Current Awareness Service

Issue no. 3 of 2018

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

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

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

![Example of Item held on CKN](image)

Article is not available on CKN?

- If the article is not available on CKN, will display on the left.

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

![Example of Item not held on CKN](image)

- Click on “Request this item from your local HHS Library” and the article information will be populated in the form, select your HHS/Library from the drop down menu.

The latest CAS is published on our Library website – http://parklibrary.qld.libguides.com/wmhhs-library
# Queensland Health Libraries and Contact Numbers

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## University of Queensland Libraries

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Anxiety

**Title:** Smartphone withdrawal creates stress: A moderated mediation model of nomophobia, social threat, and phone withdrawal context.

**Authors:** Tams, Stefan; Legoux, Renaud; Léger, Pierre-Majorique;

**Source:** Computers in Human Behavior, Vol 81, Apr, 2018 pp. 1-9. Publisher: Elsevier Science; [Journal Article]

**Abstract:**
A growing body of literature demonstrates that smartphone use can become problematic when individuals develop a technology dependency such that fear can result. This fear is often referred to as Nomophobia, denoting the fear of not being able to use one's phone. While the literature (especially on technostress and problematic smartphone use) has shed ample light on the question of which factors contribute to the development of Nomophobia, it remains less clear why, how, and under what conditions Nomophobia, in turn, results in negative consequences, especially stress. Drawing on the demand-control-person model, this study develops a novel research model indicating that Nomophobia impacts stress through the perception of a social threat and that this indirect effect depends on the context of a phone withdrawal situation. Data collected from 270 smartphone users and analyzed using multi-group path analysis supported our model. The results showed that the proposed indirect effect is non-significant only when situational certainty and controllability come together, that is, when people know for how long they will not be able to use their phones and when they have control over the situation. Managers can help their nomophobic employees by instilling in them trust and perceptions of social presence while also giving them more control over their smartphone use during meetings. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:** Relative effectiveness of mindfulness and cognitive behavioral interventions for anxiety disorders: Meta-analytic review.

**Authors:** Singh, Samina K.; Gorey, Kevin M.;

**Source:** Social Work in Mental Health, Vol 16(2), Mar, 2018 pp. 238-251. Publisher: Taylor & Francis;

**Abstract:**
Increasingly popular mindfulness intervention innovations seem demonstrably effective in alleviating anxiety among people with anxiety disorders. However, the basis of such primary and synthetic evidence has, for the most part, been comparisons with non-active comparison conditions such as waiting lists. The longest-standing and strongest evidence-informed practices in this field have been cognitive behavioral interventions (CBI). This meta-analysis synthesized evidence from nine randomized trials of the relative effectiveness of mindfulness interventions compared to CBIs (i.e., active control groups) in treating anxiety disorders. The sample-weighted synthesis found no statistically or practically significant differences between the two groups on anxiety alleviation: Cohen’s d = - 0.02 (95% confidence interval = - 0.16, 0.12). Both groups enjoyed large clinical benefits. However, because mindfulness methods may require less professional training and take less time for both workers and clients to master, they are probably less expensive to provide. As they are probably less expensive, but equally effective, it seems that, in a cost-beneficial sense, mindfulness interventions may be more practically effective. These review-generated meta-analytic findings and inferences may be best thought of as developed hypotheses for future research testing. These and other future research needs are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
The evidence base for interventions targeting individuals with work-related PTSD: A systematic review and recommendations.

Authors:
Torchalla, Iris; Strehlau, Verena;

Source:

Abstract:
The purpose of this study was to summarize the evidence base for interventions targeting individuals with work-related posttraumatic stress disorder (PTSD), to make recommendations for clinicians and administrative decision makers involved in their rehabilitation, and to guide future research in this area. Particular attention was given to studies that were conducted in naturalistic clinical settings or in a workers’ compensation claim context. Electronic searches of Cochrane Central Register of Controlled Trials, MEDLINE, PubMed, PsycINFO, CINAHL, PILOTS, and EMBASE identified 11 articles. Study populations included railroad personnel, police officers, disaster workers, and individuals with industrial injuries. Interventions included trauma-focused cognitive-behavioral therapy and eye movement desensitization and reprocessing. Several studies specifically targeted workers who had failed to return to work (RTW) after standard PTSD treatment. The results suggest that psychotherapy interventions are beneficial for helping clients recover from PTSD symptoms and RTW. In studies that reported on work status, RTW rates increased over time and generally lay between 58% and 80% across follow-up time points. Narrative impressions were supplemented by calculation of Risk Differences for individuals working at pretreatment versus posttreatment. Clinical consideration, methodological issues limiting the current body of work, and recommendations for future research are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Posttraumatic stress and sexual functioning difficulties in college women with a history of sexual assault victimization.

Authors:
Kelley, Erika L.; Gidycz, Christine A.;

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

Abstract:
Objective: College women are at risk for exposure to sexual victimization, which is a risk factor for posttraumatic stress (PTS) and sexual dysfunction. Contemporary models of female sexual functioning identify the role of distal (e.g., sexual abuse) and proximal (e.g., psychological) variables in contributing to female sexual response. This study examined whether and how PTS symptom clusters are related to specific domains of sexual functioning in a sample of sexually active college women who reported a history of sexual victimization. Method: A nonclinical sample of 108 women, recruited from a midsized university, completed online questionnaires assessing sexual victimization history, PTS symptom clusters (i.e., intrusion, avoidance, and hyperarousal), and difficulties with sexual functioning (i.e., desire, arousal, lubrication, orgasm, pain, and distress). Results: Regression analyses indicated that greater intrusive symptoms were associated with more difficulties with orgasm and higher sexual distress. Conclusion: Results confirm the importance of intrusive PTS symptoms in understanding subjective distress and orgasm difficulties in sexual assault survivors. Possible implications of these findings include the integration of trauma-focused therapy with treatment of sexual dysfunction among women with a history of sexual assault. Future research should examine prospective relationships between sexual assault exposure, PTS response, and female sexual dysfunction. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Gender and age interact to predict the development of posttraumatic stress disorder symptoms following a motor vehicle accident.

Authors:
Kobayashi, Iho; Sledjeski, Eve M.; Delahanty, Douglas L.;

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

Abstract: Women have a greater overall risk of developing posttraumatic stress disorder (PTSD) than men after exposure to trauma. In addition to gender, other sociodemographic factors have been identified as risk factors for PTSD; however, research has typically examined these factors separately. Age has been found to contribute to the development of psychiatric disorders, and both linear and curvilinear relationships have been reported between age and risk of developing PTSD. Recent research has suggested that this relationship may vary depending on gender. Method: We performed a secondary analysis of data from a prospective study of 287 (164 men, 123 women) motor vehicle accident (MVA) patients (aged 18–81) who completed clinical interviews 6 weeks, 6 months, and/or 1 year after an MVA. Results: Overall, women developed more severe PTSD symptoms than men; however, gender differences were small in the young (18–24 years) and the old (55 and older) groups. In women, age was not associated with PTSD symptoms at 6 weeks and 6 months; however, age was curvilinearly associated with PTSD severity at 1-year post-MVA such that middle-aged women reported greater symptom severity than younger and older women. Prior trauma exposure and social support mediated this relationship. In men, PTSD severity was not associated with age, but was related to income and social support. Conclusions: These findings highlight age-based subgroups of women at elevated risk for PTSD following a traumatic injury and suggest that psychosocial intervention with middle-aged women following trauma exposure may help reduce the risk of persistent PTSD symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The efficacy of 90-minute versus 60-minute sessions of prolonged exposure for posttraumatic stress disorder: Design of a randomized controlled trial in active duty military personnel.

Authors: Foa, Edna B.; Zandberg, Laurie J.; McLean, Carmen P.; Rosenfield, David; Fitzgerald, Hayley; Tuerk, Peter W.; Wangelin, Bethany C.; Young-McCaughan, Stacey; Peterson, Alan L.;

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

Abstract: Objective: Posttraumatic stress disorder (PTSD) can have devastating effects on multiple aspects of functioning. Thus, it is imperative to increase access to evidence-based treatment for PTSD. Prolonged Exposure therapy (PE) has extensive empirical support and is one of the first-line PTSD treatments included in civilian, veteran, and military clinical practice guidelines. However, the standard 90-min PE session format can constitute a significant barrier to its adoption in routine clinical care settings, which typically schedule 60-min appointment sessions. If the length of PE sessions could be reduced from 90 to 60 min without compromising treatment efficacy and efficiency, this would remove a major barrier to PE adoption. Method: This paper describes the rationale and methods of a randomized controlled noninferiority trial comparing 90-min versus 60-min PE sessions (including 40- vs. 20-min imaginal exposures, respectively) among 160 active duty military personnel with PTSD. The aims of this study are to: (1) examine the efficacy and efficiency (i.e., rate of symptom improvement) of 90- versus 60-min PE; (2) assess change in psychophysiological markers of treatment response across conditions; and (3) test mechanisms of change underlying the efficacy of PE. Results/Conclusions: The results of this study will inform dissemination efforts in military, veteran, and civilian sectors. Further, identifying mechanisms of therapeutic change will answer important theoretical questions about how PE works, in order to refine and increase the efficacy and efficiency of PE to better meet the needs of individuals with PTSD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Cue and context conditioning to respiratory threat: Effects of suffocation fear and implications for the etiology of panic disorder.

Authors:
Benke, Christoph; Alius, Manuela G.; Hamm, Alfons O.; Pané-Farré, Christiane A.;

Source:

Abstract:
Interoceptive threats play a crucial role in the etiology of panic disorder (PD). While body sensations may become conditioned stimuli (CS) when paired with such interoceptive threats (cue conditioning), the environment in which such interoceptive threats occur may also be learned as a predictor of threat (context conditioning). Suffocation fear (SF) might facilitate these associative learning processes if threats of suffocation become relevant as unconditioned stimuli (US). To investigate whether SF affects associative learning during such respiratory threat, we used mild dyspnea as CS that predicted the occurrence of strong dyspnea (US) in one context (predictable), was not related to the occurrence of the US in another context (unpredictable) or was presented in a different context (safe) in which no US was delivered. Startle eyeblink responses and subjective reports were assessed in 34 participants during learning. Individuals reporting high SF showed a clear potentiation of the startle response during the interoceptive CS predicting the occurrence of interoceptive threat (US). Such startle potentiation was not observed when the CS remained unpaired (safe or unpredictable context). Moreover, high SF persons also showed a significant startle potentiation to the threatening context, when the CS did not predict the onset of the US. No such learning effects were observed for low SF individuals. The data support the view that defensive response mobilization can be triggered by cues but also by contexts that predict the occurrence of interoceptive threats if these threats are relevant for the individuals, supporting learning accounts for the development of PD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Clinical characteristics of generalized anxiety disorder: Older vs. young adults.

Authors:
Altunoz, Umut; Kokurcan, Ahmet; Kirici, Sevinc; Bastug, Gulbahar; Ozel-Kizil, Erguvan Tugba;

Source:

Abstract:
Background: Generalized anxiety disorder (GAD) is one of the most common anxiety disorders in older people. Although GAD in older adults seems to differ in many aspects like clinical presentation, severity and treatment response, there is a paucity of comparative research. Aims: The aim of the study is to compare the clinical presentation of GAD between older and young adults. Methods: One hundred and two non-demented older patients (age ≥ 65) and 64 young patients (age < 45) who were diagnosed with GAD according to the DSM-IV-TR criteria were included to the study. Socio-demographic Data Form, the Structured Clinical Interview for DSM Disorders-1 (SCID-1), the Questionnaire for the Suggested Behavioral Criteria of GAD for DSM-5, the Hamilton Depression Scale (HAM-D), the Generalized Anxiety Disorder Severity Scale (GADSS) and the Sheehan Disability Scale (SDS) were applied to both groups. Results and conclusions: Older GAD patients had more disturbances of sleep, less reassurance seeking behaviors, higher rates of depression and higher depression severity when compared to the young patients. Although older people seemed to have a lower severity of GAD, they had higher disability due to worries. Older patients worried more about their own health and family well-being, whereas young patients worried more about future and other’s health. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Biobehavioral markers of attention bias modification in temperamental risk for anxiety: A randomized control trial.

Authors:
Liu, Pan; Taber-Thomas, Bradley C.; Fu, Xiaoxue; Pérez-Edgar, Koraly E.;
Abstract:
Objective: Children with behavioral inhibition, a temperament characterized by biologically based hypervigilance to novelty and social withdrawal, are at high risk for developing anxiety. This study examined the effect of a novel attention training protocol, attention bias modification (ABM), on symptomatic, behavioral, and neural risk markers in children with behavioral inhibition. Method: Nine- to 12-year-old typically developing children identified as having behavioral inhibition (N = 84) were assigned to a 4-session active ABM training (n = 43) or placebo protocol (n = 41) using a double-blinded, randomized, controlled trial approach. Anxiety symptoms (Diagnostic Interview Schedule for Children—Fourth Edition), attention bias (AB; measured by a dot-probe task; AB = incongruent reaction time—congruent reaction time), and AB-related neural activation (measured by functional magnetic resonance imaging activation for the incongruent > congruent contrast in the dot-probe task) were assessed before and after the training sessions. Results: Results showed that active ABM (n = 40) significantly alleviated participants’ symptoms of separation anxiety, but not social anxiety, compared with the placebo task (n = 40); ABM did not modify behavioral AB scores in the dot-probe task; and at the neural level, active ABM (n = 15) significantly decreased amygdala and insula activation and increased activation in the ventrolateral prefrontal cortex compared with placebo (n = 19). Conclusion: These findings provide important evidence for ABM as a potentially effective protective tool for temperamentally at-risk children in a developmental window before the emergence of clinical disorder and open to prevention and intervention. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Self-stigma and treatment effectiveness in patients with anxiety disorders—A mediation analysis.

Authors: Ociskova, Marie; Prasko, Jan; Vrbova, Kristyna; Kasalova, Petra; Holubova, Michaela; Grambal, Ales; Machu, Klara;

Source: Neuropsychiatric Disease and Treatment, Vol 14, Jan 26, 2018 ArtID: 383-392. Publisher: Dove Medical Press Ltd.; [Journal Article]

Abstract:
Goal: The goal of this study was to explore the impact of self-stigma on the treatment outcomes in patients with anxiety disorders and to find possible mediators of this relationship. Method: Two hundred and nine patients with anxiety disorders, who were hospitalized in a psychotherapeutic department, attended the study. The average age was 39.2 ± 12.4 years; two-thirds were women. Most of the patients used a long-term medication. The participants underwent either cognitive behavioral therapy (CBT) or short psychodynamic therapy. The selection to the psychotherapy was not randomized. All individuals completed several scales – Beck Depression Inventory, the second edition (BDI-II), Beck Anxiety Inventory (BAI), Dissociative Experience Scale (DES), Sheehan Disability Scale (SDS), subjective Clinical Global Impression (subjCGI), and The Internalized Stigma of Mental Illness Scale (ISMI). A senior psychiatrist filled out the objective CGI (objCGI). Results: The patients significantly improved in the severity of anxiety (BAI), depression (BDI-II), and overall severity of the mental disorder (objCGI). The self-stigma predicted a lower change of the objCGI, but not a change of the anxiety and depressive symptoms severity. Anxiety, depressive symptoms, dissociation, and disability were assessed as possible mediators of the relationship between the self-stigma and the treatment change. None of them were significant. Conclusion: Self-stigma lowers the effectiveness of the combined treatment of anxiety disorders. Future research should explore other possible mediators influencing this relationship.


Title: Comparative efficacy and acceptability of bibliotherapy for depression and anxiety disorders in children and adolescents: A meta-analysis of randomized clinical trials.

Authors: Yuan, Shuai; Zhou, Xinyu; Zhang, Yuqing; Zhang, Hanpin; Pu, Juncai; Yang, Lining; Liu, Lanxiang; Jiang, Xiaofeng; Xie, Peng;


Abstract:
Background: Depression and anxiety are the most common mental disorders in children and adolescents. Bibliotherapy is a treatment using written materials for mental health problems. Its main advantages are ease of use, low cost, low staffing demands, and greater privacy. Yet few meta-analyses have focused on the effect of bibliotherapy on depression and anxiety disorders in children and adolescents. Methods: We included randomized controlled trials comparing bibliotherapy with control conditions for depression and anxiety in children and adolescents (aged ≤ 18 years). Five electronic databases (PubMed, Embase, Cochrane, Web of Science, and PsycINFO) were searched from inception to January 2017. Efficacy was defined as mean change scores in depression and anxiety symptoms. Acceptability was defined as the proportion of participants who discontinued the treatment. Random effects model was used. An intention-to-treat analysis was conducted. Results: Eight studies with 979 participants were selected. At posttreatment, bibliotherapy was significantly more effective than the control conditions in reducing the symptoms of depression or anxiety (standardized mean difference, −0.52; 95% confidence interval [CI], −0.89 to −0.15). Bibliotherapy did not have statistically significantly more all-cause discontinuations than controls (risk ratios, 1.66; 95% CI, 0.93 to 2.95). We also performed subgroup analyses for efficacy outcomes in different categories (types of disorder, mean age, control conditions, and parental involvement) of studies and found that bibliotherapy has been more effective in depressive adolescents. Limitations: Limited studies were eligible in this review and hence there was potential publication bias. Conclusion: According to the findings in this review, bibliotherapy may be more beneficial in treating depression in adolescents, but shows less robust effects for anxiety in children.

Further well-defined
clinical studies should be performed to confirm these outcomes. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Effect of prolonged exposure therapy delivered over 2 weeks vs 8 weeks vs present-centered therapy on PTSD symptom severity in military personnel: A randomized clinical trial.

Authors: Foa, Edna B.; McLean, Carmen P.; Zang, Yinyin; Rosenfield, David; Yadin, Elna; Yarvis, Jeffrey S.; Mintz, Jim; Young-McCaughan, Stacey; Borah, Elisa V.; Dondanville, Katherine A.; Fina, Brooke A.; Hall-Clark, Brittany N.; Lichner, Tracey; Litz, Brett T.; Roache, John; Wright, Edward C.; Peterson, Alan L.; STRONG STAR Consortium;


Abstract: IMPORTANCE: Effective and efficient treatment is needed for posttraumatic stress disorder (PTSD) in active duty military personnel. OBJECTIVE: To examine the effects of massed prolonged exposure therapy (massed therapy), spaced prolonged exposure therapy (spaced therapy), present-centered therapy (PCT), and a minimal-contact control (MCC) on PTSD severity. DESIGN, SETTING, AND PARTICIPANTS: Randomized clinical trial conducted at Fort Hood, Texas, from January 2011 through July 2016 and enrolling 370 military personnel with PTSD who had returned from Iraq, Afghanistan, or both. Final follow-up was July 11, 2016. INTERVENTIONS: Prolonged exposure therapy, cognitive behavioral therapy involving exposure to trauma memories/reminders, administered as massed therapy (n = 110; 10 sessions over 2 weeks) or spaced therapy (n = 109; 10 sessions over 8 weeks); PCT, a non–trauma-focused therapy involving identifying/discussing daily stressors (n = 107; 10 sessions over 8 weeks); or MCC, telephone calls from therapists (n = 40; once weekly for 4 weeks). MAIN OUTCOMES AND MEASURES: Outcomes were assessed before and after treatment and at 2-week, 12-week, and 6-month follow-up. Primary outcome was interviewer-assessed PTSD symptom severity, measured by the PTSD Symptom Scale–Interview (PSS-I; range, 0-51; higher scores indicate greater PTSD severity; MCID, 3.18), used to assess efficacy of massed therapy at 2 weeks posttreatment vs MCC at week 4; noninferiority of massed therapy vs spaced therapy at 2 weeks and 12 weeks posttreatment (noninferiority margin, 50% [2.3 points on PSS-I, with 1-sided α = .05]); and efficacy of spaced therapy vs PCT at posttreatment. RESULTS: Among 370 randomized participants, data were analyzed for 366 (mean age, 32.7 [SD, 7.3] years; 44 women [12.0%]; mean baseline PSS-I score, 25.49 [6.36]), and 216 (59.0%) completed the study. At 2 weeks posttreatment, mean PSS-I score was 17.62 (mean decrease from baseline, 7.13) for massed therapy and 21.41 (mean decrease, 3.43) for MCC (difference in decrease, 3.70 [95% CI, 0.72 to 6.68]; P = .02). At 2 weeks posttreatment, mean PSS-I score was 18.03 for spaced therapy (decrease, 7.29; difference in means vs massed therapy, 0.79 [1-sided 95% CI, −∞to 2.29; P = .049 for noninferiority]) and at 12 weeks posttreatment was 18.88 for massed therapy (decrease, 6.32) and 18.34 for spaced therapy (decrease, 6.97; difference, 0.55 [1-sided 95% CI, −∞to 2.05; P = .03 for noninferiority]). At posttreatment, PSS-I scores for PCT were 18.65 (decrease, 7.31; difference in decrease vs spaced therapy, 0.10 [95% CI, −2.48 to 2.27]; P = .93). CONCLUSIONS AND RELEVANCE: Among active duty military personnel with PTSD, massed therapy (10 sessions over 2 weeks) reduced PTSD symptom severity more than MCC at 2-week follow-up and was noninferior to spaced therapy (10 sessions over 8 weeks), and there was no significant difference between spaced therapy and PCT. The reductions in PTSD symptom severity with all treatments were relatively modest, suggesting that further research is needed to determine the clinical importance of these findings. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The role of the medial prefrontal cortex in the generalization of conditioned fear.

Authors: Spalding, Kelsey N.;

Source:
Neuropsychology, Vol 32(1), Jan, 2018 pp. 1-17. Publisher: American Psychological Association; [Journal Article]

Abstract:
Objective: Fear generalization, the generalization of fear to innocuous stimuli, is a characteristic component of pathological anxiety. Neural models of fear generalization suggest the involvement of the medial prefrontal cortex (mPFC). However, conflicting empirical findings complicate our understanding of the role of the mPFC in pathological anxiety. To address important unanswered questions in this area, a detailed review and synthesis of results from human and nonhuman animal investigations of conditioned fear generalization was conducted. Method: Empirical articles were identified through March 2017 and selected if they used fear conditioning, measured fear generalization, and included a measure of activity in the mPFC or manipulation of mPFC functioning. Results: In human cued fear conditioning, the ventral mPFC plays an important role in the inhibition of fear generalization, whereas dorsal mPFC is important for the activation of generalized fear. This pattern remains to be further investigated in nonhuman animal models. Nonhuman animal research suggests an interaction between the neural correlates of contextual fear generalization and timing, such that the mPFC appears to increase fear generalization at remote time points and reduce generalization at recent time points following acquisition. Conclusions: The literature suggests a key role for the mPFC in fear generalization, but empirical details vary depending on specific regions within the mPFC, the animal model used, and the timing of the generalization test. Further research is needed to elucidate the role of the mPFC in fear generalization, which could in turn facilitate more effective pharmacological interventions for pathological anxiety. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-37795-001&site=ehost-live

Title:
A randomized dose-ranging study of neuropeptide Y in patients with posttraumatic stress disorder.

Authors:
Sayed, Sehrish; Van Dam, Nicholas T.; Horn, Sarah R.; Kautz, Marin M.; Parides, Michael; Costi, Sara; Collins, Katherine A.; Iacoviello, Brian; Iosifescu, Dan V.; Mathé, Aleksander A.; Southwick, Steven M.; Feder, Adriana; Charney, Dennis S.; Murrough, James W.;

Source:

Abstract:
Background: Anxiety and trauma-related disorders are among the most prevalent and disabling medical conditions in the United States, and posttraumatic stress disorder in particular exacts a tremendous public health toll. We examined the tolerability and anxiolytic efficacy of neuropeptide Y administered via an intranasal route in patients with posttraumatic stress disorder. Methods: Twenty-six individuals were randomized in a cross-over, single ascending dose study into 1 of 5 cohorts: 1.4 mg (n = 3), 2.8 mg (n = 6), 4.6 mg (n = 5), 6.8 mg (n = 6), and 9.6 mg (n = 6). Each individual was dosed with neuropeptide Y or placebo on separate treatment days 1 week apart in random order under double-blind conditions. Assessments were conducted at baseline and following a trauma script symptom provocation procedure subsequent to dosing. Occurrence of adverse events represented the primary tolerability outcome. The difference between treatment conditions on anxiety as measured by the Beck Anxiety Inventory and the State-Trait Anxiety Inventory immediately following the trauma script represented efficacy outcomes. Results: Twenty-four individuals completed both treatment days. Neuropeptide Y was well tolerated up to and including the highest dose. There was a significant interaction between treatment and dose; higher doses of neuropeptide Y were associated with a greater treatment effect, favoring neuropeptide Y over placebo on Beck Anxiety Inventory score (F1,20 = 4.95, P = .038). There was no significant interaction for State-Trait Anxiety Inventory score. Conclusions: Our study suggests that a single dose of neuropeptide Y is well tolerated up to 9.6 mg and may be associated with anxiolytic effects. Future studies exploring the safety and efficacy of neuropeptide Y in stress-related disorders are warranted. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Comparing children’s memories for negative versus positive events in the context of posttraumatic stress symptoms.

**Authors:** Bray, Jemma; Brewer, Neil; Cameron, Kate; Nixon, Reginald D.V.;

**Source:** Behavior Therapy, Vol 49(1), Jan, 2018 pp. 32-45. Publisher: Elsevier Science; [Journal Article]

**Abstract:**
How well children remember negative events is not fully understood. Previous research has failed to simultaneously test memory and perceptions of memory for both negative and positive events. Children (n = 38, 7–17 years) recruited from a hospital following accidental injury were tested for their memory of an injury-producing accident (negative event) and a positive event (unexpectedly receiving a $50 gift voucher). Objective accuracy of memory, memory quality characteristics (e.g., how coherently the event was recalled), children’s judgments of their memory (meta-cognitive), and posttraumatic stress (PTS) symptoms were assessed 2 months post-injury. Children’s memories for their experiences were verified using witness/parent reports. Memory quality characteristics of children’s free recollection were coded with a previously used standardized system. Overall, children showed high levels of accuracy for both events, with little degradation over time. High PTS children showed little evidence of deficits in coherence or organization in their narratives relative to low PTS children. Although in some instances high PTS children judged their memory quality to be poor compared to low PTS children, this depended on how this was assessed (e.g., self-report questionnaire vs. coded narratives). In terms of limitations, it is unclear whether the findings will generalize for memories of repeated events. Witness verification of the accident details itself could be prone to error. In conclusion, the findings are broadly supportive of the proposal made by theorists who argue that trauma memories are recalled no less accurately than other distinctive memories. The role of meta-cognitive elements of children’s memory and reporting in PTS is less clear. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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**Title:**
Psychometrics of the Child PTSD Symptom Scale for DSM-5 for trauma-exposed children and adolescents.

**Authors:** Foa, Edna B.; Asnaani, Anu; Zang, Yinyin; Capaldi, Sandra; Yeh, Rebecca;


**Abstract:**
This study evaluated psychometric properties of interview, self-report, and screening versions of the Child PTSD Symptom Scale for DSM-5 (CPSS-5), a measure of posttraumatic stress disorder (PTSD) for traumatized youth based on DSM-5 criteria. Participants were 64 children and adolescents (51.6% female, 45.3% African American/Black) between 8 and 18 years of age (M = 14.1, SD = 2.5) who had experienced a DSM-5 Criterion A trauma. Participants completed test–retest procedures for the self-report and interviewer versions of the CPSS-5 in 2 visits that were up to 2 weeks apart. Analyses revealed excellent internal consistencies, good to excellent test–retest reliability, and good convergent validity and discriminant validity for interview and self-report versions of the scale. Receiver operating characteristic analysis yielded a cutoff score of 31 on the CPSS-5 self-report version for identifying probable PTSD diagnosis. Six most frequently endorsed items by those with a possible PTSD diagnosis on the CPSS-5 were identified to constitute a screen version of the CPSS-5, showing good internal consistency and test–retest reliability. The three versions of the CPSS-5 scales are valid and reliable measures of DSM-5 PTSD symptomatology in traumatized youth. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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**Title:**

**Authors:**
Compulsions are repetitive, stereotyped thoughts and behaviors designed to reduce harm. Growing evidence suggests that the neurocognitive mechanisms mediating behavioral inhibition (motor inhibition, cognitive inflexibility) reversal learning and habit formation (shift from goal-directed to habitual responding) contribute toward compulsive activity in a broad range of disorders. In obsessive compulsive disorder, distributed network perturbation appears focused around the prefrontal cortex, caudate, putamen, and associated neuro-circuitry. Obsessive compulsive disorder-related attentional set-shifting deficits correlated with reduced resting state functional connectivity between the dorsal caudate and the ventrolateral prefrontal cortex on neuroimaging. In contrast, experimental provocation of obsessive compulsive disorder symptoms reduced neural activation in brain regions implicated in goal-directed behavioral control (ventromedial prefrontal cortex, caudate) with concordant increased activation in regions implicated in habit learning (presupplementary motor area, putamen). The ventromedial prefrontal cortex plays a multifaceted role, integrating affective evaluative processes, flexible behavior, and fear learning. Findings from a neuroimaging study of Pavlovian fear reversal, in which obsessive compulsive disorder patients failed to flexibly update fear responses despite normal initial fear conditioning, suggest there is an absence of ventromedial prefrontal cortex safety signaling in obsessive compulsive disorder, which potentially undermines explicit contingency knowledge and may help to explain the link between cognitive inflexibility, fear, and anxiety processing in compulsive disorders such as obsessive compulsive disorder. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
PTSD symptom severity and emotion regulation strategy use during trauma cue exposure among patients with substance use disorders: Associations with negative affect, craving, and cortisol reactivity.

Authors: Tull, Matthew T.; Berghoff, Christopher R.; Wheeless, Linnie E.; Cohen, Rivka T.; Gratz, Kim L.

Source: Behavior Therapy, Vol 49(1), Jan, 2018 pp. 57-70. Publisher: Elsevier Science; [Journal Article]

Abstract: The co-occurrence of posttraumatic stress disorder (PTSD) pathology with a substance use disorder (SUD) is associated with emotion regulation deficits. However, studies in this area generally rely on trait-based emotion regulation measures, and there is limited information on the relation of PTSD pathology to the use of specific emotion regulation strategies in response to trauma-related distress among SUD patients or the consequences of these strategies for trauma cue reactivity. This study examined the relation of PTSD symptom severity to the use of specific emotion regulation strategies during trauma cue exposure among trauma-exposed SUD patients, as well as the indirect relations of PTSD symptom severity to changes in negative affect, cravings, and cortisol levels pre- to posttrauma cue exposure through different emotion regulation strategies. Participants were 133 trauma-exposed SUD patients. Participants listened to a personalized trauma script and reported on emotion regulation strategies used during the script. Data on negative affect, cravings, and cortisol were collected pre- and postscript. PTSD symptom severity related positively to the use of more adaptive (e.g., distraction) and maladaptive (e.g., suppression) regulation strategies. Moreover, evidence for the indirect effects of PTSD symptom severity on negative affect and cortisol reactivity through both adaptive and maladaptive emotion regulation strategies was found. Implications of findings are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Longitudinal effects of sexual assault victims' drinking and self-blame on posttraumatic stress disorder.

Authors: Peter-Hagene, Liana C.; Ullman, Sarah E.


Abstract: Alcohol plays a major role in sexual assaults, but few studies have examined its impact on recovery outcomes, particularly in longitudinal studies. In a longitudinal study of 1,013 adult sexual assault survivors, we investigated the effects of victim drinking on posttraumatic stress disorder (PTSD), as well as the mediating role of characterological and behavioral self-blame attributions. In line with some prior research, victims who were drinking before their assault experienced less PTSD, but more self-blame than those who were not. Characterological, but not behavioral self-blame was related to increased PTSD symptoms. Thus, although drinking was overall related to less PTSD, it was also associated with increased PTSD via self-blame attributions, highlighting the danger of blaming victims of alcohol-related rapes for their assaults. Implications for future research and clinical work with survivors of alcohol-related sexual assaults are drawn. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Mediators of treatment outcomes for anxious children and adolescents: The role of somatic symptoms.

Authors: Hale, Amy E.; Ginsburg, Golda S.; Chan, Grace; Kendall, Philip C.; McCracken, James T.; Sakolsky, Dara; Birmaher, Boris; Compton, Scott N.; Albano, Anne Marie; Walkup, John T.


Abstract:
Cognitive behavioral therapy (CBT) and selective serotonin reuptake inhibitors are effective treatments for pediatric anxiety disorders. However, the mechanisms of these treatments are unknown. Previous research indicated that somatic symptoms are reduced following treatment, but it is unclear if their reductions are merely a consequence of treatment gains. This study examined reductions in somatic symptoms as a potential mediator of the relationship between treatment and anxiety outcomes. Participants were 488 anxious youth ages 7–17 (M = 10.7), 50.4% male, 78.9% Caucasian, enrolled in Child/Adolescent Anxiety Multimodal Study, a large randomized control trial comparing 12-week treatments of CBT, sertraline, a combination of CBT and sertraline, and a pill placebo. Causal mediation models were tested in R using data from baseline, 8-, and 12-week evaluations. Somatic symptoms were assessed using the Panic/Somatic subscale from the Screen for Child Anxiety Related Emotional Disorders. Youth outcomes were assessed using the Pediatric Anxiety Rating Scale and Children’s Global Assessment Scale. Reductions in somatic symptoms mediated improvement in anxiety symptoms and global functioning for those in the sertraline-only condition based on parent report. Conditions involving CBT and data based on child reported somatic symptoms did not show a mediation effect. Findings indicate that reductions in somatic symptoms may be a mediator of improvements for treatments including pharmacotherapy and not CBT. Although the overall efficacy of sertraline and CBT for anxiety may be similar, the treatments appear to function via different mechanisms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Electroconvulsive therapy for depression with comorbid borderline personality disorder or post-traumatic stress disorder: A matched retrospective cohort study.

Authors: Kaster, Tyler S.; Goldbloom, David S.; Daskalakis, Zafiris J.; Mulsant, Benoit H.; Blumberger, Daniel M.;
Source: Brain Stimulation, Vol 11(1), Jan-Feb, 2018 pp. 204-212. Publisher: Elsevier Science; [Journal Article]
Abstract: Background: The impact of comorbid borderline personality disorder (BPD) or post-traumatic stress disorder (PTSD) on clinical and cognitive outcomes of electroconvulsive therapy (ECT) in patients with major depressive episodes (MDE) is unknown. Objective: Compare clinical response and adverse cognitive effects for MDE patients with comorbid BPD or PTSD to MDE only. Methods: In a matched retrospective cohort study of 75 patients treated with ECT at an academic psychiatric hospital with DSM-IV MDE and either comorbid BPD, PTSD or both (MDE + BPD/PTSD), 75 MDE patients without BPD or PTSD (MDE-only) were matched. We reviewed clinical records to determine treatment response by estimating clinical global impression of improvement (c-CGI) and presence of adverse cognitive effects based on subjective distress or objective impairment. We explored factors associated with response and cognitive effects in the MDE + BPD/PTSD group. Results: There was no difference in c-CGI response rates between groups (p > 0.017). Secondary analysis of inpatients found lower response rates for MDE + BPD (55.4%) and MDE + BPD + PTSD (55.8%) than MDE-only (82.5%), but not MDE + PTSD (65.0%). There was no difference in adverse cognitive effects in the MDE + BPD/PTSD (23.3%–26.8%) group compared to MDE-only (25.0%). In the MDE + BPD/PTSD group, factors associated with higher response rate were: referral indications other than failed pharmacotherapy, greater number of ECT treatments, presence of adverse cognitive effects, and seizure duration > 30 s. Conclusions: Despite a lower c-CGI response for inpatients with MDE + BPD, ECT is a viable treatment option for patients in the MDE + BPD/PTSD group with similar adverse cognitive effect profiles to MDE-only. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Superior colliculus resting state networks in post-traumatic stress disorder and its dissociative subtype.
Authors: Olivé, Isadora; Densmore, Maria; Harricharan, Sherain; Théberge, Jean; McKinnon, Margaret C.; Lanius, Ruth;
Source:
Abstract:
Objectives: The innate alarm system (IAS) models the neurocircuitry involved in threat processing in posttraumatic stress disorder (PTSD). Here, we investigate a primary subcortical structure of the IAS model, the superior colliculus (SC), where the SC is thought to contribute to the mechanisms underlying threat-detection in PTSD. Critically, the functional connectivity between the SC and other nodes of the IAS remains unexplored. Experimental design: We conducted a resting-state fMRI study to investigate the functional architecture of the IAS, focusing on connectivity of the SC in PTSD (n = 67), its dissociative subtype (n = 41), and healthy controls (n550) using region-of-interest seed-based analysis. Principal observations: We observed group-specific resting state functional connectivity between the SC for both PTSD and its dissociative subtype, indicative of dedicated IAS collicular pathways in each group of patients. When comparing PTSD to its dissociative subtype, we observed increased resting state functional connectivity between the left SC and the right dorsolateral prefrontal cortex (DLPFC) in PTSD. The DLPFC is involved in modulation of emotional processes associated with active defensive responses characterising PTSD. Moreover, when comparing PTSD to its dissociative subtype, increased resting state functional connectivity was observed between the right SC and the right temporoparietal junction in the dissociative subtype. The temporoparietal junction is involved in depersonalization responses associated with passive defensive responses typical of the dissociative subtype. Conclusions: Our findings suggest that unique resting state functional connectivity of the SC parallels the unique symptom profile and defensive responses observed in PTSD and its dissociative subtype. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Assessment of pain symptoms experienced in major depressive disorder and anxiety disorder.

Authors:
Koksal, Ramazan; Aslan, Eda; Yazici, M. Kemal; Düşünen Adam:

Source:

Abstract:
Objective: Ever since the important role serotonin plays in the mechanism of pain emergence became known, there has been a heightened interest in examining the pain that accompanies psychiatric disorders. However, the relationship between pain and psychiatric disorders remains unclear. In this study, we aimed to obtain information about the frequency and characteristics of pain seen in patients diagnosed with major depressive disorder (MDD) and anxiety disorder (AD). Method: The Hamilton Rating Scale for Depression (HAM-D), the Hamilton Anxiety Rating Scale (HAM-A), and the 'Brief Pain Inventory' (BPI) were administered to 94 patients diagnosed with MDD and 94 patients diagnosed with AD, respectively. Comparisons between the diagnosed groups, pain characteristics and sociodemographic variables were examined using the Chi-square and Mann-Whitney U tests in the statistical software package SPSS 11.0. Spearman’s rho test was utilized in order to examine correlation. Results: Pain complaints in the MDD group were found in 55.3% (n = 52), while this figure was 52.1% (n = 49) in the AD group. There was no difference in the frequency of experiencing pain between the two groups (p > 0.05). Variations of age, gender, and employment status did not correlate to differences in the presence of pain in MDD (p > 0.05). In the AD group however, while there were no differences in age and gender regarding the presence of pain, complaints were more frequent in patients who did not work (p < 0.05). In both groups, with a longer period of education the patients had received, there was a decrease in pain frequency (p < 0.05). There was a positive correlation between HAM-D and HAM-A scores and pain intensity (HAM-D rho = 0.217, HAM-A rho = -0.088, p < 0.05); however, no correlation was found with the number of pain locations (HAM-D rho = 0.165, HAM-A rho = 0.105, p > 0.05). It was found that pain affected self-care negatively in MDD (p < 0.05). Conclusions: The frequency of pain experienced in MDD and AD patients whom we assessed with the pain survey form was quite high. Additionally, an important finding was that while there was an increase in the intensity of pain with HAM-D, there was no increase in pain locations. It is important that pain is examined and evaluated as a symptom that can emerge in psychiatric disorders and not just a symptom in relation to physical illness. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Major depressive disorder and anxiety disorders from the glial perspective: Etiological mechanisms, intervention and monitoring.

Authors: Sild, Mari; Ruthazer, Edward S.; Booij, Linda;


Abstract: Despite intense ongoing research efforts, the etiology of psychiatric disorders remains incompletely understood. Among biological factors playing a role in Major Depressive Disorder (MDD) and Anxiety Disorders (ANX), emerging evidence points to the relevance of different types of glia cells and efficient neuron-glial interactions. Here, we review recent findings highlighting the involvement of central nervous system (CNS) glia in MDD and ANX etiology and treatment response. Additionally, several relatively underexplored topics will be discussed: (1) glial response to non-pharmacological therapies, (2) impact of early life adversity on glia, (3) influence of lifestyle factors on glia in the context of MDD and ANX, and (4) monitoring glial functions in patients. It can be concluded that despite the sequence of events is still unclear, alterations in glial cell types are common and somewhat overlapping in ANX, MDD and corresponding animal models. Furthermore, glia are responsive to a variety of treatment and lifestyle options. Looking forward, new research developments can lead to novel types of therapeutic or symptom-relieving approaches targeting glia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: An overview of posttraumatic stress disorder genetic studies by analyzing and integrating genetic data into genetic database PTSDgene.

Authors: Zhang, Kunlin; Qu, Susu; Chang, Suhua; Li, Gen; Cao, Chengqi; Fang, Kechi; Olff, Miranda; Wang, Li; Wang, Jing;


Abstract: Posttraumatic stress disorder (PTSD) is a debilitating psychiatric syndrome with complex etiology. Studies aiming to explore genetic susceptibility and environmental triggers of PTSD have been increasing. However, the results are limited and highly heterogeneous. To understand the genetic study status of PTSD and explore more reliable candidates, we obtained 105 PTSD related genetic studies by comprehensively literature searching and filtering 1762 studies. Detailed phenotype and sample information for each study and association results for each genetic marker were extracted. Based on the extracted data, we reviewed the PTSD genetic research status and further conducted bioinformatics analyses for the genetic data. Our analyses summarized the landscape of PTSD genetic studies, identified the genes with most genetic evidence, discovered the biological function of the candidate variants/genes and enlarged the overall candidates for future investigations. All the data were stored in the PTSDgene database (http://ptsdgene.psych.ac.cn). We hope PTSDgene could be a platform for the rapid growth of PTSD genetic data and provide new insights into the pathogenesis of PTSD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Post traumatic stress-sensitive epilepsy.

Authors: Zijlmans, Maieike; van Campen, Jolien S.; de Weerd, Al;


Abstract:
Reports a case of stress-precipitated stress-sensitive epilepsy, mimicking posttraumatic stress disorder (PTSD). A 20-year old man developed nocturnal attacks after experiencing psychological trauma. A video-EEG proved a diagnosis of focal epilepsy originating from the left temporal lobe. This concurrence suggests a relation between stress-induced epilepsy and stress-induced seizures. The authors introduce the term post-traumatic stress-sensitive epilepsy for this mimic. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The traumatic experience of first-episode psychosis: A systematic review and meta-analysis.
Authors:
Rodrigues, Rebecca; Anderson, Kelly K.;
Source:
Abstract:
Introduction: A psychotic episode may be sufficiently traumatic to induce symptoms of post-traumatic stress disorder (PTSD), which could impact outcomes in first-episode psychosis (FEP). The objectives of this systematic review and meta-analysis were to estimate the prevalence of PTSD symptoms in relation to psychosis in FEP and to identify risk factors for the development of PTSD symptoms. Methods: We searched electronic databases and conducted manual searching of reference lists and tables of contents to identify relevant studies. Quantitative studies were included if the population was experiencing FEP and if PTSD was measured in relation to psychosis. Prevalence of PTSD symptoms and diagnoses were meta-analyzed using a random effects model. Potential risk factors for PTSD symptoms were summarized qualitatively. Results: Thirteen studies were included. Eight studies assessed PTSD symptoms, three studies assessed full PTSD, and two studies assessed both. The pooled prevalence of PTSD symptoms was 42% (95% CI 30%–55%), and the pooled prevalence of a PTSD diagnosis was 30% (95% CI 21%–40%). Exploratory subgroup analyses suggest that prevalence may be higher in affective psychosis and inpatient samples. Evidence from included studies implicate depression and anxiety as potential risk factors for PTSD symptoms. Conclusions: Approximately one in two people experience PTSD symptoms and one in three experience full PTSD following a first psychotic episode. Evidence-based interventions to treat PTSD symptoms in the context of FEP are needed to address this burden and improve outcomes after the first psychotic episode. Further studies are needed to clarify the associated risk factors. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Rumination as a mediator between childhood trauma and adulthood depression/anxiety in non-clinical participants.
Authors:
Kim, Ji S.; Jin, Min J.; Jung, Wookyoung; Hahn, Sang W.; Lee, Seung-Hwan;
Source:
Abstract:
Objective: Although there is strong evidence that childhood trauma is associated with the development of depression and anxiety, relatively few studies have explored potential mediating factors for this relationship. The present study aimed to evaluate the mediating role of rumination in the link between childhood trauma and mood status such as depression, anxiety and affective lability. Materials and Methods: Two hundred and seven non-clinical participants completed the Childhood Trauma Questionnaire, the Ruminative Response Scale, the Beck Depression Inventory, the State Anxiety Inventory, and the Affective Lability Scale. Structural equation modeling was used to evaluate the results. Results: Our results supported that rumination is a meaningful mediator between childhood trauma and depression/anxiety in non-clinical participants. The mediation model indicated that childhood trauma and its subtypes are linked to depression and anxiety through three subtypes of rumination, thereby supporting a significant indirect relationship (Standardized coefficient [SC] = 0.56, p < 0.001 for the path from trauma to rumination; SC = 0.67, p < 0.001, from rumination to mood). The direct relationship between childhood trauma and mood symptoms was also significant in a model including rumination (SC = 0.68, p < 0.001).
The mediation effect of rumination in the relationship between childhood trauma and mood was more predominant in female participants. Conclusions: The present study found that rumination mediates the influence of childhood trauma on the development of mood symptoms in non-clinical participants. Childhood trauma appears to be a critical determinant for developing symptoms of depression and anxiety. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Depressive and anxious symptoms and the risk of secondary school noncompletion.
Authors: Brière, Frédéric N.; Pascal, Sophie; Dupéré, Véronique; Castellanos-Ryan, Natalie; Allard, Francis; Yale-Soulière, Gabrielle; Janosz, Michel;
Abstract: Background: Evidence regarding the association between adolescent internalising symptoms and school non-completion has been limited and inconclusive. Aims: To examine whether depressive and anxious symptoms at secondary school entry predict school non-completion beyond confounders and whether associations differ by baseline academic functioning. Method: We used logistic regression to examine associations between depressive and anxious symptoms in grade 7 (age 12-14) and school non-completion (age 18-20) in 4962 adolescents. Results: Depressive symptoms did not predict school non-completion after adjustment, but moderation analyses revealed an association in students with elevated academic functioning. A curvilinear association was found for anxiety: both low and high anxious symptoms predicted school non-completion, although only low anxiety remained predictive after adjustment. Conclusions: Associations between internalising symptoms and school non-completion are modest. Common school-based interventions targeting internalising symptoms are unlikely to have a major impact on school non-completion, but may prevent non-completion in selected students. Declaration of interest: None. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-47013-005&site=ehost-live

Title: Relationship between coping strategies and locus of control with the anxiety of death in old people.
Authors: Razini, Hadi Hashemi; Juybari, Shahab Baheshmat; Ramshini, Maryam;
Abstract: Objectives: The prevalence of death anxiety in older adults is high. Thus, the aim of the present study was to explore the relationship between coping strategies and locus of control with death anxiety in older adults. Methods & Materials: In this descriptive and cross-sectional study, 113 elderly adults older than 60 years were recruited from the city of Tehran via available sampling method. For data collection, the Coping Strategies Inventory, Locus of Control Inventory and Death Anxiety Scale were employed. Then, the data were analyzed using SPSS 21 software and statistical tests such as Pearson correlation coefficient and Stepwise regression. Results: The mean (SD) age of the participants was 65.19 (3.93) years. The mean scores of problem-focused coping, emotion-focused coping, avoidance-focused coping, internal locus of control, external locus of control, and death anxiety were 48.20 ± 7.45, 50.93 ± 6.92, 50.39 ± 8.67, 17.85 ± 5.70, 61.51 ± 6.08 and 8.67 ± 2.31, respectively. Based on study findings, there was a statistically significant relationship between coping strategies (P < 0.05) and locus of control (P < 0.05) with death anxiety among older adults. The results of stepwise regression analysis indicated that avoidance and emotion oriented coping and external locus of control significantly predict death anxiety (P < 0.01). Conclusion: Death anxiety is one of the key factors in the mental health of older adults. With regard to our findings, coping strategies and locus of control have an important role in death anxiety in older adults. Therefore, by designing psychological interventions based on coping strategies and changing
locus of control from external to internal, death anxiety among the older adults can be improved.
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Title: Validation of post-traumatic stress disorder (PTSD) and complex PTSD using the International Trauma Questionnaire.
Abstract: Objective: The 11th version of the International Classification of Diseases (ICD-11) has proposed two related trauma diagnoses: Posttraumatic stress disorder (PTSD) and Complex PTSD (CPTSD). Using a newly developed, disorder-specific measure of PTSD and CPTSD called the International Trauma Questionnaire (ITQ) the current study will (i) assess the factorial validity of ICD-11 PTSD and CPTSD; (ii) provide the first test of the discriminant validity of these constructs; and (iii) provide the first comparison of ICD-11, and Diagnostic and Statistical Manual, Fifth Edition (DSM-5), PTSD diagnostic rates using disorder-specific measures. Method: ICD-11 and DSM-5 PTSD-specific measures were completed by a British clinical sample of trauma-exposed patients (N = 171). The structure and validity of ICD-11 PTSD and CPTSD were assessed by means of factor analysis and assessing relationships with criterion variables. Results: Diagnostic rates under ICD-11 were significantly lower than those under DSM-5. A two-factor second-order model reflecting the distinction between PTSD and CPTSD best represented the data from the ITQ; and the PTSD and CPTSD factors differentially predicted multiple psychological variables. Conclusion: The factorial and discriminant validity of ICD-11 PTSD and CPTSD was supported, and ICD-11 produces fewer diagnostic cases than DSM-5. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The ventromedial prefrontal cortex in a model of traumatic stress: Fear inhibition or contextual processing?
Authors: Pennington, Zachary T.; Anderson, Austin S.; Fanselow, Michael S.;
Abstract: The ventromedial prefrontal cortex (vmPFC) has consistently appeared altered in post-traumatic stress disorder (PTSD). Although the vmPFC is thought to support the extinction of learned fear responses, several findings support a broader role for this structure in the regulation of fear. To further characterize the relationship between vmPFC dysfunction and responses to traumatic stress, we examined the effects of pretraining vmPFC lesions on trauma reactivity and enhanced fear learning in a rodent model of PTSD. In Experiment 1, lesions did not produce differences in shock reactivity during an acute traumatic episode, nor did they alter the strength of the traumatic memory. However, when lesioned animals were subsequently given a single mild aversive stimulus in a novel context, they showed a blunting of the enhanced fear response to this context seen in traumatized animals. In order to address this counterintuitive finding, Experiment 2 assessed whether lesions also attenuated fear responses to discrete tone cues. Enhanced fear for discrete cues following trauma was preserved in lesioned animals, indicating that the deficit observed in Experiment 1 is limited to contextual stimuli. These findings further support the notion that the vmPFC contributes to the regulation of fear through its influence on context learning and contrasts the prevailing view that the vmPFC directly inhibits fear. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Persistent effects of acute stress on fear and drug-seeking in a novel model of the comorbidity between post-traumatic stress disorder and addiction.

