Current Awareness Service

Issue no. 5 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 CKN Full Text link on the left. You will find link/s for CKN full text (example shown below).

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

Article is not available on CKN?

• If the article is not available on CKN, Request this item will display on the left.

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

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

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

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

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Queensland Health Libraries and Contact Numbers

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University of Queensland Libraries

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Anxiety

Title: Examination of the heterogeneity in PTSD and impulsivity facets: A latent profile analysis.
Authors: Contractor, Ateka A.; Caldas, Stephanie; Weiss, Nicole H.; Armour, Cherie;
Abstract: The experience of traumatizing events and resulting posttraumatic stress disorder (PTSD) symptomology relates to a range of impulsive behaviors. While both PTSD and impulsivity are heterogeneous and multidimensional constructs, no research has used person-centered approaches to examine subgroups of individuals based on these response endorsements. Hence, our study examined PTSD-impulsivity typologies and their construct validity in two samples: university students (n = 412) and community participants recruited through Amazon's MTurk (n = 346). Measures included the Stressful Life Events Screening Questionnaire (PTEs), PTSD Checklist for DSM-5 (PTSD severity), UPPS Impulsive Behavior Scale (negative urgency, lack of premeditation, lack of perseverance, sensation seeking). Dimensions of Anger Reaction Scale (anger), and the Patient Health Questionnaire-9 (depression). For both samples, results of latent profile analyses indicated a best-fitting 3-class solution: High, Moderate, and Low PTSD-Negative Urgency. Negative urgency was the most distinguishing impulsivity facet. Anger and depression severity significantly predicted membership in the more severe symptomatology classes. Thus, individuals can be meaningfully categorized into three subgroups based on PTSD and impulsivity item endorsements. We provide some preliminary evidence for a negative urgency subtype of PTSD characterized by greater depression and anger regulation difficulties; and underscore addressing emotional regulation skills for these subgroup members. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Pre-disaster PTSD as a moderator of the relationship between natural disaster and suicidal ideation over time.
Authors: Brown, Lily A.; Fernandez, Cristina A.; Kohn, Robert; Saldivia, Sandra; Vicente, Benjamin;
Abstract: Background: Natural disasters are associated with a variety of negative health consequences, including enhanced suicide risk. Factors that moderate the relationship between disaster exposure and enhanced suicide risk are unknown. The aim of the current study was to determine whether pre-disaster PTSD moderates the association between change over time in thoughts of death, suicidal ideation (SI), suicide plans, and suicide attempts (SA) from pre- to post-disaster. Methods: Participants (n = 2832) were recruited from Chile as part of the larger PREDICT study and completed a measure of lifetime PTSD and panic disorder at baseline and a lifetime death/suicide measure at baseline in 2003 and again 6, 12, and 24 months later (i.e. 'pre-disaster'). One year following a major earthquake and tsunami in 2010 (i.e., 'post-disaster'), participants completed another death/suicide measure. Results: Both those with and without pre-disaster PTSD experienced significant increases in SI from pre- to post-disaster. However, pre-disaster PTSD was associated with significantly accelerated increases in thoughts of death and SI from pre-to post-disaster. At nearly all time-points, pre-disaster PTSD was associated with higher thoughts of death and SI, suicide planning, and SA. In contrast, panic disorder did not moderate the association between time and changes in SI. Limitations: There was a long time-gap between pre-disaster and post-disaster, with limited data about what occurred during this time. Conclusion: Pre-disaster PTSD is an important predictor of increased SI following a natural disaster, and groups with pre-disaster PTSD should be prioritized for receipt of mental health resources following a natural disaster. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
Effects of emotion regulation strategy use in response to stressors on PTSD symptoms: An ecological momentary assessment study.

Authors:
Short, Nicole A.; Boffa, Joseph W.; Clancy, Kevin; Schmidt, Norman B.;

Source:
Journal of Affective Disorders, Vol 230, Apr 15, 2018 pp. 77-83. Publisher: Elsevier Science

Abstract:
Background: Although a burgeoning line of research identifies emotion regulation difficulties as a potential maintenance factor for posttraumatic stress disorder (PTSD), little is known in regard to what emotion regulation strategies individuals with PTSD use in their daily lives, their predictors, and their consequences on later PTSD symptoms. Method: The current study utilized ecological momentary assessment (EMA) design to explore prospective relationships between maladaptive and adaptive emotion regulation strategy use and PTSD symptoms in participants with PTSD (N = 30). Participants completed 4 EMAs per day over 8 days, assessing stressors, emotional response, and emotion regulation strategy use. Results: Individuals with PTSD most commonly used avoidance as an emotion regulation strategy. Multilevel modeling indicated that baseline PTSD symptoms predicted maladaptive emotion regulation strategy use. After covarying for morning PTSD symptoms, maladaptive emotion regulation prospectively predicted increased PTSD symptoms later in the day. Adaptive emotion regulation strategies did not uniquely predict later PTSD symptoms. Conclusion: In line with conceptualizations of difficulties in emotion regulation as a transdiagnostic maintenance factor in PTSD, findings indicate that maladaptive emotion regulation strategies in response to stressors exacerbate PTSD symptoms. The use of adaptive emotion regulation strategies had no positive or negative impact on subsequent PTSD symptoms. Limitations: Future studies should utilize longer-term prospective designs. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Social and academic functioning in adolescents with anxiety disorders: A systematic review.

Authors:
de Lijster, Jasmijn M.; Dieleman, Gwen C.; Utens, Elisabeth M. W. J.; Dierckx, Bram; Wierenga, Milou; Verhulst, Frank C.; Legerstee, Jeroen S.;

Source:

Abstract:
Background: Anxiety disorders are highly prevalent during adolescence. Although literature points out that anxiety symptoms are related to problems in social and academic functioning, the extent of these problems among adolescents with clinical anxiety disorders has not been systematically reviewed before. Methods: Electronic databases were searched up to October 2017, with keywords representing anxiety disorders, adolescents, and social or academic functioning. The inclusion criteria were studies with a sample of adolescents (10–19 years) with anxiety disorders that provided data regarding their social or academic functioning. 3431 studies were examined, of which 19 met the inclusion criteria. Results: Adolescents with anxiety disorders had a lower social competence relative to their healthy peers. They reported more negativity within interpersonal relationships, higher levels of loneliness, and victimization. Most adolescents with anxiety disorders felt impaired at school, however, findings of their average school results, compared to peers, were mixed. In addition, they had a higher risk for school refusal and entered higher education less often. Impairments in social and academic functioning differed across type and the number of anxiety disorders. Limitations: Most studies examined social phobia or anxiety disorders in general and methodological approaches varied widely between studies. Conclusions: This systematic review indicates that adolescents with anxiety disorders experience a range of significant problems in both social and academic functioning. These findings suggest that the assessment and treatment of anxiety disorders in adolescence should focus on improving functioning across domains. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: A translational approach to the genetics of anxiety disorders.

Authors: McGregor, N. W.; Dimatelas, J. J.; Van Zyl, P. J.; Hemmings, S. M. J.; Kinnear, C.; Russell, V. A.; Stein, D. J.; Lochner, C.;


Abstract: There have been important advances in our understanding of the genetic architecture of anxiety disorders. At the same time, relatively few genes have reached genome wide significance in anxiety disorders, and there is relatively little work on how exposure to an adverse environment impacts on gene expression in either animal models or human clinical populations. Here we assessed differential expression of genes of the dorsal striatum involved in synaptic transmission in an animal models of early adversity (maternal separation followed by restraint stress), and investigated whether variants in these genes were associated with risk for anxiety disorders, particularly in the presence of environmental stressors. Fifty-two male Sprague Dawley rats underwent maternal separation, and gene expression was studied using array technology. The human homologues of the differentially expressed genes were screened and analysed in a DSM-IV anxiety disorders cohort, and healthy controls (patients, n = 92; controls, n = 194), using blood. Two candidate genes (Mmp9 and Bdnf) were aberrantly expressed in the experimental rodent group relative to controls. Four single nucleotide polymorphisms (SNPs) in the human homologues of these genes were significantly associated with susceptibility for anxiety disorders (MMP9: rs3918242 and BDNF: rs6265, rs10835210 and rs11030107). Three of these (BDNF: rs6265, rs10835210, rs11030107) were found to interact significantly with childhood trauma severity resulting in increased likelihood of an anxiety disorder diagnosis. This study provides insights into the utility of rat models for identifying molecular candidates for anxiety disorders in humans. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: A novel examination of exposure patterns and posttraumatic stress after a university mass murder.

Authors: Liu, Sabrina R.; Kia-Keating, Maryam;

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

Abstract: Objective: Occurring at an alarming rate in the United States, mass violence has been linked to posttraumatic stress symptoms (PTSS) in both direct victims and community members who are indirectly exposed. Identifying what distinct exposure patterns exist and their relation to later PTSS has important clinical implications. The present study determined classes of exposure to an event of mass violence, and if PTSS differed across classes. Method: First- and second-year college students (N = 1,189) participated in a confidential online survey following a mass murder at their university, which assessed event exposure and PTSS 3 months later. Latent class analysis (LCA) was used to empirically determine distinct classes of exposure patterns and links between class membership and PTSS. Results: The final model yielded 4 classes: minimal exposure (55.5% of sample), auditory exposure (29.4% of sample), visual exposure (10% of sample), and interpersonal exposure (5% of sample). More severe direct exposure (i.e., the visual exposure class) was associated with significantly higher levels of PTSS than the auditory exposure or minimal exposure classes, as was the interpersonal exposure class. There were no significant differences in PTSS between the auditory exposure and minimal exposure classes or the visual exposure and interpersonal exposure classes. Conclusion: Results point to the differential impact of exposure categories, and provide empirical evidence for distinguishing among auditory, visual, and interpersonal exposures to events of mass violence on college campuses. Clinical implications suggest that visual and interpersonal exposure may warrant targeted efforts following mass violence. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Treatment of PANDAS and PANS: A systematic review.
Authors: Sigra, Sofia; Hesselmark, Eva; Bejerot, Susanne;
Source: Neuroscience and Biobehavioral Reviews, Vol 86, Mar, 2018 pp. 51-65. Publisher: Elsevier Science;
Abstract: Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) are a subtype of acute-onset obsessive-compulsive disorder (OCD) thought to be caused by an autoimmune response to group A streptococcal infection. Based on this proposed pathophysiology, alternative treatments for acute-onset OCD have been introduced, including antibiotics and immunomodulatory interventions. However, the literature on treatment of PANDAS is diverse, and clinical consensus regarding optimal treatment strategy is lacking. We conducted a systematic review of articles in PubMed, Cochrane Library, and Scopus that addressed treatment for PANDAS and related disorders. Twelve research studies involving the following treatments met inclusion criteria: penicillin, azithromycin, intravenous immunoglobulin, plasma exchange, tonsillectomy, cognitive behavior therapy, NSAID and corticosteroids. In addition, 65 case reports in which patients received immunomodulatory treatments, antibiotics, and/or psychotropics were identified. We determined that rigorously conducted research regarding treatments for PANDAS is scarce, and published studies have a high risk of bias. Further research is needed in which promising treatment strategies for PANDAS and other variants of OCD with proposed autoimmune etiology are rigorously investigated. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Individual variation in working memory is associated with fear extinction performance.
Authors: Stout, Daniel M.; Acheson, Dean T.; Moore, Tyler M.; Gur, Ruben C.; Baker, Dewleen G.; Geyer, Mark A.; Risbrough, Victoria B.;
Source: MRS Team; Behaviour Research and Therapy, Vol 102, Mar, 2018 pp. 52-59. Publisher: Elsevier Science;
Abstract: PTSD has been associated consistently with abnormalities in fear acquisition and extinction learning and retention. Fear acquisition refers to learning to discriminate between threat and safety cues. Extinction learning reflects the formation of a new inhibitory-memory that competes with a previously learned threat-related memory. Adjudicating the competition between threat memory and the new inhibitory memory during extinction may rely, in part, on cognitive processes such as working memory (WM). Despite significant shared neural circuits and signaling pathways the relationship between WM, fear acquisition, and extinction is poorly understood. Here, we analyzed data from a large sample of healthy Marines who underwent an assessment battery including tests of fear acquisition, extinction learning, and WM (N-back). Fear potentiated startle (FPS), fear expectancy ratings, and self-reported anxiety served as the primary dependent variables. High WM ability (N = 192) was associated with greater CS + fear inhibition during the late block of extinction and greater US expectancy change during extinction learning compared to individuals with low WM ability (N = 204). WM ability was not associated with magnitude of fear conditioning/expressions. Attention ability was unrelated to fear acquisition or extinction supporting specificity of WM associations with extinction. These results support the conclusion that individual differences in WM may contribute to regulating fear responses. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Trauma, attentional dysregulation, and the development of posttraumatic stress: An investigation of risk pathways.
Background: Fundamental questions regarding the nature and function of attentional bias (AB) to threat in the etiology of posttraumatic stress disorder (PTSD) remain unanswered. We tested the temporal interplay between trauma exposure, dysregulated attentional processing of threatening information pre- and post-trauma, and the development of posttraumatic intrusions. Methods: Response time to trauma-related threat, trauma-unrelated threat, as well as to trauma-related but typically emotionally-neutral stimuli was assessed using the dot probe task before and one week after watching a violent movie scene that served as a trauma analogue. AB was analyzed as a dynamic process by means of a recently developed approach indexing momentary fluctuations of AB toward and away from emotional stimuli. Postrumatic intrusions were measured daily over the week following analogue trauma exposure. Results: We found that key features of AB dynamics to trauma-related stimuli at post-, but not pre-, trauma exposure were associated with posttraumatic intrusions. Notably, these post-trauma exposure effects were specific to biased attentional processing of trauma event-related cues. In line with a growing body of findings, pre- and post-trauma exposure traditional aggregated mean AB scores were not similarly associated with posttraumatic intrusions. Conclusions: We conclude that one mechanism through which trauma exposure may contribute to the development of PTSD is through its dysregulation of attentional processing of trauma event-related cues. Future work may focus on delineating the developmental course through which attentional dysregulation post-trauma and postrumatic intrusions unfold and interact. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Internalized heterosexism and posttraumatic stress disorder symptoms: The mediating role of shame proneness among trauma-exposed sexual minority women.

Authors: Straub, Kelsey T.; McConnell, Amy A.; Messman-Moore, Terri L.;


Abstract: Sexual minority women are more likely to experience negative mental health outcomes, including postrumatic stress disorder (PTSD), than heterosexual women. Meyer’s (2003) minority-stress theory posits that this elevated risk of psychopathology results from stressors specific to the experience of holding a minority identity, and Hatzenbuehler (2009) suggested that these effects may be mediated by general psychological risk factors. Internalized heterosexism is conceptually and empirically linked to shame proneness, and both are associated with PTSD symptoms. Applying Meyer’s and Hatzenbuehler’s theories, in this study, we investigated the indirect effect of internalized heterosexism on PTSD symptomatology through shame proneness among 326 trauma-exposed sexual minority women recruited online. Analyses indicated that internalized heterosexism significantly and positively predicted PTSD symptomatology. In addition, internalized heterosexism had an indirect effect on PTSD symptoms through increased shame-related withdrawal tendencies, but not through shame-related negative self-evaluations. Clinical and policy considerations, including the need for systemic interventions focused on decreasing negative messages about sexual minority identities, as well as individual interventions targeting withdrawal behaviors in the treatment of PTSD among sexual minority women, are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Training clinicians to deliver group CBT to manage anxiety in youth with ASD: Results of a multisite trial.

