, may reduce the exacerbation of recurrent psychotic episodes. We report the case of a 46-year-old female who suffered from schizophrenia with DSP. In this case, sustained treatment with a high dose of aripiprazole gradually reduced the severity of her recurrent psychotic episodes. In conclusion, sustained treatment with aripiprazole may reduce the exacerbation of recurrent psychotic episodes in schizophrenic patients with DSP, and may be an effective treatment of DSP. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Resistin as an inflammatory marker in patients with schizophrenia treated with clozapine.

Authors:
Klemettilä, Jari-Pekka; Kampman, Olli; Seppälä, Niko; Viikki, Merja; Hämäläinen, Mari; Moilanen, Eeva; Leinonen, Esa;

Source:

Abstract
Background: Schizophrenia is associated with excess cardiovascular comorbidity and mortality related to lifestyle factors, such as lack of physical activity, poor diet, and smoking. The prevalence of metabolic syndrome is increased among patients with schizophrenia, with the highest rates among patients on clozapine treatment. Smoking, obesity, physical inactivity, airway inflammation and obstruction, and adipose tissue and inflammatory marker activation are related in systemic inflammation. Low-grade inflammation is also associated with schizophrenia. Adipokine resistin is a biomarker involving several acute and chronic inflammatory states. However, the inflammatory role of resistin is so far inconclusive and studies in schizophrenia are scanty. Aims: The aim of the present study was to explore the role of serum resistin as an inflammatory marker in patients with schizophrenia on clozapine treatment. Methods: Associations between serum levels of resistin and some other selected cytokines/adipokines (adiponectin, leptin, adipisin, IL-6, IL-1Ra, TNF-α, hs-CRP) and metabolic markers in 190 patients with schizophrenia on clozapine treatment were studied using a cross-sectional study design. Results: Among male patients especially, smokers had higher levels of resistin than non-smokers, and among smokers resistin levels were associated with IL-1Ra and hs-CRP levels. In the whole patient group levels of resistin associated with levels of IL-1Ra, and among male patients with low HDL-cholesterol. Conclusions: Resistin is a biomarker of systemic inflammation associated with smoking among patients with schizophrenia on clozapine treatment. Resistin might have a role as a marker of cardiovascular comorbidity. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Fire-setting performed in adolescence or early adulthood predicts schizophrenia: A register-based follow-up study of pre-trial offenders.

Authors:
Thomson, Annika; Tiihonen, Jari; Miettunen, Jouko; Virkkunen, Matti; Lindberg, Nina;

Source:
Abstract
Background: Aggressive and disruptive behaviours often precede the onset of serious mental illnesses. Fire-setting is a type of crime that is associated with psychotic disorders. Aim: The aim of this prospective follow-up study was to investigate if fire-setting performed in adolescence or early adulthood was associated with future diagnoses of schizophrenia or schizoaffective disorder. Methods: The consecutive sample consisted of 111 Finnish 15–25-year old males with fire-setting crimes, decreed to a pre-trial forensic psychiatric examination in 1973–1998, and showing no past nor current psychosis at the time of examination. For each firesetter, four age-, gender-, and place of birth-matched controls were randomly selected from the Central Population Register. The subjects were followed until the death of the individual, until they moved abroad, or until the end of 2012. Results: Fourteen firesetters (12.6%) and five controls (1.1%) were diagnosed with either schizophrenia or schizoaffective disorder later in life, corresponding to a hazard ratio of 12.5. The delay between the fire-setting offense and the future diagnosis was on average nearly 10 years. Conclusions: Young male offenders undergoing a forensic psychiatric examination because of fire-setting crimes had a significant propensity for schizophrenia and schizoaffective disorder. Accurate assessments should be made both during imprisonment and later in life to detect possible psychotic signs in these individuals. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Executive function and genetic loading in nonpsychotic relatives of schizophrenia patients.
Authors: Aydın, Erkan; Ülgen, Mine Cansu; Tabo, Abdülkadir; Devrim Balaban, Özlem; Yeşilyurt, Sema; Yurukçal, Hüseyin;
Abstract
Executive functions meet the 'endophenotype candidate' criteria in neuropsychological measures for schizophrenic patients. To determine which area of executive functioning has the greatest value in differentiating the so called 'candidate endophenotype' of schizophrenia through comparing the effect sizes of four commonly used executive function tests. A Wisconsin Card Sorting Test, a Stroop Test, a Trail Making Test and a Verbal Fluency Test were used to evaluate executive function in two study groups: healthy relatives of schizophrenia patients from simplex and multiplex families and a healthy control group. In all four tests, study groups performed poorly in contrast to the control group. In the B time, A error and B error results of the Trail Making Test, a Stroop Test, a Trail Making Test and a Verbal Fluency Test were used to evaluate executive function in two study groups: healthy relatives of schizophrenia patients from simplex and multiplex families and a healthy control group. In all four tests, study groups performed poorly in contrast to the control group. In the B time, A error and B error results of the Trail Making Test, the multiplex group performed poorly compared to the simplex group; control group did better than both study groups. Our findings support that the presence of a schizophrenia patient in a family predicts worse performance on executive function tests in a group of healthy relatives of that individual. The results of our study suggest that the Trail Making Test in particular may signify a stronger endophenotypic trait. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Gender differences in first onset schizophrenia spectrum psychoses.
Authors: Talonen, Sanni; Väänänen, Juha; Kaltiala-Heino, Riittakerttu;
Abstract
Background: Mental health profiles differ between boys and girls from puberty onwards. It is not known whether differences also extend to symptom presentation in schizophrenia spectrum disorders. It may be that girls and boys are not treated entirely equally by the professionals. Aims: To study gender differences in symptom profiles, family adversities, pathway to care, and characteristics of inpatient treatment at the first episode of diagnosed schizophrenia spectrum disorder (F20–29) among adolescents aged 13–17. Methods: A retrospective chart review of all (n = 106) consecutive adolescents diagnosed for the first time with schizophrenia spectrum disorder (F20–29) in a specified catchment area. Girls and boys were compared with regard to sociodemographics, pathways to care, living arrangements, symptom profiles,
and treatment received. Results: During the study period more adolescent girls (n = 70, 66%) than boys (n = 36, 34%) were diagnosed with schizophrenia spectrum (F20–29) psychoses, most commonly F29. Girls were moreover younger (mean age = 15.46) than boys (mean age = 16.62) at admission. Girls more often displayed mood symptoms and boys aggressive behaviours, alcohol abuse problems, and isolation. Family adversities recorded as current stressors were more numerous among girls. Girls were more likely to be referred to specialized after-care than boys. Conclusions: The gender differences observed in symptoms presentation are reminiscent of differences encountered in the general adolescent population. Prior to transition to psychosis, girls and boys are equally in contact with psychiatric services due to other (possibly prodromal) symptoms/disorders. Family adversities may be more stressful for girls vulnerable to psychosis than to boys. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Effects of self and familiarity on change detection in patients with schizophrenia.

Authors:
Kochs, Anna; Köhler, Stephan; Merz, Holger; Sterzer, Philipp;

Source:

Abstract
In schizophrenia, processing of self-related stimuli has been shown to be altered. It is unclear whether altered self-processing in schizophrenia is confined to cognitive functions such as self-recognition, or whether it pertains to automatic lower-level perceptual processes. Visual face processing was tested in patients with schizophrenia (n = 36) and healthy controls (n = 33). Using a change detection paradigm (self, famous, unknown faces), we tested whether self-related stimuli gain access to awareness preferentially. The task was unrelated to face category, thus probing implicit processing of the face identity information. Furthermore we explored hemifield differences, the association of preferential self-processing with disease insight and with schizophrenic symptom severity. Change detection was overall enhanced for one's own face and familiar faces compared to unknown faces. There were no group differences regarding perception of self-related or familiar stimuli. The enhancing effect of self and familiarity on change detection was smaller in patients with more severe symptoms. We found no association between implicit visual self-perception and insight in schizophrenia. The privileged access of self-related visual information is not impaired in patients with schizophrenia. The reduced overall left-hemifield advantage for face-change detection points to an altered lateralization of face processing in patients with schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The relationship between cognitive biases and psychological dimensions of delusions: The importance of jumping to conclusions.

Authors:
Gawęda, Łukasz; Staszkiewicz, Marta; Balzan, Ryan P.;

Source:

Abstract
Background and objectives: Cognitive biases play a role in the development and maintenance of delusions. However, delusions are multidimensional (i.e., emotional and cognitive facets) and often co-occur with auditory hallucinations. Therefore, further refinement of the precise relationship between cognitive biases, delusions, and hallucinatory experiences is warranted. Methods: A total sample of 167 patients with schizophrenia spectrum disorders was split into two groups consisting of patients with active delusions (n = 127) and active hallucinations (n = 92). All patients were assessed for delusions and hallucinations using the semi-structured psychotic symptom rating scales (PSYRATS), which assesses the emotional (i.e., distress) and cognitive (i.e., conviction, preoccupation) dimensions of these symptoms. Cognitive biases were assessed with the Cognitive Biases Questionnaire for Psychosis (CBQp) self-report questionnaire (assessing jumping to conclusions, intentionalising, catastrophising, emotional reasoning, and dichotomous thinking biases). Multiple stepwise regressions were performed to investigate the
relationship between delusions and cognitive biases, while controlling for auditory hallucinations (and vice-versa). Results: The only cognitive bias to significantly predict delusions after controlling for the severity of auditory hallucinations was the jumping to conclusions (JTC) bias (predicted both emotional and cognitive dimensions). Only the emotional dimension of auditory hallucinations was predicted by the intentionalising and dichotomous thinking biases, after delusional severity was controlled for. Limitations: The cross-sectional design precludes causal inferences. Only positive psychotic symptoms were assessed and no wider psychopathology assessment was utilised (e.g., negative symptoms, anxiety, depression). Conclusions: The jumping to conclusions bias is associated with both delusional conviction and emotional distress. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Risky decision-making under risk in schizophrenia: A deliberate choice?
Authors:
Pedersen, Anya; Göder, Robert; Tomczyk, Samuel; Ohrmann, Patricia;
Source:
Abstract
Background and objectives: Patients with schizophrenia reveal impaired decision-making strategies causing social, financial and health care problems. The extent to which deficits in decision-making reflect intentional risky choices in schizophrenia is still under debate. Based on previous studies we expected patients with schizophrenia to reveal a riskier performance on the GDT and to make more disadvantageous decisions on the IGT. Methods: In the present study, we investigated 38 patients with schizophrenia and 38 matched healthy control subjects with two competing paradigms regarding feedback: (1) The Game of Dice Task (GDT), in which the probabilities of winning or losing are stable and explicitly disclosed to the subject, to assess decision-making under risk and (2) the Iowa Gambling Task (IGT), which requires subjects to infer the probabilities of winning or losing from feedback, to investigate decision-making under ambiguity. Results: Patients with schizophrenia revealed an overall riskier performance on the GDT; although they adjusted their strategy over the course of the GDT, they still made significantly more disadvantageous choices than controls. More positive symptoms in patients with schizophrenia indicated by higher PANSS positive scores were associated with riskier choices and less use of negative feedback. Compared to healthy controls, they were not impaired in net score but chose more disadvantageous cards than controls on the first block of the IGT. Limitations: Effects of medication at the time of testing cannot be ruled out. Conclusions: Our findings suggest that patients with schizophrenia make riskier decisions and are less able to regulate their decision-making to implement advantageous strategies, even when the probabilities of winning or losing are explicitly disclosed. The dissociation between performance on the GDT and IGT suggests a pronounced impairment of executive functions related to the dorsolateral prefrontal cortex. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Aspects of Theory of Mind that attenuate the relationship between persecutory delusions and social functioning in schizophrenia spectrum disorders.
Authors:
Phalen, Peter L.; Dimaggio, Giancarlo; Popolo, Raffaele; Lysaker, Paul H.;
Source:
Abstract
Background and objectives: Despite the apparent relevance of persecutory delusions to social relationships, evidence linking these beliefs to social functioning has been inconsistent. In this study, we examined the hypothesis that theory of mind moderates the relationship between persecutory delusions and social functioning. Methods: 88 adults with schizophrenia or schizoaffective disorder were assessed concurrently for social functioning, severity of persecutory delusions, and two components of theory of
mind: mental state decoding and mental state reasoning. Mental state decoding was assessed using the Eyes Test, mental state reasoning using the Hinting Task, and social functioning assessed with the Social Functioning Scale. Moderation effects were evaluated using linear models and the Johnson-Neyman procedure. Results: Mental state reasoning was found to moderate the relationship between persecutory delusions and social functioning, controlling for overall psychopathology. For participants with reasoning scores in the bottom 78th percentile, persecutory delusions showed a significant negative relationship with social functioning. However, for those participants with mental state reasoning scores in the top 22nd percentile, more severe persecutory delusions were not significantly associated with worse social functioning. Mental state decoding was not a statistically significant moderator. Limitations: Generalizability is limited as participants were generally men in later phases of illness. Conclusions: Mental state reasoning abilities may buffer the impact of persecutory delusions on social functioning, possibly by helping individuals avoid applying global beliefs of persecution to specific individuals or by allowing for the correction of paranoid inferences. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Negative affect and a fluctuating jumping to conclusions bias predict subsequent paranoia in daily life: An online experience sampling study.

Authors: Lüdtke, Thies; Kriston, Levente; Schröder, Johanna; Lincoln, Tania M.; Moritz, Steffen;


Abstract

Background and objectives: Negative affect and a tendency to 'jump to conclusions' (JTC) are associated with paranoia. So far, only negative affect has been examined as a precursor of subsequent paranoia in daily life using experience sampling (ESM). We addressed this research gap and used ESM to test whether JTC fluctuates in daily life, whether it predicts subsequent paranoia, and whether it mediates the effect of negative affect on paranoia. Methods: Thirty-five participants with schizophrenia spectrum disorders repeatedly self-reported negative affect, JTC, and paranoia via online questionnaires on two consecutive days. We measured JTC with a paradigm consisting of ambiguous written scenarios. Multilevel linear models were conducted. Results: Most participants showed JTC consistently on two days rather than only on one day. When time was used as a predictor of JTC, significant slope variance indicated that for a subgroup of participants JTC fluctuated over time. For 48% of participants, these fluctuations equaled changes of approximately ±1 point on the four-point JTC scale within one day. There was no mediation. However, negative affect and JTC both significantly predicted subsequent paranoia. Limitations: The ESM assessment period was short and encompassed few assessments (8 in total). Conclusions: Our findings indicate that JTC is both stable (regarding its mere occurrence) and fluctuating simultaneously (regarding its magnitude). Although JTC was not a mediator linking negative affect and paranoia, it did predict paranoia. Further ESM studies on JTC are needed to confirm our findings in longer assessment periods and with other JTC paradigms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Factors in maintaining a stable patient–physician relationship among individuals with schizophrenia.

Authors: Huang, Hsin-Hui; Chen, Chuan-Yu; Tsay, Jen-Huoy; Chou, Yiing-Jenq; Huang, Nicole;


Abstract

This study aimed to determine whether adequate continuity of care (COC) existed among individuals with schizophrenia, and what the associated determinants were. The National Health Insurance Research Database of Taiwan was used to identify individuals with newly diagnosed schizophrenia from 2000 to 2009. Two outcome indicators were first derived to conduct the continuity assessment based on the usual
provider continuity (UPC) index and the continuity of care index (COCI). The average scores of the UPC and COCI were 0.78 and 0.67, respectively. Patients who have been hospitalized, with lower income, and unemployed had significantly poorer continuity of care. In addition, patients were cared for by higher caseload physicians, treated at mental health specialty institutions, and at hospital outpatient settings also experienced significantly poorer continuity. Patients cared for by middle-aged physicians, psychiatrists, and treated at private institutions had significantly better continuity of mental health care. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Cognitive performance is associated with gray matter decline in first-episode psychosis.

Authors:
Dempster, Kara; Norman, Ross; Théberge, Jean; Densmore, Maria; Schaefer, Betsy; Williamson, Peter;

Source:

Abstract
Progressive loss of gray matter has been demonstrated over the early course of schizophrenia. Identification of an association between cognition and gray matter may lead to development of early interventions directed at preserving gray matter volume and cognitive ability. The present study evaluated the association between gray matter using voxel-based morphometry (VBM) and cognitive testing in a sample of 16 patients with first-episode psychosis. A simple regression was applied to investigate the association between gray matter at baseline and 80 months and cognitive tests at baseline. Performance on the Wisconsin Card Sorting Task (WCST) at baseline was positively associated with gray matter volume in several brain regions. There was an association between decreased gray matter at baseline in the nucleus accumbens and Trails B errors. Performing worse on Trails B and making more WCST perseverative errors at baseline was associated with gray matter decline over 80 months in the right globus pallidus, left inferior parietal lobe, Brodmann's area (BA) 40, and left superior parietal lobule and BA 7 respectively. All significant findings were cluster corrected. The results support a relationship between aspects of cognitive impairment and gray matter abnormalities in first-episode psychosis. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Using short-range and long-range functional connectivity to identify schizophrenia with a family-based case-control design.

Authors:
Guo, Wenbin; Liu, Feng; Chen, Jindong; Wu, Renrong; Li, Lehua; Zhang, Zhikun; Chen, Huafu; Zhao, Jingping;

Source:

Abstract
Abnormal short-range and long-range functional connectivities (FCs) have been implicated in the neurophysiology of schizophrenia. This study was conducted to examine the potential of short-range and long-range FCs for differentiating the patients from the controls with a family-based case-control design. Twenty-eight first-episode, drug-naive patients with schizophrenia, 28 unaffected siblings of the patients (family-based controls, FBCs), and 40 healthy controls (HCs) underwent resting-state functional magnetic resonance imaging (fMRI) scans. The data were analyzed by short-range and long-range FC analyses, receiver operating characteristic curve (ROC) and support vector machine (SVM). Compared with the FBCs/HCs, the patients exhibit increased short-range positive FC strength (spFCS) and/or long-range positive FC strength (lpFCS) in the default-mode network (DMN) and decreased spFCS and lpFCS in the sensorimotor circuits. Furthermore, a combination of the spFCS values in the right superior parietal lobule and the lpFCS values in the left fusiform gyrus/cerebellum VI can differentiate the patients from the FBCs with high sensitivity and specificity. The findings highlight the importance of the DMN and sensorimotor circuits in the pathogenesis of schizophrenia. Combining with family-based case-control design may be a viable option to limit the confounding effects of environmental risk factors in neuroimaging studies of schizophrenia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Mismatch field latency, but not power, may mark a shared autistic and schizotypal trait phenotype.

Title:
The role of shame in people with a diagnosis of schizophrenia.

Title:
Mismatch field latency, but not power, may mark a shared autistic and schizotypal trait phenotype.

Authors:
Ford, Talitha C.; Woods, Will; Crewther, David P.;

Abstract
The auditory mismatch negativity (MMN), a preattentive processing potential, and its magnetic counterpart (MMF) are consistently reported as reduced in schizophrenia and autism spectrum disorders. This study investigates whether MMF characteristics differ between subclinically high and low scorers on the recently discovered shared autism and schizophrenia phenotype, Social Disorganisation. A total of 18 low (10 females) and 19 high (9 females) Social Disorganisation scorers underwent magnetoencephalography (MEG) during a MMF paradigm of 50ms standard (1000Hz, 85%) and 100ms duration deviant tones. MMF was measured from the strongest active magnetometer over the right and left hemispheres (consistent across groups) after 100ms. No differences in MMF power were found, however there was a significant delay in the MMF peak (p = 0.007). The P3am (following the MMF) was significantly reduced across both hemispheres for the high Social Disorganisation group (p = 0.025), there were no specific hemispheric differences in P3am power or latency. Right MMF peak latency increased with higher scores on the schizotypal subscales Odd Speech, Odd Behaviour and Constricted Affect. Findings suggest that MMF peak latency delay marks a convergence of the autism and schizophrenia spectra at a subclinical. These findings have significant implications for future research methodology, as well as clinical practice.

Title:
The role of shame in people with a diagnosis of schizophrenia.

Authors:
Keen, Nadine; George, Darren; Scragg, Peter; Peters, Emmanuelle;

Source:

Abstract
Objectives: To examine the role of shame and its relationship to depression in schizophrenia. It was predicted that individuals with a diagnosis of schizophrenia would exhibit higher levels of shame due to the stigma associated with their diagnosis, independently of depression levels, compared with psychiatric and medical control groups. Design: Cross-sectional design with three groups: individuals with a diagnosis of (1) schizophrenia, (2) depression, and (3) rheumatoid arthritis. Methods: Sixty individuals participated in the study (20 per group). Groups were compared on questionnaires assessing external shame, trait shame and guilt, and depression. Results: The pattern of group differences depended on the type of shame measure used. Both the schizophrenia and depression groups exhibited higher levels of external shame, or seeing others as shaming, than the medical group. For individuals with schizophrenia, seeing others as shaming was associated with higher levels of depression, a relationship not found in either control group. They also showed lower levels of trait guilt and shame (at trend level), compared with both control groups. No difference was found between the groups on depression, suggesting that the observed differences were not attributable to differences in levels of depression. Conclusions: The findings highlight the importance of shame in schizophrenia, especially the link between seeing other people as shaming and depression, which was unique to this group. These results suggest that stigma associated with a diagnosis of mental illness, and schizophrenia in particular, has negative emotional consequences that may impede recovery, and should be addressed by psychological and social interventions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
Psychopathological and demographic characteristics of hallucinating patients with schizophrenia and schizoaffective disorder: An analysis based on AMDP data.

Authors:
Baethge, Christopher; Jänner, Michaela; Gaebel, Wolfgang; Malevani, Jaroslav; European Archives of

Source:

Abstract
Hallucinations are at the core of the diagnosis of schizophrenia and schizoaffective disorders, and many neuroscience studies focus on hallucinations. However, there is a lack of data on prevalence, subtyping, and clinical correlates of hallucinations as well as on the comparison of hallucinating schizophrenia versus hallucinating schizoaffective patients. Analysis of all psychopathology evaluations is based on the AMDP scale in a German psychiatric university hospital between 2007 and 2013 regarding patients with schizophrenia or schizoaffective disorder (diagnosed according to ICD-10). Hallucinating versus non-hallucinating patients and age- and gender-matched hallucinating schizophrenic versus schizoaffective patients were compared with regard to key psychopathological and demographic characteristics. Relative to patients with schizoaffective disorder, patients with schizophrenia more often hallucinated at admission (36.6 vs. 16.2 %, RR: 2.3, p < 0.001). By subtype, frequency of hallucinations ranked auditory verbal > other auditory > visual > somatic/tactile > olfactory/gustatory. Hallucinating patients of either disorder were more often affected with respect to delusions (83 vs. 62 % and 81 vs. 48 % among patients with schizophrenia and schizoaffective disorder, respectively [both p < 0.0001]) and anxiety. Hallucinating patients with schizoaffective disorder did not differ from hallucinating patients with schizophrenia. This is one of the few studies providing data on hallucinations in a routine clinical care setting. Hallucinations are a sign and likely a cause of greater illness severity. Patients with schizoaffective disorder less often experience hallucinations than patients with schizophrenia, but if they do, they seem to resemble patients with schizophrenia with regard to illness severity. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Validity of remission and recovery criteria for schizophrenia and major depression: Comparison of the results of two one-year follow-up naturalistic studies.

Authors:
Spellmann, Ilja; Schennach, et al.

Source:

Abstract
The objective of the present study was the application and comparison of common remission and recovery criteria between patients with the diagnosis of schizophrenia and major depressive disorder (MDD) under inclusion of other outcome parameters. Patients with schizophrenia and MDD who were treated as inpatients at the beginning of the study were examined within two naturalistic follow-up trials from admission to discharge of an inpatient treatment period and the one-year follow-up assessment. PANSS criteria of the Remission in Schizophrenia Working Group (RSWG) for schizophrenia and HAMD criteria of the ACNP Task Force in MDD for depressive patients as well as the Clinical Global Impression-Severity Scale (CGI-S) were applied as symptomatic outcome measures additionally to functional outcome parameters. Data of 153 schizophrenia patients and 231 patients with a MDD episode have been included in the analysis. More depressive than schizophrenia patients reached a threshold score of ≤ 3 on the CGI-S, indicating symptomatic remission at discharge and at the one-year follow-up. In contrast similar proportions of patients reaching symptomatic remission at discharge from inpatient treatment and at the one-year follow-up in the schizophrenia and in the MDD group were found when disease-related consensus criteria (RSWG vs. ACNP Task Force) were used. Functional remission and recovery rates were significantly lower in schizophrenia than in depressive patients at the one-year follow-up visit. Common outcome criteria for remission and recovery in schizophrenia and major depression were not directly comparable. However, our results indicated a significantly poorer outcome in schizophrenia than in depressive patients according to terms of remission and recovery. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Clozapine users in Australia: Their characteristics and experiences of care based on data from the 2010 National Survey of High Impact Psychosis.

Authors: Siskind, D. J.; Harris, M.; Phillipou, A.; Morgan, V. A.; Waterreus, A.; Galletly, C.; Carr, V. J.; Harvey, C.; Castle, D.;


Abstract

Aims: Clozapine is the most effective medication for treatment refractory schizophrenia. However, descriptions of the mental health and comorbidity profile and care experiences of people on clozapine in routine clinical settings are scarce. Using data from the 2010 Australian Survey of High Impact Psychosis, we aimed to examine the proportion of people using clozapine, and to compare clozapine users with other antipsychotic users on demographic, mental health, adverse drug reaction, polypharmacy and treatment satisfaction variables. Methods: Data describing 1049 people with a diagnosis of schizophrenia or schizoaffective disorder, who reported taking any antipsychotic medication in the previous 4 weeks, were drawn from a representative Australian survey of people with psychotic disorders in contact with mental health services in the previous 12 months. We compared participants taking clozapine (n = 257, 22.4%) with those taking other antipsychotic medications, on a range of demographic, clinical and treatment-related indicators. Results: One quarter of participants were on clozapine. Of participants with a chronic course of illness, only one third were on clozapine. After adjusting for diagnosis and illness chronicity, participants taking clozapine had significantly lower odds of current alcohol, cannabis and other drug use despite similar lifetime odds. Metabolic syndrome and diabetes were more common among people taking clozapine; chronic pain was less common. Psychotropic polypharmacy did not differ between groups. Conclusions: Consistent with international evidence of clozapine underutilisation, a large number of participants with chronic illness and high symptom burden were not taking clozapine. The lower probabilities of current substance use and chronic pain among clozapine users warrant further study. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Can lncRNAs be indicators for the diagnosis of early onset or acute schizophrenia and distinguish major depressive disorder and generalized anxiety disorder?—A cross validation analysis.

Authors: Cui, Xuelian; Niu, Wei; Kong, Lingming; He, Mingjun; Jiang, Kunhong; Chen, Shengdong; Zhong, Aifang; Li, Wanshuai; Lu, Jim; Zhang, Liyi;


Abstract

Depression and anxiety are apparent symptoms in the early onset or acute phase of schizophrenia (SZ), which complicate timely diagnosis and treatment. It is imperative to seek an indicator to distinguish schizophrenia from depressive and anxiety disorders. Using lncRNA microarray profiling and RT-PCR, three up-regulated lncRNAs in SZ, six downregulated lncRNAs in major depressive disorder (MDD), and three up-regulated lncRNAs in generalized anxiety disorder (GAD) had been identified as potential biomarkers. All the lncRNAs were, then, cross-validated in 40 SZ patients, 40 MDD patients, 40 GAD patients, and 40 normal controls. Compared with controls, three up-regulated SZ lncRNAs had a significantly down-regulated expression in GAD, and no remarkable differences existed between MDD and the controls. Additionally, the six down-regulated MDD lncRNAs were expressed in an opposite fashion in SZ, and the expression of the three up-regulated GAD lncRNAs were significantly different between SZ and GAD. These results indicate that the expression patterns of the three up-regulated SZ lncRNAs could not be completely replicated in MDD and GAD, and vice versa. Thus, these three SZ lncRNAs seem to be established as potential indicators for diagnosis of schizophrenia and distinguishing it from MDD and GAD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
The customer is always right? Subjective target symptoms and treatment preferences in patients with psychosis.