Authors: Pizzimenti, Christie L.; Navis, Tom M.; Lattal, K. Matthew;


Abstract: Even following long periods of abstinence, individuals with anxiety disorders have high rates of relapse to drugs of abuse. Although many current models of relapse demonstrate effects of acute stress on drug-seeking, most of these studies examine stressful experiences that occur in close temporal and physical proximity to the reinstatement test. Here, we assess the effects of a stressful experience in one context on fear and drug-seeking in a different context. We adapt the stress-enhanced fear learning procedure to examine impacts on drug-seeking long after the stressful experience occurred. We find massive footshock in a distinct environment produced an acute increase in corticosterone, long-term hyper-responsivity to a single shock in different contexts with extensive histories of drug-seeking behaviors, enhancements in cocaine-induced conditioned place preference in mice, and persistent enhancements in cue-induced reinstatement of methamphetamine-seeking behavior in rats. Together, these experiments demonstrate that an acute trauma causes persistent changes in responsivity to mild stressors and drug-seeking behavior in other contexts, which mirrors aspects of the comorbidity between post-traumatic stress disorder and substance use disorders. These behavioral approaches provide novel procedures for investigating basic mechanisms underlying this comorbidity and they provide powerful tools for testing preclinical pharmacological and behavioral interventions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Neurobiology of fear and specific phobias.

Authors: Garcia, René;


Abstract: Fear, which can be expressed innately or after conditioning, is triggered when a danger or a stimulus predicting immediate danger is perceived. Its role is to prepare the body to face this danger. However, dysfunction in fear processing can lead to psychiatric disorders in which fear outweighs the danger or possibility of harm. Although recognized as highly debilitating, pathological fear remains insufficiently treated, indicating the importance of research on fear processing. The neurobiological basis of normal and pathological fear reactions is reviewed in this article. Innate and learned fear mechanisms, particularly those involving the amygdala, are considered. These fear mechanisms are also distinguished in specific phobias, which can indeed be nonexperiential (implicating innate, learning-independent mechanisms) or experiential (implicating learning-dependent mechanisms). Poor habituation and poor extinction are presented as dysfunctional mechanisms contributing to persistence of nonexperiential and experiential phobias, respectively. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Breaking boundaries: Optimizing reconsolidation-based interventions for strong and old memories.

Authors: Elsey, James W. B.; Kindt, Merel;


Abstract:
Recent research has demonstrated that consolidated memories can enter a temporary labile state after reactivation, requiring restabilization in order to persist. This process, known as reconsolidation, potentially allows for the modification and disruption of memory. Much interest in reconsolidation stems from the possibility that maladaptive memory traces—a core feature of several psychiatric conditions—could be tackled by disrupting their reconsolidation. However, research has indicated a range of supposed boundary conditions on the induction of reconsolidation. Stronger memories, often resulting from exposure to stressful conditions, or older memories, appear to be relatively resistant to undergoing reconsolidation. This may be taken as a potential stumbling block for reconsolidation-based interventions: in clinical practice, old and strong maladaptive memories are the norm rather than the exception. Yet, boundary conditions have been derived from limited experimental evidence, are not unique to reconsolidation-based interventions, and do not seem to be absolute. In this paper, we review a range of experimental studies that have aimed to disrupt old memories, or memories that were strengthened by stress manipulations, through reconsolidation. Such research highlights several techniques that could be used to optimize reconsolidation-based approaches and overcome putative boundary conditions. We supplement this review of experimental literature with a case study of a reconsolidation-based treatment of a strong and decades-old phobia for mice, further suggesting that age and strength of memory may not be insurmountable barriers. Translating findings from basic science, to human experiments, to clinical applications and back again, can potentially unlock powerful new treatments for the many people who suffer daily from anxiety disorders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
nightmares and fear of sleep) and insomnia-specific (i.e. dysfunctional beliefs about sleep, insomnia-related safety behaviours and daily stressors) predictors of sleep quality, efficiency and nightmares in a sample of 30 individuals with PTSD. Participants participated in ecological momentary assessment to determine how daily changes in PTSD- and insomnia-related factors lead to changes in sleep. Multi-level modelling analyses indicated that, after accounting for baseline PTSD symptom severity, PTSD-specific factors were associated with insomnia symptoms, but insomnia-specific factors were not. Only daytime PTSD symptoms and fear of sleep predicted nightmares. Both sleep- and PTSD-related factors play a role in maintaining insomnia among those with PTSD, while nightmares seem to be linked more closely with only PTSD-related factors. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Trauma associated sleep disorder: A parasomnia induced by trauma.
Authors: Mysliwiec, Vincent; Brock, Matthew S.; Creamer, Jennifer L.; O'Reilly, Brian M.; Germain, Anne; Roth, Bernard J.;
Source: Sleep Medicine Reviews, Vol 37, Feb, 2018 pp. 94-104. Publisher: Elsevier Science; [Journal Article]
Abstract: Nightmares and disruptive nocturnal behaviors that develop after traumatic experiences have long been recognized as having different clinical characteristics that overlap with other established parasomnia diagnoses. The inciting experience is typically in the setting of extreme traumatic stress coupled with periods of sleep disruption and/or deprivation. The limited number of laboratory documented cases and symptomatic overlap with rapid eye movement sleep behavior disorder (RBD) and posttraumatic stress disorder (PTSD) have contributed to difficulties in identifying what is a unique parasomnia. Trauma associated sleep disorder (TSD) incorporates the inciting traumatic experience and clinical features of trauma related nightmares and disruptive nocturnal behaviors as a novel parasomnia. The aims of this theoretical review are to 1) summarize the known cases and clinical findings supporting TSD, 2) differentiate TSD from clinical disorders with which it has overlapping features, 3) propose criteria for the diagnosis of TSD, and 4) present a hypothetical neurobiological model for the pathophysiology of TSD. Hyperarousal, as opposed to neurodegenerative changes in RBD, is a component of TSD that likely contributes to overriding atonia during REM sleep and the comorbid diagnosis of insomnia. Lastly, a way forward to further establish TSD as an accepted sleep disorder is proposed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Social anxiety disorder as a densely interconnected network of fear and avoidance for social situations.
Authors: Heeren, Alexandre; McNally, Richard J.;
Source: Cognitive Therapy and Research, Vol 42(1), Feb, 2018 pp. 103-113. Publisher: Springer; [Journal Article]
Abstract: The hallmark symptoms of social anxiety disorder (SAD) are fear and avoidance of social evaluative situations. Yet, even people without SAD sometimes fear and avoid certain social situations without ever developing the disorder. Apart from differences in number and severity, uncertainty abounds about how fear and avoidance of distinct interpersonal and social evaluative situations organize differently in people with and without SAD. Inspired by novel network approaches to psychopathology, we sought to characterize the network structure of fear and avoidance of distinct social evaluative situations among individuals with (n = 238) and without SAD (n = 232). Although the network structure and node centrality metrics did not differ between the groups, the network for those with SAD was more strongly interconnected than that of people free of the diagnosis. This study is the first to provide evidence that SAD can be conceptualized as a densely interconnected network of fear and avoidance of social situations. Our results are consistent with the network theory of mental disorders that regards networks with strong between-symptom connections as more pathogenic than similar networks with weaker connections. As prior studies indicated that overall network connectivity can predict the course of mental
disorders, our findings set the scene for novel indicators of SAD prognosis. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Disentangling the link between posttraumatic stress disorder and violent behavior: Findings from a nationally representative sample.

Authors:
Blakey, Shannon M.; Love, Holly; Lindquist, Lisa; Beckham, Jean C.; Elbogen, Eric B.;

Source:

Abstract:
Objective: Although research using combat veteran samples has demonstrated an association between posttraumatic stress disorder (PTSD) and violence toward others, there has been relatively little research examining this relationship among individuals with no combat history. Method: Data representative of the United States population collected from the two wave National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) were analyzed to determine the risk factors for violent behavior of individuals reporting no history of active military combat (N = 33,215). Results: In χ2 analyses, participants meeting criteria for lifetime PTSD at Wave 1 reported higher rates of violence between Waves 1 and 2 compared with participants without a history of PTSD (7 vs. 3%). An increase in anger after trauma and use of alcohol to cope with PTSD symptoms were stronger predictors of physically aggressive or violent acts than a lifetime diagnosis of PTSD without anger. When controlling for these and other covariates, PTSD alone no longer significantly predicted any subtype of physical aggression or violence toward others. Conclusions: Results suggest that although PTSD is related to violent behavior, specific sequelae of trauma (specifically, increased anger and self-medicating with alcohol) are more critical than diagnosis per se in predicting violent behavior in the general population. Clinical implications and future research directions are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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Depression

**Title:**
Examining parental monitoring as a moderator of the relationship between depressed mood and alcohol use and problems.

**Authors:**
Geisner, Irene M.; Trager, Bradley M.; Hultgren, Brittney A.; Larimer, Mary E.; Mallett, Kimberly A.; Turrisi, Rob;

**Source:**

**Abstract:**
Background: The comorbidity of depressed mood and college student drinking causes consequences for both the individual and society. Aspects of parenting have been shown to be important for college students' well-being. While some interventions are beginning to address this population, few studies have examined how parental monitoring impacts the relationship between depressed mood, alcohol use, and related consequences. The present study examined whether perceived parental monitoring moderated the relationship between depressed mood and alcohol use and related problems. Methods: Students (N = 796) completed a survey during the fall semester of their first two years of college at a large, public university assessing drinking and related negative consequences, maternal and paternal monitoring, and depressed mood. Results: Results revealed that maternal and paternal monitoring moderated the relationship between depressed mood and typical weekly drinking, and depressed mood and consequences (i.e., self-perception, self-care, blackouts). Conclusions: Interventions should be tailored to parents based on considerations of both student mental health and alcohol use. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Social networking sites addiction and adolescent depression: A moderated mediation model of rumination and self-esteem.

**Authors:**
Wang, Pengcheng; Wang, Xinyue; Wu, Yingqiu; Xie, Xiaochun; Wang, Xingchao; Zhao, Fengqing; Ouyang, Mingkun; Lei, Li;

**Source:**

**Abstract:**
Recent research has shown that social networking sites (SNS) use is a risk factor for depression, but little research has studied the relation between SNS addiction and depression, and less is known about the mediating and moderating mechanisms underlying this relation. The present study examined whether rumination mediated the relation between SNS addiction and depression, and whether the mediating effect was moderated by self-esteem. Our theoretical model was tested using concurrent data collected from 365 Chinese adolescents. The participants completed the measures of SNS addiction, depression, rumination, and self-esteem. The results indicated that SNS addiction was positively associated with depression. Mediation analysis indicated that rumination mediated the relation between SNS addiction and depression. Moderated mediated analysis further revealed that the path between rumination and depression was stronger for individuals with lower self-esteem than individuals with higher self-esteem. Limitations and implications of this study were discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Circulating cytokine levels are associated with symptoms of depression and anxiety among people with alcohol and drug use disorders.

**Authors:**
Abstract:
Background: Psychological distress is common among people with a substance abuse disorder in treatment. Identifying correlates of psychological distress may serve as points of intervention to improve substance abuse treatment outcomes. Immune function measured as cytokine levels have been associated with psychological distress, but this association remains unexplored among people with a substance abuse disorder in treatment. This study aimed to examine whether cytokine levels in patients treated for a substance use disorder were related to depression, anxiety, and overall psychological distress, and to observe these associations separately among people with a past year alcohol use disorder and those with a past year drug use disorder. Methods: We collected cross-sectional data from 80 inpatients at five alcohol and substance abuse treatment centers in Norway. We determined alcohol and drug diagnoses, and assessed symptoms of depression, anxiety, and overall psychological distress. We tested blood samples for IL-1, IL-6, TNF-α, INF-γ, and IL-10. We used multivariate linear regressions to examine the associations between cytokine levels and psychological distress measures. Results: All cytokines were significantly and positively associated with depression score. INF-γ was significantly and negatively associated with anxiety, and IL-6 was significantly and positively associated psychological distress. Among people with only an alcohol use disorder, IL-6 was positively associated with depression and psychological distress scores, and IL-10 was negatively associated with anxiety score. Among people with only a drug use disorder, TNF-α was positively associated with depression score. Conclusion: The relationship between immune function and psychological distress is robust in the context of substance abuse, and further research is warranted. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The Koukopoulos Mixed Depression Rating Scale (KMDRS): An International Mood Network (IMN) validation study of a new mixed mood rating scale.
Authors: Sani, Gabriele; Vöhringer, Paul A.; Barroilhet, Sergio A.; Koukopoulos, Alexia E.; Ghaemi, S. Nassir;
Abstract:
Background: It has been proposed that the broad major depressive disorder (MDD) construct is heterogenous. Koukopoulos has provided diagnostic criteria for an important subtype within that construct, 'mixed depression' (MxD), which encompasses clinical pictures characterized by marked psychomotor or inner excitation and rage/anger, along with severe depression. This study provides psychometric validation for the first rating scale specifically designed to assess MxD symptoms cross-sectionally, the Koukopoulos Mixed Depression Rating Scale (KMDRS). Methods: 350 patients from the international mood network (IMN) completed three rating scales: the KMDRS, Montgomery-Asberg Depression Rating Scale (MADRS) and Young Mania Rating Scale (YMRS). KMDRS' psychometric properties assessed included Cronbach's alpha, inter-rater reliability, factor analysis, predictive validity, and Receiver Operator Curve analysis. Results: Internal consistency (Cronbach's alpha = 0.76; 95% CI 0.57, 0.94) and interrater reliability (kappa = 0.73) were adequate. Confirmatory factor analysis identified 2 components: anger and psychomotor excitation (80% of total variance). Good predictive validity was seen (C-statistic = 0.82 95% CI 0.68, 0.93). Severity cut-off scores identified were as follows: none (0–4), possible (5–9), mild (10–15), moderate (16–20) and severe (> 21) MxD. Limitations: Non DSM-based diagnosis of MxD may pose some difficulties in the initial use and interpretation of the scoring of the scale. Moreover, the cross-sectional nature of the evaluation does not verify the long-term stability of the scale. Conclusions: KMDRS was a reliable and valid instrument to assess MxD symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Altered neural processing of reward and punishment in adolescents with major depressive disorder.

Authors: Landes, I.; Bakos, S.; Kohls, G.; Bartling, J.; Schulte-Körne, G.; Greimel, E.;


Abstract: Background: Altered reward and punishment function has been suggested as an important vulnerability factor for the development of Major Depressive Disorder (MDD). Prior ERP studies found evidence for neurophysiological dysfunctions in reinforcement processes in adults with MDD. To date, only few ERP studies have examined the neural underpinnings of reinforcement processing in adolescents diagnosed with MDD. The present event-related potential (ERP) study aimed to investigate neurophysiological mechanisms of anticipation and consumption of reward and punishment in adolescents with MDD in one comprehensive paradigm. Method: During ERP recording, 25 adolescents with MDD and 29 healthy controls (12–17 years) completed a Monetary Incentive Delay Task comprising both a monetary reward and a monetary punishment condition. During anticipation, the cue-P3 signaling attentional allocation was recorded. During consumption, the feedback-P3 and Reward Positivity (RewP) were recorded to capture attentional allocation and outcome evaluation, respectively. Results: Compared to controls, adolescents with MDD showed prolonged cue-P3 latencies to reward cues. Furthermore, unlike controls, adolescents with MDD displayed shorter feedback-P3 latencies in the reward versus punishment condition. RewPs did not differ between groups. Limitations: It remains unanswered whether the observed alterations in adolescent MDD represent a state or trait. Conclusions: Delayed neural processing of reward cues corresponds to the clinical presentation of adolescent MDD with reduced motivational tendencies to obtain rewards. Relatively shorter feedback-P3 latencies in the reward versus punishment condition could indicate a high salience of performance-contingent reward. Frequent exposure of negatively biased adolescents with MDD to performance-contingent rewards might constitute a promising intervention approach. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The effects of low-intensity narrow-band blue-light treatment compared to bright white-light treatment in seasonal affective disorder.

Authors: Meesters, Ybe; Duijzer, Wianne B.; Hommes, Vanja;


Abstract: Background: Ever since a new photoreceptor was discovered with a highest sensitivity to 470–490 nm blue light, it has been speculated that blue light has some advantages in the treatment of Seasonal Affective Disorder (SAD) over more traditional treatments. In this study we compared the effects of exposure to narrow-band blue light (BLUE) to those of broad-wavelength white light (BLT) in the treatment of SAD. Methods: In a 15-day design, 45 patients suffering from SAD completed 30-min sessions of light treatment on 5 consecutive days. 21 subjects received white-light treatment (BLT, broad-wavelength without UV, 10 000 lx, irradiance 31.7 W/m²), 24 subjects received narrow-band blue light (BLUE, 100 lx, irradiance 1.0 W/m²). All participants completed weekly questionnaires concerning mood and energy levels, and were also assessed by means of the SIGH-SAD, which is the primary outcome measure. Results: On day 15, SIGH-SAD ratings were significantly lower than on day 1 (BLT 73.2%, effect size 3.37; BLUE 67%, effect size 2.63), which outcomes were not statistically significant different between both conditions. Limitations: Small sample size. Conclusions: Light treatment is an effective treatment for SAD. The use of narrow-band blue light is equally effective as a treatment using bright white-light. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The influence of comorbid anxiety on the effectiveness of Cognitive Therapy and Interpersonal Psychotherapy for Major Depressive Disorder.

Authors:
van Bronswijk, Suzanne C.; Lemmens, Lotte H. J. M.; Huibers, Marcus J. H.; Arntz, Arnoud; Peeters, Frenk P. M. L.;

Source: Journal of Affective Disorders, Vol 232, May, 2018 pp. 52-60. Publisher: Elsevier Science; [Journal Article]

Abstract: Background: Anxious depression is an important subtype of Major Depressive Disorder (MDD) defined by both syndromal (anxiety disorders) and dimensional (anxiety symptoms) criteria. A debated question is how anxiety affects MDD treatment. This study examined the impact of comorbid anxiety disorders and symptoms on the effectiveness of and dropout during Cognitive Therapy (CT) and Interpersonal Psychotherapy (IPT) for MDD. Methods: Depressed individuals were randomized to CT (n = 76) or IPT (n = 75). Outcome was depression severity measured with the Beck Depression Inventory-II (BDI-II) at the start of each therapy session, post treatment, and monthly up to five months follow-up. Anxiety disorders were assessed with the Structured Clinical Interview for DSM-IV Axis I disorders, (phobic) anxiety symptoms were assessed with Brief Symptom Inventory subscales. Results: Approximately one third of participants had a comorbid anxiety disorder. Comorbid anxiety disorders and anxiety symptoms were associated with less favorable depression change during IPT as compared to CT in the treatment phase, but not in the trial follow-up phase. Individuals with a comorbid anxiety disorder had significantly higher treatment dropout during both treatments. Limitations: Not all therapists and participants were blind to the assessment of comorbid anxiety disorders and the assessments were performed by one rater. Conclusions: A preference for CT over IPT for MDD is justifiable when comorbid anxiety is present, although long-term differences are not established and replication of this finding is needed. Clinicians should be aware of the risk of dropout for depressed individuals with an anxiety disorder. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Association between abnormal serum myelin-specific protein levels and white matter integrity in first-episode and drug-naive patients with major depressive disorder.

Authors: Jiang, Linling; Cheng, Yuqi; Jiang, Hongyan; Xu, Jian; Lu, Jin; Shen, Zonglin; Lu, Yi; Liu, Fang; Li, Luqiong; Xu, Xiufeng;

Source: Journal of Affective Disorders, Vol 232, May, 2018 pp. 61-68. Publisher: Elsevier Science; [Journal Article]

Abstract: Background: Although the structural abnormalities of white matter (WM) have been described in patients with major depressive disorder (MDD), the neuropathological changes remain unclear. The current study aimed to investigate the myelin oligodendrocyte glycoprotein (MOG) and myelin-associated glycoprotein (MAG) levels and their correlations with WM integrity in first-episode, drug-naive MDD patients. Methods: We obtained diffusion tensor images of 102 first-episode, drug-naive MDD patients and 81 age- and sex-matched controls. Serum MOG and MAG levels of all participants were measured and compared between the two groups. The correlations between WM integrity and MOG and MAG levels were examined. Results: MOG and MAG serum levels were significantly higher in MDD patients than in controls. Patients with MDD also showed decreased fractional anisotropy (FA) and axial diffusivity in the WM of the bilateral thalamus, right hippocampus, right temporal lobe, and left pulvinar. At the whole-brain level, no regions showed any correlations of diffusivity parameters with MOG or MAG levels in healthy subjects. However, we observed two-way correlations between the MOG and MAG levels and the FA and mean diffusivity values in the WM of the left middle frontal lobe, right inferior parietal lobe, and right supplementary motor area in MDD patients. Limitations: Further investigation with a larger sample size and longitudinal studies are required to better understand the neuropathology of WM integrity in MDD. Conclusions: Our findings represent the first evidence of a relationship between abnormal serum myelin-specific protein levels and impaired WM integrity, which may help to better understand the neurobiological mechanisms of MDD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Clinical pilot study of transcranial direct current stimulation combined with Cognitive Emotional Training for medication resistant depression.

**Authors:**

**Source:**

**Abstract:**
Background: While the clinical results from transcranial direct current stimulation (tDCS) for the treatment of depression have been promising, antidepressant effects in patients with medication resistance have been suboptimal. There is therefore a need to further optimise tDCS for medication resistant patients. In this clinical pilot study we examined the feasibility, safety, and clinical efficacy of combining tDCS with a psychological intervention which targets dysfunctional circuitry related to emotion regulation in depression, Cognitive Emotional Training (CET). Methods: tDCS was administered during CET three times a week for a total of 18 sessions over 6 weeks. Mood, cognition and emotion processing outcomes were examined at baseline and after 3 and 6 weeks of treatment. Results: Twenty patients with medication resistant depression participated, of whom 17 were study completers. tDCS combined with CET was found to be feasible, safe, and associated with significant antidepressant efficacy at 6 weeks, with 41% of study completers showing treatment response (≥ 50% improvement in depression score). There were no significant cognitive enhancing effects with the exception of improved emotion recognition. Responders demonstrated superior recognition for the emotions fear and surprise at pre-treatment compared to non-responders, suggesting that better pre-treatment emotion recognition may be associated with antidepressant efficacy. Limitations: This was an open label study. Conclusions: tDCS combined with CET has potential as a novel method for optimising the antidepressant efficacy of tDCS in medication resistant patients. Future controlled studies are required to determine whether tDCS combined with CET has greater antidepressant efficacy compared to either intervention alone. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Biased neurocognitive self-perception in depressive and in healthy persons.

**Authors:**
Schwert, Christine; Stohrer, Maren; Aschenbrenner, Steffen; Weisbrod, Matthias; Schröder, Annette;

**Source:**

**Abstract:**
Background: Cognitive deficits across several domains and subjective complaints about cognition are prevalent in major depression disorder (MDD). Nevertheless, subjective and objective cognitive functions show no associations. However, research concerning the extent and direction of discrepancy is rare. The present study examined the relationship and discrepancy between subjective and objective cognitive deficits both in patients with MDD and healthy individuals. Method: Outpatients with MDD (n = 102) and a healthy control group (n = 88) were assessed with a neuropsychological test battery and completed a questionnaire for the self-assessment of cognitive performance (FLei) concerning the domains of attention, memory, and executive functions. Results: There were no associations between subjective and objective cognitive deficits in any domain in both the MDD group and the healthy control group. The groups did not differ regarding the extent of the discrepancy between subjective and objective cognition. However, depressed outpatients’ subjective cognitive complaints significantly exceeded their neuropsychological deficits, whereas healthy individuals reported significantly higher subjective cognitive functioning than objectively measured. Limitations: The cross-sectional study design does not allow for causal conclusions. Due to concerns regarding the suitability of the subjective measure of cognitive deficits used in this study, the findings should be interpreted cautiously. Conclusions: The current study reveals a discrepancy between subjective and objective cognitive function not only in the MDD group, but also in the control group. Whereas depressed outpatients tend to underestimate their objective cognitive abilities, healthy individuals tend to overestimate them. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Palmitoylethanolamide as adjunctive therapy in major depressive disorder: A double-blind, randomized and placebo-controlled trial.

Authors:
Ghazizadeh-Hashemi, Maryam; Ghajar, Alireza; Shalbafan, Mohammad-Reza; Ghazizadeh-Hashemi, Fatemeh; Afarideh, Mohsen; Malekpour, Farzaneh; Ghaleiha, Ali; Ardebili, Mehrdad Eftekhar; Akhondzadeh, Shahin;


Abstract:
Background: Experimental studies provide evidence for antidepressant effects of Palmitoylethanolamide (PEA) in animal models of depression. We aimed to evaluate the efficacy and tolerability of PEA add-on therapy in treatment of patients with major depressive disorder (MDD). Methods: In a randomized double-blind, and placebo-controlled study, 58 patients with MDD (DSM-5) and Hamilton Depression Rating Scale (HAM-D) score ≥ 19 were randomized to receive either 600 mg twice daily Palmitoylethanolamide or placebo in addition to citalopram for six weeks. Patients were assessed using the HAM-D scale at baseline and weeks 2, 4, and 6. Results: Fifty-four individuals completed the trial. At week 2, patients in the PEA group demonstrated significantly greater reduction in HAM-D scores compared to the placebo group (8.30 ± 2.41 vs. 5.81 ± 3.57, P = .004). The PEA group also demonstrated significantly greater improvement in depressive symptoms [F (3, 156) = 3.35, P = .021] compared to the placebo group throughout the trial period. The patients in the PEA group experienced more response rate (≥ 50% reduction in the HAM-D score) than the placebo group (100% vs. 74% respectively, P = .01) at the end of the trial. Baseline parameters and frequency of side effects were not significantly different between the two groups. Limitations: The population size in this study was small and the follow-up period was relatively short. Conclusions: Palmitoylethanolamide adjunctive therapy to citalopram can effectively improve symptoms of patients (predominantly male gender) with major depressive disorder. PEA showed rapid-onset antidepressant effects which need further investigation. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Changes in brain connectivity during a sham-controlled, transcranial magnetic stimulation trial for depression.

Authors:
Taylor, Stephan F.; Ho, S. Shaun; Abagis, Tessa; Angstadt, Mike; Maixner, Daniel F.; Welsh, Robert C.; Hernandez-Garcia, Luis;


Abstract:
Background: The subgenual anterior cingulate cortex (sgACC) has been implicated in major depressive disorder (MDD), and this study evaluated sgACC connectivity before and after repetitive transcranial magnetic stimulation (rTMS) treatment. Methods: Thirty-two MDD patients entered a sham-controlled, double-blinded, randomized trial of rTMS to the left dorsolateral prefrontal cortex (dlFPC). Subjects underwent resting state functional magnetic resonance imaging before and after 20 sessions of high frequency rTMS. Seed voxels identified the affective network (AN; sgACC, amygdala), default mode network (DMN; posterior cingulate cortex [PCC]), and fronto-parietal network (FPN; dlPFC stimulation site). Results: There was no significant effect of active rTMS over sham on the primary outcome measure (Montgomery-Asberg Depression Scale rating), with both groups improving over time, and no specific effect of rTMS (sham vs active) on connectivity. However, among patients who showed significant improvement, sgACC connectivity decreased for sham (to AN, trend to DMN) and active rTMS responders (to AN, DMN, FPN), but not in non-responders, who tended to maintain connectivity. Including subjects who started with sham but then received open-label active treatment, baseline connectivity from the PCC to the anterior insula was greater in non-responders compared to responders (n = 27, excluding 5 sham responders). Limitations: The sample size was small; the stimulation target was non-standard, and the lack of a significant clinical effect of rTMS limits conclusions about negative findings. Conclusions: sgACC connectivity reduces along with depressive symptoms, not specific to rTMS therapy. Altered connectivity of DMN with anterior insula may reflect a type of patient less likely to respond to an intervention. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
A systematic review of the associations between maternal nutritional biomarkers and depression and/or anxiety during pregnancy and postpartum.

Authors:
Trujillo, Janet; Vieira, Matias Costa; Lepsch, Jaqueline; Rebelo, Fernanda; Poston, Lucilla; Pasupathy, Dharmintra; Kac, Gilberro;

Source:

Abstract:
Background: Nutritional requirements need to be met in order to adapt to pre- and postnatal changes. Our aim was to systematically review the evidence of associations between nutritional biomarkers and psychological distress during pregnancy and in the first postnatal year. Methods: MEDLINE, EMBASE, PsycINFO, Scielo, LILACS, clinicaltrials.gov, International Clinical Trials Registry, Cochrane Library, Scopus and Web of Science databases were searched for articles from inception to 4/15/2016. Studies of maternal nutritional biomarkers in blood (fatty acids/micronutrients/amino acids) and associations with psychological distress (depression/anxiety/stress) were included. Two independent reviewers extracted data based on study designs, participants, outcomes, exposures, and association measures. Results: Thirty-eight studies were included. A total of 13 studies showed divergent or no associations between serum/plasma/erythrocyte fatty acid concentrations and depression/anxiety during pregnancy and postpartum. Changes in serum cholesterol levels from pregnancy to postpartum showed a significant inverse correlation with depression in one out of three studies. Five out of seven studies found an inverse association between serum vitamin D levels and pre- and postnatal depression. Plasma tryptophan levels were inversely correlated with postnatal depression scores in three out of four studies. We identified that one out of two studies presented no significant association between vitamin B₁₂/folate/ferritin concentrations and depression in postpartum. Limitations: There was higher variability between association measures, time and scales of depression and anxiety assessments. Conclusions: The majority of high-quality studies suggest that lower vitamin D levels may be associated with postpartum depression. However, further evidence is needed for guiding clinical practice on nutritional biomarkers. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Serum calcium levels and neuropsychological performance in depression and matched healthy controls: Reversal of correlation a marker of the aging cognitive clock?

Authors:
Grützner, Thea Mariane; Listunova, Lena; Fabian, Gregor Amadeus; Kramer, Benedikt Alexander; Flach, Daniel; Weisbrod, Matthias; Roesch-Ely, Daniela; Sharma, Anuradha;

Source:

Abstract:
Background: Major depressive disorder (MDD) is associated with cognitive impairment, that might be related to disturbed calcium homeostasis. Calcium-related processes have also been implicated in age related cognitive decline. Since serum calcium and brain interstitial fluids maintain long-term equilibrium under normal physiological states, serum calcium levels could affect neuronal and hence cognitive function. High serum calcium has been associated with cognitive decline in geriatric populations, whereas evidence for MDD and healthy populations is less consistent. Methods: Differences in neuropsychological (NPS) performance and their relationship with serum calcium (total, ionized, total to ionized ratio) in (partially) remitted MDD patients (n = 59) and healthy controls (HC) (n = 59) individually matched for age, gender and education (age-range 19–60 years) were examined. Modulation of study parameters and their interaction by the factor age was investigated, with subgroups young and old divided at median = 37 years. Participants provided blood samples and completed an extensive NPS test battery. Results: MDD showed significantly poorer NPS performance compared to HC. Serum calcium associated positively with NPS performance in HC and negatively in MDD for entire age-range samples. While younger MDD and HC showed positive NPS-calcium correlations, older MDD and HC exhibited negative NPS-calcium
correlations (‘correlation reversal’). Age had a significant effect on cognition and ionized calcium and interacted with illness-status, with an exaggerated influence on cognition in MDD compared to HC. Conclusions: The results place calcium ‘correlation reversal’ to early middle-age time window, which may be accelerated for MDD and highlight the central role of calcium pathways in normal and pathological cognitive aging. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Depressive symptoms, alcohol use and coping drinking motives: Examining various pathways to suicide attempts among young men.

Authors:
Grazioli, Véronique S.; Bagge, Courtney L.; Studer, Joseph; Bertholet, Nicolas; Rougemont-Bücking, Ansgar; Mohler-Kuo, Meichun; Daeppen, Jean-Bernard; Gmel, Gerhard;

Source:

Abstract:
Background: Research has identified several correlates of suicidal behaviors including depressive symptoms, alcohol use and coping drinking motives. However, their associations and their role as possible causal mechanisms in the prediction of suicide attempt are not well understood. This study examined, both cross-sectionally and longitudinally, the potential pathways from alcohol use, drinking coping motives, and depression to suicide attempts. Methods: Participants (N = 4617) were young Swiss men (mean age = 19.95) participating in the Cohort Study on Substance Use Risk Factors. Measures of depressive symptoms, alcohol use (total drinks per week, heavy episode drinking) and coping drinking motives were used from the baseline and/or 15-month follow-up assessments to predict follow-up suicide attempt. Results: Main findings showed indirect associations through depressive symptoms, such that coping drinking motives were positively associated with depressive symptoms, which were in turn positively related to suicide attempts over time (for total drinks per week models, cross-sectional model: B = 0.130, SE = 0.035, 95% CI = 0.072, 0.207; longitudinal model: B = 0.039, SE = 0.013, 95% CI = 0.019, 0.069). Alcohol use was not significantly related to suicide attempt. Limitations: Main limitation includes a low prevalence rate for suicide attempt potentially reducing power effects in the analyses and our focus on distal—yet not proximal, role of alcohol use on suicide attempt. Conclusions: Findings of this study suggest that young men with depressive symptoms and/or those who use alcohol to cope with negative affect may benefit from programs targeting suicidal behaviors. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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Schizophrenia

Title: Video-based mobile health interventions for people with schizophrenia: Bringing the 'pocket therapist' to life.

Authors: Ben-Zeev, Dror; Brian, Rachel M.; Aschbrenner, Kelly A.; Jonathan, Geneva; Steingard, Sandra


Abstract: Objective: To examine whether video-based mobile health (mHealth) interventions are feasible, acceptable, understandable, and engaging to people with schizophrenia. Method: This study used a mixed-methods design. Ten individuals with schizophrenia spectrum disorders were recruited for a month-long trial in which they used FOCUS-Audio/Video (FOCUS–AV), a smartphone system that offers video and written intervention options. Participants completed posttrial measures and engaged in semistructured interviews. Findings: One participant dropped out. The remaining 9 participants used intervention videos successfully. Participants responded to 67% of system-delivered prompts to engage FOCUS–AV, and 52% of FOCUS–AV use was initiated by the users. On average, participants used interventions 6 days a week, 4 times daily. Participants used video functions an average of 28 times. They chose video over written interventions on 67% of the times they used on-demand functions but opted for written content 78% of the times they responded to prescheduled prompts. Clinician videos were rated as more personal, engaging, and helpful than written interventions. Video and written interventions were rated as equally usable and understandable. Written interventions were rated as more favorable in letting users proceed at their own pace. Similarly to what is seen in live therapy, the communication style and demeanor of clinicians depicted in intervention videos reportedly affected participants' experience with treatment. Conclusions and Implications for Practice: Video-based mHealth may be a feasible, usable, acceptable, and highly engaging method for flexible delivery of interventions to people with schizophrenia using mobile technology. Producing intervention videos is more time-, labor-, and cost-intensive than generating written content, but participant feedback suggests that there may be added value in this approach. Additional research will determine whether video-based mHealth interventions lead to better, faster, or more sustainable clinical gains. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Testing the efficacy of a virtual reality-based simulation in enhancing users' knowledge, attitudes, and empathy relating to psychosis.

Authors: Formosa, Nicholas J.; Morrison, Ben W.; Hill, Geoffrey; Stone, Daniel


Abstract: Objective: The current study examined the efficacy of a virtual reality (VR) education system that simulates the experience of the positive symptomology associated with schizophrenic spectrum and other psychotic disorders. Method: The sample comprised of 50 participants from the general public and various psychology undergraduate programs. Participants completed pre-test measures exploring knowledge of diagnosis, attitudes, and empathetic understanding, before being exposed to an immersive VR simulation of a psychotic episode. Participants then completed the original measures with the addition of a user-experience scale, which explored sub-factors understood to share a relationship with VR effectiveness (i.e., fidelity, immersion, presence, and user buy-in). Results: Participants’ scores were significantly enhanced at post-test across each outcome measure, with significant correlations found between a number of the gain and user-experience scores. Conclusions: The findings suggest that VR-based simulations of psychopathology may offer a promising platform for delivering a constructionist approach to psychology education. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
Multisensory temporal binding window in autism spectrum disorders and schizophrenia spectrum disorders: A systematic review and meta-analysis.

Authors:
Zhou, Han-yu; Cai, Xin-lu; Weigl, Michael; Bang, Peter; Cheung, Eric F. C.; Chan, Raymond C. K.;

Source:
Neuroscience and Biobehavioral Reviews, Vol 86, Mar, 2018 pp. 66-76. Publisher: Elsevier Science;

Abstract:
Multisensory temporal integration could be compromised in both autism spectrum disorders (ASD) and schizophrenia spectrum disorders (SSD) and may play an important role in perceptual and cognitive impairment in these two disorders. This review aimed to quantitatively compare the sensory temporal acuity between healthy controls and the two clinical groups (ASD and SSD). Impairment of sensory temporal integration was robust and comparable in both patients with SSD (Hedges’ g = 0.91, 95%CI[0.62–1.19]; Z = 6.21, p < .001) and ASD (Hedges’ g = 0.85, 95%CI[0.54–1.15]; Z = 5.39, p < .001). By further separating studies into unisensory and multisensory (bimodal: audiovisual) ones, subgroup analysis indicated heterogeneous and unstable effects for unisensory temporal binding in the ASD group, but a more consistent and severe impairment in multisensory temporal integration represented by an enlarged temporal binding window in both clinical groups. Such multisensory dysfunction is associated with symptoms like hallucinations and impaired social communications. Future studies focusing on improving multisensory temporal functions may have important implications for the amelioration of schizophrenia and autistic symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Oxidative stress in drug-naïve first episode patients with schizophrenia and major depression: Effects of disease acuity and potential confounders.

Authors:
Jordan, Wolfgang; Dobrowolny, Henrik; Bahn, Sabine; Bernstein, Hans-Gert; Brigadski, Tanja; Frodl, Thomas; Isermann, Berend; Lessmann, Volkmar; Pilz, Jürgen; Rodenbeck, Andrea; Schiltz, Kolja; Schwedhelm, Edzard; Tuman, Hayrettin; Wiltfang, Jens; Guest, Paul C.; Steiner, Johann;

Source:
European Archives of Psychiatry and Clinical Neuroscience, Vol 268(2), Mar, 2018 pp. 129-143. Publisher: Springer;

Abstract:
Oxidative stress and immune dysregulation have been linked to schizophrenia and depression. However, it is unknown whether these factors are related to the pathophysiology or whether they are an epiphenomenon. Inconsistent oxidative stress-related findings in previous studies may have resulted from the use of different biomarkers which show disparate aspects of oxidative stress. Additionally, disease severity, medication, smoking, endocrine stress axis activation and obesity are potential confounders. In order to address some of these shortcomings, we have analyzed a broader set of oxidative stress biomarkers in our exploratory study, including urinary 8-iso-prostaglandin F2α (8-iso-PGF2α), 8-OH-2-deoxyguanosine (8-OH-2-dG), and blood levels of malondialdehyde (MDA), superoxide dismutase (SOD) and glutathione S-transferase (GST) in acutely ill drug-naïve first episode patients with schizophrenia (n = 22), major depression (n = 18), and controls (n = 43). Possible confounding factors were considered, and patients were followed-up after 6 weeks of treatment. No differences were observed regarding 8-OH-2-dG, MDA and GST. At baseline, 8-iso-PGF2α levels were higher in patients with schizophrenia (p = 0.004) and major depression (p = 0.037), with a trend toward higher SOD concentrations in schizophrenia (p = 0.053). After treatment, schizophrenia patients showed a further increase in 8-iso-PGF2α (p = 0.016). These results were not related to age, sex, disease severity, medication or adipose tissue mass. However, 8-iso-PGF2α was associated with smoking, endocrine stress axis activation, C-reactive protein levels and low plasma concentrations of brain-derived neurotrophic factor. This study suggests a role of lipid peroxidation particularly in drug-naïve acutely ill schizophrenia patients and highlights the importance of taking into account other confounding factors in biomarker studies. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Verbal learning and hippocampal dysfunction in schizophrenia: A meta-analysis.
Authors: Antoniades, Mathilde; Schoeler, Tabea; Radua, Joaquim; Valli, Isabel; Allen, Paul; Kempton, Matthew J.; McGuire, Philip;
Source: Neuroscience and Biobehavioral Reviews, Vol 86, Mar, 2018 pp. 166-175. Publisher: Elsevier Science;
Abstract: This meta-analysis summarizes research examining whether deficits in verbal learning are related to bilateral hippocampal volume reductions in patients with or at risk for schizophrenia and in healthy controls. 17 studies with 755 patients with schizophrenia (SCZ), 232 Genetic High Risk (GHR) subjects and 914 healthy controls (HC) were included. Pooled correlation coefficients were calculated between hemisphere (left, right or total) and type of recall (immediate or delayed) for each diagnostic group individually (SCZ, GHR and HC). In SCZ, left and right hippocampal volume positively correlated with immediate (r = 0.256, 0.230) and delayed (r = 0.132, 0.231) verbal recall. There was also a correlation between total hippocampal volume and delayed recall (r = 0.233). None of these correlations were significant in healthy controls. There was however, a positive correlation between left hippocampal volume and immediate recall in the GHR group (r = 0.356). The results suggest that hippocampal volume affects immediate and delayed verbal learning capacity in schizophrenia and provides further evidence of hippocampal dysfunction in the pathophysiology of schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Tobacco status, impulsivity, and the five-factor of the PANSS in paranoid schizophrenia.
Authors: Ouzir, Mounir; Azorin, Jean Michel; Correard, Nadia; Elissalde, Sara-Nora; Padovani, Romain; Lançon, Christophe; Battas, Omar; Boussaoud, Driss;
Abstract: There is consistent evidence that impulsivity is linked to tobacco consumption and to symptomatology in schizophrenia. In the current study, we propose a new integrative model of the relationship between impulsivity, psychopathological symptoms, and tobacco status in patients with paranoid schizophrenia. We investigated 33 paranoid schizophrenia patients and 37 healthy controls using a battery of psychopathological scales included the Structured Clinical Interview for DSM-IV (SCID), the five-factor model of the Positive and Negative Symptom Scale (PANSS), the Barratt Impulsiveness Scale (BIS-10), and the UPPS Impulsive Behavior scale (UPPS). Step-wise regression analysis revealed that positive factor of the PANSS and tobacco status contributed positively and significantly to the explained variance of impulsivity. In addition, non-planning impulsivity and sensation-seeking emerged as significant predictors of tobacco status, while smoking predicted non-planning impulsivity and sensation-seeking. Our results suggest that the relationship between sensation-seeking and tobacco use is reciprocal and proposes a new integrative model of the relationship between impulsivity, positive symptoms and tobacco status in patients with paranoid schizophrenia. However, the exact mechanisms for these relationships deserve further investigation. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Immediate early genes anchor a biological pathway of proteins required for memory formation, long-term depression and risk for schizophrenia.
Authors: Marballi, Ketan K.; Gallitano, Amelia L.;
While the causes of myriad medical and infectious illnesses have been identified, the etiologies of neuropsychiatric illnesses remain elusive. This is due to two major obstacles. First, the risk for neuropsychiatric disorders, such as schizophrenia, is determined by both genetic and environmental factors. Second, numerous genes influence susceptibility for these illnesses. Genome-wide association studies have identified at least 108 genomic loci for schizophrenia, and more are expected to be published shortly. In addition, numerous biological processes contribute to the neuropathology underlying schizophrenia. These include immune dysfunction, synaptic and myelination deficits, vascular abnormalities, growth factor disruption, and N-methyl-D-aspartate receptor (NMDAR) hypofunction. However, the field of psychiatric genetics lacks a unifying model to explain how environment may interact with numerous genes to influence these various biological processes and cause schizophrenia. Here we describe a biological cascade of proteins that are activated in response to environmental stimuli such as stress, a schizophrenia risk factor. The central proteins in this pathway are critical mediators of memory formation and a particular form of hippocampal synaptic plasticity, long-term depression (LTD). Each of these proteins is also implicated in schizophrenia risk. In fact, the pathway includes four genes that map to the 108 loci associated with schizophrenia: GRIN2A, nuclear factor of activated T-cells (NFATc3), early growth response 1 (EGR1) and NGFI-A Binding Protein 2 (NAB2); each of which contains the 'Index single nucleotide polymorphism (SNP)' (most SNP) at its respective locus. Environmental stimuli activate this biological pathway in neurons, resulting in induction of EGR immediate early genes: EGR1, EGR3 and NAB2. We hypothesize that dysfunction in any of the genes in this pathway disrupts the normal activation of Egrs in response to stress. This may result in insufficient electrophysiologic, immunologic, and neuroprotective, processes that these genes normally mediate. Continued adverse environmental experiences, over time, may thereby result in neuropathology that gives rise to the symptoms of schizophrenia. By combining multiple genes associated with schizophrenia susceptibility, in a functional cascade triggered by neuronal activity, the proposed biological pathway provides an explanation for both the polygenic and environmental influences that determine the complex etiology of this mental illness.
Neurexins are a family of presynaptic single-pass transmembrane proteins that act as synaptic organizers in mammals. The neurexins consist of three genes (NRXN1, NRXN2, and NRXN3), each of which produces a longer α- and shorter β-form. Genomic alterations in NRXN genes have been identified in a wide variety of neuropsychiatric disorders, including autism spectrum disorders (ASD), schizophrenia, intellectual disability (ID), and addiction. Remarkably, a bi-allelic deficiency of NRXN1 was recently linked to Pitt-Hopkins syndrome. The fact that some mono-allelic functional variants of NRXNs are also found in healthy controls indicates that other genetic or environmental factors affect the penetrance of NRXN deficiency. In this review, we summarize the common research methods and representative results of human genetic studies that have implicated NRXN variants in various neuropsychiatric disorders. We also summarize studies of rodent models with NRXN deficiencies that complement our knowledge of human genetics. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-57568-001&site=ehost-live

A patient-centered antipsychotic medication adherence intervention: Results from a randomized controlled trial.

Pyne, Jeffrey M.; Fischer, Ellen P.; Mittal, Dinesh; Owen, Richard;

Source: Journal of Nervous and Mental Disease, Vol 206(2), Feb, 2018 pp. 142-148. Publisher: Lippincott Williams & Wilkins; [Journal Article]

The purpose of this study was to develop and test a patient-centered and sustainable antipsychotic medication adherence intervention. The study design was a randomized controlled trial. Data from 61 patients diagnosed with schizophrenia or schizoaffective disorder were analyzed. The intervention included a checklist of barriers, facilitators, and motivators (BFM) for taking antipsychotic medications. The results of the checklist were summarized and a note was placed in the electronic medical record (EMR) and a hard copy was given to the patient. However, less than half of the BFM progress notes were placed in the EMR before the clinician visit as planned. The intervention significantly improved adherence at 6 months but not at 12 months and the intervention's effect on total Positive and Negative Syndrome Scale scores was not statistically significant. The BFM intervention is promising, but future studies are needed to improve the integration of the BFM intervention into typical clinic workflow. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Suicide attempt, clinical correlates, and BDNF Val66Met polymorphism in chronic patients with schizophrenia.

Xia, Haisen; Zhang, Guangya; Du, Xiangdong; Zhang, Yingyang; Yin, Guangzhong; Dai, Jing; He, Man-Xi; Soares, Jair C.; Li, Xiaosi; Zhang, Xiang Yang;


Objective: Recent evidence suggests the role of brain-derived neurotrophic factor (BDNF) in the pathophysiology of suicidal behavior. Because schizophrenia patients usually have high suicide rates and numerous studies have suggested that BDNF may contribute to the psychopathology of schizophrenia, we hypothesized that the functional polymorphism of BDNF (Val66Met) was associated with suicide attempts in patients with schizophrenia in a Chinese Han population. Method: This polymorphism was genotyped in 825 chronic schizophrenia patients with (n = 123) and without (n = 702) suicide attempts and 445 healthy controls without a history of suicide attempts using a case-control design. The schizophrenia symptoms were assessed by the Positive and Negative Syndrome Scale. Results: There were no significant
However, we found the Val allele (p = .023) and the Val/Val genotypes (p = .058) to be associated with a history of suicide attempts. Moreover, some clinical characteristics, including age and cigarettes smoked each day, interacted with the BDNF gene variant and appeared to play an important role in suicide attempts among schizophrenia patients. Conclusions: The BDNF Val66Met polymorphism itself and its interaction with some clinical variables may influence suicide attempts among schizophrenia patients. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Investigating the social costs of schizophrenia: Facial expressions in dyadic interactions of people with and without schizophrenia.

Authors:
Riehle, Marcel; Lincoln, Tania M.;

Source:

Abstract:
People with schizophrenia show marked reductions in their emotional expressiveness, generally known as blunted affect. In this study, we tested whether interaction partners would evaluate community-dwelling participants with schizophrenia less favorably than healthy controls and whether this difference would be explained by reduced smiling behavior related to schizophrenia. We also tested whether deficient affect recognition would predict reduced smiling. We created 3 study groups, consisting of 28 participants each, participants with schizophrenia (SZ), healthy controls (HC), and naive healthy interaction partners (IP). IP engaged in 2 separate same-sex dyadic interactions with matched members of each of the other 2 groups, SZ and HC, in a repeated-measures study design. During the interactions, we assessed the amount of smiling and mimicry of smiling via electromyography. After the interactions, IP rated their willingness for future interactions with SZ and HC, respectively. IP indicated less willingness for future interactions with SZ than with HC participants (d = −0.72) but SZ and HC did not differ with respect to smiling or affect recognition. Better affect recognition predicted more smiling; more smiling predicted more favorable social evaluations. Within SZ participants, disorganization symptoms but no other symptom dimensions were associated with the social evaluations. In conclusion, community-dwelling people with schizophrenia face social challenges that go beyond the adverse effects of stigmatization. Future work needs to clarify the role of different symptom dimensions and behavioral aspects contributing to the interpersonal costs of schizophrenia to derive interventions targeted at social reintegration. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Cognition and community functioning in schizophrenia: The nature of the relationship.