Authors: Reaven, Judy; Moody, Eric J.; Grofer Klinger, Laura; Keefer, Amy; Duncan, Amie; O’Kelley, Sarah; Meyer, Allison; Hepburn, Susan; Blakeley-Smith, Audrey;
Objective: Few guidelines are available regarding optimal training models for practitioners delivering cognitive–behavioral therapy (CBT) for anxiety in youth with autism spectrum disorder (ASD). The present study systematically compared 3 instructional conditions for delivering the Facing Your Fears program (FYF) to children with ASD and anxiety. Method: Thirty-four clinicians (Mage = 34 years; 94% women, 88% Caucasian) and an intent-to-treat sample of 91 children with ASD and anxiety (Mage = 11; 84% male, 53% Caucasian) met eligibility criteria across 4 sites. A 3-group parallel design via a Latin square procedure was used to randomize 9 teams of clinicians to 1 of 3 training conditions: Manual, Workshop, Workshop-Plus. The effectiveness of instructional condition was assessed via implementation (CBT knowledge, treatment fidelity) and treatment outcomes (reductions in anxiety as measured by the Anxiety Disorders Interview Schedule-Parent (ADIS-P). Results: Clinicians in both Workshop conditions significantly increased CBT knowledge postworkshop, F(1, 18) = 19.8, p < .001. Excellent treatment fidelity was obtained across conditions (above 89%), although clinicians in the Workshop conditions obtained significantly higher fidelity ratings and delivered FYF with greater quality than the Manual condition. Children with ASD demonstrated significant reductions in anxiety symptoms for three of the four anxiety diagnoses, with no differences noted across instructional condition. Rates of improvement were lower than those obtained in a previous controlled trial. Conclusions: Results suggest that although there may be some advantage to participating in a Workshop, clinicians in all conditions could deliver FYF with excellent fidelity and yield positive treatment outcomes. Lack of a no-treatment comparison group limits interpretation of findings. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Abstract:
Objective: Generalized anxiety disorder (GAD) and major depression (MDD), especially when they co-occur, are associated with suboptimal treatment response. One common feature of these disorders is negative self-referential processing (NSRP; i.e., worry, rumination), which worsens treatment outcome. Emotion Regulation Therapy (ERT) integrates principles from affect science with traditional and contemporary cognitive–behavioral treatments to identify and modify the functional nature of NSRP by targeting motivational and regulatory mechanisms, as well as behavioral consequences. Method: Building on encouraging open trial findings, 53 patients with a primary diagnosis of GAD (43% with comorbid MDD) were randomly assigned to immediate treatment with ERT (n = 28) or a modified attention control condition (MAC, n = 25). Results: ERT patients, as compared with MAC patients, evidenced statistically and clinically meaningful improvement on clinical indicators of GAD and MDD, worry, rumination, comorbid disorder severity, functional impairment, quality of life, as well as hypothesized mechanisms reflecting mindful attentional, metacognitive, and overall emotion regulation, which all demonstrated mediation of primary outcomes. This superiority of ERT exceeded medium effect sizes with most outcomes surpassing conventions for a large effect. Treatment effects were maintained for nine months following the end of acute treatment. Overall, ERT resulted in high rates of high endstate functioning for both GAD and MDD that were maintained into the follow-up period. Conclusions: Findings provide encouraging support for the efficacy and hypothesized mechanisms underlying ERT and point to fruitful directions for improving our understanding and treatment of complex clinical conditions such as GAD with co-occurring MDD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Clinical profiles among Greek adolescent suicide attempters: A latent class analysis.
Authors: Tairi, Tatiana; Milojev, Petar; Zilikis, Nikos;
Source: Crisis: The Journal of Crisis Intervention and Suicide Prevention Publisher: Hogrefe Publishing
Abstract:
Background: Suicide attempts are a significant public health problem among youth, resulting in a major social and economic burden for communities and a devastating impact on families. Aims: To determine whether we can identify distinct clinical profiles using latent class analysis in a clinical sample of Greek adolescents who were admitted to hospital following a suicide attempt. Method: Data on 11 clinical parameters from 182 adolescents were analyzed, with a two-class solution selected as the best fitting among the one- through three-class solutions that were examined. Results: We observed two distinct classes, specifically in the probability of mood disorders, substance use disorders, abandonment/neglect, and displaying traits of personality disorders. While most of the adolescents who attempted suicide showed a low probability of these parameters (71.7%), about a third of the sample (28.3%) showed a much more severe clinical profile. Analyses of pertinent contextual and risk factors indicated that those with a more severe clinical profile tend to come from overall more dysfunctional family systems, have more problems in school, and have made a previous attempt. Conclusion: We conclude that the adolescent suicide attempt population is a heterogeneous group in need of focused differentiated care specifically targeted to particular subgroups. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Emotional clarity, anxiety sensitivity, and PTSD symptoms among trauma-exposed inpatient adolescents.
Authors: Viana, Andres G.; Hanna, Abigail E.; Woodward, Emma C.; Raines, Elizabeth M.; Paulus, Daniel J.; Berenz, Erin C.; Zvolensky, Michael J.;
Abstract:
Although several investigations—on primarily adult samples—demonstrate a potential role of emotion dysregulation in the etiology and maintenance of posttraumatic stress disorder (PTSD), investigations into the mechanisms that may underlie these associations in general and among adolescents in particular are lacking. The present study examined associations among emotional clarity (i.e., the extent to which individuals are confused about the specific emotions they are experiencing), anxiety sensitivity, and DSM-IV PTSD symptom cluster severity (i.e., re-experiencing, avoidance, and hyperarousal symptoms) in a diverse sample of trauma-exposed inpatient adolescents. It was hypothesized that anxiety sensitivity would underlie association between emotional clarity and PTSD symptoms. Participants (N = 50; 52.0% female; Mage = 15.1 years, SD = 0.51; 44% White) completed measures of emotion dysregulation, anxiety sensitivity, and PTSD. Lower emotional clarity was significantly associated with greater total PTSD symptoms, as well as re-experiencing, avoidance, and arousal symptoms. Additionally, there were indirect effects for lack of emotional clarity via anxiety sensitivity in relation to total PTSD symptoms \[ B = 0.17, SE = 0.08, BC 95\% CI (0.04, 0.35) \], re-experiencing symptoms \[ B = 0.15, SE = 0.08, BC 95\% CI (0.03, 0.36) \], avoidance symptoms \[ B = 0.12, SE = 0.07, BC 95\% CI (0.02, 0.29) \], and hyperarousal symptoms \[ B = 0.17, SE = 0.08, BC 95\% CI (0.04, 0.36) \]. Reversed models were violated, supporting the direction of hypothesized effects. Difficulties recognizing and accurately understanding emotions may increase risk for PTSD symptoms among trauma-exposed youth. Furthermore, anxiety sensitivity may be a promising intervention target among youth at risk for PTSD, especially among those demonstrating poorer emotional clarity. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Neuronal glutamate transporters control dopaminergic signaling and compulsive behaviors.
Authors:
Bellini, Stefania; Fleming, Kelsey E.; De, Modhurika; McCauley, John P.; Petrocione, Maurice A.; D'Brant, Lianna Y.; Tkachenko, Artem; Kwon, SoYoung; Jones, Lindsey A.; Scimemi, Annalisa;
Source:
Abstract:
There is an ongoing debate on the contribution of the neuronal glutamate transporter EAAC1 to the onset of compulsive behaviors. Here, we used behavioral, electrophysiological, molecular, and viral approaches in male and female mice to identify the molecular and cellular mechanisms by which EAAC1 controls the execution of repeated motor behaviors. Our findings show that, in the striatum, a brain region implicated with movement execution, EAAC1 limits group I metabotropic glutamate receptor (mGluRI) activation, facilitates D1 dopamine receptor (D1R) expression, and ensures long-term synaptic plasticity. Blocking mGluRI in slices from mice lacking EAAC1 restores D1R expression and synaptic plasticity. Conversely, activation of intracellular signaling pathways coupled to mGluRI in D1R-containing striatal neurons of mice expressing EAAC1 leads to reduced D1R protein level and increased stereotyped movement execution. These findings identify new molecular mechanisms by which EAAC1 can shape glutamatergic and dopaminergic signals and control repeated movement execution. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Unconscious cognitive dysfunction in emotion dysregulation and psychopathology of panic disorder: Evidence from the late positive potential.
Authors:
Li, Xue-Lin; Wang, Hai-Yang;
Source:
NeuroReport: For Rapid Communication of Neuroscience Research, Vol 29(1), Jan 3, 2018 pp. 6-7. Publisher: Lippincott Williams & Wilkins; [Comment/Reply]
Abstract:
Comments on an article by B. W. Zhang et al. (see record 2016-15428-008). Zhang et al. investigated the neural correlates and time course of cognitive reappraisal in PD patients using a passive cognitive reappraisal paradigm by event-related potentials. In this task, participants received a brief description of
In the control group, the authors found that the unpleasant pictures preceded by negative descriptions had increased late positive potential (LPP) amplitudes compared with the unpleasant pictures preceded by neutral descriptions. In contrast, in the PD group, larger LPP during the 1000–2000-ms window was observed when unpleasant pictures were preceded by neutral descriptions. This study suggested that cognitive reappraisal is impaired in PD patients. One important aspect of this paper is that this is the first study focusing on electrophysiological correlates of abnormal cognitive reappraisal in patients with PD. Furthermore, the current study used a passive cognitive reappraisal paradigm, avoiding the influence of increased task difficulty or some other cognitive process, to provide evidence that diminished LPP modulation supported abnormal cognitive reappraisal in patients with PD. Zhang et al. has provided valuable data to support the impairment in automatic cognitive reappraisal, which could play a significant role in the pathogenesis of PD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Mindfulness-based treatments for posttraumatic stress disorder: A review of the treatment literature and neurobiological evidence.
Authors: Boyd, Jenna E.; Lanius, Ruth A.; McKinnon, Margaret C.;
Abstract: Mindfulness-based treatments for posttraumatic stress disorder (PTSD) have emerged as promising adjunctive or alternative intervention approaches. A scoping review of the literature on PTSD treatment studies, including approaches such as mindfulness-based stress reduction, mindfulness-based cognitive therapy and metta mindfulness, reveals low attrition with medium to large effect sizes. We review the convergence between neurobiological models of PTSD and neuroimaging findings in the mindfulness literature, where mindfulness interventions may target emotional under- and overmodulation, both of which are critical features of PTSD symptomatology. Recent emerging work indicates that mindfulness-based treatments may also be effective in restoring connectivity between large-scale brain networks among individuals with PTSD, including connectivity between the default mode network and the central executive and salience networks. Future directions, including further identification of the neurobiological mechanisms of mindfulness interventions in patients with PTSD and direct comparison of these interventions to first-line treatments for PTSD are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: 'Castration anxiety' revisited: Especially 'female castration anxiety'.
Authors: Balsam, Rosemary H.;
Abstract: I find the term castration anxiety a still relevant and important key body fearful fantasy in males, especially expressing fear of the father; as is female castration anxiety an equivalent key fear of the ablation of the sexual and reproductive organs of females, especially by the avenging mother. Freud’s and his followers’ version of the female anxiety, however, has repetitively been shown to be askew since the 1930s, yet it keeps appearing again, as if still worthy of serious argument. To demonstrate its utter blindness to an emotional or imaginative appreciation of female body reproductive functioning, a detailed critique is offered of the once classic paper, 'The Body as Phallus' by Bertram Lewin (1933). I recommend that a straightforward sense of female castration is helpful in exploring female body anxieties as a more defined bodily referent than can be encompassed by separation anxieties that are currently more popular. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Castration and conformity.
Authors: Migliozzi, Anna;
Abstract: Castration anxiety is a contentious issue for contemporary psychoanalysis and necessarily occupies a central position in the theory that Freud developed, at the crossroad between the individual and his desires, the individual and his sexuality, and the individual and civilization. In this wider sense, castration anxiety describes a state of mind in which individuals, women as well as men, must battle throughout the course of their lives against limitations and, hence, so-called safe pleasures (security, reproduction, family, etc.) brought about through the constraints imposed on them by civilization. From this perspective, castration anxiety can be seen as a primary gesture toward a sexuality that becomes enmeshed in conflict and obscured by a sense of shame and guilt. Exploring the works of contemporary British artist Sarah Lucas, the Italian writer A. Moravia, and the Italian director M. Ferreri, followed by a series of brief clinical vignettes, I underline and discuss the oppositional and unfulfillable search for lust encapsulated in Freud’s castration anxiety concept and the eternal mysteriousness of sexuality. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Cardiorespiratory concerns shape brain responses during automatic panic-related scene processing in patients with panic disorder.
Authors: Feldker, Katharina; Heitmann, Carina Yvonne; Neumeister, Paula; Brinkmann, Leonie; Bruchmann, Maximilian; Zwitserlood, Pienie; Straube, Thomas;
Abstract: Background: Increased automatic processing of threat-related stimuli has been proposed as a key element in panic disorder. Little is known about the neural basis of automatic processing, in particular to task-irrelevant, panic-related, ecologically valid stimuli, or about the association between brain activation and symptomatology in patients with panic disorder. Methods: The present event-related functional MRI (fMRI) study compared brain responses to task-irrelevant, panic-related and neutral visual stimuli in medication-free patients with panic disorder and healthy controls. Panic-related and neutral scenes were presented while participants performed a spatially nonoverlapping bar orientation task. Correlation analyses investigated the association between brain responses and panic-related aspects of symptomatology, measured using the Anxiety Sensitivity Index (ASI). Results: We included 26 patients with panic disorder and 26 healthy controls in our analysis. Compared with controls, patients with panic disorder showed elevated activation in the amygdala, brainstem, thalamus, insula, anterior cingulate cortex and midcingulate cortex in response to panic-related versus neutral task-irrelevant stimuli. Furthermore, fear of cardiovascular symptoms (a subcomponent of the ASI) was associated with insula activation, whereas fear of respiratory symptoms was associated with brainstem hyperactivation in patients with panic disorder. Limitations: The additional implementation of measures of autonomic activation, such as pupil diameter, heart rate, or electrodermal activity, would have been informative during the fMRI scan as well as during the rating procedure. Conclusion: Results reveal a neural network involved in the processing of panic-related distractor stimuli in patients with panic disorder and suggest an automatic weighting of panic-related information depending on the magnitude of cardiovascular and respiratory symptoms. Insula and brainstem activations show function-related associations with specific components of panic symptomatology. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Sudden death in paediatrics as a traumatic experience for critical care nurses.
Authors: Lima, Lígia; Gonçalves, Sandra; Pinto, Cândida;
Abstract: Background: Research shows that nurses working in critical care units and in particular, paediatric units, are at risk of developing symptoms of secondary traumatic stress (STS). However, little attention has been given to this phenomenon when associated with situations of sudden death in paediatrics. Aim: This study aimed to examine the impact of sudden death in paediatrics on nurses working in paediatrics critical care units and to explore nurses’ experiences of this event. Methods: This study used a mixed-methods design. The Impact of Event Scale—Revised was used for investigating the presence of STS symptoms. In addition, an interview was conducted with six nurses. Results: Fifty-seven percent of nurses responded to the surveys and six nurses were interviewed. The results showed that the sudden death of children and adolescents is an event that elicits symptoms of STS in nurses. The quantitative assessment, revealed that 19.4% presented total scores indicating high impact. The participants interviewed described experiences of subjective distress, such as intrusive thoughts, avoidance and hyperarousal. Other factors were also reported as influencing the experience of the sudden death of a child/adolescent, namely, the child’s age, the cause of death and the family’s reaction to the loss. According to the participants, the emotional impact was also determined by parenthood, previous training and professional experience. Conclusions: Sudden death in paediatric critical care units is one of the most difficult situations in nursing practice and elicits STS symptoms, which may severely impact the physical and psychological health of nurses and ultimately affect the quality of the provided care. Relevance for clinical practice: This study emphasizes the need for promoting better conditions for professional practice, namely, with regard to emotional support, as well as training programmes for skills development in the area of management of traumatic situations and of communication with clients. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Association of obsessive-compulsive disorder with objective indicators of educational attainment: A nationwide register-based sibling control study.
Authors: Pérez-Vigil, Ana; Fernández de la Cruz, Lorena; Brander, Gustaf; Isomura, Kayoko; Jangmo, Andreas; Feldman, Inna; Hesselmark, Eva; Serlachius, Eva; Lázaro, Luisa; Rück, Christian; Kuja-Halkola, Ralf; D’Onofrio, Brian M.; Larsson, Henrik; Mataix-Cols, David;
Source: JAMA Psychiatry, Vol 75(1), Jan, 2018 pp. 47-55. Publisher: American Medical Association;
Abstract: Importance: To our knowledge, the association of obsessive-compulsive disorder (OCD) and academic performance has not been objectively quantified. Objective: To investigate the association of OCD with objectively measured educational outcomes in a nationwide cohort, adjusting for covariates and unmeasured factors shared between siblings. Design, Setting, And Participants: This population-based birth cohort study included 2 115 554 individuals who were born in Sweden between January 1, 1976, and December 31, 1998, and followed up through December 31, 2013. Using the Swedish National Patient Register and previously validated International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) codes, we identified persons with OCD; within the cohort, we identified 726 198 families with 2 or more full siblings, and identified 11 482 families with full siblings discordant for OCD. Data analyses were conducted from October 1, 2016, to September 25, 2017. Main Outcomes and Measures: The study evaluates the following educational milestones: eligibility to access upper secondary school after compulsory education, finishing upper secondary school, starting a university degree, finishing a university degree, and finishing postgraduate education. Results: Of the 2 115 554 individuals in the cohort, 15 120 were diagnosed with OCD (59% females). Compared with unexposed individuals, those with OCD were significantly less likely to pass all core and additional courses at the end of compulsory school (adjusted odds ratio [aOR] range, 0.35-0.60) and to access a vocational or academic
program in upper secondary education (aOR, 0.47; 95% CI, 0.45-0.50 and aOR, 0.61; 95% CI, 0.58-0.63, for vocational and academic programs, respectively). People with OCD were also less likely to finish upper secondary education (aOR, 0.43; 95% CI, 0.41-0.44), start a university degree (aOR, 0.72; 95% CI, 0.69-0.75), finish a university degree (aOR, 0.59; 95% CI, 0.56-0.62), and finish postgraduate education (aOR, 0.52; 95% CI, 0.36-0.77). The results were similar in the sibling comparison models. Individuals diagnosed with OCD before age 18 years showed worse educational attainment across all educational levels compared with those diagnosed at or after age 18 years. Exclusion of patients with comorbid neuropsychiatric disorders, psychotic, anxiety, mood, substance use, and other psychiatric disorders resulted in attenuated estimates, but patients with OCD were still impaired across all educational outcomes. Conclusions and Relevance: Obsessive-compulsive disorder, particularly when it has an early onset, is associated with a pervasive and profound decrease in educational attainment, spanning from compulsory school to postgraduate education. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Intensive care survivor-reported symptoms: A longitudinal study of survivors' symptoms.
Authors: Langerud, Anne Kathrine; Rustøen, Tone; Småstuen, Milada Cvancarova; Kongsgaard, Ulf; Stubhaug, Audun;
Source: Nursing in Critical Care, Vol 23(1), Jan, 2018 pp. 48-54. Publisher: Wiley-Blackwell Publishing Ltd.;
Abstract: Background: There is growing interest in potential long-term outcomes following intensive care, but few researchers have studied the prevalence of multiple symptoms or the association between pain and other symptoms. Aims: To investigate the prevalence of anxiety, depression, fatigue, sleep disturbance and post-traumatic stress symptoms (PTSS) among intensive care survivors 3 months and 1 year after being discharged from an intensive care unit (ICU) and to determine whether pain is associated with higher prevalence of these symptoms 3 months and 1 year after ICU stay. Study design: Exploratory, longitudinal cohort of intensive care survivors from two mixed ICUs in a tertiary referral hospital in Norway. Methods: Intensive care survivors completed surveys at 3 months (n = 118) and 1 year (n = 89) after ICU discharge. Clinical Trials: NCT02279212. Results: Prevalence rates of intensive care survivors' symptoms were pain 58 (49·2%), anxiety/depression 24/118 (20·8%), fatigue 18/118(15·3%), PTSS 15 (12·8%) and sleep disturbance 58/118 (49·2%) at 3 months after ICU discharge (n = 118). Prevalence rates at 1 year (n = 89) changed only slightly to pain 34 (38·2%), anxiety/depression 17 (20-0%), fatigue 12 (13·8%), PTSS 13 (15·1%) and sleep disturbance 40/89 (46·5%). Associations were strong between pain and presence of sleep disturbance, anxiety/depression, PTSS and fatigue. Conclusions: Intensive care survivors have multiple symptoms and the prevalence rates of these symptoms remained almost unchanged from 3 months to 1 year after ICU discharge. The presence of pain was associated with high odds for the presence of sleep disturbance, anxiety/depression, PTSS and fatigue, compared to a no-pain group. ICU survivors may benefit from targeted interventions designed to alleviate the symptom burden. Relevance to clinical practice: Knowledge about ICU survivor's prevalence and risk for having multiple symptoms may help health care professionals to give better care, if needed, to the ICU survivors. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Omega-3 and omega-6 fatty acid levels in depressive and anxiety disorders.
Authors: Thesing, Carisha S.; Bot, Mariska; Milaneschi, Yuri; Giltay, Erik J.; Penninx, Brenda W. J. H.;
Abstract: Background: Blood levels of polyunsaturated fatty acids (PUFAs) have been associated to current depression. However, it is unclear whether this association extends to remitted depression and to anxiety disorders. This study examined the relationship of PUFAs with the presence and clinical characteristics of
depressive and anxiety disorders. Methods: Cross-sectional data was used from the Netherlands Study of Depression and Anxiety, including persons with current pure depressive disorder (n = 304), current pure anxiety disorder (n = 548), current comorbid depressive and anxiety disorder (n = 529), remitted depressive/anxiety disorder(s) (n = 897), and healthy controls (n = 634). Clinical characteristics included severity, subtypes, age of onset, duration of depression and anxiety and antidepressant use. Absolute values of omega-3 (N-3) and omega-6 (N-6) PUFAs and relative measures (as ratio of total Fatty Acids: the N-3:FA and N-6:FA ratio) in plasma were assessed using a nuclear magnetic resonance platform.

Results: Compared to controls, current comorbid depressive and anxiety disorder patients had lower N-3 PUFA levels (Cohen’s d = 0.09, p = 0.012), and lower N-3:FA ratios (p = 0.002, Cohen’s d = 0.11) as did current pure depressive disorder patients (Cohen’s d = 0.13, p = 0.021), whereas N-6 PUFA levels were not different. No differences in PUFA levels were found between remitted patients and controls. Within patients, lower N-3 PUFA levels were only associated with higher depression severity (Beta = −0.42, p = 0.023), whereas for N-6 PUFA levels and other clinical characteristics no clear association was observed. PUFA alterations were not associated with pure anxiety. Conclusion: It can be concluded that patients with a current depressive episode (especially the more severe cases with comorbid anxiety) have circulating N-3 PUFA levels lower than those in remission and healthy controls. No relationship was detected for N-6 PUFA levels. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Effectiveness of online collaborative care for treating mood and anxiety disorders in primary care: A randomized clinical trial.