Authors:
Moritz, Steffen; Berna, Fabrice; Jaeger, Susanne; Westermann, Stefan; Nagel, Matthias;

Source:

Abstract
Clinicians and patients differ concerning the goals of treatment. Eighty individuals with schizophrenia were assessed online about which symptoms they consider the most important for treatment, as well as their experience with different interventions. Treatment of affective and neuropsychological problems was judged as more important than treatment of positive symptoms (p < 0.005). While most individuals had experience with Occupational and Sports Therapy, only a minority had received Cognitive-Behavioral Therapy, Family Therapy, and Psychoeducation with family members before. Patients appraised Talk, Psychoanalytic, and Art Therapy as well as Metacognitive Training as the most helpful treatments. Clinicians should carefully take into consideration patients’ preferences, as neglect of consumers’ views may compromise outcome and adherence to treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Theory of mind deficits partly mediate impaired social decision-making in schizophrenia.

Authors:
Yang, Liuqing; Li, Peifu; Mao, Haiying; Wang, Huiling; Shu, Chang; Bliksted, Vibeke; Zhou, Yuan;

Source:

Abstract
Background: Using paradigms from game theory, researchers have reported abnormal decision-making in social context in patients with schizophrenia. However, less is known about the underpinnings of the impairment. This study aimed to test whether theory of mind (ToM) deficits and/or neurocognitive dysfunctions mediate impaired social decision-making in patients with schizophrenia. Methods: We compared thirty-five patients with schizophrenia to thirty-eight matched healthy controls with regard to social decision-making using the mini Ultimatum Game (mini UG), a paradigm from game theory. Additionally, we assessed ToM using the Theory of Mind Picture Stories Task, a mental state attribution task, and assessed neurocognition using the Brief Assessment of Cognition in Schizophrenia. Mediation analyses were performed on the data. Results: In contrast to the behavioral pattern of healthy controls in the mini UG, the patients with schizophrenia significantly accepted more disadvantageous offers and rejected more advantageous offers, and showed reduced sensitivity to the fairness-related context changes in the mini UG. Impaired ToM and neurocognition were also found in the patients. Mediation analyses indicated that ToM but not neurocognition partially mediated the group differences on the disadvantageous and advantageous offers in the mini UG. Conclusions: Patients with schizophrenia exhibited impaired social decision-making. This impairment can be partly explained by their ToM deficits rather than neurocognitive deficits. However, the exact nature of the ToM deficits that mediate impaired social decision-making needs to be identified in future. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Alpha oscillations underlie working memory abnormalities in the psychosis high-risk state.

Authors:
Ramyead, Avinash; Kometer, Michael; Studerus, Erich; Baumeler, Denise; von Rotz, Robin; Riecher-Rössler, Anita;
Source:

Abstract
Working memory (WM) functioning, known to be modulated by neural oscillations, is impaired in schizophrenic psychoses. It remains unclear whether in the psychosis high-risk state, WM encoding is altered or whether patients are impaired at shielding their WM against distractors. We employed single-trial analyses of neurophysiological and behavioral data recorded during a WM paradigm, designed to include predictable distractors, on 18 patients with an at-risk mental state for psychosis (ARMS, 26.1 ± 5.45 years) and 21 healthy controls (HCs, 25.5 ± 3.95 years). Strong distractors were associated with reduced WM accuracy (p = 0.036), but only ARMS patients required more processing time for strong distractors (p = 0.002). Increased parieto-occipital alpha amplitude preceding distractor presentations was associated with enhanced accuracy only in HCs (p = 0.009). During encoding, increased intertrial alpha phase locking values were associated with increased performance. Reduced shielding mechanisms against distractors in ARMS patients could lead to defective WM maintenance, which may result in significant confusion that may contribute to the formation of psychotic symptoms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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Title:
Elevated mRNA expression of CASPR3 in patients with schizophrenia.

Authors:
Okita, Mitsuo; Yoshino, Yuta; Iga, Jun-ichi; Ueno, Shu-ichi;

Source:

Abstract
Background: Recently, it was reported that antipsychotic treatment reverted Contactin Associated Protein-Like 3 (CASPR3, same as CNTNAP3) mRNA expressions in leukocytes of schizophrenia (SCZ) subjects to the same levels as healthy controls. CASPR3 was expressed in various regions of the mice brain (cortex, frontal lobes, corpus callosum, hippocampus, etc.). Thus, this study evaluated CASPR3 mRNA expression in SCZ subjects to find a new clue of schizophrenia pathogenesis. Methods: One hundred SCZ subjects and 100 age-matched controls were compared. Levels of CASPR3 mRNA in leukocytes were analysed with a quantitative real-time PCR method using TaqMan probes. Results: CASPR3 mRNA expression was significantly higher in leukocytes of SCZ subjects than controls. However, there were no significant correlations between expression level and any clinical parameters in 50 SCZ subjects. Conclusion: Considering that CASPR3 is involved in building the brain neural network and autophagy in circulating leukocytes, abnormal CASPR3 expression in SCZ subjects may be associated with the pathogenesis of SCZ. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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Title:
Connectivity to computers and the Internet among patients with schizophrenia spectrum disorders: A cross-sectional study.

Authors:
Välimäki, Maritta; Kuosmanen, Lauri; Hätönen, Heli; Koivunen, Marita; Pitkänen, Anneli; Athanasopoulou, Christina; Anttila, Minna;

Source:

Abstract
Purpose: Information and communication technologies have been developed for a variety of health care applications and user groups in the field of health care. This study examined the connectivity to computers and the Internet among patients with schizophrenia spectrum disorders (SSDs). Patients and methods: A cross-sectional survey design was used to study 311 adults with SSDs from the inpatient units of two psychiatric hospitals in Finland. The data collection lasted for 20 months and was done through patients’ medical records and a self-reported, structured questionnaire. Data analysis included descriptive statistics. Results: In total, 297 patients were included in this study (response rate = 96%). More than half of them (n = 156; 55%) had a computer and less than half of them (n = 127; 44%) had the Internet at home. Of those who generally had access to computers and the Internet, more than one-fourth (n = 85; 29%) used...
computers daily, and .30% (n = 96; 33%) never accessed the Internet. In total, approximately one-fourth of them (n = 134; 25%) learned to use computers, and less than one-third of them (n = 143; 31%) were known to use the Internet by themselves. Older people (aged 45–65 years) and those with less years of education (primary school) tended not to use the computers and the Internet at all (P < 0.001), and younger people and those with higher education were associated with more active use. Conclusion: Patients had quite good access to use computers and the Internet, and they mainly used the Internet to seek information. Social, occupational, and psychological functioning (which were evaluated with Global Assessment of Functioning) were not associated with access to and frequency of computer and the Internet use. The results support the use of computers and the Internet as part of clinical work in mental health care. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


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Suicide

Title:
Evaluating cognitive effort in a randomized controlled trial.

Authors:
Turner, Travis H.; Renfroe, Jenna B.; Morella, Kristen; Marriott, Bernadette P.; Bravo Working Group;

Source:

Abstract:
Many randomized controlled trials (RCTs) of neuropsychiatric conditions involve cognitive outcome measures; however, validity of cognitive data relies on adequate effort during testing, and such screening is seldom performed. Given well-established rates of 10 to 30% poor effort in clinical settings, this is not a trivial concern. This preliminary study evaluated effort during cognitive testing in an RCT of omega-3 supplementation to reduce suicidality in a high-risk psychiatric population. An interim analysis of sustained attentions measures from the Connors Performance Test (CPT-2) at baseline for the first 60 participants was conducted. Previously validated cut points to detect insufficient effort on the CPT-2 were applied. At baseline, 12% (7) were identified as giving poor effort. Follow-up analyses indicated less psychiatric distress and suicidality among those who gave poor effort. Results suggest comparable likelihood of a poor effort on cognitive testing in clinical and RCT participation. Reduced psychiatric distress in the poor effort group raises concern regarding interpretation of other measures. The importance of screening cognitive data for effort in RCTs is highlighted. Future studies will examine effort at follow-up visits, and explore relationships to attrition, adherence, and response to treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Constant observation of suicidal patients: The intervention we love to hate.

Authors:
Russ, Mark J.;

Source:
Journal of Psychiatric Practice, Vol 22(5), Sep, 2016 pp. 382-388. Publisher: Lippincott Williams & Wilkins;

Abstract:
Constant observation (CO) of psychiatric inpatients at risk for suicidal behavior has been criticized in the literature because of the absence of demonstrable effectiveness, associated costs, staff and patient acceptance, and related issues. Our inability to demonstrate effectiveness, however, is an ethical conundrum that cannot readily be solved. Frequent and often vociferous references in the literature to the absence of an evidence base for this intervention carries the risk that CO may be underutilized in particular clinical circumstances with untoward results. A case is made for shifting focus from the lack of evidence supporting CO to agreement on an observation protocol that achieves the desired goal of maximizing patient safety. A sample protocol is presented. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
National Initiative to Prevent Suicide (NIPS): A new proposal to improve the understanding and prevention of suicide.

Authors:
Preskorn, Sheldon H.;

Source:

Abstract:
Suicide is a staggering, tragic, and growing cause of death in the United States. Despite a government-led 20-year effort, the suicide rate increased by 25% between 1999 and 2014. To prevent suicide, it is essential to understand the biological factors—genetic and epigenetic—and environmental factors that
underlie it. To gain this increased understanding, the equivalent of the 'War on Cancer' initiative is needed. The War on Cancer initiative, which began in the 1970s, has transformed the treatments and outcomes of cancer, and the same could occur with a similar initiative on suicide. This article proposes a National Initiative to Prevent Suicide (NIPS), with the first step being the establishment of a National Suicide Database (NSD). The NSD would be established by a government-private partnership much as was done by the National Cancer Institute in the War on Cancer. The NSD would be established under the auspices of the National Institute of Mental Health and the Centers for Disease Control and Prevention. Approximately $600 million are currently spent annually by taxpayers in the United States to support the medicolegal death investigation system, composed of 3137 county coroner or medical examiner offices across the country. In their investigation of deaths due to suicide, these offices collect extensive information, including biological samples, from the >40,000 deaths due to suicide that occur each year. The proposal presented in this column calls for this material to be stored in the NSD so that vetted government and public/private researchers can investigate the causes of suicide. This information will make possible the development of new methods, including laboratory evaluations, for assessing suicide risk as well as new treatments to prevent suicide. In support of this proposed new initiative, this article/proposal reviews the current medicolegal death investigation system and recent advances in our understanding of the biological basis of suicide. The time for action on this proposal is now. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Thoughts and acts of self-harm, and suicidal ideation, in online gamblers.
Authors: Lloyd, Joanne; Hawton, Keith; Dutton, William H.; Geddes, John R.; Goodwin, Guy M.; Rogers, Robert D.;
Abstract: Gambling problems have been linked to suicidal ideation and enhanced risk of suicide attempts. However, we know very little about the factors associated with either thoughts or acts of self-harm amongst people who gamble. A web-based study of 4125 online gamblers (79% males; mean age 35.5 years), analysed using hierarchical multiple regression, revealed that self-reported non-gambling-related self-harm was negatively related to age and marital status, and positively related to problematic alcohol use. Self-reported acts of self-harm both related and unrelated to gambling were associated with drug misuse. Thoughts and acts of gambling-related self-harm were associated with problem gambling, gambling involvement and parental problem gambling. All types of self-harm were associated with mood disorder symptoms, unemployment and certain gambling motivations. When tailoring assessment and interventions for individuals at risk for gambling-related deliberate self-harm, it is important to recognize that contributory factors may include some that differ from those for deliberate self-harm in general, and that there is potential value in evaluating gambling involvement and motivations, and history of parental gambling. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Suicide during perinatal period: Epidemiology, risk factors, and clinical correlates.
Authors: Orsolini, Laura; Valchera, Alessandro; Vecchiotti, Roberta; Tomasetti, Carmine; Iasevoli, Felice; Fornaro, Michele; De Berardis, Domenico; Perna, Giampaolo; Pompili, Maurizio; Bellantuono, Cesario;
Abstract: Perinatal period may pose a great challenge for the clinical management and treatment of psychiatric disorders in women. In fact, several mental illnesses can arise during pregnancy and/or following childbirth. Suicide has been considered a relatively rare event during the perinatal period. However, in some mental disorders (i.e., postpartum depression, bipolar disorder, postpartum psychosis, etc.) have been reported a higher risk of suicidal ideation, suicide attempt, or suicide. Therefore, a complete screening of mothers’ mental health should also take into account thoughts of suicide and thoughts about
harming infants as well. Clinicians should carefully monitor and early identify related clinical manifestations, potential risk factors, and alarm symptoms related to suicide. The present paper aims at providing a focused review about epidemiological data, risk factors, and an overview about the main clinical correlates associated with the suicidal behavior during the pregnancy and postpartum period. Practical recommendations have been provided as well. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: A neural basis for the acquired capability for suicide.
Authors: Deshpande, Gopikrishna; Baxi, Madhura; Witte, Tracy; Robinson, Jennifer L.;
Abstract: The high rate of fatal suicidal behavior (SB) in men is an urgent issue as highlighted in the public eye via news sources and media outlets. In this study, we have attempted to address this issue and understand the neural substrates underlying the gender differences in the rate of fatal SB. The Interpersonal–Psychological Theory of Suicide has proposed an explanation for the seemingly paradoxical relationship between gender and SB, i.e., greater non-fatal suicide attempts by women but higher number of deaths by suicide in men. This theory states that possessing suicidal desire (due to conditions such as depression) alone is not sufficient for a lethal suicide attempt. It is imperative for an individual to have the acquired capability for suicide (ACS) along with suicidal desire in order to die by suicide. Therefore, higher levels of ACS in men may explain why men are more likely to die by suicide than women, despite being less likely to experience suicidal ideation or depression. In this study, we used activation likelihood estimation meta-analysis to investigate a potential ACS network that involves neural substrates underlying emotional stoicism, sensation-seeking, pain tolerance, and fearlessness of death, along with a potential depression network that involves neural substrates that underlie clinical depression. Brain regions commonly found in ACS and depression networks for males and females were further used as seeds to obtain regions functionally and structurally connected to them. We found that the male-specific networks were more widespread and diverse than the female-specific ones. Also, while the former involved motor regions, such as the premotor cortex and cerebellum, the latter was dominated by limbic regions. This may support the fact that suicidal desire generally leads to fatal/decisive action in males, while, in females, it manifests as depression, ideation, and generally non-fatal actions. The proposed model is a first attempt to characterize the neural networks underlying gender differences in SB. Future studies should examine the proposed network to better characterize and refine this network using tasks specifically targeted toward constructs underlying ACS. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2016-59694-001&site=ehost-live

Title: Suicide risk screening tools and the youth population.
Authors: Patterson, Sharon;
Abstract: Topic: The use of suicide risk screening tools is a critical component of a comprehensive approach to suicide risk assessment. Since nurses frequently spend more time with patients than any other healthcare professional, they are in key positions to detect and prevent suicidal behavior in youth. Purpose: To inform nurses about suicide risk screening tools for the youth population. Suicide risk screening tools are research-based standardized instruments that are used to identify people who may be at risk for suicide. Sources Used: A literature search was performed using the Athabasca University Library Resource, the databases of the Cumulative Index to Nursing and Allied Health Literature, ScienceDirect, and Google Scholar. Conclusions: Nurses are cautioned to utilize suicide risk screening tools as only part of the suicide risk assessment in youth populations and avoid the danger of relying on tools that may result in a
blind application of evidence to the detriment of clinical experience and judgement. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

**Title:**
Family support and mental health service use among suicidal adolescents.

**Authors:**
LeCloux, Mary; Maramaldi, Peter; Thomas, Kristie; Wharff, Elizabeth;

**Source:**

**Abstract:**
Despite the fact that multiple evidence-based treatments exist for suicidal adolescents, these youth are unlikely to engage in mental health treatment. While family members can be influential in connecting adolescents to mental health care, suicidal youth are more likely to be exposed to family environments characterized by abuse, neglect, and to have poorer parent–child attachment quality than non-suicidal youth. This study analyzed data from the National Longitudinal Study of Adolescent to Adult Health (Add Health) to examine the relationships between perceived levels of parental support, symptom severity, and mental health service use in a nationally representative sample of suicidal adolescents in the U.S. (n = 1804). Higher levels of parental support were associated with a lower likelihood of mental health service use, lower levels of depression, and lower likelihood of an actual suicide attempt. Additionally, the presence of a suicide attempt and higher levels of depression were associated with a higher likelihood of mental health service use. When mediation effects were tested, the presence of a suicide attempt partially mediated the relationship between parental support and mental health service use. Implications discussed include the protective nature of parental support the need for more family-based interventions for this population. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

**Title:**
Suicide and self-harm by drowning: A review of the literature.

**Authors:**
Haw, Camilla; Hawton, Keith;

**Source:**
Archives of Suicide Research, Vol 20(2), Apr, 2016 pp. 95-112. Publisher: Taylor & Francis;

**Abstract:**
The objectives of this study were to carry out a comprehensive review of the worldwide literature on suicidal behaviour by drowning. Systematic electronic searches of databases using various search terms were carried out. Recent trends in suicide and undetermined deaths due to drowning in England and Wales are described. The characteristics of patients presenting to the general hospital in Oxford, UK following attempted drowning are compared with self-poisoning patients. A total of 20 studies containing empirical data about suicide by drowning were identified, mainly concerning Western countries. Drowning suicides have declined in most countries in recent years. The proportion of undetermined deaths remains high. Drowning suicides and self-harm patients tend to be older, with only a small excess of males compared to those using other methods. This is an under-researched area that deserves good quality studies focusing upon prevention. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

**Title:**
Using data linkage to investigate inconsistent reporting of self-harm and questionnaire non-response.

**Authors:**
Mars, Becky; Cornish, Rosie; Heron, Jon; Boyd, Andy; Crane, Catherine; Hawton, Keith; Lewis, Glyn; Tilling, Kate; Macleod, John; Gunnell, David;

**Source:**
Archives of Suicide Research, Vol 20(2), Apr, 2016 pp. 113-141. Publisher: Taylor & Francis;

**Abstract:**
The objective of this study was to examine agreement between self-reported and medically recorded self-harm, and investigate whether the prevalence of self-harm differs in questionnaire responders vs. non-
responders. A total of 4,810 participants from the Avon Longitudinal Study of Parents and Children (ALSPAC) completed a self-harm questionnaire at age 16 years. Data from consenting participants were linked to medical records (number available for analyses ranges from 205–3,027). The prevalence of self-harm leading to hospital admission was somewhat higher in questionnaire non-responders than responders (2.0 vs. 1.2%). Hospital attendance with self-harm was under-reported on the questionnaire. One third reported self-harm inconsistently over time; inconsistent reporters were less likely to have depression and fewer had self-harmed with suicidal intent. Self-harm prevalence estimates derived from self-report may be underestimated; more accurate figures may come from combining data from multiple sources. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Authors:
Carpenter, Belinda; Bond, Christine; Tait, Gordon; Wilson, Moira; White, Kris;

Source:
Archives of Suicide Research, Vol 20(2), Apr, 2016 pp. 176-190. Publisher: Taylor & Francis;

Abstract:
The objective of this study is to address the question: are those who leave suicide notes representative of the larger population of those who commit suicide? The method involves an analysis of a full population of suicides by residents of Queensland, Australia for the full year of 2004, with the information drawn from Coronial files. Our overall results suggest that, and in support of previous research, the population who leaves suicide notes are remarkably similar to those who do not. Differences are identified in four areas: first, and in contrast to prior research, females are less likely to leave a suicide note; second, and in support of previous research, Aboriginal Australians are less likely to leave suicide notes; third, and in support of some previous research, those who use gas as a method of suicide are more likely to leave notes, while those who use a vehicle or a train are less likely to leave notes; finally, our findings lend support to research which finds that those with a diagnosed mental illness are less likely to leave notes. The discussion addresses some of the reasons these disparities may have occurred, and continues the debate over the degree to which suicide notes give insight into the larger suicide population. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Clinical features, psychiatric assessment, and longitudinal outcome of suicide attempters admitted to a tertiary emergency hospital.

Authors:
Ferreira, Alcinéia Donizeti; Sponholz, Alcion Jr.; Mantovani, Célia; Pazin-Filho, Antônio; Passos, Afonso Dinis Costa; Botega, Neury José; Del-Ben, Cristina Marta;

Source:
Archives of Suicide Research, Vol 20(2), Apr, 2016 pp. 191-204. Publisher: Taylor & Francis;

Abstract:
The objective of this study was to characterize admissions to an emergency hospital due to suicide attempts and verify outcomes in 2 years. Data were collected from medical records and were analyzed using descriptive statistics and logistic regression. The sample consisted of 412 patients (58.7% women; mean age = 32.6 years old, SD = 14.3). Self-poisoning was the most frequent method (84.0%), and they were diagnosed mainly as depressive (40.3%) and borderline personality disorders (19.1%). Previous suicide attempts and current psychiatric treatment were reported by, respectively, 32.0% and 28.4%. Fifteen patients (3.6%, 9 males) died during hospitalization. At discharge, 79.3% were referred to community-based psychiatric services. Being male (OR = 2.11; 95% CI = 1.25–3.55), using violent methods (i.e., hanging, firearms, and knives) (OR = 1.96; 95% CI = 1.02–3.75) and psychiatric treatment history (OR = 2.58; 95% CI = 1.53–4.36) were predictors for psychiatric hospitalization. Of 258 patients followed for 2 years, 10 (3.9%) died (3 suicide), and 24 (9.3%) undertook new suicide attempts. Patients with a history of psychiatric treatment had higher risks of new suicide attempts (OR = 2.46, 95% CI = 1.07–5.65). Suicide attempters admitted to emergency hospitals exhibit severe psychiatric disorders, and despite interventions, they continue to present high risks for suicide attempts and death. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


The association of alcohol use disorders with suicidal ideation and suicide attempts in a population-based sample with mood symptoms.

Authors:
Sung, Yoon-kyu; La Flair, Lareina N.; Mojtahai, Ramin; Lee, Li-Ching; Spivak, Stanislav; Crum, Rosa M.;

Source:

Abstract:
Using population-based data, we examined associations between alcohol use disorders (AUD) and suicidality, assessing effect modification by mood disorders, and mediation by drinking level. Suicidality was assessed among current drinkers with 2-weeks of low mood (n = 9,173) in the National Epidemiologic Survey on Alcohol and Related Conditions. Independent of mood disorder, alcohol dependence, was associated with suicidal ideation (adjusted odds ratio [AOR] = 1.64; 95% confidence interval [CI] = 1.25–2.14), and suicide attempts (AOR = 2.02; CI = 1.43–2.85) relative to those without AUD. Findings indicate partial mediation by consumption. Associations between AUD and suicidality among those with low mood are not explained by comorbid mood disorder, but are partially mediated by drinking level. Future studies should evaluate transitions in suicidality with change in consumption. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Co-occurring non-suicidal self-injury and firesetting among at-risk adolescents: Experiences of negative life events, mental health problems, substance use, and suicidality.
Authors: Tanner, Alicia; Hasking, Penelope; Martin, Graham;
Abstract: Co-occurring internalizing and externalizing problem behaviors in adolescence typically marks more severe psychopathology and poorer psychosocial functioning than engagement in a single problem behavior. We examined the negative life events, emotional and behavioral problems, substance use, and suicidality of school-based adolescents reporting both non-suicidal self-injury (NSSI) and repetitive firesetting, compared to those engaging in either behavior alone. Differences in NSSI characteristics among self-injurers who set fires, compared to those who did not, were also assessed. A total of 384 at-risk adolescents aged 12–18 years (58.8% female) completed self-report questionnaires measuring NSSI, firesetting, and key variables of interest. Results suggest that adolescents who both self-injure and deliberately set fires represent a low-prevalence but distinct high-risk subgroup, characterized by increased rates of interpersonal difficulties, mental health problems and substance use, more severe self-injury, and suicidal behavior. Implications for prevention and early intervention initiatives are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Attitudes toward assisted suicide: Does family context matter?
Authors: Frey, Laura M.; Hans, Jason D.;
Abstract: Little is known about how family-related contextual variables impact attitudes toward assisted suicide. A probability sample (N = 272) responded to a multiple-segment factorial vignette designed to examine the effects of 6 variables—patient sex, age, type of illness, relationship status, parenthood status, and family support—on attitudes toward physician- and family-assisted suicide. Respondents were more likely to support physician-assisted suicide if they heard about an older patient or a patient experiencing physical pain than a younger patient or one suffering from depression, respectively. For family-assisted suicide, respondent support was higher when the patient had physical pain than depression, and when the patient’s spouse or friend was supportive of the wish to die than unsupportive. Attitudes about physician and family obligation to inform others were affected by type of illness, relationship status, family support, and respondent education and religiosity. The experience of pain, motivations for family involvement, confidentiality issues, and physicians’ biases concerning assisted suicide are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: The association between anhedonia, suicidal ideation, and suicide attempts in a large student sample.
Authors: Winer, E. Samuel; Drapeau, Christopher W.; Veilleux, Jennifer C.; Nadorff, Michael R.;
Abstract: Depression is a significant risk factor for suicide. Evidence suggests that anhedonia may be a symptom of depression that is uniquely associated with suicidality. However, exactly how anhedonia is related to suicide is unclear. To provide more specific evidence regarding this association, we investigated relationships between anhedonia, suicidal ideation, and suicide attempts. A large combined undergraduate sample completed the novel Specific Loss of Interest and Pleasure Scale (SLIPS), the Center of Epidemiological Studies Depression Scale (CES-D), and the Suicidal Behaviors Questionnaire—Revised (SBQ-R). Anhedonia was associated with suicidal ideation, even when accounting for depressive symptoms. Additionally, anhedonia was not associated with suicide attempts when symptoms of depression were held constant. The current study provides novel evidence regarding the relationship between anhedonia and risk of attempting suicide. Future research can examine the role anhedonia plays in the unfolding of suicidal behavior over time. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Differences in physicians' and nurses' recent suicide attempts: An exploratory study.
Authors: Braquehais, María Dolores; Eiroa-Orosa, Francisco José; Holmes, Kristin M.; Lusilla, Pilar; Bravo, Maria; Mozo, Xulián; Mezzatesta, Marcela; Casanovas, Marta; Pujol, Tània; Sher, Leo;
Abstract: The aim of this study was to examine the characteristics of physicians’ and nurses’ suicide attempts (SA). A retrospective review of 493 medical records of physicians and nurses admitted to an inpatient unit for health professionals; 36 patients had a recent SA. Depression, cluster B and C personality disorders, and a history of previous SA were more prevalent in patients with a recent SA compared to those without it. Both professional groups preferred drug overdose as a suicide method. Physicians made more lethal attempts and had a history of more previous stressors than nurses. Depression, cluster B and C personality disorders, and previous SA should be appropriately screened and treated in order to prevent SA amongst physicians and nurses. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


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Title: Developing a broad categorisation scheme to describe risk factors for mental illness, for use in prevention policy and planning.