Authors:
Kuo, Susan S.; Almasy, Laura; Gur, Ruben C.; Prasad, Konasale; Roalf, David R.; Gur, Raquel E.; Nimgaonkar, Vishwajit L.; Pogue-Geile, Michael F.;

Source:

Abstract:
Although cognition is one of the most important predictors of community functioning in schizophrenia, little is known about the causes of this correlation. To our knowledge, this study is the first to examine the extent to which this correlation is genetically mediated and whether the genetic correlation is specific to schizophrenia. Six hundred thirty-six participants from 43 multigenerational families with at least two relatives with schizophrenia and 135 unrelated controls underwent diagnostic interview and cognition and functioning assessment. Quantitative genetic analyses were conducted using maximum-likelihood variance decomposition methods implemented in SOLAR (Almasy & Blangero, 1998). Among patients with schizophrenia, cognition and community functioning were positively correlated and genetic effects shared between them were significant contributors to this relationship whereas environmental effects
shared between them were not. In contrast, genetic effects were not shared significantly between cognition in depressed or nondiagnosed relatives and community functioning in schizophrenia. In all analyses, the contributions of social cognition to community functioning were accounted for by general cognition. These findings support heritable factors that contribute to the correlation between cognition and community functioning that are relatively specific to schizophrenia and are not significantly shared with depression or a lack of psychopathology. This suggests the possibility of identifying specific genetic variants that contribute to this correlation and to these important individual differences among schizophrenia patients. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Clozapine use in patients with schizophrenia and a comorbid substance use disorder: A systematic review.
Authors: Arranz, Belén; Garriga, Marina; García-Rizo, Clemente; San, Luis;
Abstract: Lifetime prevalence of substance use disorders (SUD) in patients with schizophrenia is nearly 50%. Nicotine, alcohol, and cannabis are the substances most frequently used, with a high percentage of poly-substance users. There are few available data about pharmacological approaches in this population. Amongst antipsychotics, clozapine shows positive evidence in the literature. The aim of the present article is to provide systematic review on the efficacy of clozapine in SUD improvement in schizophrenic patients. PRISMA recommendations were followed (PROSPERO id: CRD42017059299). Five studies for nicotine use and nine studies for SUD (other than nicotine) were analyzed. Regarding nicotine use, results from randomized controlled trials (RCT) have found a decrease in nicotine use after 12 weeks of 200–600mg/day clozapine, as compared with lower doses. In SUD improvement (other than nicotine), RCT have shown superiority of clozapine when compared with risperidone, in short-term studies (from 4 to 12 weeks) performed in cannabis users. In long-term studies (1 year), clozapine was equal to ziprasidone in reducing cannabis use and equal to treatment as usual in reducing alcohol use. We conclude that positive results on nicotine use are scarce and derived from studies with a low degree of evidence. Evidence of clozapine on SUD (other than nicotine) is stronger, especially when clozapine is compared with first generation antipsychotics in poly-substance users. When compared with second generation antipsychotics, clozapine was superior to risperidone but equal to olanzapine or ziprasidone in poly-substance and cannabis users. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Transdiagnostic deviant facial recognition for implicit negative emotion in autism and schizophrenia.
Authors: Ciaramidaro, Angela; Bölte, Sven; Schlitt, Sabine; Hainz, Daniela; Poustka, Fritz; Weber, Bernhard; Freitag, Christine; Walter, Henrik;
Abstract: Impaired facial affect recognition (FAR) is observed in schizophrenia and autism spectrum disorder (ASD) and has been linked to amygdala and fusiform gyrus dysfunction. ASD patient's impairments seem to be more pronounced during implicit rather than explicit FAR, whereas for schizophrenia data are inconsistent. However, there are no studies comparing both patient groups in an identical design. The aim of this three-group study was to identify (i) whether FAR alterations are equally present in both groups, (ii) whether they are present rather during implicit or explicit FAR, (iii) and whether they are conveyed by similar or disorder-specific neural mechanisms. Using fMRI, we investigated neural activation during explicit and implicit negative and neutral FAR in 33 young-adult individuals with ASD, 20 subjects with paranoid-schizophrenia and 25 IQ- and gender-matched controls individuals. Differences in activation patterns between each clinical group and controls, respectively were found exclusively for implicit FAR in amygdala and fusiform gyrus. In addition, the ASD group additionally showed reduced activations in medial prefrontal cortex (PFC), bilateral dorso-lateral PFC, ventro-lateral PFC, posterior-superior temporal sulcus
and left temporo-parietal junction. Although subjects with ASD showed more widespread altered activation patterns, a direct comparison between both patient groups did not show disorder-specific deficits in neither patient group. In summary, our findings are consistent with a common neural deficit during implicit negative facial affect recognition in schizophrenia and autism spectrum disorders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Cortical folding abnormalities in patients with schizophrenia who have persistent auditory verbal hallucinations.
Authors: Kubera, Katharina M.; Thomann, Philipp A.; Hirjak, Dusan; Barth, Anja; Sambataro, Fabio; Vasic, Nenad; Wolf, Nadine D.; Frasch, Karel; Wolf, R. Christian;
Abstract: In schizophrenia temporal cortical volume loss differs between patients presenting with persistent auditory verbal hallucinations (pAVH) in contrast to those without hallucinatory symptoms (nAVH). However, it is unknown whether this deficit reflects a neural signature of neurodevelopmental origin or if abnormal temporal cortical volume is reflective of factors which may be relevant at later stages of the disorder. Here, we tested the hypothesis that local gyrification index (LGI) in regions of the temporal cortex differs between patients with pAVH (n = 10) and healthy controls (n = 14), and that abnormal temporal LGI discriminates between pAVH and nAVH (n = 10). Structural magnetic resonance imaging at 3T along with surface-based data analysis methods was used. Contrary to our expectations, patients with pAVH showed lower LGI in Broca’s region compared to both healthy persons and nAVH. Compared to nAVH, those individuals presenting with pAVH also showed lower LGI in right Broca’s homologue and right superior middle frontal cortex, together with increased LGI in the precuneus and superior parietal cortex. Inferior cortical regions exhibiting abnormal LGI in pAVH patients were associated with overall symptom load (BPRS), but not with measures of AVH symptom severity. The pattern of abnormal cortical folding in this sample suggests a neurodevelopmental signature in Broca’s region, consistent with current AVH models emphasizing the pivotal role of language circuits and inner speech. Temporal cortical deficits may characterize patients with pAVH during later stages of the disorder. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Prediction of activation patterns preceding hallucinations in patients with schizophrenia using machine learning with structured sparsity.
Authors: de Pierrefeu, Amicie; Fovet, Thomas; Hadj-Selem, Fouad; Löffstedt, Tommy; Ciuciu, Philippe; Lefebvre, Stephanie; Thomas, Pierre; Lopes, Renaud; Jardri, Renaud; Duchesnay, Edouard;
Abstract: Despite significant progress in the field, the detection of fMRI signal changes during hallucinatory events remains difficult and time-consuming. This article first proposes a machine-learning algorithm to automatically identify resting-state fMRI periods that precede hallucinations versus periods that do not. When applied to whole-brain fMRI data, state-of-the-art classification methods, such as support vector machines (SVM), yield dense solutions that are difficult to interpret. We proposed to extend the existing sparse classification methods by taking the spatial structure of brain images into account with structured sparsity using the total variation penalty. Based on this approach, we obtained reliable classifying performances associated with interpretable predictive patterns, composed of two clearly identifiable clusters in speech-related brain regions. The variation in transition-to-hallucination functional patterns not only from one patient to another but also from one occurrence to the next (e.g., also depending on the sensory modalities involved) appeared to be the major difficulty when developing effective classifiers.
Consequently, second, this article aimed to characterize the variability within the prehallucination patterns using an extension of principal component analysis with spatial constraints. The principal components (PCs) and the associated basis patterns shed light on the intrinsic structures of the variability present in the dataset. Such results are promising in the scope of innovative fMRI-guided therapy for drug-resistant hallucinations, such as fMRI-based neurofeedback. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Striatal neurometabolite levels in patients with schizophrenia undergoing long-term antipsychotic treatment: A proton magnetic resonance spectroscopy and reliability study.

Authors:
Plitman, Eric; Chavez, Sofia; Nakajima, Shinichiro; Iwata, Yusuke; Chung, Jun Ku; Caravaggio, Fernando; Kim, Julia; Alshehri, Youssef; Chakravarty, M. Mallar; De Luca, Vincenzo; Remington, Gary; Gerretsen, Philip; Graff-Guerrero, Ariel;

Source:

Abstract:
Previous proton magnetic resonance spectroscopy (1H-MRS) studies have reported disrupted levels of various neurometabolites in patients with schizophrenia. An area of particular interest within this patient population is the striatum, which is highly implicated in the pathophysiology of schizophrenia. The present study examined neurometabolite levels in the striatum of 12 patients with schizophrenia receiving antipsychotic treatment for at least 1 year and 11 healthy controls using 3-Tesla ¹H-MRS (PRESS, TE = 35 ms). Glutamate, glutamate + glutamine (Glx), myo-inositol, choline, N-acetylaspartate, and creatine levels were estimated using LCModel, and corrected for fraction of cerebrospinal fluid in the ¹H-MRS voxel. Striatal neurometabolite levels were compared between groups. Multiple study visits permitted a reliability assessment for neurometabolite levels (days between paired ¹H-MRS acquisitions: average = 90.33; range = 7–306). Striatal neurometabolite levels did not differ between groups. Within the whole sample, intraclass correlation coefficients for glutamate, Glx, myo-inositol, choline, and N-acetylaspartate were fair to excellent (0.576–0.847). The similarity in striatal neurometabolite levels between groups implies a marked difference from the antipsychotic-naïve first-episode state, especially in terms of glutamatergic neurometabolites, and might provide insight regarding illness progression and the influence of antipsychotic medication. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Reduced white matter connectivity associated with auditory verbal hallucinations in first-episode and chronic schizophrenia: A diffusion tensor imaging study.

Authors:
Zhang, Xiaoling; Gao, Jie; Zhu, Feng; Wang, Wei; Fan, Yajuan; Ma, Qingyan; Ma, Xiancang; Yang, Jian;

Source:

Abstract:
This study aims to explore whether auditory verbal hallucinations (AVH) in schizophrenia are associated with the white matter abnormalities in tracts connecting language, auditory and memory/limbic networks in first-episode and chronic schizophrenia patients. 21 first-episode (FE-AVH) and 12 chronic (chronic-AVH group) patients who suffered from auditory verbal hallucinations and 26 healthy controls (HC group) were enrolled. Diffusion tensor imaging with tract-based spatial statistics was performed to assess the white matter changes between the two patient groups and HC group. Decreased fractional anisotropy and increased radial diffusivity were found in the patient groups compared to the HC group in multiple white matter tracts including the corpus callosum, superior longitudinal fasciculus, inferior fronto-occipital fasciculus, uncinate fasciculus, cingulum, external capsule and anterior limb of the internal capsule. The chronic-AVH group showed more widespread white matter impairment than the FE-AVH group. Furthermore, increased axial diffusivity was also observed in some discrete regions of the chronic-AVH group. Auditory verbal hallucinations in schizophrenia are accompanied by white matter abnormalities in tracts connecting the language, auditory and memory/limbic networks. Chronic-AVH schizophrenia
patients may present with more severe neurodegeneration relative to first-episode patients. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Therapeutic effect of adjunctive N-acetyl cysteine (NAC) on symptoms of chronic schizophrenia: A double-blind, randomized clinical trial.

Authors: Sepehrmanesh, Zahra; Heidary, Mahsa; Akasheh, Negar; Akbari, Hossein; Heidary, Mahshid;

Publisher: Elsevier Science; [Journal Article]

Abstract: Background: Schizophrenia is one of the most disabling psychiatric syndromes with the prevalence of 1% in the general population. Despite availability of various antipsychotics, negative symptoms and cognitive impairment are difficult to treat. In addition antipsychotic monotherapy is not effective in most of these patients. Current evidence indicates the roles of glutamatergic system in this disorder. N-acetyl cysteine (NAC) also increases extracellular glutamate. This study was conducted to evaluate the clinical effects of oral NAC as an add-on to maintenance medication for the treatment of chronic schizophrenia. Materials and methods: This 12-week, double-blind, randomized, placebo-controlled, clinical trial was performed to determine the effectiveness of 1200mg N-acetyl cysteine as an adjunctive treatment with conventional antipsychotic medications in 84 patients with chronic schizophrenia. The subjects were evaluated with the Positive and Negative Syndrome Scale (PANSS), Mini-Mental State Examination (MMSE), and a standard neuropsychological screening test. Data were analyzed with SPSS-16 software. Results: NAC-treated patients showed significantly improvement in the positive (F = 5.47, P = 0.02) and negative (F = 0.20, df = 1) PANSS subscale. Also the general and total PANSS score of NAC group declined over times whilst it was increased for placebo group. Regarding cognitive functions, improvement was observed in some explored areas, such as attention, short-term and working memory, executive functioning and speed of processing. There was no significant difference between the 2 groups in the frequency of adverse effects. Conclusion: The present study detected improvement in positive, negative, general and total psychopathology symptoms as well as cognitive performance with NAC treatment. It is also well-tolerated, safe and easy-to-use agent as an effective therapeutic strategy to improve outcome in schizophrenia treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The feasibility of a culturally informed group therapy for patients with schizophrenia and their family members.

Authors: Maura, Jessica; Weisman de Mamani, Amy;

Publisher: Educational Publishing Foundation; [Journal Article]

Abstract: Research suggests that group-based psychosocial treatments for schizophrenia provide benefits to patients and family members alike. However, few existing treatments consider cultural factors that may enhance their efficacy with diverse populations. The current study examined the feasibility of a culturally informed group therapy for schizophrenia (CIGT-S), which incorporates collectivistic principles and spiritual coping into the treatment protocol. The feasibility of the group protocol was tested by examining differences in patient symptom severity and patient and family member depression, anxiety, and stress after completion of the group program. Within-groups analyses were conducted comparing baseline data to group termination data from 12 patients and 11 family members. Additionally, between-groups analyses were conducted comparing waitlist termination data from 20 patients and 13 family members to group termination data from 12 patients and 11 family members. Finally, we examined participant satisfaction with the group protocol, including qualitative reports on components of the protocol that participants deemed most valuable. Results indicated that patients demonstrated lower levels of symptom severity
upon completion of the CIGT-S program; however, no other significant effects were found. Results examining overall patient and family member satisfaction with the treatment protocol indicated that patients and family members both reported being highly satisfied by the treatment program. This was also represented in participant's open-ended responses to our satisfaction questionnaire. These findings indicate that CIGT-S may represent a feasible, cost-effective approach that can be flexibly used with patients and family members of diverse racial and ethnic backgrounds. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Environmental dependency phenomena in schizophrenia: A pilot study.
Authors: Besnard, Jeremy; Pivette, Marina; Lambritchts, Agnes; Lalaux, Nicolas; Allain, Philippe;
Abstract: Introduction: Environmental dependency phenomena refer to the enslavement of patients' performances under the characteristics of the tasks and were first described in case of prefrontal lobe damage. Two forms of environmental dependency, executive and social, may be dissociated, which involve respectively dorsolateral and orbital prefrontal cortex (PFC) dysfunction. Schizophrenia is widely considered to be caused by PFC dysfunction, but no study to date has addressed environmental dependency in this pathology. Methods: We compared patients (N = 17) and healthy controls (N = 28) on a task dedicated to the study of environmental dependency. Results: Our results demonstrate the presence of environmental dependency in schizophrenia. Each form of environmental dependency can be highlighted independently, as previously demonstrated by studies with prefrontal patients. Conclusions: These findings suggest specific prefrontal dysfunction for each subgroup of patients and demonstrate a dissociation between socio-cognitive and neurocognitive performance in schizophrenia. Additionally, we found relationships between symptomatology and environmental dependency. This pilot study supports the relevance of studying environmental dependency to highlight specific patterns of prefrontal disorders in schizophrenia, which may contribute to a better understanding of PFC dysfunction in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Reduced functional brain activation and connectivity during a working memory task in childhood-onset schizophrenia.
Authors: Loeb, Frances F.; Zhou, Xueping; Craddock, Kirsten E. S.; Shora, Lorie; Broadnax, Diane D.; Gochman, Peter; Clasen, Liv S.; Lalonde, Francois M.; Berman, Rebecca A.; Berman, Karen F.; Rapoport, Judith L.; Liu, Siyuan;
Abstract: Objective: Working memory (WM) deficits are consistently reported in schizophrenia and are related to poor functional outcomes. Functional magnetic resonance imaging studies of adult-onset schizophrenia have reported decreased functional activations and connectivity in the WM network, but no prior functional magnetic resonance imaging study has examined WM in childhood-onset schizophrenia (COS). The aim of this study was to examine the neural correlates of WM in COS. Method: Adult patients with COS (n = 32, 21.3 ± 1.1 years), nonpsychotic siblings of patients with COS (n = 30, 19.4 ± 0.8 years), and healthy controls (n = 39, 20.0 ± 0.7 years) completed 1- and 2-back WM tasks during 3-T functional magnetic resonance imaging. Functional activation and connectivity analyses were conducted. A separate group of 23 younger patients with COS (17.9 ± 7.4 years) could not perform the tasks after twice completing a standard training and are not included in this report. Results: Patients with COS who were included scored significantly lower than controls on all tasks (p < .001). Patients with COS showed significantly lower activations in the dorsolateral prefrontal cortices, posterior parietal cortices, cerebellum, and caudate and
decreased frontoparietal and corticostriatal functional connectivity compared with controls (p < .05, corrected). Siblings had functional activations and connectivity intermediate between those of patients and controls in a similar set of regions (p < .05, corrected). In patients, functional connectivity strength in the left frontoparietal network correlated positively with accuracy scores during the 1-back task (p = .0023, corrected). Conclusion: Decreased functional activation and connectivity in the WM network in COS supports pathophysiologic continuity with adult-onset schizophrenia. The low participation rate and accuracy of the patients highlights the disease severity of COS. Hypo-activations and hypo-connectivity were shared by siblings of patients with COS, suggesting COS as a potential endophenotype. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Mutations of the glycine cleavage system genes possibly affect the negative symptoms of schizophrenia through metabolomic profile changes.

Authors: Yoshikawa, Akane; Nishimura, Fumichika; Inai, Aya; Eriguchi, Yosuke; Nishioka, Masaki; Takaya, Atsuhiho; Tochigi, Mamoru; Kawamura, Yoshiya; Umekage, Tadashi; Kato, Kayoko; Sasaki, Tsukasa; Ohashi, Yoshiaki; Iwamoto, Kazuya; Kasai, Kyoto; Kakiuchi, Chihiro;


Abstract:
Aim: Hypofunction of N-methyl-D-aspartate receptors (NMDAR) may contribute to the pathophysiology of schizophrenia (SCZ). Recently, the glycine cleavage system (GCS) was shown to affect NMDAR function in the brain. GCS functional defects cause nonketotic hyperglycinemia, the atypical phenotype of which presents psychiatric symptoms similar to SCZ. Here, we examined the involvement of GCS in SCZ.

Methods: First, to identify the rare variants and the exonic deletions, we resequenced all the coding exons and the splice sites of four GCS genes (GLDC, AMT, GCSH, and DLD) in 474 patients with SCZ and 475 controls and performed multiplex ligation-dependent probe amplification analysis in SCZ. Next, we performed metabolome analysis using plasma of patients harboring GCS variants (n = 5) and controls (n = 5) by capillary electrophoresis time-of-flight mass spectrometry. The correlation between plasma metabolites and Positive and Negative Syndrome Scale score was further examined.

Results: Possibly damaging variants were observed in SCZ: A203V, S801N in GLDC, near the atypical nonketotic hyperglycinemia causative mutations (A202V, A802V); G825D in GLDC, a potential neural tube defect causative mutation; and R253X in AMT. Marked elevation of plasma 5-oxoproline (pyroglutamic acid), aspartate, and glutamate, which might affect NMDAR function, was observed in patients harboring GCS variants. The aspartate level inversely correlated with negative symptoms (r = −0.942, P = 0.0166).

Conclusion: These results suggest that GCS rare variants possibly contribute to the pathophysiology of SCZ by affecting the negative symptoms through elevation of aspartate. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Diagnostic consistency and interchangeability of schizophrenic disorders and bipolar disorders: A 7-year follow-up study.

Authors: Hung, Yen-Ni; Yang, Shu-Yu; Kuo, Chian-Jue; Lin, Shih-Ku;


Abstract:
Aim: The change in psychiatric diagnoses in clinical practice is not an unusual phenomenon. The interchange between the diagnoses of schizophrenic disorders and bipolar disorders is a major clinical issue because of the differences in treatment regimens and long-term prognoses. In this study, we used a nationwide population-based sample to compare the diagnostic consistency and interchange rate between schizophrenic disorders and bipolar disorders. Methods: In total, 25 711 and 11 261 patients newly
diagnosed as having schizophrenic disorder and bipolar disorder, respectively, were retrospectively enrolled from the Psychiatric Inpatient Medical Claims database between 2001 and 2005. We followed these two cohorts for 7 years to determine whether their diagnoses were consistent throughout subsequent hospitalizations. The interchange between the two diagnoses was analyzed. Results: In the schizophrenic disorder cohort, the overall diagnostic consistency rate was 87.3% and the rate of change to bipolar disorder was 3.0% during the 7-year follow-up. Additional analyses of subtypes revealed that the change rate from schizoaffective disorder to bipolar disorder was 12.0%. In the bipolar disorder cohort, the overall diagnostic consistency rate was 71.9% and the rate of change to schizophrenic disorder was 8.3%. Conclusion: Changes in the diagnosis of a major psychosis are not uncommon. The interchange between the diagnoses of schizophrenic disorders and bipolar disorders might be attributed to the evolution of clinical symptoms and the observation of preserved social functions that contradict the original diagnosis. While making a psychotic diagnosis, clinicians should be aware of the possibility of the change in diagnosis in the future. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Raloxifene as an adjunctive treatment for postmenopausal women with schizophrenia: A meta-analysis of randomized controlled trials.

Authors: Wang, Qi; Dong, Xiaomei; Wang, Yan; Li, Xiaobai;

Source: Archives of Women's Mental Health, Vol 21(1), Feb, 2018 pp. 31-41. Publisher: Springer; [Journal Article]

Abstract: The aim of this study is to meta-analytically assess the efficacy and safety of adjunctive raloxifene for postmenopausal women with schizophrenia. Six studies with 440 patients, including 225 (51.14%) patients on raloxifene and 215 (48.86%) on placebo who completed 13.71 ± 5.09 weeks of treatment, were included in this study. Meta-analysis of Positive and Negative Syndrome Scale total scores and positive, negative, and general symptom scores [standard mean difference (SMD) −0.22 to −0.55, 95% confidence interval (CI) −1.01 to −0.02, p = 0.04–0.01; I² = 74–79%] revealed an advantage of adjunctive raloxifene treatment over placebo treatment. There was no significant difference regarding discontinuation rate [risk ratio (RR) = 1.38, p = 0.51] and adverse drug reactions (RR = 1.27, p = 0.57) between the two groups. This meta-analysis showed that adjunctive raloxifene appears to be efficacious and safe for postmenopausal women with schizophrenia. Moreover, raloxifene may be efficacious for patients with less severe symptoms. Future studies with a large sample size are needed to confirm these findings. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The impact of sex differences on odor identification and facial affect recognition in patients with schizophrenia spectrum disorders.

Authors: Mossaheb, Nilufar; Kaufmann, Rainer M.; Schlögelhofer, Monika; Aninilkumparambil, Thushara; Himmelbauer, Claudia; Gold, Anna; Zehetmayer, Sonja; Hoffmann, Holger; Traue, Harald C.; Aschauer, Harald;


Abstract: Background: Social interactive functions such as facial emotion recognition and smell identification have been shown to differ between women and men. However, little is known about how these differences are mirrored in patients with schizophrenia and how these abilities interact with each other and with other clinical variables in patients vs. healthy controls. Methods: Standardized instruments were used to assess facial emotion recognition [Facially Expressed Emotion Labelling (FEEL)] and smell identification [University of Pennsylvania Smell Identification Test (UPSIT)] in 51 patients with schizophrenia spectrum disorders and 79 healthy controls; furthermore, working memory functions and clinical variables were assessed. Results: In both the univariate and the multivariate results, illness showed a significant influence on UPSIT and FEEL. The inclusion of age and working memory in the MANOVÀ resulted in a
differential effect with sex and working memory as remaining significant factors. Duration of illness was correlated with both emotion recognition and smell identification in men only, whereas immediate general psychopathology and negative symptoms were associated with emotion recognition only in women. Conclusion: Being affected by schizophrenia spectrum disorder impacts one's ability to correctly recognize facial affects and identify odors. Converging evidence suggests a link between the investigated basic and social cognitive abilities in patients with schizophrenia spectrum disorders with a strong contribution of working memory and differential effects of modulators in women vs. men. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Conflict between fantasy and reality: A patient and therapist talk about psychotherapy and schizophrenia.
Authors: Carsky, Monica; Rand, Sarah N.;
Source: Psychoanalytic Psychology Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: An individual with schizophrenia, and her therapist of 30 years, came to feel strongly that it is important for professionals to hear a patient’s view of the therapy experience and for them to have the opportunity to question both patient and therapist. This article is based on their panel at the American Psychological Association Division of Psychoanalysis meeting in New York, April 25, 2014, which included a discussion facilitated by Diana Diamond, which follows this article. The patient described how her relationship with her therapist and her own understanding of transference have grown and how these have affected her life, including the development of more complex images of herself and others and her relationships with internal and external figures and a stronger sense of self. The therapist describes and discusses her approach to the therapy, and Dr. Diamond comments on changes in object representations over time and on the process of change in psychotherapy. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Reduced cardiovascular fitness associated with exposure to clozapine in individuals with chronic schizophrenia.
Abstract: Studies show that individuals with schizophrenia have impaired cardiovascular fitness (i.e., low peak aerobic power (VO₂peak)). It is speculated that antipsychotics with adverse cardiovascular and metabolic profiles, in particular clozapine, have a significant impact on VO₂peak. In this cross-sectional study, we examined whether exposure to clozapine was associated with further reduced VO₂peak compared with non-clozapine antipsychotics. Thirty participants with chronic schizophrenia or schizoaffective disorder were divided into clozapine and non-clozapine groups. Mean daily doses of antipsychotics were standardized to chlorpromazine equivalents and haloperidol equivalents for antagonism of alpha₁- and alpha₂-adrenergic receptors. Participants completed an incremental-to-maximal symptom-limited exercise test on a cycle ergometer for the assessment of VO₂peak. The clozapine group demonstrated significantly lower VO₂peak than the non-clozapine group. Haloperidol equivalents for alpha-adrenergic receptor antagonism, but not chlorpromazine equivalents, demonstrated significant inverse associations with VO₂peak. The clozapine group had a significantly higher amount of antagonistic activity at alpha-adrenergic receptors than the non-clozapine group. In conclusion, exposure to clozapine was associated with further reduced cardiovascular fitness, which may be explained by the drug's greater antagonistic activity at alpha-adrenergic receptors. Cardiovascular fitness needs to be promoted in individuals treated with antipsychotics, particularly clozapine, to prevent the risk of cardiovascular disease and mortality. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Adjunctive therapy with statins in schizophrenia patients: A meta-analysis and implications.

Authors: Shen, Hong; Li, Rui; Yan, Rong; Zhou, Xia; Feng, Xia; Zhao, Mengjie; Xiao, Hong;


Abstract: There are some conflicting results regarding the benefit of adjunctive therapy with statins for severity of negative symptoms in schizophrenia. This study aimed to verify whether statins use for adjunctive therapy was indeed beneficial to improve psychiatric symptoms in schizophrenia. The data were from CENTRAL, PubMed, Embase and MEDLINE. The Boolean search term used for the electronic database search was (statin OR simvastatin OR atorvastatin OR fluvastatin OR lovastatin OR mevastatin OR pitavastatin OR pravastatin OR rosvastatin OR cerivastatin) and (schizophrenia OR schizoaffective disorder OR psychosis). Inclusion criteria were the following: RCTs, the adult schizophrenia patients, received antipsychotics plus statins or placebo, and the PANSS or SANS scores. Exclusion criteria were as follows: no data reported and multiple reports of the same study. A meta-analysis was used to compare psychiatric symptoms in schizophrenia patients with or without statins adjunctive therapy. The 6 RCTs included in the analysis represented 339 participants (169 in treatment group versus 170 in placebo group). A test for overall effect demonstrated that the PANSS positive scale and negative scale significantly reduced in participants receiving compliant with statins. Our meta-analyses first clarified that adjunctive therapy with statins could improve psychiatric symptoms, either negative symptoms or positive symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: L-carnosine as an add-on to risperidone for treatment of negative symptoms in patients with stable schizophrenia: A double-blind, randomized placebo-controlled trial.

Authors: Ghajar, Alireza; Khoai-Ardakani, Mohammad-Reza; Shahmoradi, Zahara; Alavi, Amir-Reza; Afarideh, Mohsen; Shalbafan, Mohammad-Reza; Ghazizadeh-Hashemi, Maryam; Akhondzadeh, Shahin;


Abstract: Since L-carnosine has shown effectiveness in improvement of cognition in patients with schizophrenia, this 8-week, randomized, double-blind, placebo-controlled pilot study was conducted. Sixty-three patients with chronic schizophrenia, who were clinically stable on a stable dose of risperidone, entered the study. The patients were randomly assigned to L-carnosine (2 gr/day in two divided doses) or placebo for eight weeks. The patients were assessed using the positive and negative syndrome scale (PANSS), extrapyramidal symptom rating scale (ESRS), and Hamilton depression rating scale (HDRS) during the study course. Sixty patients completed the trial. L-carnosine resulted in greater improvement of negative scores as well as total PANSS scores but not positive subscale scores compared to placebo. HDRS scores and its changes did not differ between the two groups. Both groups demonstrated a constant ESRS score during the trial course. Frequency of other side effects was not significantly different between the two groups. In a multiple regression analysis model (controlled for positive, general psychopathology, depressive and extrapyramidal symptoms, as well as other variables), the treatment group significantly predicted changes in primary negative symptoms. In conclusion, L-carnosine add-on therapy can safely and effectively reduce the primary negative symptoms of patients with schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Modification of the association between antipsychotic treatment response and childhood adversity by MMP9 gene variants in a first-episode schizophrenia cohort.
Antipsychotics remain the most effective, and widely used option for ameliorating the symptoms of schizophrenia. However, inter-individual differences in treatment outcome are vast and suggest a role for genetic and environmental factors in affording favourable outcomes. A notable epigenetic relationship which has gained considerable traction in recent literature is the way in which the severity of childhood trauma can modify associations seen between genetic variation and antipsychotic treatment response. A potential mechanism of action which may facilitate this relationship is synaptic plasticity. This study investigated the role of variants in matrix metallopeptidase 9 (MMP9), a gene involved in synaptic plasticity, with treatment outcome considering the severity of childhood trauma as an interacting variable. The cohort comprised South African first episode schizophrenia patients treated with a single injectable antipsychotic, flupenthixol decanoate, monitored over 12 months. Relationships between novel and previously described variants, and haplotypes, with antipsychotic treatment response were found to be modified when considering childhood trauma as an interacting variable. This study provides the first evidence for the involvement of polymorphisms within MMP9 and the severity of childhood trauma in antipsychotic treatment response, and warrants further investigation into the role gene-environment interactions may play in the betterment of antipsychotic treatment strategies. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

The Social Attribution Task—Multiple Choice (SAT-MC): Psychometric comparison with social cognitive measures for schizophrenia research.

The Social Attribution Task-Multiple Choice (SAT-MC) tests the ability to extract social themes from viewed object motion. This form of animacy perception is thought to aid the development of social inference, but appears impaired in schizophrenia. The current study was undertaken to examine psychometric equivalence of two forms of the SAT-MC and to compare their performance against social cognitive tests recommended for schizophrenia research. Thirty-two schizophrenia (SZ) and 30 substance use disorder (SUD) participants completed both SAT-MC forms, the Bell-Lysaker Emotion Recognition Task (BLERT), Hinting Task, The Awareness of Social Inference Test (TASIT), Ambiguous Intentions and Hostility Questionnaire (AIHQ) and questionnaire measures of interpersonal function. Test sensitivity, construct and external validity, test-retest reliability, and internal consistency were evaluated. SZ scored significantly lower than SUD on both SAT-MC forms, each classifying ~60% of SZ as impaired, compared with ~30% of SUD. SAT-MC forms demonstrated good test-retest and parallel form reliability, minimal practice effect, high internal consistency, and similar patterns of correlation with social cognitive and external validity measures. The SAT-MC compared favorably to recommended social cognitive tests across psychometric features and, with exception of TASIT, was most sensitive to impairment in schizophrenia when compared to a chronic substance use sample. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Regulation of cortical and peripheral GCH1 expression and biopterin levels in schizophrenia-spectrum disorders.

Regulation of cortical and peripheral GCH1 expression and biopterin levels in schizophrenia-spectrum disorders.

Authors: McGregor, Nathaniel; Thompson, Nicole; O'Connell, Kevin Sean; Emsley, Robin; van der Merwe, Lize; Warnich, Louise; Source: Psychiatry Research, Vol 262, Apr, 2018 pp. 141-148. Publisher: Elsevier Science; [Journal Article] Abstract: Antipsychotics remain the most effective, and widely used option for ameliorating the symptoms of schizophrenia. However, inter-individual differences in treatment outcome are vast and suggest a role for genetic and environmental factors in affording favourable outcomes. A notable epigenetic relationship which has gained considerable traction in recent literature is the way in which the severity of childhood trauma can modify associations seen between genetic variation and antipsychotic treatment response. A potential mechanism of action which may facilitate this relationship is synaptic plasticity. This study investigated the role of variants in matrix metallopeptidase 9 (MMP9), a gene involved in synaptic plasticity, with treatment outcome considering the severity of childhood trauma as an interacting variable. The cohort comprised South African first episode schizophrenia patients treated with a single injectable antipsychotic, flupenthixol decanoate, monitored over 12 months. Relationships between novel and previously described variants, and haplotypes, with antipsychotic treatment response were found to be modified when considering childhood trauma as an interacting variable. This study provides the first evidence for the involvement of polymorphisms within MMP9 and the severity of childhood trauma in antipsychotic treatment response, and warrants further investigation into the role gene-environment interactions may play in the betterment of antipsychotic treatment strategies. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: The Social Attribution Task—Multiple Choice (SAT-MC): Psychometric comparison with social cognitive measures for schizophrenia research.

Authors: Johannesen, Jason K.; Fiszdon, Joanna M.; Weinstein, Andrea; Ciosek, David; Bell, Morris D.; Source: Psychiatry Research, Vol 262, Apr, 2018 pp. 154-161. Publisher: Elsevier Science; [Journal Article] Abstract: The Social Attribution Task-Multiple Choice (SAT-MC) tests the ability to extract social themes from viewed object motion. This form of animacy perception is thought to aid the development of social inference, but appears impaired in schizophrenia. The current study was undertaken to examine psychometric equivalence of two forms of the SAT-MC and to compare their performance against social cognitive tests recommended for schizophrenia research. Thirty-two schizophrenia (SZ) and 30 substance use disorder (SUD) participants completed both SAT-MC forms, the Bell-Lysaker Emotion Recognition Task (BLERT), Hinting Task, The Awareness of Social Inference Test (TASIT), Ambiguous Intentions and Hostility Questionnaire (AIHQ) and questionnaire measures of interpersonal function. Test sensitivity, construct and external validity, test-retest reliability, and internal consistency were evaluated. SZ scored significantly lower than SUD on both SAT-MC forms, each classifying ~60% of SZ as impaired, compared with ~30% of SUD. SAT-MC forms demonstrated good test-retest and parallel form reliability, minimal practice effect, high internal consistency, and similar patterns of correlation with social cognitive and external validity measures. The SAT-MC compared favorably to recommended social cognitive tests across psychometric features and, with exception of TASIT, was most sensitive to impairment in schizophrenia when compared to a chronic substance use sample. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Regulation of cortical and peripheral GCH1 expression and biopterin levels in schizophrenia-spectrum disorders.

Authors: Clelland, James D.; Read, Laura L.; Smeed, Jennifer; Clelland, Catherine L.; Source:
Tetrahydrobiopterin (BH₄) is an essential cofactor for dopamine, serotonin and nitric oxide synthesis. Deficits of plasma total biopterin (a measure of BH₄) have been described in schizophrenia and schizoaffective disorder. GCH1 encodes the first and rate-limiting enzyme in BH₄ synthesis. Peripheral GCH1 expression is lower in first episode psychosis patients versus controls, and we hypothesized that a GCH1 promoter polymorphism associated with psychiatric illness, contributes to regulation of both GCH1 expression and BH₄ levels. We tested this hypothesis in 120 subjects (85 patients with schizophrenia or schizoaffective disorder and 35 controls): Patients with the rs10137071 A allele had significantly lower plasma biopterin than GG patients and controls. In additional samples we assessed the relationship between genotype and diagnosis (schizophrenia or control) on GCH1 expression in the prefrontal cortex (n = 67) and peripheral leukocytes (n = 53). We found a significant linear relationship between GCH1 and study group in the CNS and periphery, with A allele patients having lower expression. Finally, in antipsychotic naïve patients (n = 13) we tested for an effect of medication on GCH1: Expression rose significantly after the onset of medication, primarily in A allele patients. These data suggest the potential for personalized genetic approaches to ameliorating BH₄ deficits in schizophrenia-spectrum disorders.
the main purpose of this study is to determine the demographic and clinical factors predicting the perception of discrimination among Mexican patients with schizophrenia. Two hundred and seventeen adults with paranoid schizophrenia completed an interview on their demographic status and clinical characteristics. Symptom severity was assessed using the Positive and Negative Syndrome Scale; and perceived discrimination using 13 items from the King's Internalized Stigma Scale. Bivariate linear associations were determined to identify the variables of interest to be included in a linear regression analysis. Years of education, age of illness onset and length of hospitalization were associated with discrimination. However, only age of illness onset and length of hospitalization emerged as predictors of perceived discrimination in the final regression analysis, with longer length of hospitalization being the independent variable with the greatest contribution. Fortunately, this is a modifiable factor regarding the perception of discrimination and self-stigma. Strategies for achieving this as part of community-based mental health care are also discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Using visual processing training to enhance standard cognitive remediation outcomes in schizophrenia: A pilot study.  
Authors: Contreras, Natalia A.; Tan, Eric J.; Lee, Stuart J.; Castle, David J.; Rossell, Susan L.;  
Abstract: Approaches to cognitive remediation (CR) that address sensory perceptual skills before higher cognitive skills, have been found to be effective in enhancing cognitive performance in schizophrenia. To date, however, most of the conducted trials have concentrated on auditory processing. The aim of this study was to explore whether the addition of visual processing training could enhance standard cognitive remediation outcomes in a schizophrenia population. Twenty participants were randomised to either receive 20h of computer-assisted cognitive remediation alone or 20h of visual processing training modules and cognitive remediation training. All participants were assessed at baseline and at the end of cognitive remediation training on cognitive and psychosocial (i.e. self-esteem, quality of life) measures. At the end of the study participants across both groups improved significantly in overall cognition and psychosocial functioning. No significant differences were observed between groups on any of the measures. Of potential interest, however, was that the Cohen's d assessing the between group difference in the rates of change were moderate/large for a greater improvement in Visual Learning, Working Memory and Social Cognition for the visual training plus cognitive remediation group. On the basis of our effect sizes on three domains of cognition, we recommend replicating this intervention with a larger sample. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Predictors of negative symptoms in the chronic phase of schizophrenia: A cross-sectional study.  
Authors: Fujimaki, Koichiro; Toki, Shigeru; Yamashita, Hidehisa; Oyamada, Takahiro; Yamawaki, Shigeto;  
Abstract: This study was designed to investigate the relationship between negative symptoms and key indicators for long-term hospital stays among inpatients with schizophrenia. A further aim was to elucidate the clinical determinants of negative symptoms. The following were used as index factors: age, duration of illness, duration of hospitalization, age at onset, years of education, smoking status, body mass index, concentrations of serum triglycerides, total cholesterol, uric acid, QTc interval duration from electrocardiography, dose equivalents of antipsychotic and anticholinergic agents, neurocognitive function, drug-induced extrapyramidal symptoms, involuntary movements, and psychiatric symptoms. Spearman's rank correlation coefficients were calculated and regression analyses were performed to examine associations between these factors and negative symptoms. Positive symptoms correlated positively with negative symptoms as rated on the Brief Psychiatric Rating Scale. Age at onset correlated negatively with
negative symptoms. Multiple regression analysis showed that dose equivalents of atypical antipsychotics and positive symptoms predicted negative symptoms. Increasing our understanding of these predictors as key indicators of the severity of negative symptoms may aid in the reconsideration of therapeutic programs for chronic schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Frontal activity measured by near-infrared spectroscopy in patients taking different atypical antipsychotic drugs: A cross-sectional study.
Authors: Kono, Soichi; Miura, Itaru; Oshima, Sachie; Hikita, Masayuki; Wada, Akira; Suzuki, Rieko; Niwa, Shin-Ichi; Yabe, Hirooki;
Abstract: Using near-infrared spectroscopy, we examined changes in the concentration of oxygenated hemoglobin ([oxy-Hb]) in the frontal lobe during a verbal fluency task in 20 patients with schizophrenia (10 patients each receiving olanzapine [OLZ] and risperidone [RIS]) and 10 healthy controls. We found that [oxy-Hb] levels in the prefrontal region were higher in the patients receiving OLZ than in those receiving RIS. These results suggest that antipsychotic drugs have different effects on cerebral hemodynamic patterns, which may reflect frontal lobe function. Further studies with a larger sample size are needed to verify our preliminary findings. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: The experience of growing up with a parent with schizophrenia—A qualitative study.
Authors: Nieto-Rucian, Vanesa; Furness, Penny J.;
Source: Qualitative Psychology Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: In this study, we investigated the subjective experiences of 6 individuals from Spain who grew up with a parent with schizophrenia. Our objectives were to explore participants' perceptions of the effects of these experiences upon their development and their sense of continuing impact upon their adult lives and relationships. Our approach was guided by interpretative phenomenological analysis and data collection involved in-depth interviews with participants. Three themes were generated: role change and loss, prison of silence, and ‘Who am I?’. The findings highlighted the stigma of schizophrenia in society, a lack of support, emotional deprivation in childhood, and lasting negative effects for these participants upon their world view. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Psychosocial functioning in patients with psychotic and non-psychotic bipolar I disorder. A comparative study with individuals with schizophrenia.
Authors: Jiménez-López, Estela; Sánchez-Morla, Eva María; Aparicio, Ana Isabel; López-Villarrreal, Ana; Martínez-Vizcaíno, Vicente; Rodríguez-Jimenez, Roberto; Vieta, Eduard; Santos, José Luis;
Source: Journal of Affective Disorders, Vol 229, Mar 15, 2018 pp. 177-185. Publisher: Elsevier Science;
Abstract: Background: More than 50% of individuals with bipolar disorder (BD) do not reach full psychosocial functioning, even during periods of euthymia. It has been suggested that history of psychotic symptoms is one of the factors which are associated with a worse functional outcome. The objective was to compare psychosocial functioning between patients with BD, with (BD-P), and without (BD-NP) a history of psychotic symptoms, and to examine whether the history of psychotic symptoms, or other clinical or
neurocognitive variables predict psychosocial functioning. Methods: Psychosocial functioning and neurocognition were examined in 100 euthymic patients with bipolar I disorder (50 BD-P, and 50 BD-NP), compared to 50 stabilised patients with schizophrenia (SZ), and 51 healthy controls (HC). Results: 1) There were no differences between BD-P and BD-NP in the GAF-F score or in the FAST total score. 2) The two groups of patients with BD had better scores than SZ both in the GAF-F, and in all measures of the FAST, except for the subscale leisure time. 3) The neurocognitive composite index, verbal memory and subclinical depressive symptoms were the variables which explained a higher percentage of the variance of functional outcome. Limitations: The cross-sectional design, and the relatively small sample size are the main limitations. Conclusions: A history of psychotic symptoms has no relevant impact on the level of psychosocial functioning in BD. Neurocognitive dysfunction and subclinical depressive symptoms are the variables that best explain the functional impairment. These findings have important clinical implications. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Co-morbid depressive disorder is associated with better neurocognitive performance in first episode schizophrenia spectrum.
Authors: Herniman, Sarah E.; Cotton, Sue M.; Killackey, Eóin; Hester, Robert; Allott, Kelly A.;
Abstract: Background: Both major depressive disorder (MDD) and first episode schizophrenia spectrum (FES) are associated with significant neurocognitive deficits. However, it remains unclear whether the neurocognitive deficits in individuals with FES are more severe if there is comorbid depressive disorder. The aim of this study was to compare the neurocognitive profiles between those with and without full-threshold depressive disorder in FES. Method: This study involved secondary analysis of baseline data from a randomized controlled trial of vocational intervention for young people with first-episode psychosis (N = 82; age range: 15–25 years). Results: Those with full-threshold depressive disorder (n = 24) had significantly better information processing speed than those without full-threshold depressive disorder. Severity of depressive symptoms was also associated with better information processing speed. Limitations: In addition to the cross-sectional design, limitations of this study include the absence of assessing insight as a potential mediator. Conclusions: After the first psychotic episode, it could be speculated that those with better information processing speed may be more likely to develop full-threshold depressive disorder, as their ability to efficiently process information may allow them to be more aware of their situations and environments, and consequently to have greater insight into the devastating consequences of FES. Such novel findings support the examination of full-threshold depressive disorder in relation to neurocognitive performance across illness phases in future work. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: A case report of schizoaffective disorder with ritualistic behaviors and catatonic stupor: Successful treatment by risperidone and modified electroconvulsive therapy.
Authors: Bai, Yuanhan; Yang, Xi; Zeng, Zhiqiang; Yang, Haichen;
Abstract: Background: Ritualistic behaviors are common in obsessive compulsive disorder (OCD), while catatonic stupor occasionally occurs in psychotic or mood disorders. Schizoaffective disorder is a specific mental disorder involving both psychotic and affective symptoms. The syndrome usually represents a specific diagnosis, as in the case of the 10th edition of the International Classification of Diseases (ICD-10) or the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). However, symptom-based diagnosis can result in misdiagnosis and hinder effective treatment. Few cases of ritualistic
behaviors and catatonic stupor associated with schizoaffective disorder have been reported. Risperidone and modified electroconvulsive therapy (MECT) were effective in our case. Case presentation: A 35-year-old man with schizoaffective disorder-depression was admitted to the hospital because of ritualistic behaviors, depression, and distrust. At the time of admission, prominent ritualistic behaviors and depression misled us to make the diagnosis of OCD. Sertraline add-on treatment exacerbated the psychotic symptoms, such as pressure of thoughts and delusion of control. In the presence of obvious psychotic symptoms and depression, schizoaffective disorder-depression was diagnosed according to ICD-10. Meanwhile, the patient unfortunately developed catatonic stupor and respiratory infection, which was identified by respiratory symptoms, blood tests, and a chest X-ray. To treat psychotic symptoms, catatonic stupor, and respiratory infection, risperidone, MECT, and ceftriaxone were administered. As a result, we successfully cured the patient with the abovementioned treatment strategies. Eventually, the patient was diagnosed with schizoaffective disorder-depression with ritualistic behaviors and catatonia. Risperidone and MECT therapies were dramatically effective. Conclusion: Making a differential diagnosis of mental disorders is a key step in treating disease. Sertraline was not recommended for treating schizoaffective disorder-depression according to our case because it could exacerbate positive symptoms. Controversy remains about whether antipsychotics should be administered for catatonic stupor. However, more case studies will be needed. Risperidone with MECT was beneficial for the patient in our case.


Title: The association of serum nesfatin-1 and ghrelin levels with metabolic syndrome in patients with schizophrenia.

Authors: Ünal, Kubranur; Yüksel, Rabia Nazik; Turhan, Turan; Sezer, Sevilay; Yaylaci, Elif Tatlıdil;

Source: Psychiatry Research, Vol 261, Mar, 2018 pp. 45-49. Publisher: Elsevier Science; [Journal Article]

Abstract: Nesfatin-1 and ghrelin are two hormones which have opposite effects and play role in food intake. This study was planned on the idea that both metabolic syndrome and psychiatric disorders are associated with nesfatin-1 and ghrelin. In this study, it was aimed to investigate the levels of ghrelin and nesfatin-1 in patients with schizophrenia, by taking confounding factor as the metabolic syndrome (MS). 55 patients with schizophrenia and 33 healthy controls were included in the study. 11 out of the 55 patients (%20) has MS. Serum ghrelin and nesfatin-1 levels of schizophrenia patients with MS have been compared with both healthy controls and schizophrenia patients without MS. Patients with schizophrenia had significantly higher serum nesfatin-1 levels compared to healthy controls. But serum ghrelin levels was not different in both groups. Serum nesfatin-1 concentrations were significantly higher in the schizophrenia patients with MS (10.51–350.8pg/ml) with respect to the healthy control group (4.86–68.91pg/ml). There was no significant statistical difference between the three groups in terms of ghrelin levels. Our findings suggests that, MS presence also contributed to significantly high levels of nesfatin-1 level. Nesfatin-1 may have a part in a novel studies regarding the treatment of schizophrenia and its metabolic effects. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Anti gliadin antibodies (AGA IgG) related to peripheral inflammation in schizophrenia.

Authors: Kelly, Deanna L.; Demyanovich, Haley K.; Eaton, William W.; Cascella, Nicola; Jackson, Jessica; Fasano, Alessio; Carpenter, William T.;

Source: Brain, Behavior, and Immunity, Vol 69, Mar, 2018 pp. 57-59. Publisher: Elsevier Science; [Journal Article]

Abstract: Altered immune function and inflammation are seen in schizophrenia, however, peripheral inflammatory markers are not consistently elevated in all people, suggesting inflammation may be present only in a subgroup. We measured TNF-α and IL-1β in 100 people with schizophrenia or schizoaffective disorder and correlated these with antibodies to gliadin, a protein found in wheat, barley and rye that has been found to
be elevated in some people with schizophrenia. We hypothesized that higher peripheral antigliadin antibodies (AGA IgG) would be associated with higher peripheral inflammation as measured by TNF-α and IL-1β. Mean log transformed values of TNF-α (p = .029) and IL-1β (p = .016) were over twofold higher in people with schizophrenia who had high levels of AGA IgG (≥ 7 U) compared to those who did not have positivity to AGA IgG. We found a significant positive correlation between AGA IgG and the log transformed TNF-α (r = 0.42, p < .0001) as well as IL-1β (r = 0.51, p < .0001). The relationship was independent of cigarette smoking, body mass index and antipsychotic medications. People with schizophrenia having higher levels of AGA IgG show higher levels of peripheral inflammation and may define a subgroup with distinct pathophysiology and potentially novel treatment targets. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Joint evaluation of serum C-reactive protein levels and polygenic risk scores as risk factors for schizophrenia.

Authors: Nimgaonkar, Vishwajit L.; Dickerson, Faith; Pouget, Jennie G.; Chowdari, Kodavali; O'Dushlaine, Colm; Wood, Joel; Klei, Lambertus; Devlin, Bernie; Yolken, Robert;


Abstract: Several studies have indicated infectious and immune-related abnormalities in schizophrenia (Scz), including elevated serum C-reactive protein (CRP) - a well-known proxy for infections/immune abnormalities. A portion of the genetic risk for Scz can be estimated using the polygenic risk score (PGRS). It is not known whether there is an interaction in the risks traceable to CRP and PGRS. Patients with Scz and individuals without psychosis were evaluated systematically using DSM IV criteria (N = 794, N = 446, respectively). To estimate risk for Scz attributable to CRP and PGRS, serum from these participants was assayed for CRP levels using enzyme linked immunosorbent assays. PGRS was estimated from common DNA polymorphisms associated with Scz from genome wide association studies. CRP level and PGRS were not significantly correlated. Using a generalized linear logistic model, case/control status was evaluated in relation to the following predictors: CRP, PGRS, and demographic variables. CRP and PGRS were individually associated with case status; CRP: odds ratio (OR) 1.27, 95% confidence intervals (95% CI) 1.12, 1.43; p = 0.0001; PGRS: OR 1.66, 95% CI 1.47, 1.89; p = 1.28 × 10−15. There were no significant interactions between PGRS and CRP for predicting Scz versus control status. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: An investigation into the drivers of avolition in schizophrenia.