Authors: Rollman, Bruce L.; Belnap, Bea Herbeck; Hum, Biol; Abebe, Kaleab Z.; Spring, Michael B.; Rotondi, Armando J.; Rothenberger, Scott D.; Karp, Jordan F.;

Source: JAMA Psychiatry, Vol 75(1), Jan, 2018 pp. 56-64. Publisher: American Medical Association; [Journal Article]

Abstract: [Correction Notice: An Erratum for this article was reported in Vol 75(1) of JAMA Psychiatry (see record 2018-04043-018). In the original article, there was an error in Figure 3. The corrections are provided in the erratum, and the article was corrected online.] Importance: Collaborative care for depression and anxiety is superior to usual care from primary care physicians for these conditions; however, challenges limit its provision in routine practice and at scale. Advances in technology may overcome these barriers but have yet to be tested. Objective: To examine the effectiveness of combining an internet support group (ISG) with an online computerized cognitive behavioral therapy (CCBT) provided via a collaborative care program for treating depression and anxiety vs CCBT alone and whether providing CCBT in this manner is more effective than usual care. Design, Setting, and Participants: In this 3-arm randomized clinical trial with blinded outcome assessments, primary care physicians from 26 primary care practices in Pittsburgh, Pennsylvania, referred 2884 patients aged 18 to 75 years in response to an electronic medical record prompt from August 2012 to September 2014. Overall, 704 patients (24.4%) met all eligibility criteria and were randomized to CCBT alone (n = 301), CCBT + ISG (n = 302), or usual care (n = 101). Intent-to-treat analyses were conducted November 2015 to January 2017. Interventions: Six months of guided access to an 8-session CCBT program provided by care managers who informed primary care physicians of their patients’ progress and promoted patient engagement with our online programs. Main Outcomes and Measures: Mental health–related quality of life (12-Item Short-Form Health Survey Mental Health Composite Scale) and depression and anxiety symptoms (Patient-Reported Outcomes Measurement Information System) at 6-month follow-up, with treatment durability assessed 6 months later. Results: Of the 704 randomized patients, 562 patients (79.8%) were female, and the mean (SD) age was 42.7 (14.3) years. A total of 604 patients (85.8%) completed our primary 6-month outcome assessment. At 6-month assessment, 254 of 301 patients (84.4%) receiving CCBT alone started the program (mean [SD] sessions completed, 5.4 [2.8]), and 228 of 302 patients (75.5%) in the CCBT+ISG cohort logged into the ISG at least once, of whom 141 (61.8%) provided 1 or more comments or posts (mean, 10.5; median [range], 3 [1-306]). Patients receiving CCBT+ISG reported similar 6-month improvements in mental health–related quality of life, mood, and anxiety symptoms compared with patients receiving CCBT alone. However, compared with patients receiving usual care, patients in the CCBT alone cohort reported significant 6-month effect size improvements in mood (effect size, 0.31; 95% CI, 0.09-0.53) and anxiety (effect size, 0.26; 95% CI, 0.05-0.48) that persisted 6 months later, and completing more CCBT sessions produced greater effect size improvements in mental health–related
quality of life and symptoms. Conclusions and Relevance: While providing moderated access to an ISG provided no additional benefit over guided CCBT at improving mental health–related quality of life, mood, and anxiety symptoms, guided CCBT alone is more effective than usual care for these conditions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Death as the ultimate castration.
Authors:
Silverman, Martin A.;
Source:
Abstract:
Psychoanalysts, beginning with Sigmund Freud, have been scanting, denying, minimizing, and obfuscating the significance of fear of death in their patients and in themselves. Starting with Freud, they have tended to interpret fear of death as a displacement from other sources of anxiety, especially from castration anxiety. Conversely, some psychoanalysts and psychotherapists have denied the presence or significance of castration anxiety in their patients and in themselves. In this communication, the prevalence and significance of each of these forms of terror are examined, individually and as to their connection with one another. Considerable clinical, child observational, and literary evidence is presented that illustrates the significance and meaning of these two sources of terror within the human psyche, as well as the relationship which they have with one another. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
How Bion’s work on thinking might throw light on the development of sexuality.
Authors:
Abel-Hirsch, Nicola;
Source:
Psychoanalytic Inquiry, Vol 38(1), Jan, 2018 pp. 76-82. Publisher: Taylor & Francis; [Journal Article]
Abstract:
In preparing this article, I found I needed to take a step back from the specific topic of castration anxiety to a more general consideration of our contemporary understanding of sexuality. Being from a psychoanalytic tradition (Kleinian/Bionian) that has not foregrounded the place of sexuality, but has produced a deepening understanding of the epistemological instinct, I have explored whether one might draw on the work on thinking to contribute to a more general theory of development, and then track this through to its implications for sexuality. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Has castration anxiety anything to do with psychoanalysis?
Authors:
Santamaría, Jani;
Source:
Psychoanalytic Inquiry, Vol 38(1), Jan, 2018 pp. 91-105. Publisher: Taylor & Francis; [Journal Article]
Abstract:
Following the idea of Green about whether sexuality is related to psychoanalysis, I begin this article with a question that refers to the title of the work: 'Has castration anxiety anything to do with psychoanalysis?' Concerned about the lack of bibliographic reference to the concept of castration anxiety, I make a tour of the notion, taking as its point of departure and arrival the intellectual itinerary of Freud. I continue with a brief review of later authors. Interested in rethinking this issue, I wonder whether castration anxiety is expressed in the same manner in the clinical practice of today. The question does not tolerate a hasty response, so I present two clinical vignettes to call attention to castration anxiety as a central factor in the
development and understanding of the clinical practice. The last section refers to the discussion and concluding reflections. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Social cognitive dysfunction as a clinical marker: A systematic review of meta-analyses across 30 clinical conditions.
Authors: Cotter, Jack; Granger, Kiri; Backx, Rosa; Hobbs, Matthew; Looi, Chung Yen; Barnett, Jennifer H.;
Source: Neuroscience and Biobehavioral Reviews, Vol 84, Jan, 2018 pp. 92-99. Publisher: Elsevier Science;
Abstract: Social cognition includes a range of cognitive processes that help individuals to understand how others think and feel. There is emerging evidence that social cognitive deficits may represent a transdiagnostic issue, potentially serving as a marker of neurological abnormality. We performed an electronic database search in order to identify published, peer-reviewed meta-analyses that compared facial emotion recognition or theory of mind task performance between individuals meeting clinical criteria for a psychiatric, neurological or developmental condition against healthy controls. We identified 31 meta-analyses eligible for inclusion that examined performance across relevant tasks among 30 different clinical populations. The results suggest that social cognitive deficits appear to be a core cognitive phenotype of many clinical conditions. Across the clinical groups, deficits in social cognitive domains were broadly similar in magnitude to those previously reported for more established aspects of cognition, such as memory and executive function. There is a need to clarify the 'real world' impact of these deficits, and to develop effective transdiagnostic interventions for those individuals that are adversely affected. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The castration complex revisited.
Authors: Levine, Howard B.;
Abstract: Castration, castration anxiety, and the castration complex were once core, fundamental concepts in psychoanalysis. Have they remained so over the years? What is their current place in analytic theory and practice? From the inception of psychoanalysis, the concept of castration has been intimately connected to Freud’s earliest formulations concerning infantile sexuality: e.g., the sexual curiosity and wishes of children, phantasies concerning the anatomical sex difference, the primal scene and how babies are made, etc. In relation to the Oedipus complex, which Freud thought was the universal nuclear complex of child development and held a formative place in the structuring and development of the psyche, castration fears (fears of the father) in the boy were thought to bring the Oedipal phase to its end, solidifying the internalization of the super ego and ushering in a period of latency. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The impact of traumatic stress on Pavlovian biases.
Source: Psychological Medicine, Vol 48(2), Jan, 2018 pp. 327-336. Publisher: Cambridge University Press;
Abstract:
Background: Disturbances in Pavlovian valuation systems are reported to follow traumatic stress exposure. However, motivated decisions are also guided by instrumental mechanisms, but to date the effect of traumatic stress on these instrumental systems remain poorly investigated. Here, we examine whether a single episode of severe traumatic stress influences flexible instrumental decisions through an impact on a Pavlovian system. Methods: Twenty-six survivors of the 2011 Norwegian terror attack and 30 matched control subjects performed an instrumental learning task in which Pavlovian and instrumental associations promoted congruent or conflicting responses. We used reinforcement learning models to infer how traumatic stress affected learning and decision-making. Based on the importance of dorsal anterior cingulate cortex (dACC) for cognitive control, we also investigated if individual concentrations of Glx (= glutamate + glutamine) in dACC predicted the Pavlovian bias of choice. Results: Survivors of traumatic stress expressed a greater Pavlovian interference with instrumental action selection and had significantly lower levels of Glx in the dACC. Across subjects, the degree of Pavlovian interference was negatively associated with dACC Glx concentrations. Conclusions: Experiencing traumatic stress appears to render instrumental decisions less flexible by increasing the susceptibility to Pavlovian influences. An observed association between prefrontal glutamatergic levels and this Pavlovian bias provides novel insight into the neurochemical basis of decision-making, and suggests a mechanism by which traumatic stress can impair flexible instrumental behaviours. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Joint hypermobility is also associated with anxiety disorders in the elderly population.

Authors: Bulbena-Cabrè, Andrea; Rojo, Conxita; Pailhez, Guillem; Buron Maso, Emma; Martín-Lopez, Luis Miguel; Bulbena, Antonio;


Abstract: Background: Anxiety disorders (AD) are very prevalent in the elderly, tend to compromise quality of life, and generate substantial costs. Considering that the prevention and early detection of anxiety may be relevant to increase health gains in older adults, it would be of great interest to identify whether the joint hypermobility syndrome (JHS) is also related to anxiety disorders in this age range. Methods: Cross-sectional data was collected in a sample of 108 subjects in a rural town in Spain. Instruments included Spielberger STAI, a modified Wolpe Fear Survey Schedule, General health Questionnaire (GHQ)-28, and the anxiety and mood disorders section of the SCID, to assess past year prevalence of anxiety disorders. JHS was evaluated by trained examiners using the 'Hospital del Mar criteria'. Results: Among the 108 subjects (55% women, 45% men) over 60 years old, 21.3% meet criteria for JHS. These subjects scored significantly higher in both State (F = 5.53; p = 0.02) and Trait (F = 4.68; p = 0.03) anxiety and the GHQ 28 (F = 6.29; p = 0.01). Compared with non JHS subjects, they had more AD (34.8% vs. 11.8%; x² = 6.90; p = 0.02) and mood disorders (30.4% vs. 10.6%; x² = 5.65; p = 0.041) in the past year prevalence. A multiple logistic regression analysis showed that both JHS (β = 0.196; p = 0.04) and fears (β = 0.34; p = 0.001) are predictors of AD (r² = 188; p = 0.001) in this population. Conclusions: Joint hypermobility syndrome is associated with anxiety in the elderly population, and it may be used as a physical marker for AD among subjects within this age range. Copyright © 2017 John Wiley & Sons, Ltd. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Aberrant functional network connectivity as a biomarker of generalized anxiety disorder.

Authors: Qiao, Jianping; Li, Anning; Cao, Chongfeng; Wang, Zhishun; Sun, Jianie; Xu, Guangrun;


Abstract: Neural disruptions during emotion regulation are common of generalized anxiety disorder (GAD). Identifying distinct functional and effective connectivity patterns in GAD may provide biomarkers for their
diagnoses. This study aims to investigate the differences of features of brain network connectivity between GAD patients and healthy controls (HC), and to assess whether those differences can serve as biomarkers to distinguish GAD from controls. Independent component analysis (ICA) with hierarchical partner matching (HPM-ICA) was conducted on resting-state functional magnetic resonance imaging data collected from 20 GAD patients with medicine-free and 20 matched HC, identifying nine highly reproducible and significantly different functional brain connectivity patterns across diagnostic groups. We then utilized Granger causality (GC) to study the effective connectivity between the regions that identified by HPM-ICA. The linear discriminant analysis was finally used to distinguish GAD from controls with these measures of neural connectivity. The GAD patients showed stronger functional connectivity in amygdala, insula, putamen, thalamus, and posterior cingulate cortex, but weaker in frontal and temporal cortex compared with controls. Besides, the effective connectivity in GAD was decreased from the cortex to amygdala and basal ganglia. Applying the ICA and GC features to the classifier led to a classification accuracy of 87.5%, with a sensitivity of 90.0% and a specificity of 85.0%. These findings suggest that the presence of emotion dysregulation circuits may contribute to the pathophysiology of GAD, and these aberrant brain features may serve as robust brain biomarkers for GAD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-58120-001&site=ehost-live

Title: Schema Therapy mode model applied to OCD.
Authors: Basile, Barbara; Tenore, Katia; Luppino, Olga Ines; Mancini, Francesco;
Abstract: Objective: Schema Therapy (ST) places particular emphasis on affective experiences, therapeutic relationship and early life experiences. Ad hoc ST conceptualizations for specific psychological conditions, mainly focusing on personality disorders, have been suggested in the last decade. The aim of this study was to explore schemas, modes and coping styles in outpatients with Obsessive-Compulsive Disorder (OCD). Method: thirty-four patients with OCD [DSM5 criteria, mean age(SD) = 33(8.38) years; 12 females] were recruited. Schemas, modes and coping styles were measured. Indexes of OCD symptoms’, guilt and disgust levels were also collected. Descriptive, correlation and multiple regression analyses were performed. Results: OCD symptoms’ severity was significantly associated with social isolation, failure, subjugation and punishment schemas, and with the punitive parent mode. A positive relationship was also detected between OCD severity, and avoidance and intra-psychic coping styles and disgust intensity. Regression analyses revealed that the social isolation and punitiveness schemas, the punitive parent mode and behavioral avoidance coping style predicted OCD severity, with behavioral avoidance playing a significant mediation role between dysfunctional schemas and symptoms. Conclusions: Our data confirm previous findings on Schema model applied to OCD. An important limitation of the study is represented by the lack of an Italian control group. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Intrusive thoughts in obsessive compulsive patients, relapsed obsessive compulsive patients and non-clinical participants: A study in France.
Authors: Achachi, Ouafae; Bouvard, Martine; Rey, Monique;
Abstract: Objective: To record and compare appraisals of and strategies for coping with unwanted intrusive thoughts reported by patients with relapsed obsessive compulsive disorder (R-OCD), treatment-naive patients with OCD, and non-clinical participants (matched for age, gender and educational level) using the International Intrusive Thoughts Interview Schedule (IITIS). Method: The IITIS was used to evaluate nine
appraisals of the unwanted, intrusive thoughts (UITs) encountered in an R-OCD group (n = 16), a
treatment-naïve OCD group (n = 19) and a non-clinical control group (n = 17). It also enabled us to
evaluate ten strategies for controlling UITs and to assess the nature and prevalence of seven types of
UITs. Comorbidities were checked in the short, structured Mini-International Neuropsychiatric Interview.
The participants also filled out the Vancouver Obsessional Compulsive Inventory (to assess the intensity
of OCD), the Obsessive Beliefs Questionnaire (to assess obsessive compulsive cognitive patterns) and
the Beck Depression Inventory (to measure the intensity of the depressive mood). Results: The three
groups did not differ in terms of intrusions about doubt. The R-OCD and treatment-naïve OCD groups
differed significantly from the controls with regard to intrusive thoughts about contamination and
harm/injury/ aggression. The two patient groups were similar with regard to contamination but there was a
difference for harm/ injury/aggression (R-OCD > OCD). The most distressing type of intrusive thought was
reported to be harm/injury/ aggression in the R-OCD group, contamination in the treatment-naïve OCD
group and doubt in the control group. The most distressing intrusive thought appeared to be more
invalidating in the two patient groups than in the control group. Overall, the mean appraisal scores were
higher in the R-OCD group than in the treatment-naïve OCD group, although these differences were not
statistically significant. The R-OCD group differed significantly from the control participants with regard to
tone appraisals. The same was true result for the treatment-naïve OCD group, except for the appraisal of
responsibility. This appraisal did not differentiate the treatment-naïve OCD group from the control
participants. The control strategies were similar in the R-OCD and treatment-naïve OCD groups with the
exception of rituals, and both patient groups differed significantly from the control group in this respect.
The treatment-naïve OCD group performed significantly more rituals than the R-OCD group. The R-OCD
group differed significantly from the control participants with regard to six control strategies (distraction;
replace the UIT with another thought; tell myself 'stop'; ask another people; ritual and avoidance). The
treatment-naïve OCD group differed significantly from the control participants with regard to four control
strategies (distraction; tell myself 'stop'; ritual and avoidance). Lastly, the two patient groups reported more
frequent failure of control than the nonclinical group; again, there was no difference between the R-OCD
and treatment-naïve OCD groups. Conclusions: Overall, the R-OCD and treatment-naïve OCD groups had
similar profiles, although there were qualitative differences between the two. In contrast to our starting
hypotheses, the patient groups had similar appraisals in terms of the most distressing UITs and the control
strategies (with the exception of rituals). We discuss our results and relevant element of the literature data
with regard to maximizing the efficacy of ERP in the long term. (PsycINFO Database Record (c) 2018
APA, all rights reserved)


Title:
Peritraumatic assessment of autobiographical memory after exposure to a traumatic event.
Authors:
Billoux, Sophie; Voltzenlogel, Virginie; Telmon, Norbert; Birmes, Philippe; Arbus, Christophe;
Source:
Article]
Abstract:
Posttraumatic stress disorder (PTSD) is commonly acknowledged to be associated with reduced
specificity of autobiographical memory (AM). However, very few studies have assessed AM in the
peritraumatic phase. The aim of the present study was to examine whether the AM impairment reported in
PTSD is present a few days after a traumatic event. We assessed AM in 41 participants who had recently
been exposed to trauma, and 34 controls who had never experienced a traumatic situation. The trauma-
exposed participants also completed the Impact of Event Scale-R (IES-R), the Inventory of Peritraumatic
Distress, and the Peritraumatic Dissociative Experiences Questionnaire. Results showed that
autobiographical memories cued by negative words were significantly less specific in the group of trauma-
exposed participants than in the control group (p = .008; d = 0.40). Thus, mild AM impairment was already
present three days after trauma exposure, long before acute PTSD set in. (PsycINFO Database Record
(c) 2018 APA, all rights reserved)


Title:
Comparison of simulated treatment and cost-effectiveness of a stepped care case-finding intervention vs usual care for posttraumatic stress disorder after a natural disaster.

Authors:
Cohen, Gregory H.; Tamrakar, Shailesh; Lowe, Sarah; Sampson, Laura; Ettman, Catherine; Linas, Ben; Ruggiero, Kenneth; Galea, Sandro;

Source:

Abstract:
Importance: Psychiatric interventions offered after natural disasters commonly address subsyndromal symptom presentations, but often remain insufficient to reduce the burden of chronic posttraumatic stress disorder (PTSD). Objective: To simulate a comparison of a stepped care case-finding intervention (stepped care [SC]) vs a moderate-strength single-level intervention (usual care [UC]) on treatment effectiveness and incremental cost-effectiveness in the 2 years after a natural disaster. Design, Setting, and Participants: This study, which simulated treatment scenarios that start 4 weeks after landfall of Hurricane Sandy on October 29, 2012, and ending 2 years later, created a model of 2 642 713 simulated agents living in the areas of New York City affected by Hurricane Sandy. Interventions: Under SC, cases were referred to cognitive behavioral therapy, an evidence-based therapy that aims to improve symptoms through problem solving and by changing thoughts and behaviors; noncases were referred to Skills for Psychological Recovery, an evidence-informed therapy that aims to reduce distress and improve coping and functioning. Under UC, all patients were referred only to Skills for Psychological Recovery. Main Outcomes and Measures: The reach of SC compared with UC for 2 years, the 2-year reduction in prevalence of PTSD among the full population, the 2-year reduction in the proportion of PTSD cases among initial cases, and 10-year incremental cost-effectiveness. Results: This population of 2 642 713 simulated agents was initialized with a PTSD prevalence of 4.38% (115 751 cases) and distributions of sex (52.6% female and 47.4% male) and age (33.9% aged 18-34 years, 49.0% aged 35-64 years, and 17.1% aged ≥ 65 years) that were comparable with population estimates in the areas of New York City affected by Hurricane Sandy. Stepped care was associated with greater reach and was superior to UC in reducing the prevalence of PTSD in the full population: absolute benefit was clear at 6 months (risk difference [RD], –0.004; 95% CI, –0.004 to –0.004), improving through 1.25 years (RD, –0.015; 95% CI, –0.015 to –0.014). Relative benefits of SC among cases were clear at 6 months (risk ratio, 0.905; 95% CI, 0.898-0.913), with continued gains through 1.75 years (risk ratio, 0.615; 95% CI, 0.609-0.662). The absolute benefit of SC among cases was much stronger, emerging at 3 months (RD, –0.006; 95% CI, –0.007 to –0.005) and increasing through 1.5 years (RD, –0.338; 95% CI, –0.342 to –0.335). Relative benefits of SC among cases were equivalent to those observed in the full population. The incremental cost-effectiveness of SC compared with UC was $3428.71 to $6857.68 per disability-adjusted life year avoided, and $0.80 to $1.61 per PTSD-free day. Conclusions and Relevance: The results of this simulation study suggest that SC for individuals with PTSD in the aftermath of a natural disaster is associated with greater reach than UC, more effectiveness than UC, and is well within the range of acceptability for cost-effectiveness. Results should be considered in light of limitations inherent to agent-based models. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Traumatic experiences and EMDR in childhood and adolescence. A review of the scientific literature on efficacy studies.