Authors: Furber, Gareth; Leach, Matthew; Guy, Sophie; Segal, Leonie;


Abstract
Objectives: The prevention of mental illness involves identifying and modifying those characteristics and exposures of an individual that threaten their mental health—commonly referred to as risk factors. Existing categorisations of risk factors for mental illness are either limited in their scope or oversimplified in their description. As part of a large mental health workforce and service planning project, we set out to develop a more detailed and comprehensive categorisation scheme to describe risk factors for mental illness.

Methods: We conducted a rapid review of MEDLINE and Google Scholar for meta-analytic studies that examined the characteristics and exposures that typify the population with mental illness in order to identify and categorise potential risk factors. Results: The search uncovered 1628 relevant studies, from which 10 primary and 23 secondary categories of risk factors were identified, ranging from genetic and biomedical to psychological and sociocultural. The review revealed interesting distortions in the focus of the literature, with the majority of studies focused on a few disorders (schizophrenia, depression and neurodegenerative disorders) and genetic, psychological and physiological risks. In contrast, environmental (e.g. media exposure) and occupational (e.g. employee health) were under-represented.

Conclusion: The categorisation scheme developed in this paper is a step towards a more detailed taxonomy of risk factors for mental illness; this will be most useful in guiding clinicians, researchers and policy-makers in driving the prevention agenda forward. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Embracing comprehensive mental health and social services programs to serve children under California’s Mental Health Services Act.

Authors: Cordell, Katharan D.; Snowden, Lonnie R.;

Source: Administration and Policy in Mental Health and Mental Health Services Research, Vol 44(2), Mar, 2017 pp. 233-242. Publisher: Springer; [Journal Article]

Abstract
Authorized under California’s Mental Health Services Act (MHSA) of 2004, full service partnership (FSP) programs address social welfare and other human service needs of seriously mentally ill adults and children who are especially socially and economically vulnerable or who are untreated or insufficiently treated. Because FSP enrollment should reflect greater individual and community distress, we investigated whether counties’ enrollment of children into FSPs came from mental health system caseloads with higher crisis use, assessed trauma and substance abuse problems; and from counties which had more foster care placement, more child poverty, lower median household incomes and more unemployment. We addressed these questions in 36 counties over 34 quarters after MHSA’s onset. Results indicated greater FSP enrollment for children was associated with higher county unemployment and foster care placement rates and with mental health systems which had increasing children’s crisis rates over the study period. These findings suggest that underservice and community adversity prompt officials to adopt and make greater use of children’s FSP programming, in keeping with MHSA’s intentions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Mechanisms of change in the ARC organizational strategy: Increasing mental health clinicians’ EBP adoption through improved organizational culture and capacity.

Authors: Williams, Nathaniel J.; Gilsson, Charles; Hemmelgarn, Anthony; Green, Philip;

Source: Administration and Policy in Mental Health and Mental Health Services Research, Vol 44(2), Mar, 2017 pp. 269-283. Publisher: Springer; [Journal Article]

Abstract
The development of efficient and scalable implementation strategies in mental health is restricted by poor understanding of the change mechanisms that increase clinicians’ evidence-based practice (EBP) adoption. This study tests the cross-level change mechanisms that link an empirically-supported organizational strategy for supporting implementation (labeled ARC for Availability, Responsiveness, and Continuity) to mental health clinicians’ EBP adoption and use. Four hundred seventy-five mental health clinicians in 14 children’s mental health agencies were randomly assigned to the ARC intervention or a control condition. Measures of organizational culture, clinicians’ intentions to adopt EBPs, and job-related EBP barriers were collected before, during, and upon completion of the three-year ARC intervention. EBP adoption and use were assessed at 12-month follow-up. Multilevel mediation analyses tested changes in organizational culture, clinicians’ intentions to adopt EBPs, and job-related EBP barriers as linking mechanisms explaining the effects of ARC on clinicians’ EBP adoption and use. ARC increased clinicians’ EBP adoption (OR = 3.19, p = .003) and use (81 vs. 56 %, d = .79, p = .003) at 12-month follow-up. These effects were mediated by improvement in organizational proficiency culture leading to increased clinician intentions to adopt EBPs and by reduced job-related EBP barriers. A combined mediation analysis indicated the organizational culture-EBP intentions mechanism was the primary carrier of ARC’s effects on clinicians’ EBP adoption and use. ARC increases clinicians’ EBP adoption and use by creating proficient organizational cultures that increase clinicians’ intentions to adopt EBPs. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Attending to physical health in mental health services in Australia: A qualitative study of service users’ experiences and expectations.

Authors: Young, Sarah J.; Praskova, Anna; Hayward, Nicky; Patterson, Sue;


Abstract
Evidence is unequivocal: the premature death of people with severe mental health problems is attributable primarily to cardiovascular disease, and healthcare provided is often suboptimal. With the overarching aim of improving outcomes, policies and guidelines oblige mental health services and psychiatrists to monitor cardio-metabolic health of patients and intervene as appropriate. Practice is highly variable; however, with ongoing debate about resourcing and responsibilities dominated by clinicians who have identified disinterest among patients as influencing practice. Seeking to balance discussion, we posed the question ‘what do patients experience and expect of mental health services in relation to their physical health?’ To answer it, we interviewed a convenience sample of 40 service users recruited from a mental health service in Australia, early in 2015. Data were analysed using the framework approach. With few regarding themselves as healthy, participants were commonly concerned about side effects of medication, weight and fitness but rarely mentioned tobacco smoking. Participants’ accounts reinforce extensive research demonstrating variability in attention to physical health in mental health services. Reports by some participants of comprehensive care are encouraging, but widespread uncertainty about reasons for various assessments and denial of requests for management of medication side effects, including weight gain, gives cause for concern. Although participants in this study wanted to improve their health and health-related quality of life, they acknowledged that their motivation and ability to do so fluctuated with mental health. They expected clinicians to work proactively, especially when symptoms compromised capacity for self-care, and mental health services to provide or enable access to health-promoting interventions. Attention should be given, as a matter of priority, to creating conditions (culture and infrastructure) needed to support sustained attention to physical health within services and, importantly, to
Title:
Understanding barriers to initial treatment engagement among underserved families seeking mental health services.

Authors:
Ofonedu, Mirian E.; Belcher, Harolyn M. E.; Budhathoki, Chakra; Gross, Deborah A.;

Source:

Abstract
This mixed method study examined factors associated with parents not attending their child’s mental health treatment after initially seeking help for their 2–5 year old child. It was part of a larger study comparing two evidence-based treatments among low-income racial/ethnic minority families seeking child mental health services. Of 123 parents who initiated mental health treatment (71 % African American or multi-racial; 97.6 % low-income), 36 (29.3 %) never attended their child’s first treatment session. Socio-demographic characteristics, parenting stress, depression, severity of child behavior problems, and length of treatment delay from intake to first scheduled treatment session were compared for families who did and did not attend their first treatment session. Parents who never attended their child’s first treatment session were more likely to live with more than four adults and children (p = .007) and have more depressive symptoms (p = .003). Median length of treatment delay was 80 days (IQR = 55) for those who attended and 85 days (IQR = 67.5) for those who did not attend their child’s first treatment session (p = .142). Three themes emerged from caregiver interviews: (a) expectations about the treatment, (b) delays in getting help, and (c) ambivalence about research participation. Findings suggest the need to develop better strategies for addressing risk factors early in the treatment process and reducing the length of time families with adverse psychosocial circumstances must wait for child mental health treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Complementary primary mental health programs for young people in Australia: Access to Allied Psychological Services (ATAPS) and headspace.

Authors:
Bassilios, Bridget; Telford, Nicolas; Rickwood, Debra; Spittal, Matthew J.; Pirkis, Jane;

Source:

Abstract
Objective: Access to Allied Psychological Services (ATAPS) was introduced in 2001 by the Australian Government to provide evidence-based psychological interventions for people with high prevalence disorders. headspace, Australia’s National Youth Mental Health Foundation, was established in 2006 to promote and facilitate improvements in the mental health, social wellbeing and economic participation of young people aged 12–25 years. Both programs provided free or low cost psychological services. This paper aims to describe the uptake of psychological services by people aged 12–25 years via ATAPS and headspace, the characteristics of these clients, the types of services received and preliminary client outcomes achieved. Methods: Data from 1 July 2009 to 30 June 2012 were sourced from the respective national web-based minimum datasets used for routine data collection in ATAPS and headspace. Results: In total, 20,156 and 17,337 young people accessed two or more psychological services via ATAPS and headspace, respectively, in the 3-year analysis period. There were notable differences between the clients of, and the services delivered by, the programs. ATAPS clients were less likely to be male (31 vs 39%) and to reside in major cities (51 vs 62%) than headspace clients; ATAPS clients were also older (18–21 vs 15–17 years modal age group). There was some variation in the number and types of psychological sessions that young people received via the programs but the majority received at least one session of cognitive behavioural therapy. Based on limited available outcome data, both programs appear to have produced improvements in clients’ mental health; specifically, psychological distress as assessed by the
Kessler-10 (K-10) was reduced. Conclusions: ATAPS and headspace have delivered free or low-cost psychological services to 12–25 year olds with somewhat different characteristics. Both programs have had promising effects on mental health. ATAPS and headspace have operated in a complementary fashion to fill a service gap for young people. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Register-based study of the incidence, comorbidities and demographics of obsessive-compulsive disorder in specialist healthcare.
Authors: Rintala, Hanna; Chudal, Roshan; Leppämäki, Sami; Leivonen, Susanna; Hinkka-Yli-Salomäki, Susanna; Sourander, Andre;
Abstract
Background: Incidence of obsessive-compulsive disorder (OCD) has been suspected to increase but nationwide epidemiological studies are limited. This study aims to examine sex-specific incidence time trends and characterize psychiatric and neurodevelopmental comorbidities and sociodemographic risk factors of OCD in specialist healthcare in Finland. Methods: A nationwide register-based study using data from four Finnish registers identified 3372 OCD cases and 13,372 matched controls (1:4). Cumulative incidence in subjects born between 1987 and 2001 was estimated at ages of 10, 15, 20 and 23 years. Conditional logistic regression was used to examine the sociodemographic factors. Results: The cumulative incidence of OCD was 0.4% by age 23. Incidence by age 15 among three cohorts increased from 12.4 to 23.7/10000 live born males and 8.5 to 28.0/10000 live born females. 73% of the sample had a comorbid condition. Males were significantly more comorbid with psychotic and developmental disorders; females were more comorbid with depressive and anxiety disorders (p < 0.001). Higher maternal SES was associated with an increased risk of OCD (OR 1.4; 95% CI 1.1–1.6). Conclusions: These findings suggest that incidence of treated OCD in specialist healthcare has increased. The reason may be increased awareness and rate of referrals but a true increase cannot be ruled out. Further research on risk factors of OCD is warranted. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Latent class analysis of need descriptors within an Irish youth mental health early intervention program toward a typology of need.
Authors: Peiper, Nicholas; Illback, Robert J.; O'Reilly, Aileen; Clayton, Richard;
Abstract
Aim: Significant overlap and comorbidity has been demonstrated among young people with mental health problems. This paper examined demographic characteristics, heterogeneity of need descriptors and services provided among young people (12–25 years) engaging in brief interventions at Jigsaw in the Republic of Ireland. Method: Between 1 January 2013 and 31 December 2013, a total of 2571 young people sought help from 1 of 10 Jigsaw sites. Of these, 1247 engaged in goal-focused brief interventions, typically consisting of one to six face-to-face sessions. Descriptive statistics were used to summarize social and demographic factors. Latent class analysis was used to cluster young people into relevant typologies of presenting issues. Multinomial logistic regression was then performed to determine significant predictors of class membership. Results: The most common age of young people was 16. More women (59.6%) than men engaged in brief interventions, 56% attended school, 74% lived with their family of origin or with one parent, and 54.2% came from families where parents were married. Using established fit criteria, four relevant typologies emerged: Developmental (26.8%), Comorbid (15.8%), Anxious (42.7%) and Externalising (14.6%). Predictors varied by class membership, but general family problems and lack
of adult support emerged as the strongest predictors for all classes. Conclusion: This study demonstrated that the mental health needs of young people in Ireland are significant and diverse. Because Jigsaw favours a more descriptive approach to problem identification, the four typologies suggest a need to determine program capacity in engaging youth with heterogeneous presenting issues and to tailor brief interventions to each group's clinical profiles. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Not outsider artists—Just artists.
Authors: Brady, Lizz;
Abstract
The article presents the author's experiences in a psychiatric ward. The author was admitted to hospital for a short stay on a psychiatric ward. Difficulties with settling into a new city, complications with medication, loneliness, and huge waiting lists for therapy were the catalyst for a downward spiral towards breaking point. The days spent in hospital dragged, and the only thing author looked forward to was using the art room. The art room was colorful and quiet, but it didn't satisfy the author's needs to create. The patients were encouraged to use coloring books and enjoy finger painting, which author felt was infantilising them. While in hospital, author would continuously write to get dark thoughts out of the head. One line that was prominent for the author was 'and his head split open to reveal nothing, only spiders, tiny black spiders and broken grey wires, maybe a little dust'. The author was drawn to the phrase 'broken grey wires' and the implications it could have. Finally, author had a name for the organization he had been dreaming of. The author aim for Broken Grey Wires is to open up a dialogue and provide inspiration and opportunities for people with mental health difficulties. Author believes the work he do helps to decrease and eliminate the stigma surrounding mental health. Creating high quality, professional art, and helping others create the same, provides a new perspective on what people with mental health difficulties can achieve. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Reduction in adolescent depression after contact with mental health services: A longitudinal cohort study in the UK.
Authors: Neufeld, Sharon A. S.; Dunn, Valerie J.; Jones, Peter B.; Croudace, Tim J.; Goodyer, Ian M.;
Abstract
Background: Evidence regarding the association between service contact and subsequent mental health in adolescents is scarce, and previous findings are mixed. We aimed to longitudinally assess the extent to which depressive symptoms in adolescents change after contact with mental health services. Methods: As part of a longitudinal cohort study, between April 28, 2005, and March 17, 2010, we recruited 1238 14-year-old adolescents and their primary caregivers from 18 secondary schools in Cambridgeshire, UK. Participants underwent follow-up assessment at months 18 and 36. Trained researchers assessed the adolescents for current mental disorder using the Schedule for Affective Disorders and Schizophrenia for School-Age Children Present and Lifetime version (K-SADS-PL). Caregivers and adolescents self-reported depressive symptoms (Mood and Feelings Questionnaire [MFQ]) at each timepoint. We assessed change in MFQ sum scores from baseline contact with mental health services using multilevel mixed-effects regression adjusted for sociodemographic, environmental, individual, and mental health confounders, with multiple imputation of missing data. We used propensity score weighting to balance confounders between treatment (users of mental health services) and control (non-users of mental health services) groups. We implemented an MFQ clinical cutoff following the results of receiver operating characteristic analysis. Findings: 14-year-old adolescents who had contact with mental health services in the past year had a
greater decrease in depressive symptoms than those without contact (adjusted coefficient −1·68, 95% CI −3·22 to −0·14; p = 0·033). By age 17 years, the odds of reporting clinical depression were more than seven times higher in individuals without contact than in service users who had been similarly depressed at baseline (adjusted odds ratio 7·38, 1·73–31·50; p = 0·0069). Interpretation: Our findings show that contact with mental health services at age 14 years by adolescents with a mental disorder reduced the likelihood of depression by age 17 years. This finding supports the improvement of access to adolescent mental health services. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Hospitalization cost of conventional psychiatric care compared to broad-spectrum micronutrient treatment: Literature review and case study of adult psychosis.

Authors:
Kaplan, Bonnie J.; Isaranuwatchai, Wanrudee; Hoch, Jeffrey S.;

Source:

Abstract
Background: Healthcare costs are skyrocketing, with mental health treatment amongst the most expensive, especially when hospitalization is involved. According to the Mental Health Commission of Canada, one in five Canadians is living with a mental disorder in any given year, at an annual cost of $50 billion. In light of this societal burden, alternative approaches are being evaluated, such as brief psychotherapy by phone, peer support, and, as part of the emerging field of nutritional mental health, treatment with micronutrients (minerals and vitamins). Effectiveness of micronutrients has been demonstrated for many types of psychiatric symptoms, in about 45 studies of formulas that are either multinutrient (e.g., several B vitamins) or broad-spectrum (usually over 20 minerals and vitamins). Although this literature demonstrates therapeutic benefits, the potential economic impact of micronutrient treatment has been evaluated in only one case study of childhood psychosis. Methods: The current case study was initiated to evaluate mental health-related hospitalization costs from 1997 to 2003 for a female adult diagnosed with various mood and psychotic symptoms. She was treated for the first 5 years with conventional methods and then subsequently with a broad-spectrum micronutrient formula. Results: The patient's annual mental health hospitalization costs during conventional treatment averaged $59,864 across 5 years (1997–2001), with a peak annual cost of about $140,000. Since transitioning to broad-spectrum micronutrients, she has incurred no provincial hospitalization costs for mental health care, though her self-funded costs are currently $720/year for the micronutrients. Conclusion: Further exploration of the treatment of mental health problems with broad-spectrum micronutrient formulas has the potential to make two significant contributions: improved mental health, and decreased costs for governments. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
An Integrated Recovery-oriented Model (IRM) for mental health services: Evolution and challenges.

Authors:
Frost, Barry G.; Tirupati, Srinivasan; Johnston, Suzanne; Turrell, Megan; Lewin, Terry J.; Sly, Ketrina A.; Conrad, Agatha M.;

Source:

Abstract
Background: Over past decades, improvements in longer-term clinical and personal outcomes for individuals experiencing serious mental illness (SMI) have been moderate, although recovery has clearly been shown to be possible. Recovery experiences are inherently personal, and recovery can be complex and non-linear; however, there are a broad range of potential recovery contexts and contributors, both non-professional and professional. Ongoing refinement of recovery-oriented models for mental health (MH) services needs to be fostered. Discussion: This descriptive paper outlines a service-wide Integrated Recovery-oriented Model (IRM) for MH services, designed to enhance personally valued health, wellbeing and social inclusion outcomes by increasing access to evidenced-based psychosocial interventions (EBIs)
within a service context that supports recovery as both a process and an outcome. Evolution of the IRM is characterised as a series of five broad challenges, which draw together: relevant recovery perspectives; overall service delivery frameworks; psychiatric and psychosocial rehabilitation approaches and literature; our own clinical and service delivery experience; and implementation, evaluation and review strategies. The model revolves around the person's changing recovery needs, focusing on underlying processes and the service frameworks to support and reinforce hope as a primary catalyst for symptomatic and functional recovery. Within the IRM, clinical rehabilitation (CR) practices, processes and partnerships facilitate access to psychosocial EBIs to promote hope, recovery, self-agency and social inclusion. Core IRM components are detailed (remediation of functioning; collaborative restoration of skills and competencies; and active community reconnection), together with associated phases, processes, evaluation strategies, and an illustrative IRM scenario. The achievement of these goals requires ongoing collaboration with community organisations. Conclusions: Improved outcomes are achievable for people with a SMI. It is anticipated that the IRM will afford MH services an opportunity to validate hope, as a critical element for people with SMI in assuming responsibility and developing skills in self-agency and advocacy. Strengthening recovery-oriented practices and policies within MH services needs to occur in tandem with wide-ranging service evaluation strategies. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Predictors of long term use of psychiatric services of patients with recent-onset schizophrenia: 12 years follow-up.
Authors: Sigrúnarson, Víðir; Gråwe, Rolf W.; Lydersen, Stian; Morken, Gunnar;
Abstract
Background: The aim of study was to investigate predictors of long term use of psychiatric services of patients with recent-onset schizophrenia. Methods: A cohort of 50 clinically stable patients with recent-onset schizophrenia was included in a randomized controlled trial comparing early integrated treatment with treatment as usual. Recent onset was defined as emergence of psychotic symptoms for the first time during the preceding 2 years. The follow up period was from the date of randomization and until 12 years after termination of treatment trial, 14 years forward. Results: Score on Brief psychiatric rating scale both at baseline and after 2 years of treatment, suicide attempts during 2 years of treatment and being an inpatient during 2 years of treatment were significant predictors of long term use of services. Conclusion: High score on Brief psychiatric rating scale, suicide attempts and being admitted as inpatient early in the course of schizophrenia are possible predictors of long term use of services. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Challenges for nurses who work in community mental health centres in the West Bank, Palestine.
Authors: Marie, Mohammad; Hannigan, Ben; Jones, Aled;
Abstract
Background: Nurses in Palestine (occupied Palestinian territory) work in a significantly challenging environment. The mental health care system is underdeveloped and under-resourced. For example, the total number of nurses who work in community mental health centres in the West Bank is seventeen, clearly insufficient in a total population of approximately three million. This research explored daily challenges that Palestinian community mental health nurses (CMHNs) face within and outside their demanding workplaces. Methods: An interpretive qualitative design was chosen. Face-to-face interviews were completed with fifteen participants. Thirty-two hours of observations of the day-to-day working environment and workplace routines were conducted in two communities’ mental health centres. Written
documents relating to practical job-related policies were also collected from various workplaces. Thematic analysis was used across all data sources resulting in four main themes, which describe the challenges faced by CMHNs. Results and conclusion: These themes consist of the context of unrest, stigma, lack of resources, and organisational or mental health system challenges. The study concludes with a better understanding of challenges in nursing which draws on wider cultural contexts and resilience. The outcomes from this study can be used to decrease the challenges for health professionals and enhance the mental health care system in Palestine. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Social context in mental health service use among young adults.
Authors: Ben-David, Shelly; Cole, Andrea; Spencer, Renée; Jaccard, James; Munson, Michelle R.;
Abstract
Examining the sources of health communication that young adults with mental health challenges receive regarding service use is critical to curbing the societal concern of unmet mental health needs of this population. Semistructured interviews were conducted with 59 young adults, all of whom were diagnosed with a mood disorder and used public mental health services and additional public systems of care during childhood. Thematic analysis was utilized. Of the 59 participants, 45 nominated at least one supportive adult, with a total of 97 relationships analyzed. Results indicate that the majority of messages came from informal supports (e.g., family) who spoke positively about mental health services. Fewer messages came from formal supports (e.g., professionals). Messages included statements surrounding beliefs toward services, social norms (approval and disapproval), self-efficacy, and image considerations around using services. These findings can suggest ways that mental health service engagement interventions can leverage communication from informal supports. Future research can explore what messages young adults find most influential in persuading them to use mental health care consistently and the relationship between messages and health behavior. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Promoting personal recovery in people with persisting psychotic disorders: Development and pilot study of a novel digital intervention.
Authors: Thomas, Neil; Farhall, John; Foley, Fiona; Leitan, Nuwan Dominic; Villagonzalo, Kristi-Ann; Ladd, Emma; Nunan, Cassy; Farnan, Sue; Frankish, Rosalie; Smark, Tara; Rossell, Susan L.; Sterling, Leon; Murray, Greg; Castle, David Jonathon; Kyrios, Michael;
Abstract
Background: For people with persisting psychotic disorders, personal recovery has become an important target of mental health services worldwide. Strongly influenced by mental health service consumer perspectives, personal recovery refers to being able to live a satisfying and contributing life irrespective of ongoing symptoms and disability. Contact with peers with shared lived experience is often cited as facilitative of recovery. We aimed to develop and pilot a novel recovery-based digitally supported intervention for people with a psychotic illness. Methods: We developed a website to be used on a tablet computer by mental health workers to structure therapeutic discussions about personal recovery. Central to the site was a series of video interviews of people with lived experience of psychosis discussing how they had navigated issues within their own recovery based on the Connectedness–Hope–Identity–Meaning–Empowerment model of recovery. We examined the feasibility and acceptability of an 8-session low intensity intervention using this site in 10 participants with persisting psychotic disorders and conducted a proof-of-concept analysis of outcomes. Results: All 10 participants completed the full course of sessions, and it was possible to integrate use of the website into nearly all sessions. Participant feedback confirmed that use of the website was a feasible and acceptable way of working. All participants
stated that they would recommend the intervention to others. Post-intervention, personal recovery measured by the Questionnaire for the Process of Recovery had improved by an average standardized effect of \( d = 0.46, 95\% \text{ CI } [0.07, 0.84], \) and 8 of the 10 participants reported that their mental health had improved since taking part in the intervention. Conclusion: In-session use of digital resources featuring peer accounts of recovery is feasible and acceptable and shows promising outcomes. A randomized controlled trial is the next step in evaluating the efficacy of this low intensity intervention when delivered in conjunction with routine mental health care. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
The mental health recovery measure can be used to assess aspects of both customer-based and service-based recovery in the context of severe mental illness.

Authors:
Oliveira-Maia, Albino J.; Mendonça, Carina; Pessoa, Maria J.; Camacho, Marta; Gago, Joaquim;

Source:

Abstract
Within clinical psychiatry, recovery from severe mental illness (SMI) has classically been defined according to symptoms and function (service-based recovery). However, service-users have argued that recovery should be defined as the process of overcoming mental illness, regaining self-control and establishing a meaningful life (customer-based recovery). Here, we aimed to compare customer-based and service-based recovery and clarify their differential relationship with other constructs, namely needs and quality of life. The study was conducted in 101 patients suffering from SMI, recruited from a rural community mental health setting in Portugal. Customer-based recovery and function-related service-based recovery were assessed, respectively, using a shortened version of the Mental Health Recovery Measure (MHRM-20) and the Global Assessment of Functioning score. The Camberwell Assessment of Need scale was used to objectively assess needs, while subjective quality of life was measured with the TL-30s scale. Using multiple linear regression models, we found that the Global Assessment of Functioning score was incrementally predictive of the MHRM-20 score, when added to a model including only clinical and demographic factors, and that this model was further incremented by the score for quality of life. However, in an alternate model using the Global Assessment of Functioning score as the dependent variable, while the MHRM-20 score contributed significantly to the model when added to clinical and demographic factors, the model was not incremented by the score for quality of life. These results suggest that, while a more global concept of recovery from SMI may be assessed using measures for service-based and customer-based recovery, the latter, namely the MHRM-20, also provides information about subjective well-being. Pending confirmation of these findings in other populations, this instrument could thus be useful for comprehensive assessment of recovery and subjective well-being in patients suffering from SMI. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Not doing more, but doing differently: Integrating a community based psychosocial approach into other sectors.