Authors: Suri, Gaurav; Lavaysse, Lindsey M.; Young, Gerald; Moodie, Craig; Tersakyan, Alen; Gross, James J.; Gard, David E.;


Abstract: Over a century of research has documented that avolition is a core symptom in schizophrenia. However, the drivers of avolition remain unclear. Conceptually, there are at least two potential mutually compatible drivers that could cause avolition in schizophrenia. First, people with schizophrenia might have differences in preferences that result in less goal-directed behavior than non-clinical populations (preference-differences). Second, people with schizophrenia might have difficulty translating their preferences into manifest behavior at rates similar to non-clinical populations (psychological-inertia). In the present work, we modified and validated a well-validated paradigm from the motivation/decision making literature to compare levels of preference-differences and psychological-inertia. To measure preference-differences, people with and without schizophrenia choose between a lower-valenced and higher-valenced image. We measured the rate at which the normatively lower-valenced image was preferred. To measure psychological-inertia, both groups were given the opportunity to volitionally switch from a lower-valenced image and view a higher-valenced image. Contrary to expectations, people with schizophrenia did not
differ on either preference-differences or psychological-inertia. Statistical analysis revealed that the possibility of a Type II error for even a weak effect was small. The present data suggest new avenues for research investigating mechanisms underlying avolition and clinical interventions targeting avolition in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A reliable and valid assessment of sustained attention for patients with schizophrenia: The Computerized Digit Vigilance Test.
Authors:
Lin, Gong-Hong; Wu, Chien-Te; Huang, Yi-Jing; Lin, Powen; Chou, Chia-Yeh; Lee, Shu-Chun; Hsieh, Ching-Lin;
Source:
Abstract:
Objective: The purposes of this study were to examine the test–retest reliability, concurrent validity, and ecological validity of the Computerized Digit Vigilance Test (C-DVT) in patients with schizophrenia.
Method: Each participant was assessed four times, with 1-week intervals. In each assessment, the participants completed both the C-DVT and the original DVT. The participants were also assessed using the Lawton Instrumental Activities of Daily Living Scale (LIADL) and the Personal and Social Performance Scale (PSP). Results: Forty-nine participants were recruited in this study. The results showed that the test–retest agreement of the C-DVT was good–to-excellent (intraclass correlation coefficient = 0.71–0.89). The random measurement errors of the C-DVT were acceptable (percentages of minimal detectable change = 12.9%–24.1%). The practice effect of the C-DVT reached a plateau after three assessments (effect size < 0.20). The concurrent validity of the C-DVT was good (r = .75–.79 with DVT) when we controlled for the randomized administration order of the two tests. The ecological validity of the C-DVT was good (r = -.44 with the LIADL; r = -.45 with the PSP). Conclusions: The C-DVT had acceptable test–retest reliability, sound concurrent validity, and sound ecological validity in patients with schizophrenia. These findings indicate that the C-DVT has the potential to be a reliable and valid test of sustained attention in patients with schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Impact of synthetic cannabinoid use on hospital stay in patients with bipolar disorder versus schizophrenia, or other psychotic disorders.
Authors:
Deng, Huiqiong; Mohite, Satyajit; Suchting, Robert; Nielsen, David A.; Okusaga, Ololuwa O.;
Source:
Abstract:
Synthetic cannabinoid products have become popular and have led to an increased number of patients presenting to emergency departments and psychiatric hospitals. The purpose of this study was to evaluate the impact of synthetic cannabinoid use at admission on length of stay and doses of antipsychotics at discharge in individuals with bipolar disorder, schizophrenia and other psychotic disorders. We retrospectively examined medical records of 324 inpatients admitted from January 2014 to July 2015. We found that synthetic cannabinoid use predicted length of stay and antipsychotic dose using structural equation modeling. Further, the association of synthetic cannabinoid use with length of stay was partly mediated by antipsychotic dose. These associations were independent of specific diagnosis. In conclusion, patients with bipolar disorder, schizophrenia, or other psychotic disorders who reported synthetic cannabinoid use at admission had shorter length of stay and received lower doses of antipsychotics, irrespective of clinical diagnoses. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

**Title:**
Social distance toward people with schizophrenia is associated with favorable understanding and negative stereotype.

**Authors:**
Koike, Shinsuke; Yamaguchi, Sosei; Ojio, Yasutaka; Ando, Shuntaro;

**Source:**

**Abstract:**
Previous studies have suggested the consequence of mental health-related public stigma: the problem of knowledge may develop into problem of attitude and behaviour. However, this has not been directly explored in a longitudinal study. As the secondary analysis from our previous randomized controlled trial (RCT) for 219 participants who completed the survey at the 12-month follow-up, we aimed to investigate whether the knowledge and attitude components of stigma toward people with schizophrenia affect each other. At baseline and at 12 months, three types of stigma scales were measured: favorable understanding, negative stereotype, and social distance toward people with schizophrenia. A structured equation model was fitted to the trajectory of stigma scales taking into account the effect of the other stigma components and the interventions. The results showed that greater social distance toward people with schizophrenia at baseline was associated with less favorable understanding and more negative stereotype at the 12-month follow-up. This was not in line with the existing consequences from the previous studies; however, in line with the recent RCTs showing that social contact is the most effective intervention to reduce stigma. Future observational studies with a larger sample size are needed to clarify this relationship further. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Theory of mind performances in first-episode schizophrenia patients: An 18-month follow-up study.

**Authors:**

**Source:**

**Abstract:**
This study examined the change of Theory of Mind (ToM) performances in patients with first-episode schizophrenia over an 18-month period since illness onset. A computerised behavioural task was utilised to assess the affective and cognitive facets of visual-based ToM. Patients' ToM performances were standardised using the norms of gender-stratified, age- and IQ-matched controls. The results showed that schizophrenia patients exhibited poorer second-order affective and cognitive ToM at baseline, but their ToM ability improved after 18 months of follow-up. Our findings do not support a longitudinal dissociation of affective from cognitive ToM in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Second generation antipsychotic-induced mitochondrial alterations: Implications for increased risk of metabolic syndrome in patients with schizophrenia.

**Authors:**
Scaini, Giselli; Quevedo, João; Velligan, Dawn; Roberts, David L.; Raventos, Henriette; Walss-Bass, Consuelo;

**Source:**

**Abstract:**
Metabolic syndrome (MetS) is seen more frequently in persons with schizophrenia than in the general population, and these metabolic abnormalities are further aggravated by second generation antipsychotic (SGA) drugs. Although the underlying mechanisms responsible for the increased prevalence of MetS among patients under SGA treatment are not well understood, alterations in mitochondria function have
been implicated. We performed a comprehensive evaluation of the role of mitochondrial dysfunction in the pathophysiology of drug-induced MetS in schizophrenia. We found a downregulation in genes encoding subunits of the electron transport chain complexes (ETC), enzyme activity, and mitochondrial dynamics in peripheral blood cells from patients at high-risk for MetS. Additionally, we evaluated several markers of energy metabolism in lymphoblastoid cell lines from patients with schizophrenia and controls following exposure to antipsychotics. We found that the high-risk drugs clozapine and olanzapine induced a general down-regulation of genes involved in the ETC, as well as decreased activities of the corresponding enzymes, ATP levels and a significant decrease in all the functional parameters of mitochondrial oxygen consumption in cells from patients and controls. We also observed that the medium-risk SGA quetiapine decreased oxygen consumption and respiratory control ratio in controls and patients. Additionally, clozapine and olanzapine induced a downregulation of Drp1 and Mfn2 both in terms of mRNA and protein levels. Together, these data suggest that an intrinsic defect in multiple components of oxidative metabolism may contribute to the increased prevalence of MetS in patients under treatment with SGAs known to cause risk for MetS. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: The impact of self-stigmatization on medication attitude in schizophrenia patients.
Authors: Feldhaus, Tobias; Falke, Sebastian; von Gruchalla, Lara; Maisch, Birgit; Uhlmann, Christina; Bock, Eva; Lencer, Rebekka;
Source: Psychiatry Research, Vol 261, Mar, 2018 pp. 391-399. Publisher: Elsevier Science; [Journal Article]
Abstract: Negative attitudes towards medication in schizophrenia patients are one major factor contributing to non-adherence behavior. Besides, self-stigmatization represents another frequent and important obstacle in patients suffering from psychotic disorders. Here, we investigated possible associations between medication adherence attitude and the extent of self-stigmatization, while also exploring factors related to self-stigmatization. Sociodemographic characteristics, clinical variables, medication attitude and self-stigmatization were assessed among 81 subjects with schizophrenia or schizoaffective disorder. The cross-sectional data was then analyzed by multivariate analyses. A more positive attitude towards medication was predicted by better insight into illness, lower degree of self-stigmatization and good subjective knowledge about medication (adjusted R² = 0.23). Furthermore, a higher level of self-stigmatization was associated with lower subjective wellbeing, more severe depressive symptoms and male gender (adjusted R² = 0.58). Other clinical variables had no additional predictive value for medication adherence attitude or the extent of self-stigmatization. Our findings support the notion that self-stigmatization is an influential factor on medication attitude that should therefore be appreciated in clinical practice. Besides this, special emphasis should be taken on depressive symptoms and reduced wellbeing, especially in male patients, to lower the extent of self-stigmatization. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Childhood trauma in schizophrenia spectrum disorders as compared to substance abuse disorders.
Authors: Mørkved, Nina; Winje, Dagfinn; Dovran, Anders; Arefjord, Kjersti; Johnsen, Erik; Kroken, Rune Andreas; Anda-Ågotnes, Liss-Gørl; Thimm, Jens C.; Sinkeviciute, Igne; Rettenbacher, Maria; Løberg, Else-Marie;
Abstract: The prevalence of childhood trauma (CT) in schizophrenia spectrum disorders (SSDs) and substance abuse disorders (SUDs) is high. Direct comparisons of CT in these disorders are lacking, and it is not known whether there are differences in self-reported CT in SSDs as compared to SUDs. We aimed to compare the frequency, severity and types of CT in SSDs and SUDs. Patients with SSDs (n = 57) and SUDs (n = 57) were matched for age and gender. Overall levels of CT and CT subtypes were measured retrospectively by the Childhood Trauma Questionnaire Short-Form (CTQ-SF), and grouped into none/low
and moderate/severe levels of CT. Group differences in CTQ-SF sum score and subscale scores, as well as differences in the severity of overall CT and CT subtypes were all non-significant. In both groups, 64.9% reported ≥ 1 subtypes of CT above cut-off. Of those who reported CT above the cut-off, 13.5% in the psychosis group reported ≥ 4 subtypes, as compared to 2.7% in the substance abuse group. We did not find statistically significant differences between SSDs and SUDs in terms of exposure to CT frequency or severity, all effect sizes were small (r < 0.15). (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Motivation deficits in individuals with social anhedonia.
Authors:
Wang, Jiao; Huang, Jia; Lui, Simon S. Y.; Cheung, Eric F. C.; Yue, Xiao-dong; Chan, Raymond C. K.;
Source:
Psychiatry Research, Vol 261, Mar, 2018 pp. 527-534. Publisher: Elsevier Science; [Journal Article]
Abstract:
Patients with schizophrenia have been reported to exhibit anhedonia, a reduced hedonic capacity and deficits in motivation for reward pursuit. However, it is unclear whether these deficits also exist in at-risk individuals prone to psychosis or not. The present study compared 26 individuals with social anhedonia and 28 healthy controls using a grip Effort-based Pleasure Experience Task (E-PET). The findings showed that individuals with social anhedonia did not increase their hard task choices with the elevation of reward magnitude and probability while healthy controls did. Higher reward probability and magnitude did not lead to more anticipatory pleasure in individuals with social anhedonia. The mean anticipatory pleasure experience ratings in individuals with social anhedonia were significantly lower than controls. Our results suggest that individuals with social anhedonia already exhibit motivational deficits during reward pursuit. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Nicotine-induced activation of caudate and anterior cingulate cortex in response to errors in schizophrenia.
Authors:
Moran, Lauren V.; Stoeckel, Luke E.; Wang, Kristina; Caine, Carolyn E.; Villafuerte, Rosemond; Calderon, Vanessa; Baker, Justin T.; Ongur, Dost; Janes, Amy C.; Evins, A. Eden; Pizzagalli, Diego A.;
Source:
Abstract:
Background: Nicotine improves attention and processing speed in individuals with schizophrenia. Few studies have investigated the effects of nicotine on cognitive control. Prior functional magnetic resonance imaging (fMRI) research demonstrates blunted activation of dorsal anterior cingulate cortex (dACC) and rostral anterior cingulate cortex (rACC) in response to error and decreased post-error slowing in schizophrenia. Methods: Participants with schizophrenia (n = 13) and healthy controls (n = 12) participated in a randomized, placebo-controlled, crossover study of the effects of transdermal nicotine on cognitive control. For each drug condition, participants underwent fMRI while performing the stop signal task where participants attempt to inhibit prepotent responses to 'go (motor activation)' signals when an occasional 'stop (motor inhibition)' signal appears. Error processing was evaluated by comparing 'stop error' trials (failed response inhibition) to 'go' trials. Resting-state fMRI data were collected prior to the task. Results: Participants with schizophrenia had increased nicotine-induced activation of right caudate in response to errors compared to controls (DRUG × GROUP effect: pcorrected < 0.05). Both groups had significant nicotine-induced activation of dACC and rACC in response to errors. Using right caudate activation to errors as a seed for resting-state functional connectivity analysis, relative to controls, participants with schizophrenia had significantly decreased connectivity between the right caudate and dACC/bilateral dorsolateral prefrontal cortices. Conclusions: In sum, we replicated prior findings of decreased post-error slowing in schizophrenia and found that nicotine was associated with more adaptive (i.e., increased) post-error reaction time (RT). This proof-of-concept pilot study suggests a role for nicotinic agents in targeting cognitive control deficits in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
A meta-analysis of data associating DRD4 gene polymorphisms with schizophrenia.

Authors:
Xu, Feng-ling; Wu, Xue; Zhang, Jing-jing; Wang, Bao-jie; Yao, Jun;

Source:

Abstract:
To explore the association between DRD4 polymorphisms and schizophrenia risk, a meta-analysis was carried out with 41 case-control articles. Specifically, we included 28 articles (5,735 cases and 5,278 controls) that pertained to the 48 bp variable number tandem repeat (VNTR) polymorphism, nine articles (1,517 cases and 1,746 controls) that corresponded to the 12 bp tandem repeat (TR), six articles (1,912 cases and 1,836 controls) that addressed the 120 bp TR, 10 articles (2,927 cases and 2,938 controls) that entailed the −521 C > T polymorphism, six articles (1,735 cases and 1,724 controls) that pertained to the −616 C > G polymorphism, and four articles (1,191 cases and 1,215 controls) that involved the −376 C > T polymorphism. Pooled analysis, subgroup analysis, and sensitivity analysis were performed, and the data were visualized by means of forest and funnel plots. Results of pooled analysis indicated that the -521 CC variant (Pz = 0.009, odds ratio [OR] = 1.218, 95% confidence interval [CI] = 1.050–1.413) and genotype L/L (ie, long allele) of the 120 bp TR were risk factors of schizophrenia (Pz= 0.004, OR = 1.275, 95% CI = 1.081–1.504). The 48 bp VNTR, the 12 bp TR, the −616 C > G polymorphism, and the −376 C > T polymorphism were not associated with schizophrenia. Additional research is warranted to explore the association between polymorphisms of DRD4 and schizophrenia risk. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Feasibility and effectiveness of a cognitive remediation programme with original computerised cognitive training and group intervention for schizophrenia: A multicentre randomised trial.

Authors:
Matsuda, Yasuhiro; Morimoto, Tsubasa; Furukawa, Shunichi; Sato, Sayaka; Hatsuse, Norifumi; Iwata, Kazuhioko; Kimura, Mieko; Kishimoto, Toshifumi; Ikebuchi, Emi;

Source:

Abstract:
Devising new methods to improve neurocognitive impairment through cognitive remediation is an important research goal. We developed an original computer programme termed the Japanese Cognitive Rehabilitation Programme for Schizophrenia (JCORES) that provides cognitive practice across a broad range of abilities. The current study examined for the first time whether a cognitive remediation programme, including both computerised cognitive training using JCORES and group intervention such as enhancing meta-cognition and teaching strategies, is more effective than treatment as usual for improving neurocognitive and social functioning. Sixty-two outpatients with schizophrenia were randomised to either a cognitive remediation group or a control group. Participants engaged in two computerised cognitive training sessions and one group meeting per week for 12 weeks. The average number of total sessions attended (computerised cognitive practice + group intervention) was 32.3 (89.7%). The cognitive remediation group showed significantly more improvements in verbal memory, composite score of the Brief Assessment of Cognition in Schizophrenia, Japanese version (BACS-J), and general psychopathology on the Positive and Negative Syndrome Scale (PANSS) than the control group. These findings demonstrate that a cognitive remediation programme is feasible in Japan and is a more effective way to improve neurocognitive functioning and psychiatric symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Detecting allocentric and egocentric navigation deficits in patients with schizophrenia and bipolar disorder using virtual reality.

Authors:
Mohammadi, Alireza; Hesami, Ehsan; Kargar, Mahmoud; Shams, Jamal;

Source:

Abstract:
Present evidence suggests that the use of virtual reality has great advantages in evaluating visuospatial navigation and memory for the diagnosis of psychiatric or other neurological disorders. There are a few virtual reality studies on allocentric and egocentric memories in schizophrenia, but studies on both memories in bipolar disorder are lacking. The objective of this study was to compare the performance of allocentric and egocentric memories in patients with schizophrenia and bipolar disorder. For this resolve, an advanced virtual reality navigation task (VRNT) was presented to distinguish the navigational performances of these patients. Twenty subjects with schizophrenia and 20 bipolar disorder patients were compared with 20 healthy-matched controls on the newly developed VRNT consisting of a virtual neighbourhood (allocentric memory) and a virtual maze (egocentric memory). The results demonstrated that schizophrenia patients were significantly impaired on all allocentric, egocentric, visual, and verbal memory tasks compared with patients with bipolar disorder and normal subjects. Dissimilarly, the performance of patients with bipolar disorder was slightly lower than that of control subjects in all these abilities, but no significant differences were observed. It was concluded that allocentric and egocentric navigation deficits are detectable in patients with schizophrenia and bipolar disorder using VRNT, and this task along with RAVLT and ROCFT can be used as a valid clinical tool for distinguishing these patients from normal subjects. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2018-01655-005&site=ehost-live

Title:
Higher order thalamic nuclei resting network connectivity in early schizophrenia and major depressive disorder.

Authors:
Penner, Jacob; Osuch, Elizabeth A.; Schaefer, Betsy; Théberge, Jean; Neufeld, Richard W.J.; Menon, Ravi S.; Rajakumar, Nagalingam; Bourne, James A.; Williamson, Peter C.;

Source:

Abstract:
The pulvinar and the mediodorsal (MDN) nuclei of the thalamus are higher order nuclei which have been implicated in directed effort and corollary discharge systems. We used seed-based resting fMRI to examine functional connectivity to bilateral pulvinar and MDN in 24 schizophrenic patients (SZ), 24 major depressive disorder patients (MDD), and 24 age-matched healthy controls. SZ had less connectivity than controls between the left pulvinar and precuneus, left ventral-lateral prefrontal cortex (vlPFC), and superior and medial-frontal regions, between the right pulvinar and right frontal pole, and greater connectivity between the right MDN and left dorsolateral prefrontal cortex (dLPFC). SZ had less connectivity than MDD between the left pulvinar and ventral anterior cingulate (vACC), left vlPFC, anterior insula, posterior cingulate cortex (PCC), and right hippocampus, between the right pulvinar and right PCC, and between the right MDN and right dorsal anterior cingulate (dACC). This is the first study to measure the functional connectivity to the higher order nuclei of the thalamus in both SZ and MDD. We observed less connectivity in SZ than MDD between pulvinar and emotional encoding regions, a directed effort region, and a region involved in representation and salience, and between MDN and a directed effort region. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Altered corticostriatal pathway in first-episode paranoid schizophrenia: Resting-state functional and causal connectivity analyses.

Authors:
Neuroimaging studies suggest the abnormal structure and function of basal ganglion may contribute to the pathophysiology of schizophrenia. However, little is investigated about the both aberrant functional and causal connectivity of striatum in first-episode paranoid schizophrenia (FEPS). Resting-state functional magnetic resonance imaging was used to characterize the functional connectivity (FC) and casual connectivity within the corticostriatal circuit in 31 patients with FEPS and 33 healthy controls. Degree centrality (DC) was used to explore the regions influenced in schizophrenia at the whole-brain level. Subsequently, a seed-based Granger causality analysis was performed to analyze the causal connectivity. We identified reduced DC of the bilateral putamen in the patients, compared to the controls. In the causal connectivity analysis, we found causal dysconnectivity between the putamen and several regions of default mode network, right orbital part of inferior frontal cortex and right fusiform in the patients. Further, the abnormal causal effect was associated with cognitive impairment in FEPS. The present study highlighted the abnormal functional and causal integrity of the striatum in the patients with FEPS during resting state and suggests a potentially implicated role for the cortical-striatal circuit, especially the striatal-default mode network loop, in the pathophysiology of schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Brain functional and perfusional alterations in schizophrenia: An arterial spin labeling study.
Authors: Oliveira, Ícaro A. F.; Guimarães, Tiago M.; Souza, Roberto M.; dos Santos, Antônio C.; Machado-de-Sousa, João Paulo; Hallak, Jaime E. C.; Leoni, Renata F.;
Abstract: Schizophrenia is a severe mental disorder that affects the anatomy and function of the brain, with an impact on one's thoughts, feelings, and behavior. The purpose of the study was to investigate cerebral blood flow (CBF) and brain connectivity in a group of patients with schizophrenia. Pseudo-continuous arterial spin labeling (pCASL) images were acquired from 28 patients in treatment and 28 age-matched healthy controls. Mean CBF and connectivity patterns were assessed. Schizophrenia patients had decreased CBF in the bilateral frontal pole and superior frontal gyrus, right medial frontal gyrus, triangular and opercular parts of the inferior frontal gyrus, posterior division of the left supramarginal gyrus, superior and inferior divisions of the left lateral occipital cortex, and bilateral occipital pole. Moreover, through different methods to assess connectivity, our results showed abnormal connectivity patterns in regions involved in motor, sensorial, and cognitive functions. Using pCASL, a non-invasive technique, we found CBF deficits and altered functional organization of the brain in schizophrenia patients that are associated with the symptoms and characteristics of the disorder. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Schizophrenia heterogeneity revisited: Clinical, cognitive, and psychosocial correlates of statistically-derived negative symptoms subgroups.
Authors: Ahmed, Anthony O.; Strauss, Gregory P.; Buchanan, Robert W.; Kirkpatrick, Brian; Carpenter, William T.;
Abstract: Traditional efforts to delineate the clinical heterogeneity of schizophrenia have been unsuccessful because of the absence of a valid, stable, and meaningful subtyping scheme. A clinically-informed
nosology supported by multivariate statistical classification methods may provide a better approach for classifying schizophrenia. The goals of the current study were to 1) use multivariate classification methods to validate a clinical subtyping scheme based on the profile of negative symptoms; and 2) following validation to contrast the statistically-derived subgroups to ascertain distinguishing demographic, clinical, cognitive, and functional characteristics. In the current study, 706 people with schizophrenia completed measures of positive and negative symptoms, premorbid adjustment, cognition, and psychosocial functioning. Latent class analysis served to identify the number of negative symptom subgroups in schizophrenia. Next, statistical classification methods—Bayes Theorem and the Base Rate Classification Technique—were used to assign participants into the identified subgroups. Subgroups were compared on external validation variables not used in the classification process via logistic regression and discriminant function analysis. Latent class analysis supported a three-class model of schizophrenia that included deficit, persistent, and transient negative symptom subgroups. Posthoc comparisons showed that demographic characteristics, positive symptoms, premorbid adjustment, and cognitive profiles can distinguish the schizophrenia subgroups with moderate accuracy. The deficit subgroup had the greatest impairments in psychosocial functioning and quality of life variables. Findings suggest that schizophrenia encapsulates qualitatively distinct negative symptom subgroups that differ in their demographic, symptomatic, neuropsychological, and functional profiles. Schizophrenia heterogeneity reflects a combination of non-arbitrary subgroups and severity-based differences in negative symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The underlying mechanism of deficits of speech comprehension and hallucinations in Chinese patients with schizophrenia.

Authors: Wang, Jiuju; Wydell, Taeko N.; Zhang, Linjun; Quan, Wenxiang; Tian, Ju; Liu, Jin; Dong, Wentian;


Abstract: Sentence context and fundamental frequency (F0) contours are important factors to speech perception and comprehension. In Chinese-Mandarin, lexical tones can be distinguished by the F0 contours. Previous studies found healthy people could use the cue of context to recover the phonological representations of lexical tones from the altered tonal patterns to comprehend the sentences in quiet condition, but can not in noise environment. Lots of research showed that patients with schizophrenia have deficits of speech perception and comprehension. However, it is unclear how context and F0 contours influence speech perception and comprehension in patients with schizophrenia. This study detected the contribution of context and lexical tone to sentence comprehension in four types of sentences by manipulating the context and F0 contours in 32 patients with schizophrenia and 33 healthy controls. The results showed that (1) in patients with schizophrenia, the interaction between context and F0 contour was not significant, which was significant in healthy controls; (2) the scores of sentences with two types of sentences with flattened F0 contours were negatively correlated with hallucination trait scores; (3) the patients with schizophrenia showed significantly lower scores on the intelligibility of sentences in all conditions, which were negatively correlated with PANSS-P. The patients with schizophrenia couldn't use the cue of context to recover the phonological representations of lexical tones from the altered tonal patterns when they comprehend the sentences, inner noise may be the underlying mechanism for the deficits of speech perception and comprehension. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Comparison of paliperidone palmitate and risperidone long-acting injection in schizophrenic patients: Results from a multicenter retrospective cohort study in France.

Authors: Limosin, Frédéric; Belhadi, Drifa; Comet, Denis; Pacou, Maud; Bouju, Sophie; Van Impe, Kristel; Guillon, Pascal;
Abstract:
Purpose/Background: The study objective was to compare the impact of being treated by paliperidone palmitate (PP) or risperidone long-acting injection (RLAI) on the length of stay on initial hospitalization, rehospitalization risk, and treatment duration in schizophrenic patients. Methods: We conducted an observational retrospective cohort study in 43 centers in France, including schizophrenic patients who initiated a treatment by PP or RLAI during initial hospitalization. The follow-up periods started in September 2012 for the RLAI group (median follow-up duration, 233 days) and in June 2013 for the PP group (259 days). Statistical analyses were based on Cox regression models, with propensity score weighting to account for differences in patients' characteristics. Findings/Results: The analysis included 347 patients: 197 in the PP treatment group and 150 in the RLAI group. Compared with patients on RLAI, patients on PP were significantly more likely to have nonpsychiatric comorbidities, to have been on previous antipsychotic therapy, or to have been hospitalized for psychiatric care in the previous year. With regard to length of stay on initial hospitalization, there was no statistically significant difference between both groups (hazard ratio, 1.13 [0.97; 1.31]). Being on PP was associated with similar times to first rehospitalization compared with RLAI (hazard ratio, 0.92 [0.65; 1.30]). Implications/Conclusions: We observed nonsignificant differences in initial hospitalization duration and time to rehospitalization between PP and RLAI, potentially due to lack of statistical power. A trend was observed in favor of PP with regard to time to treatment discontinuation, although this result was compromised by patients who switched between RLAI and PP. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Suicide

Title:
Suicidal drug overdose following stroke in elderly patients: A retrospective population-based cohort study.

Authors:
Chang, Chun-Hung; Chen, Shaw-Ji; Liu, Chieh-Yu; Tsai, Hsin-Chi;

Source:
Neuropsychiatric Disease and Treatment, Vol 14, Feb 7, 2018 ArtID: 443-450. Publisher: Dove Medical Press Ltd.; [Journal Article]

Abstract:
Purpose: The purpose of this study was to investigate the incidence and risk of suicidal drug overdose (SDO) after stroke in older patients. Methods: We enrolled patients aged 60–99 years who were diagnosed with new-onset stroke between 2002 and 2013 and age-, sex-, and index-year-matched controls who did not have stroke. Patients with a history of SDO before enrollment were excluded. Both groups were observed until December 31, 2013. The primary end point was the occurrence of newly diagnosed SDO. The cumulative incidence rates of the study and control groups were estimated using the Kaplan–Meier method. Furthermore, we used the Cox proportional hazards model to identify risk factors for SDO. Results: We selected 22,770 individuals. Among them, 11,385 were older patients (aged 60–99 years) who had newly diagnosed stroke and 11,385 were controls. Of the 22,770 individuals, 275 (1.21%) had SDO during a mean follow-up period of 5.33 ± 3.30 years, comprising 191 (1.68%) from the stroke group and 84 (0.74%) from the control group. Older patients with stroke had a significantly higher risk of SDO than the controls (adjusted hazard ratio: 2.288, 95% confidence interval [CI]: 1.746–2.999, p < 0.001). Moreover, in older patients with stroke, the risk significantly increased with the number of stroke events. Patients with depressive disorder or coronary disease had an increased risk of SDO. Additionally, benzodiazepines and anticoagulants were the two most commonly prescribed medications for SDO. Conclusion: Clinicians should be aware of the risk of SDO and risk factors in older patients with stroke. Psychological assessment and medication monitoring should be incorporated into current clinical diagnoses in neurology and treatments following stroke. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Mixed state and suicide: Is the effect of mixed state on suicidal behavior more than the sum of its parts?

Authors:
Persons, Jane E.; Coryell, William H.; Solomon, David A.; Keller, Martin B.; Endicott, Jean; Fiedorowicz, Jess G.;

Source:

Abstract:
Objective: To assess whether suicidal behavior during mixed states exceeds that expected from the manic or depressive components alone. Methods: This study included 429 participants with bipolar disorder from the National Institute of Mental Health Collaborative Depression Study (CDS). Mood and suicidal behavior were captured using the Longitudinal Interval Follow-up Evaluation and the Schedule of Affective Disorders and Schizophrenia. Suicidal behavior during each mood state, relative to euthymia, was analyzed using Cox regression to allow for repeated events, with a frailty term to account for intra-participant correlation. Mixed states were modeled as a depression-by- mania interaction. Results: Individuals with a history of mixed states were at higher risk of suicidal behavior and spent more time depressed, compared to subjects with no such history. In bipolar I disorder, risk increased during episodes of mania (hazard ratio [HR]: 1.96, 95% confidence interval [CI]: 1.28-2.99, P = .0019) and depression (HR: 5.49, 95% CI: 4.01-7.51, P < .0001) and there was a less than additive effect of mixed states. In bipolar II disorder, risk was increased during episodes of depression (HR: 3.66, 95% CI: 2.51-5.35, P < .0001) and there was no excess risk during mixed states beyond that attributable to the depressed component. Most of the excess risk (71%) among those with a history of mixed states was attributable to a depression predominant course of illness. Conclusions: Individuals with mixed states are at high risk of suicidal behavior, largely due to more time spent depressed. Clinicians should aggressively treat depression to
mitigate suicide risk for patients with or without mixed states. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Risk factors for the transition from suicide ideation to suicide attempt: Results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).

Authors:
Nock, Matthew K.; Millner, Alexander J.; Joiner, Thomas E.; Gutierrez, Peter M.; Han, Georges; Hwang, Irving; King, Andrew; Naifeh, James A.; Sampson, Nancy A.; Zaslavsky, Alan M.; Stein, Murray B.; Ursano, Robert J.; Kessler, Ronald C.

Source:
Journal of Abnormal Psychology, Vol 127(2), Feb, 2018 pp. 139-149. Publisher: American Psychological Association; [Journal Article]

Abstract:
Prior research has shown that most known risk factors for suicide attempts in the general population actually predict suicide ideation rather than attempts among ideators. Yet clinical interest in predicting suicide attempts often involves the evaluation of risk among patients with ideation. We examined a number of characteristics of suicidal thoughts hypothesized to predict incident attempts in a retrospective analysis of lifetime ideators (N = 3,916) drawn from a large (N = 29,982), representative sample of United States Army soldiers. The most powerful predictors of first nonfatal lifetime suicide attempt in a multivariate model controlling for previously known predictors (e.g., demographics, mental disorders) were: recent onset of ideation, presence and recent onset of a suicide plan, low controllability of suicidal thoughts, extreme risk-taking or 'tempting fate,' and failure to answer questions about the characteristics of one's suicidal thoughts. A predictive model using these risk factors had strong accuracy (area under the curve [AUC] = .93), with 66.2% of all incident suicide attempts occurring among the 5% of soldiers with highest composite predicted risk. This high concentration of risk in this retrospective study suggests that a useful clinical decision support model could be constructed from prospective data to identify those with highest risk of subsequent suicide attempt. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Minnesota Multiphasic Personality Inventory-2-Restructured Form markers of future suicidal behavior in a forensic psychiatric hospital.

Authors:
Tarescavage, Anthony M.; Glassmire, David M.; Burchett, Danielle;

Source:

Abstract:
Past research indicates a need to integrate objective psychological testing with clinical interview data during suicide risk assessment. The current study evaluated the utility of the Minnesota Multiphasic Personality Inventory (MMPI)–2 Restructured Form (MMPI–2-RF) in the prediction of future suicidal behaviors in a sample of 1,110 forensic inpatients (807 males, 303 females). Results indicated that scales from all substantive domains of the MMPI–2-RF were significantly positively associated with future suicidal behaviors. Consistent with expectations, the best predictors were scale scores from the internalizing and externalizing domains of the inventory. Relative Risk Ratios indicated that individuals producing elevations on these scales were at 2 to 4 times greater risk of future suicidal behaviors compared with those who did not produce elevations. Implications of these findings and limitations of this study are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Suicide attempt, clinical correlates, and BDNF Val66Met polymorphism in chronic patients with schizophrenia.

Authors:
Xia, Haisen; Zhang, Guangya; Du, Xiangdong; Zhang, Yingyang; Yin, Guangzhong; Dai, Jing; He, Man-Xi; Soares, Jair C.; Li, Xiaosi; Zhang, Xiang Yang;

Source:

Abstract:
Objective: Recent evidence suggests the role of brain-derived neurotrophic factor (BDNF) in the pathophysiology of suicidal behavior. Because schizophrenia patients usually have high suicide rates and numerous studies have suggested that BDNF may contribute to the psychopathology of schizophrenia, we hypothesized that the functional polymorphism of BDNF (Val66Met) was associated with suicide attempts in patients with schizophrenia in a Chinese Han population. Method: This polymorphism was genotyped in 825 chronic schizophrenia patients with (n = 123) and without (n = 702) suicide attempts and 445 healthy controls without a history of suicide attempts using a case-control design. The schizophrenia symptoms were assessed by the Positive and Negative Syndrome Scale. Results: There were no significant differences in BDNF Val66Met genotype and allele distributions between the patients and healthy controls. However, we found the Val allele (p = .023) and the Val/Val genotypes (p = .058) to be associated with a history of suicide attempts. Moreover, some clinical characteristics, including age and cigarettes smoked each day, interacted with the BDNF gene variant and appeared to play an important role in suicide attempts among schizophrenia patients. Conclusions: The BDNF Val66Met polymorphism itself and its interaction with some clinical variables may influence suicide attempts among schizophrenia patients. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Suicide risk by unit component among veterans who served in Iraq or Afghanistan. Bullman, Tim;

Authors:
Schneiderman, Aaron; Bossarte, Robert;

Source:
Archives of Suicide Research, Vol 22(1), Jan, 2018 pp. 1-10. Publisher: Taylor & Francis; [Journal Article]

Abstract:
This study assessed the risk of suicide by time since separation from the military for US veterans who served in Iraq or Afghanistan. Suicide risk was assessed by comparing the number of suicides among veterans, when stratified by active vs. reserve/National Guard status to the expected number based on rates of suicide in the US general population. Hazard rates were used to assess suicide risk since the time each veteran separated/deactivated from active duty service. Compared to the US general population, active duty veterans had a 56% increased risk of suicide and reserve/National Guard veterans had a 29% increased risk. Suicide risk decreased as time since separation/deactivation increased for both groups. The risk of suicide for both groups was greatest during the first year of follow-up. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Suicidal risk and affective temperaments, evaluated with the TEMPS-A scale: A systematic review.

Authors:
Vázquez, Gustavo H.; Gonda, Xenia; Lolich, María; Tondo, Leonardo; Baldessarini, Ross J.; Harvard

Source:
Review of Psychiatry, Vol 26(1), Jan-Feb, 2018 pp. 8-18. Publisher: Lippincott Williams & Wilkins; [Journal Article]

Abstract:
Background: Among risk factors for suicidal behavior, there is growing interest in associations with stable affective temperament types, particularly based on assessment with the TEMPS-A self-rating scale. Aim: As research on this topic has not been reviewed systematically, we synthesized relevant, reported research findings. Methods: Systematic searching identified peer-reviewed reports pertaining to associations of suicidal behavior or ideation with affective temperament types evaluated with TEMPS-
A. We summarized available findings and applied quantitative meta-analytic methods to compare scale scores in suicidal versus non-suicidal subjects. Results: In 21 of 23 TEMPS-A studies meeting inclusion criteria, anxious, cyclothymic, depressive, or irritable temperament scores were significantly higher with previous or recent suicide attempts or ideation in both psychiatric and general population samples compared to non-suicidal controls, whereas hyperthymic temperament scores were lower in 9 of 11 reports. These findings were synthesized by random-effects meta-analyses of standardized mean differences in TEMPS-A temperament scores in suicidal versus non-suicidal subjects. Associations ranked: depressive ≥ irritable > cyclothymic > anxious > hyperthymic (negative). Conclusions: Affective temperaments, especially depressive and irritable, were strongly associated with suicidal risk, whereas hyperthymic temperament appeared to be protective. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A comparison of note writers and no note writers in homicide-suicide cases in Germany.

Authors:
Weeke, Anna; Oberwittler, Dietrich;

Source:
Archives of Suicide Research, Vol 22(1), Jan, 2018 pp. 11-19. Publisher: Taylor & Francis;

Abstract:
The aim of this study is to investigate potential differences between homicide-suicide cases in which the perpetrator does or does not write a suicide note. As homicide-suicides are complex types of lethal violence for which the aggressor cannot be held accountable, suicide notes may be a valuable source of information about the background of these cases and the perpetrators' motives. We use a national sample of N = 288 homicide-suicide cases in Germany applying group comparisons and chi-square tests for relevant variables. Perpetrators killing their own children and perpetrators leaving children behind before killing themselves write significantly more suicide notes than other perpetrators. Even though note writers and no note writers are similar regarding most sociodemographic characteristics, other differences question the generalizability between these 2 groups. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A social exclusion manipulation interacts with acquired capability for suicide to predict self-aggressive behaviors.

Authors:
Hames, Jennifer L.; Rogers, Megan L.; Silva, Caroline; Ribeiro, Jessica D.; Teale, Nadia E.; Joiner, Thomas E.;

Source:
Archives of Suicide Research, Vol 22(1), Jan, 2018 pp. 32-45. Publisher: Taylor & Francis; [Journal Article]

Abstract:
The interpersonal theory of suicide posits that individuals who simultaneously experience high levels of thwarted belongingness, perceived burdensomeness, and acquired capability for suicide are at high risk for a lethal or near-lethal suicide attempt. Although supported by self-report studies, no study has examined facets of the theory experimentally. The present study aimed to examine the belongingness and capability components of the theory by testing whether experimentally manipulated social exclusion interacts with self-reported acquired capability to predict higher self-administered shock levels on a self-aggression paradigm. A sample of 253 students completed self-report measures and were then randomly assigned to a social exclusion manipulation condition (future alone, future belonging, no feedback). Participants then participated in the self-aggression paradigm. The positive association between acquired capability and self-aggression was strongest among participants in the future alone social exclusion condition. In those assigned to the future belonging or no feedback conditions, the association between acquired capability and self-aggression was non-significant. These findings provide modest experimental support for the interpersonal theory of suicide and highlight a potential mechanism through which social exclusion may impact suicide risk. Limitations and future research directions are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Is the higher number of suicide attempts in bipolar disorder vs. major depressive disorder attributable to illness severity?
Authors: Michaels, Matthew S.; Balthrop, Tia; Pulido, Alejandro; Rudd, M. David; Joiner, Thomas E.;
Source: Archives of Suicide Research, Vol 22(1), Jan, 2018 pp. 46-56. Publisher: Taylor & Francis; [Journal Article]
Abstract: The present study represents an early stage investigation into the phenomenon whereby those with bipolar disorder attempt suicide more frequently than those with unipolar depression, but do not tend to attempt suicide during mania. Data for this study were obtained from baseline measurements collected in a randomized treatment study at a major southwestern United States military medical center. We demonstrated the rarity of suicide attempts during mania, the higher frequency of suicide attempts in those with bipolar disorder compared to those with depression, and the persistence of effects after accounting for severity of illness. These results provide the impetus for the development and testing of theoretical explanations. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Insight into the stigma of suicide loss survivors: Factor analyses of family stereotypes, prejudices, and discriminations.
Authors: Corrigan, Patrick W.; Sheehan, Lindsay; Al-Khouja, Maya A.; Lewy, Stanley; Major, Deborah R.; Mead, Jessica; Redmon, Megghun; Rubey, Charles T.; Weber, Stephanie;
Source: Archives of Suicide Research, Vol 22(1), Jan, 2018 pp. 57-66. Publisher: Taylor & Francis;
Abstract: Families of individuals who die by suicide report public stigma that threatens their well-being. This study used a community-based participatory (CBPR) approach to describe a factor structure for the family stigma of suicide. Candidate items (n = 82) from a previous qualitative study were presented in an online survey format. Members of the public (n = 232) indicated how much they thought items represented public views and behaviors towards family members who lost a loved one to suicide. Factor analyses revealed two factors for stereotypes (dysfunctional, blameworthy), one factor for prejudice (fear and distrust), and three factors for discrimination (exclusion, secrecy, and avoidance). (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Frequency and methods of nonsuicidal self-injury in relation to acquired capability for suicide among adolescents.
Authors: Matney, Jacquelyn; Westers, Nicholas J.; Horton, Sarah E.; King, Jessica D.; Eaddy, Michael; Emslie, Graham J.; Kennard, Betsy D.; Stewart, Sunita M.;
Source: Archives of Suicide Research, Vol 22(1), Jan, 2018 pp. 91-105. Publisher: Taylor & Francis; [Journal Article]
Abstract: The objective of this study was to test the Interpersonal Psychological Theory of Suicide (IPTS) proposal that the association of nonsuicidal self-injury (NSSI) with suicide attempt is mediated by acquired capability. Inpatient adolescents (n = 134) reported on suicide ideation and attempts, NSSI frequency and methods, depressive symptoms, and acquired capability for suicide. Consistent with the IPTS, both
measures of NSSI were positively associated with acquired capability after accounting for depressive symptoms and past history of attempts. However, both NSSI measures explained independent variance in number of suicide attempts after controlling for suicide ideation and acquired capability. These findings contradict the IPTS and suggest that the role of NSSI in suicide attempt is mediated by variables external to the IPTS. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Universal adolescent suicide screening in a pediatric urgent care center.
Authors:
Patel, Aimy; Watts, Catherine; Shiddell, Sheri; Couch, Karla; Smith, Amber M.; Moran, Michael J.; Conners, Gregory P.;
Source:
Archives of Suicide Research, Vol 22(1), Jan, 2018 pp. 118-127. Publisher: Taylor & Francis
Abstract:
The aim of this article is to describe the implementation of a 2-question suicide screening tool in a pediatric urgent care center to identify patients at risk of suicide. Adolescents presenting during a 12-month period completed the screening tool. Positive response to either question triggered further social work evaluation, including a Columbia-Suicide Severity Rating Scale (C-SSRS). Of 4,786 patients screened, 95 (2%) responded positively. Of these, 75 (79%) also had a positive C-SSRS. Only 7 (7%) had chief complaints related to mental health. A group of 78 patients (82%) were discharged with outpatient mental health referral, and 10 (10%) were admitted to a psychiatric facility. Universal adolescent suicide screening in an acute care setting did not significantly affect flow in our pediatric urgent care and was able to detect patients at risk of suicide, especially those with chief complaints unrelated to mental health. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Factors associated with suicide in four age groups: A population based study.
Authors:
O'Neill, S.; Ennis, E.; Corry, C.; Bunting, B.;
Source:
Archives of Suicide Research, Vol 22(1), Jan, 2018 pp. 128-138. Publisher: Taylor & Francis
Abstract:
Life events and circumstances leading to death change throughout the life course. In this study, 4 age groups within those who have died by suicide are compared in terms method of suicide, sex, occupation, mental disorders, prior suicide attempts, and life events prior to death. Analyses were based on a database of deaths by suicide and undetermined intent based on data in the Northern Ireland (NI) coronial files from 2005–2011 (N = 1667). Research determined that hanging is very prominent as a method of death within the under-20 age group. Women who die by suicide are more likely to have a known mental disorder than men, and the proportions increase with age group. Relationship difficulties are associated with many of these deaths and particularly for males aged under 40 years. Physical health and life events were more relevant than mental illness per se, in males aged over 61 years. For a sizeable proportion of the cases included in the current database there was no information on the life events prior to death. Understanding the factors associated with suicide across age groups is essential to informing suicide prevention strategy and programs and the development of more nuanced and effective interventions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Use of prescription medication by individuals who died by suicide in Northern Ireland.
Authors:
Benson, Tony; Corry, Colette; O'Neill, Siobhan; Murphy, Sam; Bunting, Brendan;
Source:
Abstract:
To understand medication use prior to suicide in relation to patterns, polypharmacy, and adherence. A total of 1,371 suicide cases were coded and latent class analysis used to identify combinations of medications prescribed prior to death. Two thirds had been prescribed medication with 30.7% prescribed 3 or more. Latent class analysis revealed three classes: Mixed medication use, primarily mental medication use, and baseline/low medication use. There are potentially high rates of medication non-adherence. Not only medication use but also non-adherence rates were high in this sample of individuals who died by suicide. Potential implications and areas for future research are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Assessing the links of sexting, cybervictimization, depression, and suicidal ideation among university students.
Authors: Medrano, José Luis Jasso; Lopez Rosales, Fuensanta; Gámez-Guadix, Manuel;
Source: Archives of Suicide Research, Vol 22(1), Jan, 2018 pp. 153-164. Publisher: Taylor & Francis;
Abstract: The main objective of this study was to analyze the direct and indirect relationships among sexting, cybervictimization, depression, and suicidal ideation. The sample consisted of 303 university students from Mexico (mean age = 19.73, SD = 1.73) who completed a questionnaire about the variables of interest. The relationships among the variables were analyzed using structural equation modeling. The results show that sexting was associated with being the victim of cyberbullying, which, in turn, was related to depressive symptoms. In addition, sexting, cybervictimization, and depressive symptoms were significantly associated with suicidal ideation. These results contribute to a better understanding of the relationship between online risk behaviors, such as sexting, and their possible negative consequences, such as cybervictimization, depression, and suicidal ideation. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Self-concealment and perfectionistic self-presentation in concealment of psychache and suicide ideation.
Authors: D'Agata, Madeleine T.; Holden, Ronald R.;
Abstract: This research explored risk factors associated with suicide to identify at-risk individuals who are more likely to conceal their feelings and thoughts. We examined the relationship of traits of self-concealment and perfectionistic self-presentation to suicide ideation and psychache, as well as the role of social support. Both traits were predictors of suicide ideation, and concealment of psychache mediated the relationship of suicide ideation with self-concealment and two subcomponents of perfectionistic self-presentation. Individuals higher on self-concealment and perfectionistic self-presentation were more likely to report psychache as well as concealment of psychache. Social support mediated the relationship between one subcomponent of perfectionistic self-presentation and suicide ideation. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Hilt, Lori M.; Tuschner, Renae F.; Salentine, Cassidy; Torcasso, Gina; Nelson, Katherine R.; Practice Innovations Publisher: Educational Publishing Foundation; [Journal Article]

Abstract:
School-based suicide screening programs have been developed to prevent death among youth. Despite promising results, they typically do not include some of the important risk factors for suicide (e.g., nonsuicidal self-injury, see Franklin et al., 2017). Thus, we designed a multistage school-based screening program, Connected Community Wellness Screen, which includes assessment of risk factors based on current theory and empirical evidence. We implemented the program using 2 prevention models and examined preliminary outcomes regarding psychometrics of the screening tool and connecting youth to services. Study 1 involved a universal screening model offered to all 9th-grade students at 12 high schools, and Study 2 involved a selective screening model offered to middle and high school students referred by concerned parents and/or school personnel. Participants (Study 1: N = 2022; Study 2: N = 543) provided written parental consent and assent and completed a computerized screening tool followed by an interview. Twenty-two percent of students in Study 1 and 38% of students in Study 2 were referred to mental health services. Following the referral, 50% of students in Study 1 and 46% of students in Study 2 attended at least one appointment. The screening tool evidenced excellent sensitivity in both studies (97.52%; 96.67%), and specificity was also high (90.75%; 83.18%). Results provide initial support for the Connected Community Wellness Screen program regarding psychometrics and connecting adolescents to needed mental health resources. Longitudinal research is needed to establish predictive validity regarding suicide prevention. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Challenges of combining perspectives: A qualitative study of the communication between female suicidal asylum seekers and mental health clinicians.
Authors: Sundvall, Maria; Titelman, David; Bäärnhielm, Sofie; Crisis:
Source: The Journal of Crisis Intervention and Suicide Prevention Publisher: Hogrefe Publishing; [Journal Article]

Abstract: Background: Asylum seekers have increased risk of suicide and suicidal behavior, with differences related to origin, gender, and age. There are barriers to communication in clinical encounters between asylum seekers and clinicians. There is insufficient knowledge about how communication in the clinical encounter affects the suicide risk in female asylum seekers. Aims: To explore the documented communication between female asylum-seeking suicide attempters and clinicians and how it affects treatment. Method: The medical records of 18 asylum-seeking women who had attempted suicide were analyzed with content analysis. Results: Communication between patients and clinicians was affected by: the unbearable realities of the women; difficulties for clinicians in decoding languages of distress, and understanding trauma and subjective meanings of suicide; challenges of combining patients' and clinicians' perspectives; and a sense of shared powerlessness. Limitations: The medical records did not give direct access to the patient's experience, only to the patient as documented by the clinician. Conclusion: The results suggest that clinicians working with asylum seekers who have attempted suicide need to develop an understanding of social and cultural factors and of trauma issues. A question for further study is how an enhanced integration of context and subjectivity in psychiatric practice would equip clinicians for the specific challenges encountered. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Abstract:
Aims: Korea has the highest suicide rate of developed countries, two times higher than the USA. Suicide trends among Koreans Americans living in the USA during the same period have not yet been described. We report suicide mortality rates and trends for four groups: (1) Korean Americans, (2) non-Hispanic White (NHW) Americans, (3) selected Asian American subgroups and (4) Koreans living in the Republic of Korea. Methods: We used US national (n = 18 113 585) and World Health Organization (WHO) (n = 232 919 253) mortality records for Korea from 2003 to 2012 to calculate suicide rates, all expressed per 100 000 persons. We assessed temporal trends and differences in age, gender and race/ethnicity using binomial regression. Results: Suicide rates are highest in Koreans living in the Republic of Korea (32.4 for men and 14.8 for women). Suicide rates in Korean Americans (13.9 for men and 6.5 for women) have nearly doubled from 2003 to 2012 and exceed rates for all other Asian American subgroups (5.4–10.7 for men and 1.6–4.2 for women). Suicide rates among NHWs (21.0 for men and 5.6 for women) remain high. Among elders, suicide in Korean Americans (32.9 for men and 15.4 for women) is the highest of all examined racial/ethnic groups in the USA. Conclusions: Suicide in Korean Americans is higher than for other Asian Americans and follows temporal patterns more similar to Korea than the USA. Interventions to prevent suicide in Korean American populations, particularly among the elderly, are needed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:

Authors:

Source:
Epidemiology and Psychiatric Sciences, Vol 27(1), Feb, 2018 pp. 94-102. Publisher: Cambridge University Press; [Journal Article]

Abstract:
Aims: To characterise and identify nationwide trends in suicide-related emergency department (ED) visits in the USA from 2006 to 2013. Methods: We used data from the Nationwide Emergency Department Sample (NEDS) from 2006 to 2013. E-codes were used to identify ED visits related to suicide attempts and self-inflicted injury. Visits were characterised by factors such as age, sex, US census region, calendar month, as well as injury severity and mechanism. Injury severity and mechanism were compared between age groups and sex by chi-square tests and Wilcoxon rank-sum tests. Population-based rates were computed using US Census data. Results: Between 2006 and 2013, a total of 3 567 084 suicide attempt-related ED visits were reported. The total number of visits was stable between 2006 and 2013, with a population-based rate ranging from 163.1 to 173.8 per 100 000 annually. The frequency of these visits peaks during ages 15–19 and plateaus during ages 35–45, with a mean age at presentation of 33.2 years. More visits were by females (57.4%) than by males (42.6%); however, the age patterns for males and females were similar. Visits peaked in late spring (8.9% of all visits occurred in May), with a smaller peak in the fall. The most common mechanism of injury was poisoning (66.5%), followed by cutting and piercing (22.1%). Males were 1.6 times more likely than females to use violent methods to attempt suicide (OR = 1.64; 95% CI = 1.60–1.68; p < 0.001). The vast majority of patients (82.7%) had a concurrent mental disorder. Mood disorders were the most common (42.1%), followed by substance-related disorders (12.1%), alcohol-related disorders (8.9%) and anxiety disorders (6.4%). Conclusions: The annual incidence of ED visits for attempted suicide and self-inflicted injury in the NEDS is comparable with figures previously reported from other national databases. We highlighted the value of the NEDS in allowing us to look in depth at age, sex, seasonal and mechanism patterns. Furthermore, using this large national database, we confirmed results from previous smaller studies, including a higher incidence of suicide attempts among women and individuals aged 15–19 years, a large seasonal peak in suicide attempts in the spring, a predominance of poisoning as the mechanism of injury for suicide attempts and a greater use of violent mechanisms in men, suggesting possible avenues for further research into strategies for prevention. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The concept of violent suicide, its underlying trait and neurobiology: A critical perspective.
Suicide is one of the leading causes of death and represents a significant public health problem worldwide. Individuals who attempt or die by suicide represent a highly heterogeneous population. Recently, efforts have been made to identify sub-populations and variables to categorize them. A popular dichotomy in suicide research of the past years is violent versus non-violent suicide - based on the method. This dichotomy is important given that there is an association between method of attempted suicide and risk of subsequent death by suicide. The differentiation concerning suicide methods is also critical regarding preventive efforts. In this review, we have tried to approach the concept of violent suicide from different perspectives, including a discussion about its definition and overlapping categories. In addition, we have critically discussed aggression as underlying trait, the question of intent to die, and sociodemographic, environmental, neuropsychological, and neurobiological factors potentially associated with violent suicide.