Authors:
Verardo, Anna Rita; Cioccolanti, Emanuela;

Source:

Abstract:
Objective: The aim of this review is to examine the efficacy of EMDR treatment on children and adolescents with post traumatic stress disorder symptoms through comparison with other established trauma treatment or no treatment control groups. Method: It was conducted a literature search concerning the effects of EMDR treatment on symptomatologic pictures derived by Post-Traumatic Stress Disorder diagnosis in children and adolescents by analysing digital databases like PsycINFO, MEDLINE, Google Scholar and Cochrane Library and with a traditional research method, targeting revisions and articles. Results: Results show efficacy of EMDR especially according to the number of sessions. Fewer EMDR
sessions are associated with the best outcomes. Conclusions: These findings support the use of EMDR for treating symptoms of PTSD in children, although further replication and comparison are required. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: EMDR therapy of Panic Disorder and Agoraphobia: A review of the existing literature.
Authors: Faretta, Elisa; Leeds, Andrew;
Abstract:
Objective: The article outlines the state of the research on EMDR therapy of Panic Disorder (PD) and Agoraphobia. Method: Qualitative analysis of the existing literature. Results: One pilot study (Faretta 2013) as well as single and series of individual case reports suggest that EMDR therapy is effective in eliminating symptoms of panic and agoraphobia, whereas two previous studies with placebo controls (Feske and Goldstein 1997, Goldstein et al. 2000) failed to show comparable outcomes. Evaluating these discrepancies, an analysis of the two controlled studies reveals a failure to use the Adaptive Information Processing (AIP) model and to apply the treatment plans for PD/A described in the successful case reports. On the other side, the positive case reports and the pilot comparison study suggest that, when working with a comprehensive case formulation based on the AIP model, 12 up to 19 EMDR sessions can be effective to accomplish a full recovery from PD and Agoraphobia. Conclusions: While research on EMDR therapy for PD/A is still at an early stage, these preliminary findings support the need for controlled studies to systematically evaluate the efficacy of EMDR therapy for PD in comparison with other accepted PD treatments. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-51697-005&site=ehost-live

Title: The use of EMDR with refugees and asylum seekers: A review of research studies.
Authors: Gattinara, Paola Castelli; Pallini, Susanna;
Abstract:
Eye Movement Desensitization and Reprocessing (EMDR) (Shapiro 2001), is an evidence based therapy for PTSD and could be effective in the treatment of traumatized and therefore, has been endorsed as a treatment of choice in many national and international health organizations including the World Health Organisation. This article reviews the current state of knowledge regarding the use of EMDR in the refugees and asylum seekers treatment of PTSD. Recently there is a growing interest in implementing EMDR as a trauma-focused intervention. On reviewing nine studies, authors found that EMDR was more efficacious against waitlist, and was equally efficacious against stabilization. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: CBT combined with EMDR for resistant refractory obsessive-compulsive disorder: Report of three cases.
Authors: Mazzoni, Gian-Paolo; Pozza, Andrea; La Mela, Carmelo; Fernandez, Isabel;
Abstract:
Objective: Cognitive-Behavioural Therapy (CBT) with Exposure and Response Prevention (ERP) is the most studied and empirically validated form of treatment for Obsessive-Compulsive Disorder (OCD). However, this therapeutic modality can be extremely demanding and stressful for many patients, especially those with severe OCD symptoms and those who are particularly resistant to the usual therapies. Therefore, alternative forms of intervention - such as the Eye Movement Desensitization and Reprocessing (EMDR) - are of great therapeutic interest. The present study describes a cases series reporting how the processing of traumatic memories and obsessive contents can facilitate the treatment of symptoms in resistant cases with OCD. Method: Three cases have been described and analyzed in detail. Attention has been focused particularly on how to enable patients to regulate their emotions, and on the treatment of sensations and cognitions associated with traumatic memories. A hybrid intervention, composed of EMDR and CBT therapies, was administered. This involved three distinct ways to use EMDR through and combined it with CBT in the psychotherapeutic treatment. During the first phase of treatment with the first subject, EMDR was applied to contents related to the patient's thoughts (obsessions of contamination), the residential context. The second patient (with obsessions of aggression) was treated with CBT and EMDR first administered in a day-hospital facility and subsequently as an outpatient treatment; with the third patient, EMDR was also administered as an outpatient, during a relapse prevention plan. Results: All three patients showed a clinically significant reduction in symptoms. Conclusions: These are only three case reports so we can draw only anecdotal conclusions EMDR could be a useful method to implement current treatments when combined with CBT, also for OCD resistant patients; however, future randomized controlled trials would be needed to validate these findings. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Compulsive YouTube usage: A comparison of use motivation and personality effects.
Authors: Klobas, Jane E.; McGill, Tanya J.; Moghavvemi, Sedigheh; Paramanathan, Tanousha;
Abstract: This paper explores compulsive use of YouTube by university students and investigates how the uses and gratifications perspective and the personality perspective work together to explain compulsive use of the social medium. It compares the effects of motivation to use YouTube for information with motivation to use the platform for entertainment, and examines how the different motivational effects compare with those of personality. It also explores the influence of compulsive use of YouTube on academic motivation. Data from 807 students at a Malaysian university were analysed using hierarchical multiple regression. Stronger motivation to use YouTube for information and learning is associated with lower compulsive use, while stronger motivation to use YouTube for entertainment is associated with higher compulsive use. Entertainment motivation has a stronger effect than information motivation. Although tendency to compulsive use differs with personality traits, the motivation effects are independent of personality. Compulsive YouTube use negatively influences academic motivation. While educators can take risks of compulsive use into account when they propose YouTube resources to their students, information literacy education and training can play an additional role in risk reduction by alerting social media users to the risks of compulsive use and helping them to develop self-management strategies. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Improving the psychometric properties of dot-probe attention measures using response-based computation.
Authors: Evans, Travis C.; Britton, Jennifer C.;
Abstract:
Background and objectives: Abnormal threat-related attention in anxiety disorders is most commonly assessed and modified using the dot-probe paradigm; however, poor psychometric properties of reaction-time measures may contribute to inconsistencies across studies. Typically, standard attention measures are derived using average reaction-times obtained in experimentally-defined conditions. However, current approaches based on experimentally-defined conditions are limited. In this study, the psychometric properties of a novel response-based computation approach to analyze dot-probe data are compared to standard measures of attention. Methods: 148 adults (19.19 ± 1.42 years, 84 women) completed a standardized dot-probe task including threatening and neutral faces. We generated both standard and response-based measures of attention bias, attentional orientation, and attentional disengagement. We compared overall internal consistency, number of trials necessary to reach internal consistency, test-retest reliability (n = 72), and criterion validity obtained using each approach. Results: Compared to standard attention measures, response-based measures demonstrated uniformly high levels of internal consistency with relatively few trials and varying improvements in test-retest reliability. Additionally, response-based measures demonstrated specific evidence of anxiety-related associations above and beyond both standard attention measures and other confounds. Limitations: Future studies are necessary to validate this approach in clinical samples. Conclusions: Response-based attention measures demonstrate superior psychometric properties compared to standard attention measures, which may improve the detection of anxiety-related associations and treatment-related changes in clinical samples. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Influence of sad mood induction on implicit self-esteem and its relationship with symptoms of depression and anxiety.
Authors: van Tuijl, Lonneke A.; Verwoerd, Johan R. L.; de Jong, Peter J.;
Abstract:
Background and objectives: Implicit self-esteem (ISE) refers to the valence of triggered associations when the self is activated. Despite theories, previous studies often fail to observe low ISE in depression and anxiety. It is feasible that sad mood is required to activate dysfunctional self-associations. The present study tested the following hypotheses: i) ISE is lower following a sad mood induction (SMI); ii) the relationship between ISE and level of depression/anxiety symptoms is relatively strong when ISE is measured during sad mood; iii) individuals with higher levels of depression/anxiety symptoms will show a relatively large decrease in ISE following a SMI. Methods: In this mixed-designed study, university students completed the self-esteem implicit association test (IAT) either at baseline (control condition; n = 46) or following a SMI (experimental condition; n = 49). To test the third hypothesis, a SMI and IAT were also given in the control condition. Both conditions completed self-report measures of explicit self-esteem (ESE), and symptoms of depression and anxiety. Results: There was no support for the first two hypotheses, but some support that symptoms of anxiety correlated with larger decreases in ISE following a SMI which partly supported the third hypothesis. This disappeared when controlling for multiple testing. Limitations: Results are limited to non-clinical participants. Conclusions: While ISE was robust against increases in sad mood, there was some tentative support that symptoms of anxiety were related to larger decreases in ISE following a SMI. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Authors: Couto, José Paulo; Moreira, Ricardo;
Source:
Publisher: Elsevier Science; [Journal Article]

Abstract:
Obsessive-compulsive disorder (OCD) is characterized by the presence of obsessions and/or compulsions. It is a leading cause of morbidity worldwide, as it can interfere with all aspects of life. Despite the adequate treatment trials, half of patients preserve residual or impairing symptoms and selective serotonin reuptake inhibitors (SSRIs) are not free from adverse side effects. This work aims to systematically review the current evidence available concerning the efficacy of N-acetylcysteine (NAC) in the treatment of OCD. Five randomized placebo-controlled trials (RCTs), 3 case reports and 2 case series were included. The studies developed so far are somehow contradictory. However, our pooled result from the 4 observational studies (n = 13) showed a mean reduction in Y-BOCS score after NAC treatment of −11 points (p = .01). Pooled mean difference from 4 of the 5 RCTs included was 3.35, with a 95% confidence interval of −0.21−6.91 and a p-value barely below statistical significance (p = .07). This result trends to favour the use of NAC over placebo in OCD patients. NAC has an optimal tolerability profile, even in higher doses, and the most frequently reported adverse events were gastrointestinal. Despite the degree of evidence being D, in our opinion the potential of NAC is underestimated. Considering its exceptional tolerability profile, the use as an add-on agent should be contemplated, on an ad hoc basis. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Methodological considerations for assessing trauma history via self-report.
Authors: Bardeen, Joseph R.; Benfer, Natasha;
Source: Psychological Trauma: Theory, Research, Practice, and Policy Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: Objective: One must first experience a traumatic event (Criterion A in the Diagnostic and Statistical Manual of Mental Disorders; 5th ed.; DSM–5; American Psychiatric Association [APA], 2013) to be diagnosed with posttraumatic stress disorder (PTSD). Standard procedures for assessing Criterion A (i.e., the 'worst-event' method) may result in misidentification of trauma exposure status. The purpose of this Internet-based study was to obtain an estimate of the percent of an adult sample that is misidentified as non-Criterion A through use of this method. Method: Two separate samples completed the extended version of the Life Events Checklist for DSM–5 (LEC-5; Weathers, Blake, et al., 2013b). Sample 1 participants (N = 579) completed the LEC-5 via the traditional worst-event method, while Sample 2 participants (N = 569) completed follow-up questions for every event endorsed on the LEC-5, as well as a measure of posttraumatic stress symptoms. Results: The majority of each sample identified a worst event that met Criterion A (Sample 1 = 58.5%; Sample 2 = 54.3%). Of the 202 participants in Sample 2 whose worst event did not meet Criterion A, 69.6% reported at least one other Criterion A event. Additionally, posttraumatic stress symptoms (i.e., severity and factor structure) in Sample 2 did not differ between those with a worst event that met Criterion A and those with a secondary event that met Criterion A, even though the identified worst event did not. Conclusions: When assessing trauma exposure via self-report, a written narrative and follow-up questions should be requested for all events that are endorsed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Assessing racial trauma within a DSM–5 framework: The UConn Racial/Ethnic Stress & Trauma Survey.
Authors: Williams, Monnica T.; Metzger, Isha W.; Leins, Chris; DeLapp, Celenia;
Source: Practice Innovations Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: Many ethnic minority groups experience higher rates of posttraumatic stress disorder (PTSD) compared to their European American counterparts. One explanation for this is the differential experience of racism,
which can itself be traumatic. This article aims to provide a theoretical basis for the traumatizing nature of various forms of racism within the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders’ framework for PTSD. PTSD caused by racism, or racial trauma, is likely to be underrecognized due to a lack of awareness among clinicians, discomfort surrounding conversations about race in therapeutic settings, and a lack of validated measures for its assessment. We review the literature and existing measures for the assessment of racial trauma and introduce the UConn Racial/Ethnic Stress & Trauma Survey (UnRESTS), a clinician-administered interview. The UnRESTS is useful to clinicians as an aid to uncovering racial trauma, developing a culturally informed case conceptualization, and including experiences of racism in the diagnosis of PTSD when warranted. Three case examples that describe the impact of racial stress and trauma and the role of the UnRESTS in understanding the experiences of those impacted by racism are included. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Barriers to mental health treatment among individuals with social anxiety disorder and generalized anxiety disorder.
Authors: Goetter, Elizabeth M.; Frumkin, Madelyn R.; Palitz, Sophie A.; Swee, Michaela B.; Baker, Amanda W.; Bui, Eric; Simon, Naomi M.;
Source: Psychological Services Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: Individuals with social anxiety disorder (SAD) or generalized anxiety disorder (GAD) are at risk for not utilizing mental health treatment. The purpose of this research was to examine barriers to treatment in a sample of adults with clinically significant SAD or GAD. Participants were 226 nontreatment-seeking adults with SAD or GAD who underwent semistructured diagnostic interview and received a clinician assessment of symptom severity as part of a clinical research study. Participants completed a self-report measure of barriers to treatment. Individual and combined associations of demographic and symptom severity variables with number of perceived barriers to treatment were examined. Individuals with GAD or SAD endorsed a similar number of overall barriers to treatment. Shame and stigma were the highest cited barriers followed by logistical and financial barriers. Both groups also endorsed not knowing where to seek treatment at high rates. Individuals with greater symptom severity reported more barriers to treatment. Racial and ethnic minorities reported more barriers to treatment even after controlling for symptom severity. Among individuals with GAD or SAD, increased education and culturally sensitive outreach initiatives are needed to reduce barriers to mental health treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Trauma or adversity?
Authors: Krupnik, Valery;
Source: Traumatology Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: Cochrane Database of Systematic Reviews recognizes several trauma-focused therapies as evidence-based and thus recommended treatments for posttraumatic stress disorder (Bisson, Roberts, Andrew, Cooper, & Lewis, 2013). However, there is no consensus on the definition of trauma, and controversy persists about its meaning, which brings into question the specificity and the target of trauma-focused treatments. The construct of trauma is often linked to posttraumatic stress disorder and Criterion A of trauma-related disorders as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (American Psychiatric Association, 2013). In other instances, it is understood as a broader phenomenon covering much if not most of human suffering. In this report, I address the dichotomy between the narrow and broad views of trauma and review considerations for a tighter definition of trauma on the grounds of clinical philosophy, methodology, and practice. I suggest that the construct of trauma should be grounded in the general theory of stress, where trauma is considered a particular kind of stress
response alongside with adversity and normative stress. Following such conceptualization, I formulate a working definition of what trauma is and, more importantly, is not. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Secondary traumatic stress in deployed healthcare staff.
Authors:
Penix, Elizabeth A.; Kim, Paul Y.; Wilk, Joshua E.; Adler, Amy B.;
Source:
Psychological Trauma: Theory, Research, Practice, and Policy Publisher: Educational Publishing Foundation; [Journal Article]
Abstract:
Objective: Using a novel measure that integrated a range of symptoms, the present study established the degree to which deployed health care staff reported secondary traumatic stress (STS) symptoms. The present study also examined whether STS symptoms were associated with staff functioning, risk factors, and the delivery of psychotherapy techniques. Method: A cross-sectional survey was administered to 236 U.S. military health care staff deployed to Afghanistan. Linear and multiple regression analyses evaluated the relationship between STS, staff functioning, and risk factors in the combined sample of deployed staff, and the delivery of psychotherapy techniques in behavioral health staff. Results: The majority of health care staff reported few STS symptoms. STS was negatively associated with job performance and family connectedness. Exposure to combat events, professional demands, and burnout were positively associated with STS; self-care and health-promoting leadership were inversely associated with STS. In behavioral health staff, providing trauma narrative techniques was positively associated with STS. Conclusions: Although the majority of health care staff reported low STS scores, STS was inversely associated with work and family functioning. The relationship between STS symptoms and risk mitigation strategies such as self-care and health-promoting leadership suggest possible avenues of future research. Research should explore the utility of an STS measure that integrates different types of symptoms and evaluate how these symptoms influence functioning in work, family, and other domains. In addition, considering that using trauma narratives is common to several psychotherapies for posttraumatic stress disorder, the link between STS and providing this technique warrants further investigation. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Cognitive reappraisal of snake and spider pictures: An event-related potentials study.
Authors:
Langeslag, Sandra J. E.; van Strien, Jan W.;
Source:
Abstract:
Fear of snakes and spiders are common animal phobias. Emotion regulation can change the response to emotional stimuli, including snakes and spiders. It is well known that emotion regulation modulates the late positive potential (LPP), which reflects sustained motivated attention. However, research concerning the effect of emotion regulation on the early posterior negativity (EPN), which reflects early selective attention, is scarce. The present research question was whether the EPN and LPP amplitudes are modulated by regulation of emotional responses to snake and spider stimuli. Emotion up- and down-regulation were expected to enhance and reduce the LPP amplitude, respectively, but emotion regulation was not expected to modulate the EPN amplitude. Female participants passively viewed snake, spider, and bird pictures, and up- and down-regulated their emotional responses to the snake and spider pictures using self-focused reappraisal, while their electroencephalogram was recorded. There were EPNs for snakes and spiders vs. birds, as well as for snakes vs. spiders. The LPP amplitude tended to be enhanced for snakes and spiders compared to birds. Most importantly, the LPP amplitude was larger in the up-regulate than in the down-regulate condition for both snakes and spiders, but there was no evidence that the EPN amplitude was modulated by emotion regulation. This suggests that emotion regulation modulated
sustained motivated attention, but not early selective attention, to snakes and spiders. The findings are in line with the notion that the emotional modulation of the EPN is more automatic than the emotional modulation of the LPP. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Who needs more than standard care? Treatment moderators in a randomized clinical trial comparing addiction treatment alone to addiction treatment plus anxiety disorder treatment for comorbid anxiety and substance use disorders.

Authors: Wolitzky-Taylor, Kate; Niles, Andrea N.; Ries, Richard; Krull, Jennifer L.; Rawson, Richard; Roy-Byrne, Peter; Craske, Michelle;


Abstract: Introduction: Understanding for whom treatments exert their greatest effects is crucial for prescriptive recommendations that can improve overall treatment efficacy. Anxiety and substance use disorder comorbidity is prevalent and a significant public health concern. Little is known about who should receive specialized, integrated treatments to address both problems. This study aimed to examine baseline patient characteristics that predict differential outcome between typical treatment for substance use disorders (UC) compared to that treatment combined with cognitive behavioral therapy for anxiety disorders (UC + CALM ARC). Methods: We examined several putative treatment moderators in a dataset of community-based participants (N = 75) from a randomized clinical trial at an outpatient community substance use disorder (SUD) specialty clinic. Participants who met criteria for any anxiety disorder and any SUD were randomized to UC (the Intensive Outpatient Program at the clinic) or UC + CALM ARC. Outcome measures included anxiety symptoms, drug use, and alcohol use, and were assessed at pre-treatment, post-treatment, and a 6-month follow-up assessment. Results: Older age and female gender were associated with greater improvement on anxiety outcomes in UC + CALM ARC compared to UC. The presence of an alcohol use disorder was associated with greater improvement in alcohol use in UC + CALM ARC compared to UC. Higher opiate-related withdrawal symptoms and the presence of more SUDs were associated with greater improvement in drug use outcomes in UC + CALM ARC compared to UC. Conclusions: Several pre-treatment characteristics are associated with a return of symptoms for those who receive only UC, whereas the addition of CALM ARC prevented the return of symptoms. Implications for future research and preliminary clinical recommendations are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Treatment processes and demographic variables as predictors of dropout from trauma-focused cognitive behavioral therapy (TF-CBT) for youth.