Authors:
Horn, Rebecca; Waade, Maria; Kalisky, Marina;

Source:

Abstract
A multi-layered approach to mental health and psychosocial support in emergencies includes the integration of psychosocial approaches into sectors with primary aims other than the enhancement of mental health and psychosocial support. This paper shares the experiences of Church of Sweden's psychosocial team in supporting its partner organisations (within the ACT Alliance) to integrate a community based psychosocial approach into programmes in sectors including: education, child protection, livelihoods, water and sanitation, and food security. Case studies are used to describe how
mental health and psychosocial support core principles can assist organisations to integrate psychosocial approaches into a variety of programmes, and to demonstrate that this is more about working in a different way than about taking on additional tasks. The challenges associated with supporting organisations to integrate psychosocial approaches into their programmes are also outlined, and the need for research to evaluate the effectiveness of this type of approach is acknowledged. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Comprehensive mental health and psychosocial support case management and indicative care pathways within humanitarian settings.
Authors: Quosh, Constanze; Intervention:
Abstract
This article describes the approach, implementation and evaluation of a pilot mental health and psychosocial support case management programme that was developed by the United Nations High Commissioner for Refugees in Syria. The aim was to provide a description of the programme approach, its implementation and outputs. The programme integrates different forms of case management approaches based on a multi-layered, stepped care model. Earlier results of mixed method monitoring and evaluation revealed improvement in wellbeing among programme participants. The step-wise approach indicates, in addition to the positive mental health outcome results, a functional case management system. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: An audit of social circumstances reports for first-tier tribunals in a secure psychiatric service.
Authors: Haw, Camilla; Shears, Jane;
Abstract
Social workers play a critical role in assisting Mental Health Tribunal panels to decide whether or not people detained as psychiatric inpatients could be discharged from their detention. The required structure and content of tribunal reports is laid down in Practice Directions, the most recent of which was published in October 2013 by the Courts and Tribunals Judiciary. The study aims were to audit the quality of social circumstances reports prepared for service users at a secure psychiatric hospital before and after the introduction of this Practice Direction and to see if a new report-writing template improved report quality. Eighty reports were audited in 2013 and a further 80 in 2014 against 28 key items derived from the Practice Direction. Reports prepared in 2013 contained on average 13.1 of 28 key items increasing to 19.1 in 2014. The template was used for 60% of reports in 2014 and resulted in better quality reports. In the repeat audit, more reports contained recommendations, mostly advising the service user’s continued detention, though a few recommended discharge to a less restrictive placement. Such professional judgements take place at the juxtaposition of the Mental Health Act (1983) and the Human Rights Act (1998), in which risk management and risk-taking are key to decision-making. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: 'Supporting me through emotional times, all different kinds of behaviour.' Forensic mental health service users understanding of positive behavioural support.
Authors:
This service evaluation project explored service users' experiences of positive behavioural support (PBS) within a medium secure mental health service. Interpretative phenomenological analysis (IPA) was used to analyse interviews with ten service users. Four main themes emerged from the data: My plan; How I understand PBS; How PBS has helped me, the benefits; and Making the plan work. Overall, service users viewed their experience of having a PBS plan positively. They reflected that the plans offered staff greater understanding of their behaviours and needs, enabling them to receive appropriate support. Service users valued the experience of being involved in the process, offering important insights into their experiences. They also expressed frustrations about staff not following the plan and not understanding why they had a plan whilst others did not. Limitations of the study, clinical implications and ideas for future research have been discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Mental Health Chaplains: Practitioners' perspectives on their value, purpose and function in the UK National Health Service.
Authors: Gubi, Peter Madsen; Smart, Harry;
There is limited research into the value, purpose and function of Mental Health (MH) Chaplains. Yet, they are employed within National Health Service Trusts in the UK. Eight MH Chaplains were interviewed to explore how they see their value, purpose and function. The data were analysed using interpretative phenomenological analysis. The data reveal the relational and spiritual/existential accompaniment nature of their work, which is of transformative value, and which requires MH Chaplains to be able to offer ‘hospitality’ and to work at relational depth which is akin to working with the spiritual dimension of clients within counselling. Other roles include: religious care; offering a visible presence; running groups; training; advocacy; connecting with other services; community liaison; committee work; and staff support. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Mental healthcare reforms in post-Soviet Russian media: Negotiating new ideas and values.
Authors: Shek, Olga; Lumme-Sandt, Kirsi; Pietilä, Ilkka;
After the collapse of the Soviet Union, democratic principles began to enter into different branches of Russian social and health policy. As part of these changes, the country demonstrated an intention to develop a new mental health policy based on approaches consonant with the principles of the World Health Organization. This study analyses how these new policy ideas and values are reflected in the Russian mass media, and in particular whether media discourses build upon those ideas or oppose them. It is based on a qualitative analysis of newspapers from the late Soviet period (1980s) through the transition period (1990s) to the present (2000s). The analysis focuses on (1) the protection of patients' rights, (2) the reorganisation of mental healthcare services and (3) activities preventing stigmatisation. While there was an absence of discussion of mental health problems in Soviet newspapers, the democratic changes of the 1990s triggered the recognition of the existence of mental illness, critiques of Soviet psychiatry and calls for reform. The media response to the new policies was quite ambivalent. Support for patients' rights and the social integration of the mentally ill was accompanied by fear about the
detrimental effects of the reforms on public safety. Articles that challenged stigmatisation also contained negative images of mentally ill people. The media were sceptical about the success of the reforms due to the particularities of Russia’s socio-economic situation and history. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Patterns of care consumption after compulsory admission: A five-year follow-up to the Amsterdam Study of Acute Psychiatry VIII.

Authors: van der Post, Louk F. M.; Beekman, Aartjan T. F.; Peen, Jaap; Zoeteman, Jeroen; Twisk, Jos W. R.; Dekker, Jack J. M.;


Abstract
Significant numbers of involuntary admissions and the fact that compulsory hospitalization is a drastic intervention in a patient’s life justify the introduction of preventive measures. This study looks at the five-year outcome of involuntary admissions after psychiatric emergency consultations in Amsterdam. A cohort of 460 involuntarily admitted patients was investigated prospectively. The annual numbers of involuntary readmissions and the utilization of mental health services were studied, with sociodemographic and clinical characteristics and psychiatric history as predictors. The odds ratios for involuntary readmission during the fourth and fifth follow-up years were 0.71 (95%CI = 0.50–1.01; P = 0.059) and 0.64 (95%CI = 0.45–0.92; P = 0.015), respectively. Readmission was associated with low discontinuity of treatment (Chi2 P ≤ 0.001) and high total consumption of services (Chi2 P ≤ 0.001) during follow-up. It emerged that involuntary readmission could be predicted on the basis of high care consumption five years before inclusion (OR 2.61 CI 1.44–4.73; P 0.002), a history of involuntary admission (OR 1.56 CI = 1.03–2.35; P = 0.034), being older than 44 years at baseline (OR 0.57 CI = 0.39–0.84; P = 0.007), and living alone (OR 1.68 CI = 1.22–2.33; P = 0.002). The risk of involuntary readmission declines after three years. In Amsterdam, low levels of treatment discontinuity and high levels of service use do not seem to reduce this risk for patients with severe and persistent psychiatric disorders. Our findings should be an incentive to explore and reappraise the methods employed in our current system of community mental health care. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Connecting vulnerable children and families to community-based programs strengthens parents' perceptions of protective factors.

Authors: Hughes, Marcia; Joslyn, Allison; Wojton, Morella; O'Reilly, Mairead; Dworkin, Paul H.;

Source: Infants & Young Children, Vol 29(2), Apr-Jun, 2016 pp. 116-129. Publisher: Lippincott Williams & Wilkins;

Abstract
We employed principles from a nationally recognized prevention model on family support to investigate whether connecting vulnerable children to community-based programs and services through a statewide intervention system, the Help Me Grow program, strengthens parents' perceptions of protective factors. We used a parent survey modeled on 5 protective factors and related theoretical underpinnings of the Strengthening Families Protective Factors Framework to assess the impact of Help Me Grow on parents' perceptions of family circumstances and children's development. In addition, we coded and analyzed case notes completed by care coordinators to examine strategies for promoting protective factors. Parents reported a positive change in their family circumstances and a strengthening of protective factors. Parents' responses were positive despite differences in presenting issues. Help Me Grow support to families and their connection to programs and services enhanced parents' perceptions of protective factors even among families with differing needs. Our analyses support the practical utility of the Strengthening Families approach as a tool for engaging parents and assessing parents' perceptions of the effectiveness of interventions. A positive shift in parents' attitudes, knowledge, and behaviors contributes to engaged,
supported, and educated parents who are better equipped to meet their children's needs and foster healthy developmental outcomes. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Mental illness discrimination in mental health treatment programs: Intersections of race, ethnicity, and sexual orientation.

**Authors:**
Holley, Lynn C.; Tavassoli, Kyoko Y.; Stromwall, Layne K.;

**Source:**

**Abstract**
People with mental illnesses (PWMI) who are of color and/or lesbian, gay, or bisexual (LGB) experience mental health disparities, including within mental health treatment programs (MHTPs). Informed by a critical framework with attention to intersectionality and microaggressions, this qualitative study asked 20 PWMI and family members who also are of color and/or LGB whether they had experienced mental illness discrimination in MHTPs, a possible factor in disparities. We also asked participants about aspects of MHTPs that supported recovery. Participants reported that they were ignored/not listened to, not viewed as complex individuals, experienced condescension/lack of respect and violations of privacy or other rights, and were presumed to lack intelligence. In addition, identifying mental illness discrimination was complex due to intersections of identities. Despite these perceptions of discrimination, participants described supportive aspects of MHTPs. Implications for practice and research are offered. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2016-04222-001&site=ehost-live

**Title:**
Understanding engagement in mental health services for preschool children: An analysis of teacher, clinician, and parent perspectives.

**Authors:**
Koivunen, Julie; Alst, Donna; Ocasio, Kerrie; Allegra, Christine;

**Source:**

**Abstract**
The purpose of this study was to examine the experiences of mental health clinicians in providing services in the preschool setting. Clinicians provided services for 3 years in urban, northern New Jersey preschools, in order to expand access to mental health services for vulnerable children. At the conclusion of the three-year period, focus groups were conducted with clinicians and teachers, and interviews were conducted with parents to gain their perspectives on the approaches used. Data were coded for emergent themes and a number of themes developed around aspects of engagement, including engaging the community, teachers, other professionals, and parents in order to effectively provide the service to the target population. The data provide insight into techniques that may increase comfort levels for seeking and accepting treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Exploring the potential of technology-based mental health services for homeless youth: A qualitative study.

**Authors:**
Adkins, Elizabeth C.; Zalta, Alyson K.; Boley, Randy A.; Glover, Angela; Karnik, Niranjan S.; Schueller, Stephen M.;

**Source:**
Psychological Services, Vol 14(2), May, 2017 Special Issue: Homelessness Among Veterans, Other Adults, and Youth. pp. 238-245. Publisher: Educational Publishing Foundation; [Journal Article]

**Abstract**
Homelessness has serious consequences for youth that heighten the need for mental health services; however, these individuals face significant barriers to access. New models of intervention delivery are required to improve the dissemination of mental health interventions that tailor these services to the unique challenges faced by homeless youth. The purpose of this study was to better understand homeless youths’ use of technology, mental health experiences and needs, and willingness to engage with technology-supported mental health interventions to guide the development of future youth-facing technology-supported interventions. Five focus groups were conducted with 24 homeless youth (62.5% female) in an urban shelter. Youth were 18- to 20-years-old with current periods of homelessness ranging from 6 days to 4 years. Transcripts of these focus groups were coded to identify themes. Homeless youth reported using mobile phones frequently for communication, music, and social media. They indicated a lack of trust and a history of poor relationships with mental health providers despite recognizing the need for general support as well as help for specific mental health problems. Although initial feelings toward technology that share information with a provider were mixed, they reported an acceptance of tracking and sharing information under certain circumstances. Based on these results, we provide recommendations for the development of mental health interventions for this population focusing on technology-based treatment options. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Objectives: To examine the role of religious advisors in mental health care (MHC) according to disorder severity, socio-demographics, religious involvement and country income groups. Methods: Face to face household surveys in ten high income (HI), six upper-middle income (UMI) and five low/ lower-middle (LLMI) income countries totalling 101,258 adults interviewed with the WMH CIDI plus questions on use of care for mental health problems and religiosity. Results: 1.1% of participants turned to religious providers for MHC in the past year. Among those using services, 12.3% used religious services; as much as 30% in some LLMI countries, around 20% in some UMI; in the HI income countries USA, Germany, Italy and Japan are between 15 and 10% whenever the remaining countries are much lower. In LLMI 20.9% used religious advisors for the most severe mental disorders compared to 12.3 in UMI and 9.5% in HI. For severe cases most of religious providers use occurred together with formal care except in Nigeria, Iraq and Ukraine where, respectively, 41.6, 25.7 and 17.7% of such services are outside any formal care. Frequency of attendance at religious services was a strong predictor of religious provider usage OR 6.5 for those who attended over once a week (p < 0.0001); as seeking comfort ‘often’ through religion in case of difficulties OR was 3.6 (p = 0.004) while gender and individual income did not predict use of religious advisors nor did the type of religious affiliation; in contrast young people use them more as well as divorced and widowed OR 1.4 (p = 0.02). Some country differences persisted after controlling for all these factors. Conclusions: Religious advisors play an important role in mental health care and require appropriate training and collaboration with formal mental healthcare systems. Religious attitudes are strong predictors of religious advisors usage. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Stigma of seeking psychological services: Examining college students across ten countries/regions.
Authors: Vogel, David L.; et al
Abstract Stigma is an important barrier to seeking psychological services worldwide. Two types of stigma exist: public stigma and self-stigma. Scholars have argued that public stigma leads to self-stigma, and then self-stigma is the primary predictor of attitudes toward seeking psychological services. However, this assertion is largely limited to U.S. samples. The goal of this research was to provide a first step in understanding the relationship between public stigma, self-stigma, and attitudes toward seeking psychological services in international contexts (N = 3,276; Australia, Brazil, Canada, Hong Kong, Portugal, Romania, Taiwan, Turkey, United Arab Emirates, and United States). Using structural equation modeling, we found that self-stigma mediated the relationship between public stigma and attitudes toward seeking services among college students in each country and region. However, differences in path strengths emphasize the need to pay attention to the role of public and self-stigma on attitudes toward seeking psychological services throughout the world. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Hope for help-seeking: A positive psychology perspective of psychological help-seeking intentions.
Authors: McDermott, Ryon C.; Cheng, Hsiu-Lan; Wong, Joel; Booth, Nathan; Jones, Zachary; Sevig, Todd
Abstract In the present study, we used multigroup structural equation modeling in a sample of college students (N = 2,461) to examine ethnic and gender differences in the connections between dispositional hope and
intentions to seek psychological help from formal and informal sources. In a personal-emotional problem scenario, we found a robust positive relationship between hope and intentions to seek help from informal sources, but no association for formal sources. In a suicidal thoughts scenario, hope was positively associated with intentions to seek both informal and formal psychological help. Results of exploratory moderation analyses indicated that the model was invariant across non-Latino White students and Asian American students, as well as across men and women. These findings address critical gaps in the hope and help-seeking literature, and suggest that increasing college students' dispositional hope may provide a unique positive psychology-focused avenue for increasing help-seeking intentions, even within underserved populations. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-18741-005&site=ehost-live

Title:
Longitudinal trajectory of adolescent exposure to community violence and depressive symptoms among adolescents and young adults: Understanding the effect of mental health service usage.

Authors:
Chen, Wan-Yi; Corvo, Kenneth; Lee, Yookyong; Hahm, Hyeouk Chris;

Source:

Abstract
Research on the impact of exposure to community violence tends to define victimization as a single construct. This study differentiates between direct and indirect violence victimization in their association with mental health problems and mental health service use. This study includes 8947 individuals from four waves of the National Longitudinal Study of Adolescent to Adult Health and examines (1) whether subtypes of adolescent victimization are linked to depressive symptoms; (2) whether adolescent victimization is linked with mental health service use; and (3) the role of mental health service use in attenuating symptoms arising from victimizations. Adolescents witnessing community violence were more likely to experience depressive symptoms during adolescence but not during their young adulthood; direct exposure to violence during adolescence does not predict depressive symptoms in adolescence but does in adulthood. Use of mental health service mediates report of depressive symptoms for adolescent witnessing community violence. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Mental health services in juvenile correctional facilities: A national survey of clinical staff.

Authors:
Swank, Jacqueline M.; Gagnon, Joseph C.;

Source:
Journal of Child and Family Studies, Vol 25(9), Sep, 2016 pp. 2862-2872. Publisher: Springer;

Abstract
This study determined the use of best practices in providing mental health services to youth within juvenile correctional facilities. A national sample of 94 (49.7 %) lead clinical staff from all available and qualifying facilities responded to a mail and on-line survey. There were no statistically significant differences across respondents versus nonrespondents for security level, gender served, or census region of facilities. Specifically, we examined the provision of facility-wide mental health programming, individual, group, and family counseling, and case management services. Examination of these services included the use of evidence-based interventions provided through an established curriculum and methods used to evaluate the effectiveness of the interventions. We also examined staff involvement, and the perceived quality of services and barriers to providing interventions. Participants reported using a variety of evidence-based interventions; however, participants also acknowledged using other approaches that may not have empirical support. Additionally, although at least half of the participants reported mandatory individual and group counseling, less than a third of the participants reported that their facilities required family counseling. Clinical staff also reported a variety of methods used for evaluating the effectiveness of mental health services. Additional findings, as well as implications for research and practice, are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:

Authors:
Dirmaier, Jörg; Liebherz, Sarah; Sänger, Sylvia; Härter, Martin; Tlach, Lisa;

Source:

Abstract
Background: E-mental health interventions can have a positive impact on patient-reported and clinical outcomes. The purpose of this project was to develop a user-centered e-mental health portal.

Methods: The development of the portal www.psychenet.de included mixed-methods techniques for needs assessment to identify user-relevant content. Furthermore, user-centered design techniques were applied by utilizing individual usability testing with cognitive task analysis. First, a basic version of the portal was created and introduced to the public by means of a media campaign. After the development of module-specific content, exposure and use of the portal was investigated as part of a process evaluation.

Results: Relevant content identified by needs assessment covered both, overarching and diagnosis-specific topics. Results of the process evaluation showed a highly accessed website. During the first 18 months, 119,423 visits were tracked. The portal was predominantly accessed by Google searches (73.9%), while 17.6% of visits were related to direct traffic. Discussion: Serving as a complement to face-to-face consultations, www.psychenet.de attempts to inform about mental disorders, and engage patients in the course of their treatment. Results of the process evaluation confirm the high relevance and potential of the portal and can be used for further improvements and extensions in the future. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
**Personality Disorders**

**Title:**
Affective temperaments, as measured by TEMPS-A, among self-poisoning nonlethal suicide attempters.

**Authors:**
Ardani, Amir Rezaei; Hosseini, Farhad Farid; Asadpour, Zahra; Hashemian, Amir Masoud; Dadpour, Bita; Nahidi, Mahsa;

**Source:**

**Abstract**
Suicidal behaviors are serious public health problems. The prominent association of mood disorders with suicide, along with the renaissance of the spectrum concept of psychiatric disorders in the recent decades, prioritizes the investigation of temperament variants in suicidal individuals. This study aimed to explore the relationship between affective temperaments and nonviolent suicide attempts. We administered Temperament Evaluation of the Memphis, Pisa, Paris, and San Diego Auto questionnaire (TEMPS-A) to 141 (27 males and 114 females) consecutive self-poisoning non-lethal suicide attempters at a Medical Toxicology Center and a sex and age matched group of healthy individuals (28 males, 112 females). Female suicide attempters scored significantly higher in depressive, cyclothymic, irritable, and anxious temperaments compared with female controls, whereas male cases’ scores were significantly higher in depressive and anxious subscales compared with control males. Except for hyperthymic temperament which did not reveal any significant effects, depressive (OR: 11.5), cyclothymic (OR: 3.8), irritable (OR: 2.3), and anxious (OR: 8.8) temperaments were predictors for nonviolent suicide attempts. Therefore, this study replicated the evidence for the strong association of depressive temperament with suicide attempts. The hyperthymic temperament appeared to have neither protective nor predisposing influence. Further studies are needed to identify the role of this independent temperament. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Prevalence of personality disorders in a general population among men and women.

**Authors:**
Gawda, Barbara; Czubak, Katarzyna;

**Source:**

**Abstract**
The aim of the present study is to establish the prevalence of personality disorders (PDs) in a healthy (nonclinical) Polish population, to examine sex difference in PDs, and to show the structure of clusters which PDs form with regard to men and women. A large sample of 1460 individuals of age between 18 and 65 years was examined. The Structured Clinical Interview for Axis II was used to obtain information on PDs, the Mini International Neuropsychiatric Interview to obtain information on other disorders, and an interview to record demographic data. Results show that approximately 9% of the sample had at least one PD (the overall rate is 8.9%) and rates on sex differences in PDs are similar to other European and North American countries. The most prevalent PDs are obsessive-compulsive (9.6%), narcissistic (7%), and borderline (7%). Results show the considerable comorbidity of PDs which means that about 9% of the adult population have at least one PD and in fact they display features of many specific PDs. A factor analysis revealed that 12 PDs form different clusters in men and women. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Genetic and environmental structure of DSM-IV criteria for antisocial personality disorder: A twin study.

**Authors:**
Rosenström, Tom; Ystrom, Eivind; Torvik, Fartein Ask; Czajkowski, Nikolai Olavi; Gillespie, Nathan A.; Aggen, Steven H.; Krueger, Robert F.; Kendler, Kenneth S.; Reichborn-Kjennerud, Ted;

**Source:**


Abstract
Results from previous studies on DSM-IV and DSM-5 Antisocial Personality Disorder (ASPD) have suggested that the construct is etiologically multidimensional. To our knowledge, however, the structure of genetic and environmental influences in ASPD has not been examined using an appropriate range of biometric models and diagnostic interviews. The 7 ASPD criteria (section A) were assessed in a population-based sample of 2794 Norwegian twins by a structured interview for DSM-IV personality disorders. Exploratory analyses were conducted at the phenotypic level. Multivariate biometric models, including both independent and common pathways, were compared. A single phenotypic factor was found, and the best-fitting biometric model was a single-factor common pathway model, with common-factor heritability of 51% (95% CI 40–67%). In other words, both genetic and environmental correlations between the ASPD criteria could be accounted for by a single common latent variable. The findings support the validity of ASPD as a unidimensional diagnostic construct. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Successful dorsomedial prefrontal rTMS for major depression in borderline personality disorder: Three cases.
Authors:
Feffer, Kfir; Peters, Sarah K.; Bhui, Kamaldeep; Downar, Jonathan; Giacobbe, Peter;
Source:
Abstract
The article presents case reports of three patients with major depression in borderline personality disorder (BPD). rTMS has recently been proposed as a treatment for BPD symptoms such as suicidality, self-harm, and impulsivity; however, to date, very limited evidence is available regarding the efficacy of rTMS in BPD. A small randomized study (n = 9) found that 10 sessions of 10 Hz right DLPFC-rTMS achieved some improvements in anger, affective instability, and planning, but no change in MDD symptoms. One case report also observed improvements in BPD and major depressive disorder (MDD) symptomatology with 10 sessions of high frequency DLPFC-rTMS. However, the present report is the first on DMPFC-rTMS for MDD in BPD specifically. DMPFC-rTMS has previously been shown to reduce impulsivity in healthy controls, and to improve social functioning in autism spectrum disorder. The DMPFC has also been linked to emotional self-regulation in structural MRI studies. Enhancements of impulse control, emotion regulation, and interpersonal functioning could therefore be potential mechanisms underlying the improvements in MDD symptoms seen in these three BPD cases. Important limitations of this report include the lack of sham control, which precludes ruling out improvement due to behavioral activation, placebo or other non-specific effects, as well as the small sample size, which limits generalization of the findings. However, in light of the limited efficacy for pharmacotherapy, short-term psychotherapy, or even ECT for MDD in BPD, the possibility that rTMS may be effective in some BPD individuals is worth further pursuit. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Structural alterations in the corpus callosum are associated with suicidal behavior in women with borderline personality disorder.
Authors:
Lischke, Alexander; Domin, Martin; Freyberger, Harald J.; Grabe, Hans J.; Mentel, Renate; Bernheim, Dorothee; Lotze, Martin;
Source:
Abstract
Structural alterations in the corpus callosum (CC), the major white matter tract connecting functionally related brain regions in the two hemispheres, have been shown to be associated with emotional instability, impulsivity and suicidality in various mental disorders. To explore whether structural alterations of the CC would be similarly associated with emotional instability, impulsivity and suicidality in borderline personality disorder (BPD), we used diffusion tensor imaging (DTI) to assess the structural integrity of the CC in 21
BPD and 20 healthy control (HC) participants. Our hypothesis-driven analyses revealed a positive correlation between BPD participants’ suicidal behavior and fractional anisotropy (FA) in the splenium and genu of the CC and a negative correlation between BPD participants’ suicidal behavior and mean diffusivity (MD) in the splenium of CC. Our exploratory analyses suggested that suicidal BPD participants showed less FA and more MD in these regions than HC participants but that non-suicidal BPD participants showed similar FA and MD in these regions as HC participants. Taken together, our findings suggest an association between BPD participants’ suicidal behavior and structural alterations in regions of the CC that are connected with brain regions implicated in emotion regulation and impulse control. Structural alterations of the CC may, thus, account for deficits in emotion regulation and impulse control that lead to suicidal behavior in BPD. However, these findings should be considered as preliminary until replicated and extended in future studies that comprise larger samples of suicidal and non-suicidal BPD participants.


Title: Event-related potentials altered in patients with borderline personality disorder during working memory tasks.
Authors: Liu, Ying; Zhong, Mingtian; Xi, Chang; Jin, Xinhu; Zhu, Xiongzhao; Yao, Shuqiao; Yi, Jinyao
Abstract Whereas some studies have demonstrated impaired working memory (WM) among patients with borderline personality disorder (BPD), these findings have not been consistent. Furthermore, there is a lack of neurophysiological evidence about WM function in patients with BPD. The goal of this study was to examine WM function in patients with BPD by using event-related potentials (ERPs). An additional goal was to explore whether characteristics of BPD (i.e., impulsiveness and emotional instability) are associated with WM impairment. A modified version of the N-back task (0- and 2-back) was used to measure WM. ERPs were recorded in 22 BPD patients and 21 age-, handedness-, and sex-matched healthy controls (HCs) while they performed the WM task. The results revealed that there were no significant group differences for behavioral variables (reaction time and accuracy rate) or for latencies and amplitudes of P1 and N1 (all p > 0.05). BPD patients had lower P3 amplitudes and longer N2 latencies than HC, independent of WM load (low load: 0-back; high load: 2-back). Impulsiveness was not correlated with N2 latency or P3 amplitude, and no correlations were found between N2 latency or P3 amplitude and affect intensity scores in any WM load (all p > 0.05). In conclusion, the lower P3 amplitudes and longer N2 latencies in BPD patients suggested that they might have some dysfunction of neural activities in sub-processing in WM, while impulsiveness and negative affect might not have a close relationship with these deficits. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-18000-001&site=ehost-live

Title: Individual and network correlates of antisocial personality disorder among rural nonmedical prescription opioid users.
Authors: Smith, Rachel V.; Young, April M.; Mullins, Ursula L.; Havens, Jennifer R.;
Abstract Purpose: Examination of the association of antisocial personality disorder (ASPD) with substance use and HIV risk behaviors within the social networks of rural people who use drugs. Methods: Interviewer-administered questionnaires were used to assess substance use, HIV risk behavior, and social network characteristics of drug users (n = 503) living in rural Appalachia. The MINI International Psychiatric Interview was used to determine whether participants met DSM-IV criteria for ASPD and Axis-I psychological comorbidities (e.g., major depressive disorder, posttraumatic stress disorder, generalized anxiety disorder). Participants were also tested for herpes simplex 2, hepatitis C, and HIV. Multivariate generalized linear mixed modeling was used to determine the association between ASPD and risk behaviors, substance use, and social network characteristics. Results: Approximately one-third (31%) of
participants met DSM-IV criteria for ASPD. In multivariate analysis, distrust and conflict within an individual’s social networks, as well as past 30-day use of heroin and crack, male gender, younger age, lesser education, heterosexual orientation, and comorbid MDD were associated with meeting diagnostic criteria for ASPD. Conclusions: Participants meeting criteria for ASPD were more likely to report recent heroin and crack use, which are far less common drugs of abuse in this population in which the predominant drug of abuse is prescription opioids. Greater discord within relationships was also identified among those with ASPD symptomatology. Given the elevated risk for blood-borne infection (eg, HIV) and other negative social and health consequences conferred by this high-risk subgroup, exploration of tailored network-based interventions with mental health assessment is recommended. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
A neuropsychoanalytic understanding and treatment for a borderline patient who used cannabis.