Title:
Age at exposure to parental suicide and the subsequent risk of suicide in young people.

Authors:
Lee, Kuan-Ying; Li, Chung-Yi; Chang, Kun-Chia; Lu, Tsung-Hsueh; Chen, Ying-Yeh;

Source:

Abstract:
Background: We investigated the age at exposure to parental suicide and the risk of subsequent suicide completion in young people. The impact of parental and offspring sex was also examined. Method: Using a cohort study design, we linked Taiwan's Birth Registry (1978–1997) with Taiwan's Death Registry (1985–2009) and identified 40,249 children who had experienced maternal suicide (n = 14,431), paternal suicide (n = 26,887), or the suicide of both parents (n = 281). Each exposed child was matched to 10 children of the same sex and birth year whose parents were still alive. This yielded a total of 398,081 children for our non-exposed cohort. A Cox proportional hazards model was used to compare the suicide risk of the exposed and non-exposed groups. Results: Compared with the non-exposed group, offspring who were exposed to parental suicide were 3.91 times (95% confidence interval [CI] = 3.10–4.92) more likely to die by suicide after adjusting for baseline characteristics. The risk of suicide seemed to be lower in older male offspring (HR = 3.94, 95% CI = 2.57–6.06), but higher in older female offspring (HR = 5.30, 95% CI = 3.05–9.22). Stratified analyses based on parental sex revealed similar patterns as the combined analysis. Limitations: As only register-based data were used, we were not able to explore the impact of variables not contained in the data set, such as the role of mental illness. Conclusion: Our findings suggest a prominent elevation in the risk of suicide among offspring who lost their parents to suicide. The risk elevation differed according to the sex of the afflicted offspring as well as to their age at exposure.


Title:
Patient-identified priorities leading to attempted suicide: Life is lived in interpersonal relationships.

Authors:
Stulz, Niklaus; Hepp, Urs; Gosoniu, Dominic G.; Grize, Leticia; Muheim, Flavio; Weiss, Mitchell G.; Riecher-Rössler, Anita;

Source:

Abstract:
Background: Attempted suicide is a major public health problem. Aim: The aim of this study was to identify patient-identified problems and triggers typically leading to attempted suicide. Method: A representative
sample of 66 adult patients was recruited from all clinical sites and psychiatrists who treat patients after attempted suicide in the Canton of Basel-City (Switzerland). Patients were diagnosed using the Structured Clinical Interview for DSM-IV (SCID) and interviewed with a local adaptation of the Explanatory Model Interview Catalogue (EMIC) to study underlying problems and triggers of attempted suicide. Results: Of the patients, 92.4% had at least one DSM-IV disorder, with depressive disorders being the most prevalent disorder. Although half (50.0%) of the patients identified a health problem, 71.2% identified an interpersonal conflict as underlying problem leading to the suicide attempt. Furthermore, an interpersonal conflict was identified as the trigger of the suicide attempt by more than half of the patients (54.5%). Limitations: The study included German-speaking patients only. Conclusion: According to patients, interpersonal problems often amplify underlying psychiatric problems, leading to suicide attempts. Social and interpersonal stressors should be acknowledged with integrated clinical and social interventions to prevent suicidal behavior in patients and populations. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Effects of awareness material on suicide-related knowledge and the intention to provide adequate help to suicidal individuals.

Authors: Arendt, Florian; Scherr, Sebastian; Niederkroenthaler, Thomas; Krallmann, Sabrina; Till, Benedikt;


Abstract: Background: Little is known about the impact of educative media reports on the intention to provide help to suicidal individuals and on suicide-related knowledge. Aims: To test whether material debunking widely shared myths influences knowledge and the intention to provide adequate help to others, and if such information reduces reading enjoyment. Method: A randomized controlled trial was utilized. Participants allocated to the intervention group were exposed to awareness material explicitly addressing suicide myths. Results: Analyses show that exposure to printed awareness material increased knowledge, which in turn positively influenced intentions to provide help. The inclusion of information regarding suicide myths did not reduce reading enjoyment. Limitations: The awareness material used in this study only addressed two suicide myths that were considered to be especially important. Conclusion: Information debunking suicide myths in suicide-related media reports is therefore both feasible and potentially helpful. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Mental health professionals' suicide risk assessment and management practices: The impact of fear of suicide-related outcomes and comfort working with suicidal individuals.

Authors: Roush, Jared F.; Brown, Sarah L.; Jahn, Danielle R.; Mitchell, Sean M.; Taylor, Nathanael J.; Quinnett, Paul; Ries, Richard;


Abstract: Background: Approximately 20% of suicide decedents have had contact with a mental health professional within 1 month prior to their death, and the majority of mental health professionals have treated suicidal individuals. Despite limited evidence-based training, mental health professionals make important clinical decisions related to suicide risk assessment and management. Aims: The current study aimed to determine the frequency of suicide risk assessment and management practices and the association between fear of suicide-related outcomes or comfort working with suicidal individuals and adequacy of suicide risk management decisions among mental health professionals. Method: Mental health professionals completed self-report assessments of fear, comfort, and suicide risk assessment and management practices. Results: Approximately one third of mental health professionals did not ask every
patient about current or previous suicidal thoughts or behaviors. Further, comfort, but not fear, was positively associated with greater odds of conducting evidence-based suicide risk assessments at first appointments and adequacy of suicide risk management practices with patients reporting suicide ideation and a recent suicide attempt. Limitations: The study utilized a cross-sectional design and self-report questionnaires. Conclusion: Although the majority of mental health professionals report using evidence-based practices, there appears to be variability in utilization of evidence-based practices. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Biblical narratives for positive psychology and suicide prevention: An evidence supported approach.
Authors: Cantz, Paul; Kaplan, Kalman;
Abstract: Suicide is the ultimate outcome of a tragic view of life that is prevalent in ancient Greek writings. Indeed, over 16 suicides and self-mutilations can be found in the 26 surviving tragedies of Sophocles and Euripides. In contrast, only six suicides can be found in the Hebrew Scriptures, and only one suicide in the Christian Scriptures. In addition, the Hebrew Scriptures present numerous suicide-prevention narratives that are psychologically instructive. This paper examines evidence regarding seven risk factors for suicide and contrasts Greek and Biblical narratives to underscore the clinical and theoretical utility of the Biblical approach: (1) Feeling isolated and ignored; (2) Feeling one’s life is meaningless; (3) Feeling exiled from one’s home or homeland; (4) Feeling unable to be oneself with others; (5) Feeling alone in one’s life mission; (6) Feeling abandoned by one’s child; and (7) Feeling doomed by a dysfunctional family of origin. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: In-patient suicide: Selection of people at risk, failure of protection and the possibility of causation.
Authors: Large, Matthew Michael; Chung, Daniel Thomas; Davidson, Michael; Weiser, Mark; Ryan, Christopher James;
Abstract: Background: Being a current psychiatric in-patient is one of the strongest statistical risk factors for suicide. It is usually assumed that this strong association is not causal but is a result of the combination of the selection of high-risk patients for admission and the imperfect protection from suicide afforded by psychiatric wards. Logically, a third factor, which is causal, might play a role in the association. It has recently been suggested that adverse experiences in psychiatric units such as trauma, stigma and loss of social role might precipitate some in-patient suicides. Aims: To consider whether there is a causal association between psychiatric hospitalisation and suicide. Method: We used the framework of Austin Bradford Hill's criteria for assessing causality in epidemiology to consider the possibility that psychiatric hospitalisation might causally contribute to the extent and variation in in-patient suicide rates. Results: The association between psychiatric hospitalisation and suicide clearly meets five of the nine Hill's criteria (strength of association, consistency, plausibility, coherence and analogy) and partially meets three of the remaining four criteria (gradient of exposure, temporality and experimental evidence). Conclusions: Admission to hospital itself might play a causal role in a proportion of in-patient suicides. The safety of being in hospital with respect to suicide could be examined with a large-scale randomised controlled trial (RCT). In the absence of an RCT, the possibility of a causal role provides further impetus to calls to make care in the community more available and psychiatric hospitals more acceptable to patients. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

**Title:**
Association between suicidal symptoms and repeat suicidal behaviour within a sample of hospital-treated suicide attempters.

**Authors:**
de Beurs, Derek P.; van Borkulo, Claudia D.; O'Connor, Rory C.;

**Source:**
BJPsych Open, Vol 3(3), May, 2017 pp. 120-126. Publisher: Cambridge University Press; [Journal Article]

**Abstract:**
Background: Suicidal behaviour is the end result of the complex relation between many factors which are biological, psychological and environmental in nature. Network analysis is a novel method that may help us better understand the complex association between different factors. Aims: To examine the relationship between suicidal symptoms as assessed by the Beck Scale for Suicide Ideation and future suicidal behaviour in patients admitted to hospital following a suicide attempt, using network analysis. Method: Secondary analysis was conducted on previously collected data from a sample of 366 patients who were admitted to a Scottish hospital following a suicide attempt. Network models were estimated to visualise and test the association between baseline symptom network structure and suicidal behaviour at 15-month follow-up. Results: Network analysis showed that the desire for an active attempt was found to be the most central, strongly related suicide symptom. Of the 19 suicide symptoms that were assessed at baseline, 10 symptoms were directly related to repeat suicidal behaviour. When comparing baseline network structure of repeaters (n = 94) with the network of non-repeaters (n = 272), no significant differences were found. Conclusions: Network analysis can help us better understand suicidal behaviour by visualising the complex relation between relevant symptoms and by indicating which symptoms are most central within the network. These insights have theoretical implications as well as informing the assessment and treatment of suicidal behaviour. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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**Title:**
Integrative psychodynamic model for understanding and assessing the suicidal patient.

**Authors:**
The Suicide and Self-Destructive Behaviors Study Group;

**Source:**
Psychoanalytic Psychology Publisher: Educational Publishing Foundation; [Journal Article]

**Abstract:**
Assessing and treating suicidal patients is a high-risk area of practice requiring psychoanalytic psychotherapists to be knowledgeable about risk and protective factors for suicide, and competent at assessing, formulating and treating this group of patients. The therapist must have a method of using research data and clinical judgment to understand the suicidal process, which often involves life span developmental vulnerabilities (diathesis) combined with more acute life stressors (stress). Interpersonal, cognitive, social, neurobiological, genetic, and psychodynamic factors may all contribute to suicidal states of mind. Integrating disparate sources of knowledge to develop a psychodynamic formulation is a core strength of psychoanalytic practice, which aims to understand the meaning of symptoms from unconscious, preconscious, and conscious aspects of the individual in a developmental and interpersonal context. Our study group has reviewed contemporary psychological theories of suicide and developed an integrative psychoanalytic tool for assessing and formulating the dynamics of the suicidal process at the level of the individual. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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**Title:**
Religious coping and spiritual struggle among emergency room patients with suicidal intent.

**Authors:**
Bailey, Rosanna J. S.; McMinn, Mark R.; Peterson, Mary A.; Gathercoal, Kathleen;

**Source:**

**Abstract:**
Previous literature has shown religion and spirituality to be protective factors for depressive symptoms and suicidal ideation, and that spiritual struggle is associated with increases in suicidal ideation. However, in some cases, positive religious coping may also be associated with risk factors for suicidality. The present study explored aspects of spiritual struggle or religious coping that were spontaneously offered and noted in a medical record during a standard emergency room risk assessment involving the Collaborative Assessment and Management of Suicidality (CAMS). Among 839 archival records from emergency department settings in Yamhill County, Oregon, in 2015 and 2016, only 36 interviews met criteria. It was hypothesized that those with expressed spiritual or religious struggle would indicate a higher risk for suicide through self-report compared with those who express positive religious coping. The current study found no association between self-report of suicidal intent severity and style of spiritual or religious coping, perhaps in part because the number of interviews that met criteria were far fewer than expected. Several possible explanations are considered. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A review of epidemiologic studies on suicide before, during, and after the holocaust.
Authors:
Levav, Itzhak; Klomek, Anat Brunstein;
Source:
Abstract:
The available literature on the risk of suicides related to the Holocaust (1939–1945) and its aftermath differs in its time periods, in the countries investigated, and in the robustness of its sources. Reliable information seems to indicate that the risk of suicide for Jews in Nazi Germany and Austria during the pre-war period (1933–1939) was elevated, while information on suicide during the internment in the concentration camps is fraught with problems. The latter derives from the Nazis’ decision to hide the statistics on the inmates’ causes of death, and from the prevailing life conditions that impeded separation between self-inflicted death and murder. Reliable studies conducted in Israel among refugees who entered pre-state Israel, 1939–1945, and post-World War II survivors reaching Israel (1948 on), show a mixed picture: suicide rates among the former were higher than comparison groups, while the latter group shows evidence of resilience. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Relationship between childhood trauma and suicide probability in obsessive-compulsive disorder.
Authors:
AY, Rukiye; Erbay, Lale Gonenir;
Source:
Abstract:
The aim of this study is to assess the relationship between childhood trauma with the probability of suicide in obsessive compulsive disorders. Sixty-seven patients who were diagnosed with OCD were included in the study out of the patients who were admitted to Malatya Training and Research Hospital psychiatry outpatient clinic. The research data were collected using Yale Brawn Obsessive Compulsive Scale (YBOCS), Beck Depression (BDS) and Beck Anxiety Scales (BAS), Childhood Trauma Questionnaire-28 (CTQ-28), and Suicide Probability Scale (SPS). CTQ was detected as ≥ 35 in 36 of 67 patients who were included in the study. Aggression (p = 0.003), sexual (p = 0.007) and religious (p = 0.023) obsessions and ritualistic (p = 0.000) compulsions were significantly higher in the group with CTQ ≥ 35. Mild correlation was detected between the SPS score and the scores of CTQ. Correlation remained even when the effect of BAS and BDS scores were excluded. At the end of our study, childhood traumas were found to be associated with obsessive symptoms. In the group with childhood trauma, increased suicide probability was detected independently from depression and anxiety. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Temporal distribution of suicide mortality: A systematic review.

Authors: Galvão, Pauliana Valéria Machado; Souza e Silva, Hugo Rafael; da Silva, Cosme Marcelo Furtado Passos da;

Source: Journal of Affective Disorders, Vol 228, Mar 1, 2018 pp. 132-142. Publisher: Elsevier Science;

Abstract: Background: suicide is a problem with world impact and the leading cause of premature deaths. The study of its distribution over time can bring a changed understanding of parameters attributed to, and the prevention of, suicide. Aim: to identify the temporal pattern of suicide by systematic review. Methods: Pubmed (Medline), LILACS, Virtual Health Library (VHL), Science Direct and Scopus (Elsevier), Web of Science (Thomson Reuters) and PsyNET (APA) were searched, using suicide-related descriptors and terms, for observational epidemiological studies of the temporal distribution of suicide. The review protocol was registered in PROSPERO (CRD42016038470). Limitations: The lack of uniformity in reporting or standardisation of methodology in the studies selected, hindered comparison of populations with similar socioeconomic and cultural profiles, considerably limiting the scope of the results of this review. Results: forty-five studies from 26 different countries were included in this review. Clear seasonal patterns were observed by day of the week, month, season and age-period-cohort effects. Few studies studied by trend, time of day or day of the month. Conclusion: the review findings provide further evidence of substantial temporal patterns influenced by geographic, climatic and social conditions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: ‘. . . If you’re not part of the institution you fall by the wayside’: Service providers’ perspectives on moving young men from disconnection and isolation to connection and belonging.

Authors: Grace, Billy; Richardson, Noel; Carroll, Paula; American


Abstract: There have been increasing calls for more gender-specific service provision to support young men’s (20-29 years) mental health and well-being. In Ireland, young men are the demographic group that are most likely to die by suicide but among the least likely to seek help. This study sought to investigate service providers’ perspectives on the factors that support or inhibit young men from engaging in services targeted at supporting their mental/emotional well-being. Qualitative methodologies (focus groups, n = 9; interviews, n = 7) were used for this study. Disconnection from family and community was identified as a key indicator of ‘at-risk’ groups of young men who, more typically, had experienced significant disruption in their lives. The discord between demands and expectations facing young men on one hand, and insufficient life-management and coping skills on the other, left many young men vulnerable and bereft. The desire to save face and preserve one’s masculine identity was linked to young men’s reluctance to seek help when feeling down. There was a strong consensus that there could be no shortcuts to [re]connecting with young men. While sport, technology, and social media were cited as appropriate media in which to engage young men, the essence of sustained connection revolved around creating safety, trust, rapport, and meaningful relationships. The findings from this study have informed the development of a Train the Trainer program (‘Connecting with Young Men’), which is currently being delivered to service providers in Ireland and which may have implications for service provision elsewhere. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Maternal depression and suicide at immediate prenatal and early postpartum periods and psychosocial risk factors.

Authors: Shi, Peixia; Ren, Hui; Li, Hong; Dai, Qin;
Maternal depression has been intensively explored; however, less attention has been paid to maternal suicide. No studies to date have observed maternal depression and suicide at immediate prenatal and early postpartum stages. In total, 213 Chinese women were recruited in hospitals after they were admitted for childbirth. All completed a short-term longitudinal survey at perinatal stages. Women reported lower depression scores (6.65) and higher suicidal ideation incidence (11.74%) after childbirth. Prenatal depression raised the possibility of prenatal suicidal ideation, while prenatal depression and suicidal ideation increased postpartum depression and suicidal ideation. At immediate prenatal stage, marital satisfaction protected women from depression, while miscarriage experiences and self-esteem increased the risk. At early postpartum stage, in contrast, being first-time mother, marital satisfaction, and harmony with mother-in-law prevented them from depression. Our study is among the first to confirm that women have decreased depression but increased suicidal ideation at early postpartum, and a causal relationship between them, which are worthy of public attention. Potential protective (marital satisfaction, being first-time mother, and harmony with mother-in-law) or risk factors (miscarriage experiences and self-esteem) of maternal depression and suicidal ideation are identified at perinatal stages. This offers reliable guidance for clinical practice of health care.


Title: Serotonin transporter gene expression predicts the worsening of suicidal ideation and suicide attempts along a long-term follow-up of a Major Depressive Episode.

Authors: Consoloni, Julia-Lou; Ibrahim, El Chérif; Lefebvre, Marie-Noëlle; Zendjidjian, Xavier; Olié, Emilie; Mazzola-Pomietto, Pascale; Desmidt, Thomas; Samalin, Ludovic; Llorca, Pierre-Michel; Abbar, Mocrane; Lopez-Castroman, Jorge; Haffen, Emmanuel; Baumstarck, Karine; Naudin, Jean; Azorin, Jean-Michel; El-Hage, Wissam; Courtet, Philippe; Belzeaux, Raoul;


The quest for biomarkers in suicidal behaviors has been elusive so far, despite their potential utility in clinical practice. One of the most robust biological findings in suicidal behaviors is the alteration of the serotonin transporter function in suicidal individuals. Our main objective was to investigate the predictive value of the serotonin transporter gene expression (SLC6A4) for suicidal ideation and as secondary, for suicide attempts in individuals with a major depressive episode (MDE). A 30-week prospective study was conducted on 148 patients with a MDE and 100 healthy controls including 4 evaluation times (0, 2, 8 and 30 weeks). Blood samples and clinical data were collected and SLC6A4 mRNA levels were measured from peripheral blood mononuclear cells using RT-qPCR. We first demonstrated the stability and reproducibility of SLC6A4 mRNA expression measures over time in healthy controls (F = 0.658; p = 0.579; \( \eta^2 = 0.008; \) ICC = 0.91, 95% CI [0.87–0.94]). Baseline SLC6A4 expression level (OR = 0.563 [0.340–0.932], \( p = 0.026 \)) as well as early changes in SLC6A4 expression between baseline and the 2nd week (\( \beta = 0.200, p = 0.042 \)) predicted the worsening of suicidal ideation (WSI) in the following 8 weeks. Moreover, changes in SLC6A4 expression between the 2nd and 8th weeks predicted the occurrence of a suicide attempt within 30 weeks (OR = 10.976 [1.438–83.768], \( p = 0.021 \)). Altogether, the baseline level and the changes in SLC6A4 mRNA expression during a MDE might predict the WSI and the occurrence of suicidal attempts and could be a useful biomarker in clinical practice.


Title: Cross-cultural generalizability of suicide first aid actions: An analysis of agreement across expert consensus studies from a range of countries and cultures.

Authors: Jorm, Anthony F.; Ross, Anna M.; Colucci, Erminia;

Abstract:
Background: A number of Delphi expert consensus studies have been carried out with different countries and cultural groups to develop guidelines on how a member of the public should provide assistance to a person who is suicidal. The present study aimed to determine whether cross-culturally generalizable suicide first aid actions are possible by comparing agreement across these Delphi studies. Methods: Data on endorsement rates for items were compared across six Delphi studies. These studies involved panels of professionals and consumer advocates from English-speaking countries, professionals from Sri Lanka, professionals from Japan, professionals from India, professionals from the Philippines, and professionals and consumer advocates in refugee and immigrant mental health. Correlations were calculated between item endorsement rates across panels. Results: There were 18 items that were highly endorsed across all eight of the Delphi panels and an additional 15 items highly endorsed across the panels from the three lower middle-income countries (India, Philippines and Sri Lanka). Correlations across panels in item endorsement rates were all 0.60 or above, but were higher between panels from countries that are socioeconomically similar. Conclusions: There is broad agreement across the diverse expert panels about what are appropriate suicide first aid actions for members of the public, indicating that cross-cultural generalizability is possible. However, there is also some cultural specificity, indicating the need for local tailoring. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Do neurocognitive abilities distinguish suicide attempters from suicide ideators? A systematic review of an emerging research area.

Authors:
Saffer, Boaz Y.; Klonsky, E. David;

Source:

Abstract:
Recent findings suggest that neurocognitive deficits may hasten progression from suicidal thoughts to behavior. To test this proposition, we examined whether neurocognitive deficits distinguish individuals who have attempted suicide (attempters) from those who have considered suicide but never attempted (ideators). A comprehensive literature search yielded 14 studies comparing attempters to ideators on a range of neurocognitive abilities. In general, attempters and ideators scored comparably across neurocognitive abilities (median Hedges’ g = −.18). An exception was a moderate difference for inhibition and decision making (median Hedges’ g = −.50 and g = −.49, respectively). Results suggest that some neurocognitive abilities might help explain the transition from suicidal thoughts to suicide attempts. However, findings are regarded as suggestive, given the small number of studies, few cross-study examinations of neurocognitive domains, and variability in sample characteristics. Recommendations for future research are included. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Effects of childhood trauma on cortisol levels in suicide attempters and ideators.

Authors:
O’Connor, Daryl B.; Green, Jessica A.; Ferguson, Eamonn; O’Carroll, Ronan E.; O’Connor, Rory C.;

Source:

Abstract:
Objectives: Suicide is a global health issue. Dysregulated hypothalamic-pituitary-adrenal (HPA) axis activity, as measured by cortisol levels, has been identified as one potential risk factor for suicide. Recent evidence has indicated that blunted cortisol reactivity to stress is associated with suicidal behavior. The current study investigated whether childhood trauma was associated with blunted cortisol reactivity to a laboratory stressor and resting cortisol levels in suicide attempters and ideators. Methods: 160 Participants were recruited and grouped according to history of previous suicidal attempt, suicidal ideation or as control participants. Participants completed background questionnaires, including the Childhood
Trauma Questionnaire, before completing a laboratory stress task. Cortisol levels were assessed at rest and during the stress task. Results: The highest levels of childhood trauma were reported in those who had attempted suicide (78.7%), followed by those who thought about suicide (37.7%) and then those with no suicidal history (17.8%). Moreover, regression analyses showed that childhood trauma was a significant predictor of blunted cortisol reactivity to stress and resting cortisol levels, such that higher levels of trauma were associated with lower cortisol levels in those with a suicidal history. Family history of suicide did not interact with the effects of childhood trauma on cortisol levels. Conclusions: These results indicate that childhood trauma is associated with blunted HPA axis activity in vulnerable populations in adulthood. The challenge for researchers is to elucidate the precise causal mechanisms linking trauma, cortisol and suicide risk and to investigate whether the effects of childhood trauma on cortisol levels are amenable to psychological intervention. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Relationships between components of emotional intelligence and suicidal behavior in alcohol-dependent patients.
Authors:
Kopera, Maciej; Jakubczyk, Andrzej; Klimkiewicz, Anna; Suszek, Hubert; Krasowska, Aleksandra; Brower, Kirk J.; Wojnar, Marcin;
Source:
Journal of Addiction Medicine, Vol 12(1), Jan-Feb, 2018 pp. 24-30. Publisher: Lippincott Williams & Wilkins; [Journal Article]
Abstract:
Objectives: The importance of investigating various emotional skills in assessment of suicide risk in alcohol-dependent (AD) individuals has recently become the focus of increasing interest. The objective of this study was to explore the relationships between self-reported components of emotional intelligence and lifetime prevalence of suicide attempts in a clinical sample of AD subjects. Methods: A group of 80 inpatients entering an alcohol treatment program in Warsaw, Poland, was recruited. Baseline information about demographics, psychopathological symptoms, personality, and severity of alcohol problems was obtained. The Schutte Self-Report Emotional Intelligence Test was utilized for assessment of emotional processing. Lifetime history of suicide attempts was obtained from the MINI International Neuropsychiatric Interview. Results: After accounting for affect-related suicide risk factors (severity of depression, anxiety, neuroticism), and also other significant predictors (eg, age, sex, history of childhood abuse), mood regulation/optimism deficits remained a significant correlate of lifetime suicide attempts in AD patients. In the mediation models, mood regulation appeared to fully mediate the relationship between history of suicide attempts and depression, and also neuroticism. Conclusions: The results of this study support the evidence that poor mood regulation might be related to the risk for suicidal behavior in AD individuals. These findings point towards the significance of addressing the issue of emotion-related skills in the therapy of those AD subjects who are at risk for suicide. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Authors:
Hadlaczyk, Gergö; Hökby, Sebastian;
Source:
Abstract:
Background: Previous studies have investigated the impact of the Christmas and New Year holiday on suicide rates. However, no such data has yet been published on Swedish suicides. Aims: To examine the occurrence of suicides on these dates in Sweden between 2006 and 2015. Methods: The suicide count for each date between December 15th and January 15th was obtained from the Swedish cause of death registry. The observations were transformed to Z-scores to enable calculation of p-values. Results: A small but non-significant decrease in suicides was observed on Christmas and New Year’s Eve. A
significant spike was found on New Year's Day (NYD) (Z = 3.40; p < .001), and these excess suicides occurred mainly among men aged 15–24 and 45–64. However, the number of suicides were somewhat lower than expected on the 31st of December (Z = −1.58; p = .115). Discussion: The noted increase in suicide on NYD is in line with previous research from other countries. However, the decrease in suicides on the day before NYD suggests a delay rather than a spontaneous increase of suicides. Possible mechanisms to explain this phenomenon are discussed, such as the 'broken promise effect', increased alcohol consumption, or lower help-seeking and accessibility to care. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Quality assessment of economic evaluations of suicide and self-harm interventions: A systematic review.
Authors: Bustamante Madsen, Lizell; Eddleston, Michael; Schultz Hansen, Kristian; Konradsen, Flemming;
Abstract: Background: Death following self-harm constitutes a major global public health challenge and there is an urgent need for governments to implement cost-effective, national suicide prevention strategies. Aim: To conduct a systematic review and quality appraisal of the economic evaluations of interventions aimed at preventing suicidal behavior. Method: A systematic literature search was performed in several literature databases to identify relevant articles published from 2003 to 2016. Drummond's 10-item appraisal tool was used to assess the methodological quality of the included studies. Results: In total, 25 documents encompassing 30 economic evaluations were included in the review. Of the identified evaluations, 10 studies were found to be of poor quality, 14 were of average quality, and six studies were considered of good quality. The majority of evaluations found the interventions to be cost-effective. Limitations: Several limitations were identified and discussed in the article. Conclusion: A notable few economic evaluations were identified. The studies were diverse, primarily set in high-income countries, and often based on modeling, emphasizing the need for more primary research into the topic. The discussion of suicide and self-harm prevention should be as nuanced as possible, including health economics along with cultural, social, and political aspects. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The effectiveness of suicide prevention education programs for nurses: A systematic review.
Authors: Ferguson, Monika S.; Reis, Julie A.; Rabbetts, Lyn; Ashby, Heather-Jean; Bayes, Miriam; McCracken, Tara; Ross, Christine; Procter, Nicholas G.;
Abstract: Background: Education to improve health professionals’ responses to suicide is considered an important suicide prevention strategy. However, the effectiveness of this approach for nurses is unclear. Aim: To systematically review the peer-reviewed literature regarding the effectiveness of suicide prevention education programs for nurses. Method: Nine academic databases (CINAHL, Cochrane Reviews & Trials, Embase, Informit Health Collection, Joanna Briggs Institute, Medline, PsycINFO, Scopus, and Web of Science) were searched in November 2016, utilizing search terms related to suicide, education, and nurses, with no limits placed on publication date or study design. Results: The search yielded 5,456 identified articles, 11 of which met the inclusion criteria. Studies were primarily quantitative (RCTs n = 3; quasi-experimental n = 6; qualitative n = 2), and involved nurses (range = 16–561) working in a diversity of settings, particularly hospitals (n = 9). Studies revealed positive changes in nurses' competence, knowledge, and attitudes associated with training over the short term. Limitations: The heterogeneity of education programs and methodological weaknesses of included studies limit the conclusions drawn. Conclusion: There is a moderate body of evidence to support the effectiveness of suicide prevention
education programs for nurses. Future research should examine longer-term changes in clinical practice and strategies for continuing education, with more rigorous study designs. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Undergraduate students' exposure, knowledge, utilization, and intended use of the national suicide prevention lifeline.

Authors:
Hedman-Robertson, Amy S.;

Source:

Abstract:
Background: Suicide is a leading cause of death among college students. Crisis hotlines play a role in linking suicidal individuals to help. Despite leading to favorable outcomes, low utilization of crisis outlines has been reported. Aims: To explore exposure, knowledge, and utilization of the National Suicide Prevention Lifeline (NSPL) among a sample of university students; to determine if knowledge and perceived helpfulness of NSPL predict intent to use NSPL. Method: The researcher surveyed 560 students attending a Midwestern university to assess knowledge of, and attitudes toward, the NSPL. Results: Those who reported seeing the NSPL advert (50%) perceived the NSPL to be more helpful than those who had not seen the advert. Only 29% (n = 160) were able to identify who would answer the NSPL (a trained, skilled counselor). Only 1% (n = 4) reported utilization. Participants who reported past exposure to the NSPL advert reported higher levels of perceived helpfulness of the NSPL. Perceived helpfulness of the NSPL was a weak predictor of likelihood to use the NSPL. Limitations: The study limitations include its small sample size; participants' likelihood to use the NSPL was assessed using independent symptoms. Conclusion: Further research is needed to identify college students' underlying attitudes toward the NSPL. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Where are they now? Longitudinal follow-up and prognosis of adolescent suicide attempters.

Authors:
Levi-Belz, Yossi; Krispin, Orit; Galilee, Giora; Bodner, Ehud; Apter, Alan;

Source:

Abstract:
Background: While a history of suicide attempts has been identified as the most powerful risk factor among adults, it is not clear if this is also true for the adolescent population. Our aim was to examine the differences between attempters and nonattempters in the years following a documented suicide attempt and to investigate the adolescents' prognosis in terms of suicidal behavior and adjustment. Method: Military records at induction and during active military service were used to compare 105 adolescent suicide attempters with 105 matched controls. All were rated on cognitive/educational performance and psychosocial adaptation, psychological health diagnoses, and performance during their military service. Results: Suicide attempters had higher school dropout rates and lower scores on educational indicators. They registered more incidents of disciplinary and adjustment problems in the military. However, the overall prognosis of the suicide attempters appeared surprisingly good. No significant differences were found between the groups in suicide risk or in behavior in their military service. Limitations: Data were derived from the computerized records and no direct interviews were conducted with the participants. Conclusion: Attempted suicide in adolescence appears to be different in nature from attempted suicide in adulthood, and can be viewed as an indicator of social distress rather than as major risk factor of completed suicide. Implications in terms of intervention and prevention are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
Problematizing men's suicide, mental health, and well-being: 20 years of social work innovation in the province of Quebec, Canada.

Authors:
Roy, Philippe; Tremblay, Gilles; Duplessis-Brochu, Émilie;

Source:

Abstract:
Background: The Province of Quebec, Canada (PQ), witnessed a drastic rise in suicide among adult men between 1990 and 2000, followed by a continuous drop since then. At the end of the 1990s, men's suicide became recognized as a social issue, leading to implementation of gender-responsive strategies focusing on positive aspects of masculinity. Many of these strategies received positive assessments. Aims: This article offers a critical overview of the evolution of social responses to men's suicide in PQ. Method: We highlight elements of success with examples of interventions targeting men directly, professionals who work with men, and natural support networks of men. Results: Results and discussion suggest the benefits to shift towards salutogenic, gender-transformative approach to men's suicide prevention. Conclusion: Closing remarks question the current gaps and upcoming challenges in suicide prevention among men. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Perceived stress and intent to die in young soldiers who attempt suicide.

Authors:
Shelef, Leah; Brunstein Klomek, Anat; Yavnaï, Nirit; Shahar, Golan;

Source:

Abstract:
Background: Intent to die is an important component of suicide risk assessment. The authors compared the predictive effect of two forms of stress – military and perceived – in intent to die by suicide among young adult Israeli soldiers with a history of suicide attempts. Depression, suicide ideation, and habituation/acquired capacity for suicidality served as covariates. Methods: Participants were 60 young adult soldiers in the Israeli Defense Force (ISF; aged 18–21 years), who made a suicide attempt during their military service. Study variables were assessed using self-report measures. Results: Intent to die by suicide correlated with suicide ideation, habituation/acquired capacity, depressive symptoms, and perceived stress. In a multiple regression analysis, perceived stress predicted intent to die (b = .44, p = .002) over and above the prediction by suicide ideation (b = .42, p = .013) and acquired capacity/habituation (b = .28, p = .023). Limitations: The cross-sectional design restricts causal inference. In addition, an exclusive reliance on self-report measures might have inflated shared method variance. Conclusions: Perceived stress captures a unique dimension of intent to die by suicide among young suicide attempters. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Diverse and dynamic interactions: A model of suicidal men's help seeking as it relates to health services.

Authors:
River, Jo;

Source:

Abstract:
There is a striking gender difference in suicide rates worldwide, with men accounting for approximately 80% of all suicide deaths. In contradictory public discussions, suicidal men are presented sometimes as
victims of 'poor' health services and sometimes as irremediable, 'poor' help seekers. A more substantive theory of suicidal men's help seeking, which moves beyond homogenizing accounts to examine the complex interplay between help seeking and health services, is now required. Eighteen life history interviews were undertaken with men who had engaged in nonfatal suicide. Interviews were analyzed within a theoretical framework of gender relations. The findings challenge static and uniform notions of suicidal men's help seeking. While a few men actively avoided health services, others actively sought help, and in many cases help-seeking practices were triggered by unsolicited encounters with health services. Responsibility for help-seeking behavior did not rest solely with suicidal men. Men's help-seeking practices could either be facilitated or blocked by the character of the professional support that was available. Men in this study overwhelmingly rejected services that framed emotional distress and suicidal behavior as mental illness. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Negotiating gender norms to support men in psychological distress.
Authors: Keohane, Aisling; Richardson, Noel;
Abstract: Underpinning a general pattern of higher suicide rates in men is the assumption that men do not ask for help or utilize the health-care system during times of psychological distress. There has been a failure to grapple with the dynamic of when, how and from whom men might ask for help during times of psychological distress, and what key barriers or enabling factors are likely to influence potential help-givers' capacity or willingness to offer help to men in psychological distress. The aim of this study was to investigate how masculine norms impact men's help-seeking as well as care givers' behaviors and willingness to support men in need of psychological help or perceived to be at risk of suicide. Focus groups (n = 13) were used with 'high-risk suicide' groups of men and community gatekeepers. The principles of grounded theory were used for data analysis. Three themes emerged: 'negotiating ways to ask for, offer and accept help without compromising masculinity'; 'making and sustaining contact with men in psychological distress'; and 'navigating roles responsibilities and boundaries to support men in psychological distress.' Approaches to suicide prevention need to take account of how masculine norms shape men's willingness to ask for and accept help during times of psychological distress as well as care givers willingness to offer help. The findings address a gap in the literature by looking beyond men's help-seeking as a passive, one dimensional construct, to a more dynamic triad of help-seeking/giving/taking behaviors that are embedded in the sociocultural context of men's lives. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-56046-017&site=ehost-live

Title: Integrative understanding of familial impulsivity, early adversity and suicide risk.
Authors: Lima, Isabela M. M.; Malloy-Diniz, Leandro F.; de Miranda, Débora M.; Da Silva, Antônio G.; Neves, Fernando S.; Johnson, Sheri L.;
Abstract: Introduction: Impulsivity is a core characteristic of bipolar disorder and it was observed as elevated in individuals with the disorder and in their relatives. Both impulsivity and history of maltreatment are risk factors for suicide attempts, however, these two key variables may not be independent, given the fact that parental impulsivity and associated social context could increase the risk of child maltreatment. In this study it was examined the association between the impulsivity of relatives and child maltreatment taking into consideration the conjoint and unique effects of these two variables on the risk of suicide attempts among the patients. Materials and Methods: Participants of the study consisted of 117 patients diagnosed with bipolar disorder and 25 first-degree relatives. Linear regression model was conducted to describe associations between facets of impulsivity of relatives and levels of child maltreatment reported by

Page 85 of 148
The independent associations of suicide attempt history with the dimensions of impulsivity of the patient and maltreatment were tested by multinomial logistic regression. Results: Impulsivity of relatives and, more specifically, inhibitory control can predict the maltreatment of the patient. Inhibitory control and emotional abuse were related, conjointly, to a greater likelihood of having a history of more than one suicide attempt. Discussion: Considering that the impulsivity of relatives predicts child maltreatment, it is possible that a genetically shared impulsivity is an underlying feature associated with the history of multiple suicide attempts. These findings highlight the importance of considering child maltreatment, impulsivity and suicide attempt history in integrative models. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Probable standards of care for suicide risk assessment.
Authors: Obegi, Joseph H.;
Abstract: The legal standard of care for assessing and responding to suicide risk has historically been ambiguous, creating inconsistency in the testimony of forensic experts and uncertainty about clinical responsibilities among practitioners. In this article, I rigorously apply the legal concept of reasonable care to identify clinical activities that courts could collectively consider as evidence of reasonably careful suicide risk assessments. I derived six clinical activities, which I refer to as probable standards, from a review of legal scholarship in tort law, court cases involving suicidal behavior, and forensic papers on suicide risk assessment. I discuss the basis for each probable standard and offer commentary to aid in their interpretation. My intention is not to define the legal standard of care for suicide risk assessments (only courts can do so) or to create a clinical practice guideline, but to establish legally informed reference points to assist forensic experts in providing objective, consistent, and compelling testimony. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Substance use and self-harm: Case studies from patients admitted to an urban hospital following medically serious self-harm.
Authors: Breet, Elsie; Bantjes, Jason;
Abstract: Few qualitative studies have explored the relationship between substance use and self-harm. We employed a multiple-case study research design to analyze data from 80 patients who were admitted to a hospital in South Africa following self-harm. Our analysis revealed, from the perspective of patients, a number of distinct ways in which substance use is implicated in self-harm. Some patients reported that substance intoxication resulted in poor decision making and impulsivity, which led to self-harm. Others said substance use facilitated their self-harm. Some participants detailed how in the past their chronic substance use had served an adaptive function helping them to cope with distress, but more recently, this coping mechanism had failed which precipitated their self-harm. Some participants reported that substance use by someone else triggered their self-harm. Findings suggest that there are multiple pathways and a host of variables which mediate the relationship between substance use and self-harm. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Predicting suicide with the SAD PERSONS scale.
Abstract:
Background: Suicide is a major public health issue, and a priority requirement is accurately identifying high-risk individuals. The SAD PERSONS suicide risk assessment scale is widely implemented in clinical settings despite limited supporting evidence. This article aims to determine the ability of the SAD PERSONS scale (SPS) to predict future suicide in the emergency department. Methods: Five thousand four hundred sixty-two consecutive adults were seen by psychiatry consultation teams in two tertiary emergency departments with linkage to population-based administrative data to determine suicide deaths within 6 months, 1, and 5 years. Results: Seventy-seven (1.4%) individuals died by suicide during the study period. When predicting suicide at 12 months, medium- and high-risk scores on SPS had a sensitivity of 49% and a specificity of 60%; the positive and negative predictive values were 0.9 and 99%, respectively. Half of the suicides at both 6- and 12-month intervals were classified as low risk by SPS at index visit. The area under the curve at 12 months for the Modified SPS was 0.59 (95% confidence interval [CI] range 0.51–0.67). High-risk scores (compared to low risk) were significantly associated with death by suicide over the 5-year study period using the SPS (hazard ratio 2.49; 95% CI 1.34–4.61) and modified version (hazard ratio 2.29; 95% CI 1.24–2.29). Conclusions: Although widely used in educational and clinical settings, these findings do not support the use of the SPS and Modified SPS to predict suicide in adults seen by psychiatric services in the emergency department. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Suicide and the creative class: A cross-national examination.

Authors:
Heirigs, Mark H.; Moore, Matthew D.; Recker, Nicholas L.;

Source:

Abstract:
Studies on suicide have illustrated the role society plays in the very individual act of suicide. Suicide research has examined the role of economic development within cities, states, and countries. Florida suggested that a new form of economic development, built around the creative class, is being implemented by the most prosperous cities and countries. Using a cross-national analysis of 59 countries the study finds that as the percent of the creative class increased, suicide increased. The findings indicate that there could be a negative consequence to areas pursuing economic development along the creative class model. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Spouse and family functioning before and after a Marine’s suicide: Comparisons to deaths by accident and in combat.

Authors:
Aronson, Keith R.; Kyler, Sandee J.; Morgan, Nicole R.; Perkins, Daniel F.; Love, Linda;

Source:

Abstract:
The impact of service member suicides on families is not well understood. Civilian studies have demonstrated that family survivors of suicide deaths experience complicated grief, feel guilt and shame, and often do not receive sufficient social support. In this exploratory study, spouse survivors of Marines who died by suicide (N = 17), accident (N = 19), and in combat (N = 34) retrospectively reported on their immediate pre- and postmortem and current personal and family functioning. Nonparametric analyses revealed that several between-group differences existed. Observation of the means suggested that the...
spouses and families of Marines who died by suicide exhibited significantly poorer pre- and postmortem functioning compared with those whose spouses died in combat. Specific challenges included low family cohesion, high family conflict, perceived stigma, and shame. There were no differences in current spouse or family functioning, and there was weak evidence for posttraumatic growth among surviving spouses of those dying by suicide. These results should be considered preliminary and interpreted with caution given several methodological challenges. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The PHQ-9 Item 9 based screening for suicide risk: a validation study of the Patient Health Questionnaire (PHQ)-9 Item 9 with the Columbia Suicide Severity Rating Scale (C-SSRS).

Authors:
Na, Peter J.; Yaramala, Satyanarayana R.; Kim, Jihoon A.; Kim, Hyelee; Goes, Fernando S.; Zandi, Peter P.; Vande Voort, Jennifer L.; Sutor, Bruce; Croarkin, Paul; Bobo, William V.;

Source:

Abstract:
Background: Item 9 of the Patient Health Questionnaire (PHQ) evaluates passive thoughts of death or self-injury within the last two weeks, and is often used to screen depressed patients for suicide risk. We aimed to validate the PHQ-9 item 9 with a brief electronic version of the Columbia Suicide Severity Rating Scale (eC-SSRS). Methods: We analyzed data from 841 patients enrolled in the National Network of Depression Centers Clinical Care Registry. We performed a validation analysis of PHQ-9 item 9 for suicide risk and ideation, using the eC-SSRS as a gold standard (defined as positive response to suicidal ideation with intent to act or recent suicidal behavior). Results: Of the 841 patients, 13.4% and 41.1% were assessed as being positive for suicide risk by the eC-SSRS and PHQ-9 item 9, respectively. For the overall cohort, sensitivity was 87.6% (95%CI 80.2–92.5%), specificity was 66.1% (95%CI 62.6–69.4%), PPV was 28.6% (95%CI 24.1–33.6%), and NPV was 97.2% (95%CI 95.3–98.3%) for the PHQ-9 suicide item. These performance measures varied within subgroups defined by demographic and clinical characteristics. In addition, the validity of PHQ-9 item 9 (cutoff score of 1) with eC-SSRS-defined suicide ideation showed overall poor results. Limitations: The gold standard used in our study was a surrogate measure of suicidality based on eC-SSRS scores. Conclusions: The results of our study suggest that item 9 of the PHQ-9 is an insufficient assessment tool for suicide risk and suicide ideation, with limited utility in certain demographic and clinical subgroups that requires further investigation. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Ancestry and different rates of suicide and homicide in European countries: A study with population-level data.

Authors:
Fountoulakis, Konstantinos N.; Gonda, Xenia;

Source:

Abstract:
Introduction: There are large differences in suicide rates across Europe. The current study investigated the relationship of suicide and homicide rates in different countries of Europe with ancestry as it is defined with the haplotype frequencies of Y-DNA and mtDNA. Material and methods: The mortality data were retrieved from the WHO online database. The genetic data were retrieved from http://www.eupedia.com. The statistical analysis included Forward Stepwise Multiple Linear Regression analysis and Pearson Correlation Coefficient (R). Results: In males, N and R1a Y-DNA haplotypes were positively related to both homicidal and suicidal behaviors while I1 was negatively related. The Q was positively related to the homicidal rate. Overall, 60–75% of the observed variance was explained. L, J and X mtDNA haplogroups were negatively related with suicide in females alone, with 82–85% of the observed variance described. Discussion: The current study should not be considered as a study of genetic markers but rather a study of human ancestry. Its results could mean that research on suicidality has a strong biological but locally restricted component and could be limited by the study population; generalizability of the results at an international level might not be possible. Further research with patient-level data are needed to verify
whether these haplotypes could serve as biological markers to identify persons at risk to commit suicide or homicide and whether biologically-determined ancestry could serve as an intermediate grouping method or even as an endophenotype in suicide research. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A randomized controlled trial of an internet delivered dialectical behavior therapy skills training for suicidal and heavy episodic drinkers.

Authors:
Wilks, Chelsey R.; Lungu, Anita; Ang, Sin Yee; Matsumiya, Brandon; Yin, Qingqing; Linehan, Marsha M.;

Source:

Abstract:
Background: Given that alcohol misuse elevates risk of suicide death among ideators, the paucity of treatment outcome research for individuals presenting with both suicide ideation and problem drinking is particularly troubling. Dialectical behavior therapy (DBT) skills training, which effectively targets behaviors associated with emotion dysregulation including addictive and suicidal behaviors, provides a fitting model amenable to computerization. As stigma and scarcity stand as potential barriers to treatment, online dissemination platforms provide means for efficient treatment delivery that can augment the utility of suitable interventions. This pilot RCT sought to evaluate the feasibility, acceptability, and preliminary efficacy of an Internet-delivered DBT skills training intervention (iDBT-ST) for suicidal individuals who engage in heavy episodic drinking Methods: Participants (N = 59) were randomized to receive iDBT-ST immediately or after an 8-week waiting period. Clinical outcomes were suicide ideation, alcohol use, and emotion dysregulation. Results: Participants on average saw a significant reduction in all outcomes over the four-month study period. Compared to waitlist control, participants who received iDBT-ST immediately showed faster reductions in alcohol consumption. Conclusions: Preliminary results suggest that iDBT-ST may be a viable resource for the high-risk and underserved group represented in this study, and pathways for future development are suggested. Limitations: There was difficulty retaining and engaging participants due to technological barriers. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Depressive symptoms, alcohol use and coping drinking motives: Examining various pathways to suicide attempts among young men.

Authors:
Grazioli, Véronique S.; Bagge, Courtney L.; Studer, Joseph; Bertholet, Nicolas; Rougemont-Bücking, Ansgar; Mohler-Kuo, Meichun; Daeppen, Jean-Bernard; Gmel, Gerhard;

Source:

Abstract:
Background: Research has identified several correlates of suicidal behaviors including depressive symptoms, alcohol use and coping drinking motives. However, their associations and their role as possible causal mechanisms in the prediction of suicide attempt are not well understood. This study examined, both cross-sectionally and longitudinally, the potential pathways from alcohol use, drinking coping motives, and depression to suicide attempts. Methods: Participants (N = 4617) were young Swiss men (mean age = 19.95) participating in the Cohort Study on Substance Use Risk Factors. Measures of depressive symptoms, alcohol use (total drinks per week, heavy episode drinking) and coping drinking motives were used from the baseline and/or 15-month follow-up assessments to predict follow-up suicide attempt. Results: Main findings showed indirect associations through depressive symptoms, such that coping drinking motives were positively associated with depressive symptoms, which were in turn positively related to suicide attempts over time (for total drinks per week models, cross-sectional model: B = 0.130, SE = 0.035, 95% CI = 0.072, 0.207; longitudinal model: B = 0.039, SE = 0.013, 95% CI = 0.019, 0.069). Alcohol use was not significantly related to suicide attempt. Limitations: Main limitation includes a low prevalence rate for suicide attempt potentially reducing power effects in the analyses and our focus on distal—yet not proximal, role of alcohol use on suicide attempt. Conclusions: Findings of this study
suggest that young men with depressive symptoms and/or those who use alcohol to cope with negative affect may benefit from programs targeting suicidal behaviors. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Suicide attempts and emotion regulation in psychiatric outpatients.
Authors: Harris, Lauren; Chelminski, Iwona; Dalrymple, Kristy; Morgan, Theresa; Zimmerman, Mark;
Abstract: Background: Suicidal behavior has been associated with maladaptive strategies for emotion regulation; however, limited research has explored this association after controlling for diagnosis. This study aims to explore this connection across diagnoses. We hypothesized that patients who reported greater difficulty with emotion regulation would be more likely to have made suicide attempts. Method: Participants included 1046 psychiatric outpatients. Diagnoses and information about suicide history were determined using semi-structured interviews. Patients also completed the Difficulties in Emotion Regulation Scale (DERS). Analyses were conducted to determine the relationships between emotion regulation difficulties and lifetime suicide attempts. Results: Emotion regulation difficulties did not independently predict suicidal behavior. After controlling for the contribution of emotion dysregulation on lifetime suicide attempts, diagnoses of borderline personality disorder and posttraumatic stress disorder were the only disorders independently associated with a history of suicidal behavior. Limitations: The generalizability of our findings may be limited based on the sample's demographic characteristics and low base rate of suicide attempts. This study was cross-sectional in nature; therefore, the predictive capacity of either DERS scores or psychiatric diagnoses in terms of future suicidal behavior could not be determined. Conclusions: The independent effect of emotion dysregulation on suicidal behavior was negated after controlling for psychiatric diagnosis. Individuals with certain disorders tend to make suicide attempts for reasons that are distinct from emotion dysregulation, whereas emotion dysregulation may be at the core of suicidality for individuals with other clinical presentations. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Harmful or helpful? A systematic review of how those bereaved through suicide experience research participation.
Authors: Andriessen, Karl; Krysinska, Karolina; Draper, Brian; Dudley, Michael; Mitchell, Philip B.;
Source: Crisis: The Journal of Crisis Intervention and Suicide Prevention Publisher: Hogrefe Publishing; [Journal Article]
Abstract: Background: Many of the bereaved through suicide are interested in participating in postvention studies. However, there is a contradiction between the positive experiences of research participation and concerns raised by ethical boards. Aims: To review studies on the experience of research participation by those bereaved through suicide, including initial contact with the study and its short- and long-term impacts. Method: Systematic searches in Embase, Medline, PsycINFO, as well as Google Scholar identified 12 papers reporting on 11 studies. Results: The majority (73–100%) of study participants evaluated participation positively, and would recommend it to others (90–100%), as it was related to altruism, social support, and personal growth. A minority experienced participation as negative (2–10%) or upsetting (5–22%) due to feelings of guilt or painful memories. However, having a painful experience does not preclude seeing it as helpful. Limitations: Most studies concerned face-to-face psychological autopsy studies, and only two studies included a control group. Conclusion: Research applying standardized measures may enhance our understanding of the factors germane to (non-)participation and to the likelihood of a positive/negative research experience. Vigilant recruitment and providing optimum care for participants
are indicated. Further research may continue to improve participant safety and the research design of suicide bereavement studies. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Reporting on suicide between 1819 and 1944: Suicide rates, the press, and possible long-term Werther effects in Austria.