Authors: Yasinski, Carly; Hayes, Adele M.; Alpert, Elizabeth; McCauley, Thomas; Ready, C. Beth; Webb, Charles; Deblinger, Esther;


Abstract: Objective: Premature dropout is a significant concern in trauma-focused psychotherapy for youth. Previous studies have primarily examined pre-treatment demographic and symptom-related predictors of dropout, but few consistent findings have been reported. The current study examined demographic, symptom, and in-session process variables as predictors of dropout from Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for youth. Method: Participants were a diverse sample of Medicaid-eligible youth (ages 7–17; n = 108) and their non-offending caregivers (n = 86), who received TF-CBT through an effectiveness study in a community setting. In-session process variables were coded from audio-recorded sessions, and these and pre-treatment demographic variables and symptom levels were examined as
predictors of dropout prior to receiving an adequate dose of TF-CBT (< 7 sessions). Twenty-nine children were classified as dropouts and 79 as completers. Results: Binary logistic regression analyses revealed that higher levels of child and caregiver avoidance expressed during early sessions, as well as greater relationship difficulties between the child and therapist, predicted dropout. Those children who were in foster care during treatment were less likely to drop out than children living with parents or relatives. No other demographic or symptom-related factors predicted dropout. Conclusions: These findings highlight the importance of addressing avoidance and therapeutic relationship difficulties in early sessions of TF-CBT to help reduce dropout, and they have implications for improving efforts to disseminate evidence-based trauma-focused treatments. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Pavlovian extinction of fear with the original conditional stimulus, a generalization stimulus, or multiple generalization stimuli.

Authors: Zbozinek, Tomislav D.; Craske, Michelle G.

Source: Behaviour Research and Therapy, Vol 107, Aug, 2018 pp. 64-75. Publisher: Elsevier Science; [Journal Article]

Abstract: Exposure therapy for anxiety disorders is derived from Pavlovian extinction learning. With the aim of optimizing exposure therapy, the present study evaluated the effects of multiple extinction stimuli on inhibitory learning. In a differential fear conditioning procedure, participants were randomized to one of three extinction conditions: Extinction_CS + received nine presentations of the original conditional stimulus (CS +); Extinction_Singular received nine presentations of a generalization stimulus (GS; stimulus similar to the CS +); and Extinction_Variety received one presentation each of nine GSs. One week later, participants returned for extinction test to the CS +, CS-, a GS from Extinction_Variety (Variable_GS), the GS from Extinction_Singular (Single_GS), and a novel GS (Novel_GS). Results showed that Extinction_CS + exhibited less fear of the CS + than Extinction_Singular (two dependent measures) and Extinction_Variety (three dependent measures). Additionally, Extinction_Singular had more fear of the Variable_GS than Extinction_Variety (two dependent measures) and Extinction_CS + (one dependent measure). The results suggest that conducting extinction to the CS + lessens conditional fear of the CS + more than extinction with GSs. Additionally, extinction with a variety of GSs lessens fear of those GSs more than repeated extinction with one GS. Results are discussed with relevance to exposure therapy for anxiety disorders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Effects of oxytocin on working memory and executive control system connectivity in posttraumatic stress disorder.

Authors: Flanagan, Julianne C.; Hand, Anne; Jarnecke, Amber M.; Moran-Santa Maria, Megan M.; Brady, Kathleen T.; Joseph, Jane E.


Abstract: Posttraumatic stress disorder (PTSD) is a chronic, debilitating condition for which effective medications are scant and little is known about neural correlates of risk versus resilience. Oxytocin is a hypothalamic neuropeptide that has demonstrated promise in modulating neurobiological and behavioral correlates of PTSD. Cognitive deficits in areas such as working memory and executive control are highly prevalent among individuals with PTSD and oxytocin might modulate these impairments in individuals with PTSD. Using a double-blind, placebo-controlled design, this study employed functional MRI (fMRI) and the n-back working memory task to examine the effects of oxytocin (24 IU) versus placebo on working memory and dorsolateral prefrontal cortex (DLPFC) connectivity among individuals with PTSD (n = 16) as compared with a trauma-exposed control group (n = 18). Results indicate that individuals with PTSD on
oxytocin performed better in the 2-back condition of the n-back task compared with individuals with PTSD on placebo. Results also indicate that connectivity between DLPFC and anterior cingulate increased in the 2-back condition among individuals with PTSD on oxytocin as compared with placebo. These findings provide preliminary evidence of an effect of oxytocin on working memory among individuals with PTSD and insights into the neurobiological mechanisms underlying this association. Future studies are necessary to understand the mechanisms responsible for working memory deficits in PTSD and to examine the potential of oxytocin for use as a treatment for PTSD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Posttraumatic stress and suicidality among firefighters: The moderating role of distress tolerance. Bartlett, Brooke A.; Jardin, Charles; Martin, Colleen; Tran, Jana K.; Buser, Sam; Anestis, Michael D.; Vujanovic, Anka A.;
Abstract: Firefighters report high rates of suicidality and posttraumatic stress disorder (PTSD). This investigation explored the moderating role of distress tolerance (DT) in the association between PTSD symptomatology and suicidality in firefighters. Covariates included trauma load, depressive symptom severity, gender, race, age, and education. The sample was comprised of 765 (94.0% male; Mage = 38.8, SD = 8.6) trauma-exposed firefighters who completed a questionnaire battery. Structural equation modeling was employed. PTSD symptom severity was significantly, positively associated with global suicide risk, suicidal ideation/attempt, frequency of suicidal ideation, lifetime threat of suicide, and perceived likelihood of future suicide attempts. Lower levels of DT were significantly associated with higher frequency of past-year suicidal ideation. Significant interactive effects were noted; firefighters with higher levels of PTSD symptom severity and low levels of DT had the highest levels of global suicide risk and perceived likelihood of future suicide attempt. Clinical and research implications are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Facets of emotion regulation and posttraumatic stress: An indirect effect via peritraumatic dissociation. Authors: Jones, Alyssa C.; Badour, Christal L.; Brake, C. Alex; Hood, Caitlyn O.; Feldner, Matthew T.;
Abstract: Research suggests important associations between emotion regulation difficulties and posttraumatic stress disorder (PTSD) symptomology, with prospective studies indicating that emotion regulation difficulties may lead to increased PTSD symptoms. Peritraumatic dissociation is considered an important and consistent predictor of PTSD symptoms. The present study examines whether peritraumatic dissociation accounts for associations between facets of emotion regulation difficulties and PTSD symptoms. Adult women with a history of sexual victimization participated in an interview to assess past-month PTSD symptoms and self-report questionnaires to assess peritraumatic dissociation and emotion regulation difficulties. Results showed a partial indirect effect of three facets of emotion regulation difficulties (i.e., nonacceptance of negative emotional responses, limited access to emotion regulation strategies perceived as effective in the context of distress, and impulse control difficulties when experiencing negative emotions) on PTSD symptoms through peritraumatic dissociation. Reverse indirect effects models were also explored. The present study offers preliminary evidence that peritraumatic dissociation by traumatized individuals may signal the presence of specific emotion regulation deficits, which may indicate increased risk of heightened PTSD severity. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: The cerebellum after trauma: Resting-state functional connectivity of the cerebellum in posttraumatic stress disorder and its dissociative subtype.
Authors: Rabellino, Daniela; Densmore, Maria; Théberge, Jean; McKinnon, Margaret C.; Lanius, Ruth A.;
Abstract: The cerebellum plays a key role not only in motor function but also in affect and cognition. Although several psychopathological disorders have been associated with overall cerebellar dysfunction, it remains unclear whether different regions of the cerebellum contribute uniquely to psychopathology. Accordingly, we compared seed-based resting-state functional connectivity of the anterior cerebellum (lobule IV–V), of the posterior cerebellum (Crus I), and of the anterior vermis across posttraumatic stress disorder (PTSD; n = 65), its dissociative subtype (PTSD + DS; n = 37), and non-trauma-exposed healthy controls (HC; n = 47). Here, we observed decreased functional connectivity of the anterior cerebellum and anterior vermis with brain regions involved in somatosensory processing, multisensory integration, and bodily self-consciousness (temporo-parietal junction, postcentral gyrus, and superior parietal lobule) in PTSD + DS as compared to PTSD and HC. Moreover, the PTSD + DS group showed increased functional connectivity of the posterior cerebellum with cortical areas related to emotion regulation (ventromedial prefrontal and orbito-frontal cortex, subgenual anterior cingulum) as compared to PTSD. By contrast, PTSD showed increased functional connectivity of the anterior cerebellum with cortical areas associated with visual processing (fusiform gyrus), interoceptive awareness (posterior insula), memory retrieval, and contextual processing (hippocampus) as compared to HC. Finally, we observed decreased functional connectivity between the posterior cerebellum and prefrontal regions involved in emotion regulation, in PTSD as compared to HC. These findings not only highlight the crucial role of each cerebellar region examined in the psychopathology of PTSD but also reveal unique alterations in functional connectivity distinguishing the dissociative subtype of PTSD versus PTSD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Depression

Title:
Measuring the relationship between social media use and addictive behavior and depression and suicide ideation among university students.

Authors:
Jasso-Medrano, José Luis; López-Rosales, Fuensanta;

Source:

Abstract:
Addictive behavior to social network sites is considered an alarming phenomenon where other psychopathological problems can be manifested. The purpose of the study is to analyze the relationship between the use and the addictive behavior of social media and the use of mobile devices, depression, and suicidal ideation. The questionnaires were applied to a sample of 374 university students where 58.6% were women and 41.4% men, with an average age of 20.01 years (SD = 1.84). Unlike the use of social media, addictive behavior was significantly related to depression and suicidal ideation. 36.1% of the sample reported having at least one idea in relation to suicide in the last two weeks. We propose an explanatory model that was adjusted appropriately and explained the addictive behavior with the frequency of mobile phone use, daily hours, depression, and suicidal ideation, the last one in a negative direction. It is concluded that, unlike excessive use, addictive behavior is associated with negative psychological characteristics. However, addictive behavior can also be considered a protective factor against suicidal ideation when relating to depression. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:

Authors:
van Tuijl, Lonneke A.; Verwoerd, Johan R. L.; de Jong, Peter J.;

Source:

Abstract:
Background and objectives: Implicit self-esteem (ISE) refers to the valence of triggered associations when the self is activated. Despite theories, previous studies often fail to observe low ISE in depression and anxiety. It is feasible that sad mood is required to activate dysfunctional self-associations. The present study tested the following hypotheses: i) ISE is lower following a sad mood induction (SMI); ii) the relationship between ISE and level of depression/anxiety symptoms is relatively strong when ISE is measured during sad mood; iii) individuals with higher levels of depression/anxiety symptoms will show a relatively large decrease in ISE following a SMI. Methods: In this mixed-designed study, university students completed the self-esteem implicit association test (IAT) either at baseline (control condition; n = 46) or following a SMI (experimental condition; n = 49). To test the third hypothesis, a SMI and IAT were also given in the control condition. Both conditions completed self-report measures of explicit self-esteem (ESE), and symptoms of depression and anxiety. Results: There was no support for the first two hypotheses, but some support that symptoms of anxiety correlated with larger decreases in ISE following a SMI which partly supported the third hypothesis. This disappeared when controlling for multiple testing. Limitations: Results are limited to non-clinical participants. Conclusions: While ISE was robust against increases in sad mood, there was some tentative support that symptoms of anxiety were related to larger decreases in ISE following a SMI. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Meta-emotions in daily life: Associations with emotional awareness and depression.
Authors: Bailen, Natasha H.; Wu, Haijing; Thompson, Renee J.;
Source: Emotion Publisher: American Psychological Association; [Journal Article]
Abstract: Meta-emotions are emotions that occur in response to other emotions (e.g., guilt about anger). Although emotion theories often discuss them, much about meta-emotions remains unknown. In the present study, we aim to assess the frequency of meta-emotions in everyday life, determine whether increased attention to and clarity of emotions are associated with a greater likelihood of meta-emotions, and examine whether negative emotions about negative emotions (negative-negative meta-emotional experiences) are associated with depressive severity. We recruited a diverse adult community sample (n = 79) to complete 7 days of experience sampling and a self-report measure of depressive severity. At each survey, they indicated current attention to emotion, clarity of emotion, and whether and what kind of meta-emotional experience they were having. Meta-emotional experiences were categorized as negative-negative (NN), negative-positive (NP), positive-negative (PN) or positive-positive (PP). Approximately 53% of participants reported at least 1 meta-emotional experience. Meta-emotional experiences were reported about twice a week; negative-negative experiences were most frequent. Using multilevel modeling, we found that although attention to and clarity of emotion each individually positively predicted the likelihood of meta-emotional experiences, only attention to emotion explained unique variance. Higher depressive severity was associated with higher likelihood of meta-emotional experiences and specifically negative-negative experiences. Most adults experienced meta-emotions, especially during moments of high attention to emotion, and negative-negative experiences were positively associated with depressive severity. These findings are an important step forward in understanding individual and within-person differences in reactions to emotional experience. Implications for theories of emotion generation and regulation are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Compassionate hearts protect against wandering minds: Self-compassion moderates the effect of mind-wandering on depression.
Authors: Greenberg, Jonathan; Datta, Tanya; Shapero, Benjamin G.; Sevinc, Gunes; Mischoulon, David; Lazar, Sara W.;
Source: Spirituality in Clinical Practice Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: Depression is associated with high levels of mind-wandering and low levels of self-compassion. However, little is known about whether and how these two factors interact with one another to influence depressive symptoms. The current study examined the interaction between mind-wandering, self-compassion, and depressive symptoms in a depressed sample and tested the effects of an 8-week mindfulness-based cognitive therapy (MBCT) program on these constructs. At baseline, mind-wandering was associated with higher depressive symptoms only among individuals with low self-compassion. Self-compassion additionally predicted depressive improvement. As expected, MBCT increased self-compassion and reduced mind-wandering compared with a treatment-as-usual control group. Overall, longitudinal changes in self-compassion produced a moderation effect similar to the one at baseline so that increases in mind-wandering were associated with increases in depressive symptoms only among those who decreased in self-compassion. Results provide the first evidence that self-compassion can protect against the deleterious effects of mind-wandering among depressed participants, both at baseline and longitudinally. Findings also suggest that self-compassion is an effective predictor of depressive improvement. Finally, MBCT is effective not only at reducing depressive symptoms, but also at targeting protective and risk factors associated with depression. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Economic pressure and depressive symptoms: Testing the family stress model from adolescence to adulthood.

Authors: Kavanaugh, Shane A.; Neppl, Tricia K.; Melby, Janet N.;

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

Abstract: The family stress model (FSM) was used to examine the effects of economic pressure on maternal depressive symptoms, couple conflict, and mother harsh parenting during adolescence on offspring depressive symptoms in adulthood. Prospective longitudinal data were analyzed across 3 developmental time points that included 451 mothers and their adolescents. Economic pressure and mother depressive symptoms were assessed during early adolescence, couple conflict and mother harsh parenting were assessed during middle to late adolescence, and offspring depressive symptoms were assessed in adulthood. Findings were in support of pathways in the FSM in that economic pressure was related to maternal depressive symptoms, which were associated with couple conflict, which in turn predicted mother harsh parenting during adolescence, and mother harsh parenting was associated with offspring depressive symptoms in adulthood. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Predicting suicidal ideation in adolescents with chronic amplified pain: The roles of depression and pain duration.

Authors: Lewcun, Bernadette; Kennedy, Traci M.; Tress, Jenna; Miller, Kimberly S.; Sherker, Jennifer; Sherry, David D.;


Abstract: The rates of suicidal ideation and completed suicide among adolescents have become increasingly alarming in recent years. Epidemiological studies indicate that a large portion of adolescents suffer from chronic pain, which research supports as a risk factor for suicidal ideation and behaviors. Further, psychological factors may account for the associations between chronic pain and suicidality. The current study sought to fill gaps in the literature on chronic pain and suicidality in adolescents, by examining whether depression mediates the links between various chronic amplified pain symptoms and suicidal ideation. Retrospective medical record reviews were conducted of 453 adolescents ages 11–17 (M = 14.34, SD = 1.83), who presented to a tertiary pain clinic and received a diagnosis of amplified pain. Prior to their initial appointment, participants completed measures assessing pain symptoms, disability, depression, and suicidality. We found pain duration was significantly related to suicidal ideation, however, this association was mediated by depressive symptoms. These results highlight the need for early screening and intervention for depressive symptoms among adolescents suffering from amplified pain. Clinical recommendations for mental health and medical providers are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Visual and verbal depressive cognition: Implications for the rumination–depression relationship.

Authors: Lawrence, Hannah R.; Haigh, Emily A. P.; Siegle, Greg J.; Schwartz-Mette, Rebecca A.;


Abstract: The present studies evaluated whether experiencing depressive cognition as visual (i.e., in the form of visual mental imagery) or verbal (i.e., in the form of verbal thought) was differentially associated with the strength of the rumination–depression relationship. Visual mental imagery is consistently found to be more emotionally arousing than verbal thought. This may especially be the case when individuals dwell on their
visual or verbal depressive cognition in the form of depressive rumination. In Study 1, 41.2% of participants reported a visual depressive cognitive style and 57.1% reported a verbal depressive cognitive style. For both males and females, rumination was associated with similarly severe depressive symptoms when individuals reported experiencing visual depressive cognitions compared with verbal depressive cognitions. Study 2 replicated and extended Study 1, taking into account that some individuals may experience depressive cognition both visually and verbally. 23.8% of participants reported a visual depressive cognitive style, 38.9% a verbal depressive cognitive style, and 37.3% a both visual and verbal depressive cognitive style. Rumination was significantly associated with depressive symptom severity for all depressive cognitive styles (visual, verbal, both), though depressive cognitive style significantly moderated the relationship between rumination and depressive symptom severity such that there was a stronger relationship for individuals who had a visual depressive cognitive style than a verbal depressive cognitive style, especially for females. Findings suggest that dwelling on depressed affect (i.e., rumination) may be more strongly related to depressive symptom severity when individuals tend to experience depressive cognitions as visual. Examination of depressive cognition as both visual and verbal is necessary to fully understand how individuals think about their depressed affect and may eventually inform tailoring of interventions based on visual/verbal styles of depressive cognition. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Distinctive pretreatment features of bilateral nucleus accumbens networks predict early response to antidepressants in major depressive disorder.

Authors: Hou, Zhenguha; Gong, Liang; Zhi, Mengmeng; Yin, Yingying; Zhang, Yuqun; Xie, Chunming; Yuan, Yonggui;


Abstract: The pretreatment neuroimaging markers from the resting-state brain network that could predict the early response to antidepressants are still unclear. The aim of the present study was to identify the performance of reward network features for discriminating patients with a dampened response to antidepressants. A total of 81 major depressive disorder (MDD) patients (44 patients with treatment-responsive depression (RD) and 37 patients with non-responding depression (NRD)) and 43 healthy controls (HC) underwent resting-state functional magnetic resonance imaging scans and clinical estimates. Bilateral nucleus accumbens (NAcc)-based networks were constructed for further functional connectivity (FC) analysis. The FC of the right superior frontal gyrus (SFG) (area under curve (AUC) = 0.837) and left parahippocampus (AUC = 0.770) within the left NAcc reward network, as well as the FC of the left SFG (AUC = 0.827) within the right NAcc reward network, could distinguish NRD subjects from RD subjects relatively well. Taken together, when considering the distinctive connectional pattern of the bilateral reward circuits, the synthetical differentiating effect was achieved to an optimal performance for discriminating NRD patients (AUC = 0.869), with balanced sensitivity (0.838) and specificity (0.818). The distinct pretreatment characteristics of the reward network make specific contributions to the early response to antidepressants and establish a promising imaging predictor for the classification of early efficacy. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Neural correlates of processing emotional prosody in unipolar depression.