Authors:
Flores Mosri, Daniela;

Source:

Abstract
Borderline pathology is one of the most frequent diagnoses in psychoanalytic practice. Its features are different from a psychiatric point of view and from a psychoanalytic one. The deep psychic pain present from an affective perspective does not always match the symptomatic character features commonly related to this organization. The pain comes from a narcissistic injury, causing the presence of latent depression, vague anxiety and anaclitic object relations, all related to anxiety about object loss. These psychodynamic features can contribute to an addictive vulnerability that frequently recruits cannabis as its chosen drug because of its neurobiological impact on the psychological functioning of the patient, of which he is usually unaware. This paper aims to describe the neuropsychodynamic understanding of a borderline patient who used cannabis to deal with pain derived from a narcissistic injury that exceeded his capacity to use purely psychological defenses, forcing him to look for external ones provided by this drug. The hypotheses presented in this paper come from case study material that used a neuropsychoanalytic integration to modify the technique applied in the treatment. Psychoanalysis provides helpful hypotheses for working with these patients, who deserve the best treatment possible for the intense psychic pain that drives them to engage in self-destruction while trying to feel better. Because of the neurochemical modifications induced in the patient, treatment can be better understood from a neuropsychoanalytic point of view. More research is needed to better refine our theoretical models and treatment of these difficulties. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Principal diagnoses in psychiatric outpatients with borderline personality disorder: Implications for screening recommendations.

Authors:
Zimmerman, Mark; Chelminski, Iwona; Dalrymple, Kristy; Rosenstein, Lia;

Source:

Abstract
Background: In the Rhode Island Methods to Improve Diagnostic Assessment and Services project, we examined how often borderline personality disorder (BPD) is the principal diagnosis in patients presenting for outpatient psychiatric treatment. To inform clinicians when it is most productive to screen for BPD, we examined the prevalence of BPD in psychiatric outpatients with different principal diagnoses. Methods: In this study, 3,674 psychiatric outpatients were evaluated with a semi-structured diagnostic interview for DSM-IV BPD. Results: Slightly >10% of the sample was diagnosed with BPD (n = 390, 10.6%). For 80 (20.5%) patients with BPD, the chief concern was related to a feature of BPD; therefore, BPD was designated as a comorbid diagnosis. The highest rate of BPD as a principal diagnosis was found among patients with bipolar disorder. The rate of BPD in patients with principal diagnoses of adjustment disorder, dysthmic disorder, and generalized anxiety disorder was significantly lower than in patients without these
principal diagnoses. Conclusions: For the majority of psychiatric outpatients with BPD, the principal
diagnosis for which they seek treatment is not BPD but, rather, a mood or anxiety disorder. This highlights
the importance of screening for BPD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

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007&site=ehost-live

Title:
Schizotypal personality disorder: A clinical social work perspective.
Authors:
Walsh, Joseph;
Source:
Abstract
Schizotypal personality disorder (SPD) is considered to be a ‘schizophrenia spectrum disorder’ as
evidenced in part by its cross-listing in that chapter of the DSM-5. SPD is considered to be a condition with
limited potential for positive change because one of its major features is the presence of a biologically
based cognitive deficit. This assumption, however, is an example of the medical model’s creating a bias
against psychosocial features that are always involved in character development. The social work
profession’s bio-psycho-social perspectives focus more comprehensively on all features of the condition
and promote a more optimistic view of clients’ change potentials. The purposes of this paper are to
examine SPD from a social work perspective and to demonstrate, with a case example, how effective
intervention can be organized and delivered. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-20759-
006&site=ehost-live

Title:
Countertransference when working with narcissistic personality disorder: An empirical investigation.
Authors:
Tanzilli, Annalisa; Muzi, Laura; Ronningstam, Elsa; Lingiardi, Vittorio;
Source:
Abstract
Narcissistic personality disorder (NPD) is one of the most challenging clinical syndromes to treat in
psychotherapy, especially due to the difficulties of establishing a good enough therapist–patient
relationship. Countertransference responses to NPD can be particularly intense, frustrating, and difficult to
manage, as is often reported in the clinical literature though not clearly supported empirically. The aims of
this study were to (a) investigate the relationship between patients’ NPD and therapists’ responses; (b)
examine the associations between patient, clinician, therapy variables and clinicians’ reactions during
treatment of NPD patients; and (c) provide an empirically derived portrait of countertransference with
NPD. A sample of psychiatrists and clinical psychologists (N = 67) completed the Therapist Response
Questionnaire to identify patterns of countertransference, the Shedler–Westen Assessment Procedure-
200, and the Global Assessment of Functioning Scale to assess the personality pathology and
psychosocial functioning of a patient in their care. The results showed that NPD was positively associated
with hostile/angry, criticized/devalued, helpless/inadequate, and disengaged countertransference and
negatively associated with therapists’ positive response, regardless of patients’ personality and
psychosocial functioning. NPD patients with stronger traits of cluster B personality pathology tended to
elicit more negative and heterogeneous countertransference reactions than NPD patients without these
features. The countertransference patterns with NPD patients were not strongly influenced by the
variables of clinicians and therapy, with the exception of clinical experience. Overall, the portrait of
therapists’ reactions to NPD provided a clinically nuanced and empirically founded description strongly
resembling theoretical–clinical accounts. The therapeutic implications of these findings were discussed.
(PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-23893-
003&site=ehost-live

Title:
Personality disorders in cluster headache: A study using the Millon Clinical Multiaxial Inventory-III.

Authors:
Piacentini, Sylvie Hélène Marie Jeanne; Draghi, Lara; Cecchini, Alberto Proietti; Leone, Massimo;

Source:

Abstract
A great deal of studies suggests that cluster headache (CH) patients are usually comorbid to anxiety-mood spectrum disorders and psychopathological symptoms; however, the personality profiles reported in the literature strictly depend on type of assessment used. Psychiatric comorbidities have been extensively studied in migraine and they are recognized to represent a major risk factor associated with poorer outcome, playing a role in the headache chronification process at once as cause and consequence of it. By contrast the incidence and role of psychopathological aspects in CH is still not clarified, insufficiently explored as the striking severity of such a physical pain apparently leaves no room to psychological explanations. The aim of the present study is to describe psychopathological aspects of CH patients by means of the Millon Clinical Multiaxial Inventory-III (MCMI-III), a psychological assessment tool compatible to Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) that correlates personality disorders (PDs) and clinical syndromes. We included all consecutive inward patients with CH between January 2014 and December 2016. Patients were evaluated using the MCMI-III a validated inventory assessing 14 PDs Scales (coordinate with DSM-IV Axis II disorders) and ten Clinical Syndrome Scales (coordinate with DSM-IV Axis I disorders). Twenty-six CH patients (24 chronic CH) were tested. Personality disorders were present in 92% of the patients. The most frequent PDs were: obsessive–compulsive (30.8%), histrionic (26.9%), narcissistic (11.5%), paranoid (11.5%) and avoidant (11.5%). According to the MCMI-III, patients with CH showed a high prevalence of personality disorders (Axis II-DSM-IV). PDs in CH patients can play an important role in determining CH course toward chronification. These preliminary results suggest that behavioral treatments can find room to support more conventional drug and neurostimulation therapies in these patients. In addition, the very high prevalence of PDs in our patients suggests that CH could in some cases be considered among the spectrum of somatoform and pain syndromes in patients with PDs. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Hallucinations in borderline personality disorder and common mental disorders.

Authors:
Kelleher, Ian; DeVylder, Jordan E.;

Source:

Abstract
Hallucinations are classically associated with psychotic disorders. Recent research, however, has highlighted that hallucinations frequently occur outside of the context of psychosis. Despite this, to our knowledge, there has been no epidemiological research to compare the prevalence of hallucinations across common mental disorders with the prevalence in borderline personality disorder (BPD). Using data from the Adult Psychiatric Morbidity Survey (n = 7403), we investigated the prevalence of hallucinations in individuals with a range of mental disorders and BPD. Hallucinations were prevalent in all disorders (range 11–24%). Hallucinations were no more prevalent in individuals with BPD (13.7%) than in individuals with a (non-psychotic) mental disorder (12.6%) (X² = 0.03, P = 0.92). (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Back to top
Title: Contested discourses in multidisciplinary Sexual Assault Response Teams (SARTs).
Authors: Moylan, Carrie A.; Lindhorst, Taryn; Tajima, Emiko A.;
Abstract
This qualitative study explored how law enforcement officers, forensic nurses, and rape crisis advocates who are members of coordinated service delivery models such as Sexual Assault Response Teams (SARTs) describe their process of engaging with one another and managing their differences in professional orientation, statutory obligations, and power. Using semi-structured interviews with 24 SART responders including rape crisis center advocates, law enforcement, and medical personnel, we examined the ways that SART members discursively construct one another’s role in the team and how this process points to unresolved tensions that can manifest in conflict. The findings in this study indicate that interdisciplinary power was negotiated through discursive processes of establishing and questioning the relative authority of team members to dictate the work of the team, expertise in terms of knowledge and experience working in the field of rape response, and the credibility of one another as qualified experts who reliably act in victims’ and society’s best interests. Implications of these findings for understanding and preventing the emergence of conflict in SARTs are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Discord in the communication of forensic science: Can the science of language help foster shared understanding?
Authors: Howes, Loene M.; Kemp, Nenagh;
Abstract
The criminal justice system is one arena in which nonscientists use scientific findings and expert opinions to aid decision making. Forensic science is a standard feature of criminal investigations, out-of-court settlements, and trials. Yet forensic science may be poorly understood by those who use it as a decision aid, with a consequent risk of contributing to miscarriages of justice. In this article, we discuss some of the contentious aspects of communicating expert opinion, and consider how research suggests that scientists might balance the competing concerns of scientific correctness and comprehensibility for nonscientists. Highlighting both research and theory, we argue that modifying language is a necessary component of ensuring understanding. However, the aim of transferring knowledge from a forensic scientist to a nonscientist is a complex task. Language modification alone is not sufficient; the practices and processes of communication require consideration. We argue that the dialogue and participation models of communication have much to offer to foster understanding of forensic science and enhance its value in the criminal justice system. We acknowledge some practical challenges to dialogue and participation approaches, and provide an example of how innovative organisational practices can help to facilitate effective interprofessional communication. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Long-term forensic mental health services: An exploratory comparison of 18 European countries.
Authors: Sampson, Stephanie; Edworthy, Rachel; Völlm, Birgit; Bulten, Erik;
Source:

**Abstract**
The objective of this study was to explore current provisions within forensic mental health inpatient services for people who require longer-term care within Europe. We used a structured questionnaire and follow-up semi-structured interviews with experts in forensic psychiatry in 18 European countries. All experts interviewed acknowledged the issue of ‘long-stay’ in forensic psychiatry with patient characteristics including chronic mental disorder, treatment-resistance and violent behavior. Formal and informal definitions of ‘long-stay’ varied widely between countries. Eight experts stated that long-stay services are currently available in their country. Of the countries without long-stay services, five experts expressed a need develop them. Improved quality of life and promotion of wellbeing were emphasized as the fundamental treatment philosophy. Even without an agreed definition of ‘long-stay’, it is clear that a proportion of mentally disordered offenders (MDOs) are ‘stuck’ in ‘the system’. Experts shared common concerns in terms of political pressures to contain dangerous MDOs for ensuring public safety as well as ethical debates regarding long-term forensic mental health care. Further research is required to promote dialogue between and within countries to address the balance of patient' rights and public safety, and to produce longitudinal and economic analyses of existing long-stay forensic service provisions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
The subscale structure of the HoNOS in a forensic population: A framework for a currency and tariff outcome system in mental health.

**Authors:**
Maddison, Paula; Marlee, Anna L.; Webb, Danielle E.; Berry, Adrian D. I.; Whitelock, Tracy; The

**Source:**

**Abstract**
The development of an operational currency and tariff system for forensic mental health services has been underway in the United Kingdom since 2011, in line with government targets. A successful approach to the currency and tariff agenda requires both a way of capturing patient’s needs and resource requirements while providing a way of evidencing outcomes to support payment. The focus of the work to date has been to establish a methodology that quantifies patient’s clinical and resource needs but has yet to explore outcome methodology. In 2015, Speak, Hay, and Muncer developed a 4-factor model of the Health of the Nation Outcome Scales, which was mandated for evaluating outcomes in adult and older person services. The focus of this article was to explore the Speak et al. (2015) 4-factor model of the HoNOS as an approach to evaluating outcomes in a forensic inpatient population. A national pilot study of 2,468 patients was used. Confirmatory factor analysis and exploratory factor analysis techniques were employed and indicated that the Speak et al. (2015) factor model did not provide an adequate fit to the forensic data. A new factor structure emerged that revealed potential domains for evaluation of outcome in forensic populations. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Alexithymia among perpetrators of violent offences in Australia: Implications for rehabilitation.

**Authors:**
Strickland, James; Parry, Cate L.; Allan, Maria M.; Allan, Alfred;

**Source:**

**Abstract**
Objective: Alexithymia, which involves difficulties identifying, communicating, and thinking about emotions, could be an important factor in violent offending. Our aim with the current study was to explore the levels of alexithymia among perpetrators of different types of violence (i.e., general and intimate partner) in Australia to better understand their treatment needs. Method: Seventy-nine male general violent offenders incarcerated in Western Australian prisons, 31 male intimate partner violence (IPV) perpetrators from IPV
intervention programs, and 80 men from the general community completed the 20-item Toronto Alexithymia Scale (TAS-20). Results: General violent offenders and IPV perpetrators both scored significantly higher than men from the general community on total alexithymia score and the subscales that measure difficulty identifying and describing feelings; the violent groups did not differ from the general community on externally oriented thinking style. There was no significant difference between the general violent offenders and IPV perpetrators on the total alexithymia score or any of the three subscales of the TAS-20. Conclusions: The results of this study suggest that perpetrators of violence in Australia have higher levels of alexithymia than non-offending men, and that alexithymia should be assessed in the treatment of violent offenders. Our findings also suggest both types of violent offenders have similar alexithymia profiles and that both have difficulties identifying and describing their emotions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Authors: Heeramun, Ragini; Magnusson, Cecilia; Gumpert, Clara Hellner; Granath, Sven; Lundberg, Michael; Dalman, Christina; Rai, Dheeraj;
Publisher: Elsevier Science; [Journal Article]
Abstract
Objective: Recent systematic reviews have highlighted that the relationship between autism and violent offending is still unclear, but some cases have received extensive media scrutiny. We investigated whether autism is associated with convictions for violent crimes, and studied the associated risk and protective factors. Method: We analyzed data from the Stockholm Youth Cohort, a total population-based record-linkage cohort in Stockholm County comprising 295,734 individuals followed up between 15 and 27 years of age. Of these, 5,739 individuals had a recorded autism diagnosis. The main outcome measure was a conviction for violent crimes identified using the Swedish National Crime Register. Results: Individuals with autism, particularly those without intellectual disability, initially appeared to have a higher risk of violent offending (adjusted relative risk = 1.39, 95% CI = 1.23−1.58). However, these associations markedly attenuated after co-occurring attention-deficit/hyperactivity disorder (ADHD) or conduct disorder were taken into account (adjusted relative risk = 0.85, 95% CI = 0.75−0.97). Among individuals with autism, male sex and psychiatric conditions were the strongest predictors of violent criminality, along with parental criminal and psychiatric history and socioeconomic characteristics. There was some evidence that a delayed diagnosis of autism was associated with a greater risk of violent crime. Better school performance and intellectual disability appeared to be protective. Conclusion: An initially observed association between autism and violent crimes at a population level was explained by comorbidity with ADHD and conduct disorder. Better understanding and management of comorbid psychopathology in autism may potentially help preventive action against offending behaviors in people with autism. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Selecting a method of case identification to estimate the involvement of people with mental illnesses in the criminal justice system: A research note.
Authors: Morabito, Melissa S.; Wilson, Amy Blank;
Abstract
Arrest and incarceration are a pervasive reality for people with mental illnesses. Wide variation, however, exists in the estimates of the percentage of people with mental illnesses who become involved in the criminal justice system. Researchers and practitioners need a variety of methods in their toolbox to maximize their ability to identify mental illness depending on available resources and needs. Yet, the benefits and costs of utilizing these different approaches have yet to be explored in the criminal justice
literature. To begin exploring the utility of the different methods of case identification, we review the most commonly used approaches to identifying people with mental illnesses and end with a detailed examination of the use of behavioral health records. The use of behavioral health records is a case identification method that has gained emerging support in criminal justice research in recent years. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-18064-005&site=ehost-live

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Title: Modelling difficulties in Abstract thinking in psychosis: The importance of socio-developmental background.


Abstract
Introduction: Abstract thinking is important in modern understanding of neurocognitive abilities, and a symptom of thought disorder in psychosis. In patients with psychosis, we assessed if socio-developmental background influences Abstract thinking, and the association with executive functioning and clinical psychosis symptoms. Methods: Participants (n = 174) had a diagnosis of psychotic or bipolar disorder, were 17–65 years, intelligence quotient (IQ) ≥ 70, fluent in a Scandinavian language, and their full primary education in Norway. Immigrants (N = 58) were matched (1:2) with participants without a history of migration (N = 116). All participants completed a neurocognitive and clinical assessment. Socio-developmental background was operationalised as human developmental index (HDI) of country of birth, at year of birth. Structural equation modelling was used to assess the model with best fit. Results: The model with best fit, χ² = 96.591, df = 33, p < .001, confirmed a significant indirect effect of HDI scores on Abstract thinking through executive functioning, but not through clinical psychosis symptoms.

Conclusions: This study found that socio-developmental background influences Abstract thinking in psychosis by indirect effect through executive functioning. We should take into account socio-developmental background in the interpretation of neurocognitive performance in patients with psychosis, and prioritise cognitive remediation in treatment of immigrant patients. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Are eating disorders and their symptoms increasing in prevalence among adolescent population?

Authors: Litmanen, Jessi; Fröjd, Sari; Marttunen, Mauri; Isomaa, Rasmus; Kaltiala-Heino, Riittakerttu; Nordic Source: Journal of Psychiatry, Vol 71(1), Jan, 2017 pp. 61-66. Publisher: Taylor & Francis; [Journal Article]

Abstract
Background: A debate concerns whether eating disorders are increasing in prevalence. The role of socio-economic status (SES) for adolescent eating disorders (ED) is another matter of debate. Aims: To ascertain whether self-reported eating disorders or their symptoms have increased in prevalence in adolescent population from the early 2000s to early 2010s. Methods: A person-identifiable classroom survey, Adolescent Mental Health Cohort study, was carried out among the 9th graders in comprehensive schools in Tampere, Finland, during academic year 2002–2003, and replicated among then 9th graders during academic years 2012–2013. Eating disorders were elicited with questionnaires tailored according to DSM-IV criteria for anorexia nervosa and bulimia nervosa. Results: No changes were observed between 2002–2003 and 2012–2013 in the prevalence of anorexia and bulimia, most of the symptoms of anorexia and bulimia, or the proportion of adolescents having received treatment due to eating disorders among the girls or the boys. Eating disorders, treatment contacts due to eating disorders, and eating disorder symptoms were not systematically associated with either low or high parental socio-economic status. Conclusion: Based on this dataset, eating disorders are not increasing in the adolescent population. Adolescent eating disorders are not associated with socio-economic status of their family. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:

**Authors:**
Kerns, Connor Morrow; Renno, Patricia; Kendall, Philip C.; Wood, Jeffrey J.; Storch, Eric A.;

**Source:**

**Abstract**
Assessing anxiety in autism spectrum disorder (ASD) is inherently challenging due to overlapping (e.g., social avoidance) and ambiguous symptoms (e.g., fears of change). An ASD addendum to the Anxiety Disorders Interview Schedule–Child/Parent, Parent Version (ADIS/ASA) was developed to provide a systematic approach for differentiating traditional anxiety disorders from symptoms of ASD and more ambiguous, ASD-related anxiety symptoms. Interrater reliability and convergent and discriminant validity were examined in a sample of 69 youth with ASD (8–13 years, 75% male, IQ = 68–143) seeking treatment for anxiety. The parents of participants completed the ADIS/ASA and a battery of behavioral measures. A second rater independently observed and scored recordings of the original interviews. Findings suggest reliable measurement of comorbid (intraclass correlation = 0.85–0.98, κ = 0.67–0.91) as well as ambiguous anxiety-like symptoms (intraclass correlation = 0.87–95, κ = 0.77–0.90) in children with ASD. Convergent and discriminant validity were supported for the traditional anxiety symptoms on the ADIS/ASA, whereas convergent and discriminant validity were partially supported for the ambiguous anxiety-like symptoms. Results provide evidence for the reliability and validity of the ADIS/ASA as a measure of traditional anxiety categories in youth with ASD, with partial support for the validity of the ambiguous anxiety-like categories. Unlike other measures, the ADIS/ASA differentiates comorbid anxiety disorders from overlapping and ambiguous anxiety-like symptoms in ASD, allowing for more precise measurement and clinical conceptualization. Ambiguous anxiety-like symptoms appear phenomenologically distinct from comorbid anxiety disorders and may reflect either symptoms of ASD or a novel variant of anxiety in ASD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
The contribution of temperamental and cognitive factors to childhood anxiety disorder symptoms: A closer look at negative affect, behavioral inhibition, and anxiety sensitivity.

**Authors:**
Viana, Andres G.; Kiel, Elizabeth J.; Alfano, Candice A.; Dixon, Laura J.; Palmer, Cara A.;

**Source:**

**Abstract**
This study examined the role of anxiety sensitivity as an explanatory variable in the link between two temperamental dimensions (i.e., behavioral inhibition and negative affect) and anxiety disorder symptom severity in a sample of children with anxiety disorders. Forty-four children (52% African American) between 8 and 12 years of age and their mothers participated in this study. An assessment battery consisting of diagnostic interviews, questionnaires, and behavioral assessment of behavioral inhibition was administered. Findings revealed that anxiety sensitivity was a significant explanatory variable linking child self-reports of behavioral inhibition and negative affect to anxiety disorder symptom severity. For parent-completed measures, only direct effects of behavioral inhibition on anxiety disorder symptom severity were found. The clinical implications of our findings, including the importance and feasibility of anxiety sensitivity and behavioral inhibition assessments as part of routine clinical care of children with anxiety disorders are discussed, along with the limitations of our study. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


**Title:**
Attention and executive function in children diagnosed with Attention Deficit Hyperactivity Disorder and comorbid disorders.

**Authors:**
Objective: The goal of this study was to examine the relationship between comorbid disorders and executive function (EF) in children diagnosed with Attention Deficit/Hyperactivity Disorder (ADHD).

Methods: Three hundred and fifty-five, 6–12 year old children clinically diagnosed with ADHD were included in the study. Comorbid anxiety disorders, Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD) were examined. The EF domains were assessed using the Conners' Continuous Performance Test (CPT), Wisconsin Card Sorting Test (WCST), Tower of London (ToL), Finger Windows (FW) and Self Ordered Pointing Test (SOPT).

Results: The findings indicate that children with comorbid anxiety disorders performed worse in domains measured by CPT and prior to controlling for age and sex, by FW. However, once sex was controlled for the results for FW were no longer significant. Children with CD obtained lower scores on WCST. Furthermore, a significant sex by CD interaction was observed.

Conclusion: These results indicate that comorbid disorders should be carefully examined as they play a significant role in EF performance and subsequently in day-to-day functioning of children with ADHD.
Background: Autism Spectrum Disorder (ASD) and Developmental Coordination Disorder (DCD) are developmental disorders that, since the DSM-5, can be diagnosed as co-occurring conditions. While some recent studies suggest that ASD and DCD have similar traits, others show clear behavioral distinctions between the two conditions. By gathering all studies that included (1) an ASD group and a DCD group, (2) an ASD+DCD group and a DCD group, or (3) ASD, ASD+DCD, and DCD groups, we aimed to identify similarities and differences in behaviors between the two disorders. Method: We used a systematic search of PubMed (1946 –), Scopus (1970 –), PsycINFO (via EBSCO, 1600 –), CINAHL (via EBSCO, 1937 –), SportDiscus (via EBSCO, 1985 –), and WorldCat (via FirstSearch) in addition to reference list and author name searching PubMed, Scopus, PsycINFO, CINAHL, SportDiscus, and WorldCat to identify original studies that met the following criteria: (1) an ASD group and a DCD group, (2) an ASD+DCD group and a DCD group, or (3) ASD, ASD+DCD, and DCD groups. Results: From the 1598 articles screened, 11 were included in the qualitative analysis. The articles included reported more differences than similarities in individuals with ASD and DCD, with clear distinctions for working memory ability, gestural performance, grip selection, and cortical thickness. Only two studies reported similarities in face processing abilities and perceived competence, and the interventional studies showed group similarities in behavior improvement, such as intelligence and attention. Conclusions: Based on the articles reviewed, we conclude that while DCD and ASD share some behavioral symptoms, the symptom profiles of each disorder are unique and separable. We recommend that the evaluation of potential DCD in individuals with ASD be performed systematically and thoroughly, so as to distinguish this co-occurring condition from sensorimotor symptoms associated with ASD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: The Penn State Worry Questionnaire for Children: Age, gender and clinical invariance.
Authors: Păsărelu, Costina R.; Dobrean, Anca; Balazsi, Robert; Predescu, Elena; Șipos, Roxana; Lupu, Viorel
Abstract The Penn State Worry Questionnaire for Children (PSWQ-C) is one of the most frequently used instruments to assess worry in children. The current study examines the measurement invariance of the PSWQ-C in a Romanian sample. Participants (n = 759) were recruited from both community and clinical populations. Our findings have replicated the good psychometric properties of the PSWQ-C and of the short PSWQ-C (the original scale with the negative items deleted). Multigroup confirmatory factor analysis has supported measurement invariance (configural, metric, scalar) across gender, age and clinical diagnosis. Convergent validity with other assessment measures has also been established. Finally, the implications of the use of the PSWQ-C in the assessment of anxiety in children and adolescents are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Depression with mixed features in adolescent psychiatric patients.
Authors: Frazier, Elisabeth A.; Swenson, Lance P.; Mullare, Tracy; Dickstein, Daniel P.; Hunt, Jeffrey I.;
Abstract Depression with mixed features is poorly understood, especially in pediatric samples. This study compares symptoms and correlates of depressed adolescent inpatients with mixed features to inpatients with bipolar disorder and major depression. 407 adolescents were administered diagnostic interviews and self-reports, and 262 were categorized as Depression with Mixed Features (MXD; n = 38), Consensus Bipolar (CB; n = 79), or Depression Only (DO; n = 145). Demographic and morbidity information were collected via chart reviews. MXD adolescents evidenced elevated mania-related symptoms compared to DO adolescents. MXD adolescents had elevated Unusually Energetic symptoms and increases for six additional category B mania-related symptoms compared to CB adolescents. MXD adolescents met criteria for more comorbid disorders and reported elevated suicidality, anger, and trauma symptoms compared to CB and DO adolescents. Overall, MXD adolescents evidenced elevated symptomatology.
compared to other groups, suggesting mixed depression may represent a unique constellation of symptoms meriting further investigation. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Parental involvement in cognitive behavior therapy for children with anxiety disorders: 3-year follow-up.
Authors: Walczak, Monika; Esbjørn, Barbara H.; Breinholst, Sonja; Reinholdt-Dunne, Marie Louise;
Abstract
Parental factors have been linked to childhood anxiety, hence, parental involvement in cognitive behavioral therapy (CBT) for anxious children has been examined. However, findings do not consistently show added effects of parent-enhanced CBT, longitudinal investigations are scarce and long-term effects unclear. In the present study, 40 out of 54 families who, 3 years previously, completed one of two types of CBT treatment: with limited or active parental involvement, were assessed using semiunstructured diagnostic interviews. Diagnostic status at 3-years follow-up was compared between groups. Changes in diagnostic status across assessment points: posttreatment, 6-month and 3-year follow-up were analyzed within groups. Diagnostic change from 6-month to 3-year follow-up was compared between groups. Intent-to-treat analyses revealed no significant difference in diagnostic status between groups at 3-year follow-up. Nonetheless, children whose parents actively participated in treatment showed significantly more remission from 6-month to 3-year follow-up than children with limited parental participation. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: An inclusive design approach for developing video games for children with autism spectrum disorder.
Authors: Malinverni, Laura; Mora-Guiard, Joan; Padillo, Vanesa; Valero, Lilia; Hervás, Amaia; Pares, Narcis;
Abstract
The efficacy of therapeutic treatments for Autism Spectrum Disorder is mainly associated with the treatment's intensity in terms of weekly hours. This has led mental health professionals to explore the use of video games to complement traditional treatments. However, major weaknesses have been found due to poor game design, which has failed to fulfill therapeutic objectives or to properly engage children. These weaknesses are typically characterized by the poor integration of knowledge from mental health experts, children's interests and designers’ expertise. Starting from this necessity, we propose an inclusive design approach to develop therapeutic games. The method presents strategies to integrate the expertise of clinicians, contributions of children and experience of designers through a set of elicitation and merging techniques. The goal of this method is to design games that are effective in terms of therapeutic objectives and that are enjoyable for children. To describe this method, we present its application in the design and development of a Kinect-based game for high-functioning children with ASD called 'Pico's Adventures'. This game aims at promoting social initiation in young children with autism. Findings from a first exploratory study with 10 children with ASD showed the effectiveness of the game in eliciting social initiation behaviors. This provides a first validation of the method. An essential aspect of the game's success was the use of elements and mechanics that were appealing for the children. As a result, we have identified effective design concepts and paths for further research on games for children with ASD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: 'Cool' youth: A systematic review and comprehensive meta-analytic synthesis of data from the Cool Kids family of intervention programs.
Authors: Mychailyyszyn, Matthew P.;
To conduct a meta-analysis to synthesize the available research on the family of studies belonging to the Cool Kids Program, a cognitive–behavioral intervention for anxiety disorders in youth, and evaluate its overall effectiveness in addressing anxious symptomatology. A search of online databases, combined with reference list examination and communication with program implementers/developers, led to the identification of (16) studies that explored the effects of the Cool Kids Program (N = 1579), or its forerunners or extensions. Analyses focused on child- and parent-report of anxiety, with effect sizes aggregated according to a random effects model and calculated as differences between intervention and control groups at posttreatment (standardized mean difference [SMD]) as well as by considering the changes in scores between time points (e.g., standardized mean gain [SMG]). Analyses indicate superior improvement for youth receiving the Cool Kids intervention as compared with controls according to SMD analyses for both child- and parent-report, as well as for SMG analyses according to parent-report, though not according to child self-report despite a nearly identical aggregated effect size; the latter was attributable to greater gains reported by youth in control conditions; secondary analyses also suggest significantly greater improvements in automatic thoughts for Cool Kids participants. This intervention has been implemented in different modalities, holds considerable promise, and in the contemporary context of evidence-based practice, should be considered a program with strong empirical support. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Perspectives on classification of selected childhood neurodisabilities based on a review of literature.