Authors: Arendt, Florian;

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

Abstract:
Background: Suicide rates increased substantially in many countries during the 19th century. Little is known about news coverage on suicide in this period and its relationship to suicide rates. Aims: To test whether there was a covariation between the quantity of reporting and suicide rates and whether the press relied on sensational reporting. Method: A content analysis of Austrian news coverage between 1819 and 1944 was conducted and compared with contemporary findings. Results: There were similar corresponding troughs and peaks in both time series, indicative of covariation. The analysis revealed that variations in the quantity of reporting predicted the following year's suicide rates, a pattern consistent with a long-term Werther effect. Conversely, suicide rates did not predict future values of the quantity of reporting. Furthermore, the press substantially overrepresented 'vivid' firearm suicides compared with other more 'pallid' methods such as drowning, indicative of sensational reporting. Limitations: The causal order of the quantity of reporting and suicide rates should be interpreted with caution. Conclusion: The press may have contributed to the establishment of suicide as a mass phenomenon in the 19th century. The contemporary comparison is indicative of temporal stability. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: A multidimensional theory of suicide: A psychological autopsy corroborative study.

Authors: Leenaars, Antoon A.; Dieserud, Gudrun; Wenckstern, Susanne; Dyregrov, Kari; Lester, David; Lyke, Jennifer;

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

Abstract:
Background: Theory is the foundation of science; this is true in suicidology. Over decades of studies of suicide notes, Leenaars developed a multidimensional model of suicide, with international (crosscultural) studies and independent verification. Aim: To corroborate Leenaars's theory with a psychological autopsy (PA) study, examining age and sex of the decedent, and survivor's relationship to deceased. Method: A PA study in Norway, with 120 survivors/informants was undertaken. Leenaars' theoretical–conceptual (protocol) analysis was undertaken of the survivors' narratives and in-depth interviews combined. Results: Substantial interjudge reliability was noted (κ = .632). Overall, there was considerable confirmatory evidence of Leenaars's intrapsychic and interpersonal factors in suicide survivors' narratives. Differences were found in the age of the decedent, but not in sex, nor in the survivor's closeness of the relationship. Older deceased people were perceived to exhibit more heightened unbearable intrapsychic pain, associated with the suicide. Conclusion: Leenaars's theory has corroborative verification, through the decedents' suicide notes and the survivors' narratives. However, the multidimensional model needs further testing to develop a better evidence-based way of understanding suicide. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Suicide rates in evacuation areas after the Fukushima Daiichi nuclear disaster: A 5-year follow-up study in Fukushima prefecture.

**Authors:**
Orui, Masatsugu; Suzuki, Yuriko; Maeda, Masaharu; Yasumura, Seiji;

**Source:**
Crisis: The Journal of Crisis Intervention and Suicide Prevention Publisher: Hogrefe Publishing

**Abstract:**
Background: Associations between nuclear disasters and suicide have been examined to a limited extent. Aim: To clarify the suicide rates in evacuation areas after the nuclear disaster in Fukushima, which occurred in March 2011. Method: This descriptive study used monthly data from vital statistics between March 2009 and December 2015. Suicide rates in areas to which evacuation orders had been issued, requiring across-the-board, compulsory evacuation of residents from the entire or part of municipalities, were obtained and compared with the national average. Results: Male suicide rates in evacuation areas increased significantly immediately after the disaster, and then began to increase again 4 years after the disaster. Female suicide rates declined slightly during the first year and then increased significantly over the subsequent 3-year period. Moreover, male rates in areas where evacuation orders were issued for the total area declined over the course of approximately 2 years, but then began to increase thereafter. Analysis by age revealed postdisaster male rates in evacuation areas decreased for those aged 50–69 years and increased for those aged ≤ 29 years and ≥ 70 years. Limitations: The number of suicides among females and the female population in the evacuation area was small. Conclusion: Our findings suggest the need to keep in mind that, when providing post-disaster mental health services, suicide rates can eventually increase even if they initially decrease. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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The lived experience of psychologists working in mental health services: An exhausting and exasperating journey.

Sciberras, Audrey; Pilkington, Lesley;


Abstract: What are the implications for psychologists working in the public mental health services (MHS)? Does this environment bring along different challenges when compared to their colleagues working in other settings? How do they cope? Using interpretative phenomenological analysis (IPA), this study explored the meaning psychologists give to their work with their clients and also looked at how they experience working in their teams within the context of the MHS in Malta. Semistructured in-depth interviews were conducted with seven registered psychologists who had worked in the Maltese MHS for at least 2 years. Common themes across participants included: client work as a source of satisfaction and a source of stress, the psychologist in the context of the multidisciplinary team (MDT), and focus on the self. The quality of the participants’ work experience was found to be shaped by the larger context of their work setting. Participants’ negative emotions arising from the system were perceived to be more distressing than those arising from client work. Issues of powerlessness, lack of control and divergent values were identified as the main modulators of this experience and were seen to contribute to distress and reduced job engagement. Personal coping strategies were used as a means to survive in this demanding work place. Implications and recommendations in relation to working with this client group and also working within a medical model (MM) system are highlighted. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Parent preferences and experiences with psychological treatment: Results from a direct-to-consumer survey using the marketing mix framework.

Becker, Sara J.; Helseth, Sarah A.; Frank, Hannah E.; Escobar, Katherine I.; Weeks, Brittany J.;


Abstract: Direct-to-consumer (DTC) marketing strategies represent an increasingly popular approach to promote patient awareness of psychological treatments (PTs). The Marketing Mix is a well-established framework used to inform marketing decisions consisting of four ‘P’s’: Product (or Service), Promotion, Place, and Price. We conducted the first DTC marketing survey using the Marketing Mix framework to explore how parents concerned about their adolescents’ behavioral health receive information about PTs. A sample of 411 parents (51% girls, 82% non-Hispanic White) of 12- to 19-year-old adolescents completed an online survey asking how they would prefer to receive information about PTs, including five questions spanning the Promotion, Price, and Place dimensions of the Marketing Mix. A subsample of 158 parents also reported on how they had received PT information during their adolescent’s most recent therapy experience, allowing us to compare ideal versus actual therapy experiences. We explored the extent to which experiences varied as a function of parent race/ethnicity, income per capita, parent education level, and adolescent treatment history. Bivariate analyses and multivariate logistic regressions were used to examine which of these variables were associated with parents’ responses to specific survey items. Analyses revealed that parent preferences varied as a function of income per capita, education level, and history of treatment. In addition, there were significant gaps between parents’ ideal and most recent therapy experiences. Implications for the marketing of PTs are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: The cost of child and adolescent mental health services.
Authors: Skokauskas, Norbert; Lavelle, Tara A; Munir, Kerim; Sampaio, Filipa; Nystrand, Camilla; McCrone, Paul; McDaid, David; Chisholm, Dan; Byford, Sarah; Ganguli, Poushali; Feldman, Inna; Belfer, Myron; Source: The Lancet Psychiatry, Vol 5(4), Apr, 2018 pp. 299-300. Publisher: Elsevier Science; Abstract: More than 2.5 billion children and adolescents exist worldwide, with most individuals living in low-income and middle-income countries (LMICs). For these children and adolescents, mental health and neurodevelopmental disorders remain one of the leading causes of the global burden of disease and years lived with disability. Although the importance of child and adolescent mental health (CAMH) has been widely acknowledged by organisations such as the UN, the development of an inclusive cross-sectorial mental health system for children and adolescents has not gained adequate traction. This inaction stems in part from the inconsistency between the declared importance of CAMH and paucity of knowledge about the cost-effectiveness of interventions, especially in LMICs. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Utilization of primary care among college students with mental health disorders.
Authors: Turner, James C.; Keller, Adrienne; Wu, Hao; Zimmerman, Matthew; Zhang, Jinghe; Barnes, Laura E.; Source: Health Psychology, Vol 37(4), Apr, 2018 pp. 385-393. Publisher: American Psychological Association; [Journal Article] Abstract: Objective: Our goal was to assess whether integration of behavioral and medical services in college settings is associated with decreased use of primary care by patients with mental health diagnoses (MHDs). Method: The cohort consisted of 80,219 patients with at least 1 MHD in 21 universities. Two levels of service integration were defined: 'standard'—universities with separate electronic health records (EHR) systems and minimal clinical collaboration between services, and 'enhanced'—universities with shared EHR and collaborative patient care. Frequency, the total number of primary care visits, and complexity, the total visit length for primary care per unit time, were compared by using multilevel models. Results: Nine schools met the criteria of enhanced clinical integration; a tenth school shifted to enhanced service during the study period. Student and patient demographics and clinical diagnoses were similar between the 2 categories. When controlling for variance in age, sex, and total time in school, patients with MHDs in standard systems had 15.72% (95% confidence interval [CI]: 10.77%–20.44%) more primary care visits and 22.88% (95% CI: 21.42%–24.38%) more time than patients in enhanced systems. Conclusions: Students with MHDs have significantly lower utilization of primary care services in integrated health care systems, but only a minority of institutions nationally have adopted this model of care. Although further research is needed to specifically assess differences in health outcomes and perceived suffering, it is possible that reduced primary care visits in enhanced integrative service settings with robust mental health support indicates overall reduction in perceived suffering for patients/clients. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Citizenship and community mental health care.
Authors: Ponce, Allison N.; Rowe, Michael; Source: American Journal of Community Psychology, Vol 61(1-2), Mar, 2018 pp. 22-31. Publisher: Wiley-Blackwell Publishing Ltd.; [Journal Article] Abstract:
Citizenship is an approach to supporting the social inclusion and participation in society of people with mental illnesses. It is receiving greater attention in community mental health discourse and literature in parallel with increased awareness of social determinants of health and concern over the continued marginalization of persons with mental illness in the United States. In this article, we review the definition and principles of our citizenship framework with attention to social participation and access to resources as well as rights and responsibilities that society confers on its members. We then discuss our citizenship research at both individual and social-environmental levels, including previous, current, and planned efforts. We also discuss the role of community psychology and psychologists in advancing citizenship and other themes relevant to a citizenship perspective on mental health care and persons with mental illness. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Adaptation of Nussbaum's capabilities framework to community mental health: A consumer-based capabilities measure.
Authors: Sacchetto, Beatrice; Ornelas, José; Calheiros, Maria Manuela; Shinn, Marybeth;
Abstract: The capabilities approach provides a rich evaluative framework to guide transformative change in the community mental health system. This study reports the content and construct validity and psychometric properties of a contextualized measure of the extent to which mental health programs foster achieved capabilities. The Achieved Capabilities Questionnaire for Community Mental Health (ACQ-CMH), adapted from Nussbaum's capabilities framework, was developed previously with consumer collaboration. Content validity was assessed through a collaborative process, involving a panel of eight consumers, staff members, and senior researchers. The resulting shorter version (ACQ-CMH-98) was completed by 332 community mental health consumers sampled throughout Portugal. Factor (PCA) analysis, internal consistency reliability, and test–retest reliability over 2 weeks (N = 33) showed good psychometric properties. The resulting six-factor structure with 48 items explains 48.88% of the total variance (KMO = 0.89; Bartlett p = .00). Internal consistency of the obtained dimensions ranges from .91 to .76. Associations of the measure with recovery, quality of life, and psychological distress scales add further evidence of construct validity. The adaptation of Nussbaum's framework stressed specific components that may enhance understanding and change within the community mental health system. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Trauma-informed care for individuals with serious mental illness: An avenue for community psychology's involvement in community mental health.
Authors: Mihelicova, Martina; Brown, Molly; Shuman, Valery;
Abstract: Individuals with serious mental illness are at particularly high risk for trauma; however, service environments with which they interact may not always be trauma-informed. While community mental health and other human services settings are moving toward trauma-informed care (TIC) service delivery, a variety of TIC frameworks exist without consensus regarding operationalization, thereby leading to challenges in implementation. TIC is principle-driven and presents substantial overlap with community psychology values and competencies, including ecological frameworks, second-order change, empowerment, and citizen participation. One way to address barriers to TIC implementation is to draw on the strengths of the field of community psychology. With a particular emphasis on the applicability of TIC to individuals with serious mental illness, this paper identifies key implementation issues and recommends
future directions for community psychologists in clarifying the service framework, its adaptation to specific service contexts, and improving delivery through consultation and evaluation. Community psychologists may work with various disciplines involved in the TIC field to together promote a more conscious, actionable shift in service delivery. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
The Recovery Assessment Scale—Domains and Stages (RAS-DS): Sensitivity to change over time and convergent validity with level of unmet need.

**Authors:**
Scanlan, Justin Newton; Hancock, Nicola; Honey, Anne;

**Source:**
Psychiatry Research, Vol 261, Mar, 2018 pp. 560-564. Publisher: Elsevier Science;

**Abstract:**
There is a need for robust outcome measures for use in psychiatric services. Particularly lacking are self-rated recovery measures with evidence of sensitivity to change. This study was established to examine the convergent validity and sensitivity to change over time (responsiveness) of the Recovery Assessment Scale—Domains and Stages (RAS-DS), in comparison to level of unmet need as measured by the Camberwell Assessment of Need—Short Appraisal Scale (CANSAS). Convergent validity was examined through cross-sectional correlations between 540 CANSAS and RAS-DS scores collected on the same day for the same individuals. Sensitivity to change was examined using correlations between change scores in CANSAS and RAS-DS where both were collected on the same day and the two time points were separated by 90 days or more (n = 498). Results demonstrated moderate, significant cross-sectional correlations between CANSAS scores and RAS-DS total and domain scores and between change scores of both instruments. Results suggest that the RAS-DS is sensitive enough to detect change over time. Only moderate correlation between the RAS-DS and CANSAS suggests that, in the context of recovery-oriented service provision, it is important to measure self-reported recovery in addition to level of unmet needs. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Do adult mental health services identify child abuse and neglect? A systematic review.

**Authors:**
Read, John; Harper, David; Tucker, Ian; Kennedy, Angela;

**Source:**

**Abstract:**
Child abuse and neglect play a causal role in many mental health problems. Knowing whether users of mental health services were abused or neglected as children could be considered essential for developing comprehensive formulations and effective treatment plans. In the present study we report the findings of a systematic review, using independent searches of three databases designed to discover how often mental health staff find out whether their clients were abused or neglected as children. Twenty-one relevant studies were identified. Most people who use mental health services are never asked about child abuse or neglect. The majority of cases of child abuse or neglect are not identified by mental health services. Only 28% of abuse or neglect cases identified by researchers are found in the clients’ files: emotional abuse, 44%; physical abuse, 33%; sexual abuse, 30%; emotional neglect, 17%; and physical neglect, 10%. Between 0% and 22% of mental health service users report being asked about child abuse. Men and people diagnosed with psychotic disorders are asked less than other people. Male staff ask less often than female staff. Some improvement over time was found. Policies compelling routine enquiry, training, and trauma-informed services are required. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Implementation and development of early intervention in psychosis services in Italy: A national survey promoted by the Associazione Italiana interventi Precoci nelle Psicosi.

Cocchi, Angelo; Cavicchini, Anna; Collavo, Marzia; Ghio, Lucio; Macchi, Sara; Meneghelli, Anna; Preti, Antonio;

Source:

Abstract:
Aim: This is the first comprehensive, nationwide survey aimed at collecting evidence about the process of implementation and development of early intervention in psychosis (EIP) services (EIPs) in Italy, following the establishment of the pilot program ‘Programma 2000’ in 1999 and the publishing of the Italian National Guidelines in 2007. This survey covers all the Departments of Mental Health (DMHs) operating in Italy in 2013. Methods: Using a purpose-designed form to assess EIP implementation, all directors of public mental health services for adults throughout Italy (n = 216) were asked to provide information about the activities of EIP-relevant local services. The initial delivery was followed by a request for a prompt response. Results: Out of 216 enquired DMHs, 103 provided computable answers to the survey (response rate = 48%). Among responders, 45 (44%) reported the implementation of EIP (one out of five DMHs operating in Italy). About a half of the active EIPs also targeted patients at ultra-high risk of psychosis (n = 27). Strict application of guidelines related to drug prescription was reported in 35% of EIPs. Conversely, 90% provided some kind of structured psychotherapy and psychoeducation. Among EIPs, a minority reported willingness to provide initial assessment/contact at the patient's home. Conclusion: Albeit slowly, the implementation of EIP is spreading throughout the Italian public network of mental health. There is still a wide variability in the distribution of EIP services across the Italian territory. Further efforts are necessary to stimulate policy endorsement and resource allocation, as well as to support the poorest zones. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
The relationship between race, patient activation, and working alliance: Implications for patient engagement in mental health care.

Authors:
Eliacin, Johanne; Coffing, Jessica M.; Matthias, Marianne S.; Burgess, Diana J.; Bair, Matthew J.; Rollins, Angela L.;

Source:
Administration and Policy in Mental Health and Mental Health Services Research, Vol 45(1), Jan, 2018 pp. 186-192. Publisher: Springer; [Journal Article]

Abstract:
This study explored the relationship between race and two key aspects of patient engagement—patient activation and working alliance—among a sample of African-American and White veterans (N = 152) seeking medication management for mental health conditions. After adjusting for demographics, race was significantly associated with patient activation, working alliance, and medication adherence scores. Patient activation was also associated with working alliance. These results provide support for the consideration of race and ethnicity in facilitating patient engagement and patient activation in mental healthcare. Minority patients may benefit from targeted efforts to improve their active engagement in mental healthcare. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Perceived provider stigma as a predictor of mental health service users’ internalized stigma and disempowerment.

Authors:
Wang, Katie; Link, Bruce G.; Corrigan, Patrick W.; Davidson, Larry; Flanagan, Elizabeth;

Source:
Psychiatry Research, Vol 259, Jan, 2018 pp. 526-531. Publisher: Elsevier Science; [Journal Article]
Abstract:
Despite increasing awareness of stigma from mental health service providers as a barrier to recovery, little research has directly examined how it might influence the service users’ self-perceptions and treatment experience. The present study examined the association of service users’ perceived provider stigma with their experience of internalized stigma and disempowerment, two psychosocial constructs known to hinder recovery. Mental health service users (N = 350) completed questionnaires assessing perceived stigma from mental health service providers, including perceptions of negative affective reactions towards individual users and desired social distance towards people with mental illnesses across various life domains, internalized stigma, and disempowerment (i.e., diminished self-efficacy and mastery) in mental health treatment settings. Structural equation modeling showed that both perceived negative affective reactions and perceived social distance were positively associated with disempowerment. Furthermore, these associations were significantly mediated by internalized stigma. These findings illuminate how perceived stigma from providers can 'get under the skin' of mental health service users and contribute to their overall sense of disempowerment in mental health settings. They also highlight the need for future stigma reduction interventions to specifically target the attitudes and beliefs held by mental health professionals. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Higher participation in physical activity is associated with less use of inpatient mental health services: A cross-sectional study.
Authors: Korge, Joseph; Nunan, David;
Source: Psychiatry Research, Vol 259, Jan, 2018 pp. 550-553. Publisher: Elsevier Science
Abstract: There is a stark disparity in the physical health of people with mental illness compared to those without mental illness, resulting in shorter life expectancy and increased rates of preventable deaths. Physical activity has previously been shown to have a positive impact on various markers of mental health and has been linked with a reduction in hospital admissions for those with chronic physical illness. The purpose of this study was to investigate whether there is a relationship between physical activity and the number of days spent admitted to acute inpatient mental health wards in people with enduring mental illness. Eighty participants from four acute mental health wards in Oxfordshire, UK were included. Subjective and objective measurements of physical activity levels were collected alongside the amount of days spent admitted on acute mental health wards over the year previous. Participants who recorded higher levels of physical activity, both subjectively and objectively, were found to have spent less time admitted to acute mental health services. With a significant negative correlation found, future research should aim to investigate any causative link between physical activity and mental health admission. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Neuropsychology and youth mental health in Victoria: The results of a clinical service audit.
Authors: Fisher, Caroline A.; Hetrick, Sarah E.; Merrett, Zalie; Parrish, Emma M.; Allott, Kelly;
Abstract: Objective: The allocation of neuropsychology services in Victoria’s public youth mental health system is very limited. The objective of this study was to evaluate the utility of a youth mental health neuropsychology service over a 16-month period, and to evaluate referrer feedback about the service. Methods: A 16-month clinical data audit and referrer survey of the Eastern Health Child and Youth Mental Health Service neuropsychology service. Results: A total of 45 clients were seen for assessment during the audit period with an age range of 7–25 years. Neuropsychological involvement identified DSM diagnoses in 42% of clients, as well as findings that were considered to be of neuropsychological importance in a further 51%. Case manager referrer surveys were returned at a rate of 58%, with 100% of
responses indicating that the neuropsychological input had assisted with treatment planning, and that 79% of responders had altered their therapeutic approach after receiving the neuropsychological results.

Conclusions: Neuropsychology input in youth mental health services is useful from both a diagnostic and treatment planning perspective and often results in alterations in the therapeutic approach of case managers. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Family inclusion in mental health services: Reality or rhetoric?
Authors: Martin, Robyn M.; Ridley, Sophie C.; Gillieatt, Sue J.
Abstract: Background: Contemporary mental health policies require family inclusion in the design, implementation and evaluation of services. Materials: This scoping review considers the factors in mental health practice which either mediate or promote family inclusion. A wide range of factors are reported to obstruct family inclusion, while a smaller number of studies report that meaningful family inclusion rests on a partnership approach which values the input of families and services users. Discussion: When it comes to family inclusion, there is a gap between policy and service delivery practice. Changes in service delivery attitudes, values and culture are necessary to meaningfully and systematically include families and service users. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Does formulation of service users' difficulties improve empathy in forensic mental health services?
Authors: Wilkinson, Helen; Whittington, Richard; Perry, Lorraine; Eames, Catrin
Abstract: The culture and values of the National Health Service and the staff that work within it have received much attention over recent years. The erosion of empathy and compassionate care toward service users has been highlighted. Psychological formulation may be one way that clinicians can understand their service users more fully, which could lead to an improvement in the empathy they express toward them. The current study investigates the effect of presenting client information in a psychological formulation on self-reported empathy in staff in medium and low secure forensic mental health services. One hundred and fifty-four staff were recruited via convenience sampling to complete self-report questionnaires measuring burnout (Maslach Burnout Inventory), state (Adapted Interpersonal Reactivity Index), and trait (Empathy Quotient) empathy. No significant difference in state empathy scores was observed among the staff in the formulated group when compared with the unformulated group. Linear multiple stepwise regressions demonstrated that trait empathy and burnout significantly predicted variance in state empathy, but the information format was not significant. It was concluded that mode of presentation in this instance did not influence the degree of empathic concern staff expressed toward a hypothetical client in a vignette. General levels of empathy and degree of burnout superseded this effect. Further research is needed on how adjusting client information formats might enhance empathy among professionals. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Employment services and substance abuse treatment.
Authors:
This qualitative study of over 800 participants focused on the employment experiences of consumers of substance abuse treatment programs to provide a better understanding of what employment services are offered and what needs treatment agencies have in the area of employment services, examining barriers and facilitators from both the consumer and provider perspectives. Data were collected via a mixed research methodology of focus groups and surveys from July 2015 through June 2016 in a large Midwestern U.S. state. Employment is a challenge for persons with substance use disorders. Only a quarter of this study's large sample of substance abuse treatment consumers reported being currently employed; and of those consumers who reported no current employment, greater than half reported that their current unemployment was due to their substance use. Persons receiving substance abuse treatment face many challenges in obtaining and maintaining employment. Treatment providers identified several barriers to implementation of employment services. They named an array of resources as needed, including increased funding for supportive employment programs and staff appropriate to the delivery of employment services. Some providers believed employment services to fall outside of their scope of practice. Data generated through this study may inform policy to invest resources in employment services within substance abuse treatment settings. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
By the late 1960s the balance between child guidance and educational psychology was beginning to change. The Child Guidance Clinic had changed to Child Guidance Centre, and although much of the work was still clinic based, the time spent by psychologists visiting schools had changed little from the 1950s – on average one day a week. However, pressures were increasing for a more school focused service. The Summerfield Report on the role of Educational Psychology was published in 1968. The profile of educational psychology was developing, and with the retirement in 1970 of Noel Whilde, the Principal Psychologist and head of the Child Guidance Service since 1940, the stage was set for major changes. Judy Bennison, who joined the service in 1967, and Kathleen Cox who joined in 1969 bridged the period of rapid change when David Loxley arrived as the new Principal Educational Psychologist in 1970. He had been appointed by the Chief Education Officer, Michael Harrison, to develop a broadly based Psychological Service, applying psychology not just to schools, but to the whole education department. This was a time of major upheavals in Sheffield schools as Sheffield became one of the first LEAs in the country to complete the move to a comprehensive secondary sector. First, Judy Bennison recalls her time in Newbould Lane, and the pervasive influence of Jungian psychology with its emphasis on the spiritual rather than the material, with a disinterest in the immediate environment in terms of comfort and aesthetics. The goal of Jungian analysis was to reconcile personal experiences with the collective unconscious to attain wisdom. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Sheffield LEA’s Psychological Service 1972–1979: A personal view.
Authors: Galloway, David;
Source: Educational and Child Psychology, Vol 35(1, Special), Mar, 2018 pp. 41-50. Publisher: British Psychological Society; [Journal Article]
Abstract: This paper presents the personal view of the author on educational psychology, child guidance clinic, professional development, and psychological services. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The training imperative.
Authors: Thompson, David;
Source: Educational and Child Psychology, Vol 35(1, Special), Mar, 2018 pp. 51-61. Publisher: British Psychological Society; [Journal Article]
Abstract: The changes taking place within the Sheffield service from 1970 onwards, away from child guidance towards a broadly based application of psychology within the whole education department, not just schools, raised questions about training psychologists to take up this new role. Since the publication of the Summerfield report in 1968 (DES, 1968), there was pressure to increase initial training places by opening up new courses rather than simply expand places on existing courses. Sheffield University had an excellent Department of Psychology as well as a strong School of Education. David Loxley was a graduate from the Psychology department in Sheffield University, and was keen to support the development of such a course. The first course tutor to be appointed to the course was David Thompson, already working as a Senior EP in Sheffield. Later associate tutors working part-time in the Sheffield Service and part-time on the Sheffield University training course cemented the close relationship, and had a profound influence on the course structure and content. By the 1990s pressures for structured continuing professional development (CPD) for serving psychologists was growing, both through the requirements of the British Psychological Society (BPS) for chartered psychologists and through the rapid changes in education (national curriculum and its associated assessment procedures, introduction of the Code of Practice for SEN). The tutors on the Sheffield MSc course saw opportunities to develop a taught doctorate to meet these needs, with the first students accepted onto this new doctorate programme in
1996 The experience of developing and teaching this new programme was valuable when initial training for EPs moved to a three-year doctoral course. David Thompson remained as course tutor from 1974 until his retirement in 2007. He reflects on his long experience in the field of initial training and continuing professional development in the field of EP training in the following chapter. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Transparency about the outcomes of mental health services (IAPT approach): An analysis of public data.

Authors:
Clark, David M.; Canvin, Lauren; Green, John; Layard, Richard; Pilling, Stephen; Janecka, Magdalena;

Source:

Abstract:
Background: Internationally, the clinical outcomes of routine mental health services are rarely recorded or reported; however, an exception is the English Improving Access to Psychological Therapies (IAPT) service, which delivers psychological therapies recommended by the National Institute for Health and Care Excellence for depression and anxiety disorders to more than 537 000 patients in the UK each year. A session-by-session outcome monitoring system ensures that IAPT obtains symptom scores before and after treatment for 98% of patients. Service outcomes can then be reported, along with contextual information, on public websites. Methods: We used publicly available data to identify predictors of variability in clinical performance. Using β regression models, we analysed the outcome data released by National Health Service Digital and Public Health England for the 2014–15 financial year (April 1, 2014, to March 31, 2015) and developed a predictive model of reliable improvement and reliable recovery. We then tested whether these predictors were also associated with changes in service outcome between 2014–15 and 2015–16. Findings: Five service organisation features predicted clinical outcomes in 2014–15. Percentage of cases with a problem descriptor, number of treatment sessions, and percentage of referrals treated were positively associated with outcome. The time waited to start treatment and percentage of appointments missed were negatively associated with outcome. Additive odd ratios suggest that moving from the lowest to highest level on an organisational factor could improve service outcomes by 11–42%, dependent on the factor. Consistent with a causal model, most organisational factors also predicted between-year changes in outcome, together accounting for 33% of variance in reliable improvement and 22% for reliable recovery. Social deprivation was negatively associated with some outcomes, but the effect was partly mitigated by the organisational factors. Interpretation: Traditionally, efforts to improve mental health outcomes have largely focused on the development of new and more effective treatments. Our analyses show that the way psychological therapy services are implemented could be similarly important. Mental health services elsewhere in the UK and in other countries might benefit from adopting IAPT’s approach to recording and publicly reporting clinical outcomes. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Mental health capacity building in low and middle income countries: The Emerald programme. Thornicroft, G.; Semrau, M.;

Source:

Abstract:
This is a time of unprecedented interest in the field of global mental health. Since the WHO World Mental Health Report of 2001 (World Health Organization, 2001) there has been an accelerating tempo of evidence and initiatives. These show an appreciation of the scale of the mental health gap across all of the world, and demonstrate the strengthening evidence base of effective interventions to treat people with mental illnesses in low and middle income countries (LMICs). An important part of the legacy of Emerald is the development of 27 Masters-level teaching modules, and three short courses on mental health
system strengthening (for service users and caregivers; policymakers and planners; and mental health researchers), in addition to having provided support for pre- and post-doctoral research staff. These teaching packages will be made available under a Creative Commons open access license in the near future via the Emerald website at King’s College London. The capacity building approaches taken by Emerald may serve as a model to be adapted for other LMICs for future initiatives designed to support knowledge, attitude and skill enhancement for everyone concerned with mental health system strengthening in LMICs. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Service user and caregiver involvement in mental health system strengthening in low- and middle-income countries: A cross-country qualitative study.

Authors:

Source:

Abstract:
Aims: The aims of this paper are to: (i) explore the experiences of involvement of mental health service users, their caregivers, mental health centre heads and policy makers in mental health system strengthening in three low- and middle-income countries (LMICs) (Ethiopia, Nepal and Nigeria); (ii) analyse the potential benefits and barriers of such involvement; and (iii) identify strategies required to achieve greater service user and caregiver participation. Methods. A cross-country qualitative study was conducted, interviewing 83 stakeholders of mental health services. Results: Our analysis showed that service user and caregiver involvement in the health system strengthening process was an alien concept for most participants. They reported very limited access to direct participation. Stigma and poverty were described as the main barriers for involvement. Several strategies were identified by participants to overcome existing hurdles to facilitate service user and caregiver involvement in the mental health system strengthening process, such as support to access treatment, mental health promotion and empowerment of service users. This study suggests that capacity building for service users, and strengthening of user groups would equip them to contribute meaningfully to policy development from informed perspectives. Conclusion: Involvement of service users and their caregivers in mental health decision-making is still in its infancy in LMICs. Effective strategies are required to overcome existing barriers, for example making funding more widely available for Ph.D. studies in participatory research with service users and caregivers to develop, implement and evaluate approaches to involvement that are locally and culturally acceptable in LMICs. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Innovations in practice: Using clinician-rated outcomes to support improved service decision making in a Child and Adolescent Mental Health Service.

Authors:
Fuggle, Peter; Cleridou, Kalia;

Source:

Abstract:
Background: Clinical outcomes are now routinely collected in most services. However, there is a need to make full use of the information collected in order to improve the use of limited Child and Adolescent Mental Health Service (CAMHS) resources. This paper describes a method of improving service decision making by making the interpretation of outcomes data accessible to frontline staff. Method: Clinician ratings of child outcomes for 2876 cases were routinely collected between 2009 and 2013 in a single CAMHS service. These outcomes were assessed against seven ‘point of entry’ and ‘treatment’ variables. Results: Older children, referred by social care and presenting with multiple problems were associated with worse treatment outcomes than other service users. These findings were used to create an
accessible Service Evaluation Chart of outcomes, to support discussion and decision making within the service. This process enabled the identification of a group who had particularly poor outcomes and resulted in consideration about service changes to try to improve outcomes for this specific group. Conclusions: Providing clinicians with accessible information about outcomes promotes the likelihood of outcomes being used in service decision making. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Comparing the multicomponent coping power program to individualized parent–child treatment for improving the parenting efficacy and satisfaction of parents of children with conduct problems.

Authors: Ludmer, Jaclyn A.; Sanches, Marcos; Propp, Lee; Andrade, Brendan F.;


Abstract: This study compared the multicomponent Coping Power (group) program to individualized parent–child treatment with respect to changing the parenting efficacy and satisfaction of parents of children with conduct problems. One hundred fourteen parents of 9–12-year-old children with conduct problems were randomized to Coping Power or individualized treatment at an urban children's mental health clinic. Parents reported their pre- and post-treatment parenting efficacy and parenting satisfaction (Parent Sense of Competence Scale). Mixed effect models revealed that parenting efficacy and satisfaction significantly increased from pre- to post-treatment, and there was no evidence that this effect is different between Coping Power and individualized treatment, even after controlling for initial severity of child symptomatology. Findings support the effectiveness of Coping Power as an intervention for parenting efficacy and satisfaction among parents of children aged 9–12 years with conduct problems. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-21800-001&site=ehost-live

Title: Perceived self-stigma in the utilization of mental health services in foster care and post foster care among foster care alumni.

Authors: Villagrana, Margarita; Guillen, Cindy; Macedo, Vanessa; Lee, Sei-Young;

Source: Children and Youth Services Review, Vol 85, Jan, 2018 pp. 26-34. Publisher: Elsevier Science;

Abstract: Foster youth experience higher rates of mental health disorders and receive higher rates of mental health services in comparison to the general population. Yet, upon foster care exit, mental health service use drastically declines. Little is known as to the reasons for mental health service decline after foster care exit. However, research studies in the mental health literature have consistently shown that self-stigma and public stigma are significant in mental health service receipt. Studies have also shown that self-stigma affects an adolescent's self-identity, self-efficacy, and interpersonal relationships, which impact self-sufficiency once youth leave foster care. This study explores self-stigma in the utilization of mental health services while in foster care, and whether the stigma developed while in foster care impacts mental health service use upon foster care exit. The role of public stigma in the utilization of mental health services post foster care is also examined. Thirteen former foster youth with a mental health treatment history while in foster care were interviewed. Results show that foster youth experienced self-stigma, which increased the negative impact of mental health service receipt while in foster care. After foster care exit, youth who identified experiencing self-stigma while in foster care tended to discontinue mental health services after foster care exit. In contrast, foster youth who did not identify self-stigma in the receipt of mental health services while in foster care continued accessing services upon foster care exit. Public stigma was not identified as influencing mental health service use post foster care, but was coupled with negative labels, stereotypes, and negative perceptions. Implications for preventive and intervention measures are also discussed/proposed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
The concept of chronicity in action: Everyday classification practices and the shaping of mental health care.

Authors:
Bister, Milena D.

Source:

Abstract:
For almost half a century social scientists have explored the phenomenon of chronic illness. In this paper, I examine how the concept of chronicity participates in present-day mental health care settings. Using ethnomethodology and material-semiotic theory within science and technology studies, I investigate how the classification 'chronically mentally ill' interacts with the everyday socio-material shaping of public mental health care in the context of professional institutions. Drawing on ethnographic fieldwork in a psychiatric day hospital and in a community day care centre in Berlin, Germany, I demonstrate how the classification of chronicity acts as a tool of description (of people or their conditions), regulation (of therapy, health care or administration), and connection to infrastructures of care (practised technologies or standards of various kinds). In these ways, I argue, the classification engages in actions of producing treatability, arranging resources, demarcating responsibilities, practicing accountability, and doing presence. Notably, community mental health care has developed into a designated territory of the concept: explicitly arranged for 'the chronically mentally ill' as a human kind, we can take everyday life in these institutions as instructive of how chronicity is defined in daily practice. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Personality Disorders

Title:
Interpersonal stressors and negative affect in individuals with borderline personality disorder and community adults in daily life: A replication and extension.

Authors:
Hepp, Johanna; Lane, Sean P.; Wycoff, Andrea M.; Carpenter, Ryan W.; Trull, Timothy J.;

Source:

Abstract:
Affective instability and interpersonal stress are key features of borderline personality disorder (BPD). They were shown to covary in the daily lives of patients in a recent ambulatory assessment study (Hepp et al., 2017) that observed comparatively larger positive associations between interpersonal stressors and negative affect in individuals with BPD than those with depressive disorders. The present study sought to replicate these findings, collecting data on hostility, sadness, fear, and rejection or disagreement events from 56 BPD and 60 community control participants for 21 days, 6 times a day. Using identical statistical procedures, the positive associations between momentary rejection/disagreement and hostility, sadness, and fear were replicated. Again replicating the original study, the rejection–hostility, rejection–sadness, and disagreement–hostility associations were significantly stronger in the BPD group. Time-lagged analyses extended the original study, revealing that rejection was associated with subsequent hostility and sadness more strongly in the BPD group, as was disagreement with subsequent hostility and fear. Though small, we argue that the observed group differences reflect meaningful pervasive responses in a daily life context. Future research should consider these when implementing affect regulation strategies that are applicable in interpersonal contexts for all individuals, but particularly those with BPD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Limited effects of pre-existing maternal antisocial behaviours on infant neurodevelopment: A pilot study.

Authors:
Currie, Lisa; Pajer, Kathleen; Gardner, William; Cake, Heather; Shaw, Sarah; Patterson, Victoria;

Source:
Infant and Child Development, Vol 27(1), Jan-Feb, 2018 Publisher: John Wiley & Sons; [Journal Article]

Abstract:
Antisocial behaviour disorders (ABDs) are among the most costly and treatment resistant of all psychiatric syndromes. Select neurodevelopmental abnormalities have been labelled a risk factor for ABDs, but it is unknown if maternal ABDs are associated with early neurodevelopmental abnormalities. This study tested whether infants of ABD mothers had more neurodevelopmental abnormalities than mothers with no psychiatric disorder (ND). Thirty-nine pregnant women (49% with ABDs; 51% no psychiatric disorder) were recruited from the community. Infant neurodevelopment was assessed at ≤ 1 and 8 weeks using the Neonatal Behavioural Assessment Scale and at 16 weeks of age using the Bayley Scales of Infant and Toddler Development-III. There was no significant group difference at ≤ 8 weeks. At 16 weeks, ABD mothers rated their infants higher on the Adapted Behaviours subscale, specifically on the leisure and self-directed scales, when corrected for substance use and socio-economic status. This pilot study found higher maternal ratings of Adapted Behaviours at 16 weeks, which may be due to unrealistic expectations about infant development. Highlights: 1. Maternal Antisocial behaviour disorders (ABDs) do not impact early infant neurodevelopment at ≤ 8 weeks old as measured by standardized assessment. 2. Mothers with ABDs view their infants at 16 weeks as better adapted than women without any psychiatric disorder. 3. Specifically, mothers with ABDs reported their infants as better adapted on the leisure and self-direction subscales of the Bayley Scales of Infant and Toddler Development-III. This finding may be due to less knowledge about normal infant adaptive behavior. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Patterns of emotional availability between mothers and young children: Associations with risk factors for borderline personality disorder.

Authors: Trupe, Rebecca D.; Macfie, Jenny; Skadberg, Rebecca M.; Kurdziel, Gretchen;

Source: Infant and Child Development, Vol 27(1), Jan-Feb, 2018 Publisher: John Wiley & Sons; [Journal Article]

Abstract: Emotional availability (EA) characterizes a warm, close relationship between caregiver and child. We compared patterns (clusters) of EA on risk factors, including those for borderline personality disorder (BPD). We sampled 70 children aged 4 to 7 years from low socio-economic backgrounds: 51% of whose mothers had BPD. We coded filmed interactions for EA: mothers' sensitivity, structuring, non-intrusiveness, non-hostility, and children's responsiveness to, and involvement of, mothers. We additionally coded children's over-responsiveness and over-involvement. Using person-centred analyses, we identified four clusters: high functioning, low functioning, asynchronous (mothers above average on two of four dimensions and children below), and below average. Mothers in the low-functioning cluster had lower income, less social support, more of the borderline feature of negative relationships, and more depression than did mothers in the high-functioning cluster. The children in the low-functioning group had more risk factors for BPD (physical abuse, neglect, and separation from, or loss of caregivers, and negative narrative representations of the mother–child relationship in their stories) than did children in the high-functioning group. The asynchronous group included older girls who were over-responsive and over-involving with their mothers in an apparent role reversal. Interventions targeting emotional availability may provide a buffer for children facing cumulative risks and help prevent psychopathology. Highlights: 1. This paper investigated how mother-child emotional availability (warmth and closeness) relates to risk factors for borderline personality disorder, including mother-child role reversal. 2. In filmed mother-child interactions, low emotional availability was associated with risk for borderline personality disorder and role reversal was more likely for older girls. 3. Findings support the cumulative risk hypothesis and may inform interventions to improve mother-child emotional availability to prevent the development of psychopathology. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Dissociation of brain activation in autism and schizotypal personality disorder during social judgments.

Authors: Stanfield, Andrew C.; Philip, Ruth C. M.; Whalley, Heather; Romaniuk, Liana; Hall, Jeremy; Johnstone, Eve C.; Lawrie, Stephen M.;


Abstract: Background: There are overlaps between autism and schizophrenia but these are particularly pronounced, especially in social domains, for higher functioning individuals with autism spectrum disorders (ASD) or schizotypal personality disorder (SPD). It is not known whether these overlapping social deficits result from shared or distinct brain mechanisms. We therefore compared social cognition in ASD and SPD using functional magnetic resonance imaging (fMRI). Methods: Twenty-one individuals with SPD, 28 with ASD and 33 controls were compared with respect to clinical symptoms using the Positive and Negative Syndrome Scale; social cognition, using a social judgment task and Ekman 60 faces task; and brain activation using an fMRI task of social judgment. Results: The ASD and SPD groups showed few differences in symptoms or social cognition. However, fMRI showed that, compared to ASD, the SPD group showed significantly greater activation during social compared to gender judgments in the amygdala and 3 clusters: right posterior cerebellum, extending into fusiform and inferior temporal gyr; left posterior cerebellum; and left intraparietal sulcus extending through medial portions of the temporal gyri into the fusiform gyrus (all P < .05 family-wise error corrected). Control activations lay between the ASD and SPD groups. Conclusions: Although social cognitive deficits in ASD and SPD appear superficially similar they are the result of different brain mechanisms. These findings have implications for therapeutic interventions targeted at social dysfunction in these conditions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Neural mechanisms underlying affective theory of mind in violent antisocial personality disorder and/or schizophrenia.

Authors: Schiffer, Boris; Pawliczek, Christina; Müller, Bernhard W.; Wiltfang, Jens; Brüne, Martin; Forsting, Michael; Gizewski, Elke R.; Leygraf, Norbert; Hodgins, Sheilagh


Abstract: Among violent offenders with schizophrenia, there are 2 sub-groups, one with and one without, conduct disorder (CD) and antisocial personality disorder (ASPD), who differ as to treatment response and alterations of brain structure. The present study aimed to determine whether the 2 groups also differ in Theory of Mind and neural activations subsuming this task. Five groups of men were compared: 3 groups of violent offenders—schizophrenia plus CD/ASPD, schizophrenia with no history of antisocial behavior prior to illness onset, and CD/ASPD with no severe mental illness—and 2 groups of non-offenders, one with schizophrenia and one without (H). Participants completed diagnostic interviews, the Psychopathy Checklist Screening Version Interview, the Interpersonal Reactivity Index, authorized access to clinical and criminal files, and underwent functional magnetic resonance imaging while completing an adapted version of the Reading-the-Mind-in-the-Eyes Task (RMET). Relative to H, nonviolent and violent men with schizophrenia and not CD/ASPD performed more poorly on the RMET, while violent offenders with CD/ASPD, both those with and without schizophrenia, performed similarly. The 2 groups of violent offenders with CD/ASPD, both those with and without schizophrenia, relative to the other groups, displayed higher levels of activation in a network of prefrontal and temporal-parietal regions and reduced activation in the amygdala. Relative to men without CD/ASPD, both groups of violent offenders with CD/ASPD displayed a distinct pattern of neural responses during emotional/mental state attribution pointing to distinct and comparatively successful processing of social information. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: The effect of therapist use of validation strategies on change in client emotion in individual DBT treatment sessions.

Authors: Carson-Wong, Amanda; Hughes, Christopher D.; Rizvi, Shireen L.