Authors: Koch, Katharina; Stegmaier, Sophia; Schwarz, Lena; Erb, Michael; Reinh, Maren; Scheffler, Klaus; Wildgruber, Dirk; Ethofer, Thomas;


Abstract: Major depressive disorder (MDD) is characterized by a biased emotion perception. In the auditory domain, MDD patients have been shown to exhibit attenuated processing of positive emotions expressed by
speech melody (prosody). So far, no neuroimaging studies examining the neural basis of altered processing of emotional prosody in MDD are available. In this study, we addressed this issue by examining the emotion bias in MDD during evaluation of happy, neutral, and angry prosodic stimuli on a five-point Likert scale during functional magnetic resonance imaging (fMRI). As expected, MDD patients rated happy prosody less intense than healthy controls (HC). At neural level, stronger activation in the middle superior temporal gyrus (STG) and the amygdala was found in all participants when processing emotional as compared to neutral prosody. MDD patients exhibited an increased activation of the amygdala during processing prosody irrespective of valence while no significant differences between groups were found for the STG, indicating that altered processing of prosodic emotions in MDD occurs rather within the amygdala than in auditory areas. Concurring with the valence-specific behavioral effect of attenuated evaluation of positive prosodic stimuli, activation within the left amygdala of MDD patients correlated with ratings of happy, but not neutral or angry prosody. Our study provides first insights in the neural basis of reduced experience of positive information and an abnormally increased amygdala activity during prosody processing. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Reasons for living and dying in suicide attempters: A two-year prospective study.
Authors: Brüdern, Juliane; Stähli, Annabarbara; Gysin-Maillart, Anja; Michel, Konrad; Reisch, Thomas; Jobes, David A.; Brodbeck, Jeannette;
Abstract:
Background: The internal suicide debate hypothesis assumes that in a suicidal crisis, individuals are involved in an internal struggle over whether to live or die. Reasons for living (RFL) and Reasons for dying (RFD) are important individual reasons for staying alive (e.g. family) or wanting to die (e.g. hopelessness) and reflect this internal motivational conflict of the suicidal mind. The aim of this study was to explore the association between RFL and RFD of suicide attempters and current and future suicide ideation and behavior. Method: The sample consisted of 60 patients who were admitted at a psychiatric emergency unit in Switzerland following an attempted suicide. They received treatment as usual, participated in an assessment interview and completed self-report questionnaires. Additionally, they were instructed to write down up to five individual RFL and RFD. The number of RFL and RFD responses, depressive symptoms, and suicide ideation were assessed at baseline and 6, 12, and 24 months follow-up. Outcome measures were suicide ideation and repeated suicide attempts. Multiple imputations were used in order to address missing data. Results: The number of RFD responses was the strongest predictor for increased suicide ideation at baseline. The number of RFL responses was not associated with suicide ideation and reattempts. RFD, depressive symptoms, and baseline suicide ideation predicted subsequent suicide reattempt up to 12 months later in simple regression analyses. Mediation analyses suggested that RFD mediated the effect of depressive symptoms at baseline on suicide ideation at 12-months follow-up. Conclusion: RFL were unrelated to the mental health of study participants and did not function as protective factor against suicide risk. RFD may be an important motivational driver in the suicidal process. Clinical interventions should focus more on the reduction of RFD than on RFL in suicidal individuals. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Differential effect of COMT gene methylation on the prefrontal connectivity in subjects with depression versus healthy subjects.
Authors: Na, Kyoung-Sae; Won, Eunsoo; Kang, June; Kim, Aram; Choi, Sunyoung; Tae, Woo-Suk; Kim, Yong-Ku; Lee, Min-Soo; Joe, Sook-Haeng; Ham, Byung-Joo;
Abstract:
Expression of the catechol-O-methyl transferase (COMT) gene mainly determines prefrontal dopaminergic availability. Deficient prefrontal dopaminergic activity leads to loss of interest, energy, and motivation, which are core symptoms of depression. Given the role of stress-environmental interactions in major depressive disorder (MDD), we investigated the impact of COMT gene methylation status on prefrontal connectivity. We measured COMT gene methylation and polymorphisms (Val158Met) at the rs4468 locus in peripheral blood samples of healthy controls (n = 90) and patients with MDD (n = 90). We used diffusion tensor imaging to calculate the fractional anisotropy (FA) and radial diffusivity (RD) of the white matter tracts related to prefrontal cortex. Finally, we examined the effects of COMT gene methylation on the white matter connectivity in patients with MDD. The FA and RD values in the prefrontal white matter tracts of patients with MDD were positively and negatively associated with COMT gene methylation, respectively. In the control group, on the other hand, the association between white matter connectivity and COMT gene methylation showed opposite pattern to those of MDD. COMT gene methylation has a substantial effect on the prefrontal connectivity in patients with MDD. Moreover, COMT gene methylation and prefrontal connectivity showed opposite relationships in patients and controls. Thus, stress-related alterations in dopaminergic neurotransmission have a differential effect on white matter connectivity according to the microenvironment in the brain. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Web-based intervention to improve quality of life in late stage bipolar disorder (ORBIT): Randomised controlled trial protocol.

Authors: Fletcher, Kathryn; Foley, Fiona; Thomas, Neil; Michalak, Erin; Berk, Lesley; Berk, Michael; Bowe, Steve; Cotton, Sue; Engel, Lidia; Johnson, Sheri L.; Jones, Steven; Kyrios, Michael; Lapsley, Sara; Mihalopoulos, Cathrine; Perich, Tania; Murray, Greg;


Abstract: Background: The primary objective of this randomised controlled trial (RCT) is to establish the effectiveness of a novel online quality of life (QoL) intervention tailored for people with late stage (≥ 10 episodes) bipolar disorder (BD) compared with psychoeducation. Relative to early stage individuals, this late stage group may not benefit as much from existing psychosocial treatments. The intervention is a guided self-help, mindfulness based intervention (MBI) developed in consultation with consumers, designed specifically for web-based delivery, with email coaching support. Methods/design: This international RCT will involve a comparison of the effectiveness and cost-effectiveness of two 5-week adjunctive online self-management interventions: Mindfulness for Bipolar 2.0 and an active control (Psychoeducation for Bipolar). A total of 300 participants will be recruited primarily via social media channels. Main inclusion criteria are: a diagnosis of BD (confirmed via a phone-administered structured diagnostic interview), no current mood episode, history of 10 or more mood episodes, no current psychotic features or active suicidality, under the care of a medical practitioner. Block randomisation will be used for allocation to the interventions, and participants will retain access to the program for 6 months. Evaluations will be conducted at pre- and post- treatment, and at 3- and 6- months follow-up. The primary outcome measure will be the Brief Quality of Life in Bipolar Disorder Scale (Brief QoLBD), collected immediately post-intervention at 5 weeks (T1). Secondary measures include BD-related symptoms (mania, depression, anxiety, stress), time to first relapse, functioning, sleep quality, social rhythm stability and resource use. Measurements will be collected online and via telephone assessments at baseline (T0), 5 weeks (T1), three months (T2) and six months (T3). Candidate moderators (diagnosis, anxiety or substance comorbidities, demographics and current treatments) will be investigated as will putative therapeutic mechanisms including mindfulness, emotion regulation and self-compassion. A cost-effectiveness analysis will be conducted. Acceptability and any unwanted events (including adverse treatment reactions) will be documented and explored. Discussion: This definitive trial will test the effectiveness and cost-effectiveness of a novel QoL focused, mindfulness based, online guided self-help intervention for late stage BD, and investigate its putative mechanisms of therapeutic action. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Anaemia and depression before and after birth: A cohort study based on linked population data.

Authors: Xu, Fenglian; Roberts, Lynette; Binns, Colin; Sullivan, Elizabeth; Homer, Caroline S. E.;


Abstract:
Background: To investigate the rates of hospitalisation for anaemia and depression in women in the six-year period (3 years before and after birth). To compare hospital admissions for depression in women with and without anaemia. Methods: This is a population-based cohort study. Women's birth records (New South Wales (NSW) Perinatal Data Collection) were linked with NSW Admitted Patients Data Collection records between 1 January 2001 and 31 December 2010, so that hospital admissions for mothers could be traced back for 3 years before birth and followed up 3 years after birth. Setting: NSW Australia. Subjects: all women who gave birth to their first child in NSW between 1 January 2004 and 31 December 2008. Results: Hospital admissions for both anaemia and depression were increased significantly in the year just before and after birth compared with the years before and after. Women with anaemia were more likely to be admitted to hospital for depression than those without (for principal diagnosis of depression, adjusted OR = 1.62, 95% CI = 1.25–2.11; for all diagnosis of depression, adjusted OR = 2.01, 95% CI = 1.70–2.38). Conclusions: Depression was associated with anaemia in women before and after birth. This finding highlight the important role of primary care providers in assessing for both anaemia and depressive symptomatology together, given the relationship between the two. Treating or preventing anaemia may help to prevent postnatal depression. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The effects of cognitive-behavior therapy for depression on repetitive negative thinking: A meta-analysis.

Authors: Spinhoven, Philip; Klein, Nicola; Kennis, Mitzy; Cramer, Angélique O. J.; Siegle, Greg; Cuijpers, Pim; Ormel, Johan; Hollon, Steve D.; Bockting, Claudi L.;


Abstract:
It is not clear if treatments for depression targeting repetitive negative thinking (RNT: rumination, worry and content-independent perseverative thinking) have a specific effect on RNT resulting in better outcomes than treatments that do not specifically target rumination. We conducted a systematic search of PsycINFO, PubMed, Embase and the Cochrane library for randomized trials in adolescents, adults and older adults comparing CBT treatments for (previous) depression with control groups or with other treatments and reporting outcomes on RNT. Inclusion criteria were met by 36 studies with a total of 3307 participants. At post-test we found a medium-sized effect of any treatment compared to control groups on RNT (g = 0.48; 95% CI: 0.37–0.59). Rumination-focused CBT: g = 0.76, <0.01; Cognitive Control Training: g = 0.62, p < .01; CBT: g = 0.57, p < .01; Concreteness training: g = 0.53, p < .05; and Mindfulness-based Cognitive Therapy: g = 0.42, p < .05 had medium sized and significantly larger effect sizes than other types of treatment (i.e., anti-depressant medication, light therapy, engagement counseling, life review, expressive writing, yoga) (g = 0.14) compared to control groups. Effects on RNT at post-test were strongly associated with the effects on depression severity and this association was only significant in RNT-focused CBT. Our results suggest that in particular RNT-focused CBT may have a more pronounced effect on RNT than other types of interventions. Further mediation and mechanistic studies to test the predictive value of reductions in RNT following RNT-focused CBT for subsequent depression outcomes are called for. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Is ketamine the future clozapine for depression? A case series and literature review on maintenance ketamine in treatment-resistant depression with suicidal behavior.

Authors:
Ketamine has shown effectiveness as a rapid-acting antidepressant with antisuicidal effects in terms of reduction of suicidal ideation in the short term. However, the evidence for long-term maintenance ketamine therapy for treatment-resistant depression (TRD) and suicidal behavior is limited. This case series (N = 13) highlights the role of adjunctive serial maintenance ketamine infusions in restoring functionality in treatment-resistant unipolar and bipolar (mixed) depression with significant suicide risk and multiple comorbidities, including alcohol dependence. Two cases of TRD achieved functional remission with long-term maintenance ketamine treatment. The first case illustrates the potential synergistic interaction between ketamine and lamotrigine to achieve a sustained antidepressant response in the patient for 7 months. The second case may possibly be the longest reported case of maintenance ketamine therapy, with treatment continuing for 5 years to date. Ketamine treatment showed acute effectiveness in another 7 cases, especially in terms of reduction of suicidal ideation, albeit without significant long-term antidepressant effect. Factors that may contribute to lack of effectiveness of serial ketamine include inadequate mood stabilization in TRD in bipolar spectrum diagnoses, concomitant benzodiazepine use, complex comorbidities, and adverse effects such as significant hypertension and severe dissociation. Future systematic controlled studies are warranted to establish the efficacy and safety profile of long-term ketamine as maintenance therapy for TRD with suicidal behavior.

Insulin resistance, an unmasked culprit in depressive disorders: Promises for interventions.

Depressive disorders constitute a set of debilitating diseases with psychological, societal, economic and humanitarian consequences for millions of people worldwide. Scientists are beginning to understand the reciprocal communication between the brain and the rest of the body in the etiology of these diseases. In particular, scientists have noted a connection between depressive disorders, which are primarily seen as brain-based, and, insulin resistance (IR), a modifiable metabolic inflammatory state that is typically seen as peripheral. We highlight evidence showing how treating IR, with drugs or behavioral interventions, may ameliorate or possibly prevent, depressive disorders and their long-term consequences at various stages of the life course. This article is part of the Special Issue entitled 'Metabolic Impairment as Risk Factors for Neurodegenerative Disorders.'

Cognitive dysfunction and metabolic comorbidities in mood disorders: A repurposing opportunity for glucagon-like peptide 1 receptor agonists?

Major depressive disorder and bipolar disorder are highly prevalent and disabling conditions. Cognition is considered a core domain of their psychopathology and a principle mediator of psychosocial impairment, disproportionately accounting for overall illness-associated costs. There are few interventions with replicated evidence of efficacy in treating cognitive deficits in mood disorders. Evidence also indicates that
cognitive deficits are associated with obesity and involve significant impairment across multiple domains. Conversely, weight-loss interventions, such as physical exercise and bariatric surgery, have been shown to beneficially affect cognitive function. This convergent phenomenology suggests that currently available agents that target metabolic systems may also be capable of mitigating deficits in cognitive functions, and are, therefore, candidates for repurposing. The incretin glucagon-like peptide-1 (GLP-1) is a hormone secreted by intestinal epithelial cells. GLP-1 receptors (GLP-1R) are widely expressed in the central nervous system. Activation of GLP-1R leads to facilitation of glucose utilization and antiapoptotic effects in various organs. Pre-clinical trials have demonstrated significant neuroprotective effects of GLP-1, including protection from cell death, promotion of neuronal differentiation and proliferation; and facilitation of long-term potentiation. Liraglutide is a GLP-1R agonist that has been approved for the treatment of type 2 diabetes mellitus and obesity. Convergent preclinical and clinical evidence, including a proof-of-concept pilot study from group, has suggested that liraglutide may improve objective measures of cognitive function in adults with mood disorders. The safety and availability of GLP-1R agonists indicate that they are promising candidates for repurposing, and that they may be viable therapeutic options for mood disorders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:** Why do people overthink? A longitudinal investigation of a meta-cognitive model and uncontrollability of rumination.

**Authors:** Matsumoto, Noboru; Mochizuki, Satoshi;

**Source:** Behavioural and Cognitive Psychotherapy, Vol 46(4), Jul, 2018 pp. 504-509. Publisher: Cambridge University Press; [Journal Article]

**Abstract:**
Background: The meta-cognitive model of rumination is a theoretical model regarding the relationship between rumination and depression. Although meta-cognitive therapy for rumination was established based on this model, insufficient longitudinal studies addressing this model have been conducted. Moreover, the uncontrollability of rumination, suggested to be driven by negative meta-beliefs about rumination, has not been examined using this meta-cognitive model. Aims: We longitudinally examined the meta-cognitive model and its relationship with uncontrollability of rumination and depressive symptoms. Method: Undergraduate students (n = 117) were asked to complete two measurements (with a 6-month gap between them) of positive and negative meta-beliefs about rumination, causal analysis, understanding, uncontrollability of rumination and depression. Results: Cross-lagged effect modelling revealed that positive meta-beliefs predicted high causal analytic rumination. However, the results did not support the causal analytic and understanding aspects of how rumination predicted negative meta-beliefs. Negative meta-beliefs predicted high depressive symptoms, and depressive symptoms predicted high negative meta-beliefs. Negative meta-beliefs predicted high uncontrollability of rumination, whereas uncontrollability of rumination did not predict depressive symptoms. Conclusions: The results partially supported the meta-cognitive model. The prediction of depressive symptoms on negative meta-beliefs suggests that depression-related cognition might be involved in increasing negative meta-beliefs, rather than the repetitive causal analytic and understanding aspects of rumination. In line with meta-cognitive therapy, negative meta-beliefs could be a target for treating depression. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:** Maternal depression and cortisol in pregnancy predict offspring emotional reactivity in the preschool period.

**Authors:** Swales, Danielle A.; Winiarski, Dominika A.; Smith, Alicia K.; Stowe, Zachary N.; Newport, D. Jeffrey; Brennan, Patricia A.;

**Source:** Developmental Psychobiology, Vol 60(5), Jul, 2018 pp. 557-566. Publisher: John Wiley & Sons; [Journal Article]
Abstract:
Prenatal exposures to higher levels of maternal cortisol and depression have been linked to a variety of adverse physiological, neurological, and behavioral outcomes, such as dysregulated cortisol production, structural and functional differences in limbic areas of the brain, and greater negative emotionality. This study investigated prospective associations between maternal prepartum depression/cortisol levels and offspring emotional reactivity in 163 mother–child pairs. Women were assessed repeatedly during pregnancy, and later participated in a laboratory visit with their preschool-aged children. Mothers self-reported on depressive symptomatology during pregnancy and provided saliva samples for cortisol assay. Offspring emotional reactivity was assessed through multiple measures, including caregiver reports, cortisol response following a stressor, and laboratory observations of behavior. The findings suggest potential prenatal timing effects, with depression and maternal cortisol measured in the first and second trimesters being more strongly associated with child emotional reactivity. Sex was found to moderate associations between maternal prepartum depression/cortisol and child emotional reactivity, with the general pattern reflecting positive associations in girls, and negative associations in boys. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
(M age = 16.4 years; 22% female; 28% Hispanic, 61% Non-Hispanic White) with comorbid depressive disorder/SUD randomized to one of three sequences of receiving the Adolescent Coping With Depression Course and Functional Family Therapy for SUD (depression treatment followed by SUD treatment; SUD treatment followed by depression treatment; coordinated treatment). Depression was assessed at 7 points from baseline to 1-year follow-up. A 4-class solution fit the data best, with groups labeled Mildly Depressed Responders (57.1%), Depressed Responders (18.8%), Depressed Non-Responders (12.9%), and Depressed with Recurrence (11.2%). The 4 change profiles differed on indices of all but 1 predictor (age); most differences were driven by lower scores among Mildly Depressed Responders. Profile membership was most strongly predicted by depression severity, cognitive distortions, hopelessness, and global functioning. The strongest predictor of Nonresponse was low family cohesion, whereas Recurrence was associated with hopelessness, suicide attempts, and starting treatment near the end of the school year. Most depressed adolescents experienced a positive response that was maintained. Understanding the most common profiles of depression change during and following treatment and the variables that predict change can help improve treatment outcomes and advance tailoring efforts. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Emotion regulation of events central to identity and their relationship with concurrent and prospective depressive symptoms.

Authors:
del Palacio-Gonzalez, Adriana; Berntsen, Dorthe;

Source:

Abstract:
Dispositional emotion regulation is related to the severity and maintenance of depressive symptoms. However, whether emotion regulation specific to an event highly central for an individual’s identity is predictive of depressive symptoms has not been examined. Nonclinical participants (N = 220) reported the extent to which they employed a selection of emotion regulation strategies when recalling low- and high-centrality memories. Dispositional emotion regulation and depressive symptoms were also assessed. A 7-week follow-up was conducted. High-centrality events were associated with more emotion regulation efforts. Greater brooding and expressive suppression in relation to high-centrality memories predicted concurrent depressive symptoms after controlling for event valence and dispositional emotion regulation. Effects were absent for low-centrality memories. Emotion regulation in response to high-centrality memories did not predict depressive symptoms at follow-up beyond baseline depressive symptoms. Overall, the findings showed that maladaptive emotion regulation in response to memories of high-centrality events is important for explaining depressive symptomatology. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The role of interference and inhibition processes in dysphoric early adolescents.