Authors:
Jeevanantham, Deepa; Bartlett, Doreen;

Source:

Abstract
Purpose: Classifying children with heterogeneous health conditions is challenging. The purposes of this perspective are to explore the prevailing classifications in children with the three selected neurodisabilities using the underlying framework of ICF/ICF-CY, explore the utility of the identified classifications, and make recommendations aimed at improving classifications. Methods: A literature search on six databases and Google was conducted. Articles published between the years 2000 and 2013 were included if they provided information on classification of cerebral palsy (CP), and/or developmental coordination disorder (DCD) and/or autism spectrum disorders (ASD). Results: Children with DCD and ASD are classified using combinations of multiple measures. The classifications in CP meet more of the proposed criteria for utility than those in DCD and ASD. Conclusion: None of the existing classifications addressed all the criteria. The heterogeneity associated with the selected neurodisabilities poses major challenges. Further work is required to establish improved classifications. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Factors related to parental age of first concern in toddlers with autism spectrum disorder.

Authors:
Matheis, Maya; Matson, Johnny L.; Burns, Claire O.; Jiang, Xinrui; Peters, W. Jason; Moore, Michael; de Back, Kaitlin A.; Estabillo, Jasper;

Source:

Abstract
Purpose: The age of first concern (AOC) of parents of children with autism spectrum disorders (ASD) has substantial implications for early diagnosis and intervention. The current study sought to determine the average AOC, what types of first concerns are most common, and what factors predict earlier AOC in toddlers with ASD. Methods: This study analyzed the predictive influence of the type of concern, symptom
severity, medical diagnoses, and other independent variables on AOC among toddlers with ASD using multiple regressions. Results: The mean AOC was found to be 13.97 months (SD = 7.86). The most commonly reported first concern was speech/language. First concerns related to communication, speech/language predicted later AOC, while motor concerns predicted earlier AOC. Conclusions: Concerns that are more closely related to social communication deficits characteristic of ASD predicted later AOC. The implications of these findings on screening/assessment and intervention are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Perfectionism and contingent self-worth in relation to disordered eating and anxiety.

Authors:
Bardone-Cone, Anna M.; Lin, Stacy L.; Butler, Rachel M.;

Source:

Abstract
Perfectionism has been proposed as a transdiagnostic risk factor linked to eating disorders and anxiety. In the current study, we examine domains of contingent self-worth as potential moderators of the relationships between maladaptive perfectionism and disordered eating and anxiety using two waves of data collection. Undergraduate females (N = 237) completed online surveys of the study’s core constructs at two points separated by about 14 months. At a bivariate level, maladaptive perfectionism was positively associated with disordered eating and anxiety. Maladaptive perfectionism and both appearance and relationship contingent self-worth interacted to predict increases in disordered eating. Neither of the interactive models predicted change in anxiety. Findings highlight maladaptive perfectionism as a transdiagnostic construct related to both disordered eating and anxiety. Interactive findings suggest that targeting maladaptive perfectionism and contingent self-worth (appearance, relationship) in prevention and treatment efforts could mitigate risk for the development or increase of disordered eating. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
A new paradigm to measure probabilistic reasoning and a possible answer to the question why psychosis-prone individuals jump to conclusions.

Authors:
Moritz, Steffen; Göritz, Anja S.; Balzan, Ryan P.; Gawęda, Łukasz; Kulagin, Susan C.; Andreou, Christina;

Source:

Abstract
Jumping to conclusions (JTC) distinguishes patients with schizophrenia from both healthy and psychiatric controls. JTC is typically assessed using the beads task, which, however, faces a number of limitations as to its interpretability and reliability. The present study set out to validate a new paradigm to assess JTC: the box task. We adopted a psychometric psychosis proneness approach and divided a large population sample into participants who scored high versus low on a scale tapping psychosis-like experiences. Participants performed a variant of the original beads task along with a new JTC task, the box task, with or without time pressure. The box task requires participants to infer which of two ball colors will be more prevalent in a matrix of boxes. The box task and the beads task were significantly correlated at a medium effect size, thus demonstrating criterion validity for the box task. As hypothesized, participants who scored high on psychosis-like experiences showed particularly strong JTC and a decreased decision threshold relative to low scorers, especially in the box task version with time pressure; in contrast, group differences in the beads tasks only achieved trend-wise significance. Mediation analyses showed that fewer draws to decisions were predicted by either a lower decision threshold or by higher initial probability estimates for the dominant item. The study establishes the criterion and construct validity of a new JTC task. Its advantages over the traditional beads task are better comprehensibility and usability; multiple parallel versions can be created thus raising reliability. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
Neural correlates of explicit and implicit emotion processing in relation to treatment response in pediatric anxiety.

Authors:
Burkhouse, Katie L.; Kujawa, Autumn; Klumpp, Heide; Fitzgerald, Kate D.; Monk, Christopher S.; Phan, K. Luan;

Source:

Abstract
Background: Approximately 40%–45% of youth with anxiety disorders do not achieve remission (or a substantial reduction in symptoms) following treatment, highlighting the need to identify predictors of treatment response. Given the well-established link between attentional biases and anxiety disorders in youth and adults, this study examined the neural correlates of directing attention toward and away from emotional faces in relation to pediatric anxiety treatment response. Method: Prior to beginning treatment with the selective serotonin reuptake inhibitor (SSRI) sertraline or cognitive behavior therapy (CBT), 37 youth (age 7–19 years) with generalized and/or social anxiety disorder completed a task with conditions that manipulated whether participants were instructed to match emotional faces (explicit emotion processing) or match shapes in the context of emotional face distractors (implicit emotion processing) during functional magnetic resonance imaging. Results: Results revealed that reduced activation in superior frontal gyrus (SFG), encompassing the dorsal anterior cingulate cortex (ACC) and dorsomedial prefrontal cortex (PFC), during implicit processing of emotional faces predicted a greater reduction in anxiety severity pre-to-post treatment. Post hoc analyses indicated that effects were not significantly moderated by the type of treatment or anxiety type. Conclusions: Findings suggest that less recruitment of SFG, including the dorsal ACC and dorsomedial PFC, during implicit emotion processing predicts a greater reduction in anxiety severity pre-to-post treatment. Youth who exhibit reduced activation in these areas while matching shapes in the context of emotional face distractors may have more to gain from CBT and SSRI treatment due to preexisting deficits in attentional control. These findings suggest that neuroimaging may be a useful tool for predicting which youth are most likely to benefit from anxiety treatment. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Perceived criticism in the treatment of a high-risk adolescent.

Authors:
Hooley, Jill M.; Miklowitz, David J.;

Source:

Abstract
Perceived criticism (PC) is a construct that plays a key role in family relationships of persons with psychiatric disorders. It can be assessed in a brief and simple way using the Perceived Criticism Measure. PC ratings made by patients about their caregivers predict adverse clinical outcomes including increases in symptoms and relapse across a broad range of psychiatric diagnoses. Although research supports the concurrent and predictive validity of PC, the measure is not widely used in clinical practice. Here, we describe the construct of PC and review evidence supporting its clinical utility. We then illustrate how criticism and perceptions of criticism can be addressed in a clinical context, describing a family focused treatment approach used with a depressed adolescent at high risk for bipolar disorder. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Incremental validity of teacher and parent symptom and impairment ratings when screening for mental health difficulties.

Authors:
Aitken, Madison; Martinussen, Rhonda; Tannock, Rosemary;

Source:

Abstract
Although universal screening for mental health difficulties is increasingly recognized as a way to identify children who are at risk and provide early intervention, little research exists to inform decisions about screening, such as the choice of informants and the type of information collected. The present study examined the incremental validity of teacher- and parent-rated (primarily mothers) symptoms and impairment in a non-referred sample of early elementary school children (n = 320, 49 % boys, ages 6 to 9) in terms of predicting impairment as rated by a different teacher 1 year later. Teacher-rated symptoms and impairment and parent-rated impairment were each unique predictors of later impairment; however, parent-rated symptoms did not contribute to the prediction of later impairment above and beyond these other indicators. The results indicate that, when screening for mental health difficulties in the school system, impairment ratings collected across settings add useful information, but it may not be necessary to use parent symptom ratings when teacher symptom ratings are available. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Mothers’ and children’s story-telling: A study of dyads with typically developing children and children with ASD. Hutchins,

Authors:
Tiffany L.; Deraway, Chelsea; Prelock, Patricia; O'Neill, Ana;

Source:

Abstract
The production of specific mental state terms types and functions by caregivers and their TD children and caregivers and their children with ASD were assessed in two contexts: a parent’s story-telling task and a child’s story-telling task. Caregivers of children with ASD produced less causal talk and proportionally less desire and cognitive talk than did caregivers of TD children. When focusing only on variation in our ASD sample, caregivers’ and children’s production of different mental state references varied with context and were predicted by different child characteristics (i.e., theory of mind, autism severity, language level). We conclude that caregivers are likely adjusting different aspects of mental state input depending on different aspects of child development although these adjustments may not always be optimal. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Brief report: Examination of correlates of adaptive behavior in children with HFASD using the BASC-2 parent rating scale.

Authors:
McDonald, Christin A.; Donnelly, James P.; Rodgers, Jonathan D.; Thomeer, Marcus L.; Lopata, Christopher; Jordan, Allyson K.;

Source:

Abstract
This study extended the research on correlates of adaptive functioning of high-functioning children with autism spectrum disorder (HFASD) using the Behavior Assessment System for Children-Second Edition (BASC-2). Specifically, this study investigated the relationships between adaptive behavior and age, IQ, and ASD symptomology, in a well-characterized sample of 119 children with HFASD, ages 6–11 years. Results revealed age and IQ were not significantly correlated with adaptive ability. However, total autism symptoms [measured by the Autism Diagnostic Interview-Revised (ADI-R)], as well as ASD-social
symptoms were negatively correlated with adaptive ability. Mean comparisons revealed that participants falling into the clinically-significant range of the BASC-2 Adaptive Skills Composite (ASC) displayed significantly greater levels of both overall and social ASD symptoms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Network over-connectivity differentiates autism spectrum disorder from other developmental disorders in toddlers: A diffusion MRI study.


Abstract
Advanced connectivity studies in toddlers with Autism Spectrum Disorder (ASD) are increasing and consistently reporting a disruption of brain connectivity. However, most of these studies compare ASD and typically developing subjects, thus providing little information on the specificity of the abnormalities detected in comparison with other developmental disorders (other-DD). We recruited subjects aged below 36 months who received a clinical diagnosis of Neurodevelopmental Disorder (32 ASD and 16 other-DD including intellectual disability and language disorder) according to DSM-IV TR. Structural and diffusion MRI were acquired to perform whole brain probabilistic and anatomically constrained tractography. Network connectivity matrices were built encoding the number of streamlines (DNUM) and the tract-averaged fractional anisotropy (DFA) values connecting each pair of cortical and subcortical regions. Network Based Statistics (NBS) was finally applied on the connectivity matrices to evaluate the network differences between the ASD and other-DD groups. The network differences resulted in an over-connectivity pattern (i.e., higher DNUM and DFA values) in the ASD group with a significance of P < 0.05. No contra-comparison results were found. The over-connectivity pattern in ASD occurred in networks primarily involving the fronto-temporal nodes, known to be crucial for social-skill development and basal ganglia, related to restricted and repetitive behaviours in ASD. To our knowledge, this is the first network-based diffusion study comparing toddlers with ASD and those with other-DD. Results indicate the detection of different connectivity patterns in ASD and other-DD at an age when clinical differential diagnosis is often challenging. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Eating patterns in adolescents with type 1 diabetes: Associations with metabolic control, insulin omission, and eating disorder pathology.

Authors: Wisting, Line; Reas, Deborah Lynn; Bang, Lasse; Skrivarhaug, Torild; Dahl-Jørgensen, Knut; Rø, Øyvind;


Abstract
Objective: The purpose of this study was to investigate eating patterns among male and female adolescents with type 1 diabetes (T1D), and the associations with age, zBMI, eating disorder (ED) pathology, intentional insulin omission, and metabolic control. Method: The sample consisted of 104 adolescents (58.6% females) with child-onset T1D, mean age of 15.7 years (SD 1.8) and mean zBMI of 0.4 (SD 0.8). The Child Eating Disorder Examination (ChEDE) assessed meal/snack frequency and ED pathology. T1D clinical data was obtained from the Norwegian Childhood Diabetes Registry. Results: A significantly lower proportion of females than males (73.8% vs 97.7%) consumed breakfast on a daily basis. Approximately 50% of both genders ate lunch and 90% ate dinner daily. Among females, skipping breakfast was significantly associated with higher global ED psychopathology, shape concerns, self-induced vomiting, binge eating, insulin omission due to shape/weight concerns, and poorer metabolic control. Less frequent lunch consumption was significantly associated with poorer metabolic control. Skipping dinner was significantly associated with older age, higher dietary restraint, eating concerns, self-induced vomiting, and insulin omission. Among males, less frequent consumption of lunch and evening
snacks was associated with attitudinal features of ED, including shape/weight concerns and dietary restraint. Discussion: Among adolescents with T1D, irregular or infrequent meal consumption appears to signal potential ED pathology, as well as being associated with poorer metabolic control. These findings suggest the importance of routinely assessing eating patterns in adolescents with T1D to improve detection of ED pathology and to facilitate improved metabolic control and the associated risk of somatic complications. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Self-perceived food addiction: Prevalence, predictors, and prognosis.
Authors:
Meadows, Angela; Nolan, Laurence J.; Higgs, Suzanne;
Source:
Abstract
Food addiction is controversial within the scientific community. However many lay people consider themselves addicted to certain foods. We assessed the prevalence and characteristics of self-perceived 'food addiction' and its relationship to a diagnostic measure of 'clinical food addiction' in two samples: (1) 658 university students, and (2) 614 adults from an international online crowdsourcing platform. Participants indicated whether they considered themselves to be addicted to food, and then completed the Yale Food Addiction Scale, measures of eating behavior, body image, and explicit and internalized weight stigma. Participants in the community sample additionally completed measures of impulsivity, food cravings, binge eating, and depressive symptomatology. Follow-up data were collected from a subset of 305 students (mean follow-up 280 ± 30 days). Self-perceived 'food addiction' was prevalent, and was associated with elevated levels of problematic eating behavior, body image concerns, and psychopathology compared with 'non-addicts', although individuals who also received a positive 'diagnosis' on the Yale Food Addiction Scale experienced the most severe symptoms. A clear continuum was evident for all measures despite no differences in body mass index between the three groups. Multinomial logistic regression analyses indicated that perceived lack of self-control around food was the main factor distinguishing between those who did and did not consider themselves addicted to food, whereas severity of food cravings and depressive symptoms were the main discriminating variables between self-classifiers and those receiving a positive 'diagnosis' on the Yale Food Addiction Scale. Self-perceived 'food addiction' was moderately stable across time, but did not appear predictive of worsening eating pathology. Self-classification as a 'food addict' may be of use in identifying individuals in need of assistance with food misuse, loss-of-control eating, and body image issues. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Children's behavioral inhibition and anxiety disorder symptom severity: The role of individual differences in respiratory sinus arrhythmia.
Authors:
Viana, Andres G.; Palmer, Cara A.; Zvolensky, Michael J.; Alfano, Candice A.; Dixon, Laura J.; Raines, Elizabeth M.;
Source:
Abstract
Although behavioral inhibition (BI) is clearly identified as a temperamental risk factor for childhood anxiety psychopathology, much less is known about whether the strength of this association may vary as a function of parasympathetic nervous system regulation in children with anxiety disorders. To build upon extant research in this area, the present study examined whether respiratory sinus arrhythmia (RSA) can explicate the conditions in which BI is linked to increased symptom severity among anxiety-disordered children (N = 44; M = 9.61 years, SD = 1.63; 52% female and African American, respectively). We examined RSA responding both during a basal period and during a stressor ('challenge' RSA): interacting with a 'mystery guest' who was wearing a mask. As hypothesized, the interaction between BI and both
basal and challenge RSA was significantly related to anxiety disorder symptom severity, even after controlling for depressive symptoms. The form of the interaction indicated that highest levels of anxiety disorder symptoms were found among children with high levels of BI and low basal and challenge RSA, respectively. These data provide novel empirical evidence of a clinically-relevant interplay between RSA and BI in relation to anxiety disorder symptom severity among clinical youth. Future work is needed to expand on the specific mechanisms that may be responsible for the interplay between temperamental and psychobiological risks for childhood anxiety. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Positive emotion specificity and mood symptoms in an adolescent outpatient sample.
Authors: Gruber, June; Meter, Anna; Gilbert, Kirsten E.; Youngstrom, Eric A.; Youngstrom, Jennifer Kogos; Feeny, Norah C.; Findling, Robert L.;
Abstract
Research on positive emotion disturbance has gained increasing attention, yet it is not clear which specific positive emotions are affected by mood symptoms, particularly during the critical period of adolescence. This is especially pertinent for identifying potential endophenotypic markers associated with mood disorder onset and course. The present study examined self-reported discrete positive and negative emotions in association with clinician-rated manic and depressive mood symptoms in a clinically and demographically diverse group of 401 outpatient adolescents between 11 and 18 years of age. Results indicated that higher self reported joy and contempt were associated with increased symptoms of mania, after controlling for symptoms of depression. Low levels of joy and high sadness uniquely predicted symptoms of depression, after controlling for symptoms of mania. Results were independent of age, ethnicity, gender and bipolar diagnosis. These findings extend work on specific emotions implicated in mood pathology in adulthood, and provide insights into associations between emotions associated with goal driven behavior with manic and depressive mood symptom severity in adolescence. In particular, joy was the only emotion associated with both depressive and manic symptoms across adolescent psychopathology, highlighting the importance of understanding positive emotion disturbance during adolescent development. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Summer camp program for children with obsessive–compulsive disorder: Description and preliminary observations.
Authors: Rice, Timothy R.; Kostek, Natasha Toralba; Gair, Shannon L.; Rojas, Ariz;
Source: Cognitive and Behavioral Practice, Vol 24(2), May, 2017 pp. 142-151. Publisher: Elsevier Science;
Abstract
Summer camp programming has a rich history of promoting childhood development. In the care of children with specific childhood psychiatric disorders, the incorporation of targeted cognitive-behavioral principles provides an opportunity to marry targeted evidence-based practices with broader development, in particular social, emotional, and fine- and gross-motor development. This union is synergistic, providing the practitioner with an opportunity to employ cognitive-behavioral practices in an environment that may overcome common barriers to effective interventions outside the scope of the targeted illness. In this paper, the authors describe the preliminary findings concerning a weeklong, 25-hour summer camp program targeting childhood obsessive–compulsive disorder (OCD). Nine children ages 9–12 years participated in this pilot program. Child and parent feedback alike suggested strong treatment acceptability and efficacy in targeting both core symptoms of OCD as well as associated developmental deficits. The camp’s implementation of exposure and response prevention enables an opportunity to report on the capability of employing these strategies in a summer camp setting. In conjunction with an evidence-based treatment program for childhood OCD, a summer camp program specifically targeted for children with
OCD presents a valuable tool for improving child welfare and reducing functional impairments. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Identifying neurocognitive markers for outcome prediction of global functioning in individuals with first-episode and ultra-high-risk for psychosis.

Authors: Sawada, Kingo; Kanehara, Akiko; Sakakibara, Eisuke; Eguchi, Satoshi; Tada, Mariko; Satomura, Yoshiiro; Suga, Motomu; Koike, Shinsuke; Kasai, Kiyoto;


Abstract
Aim: There is an increasing need for identifying neurocognitive predictors of global functional outcome in early psychosis toward optimizing an early intervention strategy. Methods: We conducted a longitudinal observational study to investigate an association between neurocognitive assessments at baseline and global functional outcome at an average of 1-year follow up. Participants included ultra-high-risk for psychosis (UHR) individuals who had not converted to psychosis during the follow-up period (UHR-NP) and those with first-episode psychosis (FEP). We evaluated neurocognition at baseline using the Brief Assessment of Cognition in Schizophrenia Japanese version, including Verbal Memory, Working Memory, Motor Speed, Verbal Fluency, Attention/Processing Speed, and Executive Function. We also assessed global functional outcome using the modified Global Assessment of Functioning (mGAF) scale both at baseline and after the follow-up period. Results: Thirty-four UHR-NP individuals (34/47, 72%) and 29 FEP individuals (29/36, 81%) completed assessment of neurocognitive function at baseline and functional outcome at follow up. In the UHR-NP group, Attention/Processing Speed was significantly associated with the mGAF score at follow up. In the FEP group, Executive Function was significantly associated with the average mGAF score during follow up. Conclusion: Attention/Processing Speed and Executive Function at baseline may predict global functional outcome of early psychosis. These neurocognitive tests are easy to incorporate in clinical settings and, if replicated in independent samples, may be included in routine clinical assessments for prediction of functional outcome in early psychosis. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Paternal age alters social development in offspring.

Authors: Janecka, Magdalena; Haworth, Claire M. A.; Ronald, Angelica; Krapohl, Eva; Happé, Francesca; Mill, Jonathan; Schalkwyk, Leonard C.; Fernandes, Cathy; Reichenberg, Abraham; Rijsdijk, Frühling;


Abstract
Objective: Advanced paternal age (APA) at conception has been linked with autism and schizophrenia in offspring, neurodevelopmental disorders that affect social functioning. The current study explored the effects of paternal age on social development in the general population. Method: We used multilevel growth modeling to investigate APA effects on socioemotional development from early childhood until adolescence, as measured by the Strengths and Difficulties Questionnaire (SDQ) in the Twins Early Development Study (TEDS) sample. We also investigated genetic and environmental underpinnings of the paternal age effects on development, using the Additive genetics, Common environment, unique Environment (ACE) and gene–environment (GxE) models. Results: In the general population, both very young and advanced paternal ages were associated with altered trajectory of social development (intercept: p = .01; slope: p = .03). No other behavioral domain was affected by either young or advanced age at fatherhood, suggesting specificity of paternal age effects. Increased importance of genetic factors in social development was recorded in the offspring of older but not very young fathers, suggesting distinct underpinnings of the paternal age effects at these two extremes. Conclusion: Our findings highlight that
the APA-related deficits that lead to autism and schizophrenia are likely continuously distributed in the population. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Behavioral and neural sustained attention deficits in disruptive mood dysregulation disorder and attention-deficit/hyperactivity disorder.
Authors:
Pagliaccio, David; Wiggins, Jillian Lee; Adleman, Nancy E.; Curhan, Alexa; Zhang, Susan; Towbin, Kenneth E.; Brotman, Melissa A.; Pine, Daniel S.; Leibenluft, Ellen;
Source:
Abstract
Objective: Disruptive mood dysregulation disorder (DMDD), characterized by severe irritability, and attention-deficit/hyperactivity disorder (ADHD) are highly comorbid. This is the first study to characterize neural and behavioral similarities and differences in attentional functioning across these disorders.
Method: Twenty-seven healthy volunteers, 31 patients with DMDD, and 25 patients with ADHD (8 to 18 years old) completed a functional magnetic resonance imaging attention task. Group differences in intra-subject variability in reaction time (RT) were examined. The present functional magnetic resonance imaging analytic approach precisely quantified trial-wise associations between RT and brain activity.
Results: Group differences manifested in the relation between RT and brain activity (all regions: p < .01, F > 2.54, partial eta-squared [n²] > 0.06). Patients with DMDD showed specific alterations in the right paracentral lobule, superior parietal lobule, fusiform gyrus, and cerebellar culmen. In contrast, patients with DMDD and those with ADHD exhibited blunted compensatory increases in activity on long RT trials. In addition, youth with DMDD exhibited increased activity in the postcentral gyrus, medial frontal gyrus, and cerebellar tonsil and declive (all regions: p < .05, F > 2.46, n² > 0.06). Groups in the imaging sample did not differ significantly in intra-subject variability in RT (F2,79 = 2.664, p = .076, n² = 0.063), although intra-subject variability in RT was significantly increased in youth with DMDD and ADHD when including those not meeting strict motion and accuracy criteria for imaging analysis (F2,96 = 4.283, p = .017, n² = 0.083). Conclusion: Patients with DMDD exhibited specific alterations in the relation between pre-stimulus brain activity and RT. Patients with DMDD and those with ADHD exhibited similar blunting of compensatory neural activity in frontal, parietal, and other regions. In addition, patients with DMDD showed increased RT variability compared with healthy youth. This work is the first to identify common and unique behavioral and neural signatures of DMDD and ADHD. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-19263-014&site=ehost-live

Title:
Functional outcomes of child and adolescent mental disorders. Current disorder most important but psychiatric history matters as well.
Authors:
Source:
Psychological Medicine, Vol 47(7), May, 2017 pp. 1271-1282. Publisher: Cambridge University Press;
Abstract
Background: Various sources indicate that mental disorders are the leading contributor to the burden of disease among youth. An important determinant of functioning is current mental health status. This study investigated whether psychiatric history has additional predictive power when predicting individual differences in functional outcomes. Method: We used data from the Dutch TRAILS study in which 1778 youths were followed from pre-adolescence into young adulthood (retention 80%). Of those, 1584 youths were successfully interviewed, at age 19, using the World Health Organization Composite International Diagnostic Interview (CIDI 3.0) to assess current and past CIDI-DSM-IV mental disorders. Four outcome domains were assessed at the same time: economic (e.g. academic achievement, social benefits, financial difficulties), social (early motherhood, interpersonal conflicts, antisocial behavior), psychological
(e.g. suicidality, subjective well-being, loneliness), and health behavior (e.g. smoking, problematic alcohol, cannabis use). Results: Out of the 19 outcomes, 14 were predicted by both current and past disorders, three only by past disorders (receiving social benefits, psychiatric hospitalization, adolescent motherhood), and two only by current disorder (absenteeism, obesity). Which type of disorders was most important depended on the outcome. Adjusted for current disorder, past internalizing disorders predicted in particular psychological outcomes while externalizing disorders predicted in particular health behavior outcomes. Economic and social outcomes were predicted by a history of co-morbidity of internalizing and externalizing disorder. The risk of problematic cannabis use and alcohol consumption dropped with a history of internalizing disorder. Conclusion: To understand current functioning, it is necessary to examine both current and past psychiatric status. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: The contribution of parent and youth information to identify mental health disorders or problems in adolescents.