Source: Personality Disorders: Theory, Research, and Treatment, Vol 9(2), Mar, 2018 pp. 165-171. Publisher: Educational Publishing Foundation;

Abstract: Dialectical behavior therapy (DBT) is a treatment for borderline personality disorder, a disorder for which emotion dysregulation is central. Within DBT, there are 6 explicitly defined validation strategies that range hierarchically from validation level (VL) 1 to VL 6. To date, there have been no studies on the frequency of use of VLs in actual DBT sessions. The aim of the current study was to explore DBT therapists’ use of VLs and examine the relationship between VLs and change in a client emotion during therapy sessions. DBT treatment sessions (n = 121) across 35 participants in a DBT training clinic were coded for therapist use of VLs. A repeated-measures analysis of variance (ANOVA) was used to assess for change in therapist use of VLs over time and hierarchical linear modeling was used to correlate therapist use of these strategies with change in client emotion. Results indicated no significant relationship between overall frequency of VLs and change in client emotion. However, an increase in frequency of high VLs was associated with an increase in positive affect (PA) and a decrease in negative affect (NA) while an increase in frequency of low VLs was associated with a decrease in PA and no change in NA. An increase in frequency of VL 4 was associated with an increase in NA. VL 6 was associated with an increase in PA and a decrease in NA. Findings suggest that specific validation strategies may be related to session changes in affect and have implications for identifying potential mechanisms of change. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
Identification of mental states and interpersonal functioning in borderline personality disorder.
Authors:
Berenson, Kathy R.; Dochat, Cara; Martin, Christiana G.; Yang, Xiao; Rafaeli, Eshkol; Downey, Geraldine;
Personality Disorders: Theory, Research, and Treatment, Vol 9(2), Mar, 2018 pp. 172-181. Publisher:
Source:
Educational Publishing Foundation; [Journal Article]
Abstract:
Atypical identification of mental states in the self and others has been proposed to underlie interpersonal
difficulties in borderline personality disorder (BPD), yet no previous empirical research has directly
examined associations between these constructs. We examine 3 mental state identification measures and
their associations with experience-sampling measures of interpersonal functioning in participants with
BPD relative to a healthy comparison (HC) group. We also included a clinical comparison group
diagnosed with avoidant personality disorder (APD) to test the specificity of this constellation of difficulties
to BPD. When categorizing blended emotional expressions, the BPD group identified anger at a lower
threshold than did the HC and APD groups, but no group differences emerged in the threshold for
identifying happiness. These results are consistent with enhanced social threat identification and not
general negativity biases in BPD. The Reading the Mind in the Eyes Test (RMET) showed no group
differences in general mental state identification abilities. Alexithymia scores were higher in both BPD and
APD relative to the HC group, and difficulty identifying one's own emotions was higher in BPD compared
to APD and HC. Within the BPD group, lower RMET scores were associated with lower anger
identification thresholds and higher alexithymia scores. Moreover, lower anger identification thresholds,
lower RMET scores, and higher alexithymia scores were all associated with greater levels of interpersonal
difficulties in daily life. Research linking measures of mental state identification with experience-sampling
measures of interpersonal functioning can help clarify the role of mental state identification in BPD
symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Borderline personality disorder and mental health care utilization: The role of self-harm.
Authors:
Sansone, Randy A.; Sellbom, Martin; Songer, Douglas A.;
Personality Disorders: Theory, Research, and Treatment, Vol 9(2), Mar, 2018 pp. 188-191. Publisher:
Source:
Educational Publishing Foundation; [Journal Article]
Abstract:
The current study examined the associations for borderline personality disorder (BPD) and a specific trait
of the disorder, self-harm, with mental health care utilization. Our sample consisted of 145 psychiatric
inpatients who completed 3 measures of BPD (Personality Diagnostic Questionnaire-4 [PDQ-4], McLean
Screening Inventory for borderline personality disorder [MSI-BPD], Structured Clinical Interview for DSM–
IV Axis II Disorders–Personality Questionnaire [SCID-II-PQ]) and the Self-Harm Inventory (SHI). In
relationship to mental health care utilization, the correlation for the SHI was significantly larger than those
for the PDQ-4, MSI-BPD, or SCID-II-PQ. Thus, self-harm was significantly better at detecting mental
health care utilization than was the overall BPD construct, which indicates that some of the more severe
manifestations of the disorder are the most predictive of impairment in functioning. These findings also call
into question whether BPD (and by extension, personality pathology in general) is most useful in these
symptom constellations as opposed to focusing on specific maladaptive traits. (PsycINFO Database
Record (c) 2018 APA, all rights reserved)

Title:
Differentiating the everyday emotion dynamics of borderline personality disorder from major depressive
disorder and bipolar disorder.
A major barrier to the understanding of emotion dynamics in borderline personality disorder (BPD) lies in its substantial comorbidity with major depressive disorder (MDD) and bipolar disorder (BD). Whereas BPD has often been characterized in terms of dynamic emotional processes, including instability, reactivity, and inertia, its substantial comorbidity with MDD and BD makes it difficult to discern the specificity of these dynamics. To differentiate the emotion dynamics of BPD from those of MDD and BD, an experience sampling study of 38 participants with BPD, 15 participants with MDD, 14 participants with BD, and 62 healthy controls obtained reports of interpersonal challenges and emotions 5 times daily for 2 weeks. Interpersonal challenges included rejection, betrayal, abandonment, offense, disappointment, and self-image challenge; emotions included anger, excitement, guilt, happiness, irritability, and shame. Multilevel analyses revealed that heightened interpersonal reactivity of guilt and shame and heightened inertia of shame were relatively specific to BPD. These findings could not be accounted for by the presence of current MDD or BD. By contrast, heightened instability of anger and irritability and heightened inertia of irritability appeared to be largely transdiagnostic. Implications for clinical assessment, research, and theory are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
The aim of the present study was to investigate alterations of ventral striatal activation during reward anticipation and its relationship to symptom expression in persons with schizotypal personality traits (SPT) and first-episode psychosis. Twenty-six individuals with high SPT, 26 patients with non-affective first-episode schizophrenia [FEP-SZ] and 25 healthy controls underwent event-related functional magnetic resonance imaging while performing a variant of the Monetary Incentive Delay task. Ventral striatal activation was positively correlated with total symptom severity, in particular with levels of positive symptoms. This association was observed across the psychosis continuum and within each subgroup. Patients with FEP-SZ showed the strongest elevation of striatal activation during reward anticipation, although symptom levels did not differ between groups in the psychosis continuum. While our results provide evidence that variance in striatal activation is mainly explained by dimensional symptom expression, patients with schizophrenia show an additional dysregulation of striatal activation. Trans-diagnostic approaches are promising in order to disentangle dimensional and categorical neural mechanisms in the psychosis continuum. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Clarifying associations between psychopathy facets and personality disorders among offenders.
Authors: Klipfel, Kristen M.; Garofalo, Carlo; Kosson, David S.;
Abstract: Purpose: This study examined bivariate, unique, and multivariate associations between psychopathy facets and other Personality Disorders (PDs). Method: 76 incarcerated males were assessed with clinical interviews measuring psychopathy and DSM-5 PDs. Canonical Correlation Analysis (CCA) was used to examine multivariate associations between dimensional scores of psychopathy facets and other PDs. Results: Preliminary analyses of bivariate and partial associations revealed that much of the covariation between psychopathy and PD traits reflected shared variance among psychopathy facets and among PD traits. After controlling for the shared variance, unique relationships were limited to positive relationships between Narcissistic PD and interpersonal facet and between Paranoid PD and antisocial facet ratings. Canonical Correlation Analysis yielded two pairs of functions that explained the shared variance between psychopathy and PDs. In the first pair of functions, elevations on the interpersonal and antisocial facets were associated with symptoms of Paranoid, Narcissistic, Histrionic, and Antisocial PDs. In the second pair of functions, high levels of the antisocial facet and low levels of the interpersonal facet were related to Borderline PD. Conclusion: Results suggest that associations between psychopathy and DSM-5 PDs go beyond established links with Antisocial and Narcissistic PDs to include associations with Histrionic, Borderline, and Paranoid PDs. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Predictors of dropout from a psychodynamic hospitalization-based treatment for personality disorders.
Authors: Wampers, Martien; Pola, Constanza; Verhaest, Yannic; Vandeneede, Bart; Demyttenaere, Koen; Vermote, Rudi; Lowyck, Benedicte;
Abstract: Today, psychotherapy is the treatment of choice for patients with a personality disorder (PD). PD patients are however difficult to engage into treatment and little is known about the factors that lead to dropout. The aim of this study was to increase our understanding of dropout in PD patients. In particular, and based on earlier studies, we aimed to identify baseline patient factors predicting dropout from a psychodynamic hospitalization-based treatment program. Results in a sample of 129 well-screened PD patients showed (a) a dropout rate of 34%, which is in line with earlier studies; (b) univariate analysis indicated that a lower educational level, the presence of Cluster A PD, especially schizoid PD, the total
number of Axis II disorders, and the total number of Axis I disorders were predictive of dropout; and (c) when these variables were entered in a stepwise logistic regression analysis, the only significant predictor of dropout was the number of Axis II diagnoses. Dropout from a hospitalization-based psychodynamic treatment program was thus associated with a higher number of Axis II diagnoses (odds ratio = 1.73, 95% confidence interval [1.16, 2.57]). These findings suggest that the more serious one’s personality pathology is at the start of treatment, the higher the chance patients will drop out from our treatment program. Implications for the psychosocial treatment of PD patients are formulated. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Schema modes and dissociation in borderline personality disorder/trait in adolescents or young adults.
Authors:
Barazandeh, Hoda; Kissane, David.W.; Saeedi, Naysun; Gordon, Michael;
Source:
Psychiatry Research, Vol 261, Mar, 2018 pp. 1-6. Publisher: Elsevier Science; [Journal Article]
Abstract:
Dramatic mental shifts in young patients with borderline personality disorder (BPD) can be understood to occur via dissociative processes found in immature schema modes. A schema mode is an organized pattern of thought, affect and behaviour based on a set of core beliefs. These maladaptive modes are not integrated into a united personality structure and can function in a dissociated form. The aim of this study was to empirically assess the relationship between dysfunctional schema modes and dissociation in BPD. Forty-two young patients with BPD confirmed by the structured clinical interview for DSM-IV Axis-II personality disorders (SCID-II) were further assessed by the Psychiatric Diagnostic Screening Questionnaire (PDSQ), DSM-IV/ICD-10 Personality Questionnaire (DIP-Q), Schema Mode Inventory (SMI) and Wessex Dissociation Scale (WDS). Pearson correlations assessed associations and stepwise regression explored the extent of these associations. The strongest correlations were found between dissociation and the following modes: Detached Protector, Angry Child, Impulsive Child, Punitive Parent, Demanding Parent, and Vulnerable Child. Stepwise regression analysis indicated that schema modes explained 58% of the variance in dissociation. The schema modes that significantly predicted dissociation were the Detached Protector and Impulsive Child modes. Key therapeutic targets in treating adolescents with BPD include detachment and impulsivity. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Assessing advanced theory of mind and alexithymia in patients suffering from enduring borderline personality disorder.
Authors:
Pluta, Agnieszka; Kulesza, Maria; Grzegorzewski, Piotr; Kucharska, Katarzyna;
Source:
Psychiatry Research, Vol 261, Mar, 2018 pp. 436-441. Publisher: Elsevier Science; [Journal Article]
Abstract:
Findings on the theory of mind (ToM) abilities in borderline personality disorder (BPD) have been inconsistent. Surprisingly, no studies have focused on the complex aspects of ToM while simultaneously measuring alexithymia as well as comorbid depressive and anxiety symptoms, therefore, our study aimed to fill this gap. 30 female patients with BPD and 38 healthy controls (HCs) completed the Faux Pas Test (FPT) and the Toronto Alexithymia Scale-20 (TAS-20). The clinical and intellectual assessment comprised of the Structured Clinical Interview for DSM-IV-TR Axis II Disorders (SCID-II), the Borderline Personality Inventory (BPI), the State–Trait Anxiety Inventory (STAI), the Center for Epidemiologic Studies Depression Scale–Revised (CESD-R), and the Raven's Progressive Matrices (RPM). Women with BPD scored significantly worse than HCs on overall ToM abilities. After controlling for the intelligence level, depressive symptoms, and state and trait anxiety, both groups presented a similar overall level of alexithymia. No correlation between the FPT and TAS-20 scores was found, suggesting that both constructs might be unrelated in BPD. Because ToM dysfunctions seem not to result from comorbid clinical symptoms, trait
anxiety, or intellectual abilities, our study results suggest that ToM deficits might be considered a core feature of BPD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Co-morbid personality disorder in early intervention psychosis clients is associated with greater key worker emotional involvement.

Authors:
Fornells-Ambrojo, Miriam; Pocock, Phil; Mintah, Ruth; Barker, Chris; Craig, Thomas; Lappin, Julia M.;

Source:

Abstract:
Aim: Co-morbid personality disorder (PD) is associated with poorer outcomes in psychosis patients, but it is not known whether these patterns are present at illness onset. This study investigated the prevalence of co-morbid PD in clients of an Early Intervention in Psychosis Service (EIPS) and compared key worker engagement and service use between patients with and without co-morbid PD. Method: Forty-nine participants were recruited from an inner London NHS EIPS. The Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders IV (DSMIV) Axis II Disorders was administered to identify whether participants met criteria for a diagnosis of PD. Key workers completed measures investigating the therapeutic relationship and emotional involvement. Data on service use over a 2-year period from the date on which the patient was accepted by the EIPS were collected from electronic clinical records. Service use and key worker informed data were collected blind to PD diagnosis. Results: Twenty-two of the 49 (45%) patients met criteria for co-morbid PD. Keyworker worry and tension were significantly higher in relation to patients with co-morbid PD compared with those without. There were no significant differences between groups in appointments offered or attended, but patients with co-morbid PD were significantly less likely to be admitted to hospital than those without. Conclusions: Co-morbid PD is common in EIPS patients. The EIPS model is both assertive and intensive; although this appears to be effective in preventing hospital admissions, this does not equip professionals to manage the higher emotional burden associated with a co-morbid PD diagnosis. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The effect of alliance-focused training on a cognitive-behavioral therapy for personality disorders.

Authors:
Muran, J. Christopher; Safran, Jeremy D.; Eubanks, Catherine F.; Gorman, Bernard S.;

Source:

Abstract:
Objective: To improve success rates in psychotherapy, we developed and evaluated an alliance-focused training (AFT) protocol with regard to patient–therapist interpersonal behavior in a 30-session protocol of cognitive-behavioral therapy (CBT) for outpatients comorbid with Axis I and II conditions. Method: Participants included 40 patients treated by 40 therapists in a multiple baseline design in which novice therapists trained to fidelity standards in CBT were introduced to AFT at different time intervals (after either 8 or 16 sessions) during a 30-session CBT protocol. Interpersonal behaviors were assessed with a simplified version of the Structural Analysis of Social Behavior (SASB) on videotaped sessions sampled from the early (between Sessions 6 through 8), mid (Sessions 14 through 16), and late (Sessions 22 through 24) phases of therapy. Results: As predicted, several significant interactions were observed between within-subject interpersonal change and between-groups differences in exposure to AFT. Specifically, there were decreases in patient dependence and in therapist control (including criticism), plus increases in patient expressiveness and in therapist affirmation and expressiveness, all of which could be attributed to AFT. The predictive relationship of several of these variables to session-level and overall treatment outcome was also demonstrated. Conclusions: This study demonstrates that novice CBT therapists can be trained to improve their interpersonal process with patients who present with comorbid
Avoidant personality disorder (AVPD) is a relatively common disorder that is associated with significant distress, impairment, and disability. It is a chronic disorder with an early age at onset and a lifelong impact. Yet it is underrecognized and poorly studied. Little is known regarding the most effective treatment. The impetus for research into this condition has waxed and waned, possibly due to concerns regarding its distinctiveness from other disorders, especially social anxiety disorder (SAD), schizoid personality disorder, and dependent personality disorder. The prevailing paradigm subscribes to the 'severity continuum hypothesis', in which AVPD is viewed essentially as a severe variant of SAD. However, areas of discontinuity have been described, and there is support for retaining AVPD as a distinct diagnostic category. Recent research has focused on the phenomenology of AVPD, factors of possible etiological significance such as early parenting experiences, attachment style, temperament, and cognitive processing. Self-concept, avoidant behavior, early attachments, and attachment style may represent points of difference from SAD that also have relevance to treatment. Additional areas of research not focused specifically on AVPD, including the literature on social cognition as it relates to attachment and personality style, report findings that are promising for future research aimed at better delineating AVPD and informing treatment.

Comparing different approaches for subtyping children with conduct problems: Callous-unemotional traits only versus the multidimensional psychopathy construct.

The aim of this study was to compare two youth psychopathy models (i.e., callous-unemotional versus multidimensional model) in their ability to predict future and stable conduct problems (CP). At baseline, mothers and fathers of 321 boys and 369 girls (ages 7–12) completed measures that tap callous-unemotional and other psychopathic traits. Parent-reported CP was collected at baseline and at 6- and 12 month follow-ups. Children were assigned to mutually exclusive groups based on their levels of CP and psychopathic traits. Children with CP who manifested callous-unemotional traits (Callous-Unemotional + CP) were occasionally at risk for future and stable CP. Yet, across gender, children with CP scoring high on all psychopathic trait dimensions (Psychopathic Personality + CP) showed the most robust and highest risk for future and stable CP. Also, Callous-Unemotional + CP children, and children who were only high in CP, often were at similar risk for future CP. The findings suggest that the callous-unemotional model is less sufficient than the multidimensional model in predicting future and stable CP. This can be concluded for both boys and girls and calls for more research reconsidering the multidimensional nature of psychopathy for CP subtyping purposes.
Psychopathic personality works better than CU traits for predicting fearlessness and ADHD symptoms among children with conduct problems.

**Authors:** Frogner, Louise; Andershed, Anna-Karin; Andershed, Henrik;


**Abstract:**
Children with early-onset conduct problems (CP) are at great risk for future behavior problems, and this risk seems to increase when CP co-occur with psychopathic traits. Even though studies are indicating that the entire psychopathic personality construct may be more useful in designating a meaningful subgroup of children with CP, research on psychopathic traits and CP in childhood have mainly focused on the role of callous unemotional (CU) traits. Prospective longitudinal data of 1867 3- to 5-year-olds (47% girls) followed annually for two years was used to compare groups of children with different combinations of CP and psychopathic traits on fearlessness and Attention-Deficit Hyperactivity Disorder (ADHD) symptoms. Children with CP and psychopathic personality had higher baseline and stable levels of ADHD symptoms than children with CP only or children with CP and concurrent CU traits, while baseline levels of fearlessness did not differ. They were also more likely to display stable levels of the risky combination of CP and ADHD symptoms. Results were similar for boys and girls. Findings indicate that there are reasons to consider other traits and behaviors as specifiers for subgroups of children with CP over and above CU traits, in order to optimize both diagnostic practice and treatment outcomes. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:** Relationship of probable ADHD with novelty seeking, severity of psychopathology and borderline personality disorder in a sample of patients with opioid use disorder.

**Authors:** Evren, Cuneyt; Alniak, Izgi; Karabulut, Vahap; Cetin, Turan; Umut, Gokhan; Agachanli, Ruken; Evren, Bilge;

**Source:** Psychiatry and Clinical Psychopharmacology, Vol 28(1), Mar, 2018 pp. 48-55. Publisher: Taylor & Francis;

**Abstract:**
Objective: The aim of the present study was to evaluate the relationship of probable attention-deficit hyperactivity disorder (ADHD) with novelty seeking (NS), the severity of psychopathology and borderline personality disorder (BPD) in a sample of male patients with opioid use disorder (OUD). Methods: Participants included 229 patients with OUD. Participants were evaluated with the Adult ADHD Self-Report Scale (ASRS-v1.1), the Symptom Checklist-90-Revised (SCL-90-R) and NS subscale of the Temperament and Character Inventory (TCI). In addition, BPD was assessed with the Structured Clinical Interview for DSM-III-R-Personality Disorders (SCID-II). Results: Age, duration of education, marital and employment status did not differ between those with probable ADHD (n = 54, 23.1%) and those without (n = 175, 76.9%). The severity of psychopathology, NS and subdimensions (other than NS1, which was lower) were higher among those with the probable ADHD. ADHD scores were midly correlated with NS scores, other than NS1. In logistic regression analyses, the severity of NS, particularly Impulsiveness (NS2), together with general psychopathology, predicted probable ADHD, whereas the presence of BPD had no effect. Conclusions: These findings suggest that trait impulsivity, together with the severity of psychopathology, is related with the probable ADHD, while the presence of BPD has no effect among adult patients with OUD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:** Validity of the Multidimensional Schizotypy Scale: Associations with schizotypal traits and normal personality.

**Authors:** Kwapisl, Thomas R.; Gross, Georgina M.; Burgin, Chris J.; Raulin, Michael L.; Silvia, Paul J.; Barrantes-Vidal, Neus;
The present study provided the first examination of the construct validity of the Multidimensional Schizotypy Scale (MSS) and the first assessment of its psychometric properties outside of its derivation samples. The MSS contains 77 items that assess positive, negative, and disorganized schizotypy. A large multisite sample of 1,430 participants completed the MSS and measures of schizotypal personality traits and the five-factor model of personality. The MSS subscales had good-to-excellent internal consistency reliability that showed no shrinkage relative to the MSS derivation samples. The psychometric properties and intercorrelations of the MSS subscales were closely consistent with the derivation findings. The MSS Positive Schizotypy subscale had a strong association with cognitive–perceptual schizotypal traits (large effect), positive associations with personality traits of neuroticism and openness to experience, and negative associations with agreeableness. The MSS Negative Schizotypy subscale had a strong association with interpersonal schizotypal traits (medium effect) and negative associations with personality traits of extraversion, openness, and agreeableness. The MSS Disorganized Schizotypy subscale had a strong association with disorganized schizotypal traits (medium effect), a positive association with neuroticism, and a negative association with conscientiousness. The findings were consistent with the a priori predictions and support the construct validity of the MSS.
similar startle responses later in picture processing, and when instructed to 'maintain' or 'suppress' their emotions. BPD participants were hypo-responsive to aversive stimuli during early processing, and did not react with more intense emotional responses to affective stimuli or show a diminished ability to regulate their responses. These results might be consistent with the finding that hypersensitivity of emotional response in BPD is specific to stimuli with themes of particular relevance to this disorder, such as rejection and abandonment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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**Title:**
Premature termination of psychotherapy in patients with borderline personality disorder: A cluster-analytic study.

**Authors:**
Gamache, Dominick; Savard, Claudia; Lemelin, Sophie; Côté, Alexandre; Villeneuve, Évens;

**Source:**
Journal of Nervous and Mental Disease, Vol 206(4), Apr, 2018 pp. 231-238. Publisher: Lippincott Williams & Wilkins; [Journal Article]

**Abstract:**
The goal of the present study was to establish profiles of patients with borderline personality disorder (BPD) who dropped out early from an outpatient psychotherapy program. From a sample of 56 BPD patients who dropped out after the first of a three-year program, a TwoStep cluster analysis procedure was performed, using the five factors of the Treatment Attrition-Retention Scale for Personality Disorders (Gamache et al., J Pers Disord 1–21, 2017) and the Global Assessment of Functioning score (Spitzer et al., Global Assessment of Functioning [GAF] Scale. In Sederer LI, Dickey B [Eds], Outcomes assessment in clinical practice [pp 76–78]. Baltimore, MD: Walter and Williams) as clustering variables. Four clusters emerged: Higher-functioning, Narcissistic features/entitlement, Pseudo-normality, and Highly dysfunctional. Differences between the clusters were found on sex, occupational status, and presence of antisocial features. These findings could help both identify BPD patients at potential risk of dropping out of psychotherapy and adjust interventions accordingly to reduce premature termination. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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**Title:**
Self-esteem and anger in borderline patients with self-injury behavior.

**Authors:**
Almeida, Carla Maria; Horta, Maria Purificação;

**Source:**
Journal of Nervous and Mental Disease, Vol 206(4), Apr, 2018 pp. 251-257. Publisher: Lippincott Williams & Wilkins; [Journal Article]

**Abstract:**
Anger and low self-esteem characterize borderline individuals, yet little is known about their role and impact in the presence or absence of self-injury behavior. The present study aimed to investigate the impact of anger and self-esteem in borderline patients and whether these variables distinguish these patients with and without self-injury. Patients were recruited from a psychiatric service and were evaluated for self-esteem and anger. Additionally, impulsivity and symptoms were assessed. Two groups were compared, one with self-injurious behavior (n = 18) and another one without it (n = 23). Those who injure themselves seem to have a lower self-esteem (p < 0.001), yet the strengthening of self-esteem seems to have different outcomes, according to the presence or absence of self-injury. Anger and self-esteem seem to influence the severity of diagnosis, but only in patients who self-injure. Anger and self-esteem may influence borderline patients differently according to the presence or absence of self-injury. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Metacognitive interpersonal therapy for personality disorders featuring emotional inhibition: A multiple baseline case series.

**Authors:**
Gordon-King, Keely; Schweitzer, Robert D.; Dimaggio, Giancarlo;

**Source:**
Journal of Nervous and Mental Disease, Vol 206(4), Apr, 2018 pp. 263-269. Publisher: Lippincott Williams & Wilkins; [Journal Article]

**Abstract:**
Metacognitive interpersonal therapy (MIT) is an integrative psychotherapeutic approach targeting personality disorders (PDs) featuring inhibition and avoidance. The current case series reports the outcome of a time-limited, 12-month MIT intervention for people with PDs featuring emotional inhibition. Seven participants were diagnosed with a PD on the basis of a structured clinical interview. The study followed a multiple baseline design, with baseline measures taken for 3 weeks before intervention. Participants underwent 12 months of weekly MIT sessions, with outcome measures taken every 3 months. Outcome variables were diagnostic recovery, symptom severity, and alexithymia. All participants improved over the course of the 12-month intervention across most measures. For six of the participants, the intervention was a likely driver of change. The current study contributes to a growing evidence base regarding the effectiveness of MIT for the treatment of PDs. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
The relationship between childhood traumas, dissociation, and impulsivity in patients with borderline personality disorder comorbid with ADHD.

**Authors:**
Kulacaoglu, Filiz; Solmaz, Mustafa; Ardic, Ferhat Can; Akin, Ercan; Kose, Samet;

**Source:**

**Abstract:**
Objective: Previous studies reported that there were significant associations between Attention-deficit/hyperactivity disorder (ADHD) and borderline personality disorder (BPD). In this study, we aimed to examine complex relationship between childhood trauma, impulsivity, dissociative symptoms, and the impact of ADHD on this relationship in a sample of patients with BPD. Methods: Our samples consisted of 165 BPD patients (128 female, 37 male) and 165 healthy subjects (128 female, 37 male) of similar age and gender. We administered the semi-structured socio-demographic data form, Adult Self-Report Scale, Barratt Impulsivity Scale (BIS-11), Childhood Trauma Questionnaire, and Dissociation Questionnaire. Results: The BPD group exhibited greater ADHD symptoms, impulsivity, childhood trauma, and dissociation compared to the healthy group. A statistically significant association was found between adult ADHD symptoms and impulsivity, childhood trauma, and dissociation scores. The logistic regression analysis indicated that gender, attentional and motor impulsiveness were the predictors of ADHD in BPD patients. Among these, gender and emotional neglect were the predictors of dissociation in BPD patients. Conclusion: Our results suggested a strong association between impulsivity, childhood trauma, dissociation, and ADHD symptoms in patients with BPD. The findings are mostly consistent with the literature. Clinicians should be aware of these symptoms among these populations to develop treatment strategies. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Back to top
**Forensic Psychiatry**

**Title:**
Understanding forensic psychiatry in healthcare practices and collaboration between legal nurse consultants and physicians.(includes Abstract)

**Authors:**
Sharpe, Daphne K; Hall, Jasmine K; Ochije, Sochima; Bailey, Rahn K.

**Source:**

**Abstract:**
In 2000, the Institute of Medicine stunned many professionals with their published report that noted the vast number of deaths that occur each year in hospitals across the United States which reach as many as 98,000. Therefore, it comes as no surprise that the healthcare arena faces litigious issues regularly, with some specialties budgets being significantly impacted by the cost of maintaining liability insurance. Legal Nurse Consultants and forensic physicians working in tandem but who work independently from treating clinicians can carry out forensic independent medical examinations (IME). This can help to assess the validity of malpractice claims, including issues of causation and degree of injuries claimed due to the incident(s) and recommend treatment strategies where appropriate. Reviews can cover a wide range of issues such as a person's past or current testamentary capacity, a prisoner or an accused person's mental health and/or mental impairment where necessary sending them for more assessment or treatment outside prison. This article argues that independent medical reviews are a useful tool that can assist the civil and criminal courts processes.

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=127943676&site=ehost-live

**Title:**
Support for the predictive validity of the multifactor offender readiness model (MORM): Forensic patients' readiness and engagement with therapeutic groups.

**Authors:**
Alemohammad, Mehdi; Wood, Jane L.; Tapp, James; Moore, Estelle; Skelly, Alan

**Source:**

**Abstract:**
Background: Treatment non-engagement in forensic health settings has ethical and economic implications. The multifactor offender readiness model (MORM) provides a framework for assessing treatment readiness across person, programme and contexts. Aims: To answer the following question: Are the internal factors of the MORM associated with likelihood of engagement in groups by patients in forensic mental health services? Method: In a retrospective design, associations were investigated between internal factors of the MORM, measured as part of assessment for group participation, and the outcomes of treatment refusal, treatment dropout and treatment completion. Results: One hundred and eighteen male patients in a high security hospital consecutively referred for group treatment agreed to participate. Internal factors of the MORM associated with treatment refusals included: psychopathic cognition, negative self-evaluation/affect and effective goal-seeking strategies. Those associated with dropouts included emotional dysregulation, low competencies to engage and low levels of general distress. MORM factors associated with completion included: low motivation, ineffective goal-seeking strategies, absence of psychopathic cognition, high levels of general distress and competency to engage. Conclusions: Internal factors of the MORM could be useful contributors to decisions about treatment readiness for hospitalised male offender-patients. Up to one in three programmes offered were refused, so clinical use of the MORM to aid referral decisions could optimise the most constructive use of resources for every individual. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Ethanol forensic toxicology.

**Authors:**
Perry, Paul J.; Doroudgar, Shadi; Van Dyke, Priscilla

**Source:**
**Abstract:**
Ethanol abuse can lead to negative consequences that oftentimes result in criminal charges and civil lawsuits. When an individual is suspected of driving under the influence, law enforcement agents can determine the extent of intoxication by measuring the blood alcohol concentration (BAC) and performing a standardized field sobriety test. The BAC is dependent on rates of absorption, distribution, and elimination, which are influenced mostly by the dose of ethanol ingested and rate of consumption. Other factors contributing to BAC are gender, body mass and composition, food effects, type of alcohol, and chronic alcohol exposure. Because of individual variability in ethanol pharmacology and toxicology, careful extrapolation and interpretation of the BAC is needed, to justify an arrest and assignment of criminal liability. This review provides a summary of the pharmacokinetic properties of ethanol and the clinical effects of acute intoxication as they relate to common forensic questions. Concerns regarding the extrapolation of BAC and the implications of impaired memory caused by alcohol-induced blackouts are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Clinician immunity against claims of malpractice and constitutional violations.

**Authors:**
King, Irina G.; Pinals, Debra A.;

**Source:**

Publisher: American Academy of Psychiatry & the Law; [Journal Article]

**Abstract:**
John Maxwell Montin appealed to the U.S. Court of Appeals for the Eighth Circuit after his claims of medical malpractice and violation of his constitutional rights to be free from unnecessary confinement and free from retaliation for seeking access to courts were dismissed in the district court. Sovereign immunity protects federal and state governments and their employees from being sued without the state’s consent, while qualified immunity protects government officials from liability for civil damages. However, qualified immunity protects government officials only if their conduct does not violate statutory or constitutional rights of which a reasonable person would have known. Thus, although working as a state official can offer some protections against negligence claims, this case illustrates the importance of mental health professionals being familiar with their institutions’ policies and guidelines and acting within the scope of their clinical roles. Also, while providing patient care or conducting forensic assessments, mental health professionals should make sure that their clinical and forensic services are indicated and reconcile with established standards. Intentional deviation from existing policies and protocols that may be construed as having nefarious motives, or the provision of nonindicated services that rise to the level of maliciously intended actions greatly increases the chance of a successful lawsuit, even against government employees. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Defining the scope of the IDEA's exhaustion standard.

**Authors:**
Burrow, David; VanDercar, Ashley; Soliman, Sherif;

**Source:**

Publisher: American Academy of Psychiatry & the Law; [Journal Article]

**Abstract:**
In Fry v. Napoleon Community Schools, 137 S.Ct. 743 (2017), the U.S. Supreme Court vacated a Sixth Circuit Court of Appeals’ dismissal of a suit, brought by Stacy and Brent Fry, parents of a child (E.F.) with severe cerebral palsy, under Title II of the American with Disabilities Act of 1990 and § 504 of the Rehabilitation Act of 1973. The case was based on a school administration's refusal to allow E.F.'s service dog to accompany her to class. The question on the Frys’ petition for certiorari was whether ‘the HCPA commands exhaustion in a suit, brought under [Title II] and §§504, that seeks damages—a remedy that is
not available under the IDEA' (Petition for Writ of Certiorari, Fry, 137 S.Ct. 743 (No. 15-497)). The Court did not decide this point. In their opinion, they specifically left unanswered whether exhaustion is necessary when a complaint involves failure to provide a FAPE, but seeks a remedy not available in the IDEA. The Court's holding in Fry is narrow: plaintiffs need only exhaust the IDEA's administrative procedures when seeking relief for failure to provide a FAPE. Title II defines service animals to include dogs that are trained to do work or perform tasks for the benefit of persons with psychiatric, intellectual, or other mental disability. It is, therefore, foreseeable that future court decisions will extend the Fry holding beyond cases involving cerebral palsy to those more relevant to forensic psychiatry. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Competence to proceed pro se.
Authors: Saxton, Adrienne; Resnick, Phillip;
Publisher: American Academy of Psychiatry & the Law; [Journal Article]
Abstract:
In Tatum v. Foster, 847 F.3d 459 (7th Cir. 2017), the United States Court of Appeals for the Seventh Circuit considered whether the Wisconsin courts unreasonably applied Faretta v. California, 422 U.S. 806 (1975), when they refused to allow Mr. Robert Tatum to represent himself. In Faretta, the Supreme Court addressed what is required to waive counsel. The Court held that criminal courts cannot constitutionally force a lawyer on an individual who desires to conduct his own defense. The Court said that when a defendant represents himself, he gives up several of the 'traditional benefits' associated with the right to an attorney. Therefore, '[i]n order to represent himself, the accused must knowingly and intelligently forgo those relinquished benefits'. The Seventh Circuit said that state courts mistakenly thought that Edwards introduced the possibility of considering a defendant's legal knowledge. In Edwards, the U.S. Supreme Court held that the state may force counsel upon a defendant in the scenario where the accused is mentally competent to stand trial if represented, but is 'not mentally competent to conduct that trial himself'. In summary, the Seventh Circuit’s ruling in Tatum emphasizes that the right to represent oneself is a constitutional right that is not to be infringed upon based on a lack of education, skill, or achievement; rather, competence to proceed pro se must be considered as it relates to mental functioning. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Forensic psychiatric patients’ perspectives on their care: A narrative view.
Authors: Askola, Riitta; Nikkonen, Merja; Paavilainen, Eija; Soininen, Päivi; Putkonen, Hanna; Louheranta, Olavi;
Source: Perspectives in Psychiatric Care, Vol 54(1), Jan, 2018 pp. 64-73. Publisher: Wiley-Blackwell Publishing Ltd.; [Journal Article]
Abstract:
Purpose: The purpose of this study is to describe forensic psychiatric patients' experiences of and perspectives on forensic psychiatric treatment. Design and methods: Eight forensic psychiatric patients were interviewed, and the resultant research material was analyzed by narrative analysis. Findings: Patients' narratives contain different themes telling different things and the personnel need to pay attention to these. Practice implications: The findings of the present study should direct the forensic psychiatric personnel's attention to the notion that forensic psychiatric patients’ experiences of their treatment can improve the quality of patient-centered care and reduce bureaucracy. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Psychological interventions for anger and aggression in people with intellectual disabilities in forensic services. (includes Abstract)

Authors: Browne, Claire; Smith, Ian C.

Source: Aggression & Violent Behavior, Mar 2018; 39(1-14). (14p) (Article) ISSN: 1359-1789 AN: 128563600

Abstract: This systemic review investigates the current evidence for the effectiveness of anger and/or aggression interventions for people with intellectual disabilities (ID) in receipt of forensic mental health services. Due to the prevalence within this population of difficulties with anger and aggression, and the associated substantial individual and societal consequences, the provision of psychological interventions has become increasingly common. However, no critical synthesis of the empirical evidence relating to their effectiveness has previously been conducted. Sixteen peer-reviewed controlled trials or case series designs published between 2001 and 2016 met the inclusion criteria. The results highlight an emerging evidence base for the use of CBT in improving anger regulation, and for a range of psychological therapies in reducing aggressive behaviour. However, consistent methodological shortcomings limit the generalisability of findings and currently preclude firm conclusions on effectiveness. Recommendations are made for future research to address these shortcomings, including clearly-defined adaptations, adequately powered sample sizes, carefully designed baselines and follow-up periods. Despite the current status of evidence, the review provides an accessible and objective foundation to inform decision-making by service commissioners and clinicians providing anger and aggression interventions to people with ID.

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Title: Outcomes of an inner city forensic intellectual disability service. (includes Abstract)

Authors: Wooster, Leah; McCarthy, Jane; Chaplin, Eddie


Abstract: Purpose National policy in England is now directed towards keeping patients with intellectual disability (ID) presenting with forensic problems for time-limited treatment. The result is that secure hospital services are expected to work much more proactively to discharge patients to community-based services. However, there is little evidence in recent years on the outcome of discharged patients with ID from secure hospitals. The purpose of this paper is to describe the outcomes of a patient group discharged from a specialist forensic ID service in London, England. Design/methodology/approach This is a descriptive retrospective case note study of patients with ID admitted to and discharged from a secure service with both low and medium secure wards, over a six-year period from 2009 to 2016. The study examined patient demographic, clinical and outcome variables, including length of stay, pharmacological treatment on admission and discharge, offending history and readmissions to hospital and reoffending following discharge. Findings The study identified 40 male patients, 29 of which were admitted to the medium secure ward. In all, 27 patients (67.5 per cent) were discharged into the community with 14 patients having sole support from the community ID services and 4 from the community forensic services. In total, 20 per cent of patients were readmitted within the study period and 22.2 per cent of patients received further convictions via the Criminal Justice System following discharge. Originality/value This was a complex group of patients with ID discharged into the community with a number at risk of requiring readmission and of reoffending. Community-based services providing for offenders with ID must have sufficient expertise and resourcing to manage the needs of such a patient group including the ongoing management of risks. The national drive is significantly to reduce the availability of specialist inpatient services for this group of patients but this must occur alongside an increase in both resources and expertise within community services.

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Title: Impaired verbal learning in forensic inpatients with Schizophrenia Spectrum Disorder.
The present study aimed to: (a) examine verbal learning performances among forensic inpatients diagnosed with Schizophrenia Spectrum Disorder (SSD); and (b) compare verbal learning performances among forensic SSD inpatients, SSD outpatients, and a small control sample. Participants included forensic SSD inpatients (n = 71), SSD outpatients (n = 305; see Stone et al.), and a control sample from the California Verbal Learning Test II (CVLT-II) manual (n = 78; see Delis, Kramer, Kaplan, & Ober). Five verbal learning outcomes were measured using the CVLT-II. The average forensic SSD inpatients performed 1 to 1.5 standard deviations below the mean across the five verbal learning outcomes, many of whom (26.8% to 36.6%) performed in the impaired range across the five outcomes. Forensic SSD inpatients performed significantly lower than the SSD outpatients on three verbal learning outcomes and significantly lower than healthy controls on all five verbal learning outcomes. Results indicated forensically committed SSD inpatients have diminished verbal learning performances. Study findings could help define normative verbal learning performances in different types of SSD patients, may guide the development of compensatory strategies for verbal learning deficits, and could subsequently lead to more successful clinical outcomes in this population. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
scoring system, measuring ability to understand, reason, appreciate the personal importance of the decision at hand and communicate a decision. Data were also gathered pertaining to level of therapeutic security at the time of interview, diagnosis, neurocognitive function and a validated measure of real world function. Results: The results show that internal consistency and inter-rater reliability were high for all items. There were correlations between higher scores of functional mental capacity, neurocognitive function and measures of real world function in this population. Correlations were in the range 0.358 to 0.693, effect sizes that were moderate to high. Conclusions: The DUNDURUM Capacity Ladders appear to be a valid measure of functional mental capacity in this population. Further prospective studies of functional mental capacity as a measure of recovery are now required. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The impact of masculinity upon men with psychosis who reside in secure forensic settings.(includes Abstract)
Authors:
Searle, Robert
Hare, Dougal
Davies, Bronwen
Morgan, Sara Louise;
Source:
Abstract:
Purpose Masculinity is a core cognitive structure that plays a central role in organising attitudinal and behavioural processes. Yet there is limited research focussing upon the meaning of masculinity for men who have a past history of violent behaviour, who experience psychotic phenomena and reside in secure forensic settings. The paper aims to discuss these issues.Design/methodology/approach Q-methodology was used to elucidate the factors regarding how men who experience psychotic phenomena perceive their masculinity. Ten participants from a secure forensic setting performed a 49-statement Q-sort task.Findings Principal component factor analysis with varimax rotation was performed on the ten completed Qsorts which revealed a three-factor solution, accounting for 57 per cent of the variance in the data. The factors were interpreted and discussed under the following headings: “assured and asserting maverick”, “calm, confident, composed conformist” and “nurturing provider in the face of adversity”. This revealed that men with psychosis have different, predominantly pro-social explanatory frameworks for their representation of masculinity.Research limitations/implications This study revealed that men with psychosis have different, predominantly pro-social explanatory frameworks for their representation of masculinity. However, the study was limited by its lack of longitudinal assessment and the inclusion of a greater number of participants may have enhanced the representativeness and generalisability of the findings.Practical implications Therapeutic discussions in respect of masculinity itself could provide men with the opportunity to develop newer, more adaptive conceptualisations of themselves, help them develop greater self-awareness and understanding of the sources of their presenting concerns, which in turn could enhance a provisional formulation of their difficulties. It would also be potentially valuable to understand how these patterns of masculinity map onto coping, recovery style and service engagement. Furthermore, services could also benefit from becoming more aware of hospitalisation being a shameful perhaps stigmatizing time for men with psychosis.Social implications It may be useful for people working in healthcare settings to be aware of how the service users they support perceive their masculinity, so the existential and deeper needs of male patients are provided with enough consideration. This is an important point, as some individuals are often reluctant or neglect to enquire about individual’s psychotic experiences and gender identification.Originality/value Although forensic psychiatric care is primarily populated by men who have committed violent acts, there is a limited research focussing upon the meaning of masculinity in this context. This is in spite of evidence which shows that maladaptive perceptions of masculinity can be reinforced during time spent residing in secure settings. The cultural constructs of masculinity and their respective impact upon the diagnosis, management and outcome of psychosis has also received little attention. Therefore, this research represents new and significant contributions to the field.

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Title:
English vs Dutch high secure hospitals: service user perspectives.(includes Abstract)
Authors:
Völlm, Birgit; Majid, Shaz; Edworthy, Rachel;

Source: Journal of Forensic Practice, 2018; 20(2): 112-121. (10p) (Article) ISSN: 2050-8794 AN: 129059914

Abstract:
Purpose The purpose of this paper is to describe service users' perspectives on the difference between high secure long-stay forensic psychiatric services in the Netherlands and high secure forensic psychiatric care in England. These perspectives are relevant in considering the benefits of a similar long-stay service in England. Design/methodology/approach A current in-patient detained in a high secure hospital in England and other mental health service users and carers with experience in forensic-psychiatric settings were asked to watch a documentary on a Dutch high secure long-stay service. Then they were invited to make comparisons between this service and high secure care in England. These perspectives were gained in the context of their membership of the Service User Reference Group of an externally funded study on long-stay in forensic-psychiatric settings in England. Findings The small group of participants highlighted the importance of relational security, meaningful occupation, autonomy, positive therapeutic relationships with staff and a homely environment for those with lengthy admissions and perceived these to be better met in the Dutch service. These factors might contribute to improved quality of life that services should strive to achieve, especially for those with prolonged admissions. Practical implications Perspectives of service users with lived experience of long-stay in forensic settings are important in informing service developments. Lessons can be learnt from initiatives to improve the quality of life in long-stay services in other countries and consideration be given on how to best manage this unique group. Originality/value To the authors' knowledge this is the first study asking service users about their view on forensic services in other countries. The findings suggest that service users have valuable contributions to make to aid service developments and should be involved in similar such exercises in the future.

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=129059914&site=ehost-live

Title: Prediction of violent crime on discharge from secure psychiatric hospitals: A clinical prediction rule (FoVOx).


Abstract: Background: Current approaches to assess violence risk in secure hospitals are resource intensive, limited by accuracy and authorship bias and may have reached a performance ceiling. This study seeks to develop scalable predictive models for violent offending following discharge from secure psychiatric hospitals. Methods: We identified all patients discharged from secure hospitals in Sweden between January 1, 1992 and December 31, 2013. Using multiple Cox regression, pre-specified criminal, sociodemographic, and clinical risk factors were included in a model that was tested for discrimination and calibration in the prediction of violent crime at 12 and 24 months post-discharge. Risk cut-offs were pre-specified at 5% (low vs. medium) and 20% (medium vs. high). Results: We identified 2248 patients with 2933 discharges into community settings. We developed a 12-item model with good measures of calibration and discrimination (area under the curve = 0.77 at 12 and 24 months). At 24 months post-discharge, using the 5% cut-off, sensitivity was 96% and specificity was 21%. Positive and negative predictive values were 19% and 97%, respectively. Using the 20% cut-off, sensitivity was 55%, specificity 83% and the positive and negative predictive values were 37% and 91%, respectively. The model was used to develop a free online tool (FoVOx). Interpretation: We have developed a prediction score in a Swedish cohort of patients discharged from secure hospitals that can assist in clinical decision-making. Scalable predictive models for violence risk are possible in specific patient groups and can free up clinical time for treatment and management. Further evaluation in other countries is needed. Funding: Wellcome Trust (202836/Z/16/Z) and the Swedish Research Council. The funding sources had no involvement in writing of the manuscript or decision to submit or in data collection, analysis or interpretation or any aspect pertinent to the study. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Examining the high-risk accused designation for individuals found not criminally responsible on account of mental disorder.

**Authors:**
Goossens, Ilvy; Nicholls, Tonia L.; Charette, Yanick; Wilson, Catherine M.; Seto, Michael C.; Crocker, Anne G.;

**Source:**
Canadian Psychology/Psychologie canadienne Publisher: Educational Publishing Foundation;

**Abstract:**
In 2014, the Canadian government amended the Criminal Code, allowing courts to designate some individuals found not criminally responsible on account of mental disorder (NCRMD) as high-risk accused (HRA). As a result, individuals found HRA face significant new restrictions for transitioning through the forensic system. This study examined the relevance of the HRA designation by simulating the retrospective application of the legislative criteria to the National Trajectory Project (NTP) sample of 1,800 persons found NCRMD between 2000 and 2005 in Quebec, Ontario, and British Columbia, followed until 2008. Focusing on all individuals who had committed a serious contact offense (part of the first HRA criterion) in the NTP sample, we selected variables from the NTP database based on the remaining legislative criteria. We found that an HRA designation could apply to up to 1 in 4 individuals found NCRMD. The HRA group had been under the supervision of the Review Board for a longer period of time than had the non-HRA group. The HRA group reoffended at rates similar to those for the non-HRA group. Our results suggest that the HRA criteria do not identify a subgroup of persons found NCRMD who present an elevated risk of harm to others. Moreover, the findings suggest that NCRMD-accused with serious personal index offenses were already conservatively managed by the Review Boards. As such, a HRA designation based largely on offense severity is likely to miss its mark in terms of improving public safety. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
The prevalence of overweight and obesity levels among forensic inpatients with learning disability.(includes Abstract)

**Authors:**
Russell, RachelChester, VerityWatson, JamesNyangunuwa, CanisiusChild, LucyMcDermott, MaryDrake, SharonAlexander, Regi T.;

**Source:**

**Abstract:**
Accessible Summary: This study looked at how many people with learning disabilities in a forensic unit were overweight or obese, and whether people put on weight in the service. The study showed that lots of people put on weight while they were in the service. It might be due to people struggling to exercise and the food provided in hospitals. This research matters to people with learning disabilities because being overweight and obese can lead to other physical issues, such as heart disease and diabetes. Being overweight also affects how confident a person is and can lead to feeling depressed. We now need to look at ways we can support people with learning disabilities in all settings to stay healthy, enjoy exercise, and lose weight if they want to. Abstract: Background: Inpatient mental health settings have been described as “obesogenic,” due to factors including psychotropic medication, high-calorie food provision, restricted physical activity and sedentary lifestyles. No research has investigated the prevalence of obesity among forensic inpatients with learning disability, despite this population's increased risk. Materials and Methods: The weight and body mass index (BMI) data of 46 inpatients (15 women and 31 men) within a specialist learning disability forensic service was examined on, and during admission. Results: Only 13% of inpatients were a normal weight at admission, whereas 87% were overweight or obese. During admission, 61% gained weight, and 2% maintained. However, 37% lost weight, although many of this group remained overweight/obese. Women gained more weight during their admission, but were also more successful in losing weight. There was no correlation between length of stay and weight. Conclusions: The results highlight the need for effective, gender-sensitive weight management interventions within similar services nationally.

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=129473486&site=ehost-live
Traumatic brain injury in a forensic intellectual disability population.

Authors: Chester, Verity; Painter, Ginny; Ryan, Lucy; Popple, Jason; Chikodzi, Kudzanai; Alexander, Regi T.;


Abstract:
Traumatic brain injury (TBI) screening in forensic populations has been recommended, due to a high prevalence, links to specific offence profiles and poorer outcomes, such as higher rates of psychiatric disturbance, longer stays in prison, and reoffending. Research focusing on TBI among offenders with intellectual disability (ID) is lacking. This study therefore describes the implementation of TBI screening using the Brain Injury Screening Index (BISI©), TBI prevalence and correlates in a forensic ID service. TBI appeared under recorded in case notes, with considerably more patients self-reporting TBI. Reported causes of TBI differed somewhat to the general population, including childhood physical abuse, self-harming behaviour, and assault. Approximately one-third of injuries did not receive any treatment. Though further adaptations may be required on current screening measures for TBI in offenders with ID, screening can provide valuable information, contributing positively to individual patient therapeutic and risk formulations. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Primer on the contribution of crime scene behavior to the forensic assessment of sexual offenders.

Authors: Lehmann, Robert J. B.; Dahle, Klaus-Peter; Schmidt, Alexander F.;


Abstract:
Over the last decades several attempts in developing incrementally valid risk indicators above and beyond standard actuarial and dynamic risk assessment instruments have been undertaken without much success. The current review will summarize current developments regarding the validity of detailed crime scene analysis for forensic assessments of sexual offenders. To this end, this overview will focus on two issues: First, we will discuss the issue of sexual offender risk assessment based on crime scene information. Second, we will outline how crime scene behavior contributes to the assessment of sexual interest in children. In each section we will introduce the reader to new approaches and instruments for risk assessment and diagnosing pedophilic sexual interest based on crime scene information, respectively, and discuss their validity. Finally, we will discuss the implications of these recent developments for risk assessment, risk management, offender treatment, and future research. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
The Vasarhelyi method of child art psychotherapy: An adjunctive treatment in childhood depression.

**Authors:**
Coşkunlu, Aynur; Tanıl, Ezgi; Coffey, Anne; Büyüktaşkin, Dicle; Mulligan, Aisling

**Source:**

**Abstract:**
We describe the use of child art psychotherapy (CAP) following the Vasarhelyi method in an 11-year-old female with a history of anxiety and depression which limited her capacity to attend school and in a 15-year-old male who had a history of depressive symptoms with suicidal thinking. In each case, the use of other therapies such as cognitive behaviour therapy was not possible or unsuccessful. Through the creation of images, each young person revealed concerns which had not been previously verbalised, and recovery was linked in time to the revelation of these worries. We propose the use of the Vasarhelyi method of CAP as an adjunctive treatment of depression in young people. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Comparing children’s memories for negative versus positive events in the context of posttraumatic stress symptoms.

**Authors:**
Bray, Jemma; Brewer, Neil; Cameron, Kate; Nixon, Reginald D.V.

**Source:**
Behavior Therapy, Vol 49(1), Jan, 2018 pp. 32-45. Publisher: Elsevier Science; [Journal Article]

**Abstract:**
How well children remember negative events is not fully understood. Previous research has failed to simultaneously test memory and perceptions of memory for both negative and positive events. Children (n = 38, 7–17 years) recruited from a hospital following accidental injury were tested for their memory of an injury-producing accident (negative event) and a positive event (unexpectedly receiving a $50 gift voucher). Objective accuracy of memory, memory quality characteristics (e.g., how coherently the event was recalled), children’s judgments of their memory (meta-cognitive), and posttraumatic stress (PTS) symptoms were assessed 2 months post-injury. Children’s memories for their experiences were verified using witness/parent reports. Memory quality characteristics of children’s free recollection were coded with a previously used standardized system. Overall, children showed high levels of accuracy for both events, with little degradation over time. High PTS children showed little evidence of deficits in coherence or organization in their narratives relative to low PTS children. Although in some instances high PTS children judged their memory quality to be poor compared to low PTS children, this depended on how this was assessed (e.g., self-report questionnaire vs. coded narratives). In terms of limitations, it is unclear whether the findings will generalize for memories of repeated events. Witness verification of the accident details itself could be prone to error. In conclusion, the findings are broadly supportive of the proposal made by theorists who argue that trauma memories are recalled no less accurately than other distinctive memories. The role of meta-cognitive elements of children’s memory and reporting in PTS is less clear. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Psychometrics of the Child PTSD Symptom Scale for DSM-5 for trauma-exposed children and adolescents.

**Authors:**
Foa, Edna B.; Asnaani, Anu; Zang, Yinyin; Capaldi, Sandra; Yeh, Rebecca

**Source:**
Abstract:
This study evaluated psychometric properties of interview, self-report, and screening versions of the Child PTSD Symptom Scale for DSM-5 (CPSS-5), a measure of posttraumatic stress disorder (PTSD) for traumatized youth based on DSM-5 criteria. Participants were 64 children and adolescents (51.6% female, 45.3% African American/Black) between 8 and 18 years of age (M = 14.1, SD = 2.5) who had experienced a DSM-5 Criterion A trauma. Participants completed test–retest procedures for the self-report and interviewer versions of the CPSS-5 in 2 visits that were up to 2 weeks apart. Analyses revealed excellent internal consistencies, good to excellent test–retest reliability, and good convergent validity and discriminant validity for interview and self-report versions of the scale. Receiver operating characteristic analysis yielded a cutoff score of 31 on the CPSS-5 self-report version for identifying probable PTSD diagnosis. Six most frequently endorsed items by those with a possible PTSD diagnosis on the CPSS-5 were identified to constitute a screen version of the CPSS-5, showing good internal consistency and test–retest reliability. The three versions of the CPSS-5 scales are valid and reliable measures of DSM-5 PTSD symptomatology in traumatized youth. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Rumination as a mediator between childhood trauma and adulthood depression/anxiety in non-clinical participants.
Authors: Kim, Ji S.; Jin, Min J.; Jung, Wookyong; Hahn, Sang W.; Lee, Seung-Hwan;
Abstract: Objective: Although there is strong evidence that childhood trauma is associated with the development of depression and anxiety, relatively few studies have explored potential mediating factors for this relationship. The present study aimed to evaluate the mediating role of rumination in the link between childhood trauma and mood status such as depression, anxiety and affective lability. Materials and Methods: Two hundred and seven non-clinical participants completed the Childhood Trauma Questionnaire, the Ruminative Response Scale, the Beck Depression Inventory, the State Anxiety Inventory, and the Affective Lability Scale. Structural equation modeling was used to evaluate the results. Results: Our results supported that rumination is a meaningful mediator between childhood trauma and depression/anxiety in non-clinical participants. The mediation model indicated that childhood trauma and its subtypes are linked to depression and anxiety through three subtypes of rumination, thereby supporting a significant indirect relationship (Standardized coefficient [SC] = 0.56, p < 0.001 for the path from trauma to rumination; SC = 0.67, p < 0.001, from rumination to mood). The direct relationship between childhood trauma and mood symptoms was also significant in a model including rumination (SC = 0.68, p < 0.001). The mediation effect of rumination in the relationship between childhood trauma and mood was more predominant in female participants. Conclusions: The present study found that rumination mediates the influence of childhood trauma on the development of mood symptoms in non-clinical participants. Childhood trauma appears to be a critical determinant for developing symptoms of depression and anxiety. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Mediators of treatment outcomes for anxious children and adolescents: The role of somatic symptoms.
Authors: Hale, Amy E.; Ginsburg, Golda S.; Chan, Grace; Kendall, Philip C.; McCracken, James T.; Sakolsky, Dara; Birmaher, Boris; Compton, Scott N.; Albano, Anne Marie; Walkup, John T.;
Abstract:
Cognitive behavioral therapy (CBT) and selective serotonin reuptake inhibitors are effective treatments for pediatric anxiety disorders. However, the mechanisms of these treatments are unknown. Previous research indicated that somatic symptoms are reduced following treatment, but it is unclear if their reductions are merely a consequence of treatment gains. This study examined reductions in somatic symptoms as a potential mediator of the relationship between treatment and anxiety outcomes. Participants were 488 anxious youth ages 7–17 (M = 10.7), 50.4% male, 78.9% Caucasian, enrolled in Child/Adolescent Anxiety Multimodal Study, a large randomized control trial comparing 12-week treatments of CBT, sertraline, a combination of CBT and sertraline, and a pill placebo. Causal mediation models were tested in R using data from baseline, 8-, and 12-week evaluations. Somatic symptoms were assessed using the Panic/Somatic subscale from the Screen for Child Anxiety Related Emotional Disorders. Youth outcomes were assessed using the Pediatric Anxiety Rating Scale and Children’s Global Assessment Scale. Reductions in somatic symptoms mediated improvement in anxiety symptoms and global functioning for those in the sertraline-only condition based on parent report. Conditions involving CBT and data based on child reported somatic symptoms did not show a mediation effect. Findings indicate that reductions in somatic symptoms may be a mediator of improvements for treatments including pharmacotherapy and not CBT. Although the overall efficacy of sertraline and CBT for anxiety may be similar, the treatments appear to function via different mechanisms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Trajectories of resting frontal brain activity and psychopathology in female adolescents exposed to child maltreatment.