Authors:
Wante, Laura; Mueller, Sven C.; Demeyer, Ineke; De Raedt, Rudi; Braet, Caroline;

Source:

Abstract:
Cognitive theories emphasize the importance of attentional biases in the development and maintenance of depression. Noteworthy, recent studies indicate that depression-related biases only occur in later stages of attentional processing. This is consistent with the idea that attention is a multicomponent process, consisting of at least two mechanisms: selection and inhibition. Therefore, this study aims to investigate interference and inhibition toward angry and happy stimuli in dysphoric adolescents compared to nondysphoric adolescents. To examine interference and inhibition of emotional information in 21 dysphoric (17 girls) and 28 nondysphoric adolescents (17 girls), 10–16 years of age, a Negative Affective Priming task was used. In this task, a target has to be evaluated as positive or negative while ignoring a distractor.
As expected, dysphoric adolescents showed both higher interference from and higher inhibition of angry stimuli relative to nondysphoric adolescents. In contrast, happy stimuli did not lead to interference and consequently did not have to be inhibited in either group. Finally, a positive relation was found between interference and the subsequent inhibition of emotional stimuli. These observations confirm the existence of a bias toward angry faces in dysphoric adolescents and indicate a higher inhibition of angry faces in dysphoric adolescents compared to nondysphoric adolescents. The obtained results are different from those of similar previous studies in depressed or dysphoric adults using sad faces or negatively valenced words and might reveal important emotion-specific or age-specific inhibitory biases. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
A step beyond maternal depression and child behavior problems: The role of mother–child aggression.
Authors:
Villodas, Miguel T.; Bagner, Daniel M.; Thompson, Richard;
Source:
Abstract:
Previous researchers have identified problematic mother–child interaction patterns as a potential pathway through which maternal depressive symptoms impact child behavior problems, but could not establish the temporal precedence of these associations. This longitudinal study investigated mother–child aggression as a mechanism in the association between maternal depressive symptoms that occurred during infancy and subsequent child behavior problems among high-risk families. Two hundred thirty-four socioeconomically disadvantaged families were recruited from neighborhoods with high rates of family violence. During infancy (12–18 months), early childhood (4 years), and middle childhood (6 years), mothers reported their current depressive symptoms and use of psychological and physical aggression with their child. During early and middle childhood, mothers reported their children’s behavior problems. Using path analyses, a temporal process was identified in which mother–child aggression during early childhood mediated the association between maternal depressive symptoms during infancy and higher levels of externalizing behavior problems during middle childhood. Mother–child aggression did not mediate the association between maternal depressive symptoms during infancy and higher levels of internalizing behavior problems during middle childhood. Early maternal depressive symptoms that occur during infancy are important risk factors for subsequent mother–child aggression, which, in turn, contributes to more child externalizing behavior problems. Therefore, screening mothers for depressive symptoms and providing intervention and prevention services to improve mother–child interactions may be crucial to preventing the exacerbation of externalizing behavior problems. Additional research is needed to identify pathways to child internalizing behavior problems. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Associations of monoamine oxidase a gene first exon methylation with sexual abuse and current depression in women.
Authors:
Checknita, David; Ekström, Tomas J.; Comasco, Erika; Nilsson, Kent W.; Tiitinen, Jari; Hodgins, Sheilagh;
Source:
Abstract:
Childhood physical abuse (PA) and sexual abuse (SA) interact with monoamine oxidase A (MAOA) gene polymorphism to modify risk for mental disorders. In addition, PA and SA may alter gene activity through epigenetic mechanisms such as DNA methylation, thereby further modifying risk for disorders. We investigated whether methylation in a region spanning the MAOA first exon and part of the first intron was associated with PA and/or SA, MAOA genotype, alcohol dependence, drug dependence, depression disorders, anxiety disorders, and conduct disorder. 114 Swedish women completed standardized
diagnostic interviews and questionnaires to report PA and SA, and provided saliva samples for DNA extraction. DNA was genotyped for MAOA-uVNTR polymorphisms, and methylation of a MAOA region of interest (chrX: 43,515,544–43,515,991) was measured. SA, not PA, was associated with hypermethylation of the MAOA first exon relative to no-abuse, and the association was robust to adjustment for psychoactive medication, alcohol and drug dependence, and current substance use. SA and MAOA-uVNTR genotype, but not their interaction, was associated with MAOA methylation. SA associated with all measured mental disorders. Hypermethylation of MAOA first exon mediated the association of SA with current depression, and both methylation levels and SA independently predicted lifetime depression. Much remains to be learned about the independent effects of SA and MAOA-uVNTR genotypes on methylation of the MAOA first exon. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A randomized controlled double-blind clinical trial comparing versus placebo the effect of an edible algal extract (Ulva Lactuca) on the component of depression in healthy volunteers with anhedonia.

Authors:
Allaert, François-André; Demais, Hervé; Collén, Pi Nyvall;

Source:

Abstract:
Background: The effects of the seaweed extract were evaluated on the animal model equivalent of depression compared with a control group treated with the carrier (spring water) and a reference group treated with Imipramine and showed significative effect. This clinical trial was intended to confirm in humans the potential efficacy identified in animals. The primary objective was to compare against a placebo the effect of Ulva L.L extract in healthy volunteers whose anhedonia was characterized by a component of depression. Methods: Single-centre double-blind randomized placebo-controlled clinical trial on parallel arms of two groups of 45 subjects. The study could include men or women aged 18 to 65 years with anhedonia characterized by a Snaith Hamilton Pleasure Scale score (SHAPS) of ≥ 5 and feeling low morale for at least four weeks characterized by a component of depression evaluated on the Quick Inventory of Depressive Symptomatology—Self Report (QIDS–SR). Evaluation criteria: QIDS-SR; Patient Global Improvement Impression (PGII) and Clinical Global Improvement Impression (CGII). Results: 86 subjects were included in the trial: 42 in the placebo group and 44 Ulva group. At D84, QIDS-SR significantly decreased more in the Ulva.L.L. group than in the placebo group (p: 0.0389). This difference is essentially linked to an improvement of the sleep disorders (p: 0.0219), of the psychomotor consequences (p: 0.002) and of the nutrition behaviour (p: 0.0694). 90.1% have the feeling of being improved in the Ulva group vs 72.5% in the placebo group (p: 0.0114) and in parallel 90.9% of the practitioners have the feeling that the subject has improved vs 70.8% (p: 0.0214). Conclusion: This double-blind randomized placebo-controlled trial shows that daily intake for three months of a water-soluble extract of Ulva L.L. continues to significantly improve the component of depression of subjects presenting anhedonia compared with a placebo. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Adapted psychotherapy for suicidal geriatric patients with depression.

Authors:
Conell, Jörn; Lewitzka, Ute;

Source:

Abstract:
This debate article aims to evaluate whether current diagnostic and therapeutic options for suicidal geriatric patients with depression suffice, and which adapted strategies might be helpful. We hope to encourage clinicians to consider special approaches when treating the elderly. Background: Suicide in old age is a major public health problem, as the suicide rates are highest among those aged 60 years and older in most European countries. Although pharmacological treatment options are relatively easy for older patients to obtain, their access to standard psychotherapy is limited. The reasons for this are i) the widely
shared attitude about the effectiveness of psychotherapy for older people and ii) the limited access to standard psychotherapy due to their immobility. Conclusion: New psychotherapeutic methods need to be developed. Psychotherapy at the patient’s home seems to be a new approach to accommodate that individual’s personal circumstances and make effective therapy possible. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Depression and emotion regulation predict objective smartphone use measured over one week.

Authors:
Elhai, Jon D.; Tiamiyu, Mojisola F.; Weeks, Justin W.; Levine, Jason C.; Picard, Kristina J.; Hall, Brian J.;

Source:

Abstract:
Increasing use of smartphones is a notable and worldwide phenomenon, and investigating the potential role this use has on population health is a critical area of research. Prior studies have found psychopathology correlated with frequency of smartphone use. However, this research relied on cross-sectional data and solely utilized subjectively reported smartphone use. These methodological shortcomings should be overcome to understand a truer picture of the association between increased smartphone use and psychopathology. Utilizing an intensive repeated measures study design, we used a smartphone application (app) to monitor daily minutes of smartphone use over the course of one week among 68 college students. Using latent growth curve modeling, we found that lower depression severity predicted increased smartphone use over the week. Additionally, greater use of expressive suppression as an emotion regulation strategy predicted more baseline smartphone use, but less smartphone use during the week. These findings suggest that depression and expressive suppression of emotions accounted for significant variability in objectively measured smartphone use. Depression and emotion regulation are discussed in regard to corresponding patterns of smartphone usage. This paper contributes to knowledge of psychopathological correlates of smartphone use by repeated, objective smartphone use measurement. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The nature of self-esteem and its relationship to anxiety and depression in adult acquired brain injury.

Authors:
Longworth, Catherine; Deakins, Joseph; Rose, David; Gracey, Fergus;

Source:

Abstract:
Acquired brain injury (ABI) has a negative impact on self-esteem, which is in turn associated with mood disorders, maladaptive coping and reduced community participation. The aim of the current research was to explore self-esteem as a multi-dimensional construct and identify which factors are associated with symptoms of anxiety or depression. Eighty adults with ABI aged 17–56 years completed the Robson Self-Esteem Scale (RSES), of whom 65 also completed the Hospital Anxiety and Depression Scale; 57.5% of the sample had clinically low self-esteem. The RSES had good internal consistency (α = .89), and factor analysis identified four factors, which differed from those found previously in other populations. Multiple regression analysis revealed anxiety was differentially predicted by 'Self-Worth' and 'Self-Efficacy', R² = .44, F(4, 58) = 9, p < .001, and depression by 'Self-Regard', R² = .38, F(4, 58) = 9, p < .001. A fourth factor, 'Confidence', did not predict depression or anxiety. In conclusion, the RSES is a reliable measure of self-esteem after ABI. Self-esteem after ABI is multidimensional and differs in structure from self-esteem in the general population. A multidimensional model of self-esteem may be helpful in development of transdiagnostic cognitive behavioural accounts of adjustment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Pharmacogenetic tests to guide drug treatment in depression: Comparison of the available testing kits and clinical trials.

Authors:
Fabbri, Chiara; Zohar, Joseph; Serretti, Alessandro;

Source:
Publisher: Elsevier Science; [Journal Article]

Abstract:
The empirical approach to drug choice and dosing in depression often results into inadequate response and side effects. Pharmacogenetic (PGx) testing appears a promising way to implement personalized treatments. A systematic review was performed to identify available PGx tests, compare the genes they include with clinical guidelines and drug labels, and assess the quality of published clinical studies. ~40 commercial PGx tests are available and potential benefits were estimated for nine of them by clinical studies. The most part of studies are observational (9/21) or non-randomized case-control trials that compared standard care with PGx-guided treatment (6/21), six randomized controlled trials (RCTs) are available. The only genes included in all the available PGx tests and with recommendations in current clinical guidelines and drug labels are CYP2D6 and CYP2C19. There is heterogeneity among outcome measures across studies (response, remission, improvement, health care utilization, medication tolerability), as well as in trial design. Relatively weak clinical benefits were reported by RCTs and higher clinical benefits by non-RCTs, but the last group showed greater risk of bias. Lack of patient and rater's blindness, retrospective design and possible confounders (concomitant medications and medical diseases, lack of wash out prior to inclusion, no assessment of compliance etc.) were the main issues. Estimations of cost savings provided heterogeneous findings. Variants in CYP2D6 and CYP2C19 have already adequate support for clinical application. The development of future PGx tests should include best practices for clinical evidence development and for health economic assessment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Imaging genetics paradigms in depression research: Systematic review and meta-analysis.

Authors:
Pereira, Lícia P.; Köhler, Cristiano A.; Stubbs, Brendon; Miskowiak, Kamilla W.; Morris, Gerwyn; de Freitas, Bárbara P.; Thompson, Trevor; Fernandes, Brisa S.; Brunoni, André R.; Maes, Michael; Pizzagalli, Diego A.; Carvalho, André F.;

Source:
Publisher: Elsevier Science; [Journal Article]

Abstract:
Imaging genetics studies involving participants with major depressive disorder (MDD) have expanded. Nevertheless, findings have been inconsistent. Thus, we conducted a systematic review and meta-analysis of imaging genetics studies that enrolled MDD participants across major databases through June 30th, 2017. Sixty-five studies met eligibility criteria (N = 4034 MDD participants and 3293 controls), and there was substantial between-study variability in the methodological quality of included studies. However, few replicated findings emerged from this literature with only 22 studies providing data for meta-analyses (882 participants with MDD and 616 controls). Total hippocampal volumes did not significantly vary in MDD participants or controls carrying either the BDNF Val66Met ‘Met’ (386 participants with MDD and 376 controls) or the 5-HTTLPR short ‘S’ (310 participants with MDD and 230 controls) risk alleles compared to non-carriers. Heterogeneity across studies was explored through meta-regression and subgroup analyses. Gender distribution, the use of medications, segmentation methods used to measure the hippocampus, and age emerged as potential sources of heterogeneity across studies that assessed the association of 5-HTTLPR short ‘S’ alleles and hippocampal volumes. Our data also suggest that the methodological quality of included studies, publication year, and the inclusion of brain volume as a covariate contributed to the heterogeneity of studies that assessed the association of the BDNF Val66Met ‘Met’ risk allele and hippocampal volumes. In exploratory voxel-wise meta-analyses, MDD participants carrying the 5-HTTLPR short ‘S’ allele had white matter microstructural abnormalities predominantly in the corpus callosum, while carriers of the BDNF Val66Met ‘Met’ allele had larger gray matter volumes and hyperactivation of the right
middle frontal gyrus compared to non-carriers. In conclusion, few replicated findings emerged from imaging genetics studies that included participants with MDD. Nevertheless, we explored and identified specific sources of heterogeneity across studies, which could provide insights to enhance the reproducibility of this emerging field. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Elevated striatal γ-aminobutyric acid in youth with major depressive disorder.
Authors: Bradley, Kailyn A.; Alonso, Carmen M.; Mehra, Lushna M.; Xu, Junqian; Gabbay, Vilma;
Publisher: Elsevier Science; [Journal Article]
Abstract: Background: Alterations in γ-aminobutyric acid (GABA) have been hypothesized to play a role in the pathogenesis of psychiatric illness. Our previous work has specifically linked anterior cingulate cortex (ACC) GABA deficits with anhedonia in youth with major depressive disorder (MDD). As anhedonia reflects alterations within the reward circuitry, we sought to extend this investigation and examine GABA levels in another key reward-related region, the striatum, in the same adolescent population. Methods: Thirty-six youth [20 with MDD and 16 healthy controls (HC)], ages 12 to 21 years old, underwent J-edited proton magnetic resonance spectroscopy (1H MRS) whereby GABA levels were measured in striatal and ACC voxels. GABA levels were compared between groups and between voxel positions and were examined in relation to clinical symptomatology, such as depression severity, anhedonia, anxiety, and suicidality. Results: Depressed youth had unexpectedly higher GABA levels in the striatum compared to HC. In both depressed and healthy youth, GABA levels were higher in the striatum than in the ACC, while the differences in depressed youth were greater. Moreover, in depressed youth, higher striatal GABA above the mean of HCs was correlated with lower ACC GABA below the mean of HCs. Striatal GABA was not correlated with clinical symptomatology in this small sample. Conclusions: Together, these findings suggest that higher striatal GABA levels may serve some compensatory function as a result of lower ACC GABA in depressed adolescents. It is also possible that, like lower ACC GABA, higher striatal GABA might simply be another pathological feature of adolescent depression. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Plasma biomarkers in a placebo-controlled trial comparing tDCS and escitalopram efficacy in major depression.
Authors: Brunoni, André R.; Padberg, Frank; Vieira, Eríca Leandro Marciano; Teixeira, Antônio Lucio; Carvalho, André F.; Lotufo, Paulo Andrade; Gattaz, Wagner F.; Benseñor, Isabela Martins;
Publisher: Elsevier Science; [Journal Article]
Abstract: Background: Transcranial direct current stimulation (tDCS) holds promise as a therapeutic intervention for major depressive disorder (MDD). A more precise understanding of its underlying mechanisms may aid in the identification of subsets of patients responsive to tDCS within the context of precision psychiatry. Objective: In this ancillary investigation of the Escitalopram vs. Electrical Current Therapy for Treating Depression Clinical Study (ELECT-tDCS), we investigated whether plasma levels of several cytokines and neurotrophic factors associated with major depression or antidepressant response predicted tDCS effects. Methods: We examined, in 236 patients at 3 timepoints during a 10-week treatment course, plasma levels of nerve growth factor (NGF), brain-derived (BDNF), glial-cell line derived neurotrophic factor (GDNF), the interleukins (IL) IL-1ß, IL-6, IL-8, IL-10, IL-12p70, IL-18, IL-33, tumor necrosis factor-alpha (TNF-alpha), and its soluble receptors sTNFr1 and sTNFr2. General linear models and mixed-models analyses of variance were used to respectively assess whether plasma levels of these molecules (1) predicted tDCS antidepressant improvement and (2) changed over time. Results: After correction for
multiple comparisons (false discovery rate method), NGF baseline levels predicted early depression improvement for tDCS vs. escitalopram, whilst other biomarkers did not significantly predict treatment improvement. The levels of IL12p70, IL10, IL-18, IL-8 and sTNFr1 decreased over time, regardless of allocation group and clinical response. Conclusion: In general, peripheral biomarkers were not associated with the outcome. The post-hoc finding of baseline NGF levels predicting early depression improvement for tDCS should be explored in further studies. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Momentary experiential avoidance: Within-person correlates, antecedents, and consequences and between-person moderators.
Authors: Wenze, Susan J.; Gaugler, Trent L.; Sheets, Erin S.; DeCicco, Jennifer M.;
Abstract: We used ecological momentary assessment to investigate momentary correlates, antecedents, and consequences of experiential avoidance (EA), and to explore whether depression and anxiety moderate these within-person relationships. Participants recorded their mood, thoughts, stress, and EA four times daily for one week. Baseline depression and anxiety were associated with EA. EA was lower when participants reported more positive mood and thoughts, and higher when participants reported more negative mood, negative thoughts, and stress. The EA-stress relationship was stronger for participants with higher depression. Lag analyses showed that negative mood, negative thoughts, and stress predicted subsequent EA. In turn, EA predicted subsequent negative mood, negative thoughts, and stress. The relationship between EA and subsequent negative thoughts was stronger for participants with higher anxiety. Participants with higher depression and anxiety had a less negative association between positive thoughts and subsequent EA. This study adds to a growing body of literature on the process of EA as it unfolds in vivo, in real-time. Findings highlight links between momentary negative internal experiences and EA (which may be especially strong for people with depression or anxiety) and suggest that certain positive subjective experiences may buffer against EA. Clinical implications and future research directions are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Depression recurrence after recovery: Prognostic value of implicit and explicit self-depressed associations.
Authors: van Tuijl, Lonneke A.; Glashouwer, Klaske A.; Elgersma, Hermien J.; Bockting, Claudi L. H.; Penninx, Brenda W. J. H.; de Jong, Peter J.;
Source: Behaviour Research and Therapy, Vol 107, Aug, 2018 pp. 76-82. Publisher: Elsevier Science;
Abstract: The first main hypothesis of this study was that implicit SDA and explicit SDA would predict recurrence in those with a history of major depressive disorder or dysthymia. The second main hypothesis is that persistent SDA into recovery would particularly increase risk for recurrence. Finally, we included an explorative analysis to test whether SDA following a period of depression was best understood as a scar increasing the likeliness of recurrence, or a pre-episode factor predicting a recurrent course of depression. Understanding factors relating to recurrence may highlight potential targets for preventative interventions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Major depressive disorder and emotion-related impulsivity: Are both related to cognitive inhibition?

Authors:
Dekker, Maria R.; Johnson, Sheri L.