Authors: Aebi, Marcel; Kuhn, Christine; Banaschewski, Tobias; Grimmer, Yvonne; Poustka, Luise; Steinhausen, Hans-Christoph; Goodman, Robert;


Abstract

Background: Discrepancies between multiple informants often create considerable uncertainties in delivering services to youth. The present study assessed the ability of the parent and youth scales of the Strength and Difficulties Questionnaire (SDQ) to predict mental health problems/disorders across several mental health domains as validated against two contrasting indices of validity for psychopathology derived from the Development and Well Being Assessment (DAWBA): (1) an empirically derived computer algorithm and (2) expert based ICD-10 diagnoses. Methods: Ordinal and logistic regressions were used to predict any problems/disorders, emotional problems/disorders and behavioural problems/disorders in a community sample (n = 252) and in a clinic sample (n = 95). Results: The findings were strikingly similar in both samples. Parent and youth SDQ scales were related to any problem/disorder. Youth SDQ symptom and impact had the strongest association with emotional problems/disorder and parent SDQ symptom score were most strongly related to behavioural problems/disorders. Both the SDQ total and the impact scores significantly predicted emotional problems/disorders in males whereas this was the case only for the total SDQ score in females. Conclusion: The present study confirms and expands previous findings on parent and youth informant validity. Clinicians should include both parent and youth for identifying any mental health problems/disorders, youth information for detecting emotional problems/disorders, and parent information to detect behavioural problems/disorders. Not only symptom scores but also impact measures may be useful to detect emotional problems/disorders, particularly in male youth. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: A vicious cycle among cognitions and behaviors enhancing risk for eating disorders.

Authors: Zarychta, Karolina; Mullan, Barbara; Kruk, Magdalena; Luszczynska, Aleksandra;


Abstract

Background: Establishing the sequence in which risk factors for eating disorders (ED) emerge would enable more effective ED prevention. Thus, in our study we investigated reciprocal and indirect associations between three cognitive and behavioral ED determinants (appearance orientation, appearance worries, and dieting) emphasized in the transdiagnostic model of ED. Methods: Data were collected in a non-clinical group of adolescents at Time 1 (T1), and then 2-months (Time 2, T2) and 13-months later (Time 3, T3). Participants (N = 1260) aged 13–19 completed a questionnaire encompassing their nutrition behaviors, beliefs about appearance, health and well-being. Weight and height were measured objectively. Results: Higher levels of appearance orientation (T1) were associated with higher
levels of appearance worries (T2) which in turn predicted dieting (T3). Dieting (T1) predicted higher levels of appearance orientation (T2) which in turn predicted higher levels of appearance worries (T3). Higher levels of appearance worries (T1) were associated with higher levels of appearance orientation (T2) which in turn predicted dieting (T3). Also, higher levels of appearance worries (T1) were associated with dieting (T2), and higher levels of appearance orientation (T3). Conclusions: The three transdiagnostic model variables formed a vicious cycle. Therefore, higher levels of one of ED determinants (appearance orientation, appearance worries or dieting) increase the likelihood of the elevated levels of two other ED determinants at follow-ups and thus enhances the risk for ED. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Parent-child diagnostic agreement on anxiety symptoms with a structured diagnostic interview for mental disorders in children.
Authors: Popp, Lukka; Neuschwander, Murielle; Mannstadt, Sandra; In-Albon, Tina; Schneider, Silvia;
Abstract Objective: In clinical structured diagnostic interviews, diagnoses based on parent and child reports have low to moderate agreement. The aims of the present study are (1) to examine diagnostic agreement on anxiety disorders between parents and children on the levels of current and lifetime diagnostic category and diagnoses focusing in particular on diagnostic criteria and (2) to identify parent- and child-related predictors for diagnostic agreement. Method: The sample consisted of 166 parent-child dyads interviewed with the Structured Diagnostic Interview for Mental Disorders in Children (Kinder-DIPS, Schneider et al., 2009). The children (51.8% girls) were between the ages of 7 and 18 years (M = 10.94; SD = 2.22). Results: Overall, parent-child agreement on the diagnostic category of anxiety disorder (k = 0.21; k = 0.22) and the specific anxiety diagnoses (base rate > 10%) of social phobia, specific phobia and separation anxiety disorder (k = 0.24–0.52; k = 0.19–0.43) and corresponding diagnostic criteria (k = 0.22–0.67; k = 0.24–0.41) were low to moderate with the highest agreement on separation anxiety disorder (k > 0.43). Lower maternal depression, and higher social support reported by mother and father were associated with higher parent-child agreement. Maternal depression was indicated as the strongest predictor. Parental sense of competence, parental anxiety, the amount of parent-child interaction and the child’s age and gender had no predictive value. Conclusions: Parent-child agreement can be expected to be higher on the level of anxiety criteria compared to specific anxiety diagnoses and diagnostic anxiety category. Psychological strains in the family—especially maternal depression and low social support—lower the parent-child agreement on anxiety symptoms. Child- and relation-related variables (age, gender, amount of time parent(s) and children interact) play no role in the prediction of low parent-child agreement. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Maternal postpartum depressive symptoms predict delay in non-verbal communication in 14-month-old infants.
Authors: Kawai, Emiko; Takagai, Shu; Takei, Nori; Itoh, Hiroaki; Kanayama, Naohiro; Tsuchiya, Kenji J.; HBC Study Team;
Abstract We investigated the potential relationship between maternal depressive symptoms during the postpartum period and non-verbal communication skills of infants at 14 months of age in a birth cohort study of 951 infants and assessed what factors may influence this association. Maternal depressive symptoms were measured using the Edinburgh Postnatal Depression Scale, and non-verbal communication skills were measured using the MacArthur-Bates Communicative Development Inventories, which include Early Gestures and Later Gestures domains. Infants whose mothers had a high level of depressive symptoms
(13+ points) during both the first month postpartum and at 10 weeks were approximately 0.5 standard deviations below normal in Early Gestures scores and 0.5–0.7 standard deviations below normal in Later Gestures scores. These associations were independent of potential explanations, such as maternal depression/anxiety prior to birth, breastfeeding practices, and recent depressive symptoms among mothers. These findings indicate that infants whose mothers have postpartum depressive symptoms may be at increased risk of experiencing delay in non-verbal development. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-09719-005&site=ehost-live

Title:
Self-compassion and emotional intelligence in adolescence: A multigroup mediational study of the impact of shame memories on depressive symptoms.

Authors:
Castilho, Paula; Carvalho, Sérgio A.; Marques, Sara; Pinto-Gouveia, José;

Source:

Abstract
Several studies have highlighted the adaptive role of self-compassion on human suffering and on a wide range of psychopathological conditions. Extensive research has shown that emotional intelligence has been associated with well-being, mental and physical health and quality of interpersonal relationships. We set out to explore the mediating role of self-compassion and emotional intelligence on the relationship between shame traumatic memories and depressive symptoms, and to explore if these were different between female and male adolescents. The sample was composed of 1101 adolescents from general population, whose age ranged from 14 to 18 years. Participants filled out a battery of self-report questionnaires designed to measure shame traumatic memories, self-compassion, emotional intelligence and depressive symptoms. Correlational analysis showed that in male and female adolescents, shame traumatic memories are associated with more depressive symptoms and with lower levels of self-compassion and emotional intelligence. Multigroup analysis showed that emotional intelligence has a greater impact on depression in female adolescents. Also, the impact of shame traumatic memories on depression is stronger in males, even though females report shame traumatic memories as more impactful. This study provides preliminary evidence that self-compassion and emotional intelligence are important emotion regulation processes for depressive symptoms in adolescence. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2016-57559-001&site=ehost-live

Title:
Children’s attitudes toward aggression: Associations with depression, aggression, and perceived maternal/peer responses to anger.

Authors:
Barnes, Sarah E.; Howell, Kathryn H.; Thurston, Idia B.; Cohen, Robert;

Source:

Abstract
Little is known about factors that influence children’s attitudes toward aggression, despite evidence that these attitudes are influential in promoting violent behaviors. The purpose of the present research was to examine the relation of self, peer, and parent social factors to school-age children’s maladaptive attitudes toward aggression. Specifically, symptoms of depression, peer overt aggression behaviors, and perceptions of maternal and peer responses to anger were evaluated as important factors associated with the use of aggression. These factors were examined separately for boys and girls, as research has consistently documented gender differences in the form and use of aggression. Hierarchical regression models were computed separately for boys and girls in grades three through five (N = 167), with child-reported depression, peer-nominated overt aggression, and child-reported maternal and best friend responses to anger examined as predictors of maladaptive attitudes toward aggression. For girls, depressive symptoms positively predicted maladaptive attitudes toward aggression. For boys, the extent of peer-reported overt aggression (positively) and child-reported supportive maternal responses to the child’s anger (negatively) predicted maladaptive attitudes toward aggression. The value of examining
social factors that relate to attitudes toward aggression is discussed as well as consideration of gender differences in these relations. In addition, discussion includes how these results highlight important targets for interventions that may be especially relevant for school-age girls and boys. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Maternal depressive symptoms and early childhood cognitive development: A meta-analysis.
Authors:
Source:
Abstract
Background: Previous findings have been mixed regarding the relationship between maternal depressive symptoms and child cognitive development. The objective of this study was to systematically review relevant literature and to perform a meta-analysis. Method: Three electronic databases (PubMed, EMBASE, PsycINFO) were searched. Initial screening was conducted independently by two reviewers. Studies selected for detailed review were read in full and included based on a set of criteria. Data from selected studies were Abstracted onto a standardized form. Meta-analysis using the inverse variance approach and random-effects models was conducted. Results: The univariate analysis of 14 studies revealed that maternal depressive symptoms are related to lower cognitive scores among children aged \( \leq \) 56 months (Cohen's \( d = -0.25, 95\% \text{ CI} -0.39 \text{ to } -0.12 \)). The synthesis of studies controlling for confounding variables showed that the mean cognitive score for children 6–8 weeks post-partum whose mothers had high depressive symptoms during the first few weeks postpartum was approximately 4.2 units lower on the Mental Developmental Index (MDI) of the Bayley Scales of Infant and Toddler Development (BSID) compared with children with non-symptomatic mothers (\( \hat{B} = -4.17, 95\% \text{ CI } -8.01 \text{ to } -0.32 \)). Conclusions: The results indicated that maternal depressive symptoms are related to lower cognitive scores in early infancy, after adjusting for confounding factors. An integrated approach for supporting child cognitive development may include program efforts that promote maternal mental health in addition to family economic wellbeing, responsive caregiving, and child nutrition. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Nonmedical prescription stimulant use among girls 10–18 years of age: Associations with other risky behavior.
Authors:
Striley, Catherine Woodstock; Kelso-Chichetto, Natalie E.; Cottler, Linda B.;
Source:
Abstract
Purpose: Little is known about the risk factors for nonmedical use (NMU) of prescription stimulants among adolescent girls. We aimed to measure the association of nonmedical prescription stimulant use with empirically linked risk factors, including weight control behavior (WCB), gambling, and depressed mood, in pre-teen and teenaged girls. Methods: We assessed the relationship between age and race, gambling, WCB, depressive mood, and nonmedical prescription stimulant use using multivariable logistic regression. The study sample included 5,585 females, aged 10–18 years, recruited via an entertainment venue intercept method in 10 U.S. metropolitan areas as part of the National Monitoring of Adolescent Prescription Stimulants Study (2008–2011). Results: NMU of prescription stimulants was reported by 6.6% (n = 370) of the sample. In multivariable logistic regression, 1-year increase in age was associated with a 21% (95% confidence interval [CI]: .15, .28) increase in risk for NMU. Whites and other race/ethnicity girls had 2.67 (CI: 1.85, 3.87) and 1.71 (1.11, 2.65) times higher odds for NMU, compared to African-Americans. Depressive mood (adjusted odds ratio: 2.69, CI: 2.04, 5.57) and gambling (adjusted odds ratio: 1.90, 1.23, 2.92) were associated with increased odds for NMU. A dose-response was identified between WCB and NMU, where girls with unhealthy and extreme WCB were over five times more likely to
endorse NMU. Conclusions: We contribute to the literature linking WCB, depression, gambling, and the NMU of prescription stimulants in any population and uniquely do so among girls. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-08651-012&site=ehost-live

Title:
Infant respiratory sinus arrhythmia and maternal depressive symptoms predict toddler sleep problems.

Authors:
Gueron-Sela, Noa; Propper, Cathi B.; Wagner, Nicholas J.; Camerota, Marie; Tully, Kristin P.; Moore, Ginger A.;

Source:

Abstract
This study examined the direct and interactive effects of infants’ respiratory sinus arrhythmia (RSA) and maternal depressive symptoms (MDS) during the first 6 months of life in the prediction of children's sleep problems at age 18 months. Participants included 156 children and their mothers who were followed from 3 to 18 months of age. At ages 3 and 6 months, infants' cardiac activity was recorded at rest and during the still-face paradigm, a mother–child social challenge task, and estimates of infant baseline RSA (RSAB) and RSA withdrawal (RSAW) were calculated. Mothers reported about their depressive symptoms at 3, 6, and 18 months, and about infants’ sleep problems at age 18 months. Less RSAW and higher levels of MDS predicted more sleep problems at age 18 months. Additionally, RSAB moderated the link between MDS and children's sleep problems such that MDS were related to more sleep problems only for infants with high levels of RSAB. Results illustrate the importance of RSA as both a direct predictor and a moderator of maternal influences in the prediction of early sleep problems. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
What are the odds: An examination of adolescent interracial romance and risk for depression.

Authors:
Miller, Byron;

Source:

Abstract
Previous studies find that romantic relationships adversely affect adolescents’ psychological well-being, yet none examine the differential effects of adolescent romance for same-race and interracial daters. Using data from the National Longitudinal Study of Adolescent Health (Add Health), I find that heterosexual adolescents in same-race relationships are more likely to be depressed than non-daters, but interracial daters have greater odds of risk for depression than their non-dating and same-race dating peers. Experiencing a romantic breakup explains the elevated risk of depression for daters in general, and same-race daters specifically, but not interracial daters. Furthermore, the associations that relationship status (dating vs. non-dating) and couple’s racial composition (same-race vs. interracial) have with depression are not moderated by race or gender. The findings highlight the differential effects of same-race and interracial romantic relationships on adolescent’s psychological well-being and the need to further examine the well-being of interracial daters. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-06052-003&site=ehost-live

Title:
Coping mediates the association between gender and depressive symptomatology in adolescence.

Authors:
Malooly, Ashley M.; Flannery, Kaitlin M.; Ohannaessian, Christine McCauley;

Source:
Abstract
Previous studies have found evidence for gender and racial/ethnic differences in depressive symptoms in adolescence; however, the mechanisms driving this relationship are poorly understood. The goal of this study was to examine the role of individual differences in dispositional coping in the relationships between gender and depressive symptomatology, and race/ethnicity and depressive symptomatology. Surveys were administered to 905 15- and 17-year-old adolescents (mean age 16.10, SD = .67; 54% girls, n = 485) in the spring of 2007, 2008, and 2009. Girls reported more depressive symptomatology than boys and endorsed a greater disposition for the following coping strategies in comparison to boys: emotional social support, instrumental social support, and venting emotions. When race/ethnicity was examined, African-American adolescents reported a greater tendency toward using religious coping than Caucasian and Hispanic adolescents. Dispositional coping preferences also were found to mediate the relationships between gender and depressive symptomatology. These findings indicated that a preference for venting emotions may be particularly problematic when endorsed by girls, whereas instrumental social support may be particularly helpful for girls. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Children and young people's conceptualizations of depression: A systematic review and narrative meta-synthesis.

Authors:
Georgakakou-Koutsonikou, N.; Williams, J. M.;

Source:

Abstract
Background: There is an increasing research interest in conceptualizations of mental illness, examined in association with help-seeking, stigma and treatment preferences. A recent focus on young people's concepts has been identified, with depression being one of the most examined conditions. Methods: The purpose of this systematic review is to synthesize evidence on children and adolescents' conceptualizations of depression, adopting the model of illness representations. The review further aims to examine developmental trends, gender differences and the role of experience. A systematic review and narrative meta-synthesis were conducted, reviewing 36 studies identified through a systematic search of six databases in March 2016. Results: Thirty-six quantitative and qualitative studies were included. Half of the young people are able to recognize depression, and recognition increases when symptoms are more severe (e.g. suicidality). Young people are able to name a variety of causes for depression. Mental health professionals are considered the appropriate source of help by half of the young people, followed by family and peers. However, stigma constitutes a major barrier to help-seeking. There are developmental trends and gender differences in young people's conceptualization of depression, while experience with depression is associated with a broader conceptualization. Conclusions: Young people's concepts of depression resemble aspects of adult conceptualizations, however are sometimes incomplete. Further research on younger children and clinical populations is needed. Research on young people's conceptualizations informs both clinical practice and mental health literacy interventions. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-02249-001&site=ehost-live

Title:
Depressed adolescents' positive and negative use of social media. Radovic, Ana; Gmelin, Theresa; Stein,

Authors:
Bradley D.; Miller, Elizabeth;

Source:

Abstract
This qualitative study examined descriptions of social media use among 23 adolescents (18 female, 5 male) who were diagnosed with depression to explore how social media use may influence and be influenced by psychological distress. Adolescents described both positive and negative use of social media. Positive use included searching for positive content (i.e. for entertainment, humor, content creation) or for social connection. Negative use included sharing risky behaviors, cyberbullying, and for
making self-denigrating comparisons with others. Adolescents described three types of use in further
detail including ‘oversharing’ (sharing updates at a high frequency or too much personal information),
’stressed posting’ (sharing negative updates with a social netw
ork), and encountering ‘triggering posts.’ In
the context of treatment, these adolescents shifted their social media use patterns from what they
perceived as negative to more positive use. Implications for clinicians counseling depressed adolescents
on social media use are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Cyber victimization and depression among adolescents with intellectual disabilities and developmental
disorders: The moderation of perceived social support.
Wright, Michelle F.;
Source:
Journal of Mental Health Research in Intellectual Disabilities, Vol 10(2), Apr, 2017 pp. 126-143. Publisher:
Taylor & Francis; [Journal Article]
Abstract
The aim of this study was to examine the mitigating effect of perceived social support from parents,
teachers, and friends on the association between cyber victimization and depression, accessed one year
later. Adolescents (n = 131; 13–15 years old; 73% male) with intellectual and developmental disabilities
completed questionnaires on their face-to-face and cyber victimization, perceived social support, and
depression in 7th grade (Time 1). They also completed the depression questionnaire one year later in the
8th grade (Time 2). The findings suggested that high levels of Time 1 perceived social support from
parents and teachers weakened the relationship between Time 1 cyber victimization and Time 2
depression, while controlling for Time 1 face-to-face victimization and Time 1 depression. The results are
discussed in regard to the supportive roles of parents and teachers in adolescents’ lives.
Recommendations are made for programs to consider including adolescents with intellectual disabilities
and developmental disorders in prevention and intervention programs. (PsycINFO Database Record (c)
2017 APA, all rights reserved)


Title:
Adolescent depressive symptoms in India, Australia and USA: Exploratory Structural Equation Modelling
of cross-national invariance and predictions by gender and age.
Authors:
Lewis, Andrew J.; Rowland, Bosco; Tran, Aiden; Solomon, Renatti F.; Patton, George C.; Catalano,
Richard F.; Toumbourou, John W.;
Source:
Journal of Affective Disorders, Vol 212, Apr 1, 2017 pp. 150-159. Publisher: Elsevier Science
Abstract
Background: The present study compares depressive symptoms in adolescents from three countries:
Mumbai, India; Seattle, United States; and Melbourne, Australia measured using the Short Moods and
Feelings Questionnaire (SMFQ). The study cross nationally compares SMFQ depressive symptom
responses by age and gender. Methods: Data from a cross-nationally matched survey were used to
compare factorial and measurement characteristics from samples of students from Grade 7 and 9 in
Mumbai, India (n = 3268) with the equivalent cohorts in the Washington State, USA (n = 1907) and
Victoria, Australia (n = 1900). Exploratory Structural Equation Modelling (ESEM) was used to cross-
nationally examine factor structure and measurement invariance. Results: A number of reports suggesting
that SMFQ is uni-dimensional were not supported in findings from any country. A model with two factors
was a better fit and suggested a first factor clustering symptoms that were affective and physiologically
based symptoms and a second factor of self-critical, cognitive symptoms. The two-factor model showed
convincing cross national configural invariance and acceptable measurement invariance. The present
findings revealed that adolescents in Mumbai, India, reported substantially higher depressive symptoms in
both factors, but particularly for the self-critical dimension, as compared to their peers in Australia and the
USA and that males in Mumbai report high levels of depressive symptoms than females in Mumbai.
Limitations: the cross sectional study collected data for adolescents in Melbourne and Seattle in 2002 and
the data for adolescents in Mumbai was obtained in 2010–2011 Conclusions: These findings suggest that
previous findings in developed nations of higher depressive symptoms amongst females compared to males may have an important cultural component and cannot be generalised as a universal feature of adolescent development. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Maternal attachment style and psychiatric history as independent predictors of mood symptoms in the immediate postpartum period.

Authors:
Nanni, Roberta Croce; Troisi, Alfonso;

Source:
Journal of Affective Disorders, Vol 212, Apr 1, 2017 pp. 73-77. Publisher: Elsevier Science;

Abstract Background: There is evidence that both a past history of psychiatric illness and insecure attachment put women at risk for mood disturbances in the postpartum period. The aim of this study was to ascertain whether maternal insecure attachment is a risk factor for mood symptoms in the immediate postpartum period independently of the confounding effect of maternal psychiatric history. Methods: A convenience sample of 120 mothers was assessed prenatally with the Maternal History of Mood Disturbances (MHMD), the Relationship Questionnaire (RQ), and in the first week after delivery with the Profile of Mood States (POMS). Results: Mothers with higher scores on the preoccupied and fearful attachment scales had more severe postpartum anxiety and depression symptoms but only fearful attachment remained a significant predictor of postpartum anxiety when the significant effect of maternal history of mood disturbances was included in the model. Limitations: Our diagnostic assessment focused on mood symptoms, not disorders, and we limited psychometric assessment to the immediate postpartum period and did not collect longitudinal data to ascertain whether the relationship between maternal insecure attachment and postpartum mood disturbances changed over time. Conclusions: Our results show the necessity to assess prior psychiatric symptoms in studies of maternal attachment style and postpartum mood disturbances. The finding that a mother's recall of her own psychiatric history emerged as significant predictor of postpartum mood symptoms suggests that antenatal assessment based on maternal self-report can be used in those settings where structured diagnostic interviews are not feasible. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-10052-012&site=ehost-live

Title:
Emotion regulation and the transdiagnostic role of repetitive negative thinking in adolescents with social anxiety and depression.

Authors:
Klemanski, David H.; Curtiss, Joshua; McLaughlin, Katie A.; Nolen-Hoeksema, Susan;

Source:

Abstract
Social anxiety and depression are common mental health problems among adolescents and are frequently comorbid. Primary aims of this study were to (1) elucidate the nature of individual differences in specific emotion regulation deficits among adolescents with symptoms of social anxiety and depression, and (2) determine whether repetitive negative thinking (RNT) functions as a transdiagnostic factor. A diverse sample of adolescents (N = 1065) completed measures assessing emotion regulation and symptoms of social anxiety and depression. Results indicated that adolescents with high levels of social anxiety and depression symptoms reported decreased emotional awareness, dysregulated emotion expression, and reduced use of emotion management strategies. The hypothesized structural model in which RNT functions as a transdiagnostic factor exhibited a better fit than an alternative model in which worry and rumination function as separate predictors of symptomatology. Findings implicate emotion regulation deficits and RNT in the developmental psychopathology of youth anxiety and mood disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Latent growth curve analysis of gender differences in response styles and depressive symptoms during mid-adolescence.

Authors: Gomez-Baya, Diego; Mendoza, Ramon; Paine, Susana; Sanchez, Alvaro; Romero, Nuria;


Abstract

Consistent with Response Styles Theory, this study aimed to examine the prospective associations between changes in response styles and depressive symptoms during mid-adolescence, with a focus on gender differences. A 2-year longitudinal study was conducted consisting of three waves, each separated by 1 year. The participants were 663 Spanish adolescents (M = 13.50, SD = .75) who individually completed the Children’s Depression Inventory-Short and a short version of the Children’s Response Styles Scale. Girls showed higher rumination and lower distraction than boys and more depressive symptoms. A multivariate latent growth curve model indicated that the increase in depressive symptoms during mid-adolescence in girls was associated with an increase in rumination and a decrease in distraction. After a 2-year follow-up, changes in response styles to negative affect (in rumination and distraction independently and in the ratio score) were interrelated with the changes in depressive symptoms in adolescent girls. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Longitudinal measurement invariance of Beck Depression Inventory–II in early adolescents.

Authors: Wu, Pei-Chen;


Abstract

This study explored the longitudinal measurement invariance in the Beck Depression Inventory–II (BDI-II) in early adolescents (junior high school students). The participants were 730 early adolescents (330 boys and 400 girls), who were followed up over 3 years (in six waves). To reduce the size of longitudinal model and verify the stability of the findings, the Fall and Spring series data sets were analyzed separately. Each series includes three waves of data with about 1-year apart. It was found that the three-factor model (Negative Attitude, Performance Difficulty, and Somatic Elements) best fitted the data. Results of both data sets provided support for the longitudinal measurement invariance (threshold invariance) of the three-factor model, suggesting that the BDI-II measured the same construct over 3 years. The study also examined the category function of the BDI-II on the basis of the pattern of threshold estimates. Finally, the implications of the findings on the continuing use of the BDI-II are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title: Teen childbearing and depression: Do pregnancy attitudes matter?