Authors:
Tang, Alva; Miskovic, Vladimir; Lahat, Ayelet; Tanaka, Masako; MacMillan, Harriet; Van Lieshout, Ryan J.; Schmidt, Louis A.;

Source:
Developmental Psychobiology, Vol 60(1), Jan, 2018 pp. 67-77. Publisher: John Wiley & Sons;

Abstract:
Resting frontal electroencephalogram (EEG) alpha asymmetry patterns reflecting different affective and motivational tendencies have been proposed as a putative mechanism underlying resilience among maltreated youth. This 2-year prospective study examined whether developmental stability of resting frontal alpha asymmetry moderated the relation between child maltreatment severity and psychopathology in female adolescents (n = 43; ages 12–16) recruited from child protection agencies. Results identified two trajectories of resting frontal asymmetry: 60.5% displayed stable right and 39.5% displayed stable left frontal alpha asymmetry. Although individuals with these alpha asymmetry profiles experienced comparable childhood trauma severity, adolescents with stable left alpha asymmetry and lower levels of trauma were less likely to present symptoms or an episode of posttraumatic stress disorder (PTSD) and depression over 2 years than those with stable right alpha asymmetry and lower levels of trauma. These findings suggest that developmental patterns of resting left frontal brain activity may buffer against psychopathology in maltreated female youth. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The experience of psychiatric care of adolescents with anxiety-based school refusal and of their parents: A qualitative study.

Authors:
Sibeoni, Jordan; Orri, Massimiliano; Podlipski, Marc-Antoine; Labey, Mathilde; Campredon, Sophie; Gerardin, Priscille; Revah-Levy, Anne;

Source:

Abstract:
Objective: Anxiety-based school refusal in adolescence is a complex, sometimes difficult to treat disorder that can have serious academic and psychiatric consequences. The objective of this qualitative study was to explore how teens with this problem and their parents experience the psychiatric care received.

Methods: This qualitative multicenter study took place in France, where we conducted semi-structured interviews with adolescents receiving psychiatric care for anxiety-based school refusal and with their parents. Data collection by purposive sampling continued until we reached theoretical sufficiency. Data analysis was thematic.

Results: This study included 20 adolescents aged 12 to 18 years and 21 parents. Two themes emerged from the analysis: (1) the goals of psychiatric care with two sub-themes, 'self-transformation' and problem solving; and, (2) the therapeutic levers identified as effective with two sub-themes: time and space and relationships. Conclusion: Our results show a divergence between parents and teens in their representations of care and especially of its goals. Therapeutic and research implications about the terms of return to school within psychiatric care and also the temporality of care are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Are children or adolescents more at risk for posttraumatic stress reactions following exposure to violence?: Evidence from post-genocide Rwanda.

Authors: Neugebauer, Richard; Forde, Allana; Fodor, Kinga E.; Fisher, Prudence W.; Turner, J. Blake; Stehling-Ariz, Tasha; Yamabe, Saori;

Source: Journal of Nervous and Mental Disease, Vol 206(1), Jan, 2018 pp. 11-18. Publisher: Lippincott Williams & Wilkins; [Journal Article]

Abstract: Whether children or adolescents exhibit higher levels of posttraumatic stress symptoms (PTSS) in response to violence is an unresolved research question. We examine this issue in UNICEF’s 1995 National Trauma Survey (NTS) of 8–19-year-olds (n = 942) who survived the Rwandan Genocide and lived and attended schools in the community. PTSS were assessed with a symptom checklist based on DSM-IV indexed using an overall score comprising the sum of scores on all items and mean item scores of each of five distinct factors identified in a factor analysis within this sample. Eighty percent of the sample had witnessed massacres; 25%, rape/sexual mutilation. The overall symptom score among children was significantly (p < 0.05) lower than among adolescents. Among the five separate factors, this direct association of age with symptom levels held for two: re-experiencing (p < 0.001) and dysphoric arousal (p < 0.05), but not for the remaining three: avoidance, numbing, and anxious arousal. This discordance in factorial response to violence may help explain prevailing inconsistencies in the age-PTSS association reported to date. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Rethinking the origins of autism: Ida Frye and the unraveling of children's inner world in the Netherlands in the late 1930s.

Authors: Drenth, Annemieke;


Abstract: Historiographies on the phenomenon of ‘autism’ display Leo Kanner and Hans Asperger as the great pioneers. The recent controversy on who was first in ‘discovering’ autism urges research into the question of how scientific discoveries relate to processes of academic reflection and social intervention. The Netherlands provide an interesting case in pioneering work in autism, since Dutch experts described autism in children already in the late 1930s, preceding the first publications on autism in children by Kanner and Asperger. This paper examines the Dutch origins of autism by focusing on Ida Frye’s contribution to the teamwork at the Paedological Institute in Nijmegen, which resulted in descriptions of children with autism. The theoretical aim of this paper is to underline the importance of the productive
interplay between social interventions and scientific efforts concerning the complex inner world of special children. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Using progressive ratio schedules to evaluate tokens as generalized conditioned reinforcers.
Authors: Russell, Danielle; Ingvarsson, Einar T.; Haggar, Jennifer L.; Jessel, Joshua;
Abstract: The properties of operant reinforcers are dynamic and dependent on a number of variables, such as schedule and effort. There has been sparse research on the generalized conditioned properties of token reinforcement. We evaluated leisure items, edible items, and tokens using a progressive ratio schedule with three children with diagnoses of ASD and developmental delays. The highest break points occurred during the token reinforcement condition for two out of three participants, but response rates tended to be higher with edibles. We then evaluated the effects of presession access to edibles on the break points of edible items and tokens with two participants. Break points decreased only in the edible reinforcement condition, and the participants chose to work for leisure items rather than edibles when presession access to edibles was in place. These findings suggest that the tokens functioned as generalized conditioned reinforcers. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Training class inclusion responding in typically developing children and individuals with autism.
Authors: Ming, Siri; Mulhern, Teresa; Stewart, Ian; Moran, Laura; Bynum, Kellie;
Abstract: In a class inclusion task, a child must respond to stimuli as being involved in two different though hierarchically related categories. This study used a Relational Frame Theory (RFT) paradigm to assess and train this ability in three typically developing preschoolers and three individuals with autism spectrum disorder, all of whom had failed class inclusion tests. For all subjects, relational training successfully established the target repertoire and subsequent testing demonstrated both maintenance and generalization. Limitations and future research directions are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: A multicomponent approach to thinning reinforcer delivery during noncontingent reinforcement schedules.
Authors: Slocum, Sarah K.; Grauerholz-Fisher, Emma; Peters, Kerri P.; Vollmer, Timothy R.;
Abstract: We evaluated a noncontingent reinforcement procedure that involved initially providing three subjects with signaled, continuous access to the functional reinforcer for aggression and slowly increasing the amount of time subjects were exposed to the signaled unavailability of the reinforcer. Additionally, alternative potential reinforcers were available throughout the sessions. Results showed immediate and substantial reductions in aggression for all three subjects. The clinical utility of this intervention is discussed, and
future research directions are recommended. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Understanding depression and thoughts of self-harm in autism: A potential mechanism involving loneliness.

Authors:
Hedley, Darren; Ujiarević, Mirko; Wilmot, Mathilda; Richdale, Amanda; Dissanayake, Cheryl;

Source:

Abstract:
Background: Individuals with Autism Spectrum Disorder (ASD) are at increased risk of suicidal ideation and behavior. This study characterized the inter-relationships between loneliness, depression and thoughts of self-harm in adults with ASD. Method: Participants were 71 adults with ASD who completed questionnaires that provided information on loneliness, depression and thoughts of self-harm. Relationships between study variables were examined with correlations and a regression analysis. Two exploratory mediation models were then explored. Model 1 tested whether the relationship between depression and thoughts of self-harm was mediated through loneliness. Model 2 tested whether loneliness acted on thoughts of self-harm through depression. Results: Twenty-six percent of participants met the clinical cut-off for depression and 21% reported thoughts of self-harm. Depressive symptoms, loneliness, and thoughts of self-harm were significantly correlated. Only Model 2, that identified an indirect pathway from loneliness, through depression to thoughts of self-harm, was supported. The mediator for this model accounted for 56.7% of the total effect. Conclusions: This study examined potential mechanisms underlying depression and thoughts of self-harm in ASD. These results highlight a possible contribution of loneliness to depression and thoughts of self-harm, suggesting treatment options that target loneliness may prove beneficial in improving mental health outcomes in ASD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Prevalence of internalizing, externalizing, and psychotic disorders among low-risk juvenile offenders.

Authors:
Kang, Tamara; Wood, James M.; Eno Louden, Jennifer; Ricks, Elijah P.;

Source:
Psychological Services, Vol 15(1), Feb, 2018 pp. 78-86. Publisher: Educational Publishing Foundation;

Abstract:
To effectively allocate mental health services, agencies must be able to predict what proportion of youth will have a mental disorder. Prevalence estimates are available for juvenile offenders at intake, detained youth, and incarcerated youth, but there is limited research on prevalence of mental disorders for juvenile offenders who are low-risk to reoffend, many of whom are first time offenders (i.e., low-risk youth). To complicate matters, ethnic minorities are disproportionately represented in the justice system, and specifically, little is known about culturally sensitive clinical interviewing. To aid service providers and administrators in allocating mental health resources for low-risk offenders and to contribute to knowledge on culturally sensitive clinical assessment techniques, the present study reports the prevalence of mental disorders for a mostly Mexican American sample of 503 low-risk youth in diversion programming. We found that approximately 1 of every 6 (17.1%) low-risk juvenile offenders had a current affective, anxiety, or psychotic disorder, and 24.9% of low-risk juvenile offenders met criteria for a current substance/alcohol abuse disorder. These results suggest that allocating a portion of specialty mental health services and substance abuse treatment for low-risk juvenile offenders may help agencies combat the issue of repeat offending by offering public health interventions proactively to indirectly prevent recidivism rather than reacting afterward. Lastly, recommendations are given to help service providers incorporate culturally sensitive techniques into clinical assessment in order to better identify Mexican American juvenile offenders with mental health needs. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Perceived rather than actual overweight is associated with mental health problems in adolescence.
Authors: Lankinen, Vilma; Fröjd, Sari; Marttunen, Mauri; Kaltiala-Heino, Riittakerttu; Nordic
Abstract: Background: Overweight and perceived overweight are common among adolescents. The nature of the relationship between overweight/perceived overweight and mental health problems is still unclear. Aims: The aim of this study was to examine whether actual overweight, perceived overweight or both are associated with internalizing and externalizing disorders among adolescents. Methods: Data were collected by two similar school surveys in all Finnish-speaking secondary schools in Tampere (population 200,000) in the academic years 2002–2003 and 2012–2013. A total of 2775 acceptable responses were received. All the analyses were carried out separately for girls and boys. Mean age of the respondents was 15.6 years. Results: In multivariate analyses perceived overweight, not actual weight, was significantly associated with higher risk of self-reported depression (OR: 4.3, 95% CI: 2.9–6.3, p < .001) and self-reported conduct disorder (OR: 2.3, 95% CI: 1.6–3.3, p < .001) in girls and with higher risk of self-reported depression (OR: 3.26, 95% CI: 1.65–6.4, p = .001) and self-reported social phobia (OR: 2.4, 95% CI: 1.0–5.6, p = .05) in boys. Conclusion: Perceived overweight rather than actual weight status is associated with both internalizing and externalizing mental health problems in adolescents. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Exercise effects for children with autism spectrum disorder: Metabolic health, autistic traits, and quality of life.
Authors: Toscano, Chrystiane V. A.; Carvalho, Humberto M.; Ferreira, José P.;
Abstract: This study examined the effects of a 48-week exercise-based intervention on the metabolic profile, autism traits, and perceived quality of life in children with autism spectrum disorder (ASD). We randomly allocated 64 children with ASD (aged 6–12 years) to experimental (n = 46) and control groups (n = 18) and used multilevel regression modeling to examine responses to receiving or not receiving the intervention. The experimental group showed beneficial effects on metabolic indicators (high-density lipoprotein cholesterol, low-density lipoprotein cholesterol, and total cholesterol), autism traits, and parent-perceived quality of life. Our results provide support for exercise and physical activity, including basic coordination and strength exercises, as important therapeutic interventions for children with ASD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Alexander’s disease and the story of Louise.
Authors: Wilson, Barbara A.; Vargha-Khadem, Farane; Florschutz, Gerhard;
Abstract: We describe the rare condition known as Alexander’s disease or Alexander’s leukodystrophy, which is essentially a childhood dementia. We then present the case of Louise Davies (we are using Louise’s real
name with the permission and special request of her mother), a woman who was diagnosed with this disease at the age of 5 years and is still alive at the age of 38, making her the longest known survivor of this condition. Although now severely impaired, both physically and mentally, and able to do very little, she has lived far longer than expected. We present some neuropsychological results from her childhood before measuring her decline over the past four years. We conclude by considering whether or not the diagnosis was correct and why she has lived so long. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Circumstances preceding homicide-suicides involving child victims: A qualitative analysis.
Authors: Holland, Kristin M.; Brown, Sabrina V.; Hall, Jeffrey E.; Logan, Joseph E.;
Abstract: Homicide-suicide incidents involving child victims can have a detrimental impact on survivors of the violence, family members and friends of the decedents, and other community members, but the rare occurrence of these acts makes using quantitative data to examine their associated antecedents challenging. Therefore, using qualitative data from the 2003-2011 National Violent Death Reporting System, we examined 175 cases of homicide-suicide involving child victims in an effort to better understand the complex situational factors of these events. Our findings indicate that 98% of homicide-suicides with child victims are perpetrated by adults (mostly parents) and propelled by the perpetrators' intimate partner problems, mental health problems, and criminal/legal problems. These events are often premeditated, and plans for the violence are sometimes disclosed prior to its occurrence. Findings provide support for several theoretical perspectives, and implications for prevention are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: A dimensional approach to determine common and specific neurofunctional markers for depression and social anxiety during emotional face processing.
Authors: Luo, Lizhu; Becker, Benjamin; Zheng, Xiaoxiao; Zhao, Zhiying; Xu, Xiaolei; Zhou, Feng; Wang, Jiaojian; Kou, Juan; Dai, Jing; Kendrick, Keith M.;
Abstract: Major depression disorder (MDD) and anxiety disorder are both prevalent and debilitating. High rates of comorbidity between MDD and social anxiety disorder (SAD) suggest common pathological pathways, including aberrant neural processing of interpersonal signals. In patient populations, the determination of common and distinct neurofunctional markers of MDD and SAD is often hampered by confounding factors, such as generally elevated anxiety levels and disorder-specific brain structural alterations. This study employed a dimensional disorder approach to map neurofunctional markers associated with levels of depression and social anxiety symptoms in a cohort of 91 healthy subjects using an emotional face processing paradigm. Examining linear associations between levels of depression and social anxiety, while controlling for trait anxiety revealed that both were associated with exaggerated dorsal striatal reactivity to fearful and sad expression faces respectively. Exploratory analysis revealed that depression scores were positively correlated with dorsal striatal functional connectivity during processing of fearful faces, whereas those of social anxiety showed a negative association during processing of sad faces. No linear relationships between levels of depression and social anxiety were observed during a facial-identity matching task or with brain structure. Together, the present findings indicate that dorsal striatal neurofunctional alterations might underlie aberrant interpersonal processing associated with both increased levels of depression and social anxiety. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
Experiences of an internet-based support and coaching model for adolescents and young adults with ADHD and autism spectrum disorder—A qualitative study.

Authors:
Sehlin, Helena; Ahlström, Britt Hedman; Andersson, Gerhard; Wentz, Elisabet;

Source:
BMC Psychiatry, Vol 18, Jan 18, 2018 ArtID: 15. Publisher: BioMed Central Limited; [Journal Article]

Abstract:
Background: There is a great demand for non-medical treatment and support targeting the needs of adolescents and young adults with autism spectrum disorder (ASD) and attention-deficit/hyperactivity disorder (ADHD). There is also a lack of qualitative studies providing in-depth insight into these individuals’ own experiences within this area. The current study aimed to explore how adolescents and young adults with ADHD, ASD or both experienced taking part in an internet-based support and coaching intervention. Methods: Sixteen participants with ASD, ADHD or both who had participated in an 8-week internet-based support and coaching model, were interviewed using semi-structured interviews. Data was analyzed using qualitative content analysis. Results: Analysis yielded three themes; Deciding to participate, Taking part in the coaching process and The significance of format. Various motives for joining were expressed by participants, such as viewing the technology as familiar and appealing and expecting it to be better suited to their situation. There was also a previously unfulfilled need for support among participants. In deciding to take part in the intervention the coaches’ competence and knowledge were considered essential, often in the light of previously negative experiences. Taking part in the coaching process meant feeling reassured by having someone to turn to in view of shared obstacles to seeking and receiving help. The support was used for talking through and receiving advice on matters related to their diagnosis. Findings further revealed appreciation for aspects relating to the format such as communicating through the written word, being in one’s own home and an experience of immediacy. Some disadvantages were voiced including incomplete personal interaction and failing technology. There were also suggestions for greater flexibility. Conclusions: The in-depth qualitative data obtained from this study suggest that the current model of support and the internet-based format have specific qualities that could play an important role in the support of adolescents and young adults with ADHD and ASD. Although not a replacement for face-to-face interaction, it could be a promising complement or alternative to other support and treatment options. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Classifying and characterizing the development of adaptive behavior in a naturalistic longitudinal study of young children with autism.

Authors:
Farmer, Cristan; Swineford, Lauren; Swedo, Susan E.; Thurm, Audrey;

Source:
Journal of Neurodevelopmental Disorders, Vol 10, Jan 5, 2018 ArtID: 1. Publisher: BioMed Central Limited; [Journal Article]

Abstract:
Background: Adaptive behavior, or the ability to function independently in ones’ environment, is a key phenotypic construct in autism spectrum disorder (ASD). Few studies of the development of adaptive behavior during preschool to school-age are available, though existing data demonstrate that the degree of ability and impairment associated with ASD, and how it manifests over time, is heterogeneous. Growth mixture models are a statistical technique that can help parse this heterogeneity in trajectories. Methods: Data from an accelerated longitudinal natural history study (n = 105 children with ASD) were subjected to growth mixture model analysis. Children were assessed up to four times between the ages of 3 to 7.99 years. Results: The best fitting model comprised two classes of trajectory on the Adaptive Behavior Composite score of the Vineland Adaptive Behavior Scale, Second Edition—a low and decreasing trajectory (73% of the sample) and a moderate and stable class (27%). Conclusions: These results partially replicate the classes observed in a previous study of a similarly characterized sample, suggesting that developmental trajectory may indeed serve as a phenotype. Further, the ability to predict which
trajectory a child is likely to follow will be useful in planning for clinical trials. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Functional connectivity differences in autism during face and car recognition: Underconnectivity and atypical age-related changes.

**Authors:**
Lynn, Andrew C.; Padmanabhan, Aarthi; Simmonds, Daniel; Foran, William; Hallquist, Michael N.; Luna, Beatriz; O'Hearn, Kirsten;

**Source:**

**Abstract:**
Face recognition abilities improve between adolescence and adulthood over typical development (TD), but plateau in autism, leading to increasing face recognition deficits in autism later in life. Developmental differences between autism and TD may reflect changes between neural systems involved in the development of face encoding and recognition. Here, we focused on whole-brain connectivity with the fusiform face area (FFA), a well-established face-preferential brain region. Older children, adolescents, and adults with and without autism completed the Cambridge Face Memory Test, and a matched car memory test, during fMRI scanning. We then examined task-based functional connectivity between the FFA and the rest of the brain, comparing autism and TD groups during encoding and recognition of face and car stimuli. The autism group exhibited underconnectivity, relative to the TD group, between the FFA and frontal and primary visual cortices, independent of age. Underconnectivity with the medial and rostral lateral prefrontal cortex was face-specific during encoding and recognition, respectively. Conversely, underconnectivity with the L orbitofrontal cortex was evident for both face and car encoding. Atypical age-related changes in connectivity emerged between the FFA and the R temporoparietal junction, and R dorsal striatum for face stimuli only. Similar differences in age-related changes in autism emerged for FFA connectivity with the amygdala across both face and car recognition. Thus, underconnectivity and atypical development of functional connectivity may lead to a less optimal face-processing network in the context of increasing general and social cognitive deficits in autism. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**

**Authors:**
Barghadouch, Amina; Carlsson, Jessica; Norredam, Marie;

**Source:**
Journal of Nervous and Mental Disease, Vol 206(1), Jan, 2018 pp. 3-10. Publisher: Lippincott Williams & Wilkins; [Journal Article]

**Abstract:**
Studies show a high level of mental health problems among refugee children and adults. This study aimed to examine psychiatric disorders among refugee children in early adulthood. A total of 15,264 young adult refugees, who obtained residence permission January 1, 1993 to December 31, 2010, were matched 1:6 on age and sex with 99,313 Danish-born children. Rate ratios (RR) of having a first-time in- or outpatient hospital diagnosis with an affective (F30–39), psychotic (F29–30), neurotic (F40–48), or any psychiatric disorder (F00–99) according to ICD-10 were computed. Refugees had higher RRs of psychotic (RR: 1.81, 95%CI: 1.41–2.32) and nervous (RR: 1.28, 95% CI: 1.14–1.43) disorders compared with Danish-born children. The RRs of having an affective disorder among refugees was 0.74 (95% CI: 0.60–0.90) compared with Danish-born children. Sex, geographical origin, migrant status, household income, age at residence permission, and accompanied/unaccompanied arrival predicted psychiatric contacts among refugees. A focus on both prevention and treatment in vulnerable groups is needed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Personality disorders are not as we thought: Hierarchical factor structure at the criterion level.
Authors: Muñoz-Champel, Ana; Gutiérrez, Fernando; Peri, Josep M.; Torrubia, Rafael;
Source: Journal of Personality Assessment, Vol 100(1), Jan, 2018 pp. 16-29. Publisher: Taylor & Francis; [Journal Article]
Abstract: The use of personality disorder (PD) categories persists, despite the evidence against them. An often overlooked reason for this is the fact that the true structure underlying the Diagnostic and Statistical Manual of Mental Disorders (DSM) taxonomy is still unknown: We cannot be certain which disorders are valid, and which ones are arbitrary mixtures of heterogeneous traits. To address this gap, we factor analyzed the Personality Diagnostic Questionnaire (PDQ–4+; Hyler, 1994) at the criterion level in a mixed clinical and nonclinical sample of 2,519 individuals. The resulting structure was more similar to current dimensional taxonomies than to the DSM classification at all hierarchical levels. Whereas paranoid and antisocial PDs—and to a lesser extent avoidant, dependent, depressive, and schizoid PDs—were fairly homogeneous, all other disorders turned out to be combinations of 2 or 3 unrelated dimensions. Our results strongly support the structure of empirically based dimensional taxonomies and relocate DSM criteria within this emerging framework, thus contributing to preserving much of the knowledge accumulated to date. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Implementing and evaluating early intervention for children with autism: Where are the gaps and what should we do?
Authors: Vivanti, Giacomo; Kasari, Connie; Green, Jonathan; Mandell, David; Maye, Melissa; Hudry, Kristelle;
Abstract: Despite recent advances, the evidence base supporting early intervention for young children with autism spectrum disorder (ASD) remains relatively sparse. The International Society for Autism Research (INSAR) recently sponsored a Special Interest Group (SIG) on Implementing and Evaluating Community-Based Early Intervention. Across three meetings, in 2015, 2016, and 2017, conveners of this SIG engaged > 200 members to identify knowledge gaps and research priorities for moving the field forward. Here, we summarize the perspectives that emerged from group discussion at the SIG meetings as represented by scholars working actively in the field. Despite encouraging progress, critical gaps and research priorities were identified across all the stages of intervention development and testing from conceptualization to community implementation. Key issues include the need for (a) formal theories to guide early intervention development, evaluation, and implementation; and alignment of intervention goals with scientific knowledge and societal changes that have occurred in the decades since interventions were originally developed; (b) increased focus on feasibility of treatment procedures and alignment with stakeholder values during pilot evaluations; (c) use of research designs that allow for comparisons of different interventions and formats, analyses of active ingredients of treatment, and identification of moderators and mediators of outcome; (d) use of community-partnered participatory research to guide adaptation of intervention models to community settings; (e) inclusion of constructs related to implementation processes and outcomes in treatment trials and; (f) an iterative approach to the progression of knowledge from intervention development to implementation. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Accuracy of Modified Checklist for Autism in Toddlers (M-CHAT) in detecting autism and other developmental disorders in community clinics.
Authors: Toh, Teck-Hock; Tan, Vivian Wee-Yen; Lau, Peter Sie-Teck; Kiyu, Andrew;
**Source:**

**Abstract:**
This study determined the accuracy of Modified Checklist for Autism in Toddlers (M-CHAT) in detecting toddlers with autism spectrum disorder (ASD) and other developmental disorders (DD) in community mother and child health clinics. We analysed 19,297 eligible toddlers (15–36 months) who had M-CHAT performed in 2006–2011. Overall sensitivities for detecting ASD and all DD were poor but better in the 21 to < 27 months and 27–36-month age cohorts (54.5–64.3%). Although positive predictive value (PPV) was poor for ASD, especially the younger cohort, positive M-CHAT helped in detecting all DD (PPV = 81.6%). This suggested M-CHAT for screening ASD was accurate for older cohorts (> 21 months) and a useful screening tool for all DD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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**Title:**
Neurodevelopmental disorders in children with macrocephaly: A prevalence study and PTEN gene analysis.

**Authors:**
Kurata, Hirofumi; Shirai, Kentaro; Saito, Yoshiaki; Okazaki, Tetsuya; Ohno, Koyo; Oguri, Masayoshi; Adachi, Kaori; Nanba, Eiji; Maegaki, Yoshihiro;

**Source:**
Brain & Development, Vol 40(1), Jan, 2018 pp. 36-41. Publisher: Elsevier Science; [Journal Article]

**Abstract:**
Purpose: To clarify the relationship between macrocephaly and neurodevelopmental disorders, as well as identify the prevalence of PTEN mutations in autism spectrum disorders with macrocephaly in Japan. Subjects and methods: Diagnostic and other medical information of children with macrocephaly younger than 4 years (n = 93) were collected for analysis. PTEN gene mutation analysis was conducted in another set of 16 macrocephalic individuals aged 3–22 years. Results: Sixteen macrocephalic children were associated with neurodevelopmental disorders, including autism spectrum disorders (ASDs) (n = 6), autistic traits (n = 5), intellectual disability (n = 5), attention deficit hyperactivity disorder (n=1), developmental coordination disorders (n = 1), and language disorder (n = 1). Male gender was significantly linked to these disorders, whereas a family history and degree of macrocephaly were not significantly linked to the diagnosis. A novel mutation in the PTEN gene was identified in a 16-year-old girl with autism, mental retardation, language delay, extreme macrocephaly (+ 4.7SD) with a prominent forehead, and digital minor anomalies. Conclusion: Children with macrocephaly, particularly males, are at a higher risk of neurodevelopmental disorders, rather than progressive etiologies, such as hydrocephalus and neurodegenerative disorders. The data provide a basis for routine health checks for young children in Japan, including the follow-up management and possible screening of PTEN mutations in children with ASDs and macrocephaly. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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**Title:**
The experience of psychiatric care of adolescents with anxiety-based school refusal and of their parents: A qualitative study.

**Authors:**
Sibeoni, Jordan; Orri, Massimiliano; Podlipski, Marc-Antoine; Labey, Mathilde; Campredon, Sophie; Gerardin, Priscille; Revah-Levy, Anne;

**Source:**

**Abstract:**
Objective: Anxiety-based school refusal in adolescence is a complex, sometimes difficult to treat disorder that can have serious academic and psychiatric consequences. The objective of this qualitative study was to explore how teens with this problem and their parents experience the psychiatric care received. Methods: This qualitative multicenter study took place in France, where we conducted semi-structured interviews with adolescents receiving psychiatric care for anxiety-based school refusal and with their...
parents. Data collection by purposive sampling continued until we reached theoretical sufficiency. Data analysis was thematic. Results: This study included 20 adolescents aged 12 to 18 years and 21 parents. Two themes emerged from the analysis: (1) the goals of psychiatric care with two sub-themes, 'self-transformation' and problem solving; and, (2) the therapeutic levers identified as effective with two sub-themes: time and space and relationships. Conclusion: Our results show a divergence between parents and teens in their representations of care and especially of its goals. Therapeutic and research implications about the terms of return to school within psychiatric care and also the temporality of care are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Delayed diagnosis and treatment among children with autism who experience adversity.
Authors: Berg, Kristin L.; Acharya, Kruti; Shiu, Cheng-Shi; Msall, Michael E.;
Source: Journal of Autism and Developmental Disorders, Vol 48(1), Jan, 2018 pp. 45-54. Publisher: Springer; Abstract: The effects of family adverse childhood experiences (ACEs) on timing of ASD diagnoses and receipt of therapies were measured using data from the 2011–2012 National Survey of Children’s Health. Parametric accelerated failure time models estimated the relationship between family ACEs and both timing of ASD diagnosis and receipt of therapies among US children (age 2–17 years; N = 1624). Compared to children without family ACEs, the adjusted effects of 1–2 and ≥ 3 ACEs resulted in prolonged time of diagnoses with time ratios of 1.17 and 1.23. Report of 1–2 and ≥ 3 ACEs were associated with a 22 and 27% increase in the median age of entry into services. ACEs may pose significant barriers to diagnoses and treatment of children with ASD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Cortisol profiles differentiated in adolescents and young adult males with fragile X syndrome versus autism spectrum disorder.
Authors: Matherly, Sara M.; Klusek, Jessica; Thurman, Angela J.; McDuffie, Andrea; Abbeduto, Leonard; Roberts, Jane E.;
Source: Developmental Psychobiology, Vol 60(1), Jan, 2018 pp. 78-89. Publisher: John Wiley & Sons; [Journal Article] Abstract: Background: Fragile X syndrome (FXS) and non-syndromic autism spectrum disorder (ASD) are distinct disorders with overlapping behavioral features. Both disorders are also highly associated with anxiety with abnormal physiological regulation implied mechanistically. Some reports suggest atypical hypothalamus-pituitary-adrenal (HPA) axis function, indexed via aberrant cortisol reactivity, in both FXS and non-syndromic ASD. However, no study has compared cortisol reactivity across these two disorders, or its relationship to ASD symptom severity. Methods: Cortisol reactivity (prior to and following a day of assessments) was measured in 54 adolescent/young adult males with FXS contrasted to 15 males with non-syndromic ASD who had low cognitive abilities. Results: Greater ASD symptom severity was related to increased cortisol reactivity and higher levels at the end of the day, but only in the non-syndromic ASD group. Elevated anxiety was associated with increased HPA activation in the group with FXS alone. Conclusions: Taken together, findings suggest a unique neuroendocrine profile that distinguishes adolescent/young adult males with FXS from those with non-syndromic ASD. Severity of ASD symptoms appears to be related to cortisol reactivity in the non-syndromic ASD sample, but not in FXS; while anxiety symptoms are associated with HPA activation in the FXS sample, but not in ASD despite a high prevalence of ASD, anxiety and physiological dysregulation characteristic in both populations. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Needs of adolescents and young adults with neurodevelopmental disorders: Comparisons of young people and parent perspectives.
Authors: Eklund, Hanna; Findon, James; Cadman, Tim; Hayward, Hannah; Murphy, Declan; Asherson, Philip; Glaser, Karen; Xenitidis, Kiriakos;
Abstract: This study used the Camberwell Assessment of Need for adults with Developmental and Intellectual Disabilities (CANDID) to examine the social, physical health and mental health needs of 168 young people (aged 14–24 years) with neurodevelopmental disorders and compared young person and parent ratings of need. Agreement was poor in 21 out of 25 domains. Parents consistently reported higher levels of need than young people in the majority of domains although young people with ADHD reported significantly more needs in physical health, eyesight/hearing, seizures, other mental health problems and safety of others than their parents. Both parent and young person perspectives of needs are necessary to ensure that needs that are predictive of current or future poor outcomes are not missed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Cross-disorder cognitive impairments in youth referred for neuropsychiatric evaluation.
Authors: Doyle, Alysa E.; Vuijk, Pieter J.; Doty, Nathan D.; McGrath, Lauren M.; Willoughby, Brian L.; O'Donnell, Ellen H.; Wilson, H. Kent; Colvin, Mary K.; Toner, Deanna C.; Hudson, Kelsey E.; Blais, Jessica E.; Ditmars, Hillary L.; Faraone, Stephen V.; Seidman, Larry J.; Braaten, Ellen B.;
Abstract: Objectives: Studies suggest that impairments in some of the same domains of cognition occur in different neuropsychiatric conditions, including those known to share genetic liability. Yet, direct, multi-disorder cognitive comparisons are limited, and it remains unclear whether overlapping deficits are due to comorbidity. We aimed to extend the literature by examining cognition across different neuropsychiatric conditions and addressing comorbidity. Methods: Subjects were 486 youth consecutively referred for neuropsychiatric evaluation and enrolled in the Longitudinal Study of Genetic Influences on Cognition. First, we assessed general ability, reaction time variability (RTV), and aspects of executive functions (EFs) in youth with non-comorbid forms of attention-deficit/hyperactivity disorder (ADHD), mood disorders and autism spectrum disorder (ASD), as well as in youth with psychosis. Second, we determined the impact of comorbid ADHD on cognition in youth with ASD and mood disorders. Results: For EFs (working memory, inhibition, and shifting/flexibility), we observed weaknesses in all diagnostic groups when participants’ own ability was the referent. Decrements were subtle in relation to published normative data. For RTV, weaknesses emerged in youth with ADHD and mood disorders, but trend-level results could not rule out decrements in other conditions. Comorbidity with ADHD did not impact the pattern of weaknesses for youth with ASD or mood disorders but increased the magnitude of the decrement in those with mood disorders. Conclusions: Youth with ADHD, mood disorders, ASD, and psychosis show EF weaknesses that are not due to comorbidity. Whether such cognitive difficulties reflect genetic liability shared among these conditions requires further study. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Mediators of treatment outcomes for anxious children and adolescents: The role of somatic symptoms.
Authors:
Cognitive behavioral therapy (CBT) and selective serotonin reuptake inhibitors are effective treatments for pediatric anxiety disorders. However, the mechanisms of these treatments are unknown. Previous research indicated that somatic symptoms are reduced following treatment, but it is unclear if their reductions are merely a consequence of treatment gains. This study examined reductions in somatic symptoms as a potential mediator of the relationship between treatment and anxiety outcomes. Participants were 488 anxious youth ages 7–17 (M = 10.7), 50.4% male, 78.9% Caucasian, enrolled in Child/Adolescent Anxiety Multimodal Study, a large randomized control trial comparing 12-week treatments of CBT, sertraline, a combination of CBT and sertraline, and a pill placebo. Causal mediation models were tested in R using data from baseline, 8-, and 12-week evaluations. Somatic symptoms were assessed using the Panic/Somatic subscale from the Screen for Child Anxiety Related Emotional Disorders. Youth outcomes were assessed using the Pediatric Anxiety Rating Scale and Children’s Global Assessment Scale. Reductions in somatic symptoms mediated improvement in anxiety symptoms and global functioning for those in the sertraline-only condition based on parent report. Conditions involving CBT and data based on child reported somatic symptoms did not show a mediation effect. Findings indicate that reductions in somatic symptoms may be a mediator of improvements for treatments including pharmacotherapy and not CBT. Although the overall efficacy of sertraline and CBT for anxiety may be similar, the treatments appear to function via different mechanisms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Employment and Mental Health

Title:
Cost-effectiveness of supported employment adapted for people with affective disorders.

Authors:
Saha, Sanjib; Bejerholm, Ulrika; Gerdtham, Ulf-G; Jarl, Johan;

Source:

Abstract:
Objective: The individual enabling and support (IES) model was effective in gaining competitive employment for people with affective disorders compared with traditional vocational rehabilitation (TVR) services in a randomized controlled trial in a Swedish setting. The object of this study is to perform a cost-effectiveness analysis of IES comparing to TVR. Methods: We considered the costs of intervention and productivity gain due to increased competitive employment. We estimated quality of life using EuroQol 5 Dimension (EQ-5D) and Manchester Short Assessment of Quality of Life (MANSA) scale. EQ-5D was translated into quality-adjusted life-years (QALY), using the UK, Danish, and Swedish tariffs. We performed the analysis from a societal perspective with a one-year timeframe. Results: The cost of IES was €7247 lower per person per year (2014 prices) compared to TVR. There were no significant differences in QALY improvement within or between groups. However, quality of life measured by the MANSA scale significantly improved over the study period in IES. Limitations: Besides the small sample size, details on the intervention costs for both IES and TVR group were unavailable and had to be obtained from external sources. Conclusions: Implementation of IES for people with affective disorders is most likely cost-saving and is potentially even dominating TVR, although a larger trial is required to establish this. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Discrimination, work outcomes, and mental health among women of color: The protective role of womanist attitudes.

Authors:
Velez, Brandon L.; Cox, Robert Jr.; Polihronakis, Charles J.; Moradi, Bonnie;

Source:

Abstract:
With a sample of employed women of color (N = 276), we tested the associations of sexist and racist discrimination with poor work outcomes (job-related burnout and turnover intentions) and mental health outcomes (i.e., psychological distress). Drawing from the Theory of Work Adjustment, Organizational Support Theory, and scholarship on discrimination, we tested perceived person-organization (P-O) fit, perceived organizational support, and self-esteem as mediators of the associations of workplace discrimination with the outcomes. Based on intersectionality scholarship, womanist attitudes were tested as a moderator. Participants provided cross-sectional data via an online survey. Latent variable structural equation modeling results indicated that a second-order latent workplace discrimination variable yielded better fit to the data than modeling sexist and racist discrimination separately. Workplace discrimination was directly and indirectly (via the mediating role of self-esteem) associated with higher psychological distress. Furthermore, workplace discrimination was indirectly associated with poor work outcomes through the mediating roles of perceived P-O fit, perceived organizational support, and self-esteem. Last, moderation analyses indicated that higher womanist attitudes weakened the direct association of workplace discrimination with psychological distress. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Reducing perceived stigma: Work integration of people with severe mental disorders in Italian social enterprise.

**Authors:**
Villotti, Patrizia; Zaniboni, Sara; Corbière, Marc; Guay, Stéphane; Fraccaroli, Franco;

**Source:**
Psychiatric Rehabilitation Journal Publisher: Educational Publishing Foundation; [Journal Article]

**Abstract:**
Objective: People with mental illnesses face stigma that hinders their full integration into society. Work is a major determinant of social inclusion, however, people with mental disorders have fewer opportunities to work. Emerging evidence suggests that social enterprises help disadvantaged people with their work integration process. The purpose of this study is to enhance our understanding about how perceptions of stigma can be decreased for people with mental disorders throughout their work experience in a social enterprise. Method: Using a longitudinal study design, 310 individuals with mental disorders employed in Italian social enterprises completed a battery of questionnaires on individual (e.g., severity of symptoms; occupational self-efficacy) and environmental (e.g., social support; organizational constraints) variables. Of the 223 individuals potentially eligible at the 12-month follow up, 139 completed a battery of questionnaires on social and working skills, perceived work productivity and perceived stigma. Path analyses were used to test a model delineating how people with mental disorders working in social enterprises improve social and work outcomes (i.e., motivation, skills and productivity), and reduce the perception of being stigmatized. Results: Working in a social enterprise enhances working social skills, which leads to a perception of higher productivity and, consequently, the perception of being discriminated against and stigmatized is reduced. Conclusions and Implications for Practice: Social enterprise provides a context in which people with mental disorders reach a sense of work-related and social competence. This sense of competence helps them to reduce perceived stigma, which is a crucial step toward social inclusion. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

[Link to the article](http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2018-18834-001&site=ehost-live)

**Title:**
Disability and employment—Overview and highlights.

**Authors:**
Vornholt, Katharina; Villotti, Patrizia; Muschalla, Beate; Bauer, Jana; Colella, Adrienne; Zijlstra, Fred; Van Ruitenbeek, Gemma; Uitdewilligen, Sjir; Corbière, Marc;

**Source:**

**Abstract:**
Due to the expected decline in the working-age population, especially in European countries, people with disabilities are now more often recognized as a valuable resource in the workforce and research into disability and employment is more important than ever. This paper outlines the state of affairs of research on disability and employment. We thereby focus on one particular group of people with disabilities, that is to say people with mental disabilities. We define disability according to the International Classification of Functioning, Disability and Health (ICF) of the World Health Organization, by that recognizing that disability results from the interaction of person and environment. Key issues, including the complexity of defining disability, the legal situation in Europe and North America concerning disability at work, and barriers and enablers to employment, are discussed. For each of the topics we show important findings in the existing literature and indicate where more in-depth research is needed. We finalize with a concrete research agenda on disability and employment and provide recommendations for practice. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

[Link to the article](http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2018-01976-004&site=ehost-live)

**Title:**
Economic, labor, and regulatory moderators of the effect of Individual Placement and Support among people with severe mental illness: A systematic review and meta-analysis.

**Authors:**
Metcalfe, Justin D.; Drake, Robert E.; Bond, Gary R.;

**Source:**
As Individual Placement and Support (IPS) has become the international standard for vocational rehabilitation of adults with serious mental illness, researchers must consider the relationship between IPS and local environments. This meta-analysis used mixed-effects meta-regressions to assess the impact of site-level moderators on the likelihood that IPS recipients, compared with recipients of alternative vocational services, achieved competitive employment. Potential moderators included change in gross domestic product (GDP), local unemployment and unionization rates, and indices describing employment protection regulations, level of disability benefits compensation, and efforts to integrate people with disabilities into the workforce. Regulatory moderators represent facilitators and barriers to employment that may reinforce or detract from the effectiveness of IPS. Across 30 sites drawn from 21 randomized controlled trials in 12 countries (33% in the United States), IPS recipients were 2.31 (95% CI 1.99–2.69) times more likely to find competitive employment than recipients of alternative vocational rehabilitation services. The significant competitive-employment rate advantage of IPS over control services increased in the presence of weaker employment protection legislation and integration efforts, and less generous disability benefits. Policy makers should recognize and account for the fact that labor and disability regulations can create an arrangement of incentives that reduces the relative efficacy of supported employment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Improving work outcome in supported employment for serious mental illness: Results from 2 independent studies of errorless learning.
Authors: Kern, Robert S.; Zarate, Roberto; Glynn, Shirley M.; Turner, Luana R.; Smith, Kellie M.; Mitchell, Sharon S.; Sugar, Catherine A.; Bell, Morris D.; Liberman, Robert P.; Kopelowicz, Alex; Green, Michael F.;
Abstract: Background: Heterogeneity in work outcomes is common among individuals with serious mental illness (SMI). Objective: In 2 studies, we sought to examine the efficacy of adding errorless learning, a behavioral training intervention, to evidence-based supported employment to improve SMI work outcomes. Work behavior problems were targeted for intervention. We also explored associations between early work behavior and job tenure. Methods: For both studies (VA: n = 71; community mental health center: n = 91), randomization occurred at the time of job obtainment with participants randomized (1:1) to either errorless learning plus ongoing supported employment or ongoing supported employment alone and then followed for 12 months. Dependent variables included job tenure, work behavior, and hours worked and wages earned per week. For the primary intent-to-treat analyses, data were combined across studies. Results: Findings revealed that participants in the errorless learning plus supported employment group stayed on their jobs significantly longer than those in the supported employment alone group (32.8 vs 25.6 wk). In addition, differential treatment effects favoring errorless learning were found on targeted work behavior problems (50.5% vs 27.4% improvement from baseline to follow-up assessment). There were no other differential treatment effects. For the prediction analyses involving work behavior, social skills explained an additional 18.3% of the variance in job tenure beyond levels of cognition, symptom severity, and past work history. Conclusions: These data support errorless learning as an adjunctive intervention to enhance supported employment outcomes and implicate the relevance of workplace social difficulties as a key impediment to prolonged job tenure. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: A socio-interpersonal approach to adjustment disorder: The example of involuntary job loss.
Authors: Lorenz, Louisa; Perkonigg, Axel; Maercker, Andreas;
Abstract:
Background: Adjustment disorder (AjD) was redefined for ICD-11 with core symptoms of preoccupation with a stressor and failure to adapt. The socio-interpersonal framework model for stress-response syndromes suggests that interpersonal factors, besides intrapersonal processes, substantially contribute to the development of AjD. Objective: The current study aimed to identify predictive factors in the development of AjD symptoms by the application of a framework model for stress-response syndromes. Method: N = 321 recently laid-off participants (47.7% female) were assessed with a newly developed standardized clinical diagnostic interview section on ICD-11 AjD. Self-report questionnaires measured AjD symptom severity, and interpersonal and intrapersonal predictors. Path analysis was used to model the associations between AjD symptom severity and the predictor variables. We conducted logistic regression to identify associated characteristics of diagnostic status. Results: AjD symptoms were highly prevalent and 25.6% of participants met the diagnostic criteria. Higher loneliness, higher dysfunctional disclosure, and lower self-efficacy were associated with both higher symptom severity and higher likelihood of meeting the diagnostic criteria for AjD. Higher perceived social support was associated with higher likelihood for AjD diagnosis. Conclusions: Research on risk factors for AjD is still sparse. This study provided empirical evidence on the role of interpersonal factors supporting the socio-interpersonal model for stress-response syndromes. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A pilot test of group based cognitive behavioral therapy to augment vocational services for persons with serious mental illness: Feasibility and competitive work outcomes.

Authors:
Kukla, Marina; Strasburger, Amy M.; Salyers, Michelle P.; Rollins, Angela L.; Lysaker, Paul H.;

Source:
Journal of Nervous and Mental Disease, Vol 206(5), May, 2018 pp. 310-315. Publisher: Lippincott Williams & Wilkins; [Journal Article]

Abstract:
Persons with serious mental illness (SMI) struggle with work functioning even with the assistance of vocational services. The current study sought to address this problem by examining a cognitive-behavioral therapy to augment vocational services. Fifty-two adults with SMI receiving vocational services participated in a pre-post feasibility trial of the Cognitive Behavior Therapy for Work Success (CBTw) intervention. CBTw is a 12-week manualized intervention that addresses cognitive and behavioral factors that impact work functioning. Competitive work outcomes were assessed in the 12 weeks preceding baseline and after the intervention. The results demonstrate strong session attendance and a low attrition rate. There were also significant improvements in work outcomes. Specifically, among participants unemployed at baseline, 50.0% attained work during follow-up. These findings provide preliminary evidence that CBTw may be a feasible intervention to augment vocational services; further controlled research should examine its benefit to work outcomes in people with SMI. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Attitudes toward disclosing a mental health problem and reemployment: A longitudinal study.

Authors:
Rüsch, Nicolas; Corrigan, Patrick W.; Waldmann, Tamara; Staiger, Tobias; Bahemann, Andreas; Oexle, Nathalie; Wigand, Moritz; Becker, Thomas;

Source:
Journal of Nervous and Mental Disease, Vol 206(5), May, 2018 pp. 383-385. Publisher: Lippincott Williams & Wilkins; [Journal Article]

Abstract:
Despite low unemployment rates, individuals with mental health problems often struggle to gain reemployment. Many face the decision whether to disclose their mental illness to employers. This study therefore examined the role of disclosure attitudes for reemployment over time. Clinical and job search variables as well as attitudes toward disclosing a mental health issue to an employer were assessed among 301 unemployed individuals with mental health problems. Predictors of reemployment at 6-month
follow-up were assessed using multiple regression, adjusted for sociodemographic variables, unemployment length, and depressive symptoms. Greater reluctance to disclose mental health problems at baseline predicted reemployment after 6 months. Reemployment was also associated with male sex, better education, lower disability levels, and more job offers at baseline. Therefore, a cautious approach toward disclosing a mental health problem may facilitate short-term reemployment. It is unclear whether this is a successful long-term strategy in employment settings. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Change in depression symptoms through emerging adulthood: Disentangling the roles of different employment characteristics.
Authors: Domene, José F.; Arim, Rubab G.; Law, Danielle M.
Abstract: Existing research suggests there may be important association between mental health and the employment that emerging adults obtain during the transition into the workforce. Hierarchical linear modeling (HLM) was used to examine the trajectories of emerging adults' depression symptoms over a 4-year period, as a function of two characteristics of employment: type of work (i.e., full-time or not) and job satisfaction (i.e., highly satisfied with work or not). The sample consisted of 793 young Canadians drawn from the National Longitudinal Survey of Children and Youth. On average, depression symptoms decreased significantly over time. Full-time employment was associated with lower initial levels of depression and a slower decrease in symptoms. Higher job satisfaction also associated with lower initial levels of depression symptoms. These results suggest it is important to consider both these characteristics of employment to more fully understand how employment is connected to depression symptoms over time. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-49816-003&site=ehost-live

Title: Employment after beginning treatment for substance use disorders: The impact of race/ethnicity and client community of residence.
Authors: Acevedo, Andrea; Miles, Jennifer; Garnick, Deborah W.; Panas, Lee; Ritter, Grant; Campbell, Kevin; Acevedo-Garcia, Dolores
Source: Journal of Substance Abuse Treatment, Vol 87, Apr, 2018 pp. 31-41. Publisher: Elsevier Science; [Journal Article]
Abstract: Employment is an important substance use treatment outcome, frequently used to assess individual progress during and after treatment. This study examined whether racial/ethnic disparities exist in employment after beginning treatment. It also examined the extent to which characteristics of clients' communities account for such disparities. Analyses are based on data that linked individual treatment information from Washington State's Behavioral Health Administration with employment data from the state's Employment Security Department. Analyses subsequently incorporated community-level data from the U.S. Census Bureau. The sample includes 10,636 adult clients (Whites, 68%; American Indians, 13%; Latinos, 10%; and Blacks, 8%) who had a new outpatient treatment admission to state-funded specialty treatment. Heckman models were used to test whether racial/ethnic disparities existed in the likelihood of post-admission employment, as well as employment duration and wages earned. Results indicated that there were no racial/ethnic disparities in the likelihood of employment in the year following treatment admission. However, compared to White clients, American Indian and Black clients had significantly shorter lengths of employment and Black clients had significantly lower wages. With few exceptions, residential community characteristics were associated with being employed after initiating treatment, but not with maintaining employment or with wages. After accounting for community-level variables, disparities in length of employment and earned wages persisted. These findings highlight the importance of considering the race/ethnicity of a client when examining post-treatment employment alongside
community characteristics, and suggest that the effect of race/ethnicity and community characteristics on post-treatment employment may differ based on the stage of the employment process. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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