Authors: Whitworth, Tanya Rouleau;


Abstract

The relationship between teen childbearing and depression has been extensively studied; however, little is known about how young women's own attitudes toward becoming pregnant shape this association. This study used data from the National Longitudinal Study of Adolescent Health to investigate whether the relationship between teen childbearing and adult depression is moderated by adolescent attitudes toward becoming pregnant. The results showed that although, on average, women who had first births between ages 16 and 19 experienced no more depressive symptoms in adulthood than women who had first births
at age 20 or older, the relationship between teen childbearing and adult depression varied significantly based on adolescent pregnancy attitudes. When they had negative adolescent attitudes toward getting pregnant, teen mothers had similar levels of depression as adult mothers, but when they had positive adolescent pregnancy attitudes, teen mothers actually had fewer depressive symptoms than women with adult first births. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Emotional awareness in depressive and anxiety symptoms in youth: A meta-analytic review.

Authors:
Sendzik, Lena; Ö. Schäfer, Johanna; C. Samson, Andrea; Naumann, Eva; Tuschen-Caffier, Brunna;

Source:

Abstract
Emotion regulation is assumed to play an important role in depressive and anxiety symptoms in youth. However, the role of core components of emotion regulation, such as emotional awareness, is not well understood so far. Thus this meta-analysis aimed to examine the relationship between depressive and anxiety symptoms with emotional awareness in youth. A systematic literature search (PsycINFO, Medline, Google Scholar) identified 21 studies, from which 34 effect sizes were extracted. Results from random effects models showed that difficulties in emotional awareness were significantly correlated with a medium effect size for each, depressive and anxiety symptoms separately, and for their combined effects (overall outcome). Additionally, further analyses revealed that age was a significant moderator of the relationship between emotional awareness with depressive and anxiety symptoms, with younger samples (mean age ≤ 12 years) showing a stronger association between difficulties in emotional awareness and depressive and anxiety symptoms as compared to older samples (mean age > 12 years). The results suggest that emotional awareness may be of relevance for depressive and anxiety symptoms in youth. Future work is required to examine longitudinal developments, moderators, and mediators in multi-method approaches. Moreover, children and adolescents may benefit from interventions that aim to enhance emotional awareness. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Indirect effects of attributional style for positive events on depressive symptoms through self-esteem during early adolescence.

Authors:
Rueger, Sandra Yu; George, Rachel;

Source:

Abstract
Research on adolescent depression has overwhelmingly focused on risk factors, such as stressful negative events and cognitive vulnerabilities, but much important information can be gained by focusing on protective factors. Thus, the current study aimed to broaden understanding on adolescent depression by considering the role of two positive elements as protective factors, attributional style for positive events and self-esteem, in a model of depression. The sample included 491 middle school students (52 % female; n = 249) with an age range from 12 to 15 years (M = 13.2, SD = .70). The sample was ethnically/racially diverse, with 55 % White, 22 % Hispanic, 10 % Asian American, 3 % African American, and 10 % Biracial/Other. Correlational analyses indicated significant cross-sectional and longitudinal associations between an enhancing attributional style (internal, stable, global attributions for positive events), self-esteem and depressive symptoms. Further, prospective analyses using bootstrapping methodology demonstrated significant indirect effects of an enhancing attributional style on decreases in depressive symptoms through its effects on self-esteem. These findings highlight the importance of considering attributional style for positive events as a protective factor in the developmental course of depressive symptoms during early adolescence. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title:
Traditional masculinity during the middle school transition: Associations with depressive symptoms and academic engagement.

Authors:
Rogers, Adam A.; DeLay, Dawn; Martin, Carol Lynn;

Source:

Abstract
Culturally prescribed social scripts for traditional masculinity that emphasize social dominance are frequently linked to diminished well-being for men across a variety of psychological domains. However, few studies have examined the role of traditional masculinity scripts in the lives of early adolescent boys and girls, despite their relevance during this period and their potential developmental implications. To address this need, we examined the development of early adolescents’ conformity to traditional masculinity across the middle school transition, as well as its links with depressive symptoms and academic engagement. Using a diverse sample of 280 adolescents (Mage = 11.13, SD = 0.51; 54.3 % Female; 44 % Latina/o) assessed at the beginning (fall 2014) and end (spring 2015) of their first year of middle school, we found an increase in conformity to traditional masculinity scripts among boys, but not among girls. For boys and girls alike, conformity to traditional masculinity predicted greater depressive symptoms and decreased academic engagement. Depressive symptoms also mediated the association between traditional masculinity and academic engagement for boys and girls. This study is among the first to study conformity to traditional masculinity from a developmental lens. The findings suggest that traditional masculinity scripts are relevant for early adolescents (particularly boys) transitioning to middle school. However, for both boys and girls, conformity to these scripts can compromise psychological and academic well-being. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title:
Comparing different sequential mediational interpretations of Beck’s cognitive model of depression in adolescents.

Authors:
Pössel, Patrick;

Source:

Abstract
Depression is a developmental phenomenon with significantly increasing rates during adolescence. As Beck’s cognitive model of depression has been commonly accepted to explain the development and maintenance of depression, it is crucial to understand how and when cognitive vulnerabilities predicted in this model begin to interact. Three sequential interpretations of this model were compared. The causal mediational interpretation identifies dysfunctional attitudes as most distal to depressive symptoms, followed by cognitive errors, cognitive triad, and negative automatic thoughts, with each construct successively more proximal to depressive symptoms. In the symptom model the causal chain is reversed, with depressive symptoms as the most distal construct, followed by negative automatic thoughts, the cognitive triad, cognitive errors, and then dysfunctional attitudes. The bidirectional model merges both interpretations in which the activation of cognitive constructs causes the development of depressive symptoms which in turn trigger and reinforce already existing dysfunctional attitudes. Further, while Beck’s model of depression proposes full mediation, empirical studies identified repeatedly partial mediations. Thus, the causal mediational, the symptoms, and the bidirectional model were each tested as full and partial mediation models. Finally, sex differences in the associations between variables were studied. In the 3-wave longitudinal study, 518 high school students (62.7 % female, average age: 15.09 years) completed questionnaires measuring all mentioned elements of Beck’s model. The bidirectional model with partial mediation fits the data best. Cognitive errors emerged as the main mediator in the bidirectional model with partial mediation and significant sex differences in the strengths of associations were identified. The findings demonstrate the relevance of adolescence as developmental period during which the examined associations develop into the network they form in adulthood. Further, psychological
interventions focusing on cognitive errors promise to be most effective. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

**Title:**
The prospective associations between self-efficacy and depressive symptoms from early to middle adolescence: A cross-lagged model.

**Authors:**
Tak, Yuli R.; Brunwasser, Steven M.; Lichtwarck-Aschoff, Anna; Engels, Rutger C. M. E.

**Source:**

**Abstract**
Over the course of adolescence, an increasing number of adolescents experience depression. In order to effectively target depression, identifying risk factors for depressive symptoms is pivotal. Since low levels of self-efficacy were associated with higher levels of depressive symptoms in previous studies, the current study investigated the bidirectional and prospective associations between depressive symptoms and academic, social and emotional self-efficacy from early to mid adolescence in a cross-lagged path model. The sample consisted of 1,341 adolescents (47 % girls) with a mean age of 14 years, SD = 0.56. Depressive symptoms and self-efficacy levels were assessed every 6 months over a period of 2.5 years. Depressive symptoms predicted subsequent levels of academic and emotional self-efficacy on all time points, and social self-efficacy on one time point. Self-efficacy did not predict subsequent levels of depressive symptoms. There was no evidence of sex differences in the cross-lagged associations between depressive symptoms and self-efficacy levels. Implications of the findings are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

**Title:**
Medication for child and adolescent depression: Questions, answers, clarifications, and caveats.

**Authors:**
Lawrence, Hannah R.; Nangle, Douglas W.; Schwartz-Mette, Rebecca A.; Erdley, Cynthia A.

**Source:**

**Abstract**
Antidepressant medications have become the treatment of choice for many children and adolescents with depression. As such, practitioners will routinely encounter youth who are currently taking, or whose families are considering the use of, such medication. To help make sense of this large, complex, and continually evolving literature and address some of the related controversies, this review is designed as a primer for practicing clinicians that poses and answers several key questions: (a) Are antidepressant medications effective for treating child and adolescent depression?; (b) How do antidepressants compare in effectiveness to psychotherapy and their combination?; (c) Do antidepressants impact long term outcomes and risk of relapse?; (d) Are antidepressants U.S. Food and Drug Administration (FDA) approved for use with children and adolescents?; and (e) Do antidepressants impact risk for suicidality? The answers to these questions are not necessarily straightforward and important considerations and caveats are highlighted. The review concludes with practical suggestions for how clinicians may use this information in practice. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

**Title:**
Social skills mediate the association of ADHD and depression in preadolescents.

**Authors:**
Feldman, Jason S.; Tung, Irene; Lee, Steve S.

**Source:**

**Abstract**
Childhood attention-deficit/hyperactivity disorder (ADHD) is a replicated risk factor for depression, but the explanatory factors underlying this association have not been reliably identified. Given that social skills (i.e., cooperation, assertion, responsibility, self-control) are sensitive to early ADHD and predict later depression, we tested whether individual differences in social skills individually and collectively mediated predictions of depressive symptoms from early ADHD symptoms. In an ethnically diverse (50% non-Caucasian) sample of 232 children with (n = 124) and without ADHD (n = 108) followed prospectively for two years (aged 5–10 at Wave 1; 7–12 at Wave 2), we gathered multi-informant (i.e., parent, teacher) and multi-method (e.g., rating scale, structured interview) assessment of key constructs. Using a multiple mediation framework with bootstrapping and statistical control of sex, Wave 1 depression, Wave 1 oppositional defiant disorder (ODD), Wave 1 anxiety, and Wave 2 ADHD symptoms, an independent mediation effect emerged for parent-rated self-control in the prediction of Wave 2 depression (parent-rated) from Wave 1 ADHD symptoms (combined parent and teacher ratings). Teacher-rated social skills at Wave 1 also collectively mediated this association, with teacher-rated assertion emerging as a unique mediator. We discuss the role of social skills in emergent depression among youth with ADHD and consider implications for prevention and intervention. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Coparental affect, children's emotion dysregulation, and parent and child depressive symptoms.
Authors:
Thomassin, Kristel; Suveg, Cynthia; Davis, Molly; Lavner, Justin A.; Beach, Steven R. H.;
Source:
Abstract
Children's emotion dysregulation and depressive symptoms are known to be affected by a range of individual (parent, child) and systemic (parent–child, marital, and family) characteristics. The current study builds on this literature by examining the unique role of coparental affect in children's emotion dysregulation, and whether this association mediates the link between parent and child depressive symptoms. Participants were 51 mother–father–child triads with children aged 7 to 12 (M age = 9.24 years). Triads discussed a time when the child felt sad and a time when the child felt happy. Maternal and paternal displays of positive affect were coded, and sequential analyses examined the extent to which parents were congruent in their displays of positive affect during the emotion discussions. Results indicated that interparental positive affect congruity (IPAC) during the sadness discussion, but not the happiness discussion, uniquely predicted parent-reported child emotion dysregulation, above and beyond the contributions of child negative affect and parental punitive reactions. The degree of IPAC during the sadness discussion and child emotion dysregulation mediated the association between maternal, but not paternal, depressive symptoms and child depressive symptoms. Findings highlight the unique role of coparental affect in the socialization of sadness in youth and offer initial support for low levels of IPAC as a risk factor for the transmission of depressive symptoms in youth. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Repetitive negative thinking and impaired mother–infant bonding: A longitudinal study.
Authors:
Schmidt, Dana; Seehagen, Sabine; Hirschfeld, Gerrit; Vocks, Silja; Schneider, Silvia; Teismann, Tobias;
Source:
Abstract
Recent theoretical models suggest that repetitive negative thinking might be a key mechanism explaining the negative effects of maternal psychopathology on mother–infant relations. While an emerging body of research largely supports this idea, the relative importance of differences in the trajectory of repetitive negative thinking during and after pregnancy for mother–infant bonding as well as maternal depressive symptoms is currently unknown. Therefore, we investigated associations between the course of maternal repetitive negative thinking during pregnancy and after birth and mother–infant-bonding and maternal
depressive symptoms in a longitudinal study. The overall level of repetitive negative thinking was a significant predictor of mother–infant bonding, maternal anxiety and rejection in dealing with her infant four months after birth. Furthermore, differences in the trajectory of repetitive negative thinking predicted bonding, but not anxiety or rejection. The overall levels of repetitive negative thinking as well as the differences in the trajectory of repetitive negative thinking were significant predictors of maternal depressive symptoms. These findings indicate that changes of repetitive negative thinking during and after pregnancy can increase the risk of postpartum depressive symptoms. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Positive emotion specificity and mood symptoms in an adolescent outpatient sample.
Authors:
Gruber, June; Meter, Anna; Gilbert, Kirsten E.; Youngstrom, Eric A.; Youngstrom, Jennifer Kogos; Feeny, Norah C.; Findling, Robert L.;
Source:
Abstract
Research on positive emotion disturbance has gained increasing attention, yet it is not clear which specific positive emotions are affected by mood symptoms, particularly during the critical period of adolescence. This is especially pertinent for identifying potential endophenotypic markers associated with mood disorder onset and course. The present study examined self-reported discrete positive and negative emotions in association with clinician-rated manic and depressive mood symptoms in a clinically and demographically diverse group of 401 outpatient adolescents between 11 and 18 years of age. Results indicated that higher self reported joy and contempt were associated with increased symptoms of mania, after controlling for symptoms of depression. Low levels of joy and high sadness uniquely predicted symptoms of depression, after controlling for symptoms of mania. Results were independent of age, ethnicity, gender and bipolar diagnosis. These findings extend work on specific emotions implicated in mood pathology in adulthood, and provide insights into associations between emotions associated with goal driven behavior with manic and depressive mood symptom severity in adolescence. In particular, joy was the only emotion associated with both depressive and manic symptoms across adolescent psychopathology, highlighting the importance of understanding positive emotion disturbance during adolescent development. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Unfolding the notes from the walls: Adolescents’ depression manifestations on Facebook.
Authors:
Ophir, Yaakov; Asterhan, Christa S. C.; Schwarz, Baruch B.;
Source:
Abstract
Little is known about the manifestation of teenage depression on Social Network Sites (SNS) in general, and in adolescents’ Facebook status updates in particular. Objective: In this study, we compare the traditional ‘offline’ clinical picture of depression with its online manifestations and explore unique features of online depression that are less dominant ‘offline’. Method: We collected 190 Facebook status updates of adolescents-at-risk (14–18 yrs), who receive psychosocial treatment. Ten licensed psychologists rated the extent to which a status update contained references to depression (α = 0.96). Results: Based on both theory-driven as well as bottom-up approaches, a coding scheme was developed, resulting in a total of 13 features that significantly differentiated between ‘depressive status updates’ and ‘non-depressive status updates’. Detailed descriptions and examples of these features are offered. Furthermore, a multiple regression analysis revealed four status update features that predicted status update depression scores: (1) DSM-5 depressive symptoms (including emotional and behavioral, but not somatic symptoms); (2) cognitive distortions; (3) poetic-dramatic form of verbal content; and (4) attitudes toward others. Conclusions: We discuss the findings and highlight unique features of online depression manifestation,
which will ultimately contribute to early (and perhaps even automatic) detection of adolescents' depression from their online SNS activities. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
Potential moderators of the effects of a school-based mindfulness program on symptoms of depression in adolescents.

Authors:
Van der Gucht, Katleen; Takano, Keisuke; Kuppens, Peter; Raes, Filip;

Source:

Abstract
An essential step to wide-scale dissemination is to investigate moderators of intervention effectiveness. This study examined moderators of the effects of a universal school-based mindfulness program on adolescents' depressive symptoms. Based on theory and previous research, we identified the following potential moderators: (1) severity of symptoms of depression at baseline, (2) gender, (3) age, and (4) school track. The study uses a pooled dataset from two consecutive randomized controlled trials in adolescents (13–18 years) in secondary schools in Belgium. Results on effectiveness based on the first trial were published in this journal (Raes et al. 2014). A second consecutive trial was conducted to obtain a more equal distribution between school tracks and to enlarge power, yielding a total of 605 students from nine schools. In each school, parallel classes were randomized to the mindfulness condition or usual curriculum control condition. Data were collected 1 week before and 1 week after delivery of the training and at 6-month follow-up. Moderation was tested longitudinally with multilevel models across the three repeated measures and across condition. We found no moderation effects of gender, age, and school track. Six months after the training, we found a marginally significant moderation effect for severity of symptoms of depression at baseline with greater decrease in symptoms for students with high levels of depression. The general absence of differential intervention effects for gender, age, and school track supports the broad scope of the school-based mindfulness group intervention. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


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Employment and Mental Health

Title:
Does improvement of cognitive functioning by cognitive remediation therapy effect work outcomes in severe mental illness? A secondary analysis of a randomized controlled trial.

Authors:
Ikebuchi, Emi; Sato, Sayaka; Yamauchi, Sosei; Shimodaira, Michiyo; Taneda, Ayano; Hatsuse, Norifumi; Watanabe, Yukako; Sakata, Masuhiro; Satake, Naoko; Nishio, Masaaki; Ito, Jun-ichiro;

Source:

Abstract
Aim: The aim of this study was to clarify whether improvement of cognitive functioning by cognitive remediation therapy can improve work outcome in schizophrenia and other severe mental illnesses when combined with supported employment. Methods: The subjects of this study were persons with severe mental illness diagnosed with schizophrenia, major depression, or bipolar disorder (ICD-10) and cognitive dysfunction who participated in both cognitive remediation using the Thinking Skills for Work program and a supported employment program in a multisite, randomized controlled study. Logistic and multiple linear regression analyses were performed to clarify the influence of cognitive functioning on vocational outcomes, adjusting for demographic and clinical variables. Results: Improvement of cognitive functioning with cognitive remediation significantly contributed to the total days employed and total earnings of competitive employment in supported employment service during the study period. Any baseline demographic and clinical variables did not significantly contribute to the work-related outcomes. Conclusion: A cognitive remediation program transferring learning skills into the real world is useful to increase the quality of working life in supported employment services for persons with severe mental illness and cognitive dysfunction who want to work competitively. (PsycINFO Database Record (c) 2017 APA, all rights reserved)


Title:
How social and semantic technologies can sustain employability through knowledge development and positive behavioral changes.

Authors:
Dascalu, Maria-Iuliana; Bodea, Constanta-Nicoleta; Tesila, Bianca; Moldoveanu, Alin; Ordoñez de Pablos, Patricia;

Source:

Abstract
The paper proposes an approach of enhancing knowledge workers'employability by inducing positive behavioral changes with the aid of current social and semantic technologies. Employability is seen as a psycho-social construct, connected to the development of knowing-how competencies and knowing-whom competencies, by continuous learning and a rich social environment. The central element of the approach is a web-based platform—EmployLeaP, which facilitates adults' leap towards a better professional life and gives them the opportunity to find suitable professional e-communities, in which they can learn from their peers and feel appreciated. The recommendation algorithm for finding e-communities is ontology-driven and exploits information retrieved from social connectors anchored in the existent online learning ecosystem. In the same time, during learning within EmployLeaP communities, users' professional visibility is enhanced, by recommending them to job recruiters who also join the platform, in searching competent workers. The badge system used to reward exceptional behaviour within e-communities is the one ensuring users' visibility to recruiters and, in the same, increasing their self-confidence. Preliminary data related to experimental exploitation and perceived usefulness of the platform show promising results of using recent technologies in assisting individuals who want to increase their employability, as well as other stakeholders of knowledge society—recruiters or knowledge organizations. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: Effects of an employer-based intervention on employment outcomes for youth with significant support needs due to autism.

Authors: Wehman, Paul; Schall, Carol M.; McDonough, Jennifer; Graham, Carolyn; Brooke, Valerie; Riehle, J. Erin; Brooke, Alissa; Ham, Whitney; Lau, Stephanie; Allen, Jaclyn; Avellone, Lauren;


Abstract
The purpose of this study was to develop and investigate an employer-based 9-month intervention for high school youth with autism spectrum disorder to learn job skills and acquire employment. The intervention modified a program titled Project SEARCH and incorporated the use of applied behavior analysis to develop Project SEARCH plus Autism Spectrum Disorder Supports. A randomized clinical trial compared the implementation of Project SEARCH plus Autism Spectrum Disorder Supports with high school special education services as usual. Participants were 49 high-school-aged individuals between the ages of 18 and 21 years diagnosed with an autism spectrum disorder and eligible for supported employment. Students also had to demonstrate independent self-care. At 3 months post-graduation, 90% of the treatment group acquired competitive, part-time employment earning US$9.53–US$10.66 per hour. Furthermore, 87% of those individuals maintained employment at 12 months post-graduation. The control group’s employment outcomes were 6% acquiring employment by 3 months post-graduation and 12% acquiring employment by 12 months post-graduation. The positive employment outcomes generated by the treatment group provide evidence that youth with autism spectrum disorder can gain and maintain competitive employment. Additionally, there is evidence that they are able to advance within that time toward more weekly hours worked, while they also displayed increasing independence in the work setting. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: A study of effective financial support for SMEs to improve economic and employment conditions: Evidence from OECD countries.

Authors: Seo, Ji-Yong;


Abstract
Using a panel logit regression model, this study analyzes whether or not five categorized financial supports for small and medium enterprises (SMEs) from the governments of 11 Organization for Economic Cooperation and Development (OECD) countries facilitate economic and employment growth: (1) direct government loans to SMEs; (2) government-guaranteed loans to SMEs; (3) the reinforcement of relationship banking; (4) financial stability steps to ease pro-cyclicality; and (5) equity-linked financing. The academic contribution of this research is in identifying the optimal type of government financial support to SMEs given a country's level of financial crisis and market-rate level. The main empirical test results are as follows. First, the type of financial support that contributes most to economic and employment growth is the set of steps that governments take to ease pro-cyclicality. Second, the reinforcement of relationship banking can also contribute to improved economic and employment conditions. Third, in less capital-intensive countries, the results confirm that economic and employment improvement occurs more often if equity-linked financing is used. Fourth, the adoption of dynamic loan-loss provisions to prepare for periods of economic recession is necessary to reduce the pro-cyclicality of SME loans within the 11 OECD countries studied in this paper; it is also necessary to transition from a persistent monetary-easing policy stance to a flexible monetary stance within a country's fiscal policy in order to make commercial banks benefit from an incentive-like risk premium for SME loans despite the existence of economic recessions. Finally, the study finds that the need to apply equity-linked financing methods through the stock market is especially urgent in developing countries. As the managerial perspectives, it is confirmed that easing pro-cyclicality of SME loan and enhancing banking relationship can contribute to SMEs fund management. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Title: International synthesis and case study examination of promising caregiver-friendly workplaces.

Authors: Ramesh, Shruti; Ireson, Rachelle; Williams, Allison;

Source: Social Science & Medicine, Vol 177, Mar, 2017 pp. 52-60. Publisher: Elsevier Science; [Journal Article]

Abstract
The nature of unpaid caregiving is changing significantly in response to the changing nature of families, increased average life expectancy, and the rise in elderly populations. In order to adapt to these challenges, there is an increased focus on the workplace as a source of support for caregiver-employees (CEs), or employees providing unpaid care to a family member or friend while also working in paid employment. As demonstrated by Ireson et al. (2016), a number of workplaces in Canada and abroad are currently showing leadership with respect to the provision of caregiver-friendly workplace policies (CFWPs). The purpose of this study was to explore what is currently being offered to caregiver-employees by Canadian and international workplaces, as well as how these strategies have been defined, developed, introduced, integrated and sustained within the workplace. For the purposes of this study, CEs are defined as individuals engaged in paid employment, while simultaneously serving as an unpaid elder-care provider. To achieve the aims of this paper, a qualitative comparative case study of 21 workplaces was conducted. Participants were recruited via strategies such as snowball sampling, cold-calling and social media blasts. These workplaces, which operate as exemplars in meeting the needs of caregiver-employees, are pivotal to understanding the process which takes place in the implementation and success of CFWPs across various sectors/industries. The results of this study will be used to inform the wide gap in our knowledge about CFWPs while providing the evidence needed to workplaces and other organizations to introduce CFWPs into their employment practices. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Title: Do predictors of return to work and recurrence of work disability due to mental disorders vary by age? A cohort study.

Authors: Mattila-Holappa, Pauliina; Ervasti, Jenni; Joensuu, Matti; Ahola, Kirsi; Pentti, Jaana; Oksanen, Tuula; Vahtera, Jussi; Kivimäki, Mika; Virtanen, Marianna;


Abstract
Background: The extent to which predictors of return to work (RTW) and recurrence of work disability episodes vary by age group is not well understood. Methods: We examined the associations of sociodemographic and clinical factors with RTW and recurrence after mental-disorder-related work disability episodes in a cohort of 10,496 Finnish public sector employees. Disability records were derived from national disability registers between 2005 and 2011. Effect modification by age was examined in age groups of 21–34, 35–50 and >50 years. Results: A total of 16,551 disability episodes from mental disorders were recorded. The likelihood of RTW was elevated in age group 21–34 (hazard ratio (HR) = 1.36, 95% confidence interval (CI) = 1.28–1.46) and 35–50 years (HR = 1.22, 95% CI = 1.18–1.26) compared to age group >50 years. The risk of a recurrent episode of work disability was higher in age groups >50 (HR = 1.29, 95% CI = 1.09–1.52) and 35–50 years (HR = 1.20, 95% CI = 1.03–1.41) compared to the youngest age group. Employees with depressive disorders were less likely to RTW than employees with neurotic, stress-related and somatoform disorders, and this difference increased with age. Low education was associated with increased risk of recurrent work disability episode in age groups of 50 years or younger, while no such association was observed in age group >50 years. Conclusions: The importance of depressive symptoms over neurotic, stress-related and somatoform disorders as predictors of delayed RTW increases with age, whereas educational differences in the recurrence of an episode diminish by age. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Authors: Yoon, Hyo Jung; Choi, Jae Woo; Jang, Suk-Young; Lee, Sang Ah; Park, Eun-Cheol.


Abstract

Background: Unemployment is closely associated with depressive symptoms. We conducted analysis to find whether the job loss increased the risk of depressive symptoms according to job status, occupation and tenure. Methods: Data were collected from Korean Welfare Panel Study (KOWEPS) from 2007 to 2013. To measure the increase in depressive score, we selected respondents who answered for at least 2 years of continuous waves. We performed a longitudinal analysis by generalized estimating equation (GEE) method with a total of 19,399 cases. Among them, 608 cases (3.1%) experienced job loss. Results: There was a significant rise in depressive score after job loss (β = 1.34, p = .000). In subgroup analysis, precarious and low-tenure workers are considerably more depressed after job loss (precarious: β = 1.98, p < .0001, low-tenure workers: β = 1.31, p = .001). Both white and blue collar workers showed a rise in depressive score significantly (white collar: β = 1.16, p = .031; blue: β = 2.03, p = .001). Conclusion: The results showed that precarious and low-tenure workers were relatively vulnerable in mental health after experiencing job loss with low and negative expectation for re-employment. It implies that supports for encouraging work skill and financial supports during the unemployment period should be needed.

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