Source:

Abstract:
Previous studies indicate that emotion-relevant impulsivity is related to depression and relatedly, suicidal ideation and behavior. Little is known, however, about underlying mechanisms driving this impulsivity. We hypothesized that participants diagnosed with depression would show difficulties with emotion-related impulsivity and inhibition compared to controls, and that there would be a link between inhibition deficits and emotion-relevant impulsivity. To test these hypotheses, 60 participants diagnosed with lifetime major depressive disorder (MDD; 47 full-remission, 8 current MDD, 5 partial remission) and 100 nondepressed controls completed measures of impulsivity and current depressive symptoms, underwent a negative mood induction, and completed tasks that assessed components of inhibition: the ability to suppress pre-potent responses (antisaccade task) and the ability to resist interference (word-naming task). Although people with a history of MDD did not show cognitive inhibition deficits, they did endorse more emotion-related impulsivity, which in turn related to difficulty suppressing pre-potent responses. Limitations, as well as implications for future research and treatment are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Eye-tracking based attention bias modification (ET-ABM) facilitates disengagement from negative stimuli in dysphoric individuals.

Authors:
Möbius, Martin; Ferrari, Gina R. A.; van den Bergh, Robin; Becker, Eni S.; Rinck, Mike

Source:

Abstract:
To address shortcomings of purely reaction-time based attention bias modification (ABM) paradigms, a novel eye-tracking based ABM training (ET-ABM) was developed. This training targets the late disengagement from negative stimuli and the lack of attention for positive information, which are characteristics of depression. In the present study, 75 dysphoric students (BDI ≥ 9) were randomly assigned to either this positive training (PT), or a sham-training (ST) that did not train any valence-specific gaze pattern (positive and negative pictures had to be disengaged from and attended to equally often). Results showed that the PT induced a positive attentional bias (longer fixations of positive than negative pictures). Although the ST group showed an increase in positive attentional bias as well, this increase was not as strong as in the PT group. Compared to the ST, the PT specifically induced faster disengagement from negative pictures. No differential training effects were found on stress responses or state rumination. These results show that the ET-ABM successfully modifies attentional processes, specifically late disengagement from negative stimuli, in dysphoric students, and hence might be a promising alternative to existing ABM paradigms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Depressive symptoms and diabetes management from late adolescence to emerging adulthood.

Authors:
Baucom, Katherine J. W.; Turner, Sara L.; Tracy, Eunjin L.; Berg, Cynthia A.; Wiebe, Deborah J.

Source:

Abstract:
Objective: To examine changes in depressive symptoms as well as between- and within-person associations between depressive symptoms and Type 1 diabetes (T1D) management across the transition from late adolescence to emerging adulthood. Method: Beginning in the senior year of high school, 197 late adolescents with T1D (Mage = 17.77) reported on their student status and living situation, and completed self-report measures of depressive symptoms and adherence to the diabetes regimen,
annually at 3 time points. Glycemic control was gathered from hemoglobin A1c (HbA1c) assay kits at the same time points. Results: Results of multilevel models demonstrated high depressive symptoms at baseline, with significant increases in depressive symptoms across time when participants were not living in their parental home, but no change when living with parents. Participants with higher mean levels of depressive symptoms relative to peers (between-person association) had poorer adherence and glycemic control (i.e., higher HbA1c) on average. Within-person fluctuations in depressive symptoms were significantly associated with adherence: greater increases in depressive symptoms (relative to adolescents’ own average) were associated with greater deteriorations in adherence. There was not a significant within-person effect of depressive symptoms on glycemic control. Conclusions: The transition from late adolescence to emerging adulthood is particularly challenging for those with T1D. The findings that individuals with greater depressive symptoms have poorer adherence and glycemic control relative to those with lower depressive symptoms, and that increases in depressive symptoms are associated with declines in adherence, highlight the importance of screening and monitoring depressive symptoms during this life transition. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Identify abnormalities in resting-state brain function between first-episode, drug-naive major depressive disorder and remitted individuals: A 3-year retrospective study.

Authors: Yang, Chunxia; Zhang, Aixia; Jia, Aixiang; Ma, Jack X.; Sun, Ning; Wang, Yanfang; Li, Xinrong; Liu, Zhifen; Liu, Sha; Xu, Yong; Zhang, Kerang;


Publisher: Lippincott Williams & Wilkins; [Journal Article]

Abstract: This study aims to identify and characterize neurobiological markers for major depressive disorder (MDD) from resting-state brain functional MRI. We examined the abnormality in the regional homogeneity (ReHo) and amplitude of low-frequency fluctuation (ALFF) in first-episode, drug-naive major depressive disorder (fMDD), and remitted major depressive disorder (rMDD) and correlated these fluctuations with clinical markers of MDD. We conducted a retrospective study and reviewed the medical records of 43 patients with fMDD. Overall, 13 of the 43 patients who had at least 3 years of follow-up care and the 17-item Hamilton Depression rating scale less than 7 took no antidepressants for more than half a year at the end of the 3-year follow-up. We further chose a group of 14 healthy controls matched for age, sex and education level with patients with rMDD. Multiple comparison analysis was performed for ALFF and ReHo. The statistical significance level was set at P value of less than 0.05. We examined whether there were differences among the three groups in the whole-brain ALFF and ReHo during resting state. Compared with healthy controls, patients with fMDD showed significant decrease of ReHo in the right anterior lobe of cerebellum and significant increase of ReHo in the right inferior temporal gyrus, and significant decrease of ALFF in the left inferior parietal lobule and right caudate nucleus. Compared with patients with rMDD, those with fMDD showed significant increase of ReHo in the right fusiform gyrus and the left middle temporal gyrus, and significant increase of ALFF in the right superior temporal gyrus. Compared with healthy controls, patients with rMDD showed significant increase of ReHo in the right supramarginal and significant decrease of ReHo in the right precuneus, and significant decrease of ALFF in the right lingual gyrus and in the left superior frontal lobe. Only patients with fMDD showed the relatively robust increase in intrinsic activity of temporal gyrus. The temporal gyrus may play a critical role in depressive symptomatology. Abnormal right fusiform gyrus, left middle temporal gyrus, and right superior temporal gyrus alterations were present only in patients with rMDD but not in patients with fMDD, indicating that these alterations may be a therapeutic target for MDD. Abnormal right supramarginal, right precuneus, right lingual gyrus and left superior frontal lobe alterations were present only in patients with rMDD and not in healthy control, and thus may be used as a state marker of MDD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Auditory P300 study in patients with convalescent bipolar depression and bipolar depression.
The aim of this study was to investigate the information-processing changes during an auditory oddball task among healthy controls (HCs), convalescent bipolar depression (BPC), and bipolar depression (BPD) patients. Thirty patients with BPD, 27 patients with BPC, and 30 HC were recruited in this study. The participants’ performance (reaction time and accuracy) as well as P300 amplitude and latency during the tests were analyzed statistically. BPD and BPC showed poor task performance compared with HC. BPD had lower P300 amplitude and delayed P300 latency in the frontal, central, and parietal areas than HC. BPC had lower P300 amplitude, but no difference in P300 latency compared with the HC group. Further, P300 latency was significantly delayed over the right relative to the left region. In conclusion, bipolar patients had P300 abnormalities and deficits in cognitive processing of stimulus, and may be present even when emotional symptoms were relieved.
in treatment with outcome, the impact of flexibly incorporating some limited cognitive-behavioral (CB) interventions, as well the role of therapist effects. Our sample included 46 outpatients who were consecutively enrolled in individual psychodynamic psychotherapy, received a Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM–IV; American Psychiatric Association [APA], 1994) Axis I diagnosis of a depressive spectrum disorder, and were assessed pre- and posttreatment through self-report of depressive symptoms. Psychotherapy sessions were videotaped and 3rd and 9th sessions were independently rated on the Comparative Psychotherapy Process Scale (CPPS) for use of PI and CB techniques, with excellent interrater reliability (intraclass correlation coefficient [ICC] > .75). Mean technique ratings across the two early treatment sessions (3rd and 9th) were calculated. Our findings suggest that flexibly incorporating a limited amount of CB strategies early in psychodynamic therapy for depression can add some benefit to the unique positive relationship between PI adherence and outcome. Implications for clinical work and future research directions are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Does mental toughness buffer the relationship between perceived stress, depression, burnout, anxiety, and sleep?

Authors: Haghighi, Mohammad; Gerber, Markus;

Source: International Journal of Stress Management Publisher: Educational Publishing Foundation;

Abstract: The present study examines whether mental toughness moderates the relationship between stress and four mental health outcomes (depressive symptoms, anxiety, burnout, and insomnia). In total, 207 medical students (Mage = 22.04 years, SD = 2.74, 51% male) from Iran took part in this cross-sectional study and completed a series of self-report questionnaires including the Perceived Stress Scale, the Mental Toughness Questionnaire, the Beck Depression Inventory, the State–Trait Anxiety Inventory, the Maslach Burnout Inventory—Student Survey, and the Insomnia Severity Index. The findings show that stress was associated with more frequent health complaints across all outcomes, r = .36 to .72, p < .001, whereas mental toughness was associated with fewer mental health complaints (r = −.39 to −.71, p < .001). Elevated stress was only associated with higher depressive symptoms among students with low mental toughness scores, not among students with high mental toughness scores. Thus, our findings suggest that mental toughness may operate as a stress resilience resource among university students and may constitute a target variable for health interventions aimed at student populations. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Autobiographical memory as a target of intervention: Increasing specificity for therapeutic gain.

Authors: Hamlat, Elissa J.; Alloy, Lauren B.;

Source: Practice Innovations Publisher: Educational Publishing Foundation; [Journal Article]

Abstract: Substantial evidence supports that the level of specificity of autobiographical memories affects the onset and course of depression and posttraumatic stress disorder (PTSD). Furthermore, the modification of the specificity of autobiographical memories may serve as an effective alternative or adjunct to currently available interventions for psychological disorders. Research conducted with interventions that target autobiographical memory, including life review therapy and memory specificity training, is reviewed. Potential mechanisms (e.g., rumination, problem-solving) of memory specificity interventions and future extensions to existing research are also evaluated. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Mechanisms underlying the association between insomnia, anxiety, and depression in adolescence: Implications for behavioral sleep interventions.

Authors: Blake, Matthew J.; Trinder, John A.; Allen, Nicholas B.;


Abstract: There is robust evidence of an association between insomnia, anxiety, and depression in adolescence. The aim of this review is to describe and synthesize potential mechanisms underlying this association and explore implications for the design of adolescent behavioral sleep interventions. Specifically, we examine whether insomnia symptoms are a mechanism for the development of internalizing symptoms in adolescence and whether sleep interventions are an effective treatment for both insomnia and internalizing symptoms in adolescence because they target the shared mechanisms underlying these disorders. Research using different methodologies points to the role of sequential, parallel, and interacting mechanisms. In this paper, we review a wide range of relevant biological (i.e., polymorphisms and dysregulation in serotonin, dopamine, and circadian clock genes; alterations in corticolimbic and mesolimbic brain circuits; cortisol reactivity to stress; inflammatory cytokine dysregulation; biased memory consolidation; changes in sleep architecture), psychological (i.e., cognitive inflexibility, interpretational biases, judgment biases, negative attribution styles, worry, rumination, biased attention to threat, dysfunctional beliefs and attitudes about sleep, misperception of sleep deficit), and social mechanisms (i.e., reduced and impaired social interactions, unhelpful parenting behaviors, family stress) and propose an integrative multilevel model of how these phenomena may interact to increase vulnerability to both insomnia and internalizing disorders. Several ‘biopsychosocial’ mechanisms hold promise as viable treatment targets for adolescent behavioral sleep interventions, which may reduce both insomnia and internalizing symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Do guided internet-based interventions result in clinically relevant changes for patients with depression? An individual participant data meta-analysis.

Authors: Karyotaki, Eirini; et al.


Abstract: Little is known about clinically relevant changes in guided Internet-based interventions for depression. Moreover, methodological and power limitations preclude the identification of patients’ groups that may benefit more from these interventions. This study aimed to investigate response rates, remission rates, and their moderators in randomized controlled trials (RCTs) comparing the effect of guided Internet-based interventions for adult depression to control groups using an individual patient data meta-analysis approach. Literature searches in PubMed, Embase, PsycINFO and Cochrane Library resulted in 13,384 Abstracts from database inception to January 1, 2016. Twenty-four RCTs (4889 participants) comparing a guided Internet-based intervention with a control group contributed data to the analysis. Missing data were multiply imputed. To examine treatment outcome on response and remission, mixed-effects models with participants nested within studies were used. Response and remission rates were calculated using the Reliable Change Index. The intervention group obtained significantly higher response rates (OR = 2.49, 95% CI 2.17–2.85) and remission rates compared to controls (OR = 2.41, 95% CI 2.07–2.79). The moderator analysis indicated that older participants (OR = 1.01) and native-born participants (1.66) were more likely to respond to treatment compared to younger participants and ethnic minorities respectively. Age (OR = 1.01) and ethnicity (1.73) also moderated the effects of treatment on remission. Moreover, adults with more severe depressive symptoms at baseline were more likely to remit after receiving internet-based treatment (OR = 1.19). Guided Internet-based interventions lead to substantial positive treatment effects on treatment response and remission at post-treatment. Thus, such interventions may complement existing services for depression and potentially reduce the gap between the need and provision of evidence-based treatments. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
Theory of mind impairment and its clinical correlates in patients with schizophrenia, major depressive disorder and bipolar disorder.

Authors:
Wang, Yan-yu; Wang, Yi; Zou, Ying-min; Ni, Ke; Tian, Xue; Sun, Hong-wei; Lui, Simon S. Y.; Cheung, Eric F. C.; Suckling, John; Chan, Raymond C. K.;

Source:

Abstract:
Background: Although Theory of Mind (ToM) impairment has been observed in patients with a wide range of mental disorders, the similarity and uniqueness of these deficits across diagnostic groups has not been thoroughly investigated. Methods: We recruited 35 participants with schizophrenia (SCZ), 35 with bipolar disorder (BD), 35 with major depressive disorder (MDD), and 35 healthy controls in this study. All participants were matched in age, gender proportion and IQ estimates. The Yoni task, capturing both the cognitive and affective components of ToM at the first- and second-order level was administered. Repeated-measure ANOVA and MANOVA were conducted to compare the group differences in ToM performance. A network was then constructed with ToM performances, psychotic and depressive symptoms, and executive function as nodes exploring the clinical correlates of ToM. Results: Overall, ToM impairments were observed in all patient groups compared with healthy controls, with patients with SCZ performing worse than those with BD. In second-order conditions, patients with SCZ and MDD showed deficits in both cognitive and affective conditions, while patients with BD performed significantly poorer in cognitive conditions. Network analysis showed that second-order affective ToM performance was associated with psychotic and depressive symptoms as well as executive dysfunction, while second-order affective ToM performance and negative symptoms showed relatively high centrality in the network. Conclusions: Patients with SCZ, MDD and BD exhibited different types and severity of impairments in ToM sub-components. Impairment in higher-order affective ToM appears to be closely related to clinical symptoms in both psychotic and affective disorders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Association between iron-deficiency anemia and depression: A web-based Japanese investigation.

Authors:
Hidese, Shinsuke; Saito, Kenji; Asano, Shinya; Kunugi, Hiroshi;

Source:

Abstract:
Aim: This web-based survey aimed to examine the relation between iron-deficiency anemia and depression in 11 876 Japanese participants. Methods: Participants consisted of 1000 individuals with self-reported history of depression (mean age, 41.4 ± 12.3 years; 499 women) and 10 876 population-based controls (mean age, 45.1 ± 13.6 years; 5185 women). The 6-item Kessler Scale (K6) score was used as a psychological distress scale. The design of the study was cross-sectional. Results: The rate of self-reported lifetime history of iron-deficiency anemia was higher in the depression group in both men (depression, 7.2%; control, 4.0%; P < 0.001; odds ratio [OR], 1.86; 95% confidence interval [CI], 1.30–2.68) and women (depression, 33.4%; control, 25.8%; P < 0.001; OR, 1.45; 95%CI, 1.19–1.76). The K6 score in participants with self-reported history of iron-deficiency anemia was higher in both the depression (P = 0.004) and control (P < 0.001) groups. In addition, in all participants, the rate of individuals who showed a K6 cut-off score of 13 or more was higher in those with a self-reported history of iron-deficiency anemia (P < 0.001; OR, 1.47; 95%CI, 1.31–1.65). Logistic regression analyses revealed that self-reported history of depression and the K6 score were positively associated with self-reported history of iron-deficiency anemia (all P < 0.01). Conclusion: Self-reported history of iron-deficiency anemia was associated with self-reported history of depression. Furthermore, self-reported history of iron-deficiency anemia was associated with higher psychological distress. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
Anhedonia in depression and schizophrenia: A transdiagnostic challenge.

Authors:
Lambert, Clare; Da Silva, Susana; Ceniti, Amanda K.; Rizvi, Sakina J.; Foussias, George; Kennedy, Sidney H.;

Source:

Abstract:
Background: Anhedonia, as a dysregulation of the reward circuit, is present in both Major Depressive Disorder (MDD) and schizophrenia (SZ). Aims: To elucidate the clinical and neurobiological differences between schizophrenia (SZ) and depression (MDD) in regard to anhedonia, while reconciling the challenges and benefits of assessing anhedonia as a transdiagnostic feature under the Research Domain Criteria (RDoC) framework. Methods: In this review, we summarize data from publications examining anhedonia or its underlying reward deficits in SZ and MDD. A literature search was conducted in OVID Medline, PsycINFO and EMBASE databases between 2000 and 2017. Results: While certain subgroups share commonalities, there are also important differences. SZ may be characterized by a disorganization, rather than a deficiency, in reward processing and cognitive function, including inappropriate energy expenditure and focus on irrelevant cues. In contrast, MDD has been characterized by deficits in anticipatory pleasure, development of reward associations, and integration of information from past experience. Understanding the roles of neurotransmitters and aberrant brain circuitry is necessary to appreciate differences in reward function in SZ and MDD. Conclusion: Anhedonia as a clinical presentation of reward circuit dysregulation is an important and relatively undertreated symptom of both SZ and MDD. In order to improve patient outcomes and quality of life, it is important to consider how anhedonia fits into both diagnoses. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Self-competence and depressive symptom trajectories during adolescence.

Authors:
Vannucci, Anna; Ohannessian, Christine McCauley;

Source:

Abstract:
The purpose of this study was to examine the relationship between self-competence and subsequent depressive symptom trajectories, by gender, in a community sample of adolescents (N = 753; 53% female; 65% non-Hispanic White). Data were collected annually for three years beginning when adolescents were in the 10th and 11th grades (Age: M = 16.09, SD = 0.72 years). Adolescents provided self-reports of self-competence at baseline and depressive symptoms every year. In latent growth curve models examining the overall trajectory of depressive symptoms, higher global self-worth and self-competence in close friendships were significantly associated with greater decreases in depressive symptoms (ps < 0.05). In contrast, higher academic self-competence was associated with more attenuated decreases in depressive symptoms (p = 0.001). When examining subgroups of latent depressive symptom trajectories within the context of growth mixture modeling, higher self-competence in physical appearance was associated with a decreased likelihood of membership in trajectory classes characterized by high initial, then decreasing depressive symptoms or and low initial, then increasing depressive symptoms (ps < 0.01). Among girls, higher global self-worth and self-competence in close friendship and academic domains were associated with membership in a trajectory class distinguished by high stable depressive symptoms (ps < 0.01); these associations were not observed among boys (ps > 0.05). Findings suggest that the competence-based model of depression is valid and applicable during middle-to-late adolescence, and emphasize the importance of considering gender and individual differences in the developmental course of depressive symptoms to gain a more nuanced understanding of the role of self-competence in depressive symptom trajectories. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Orbito-frontal cortex mechanism of inhibition of return in current and remitted depression.

Authors: Dai, Qin; Yin, Xuntao; Li, Hong; Feng, Zhengzhi;


Abstract: Deficient inhibition of return (IOR) for emotional materials is an important cognitive biomarker of depression. However, its neural mechanism and role in depression remission remain largely unknown. Using functional magnetic resonance imaging (fMRI), this study observed the neural foundation of inhibition of return in individuals with current (n = 30) and remitted (n = 27) depression and in healthy controls (n = 33), by using a cue-target task. The results showed that individuals with remitted depression (RMD) possessed a nonavoidant attention model for sad faces, which indicated a cue validity and was correlated with enhanced task- and resting-state activation and function connectivity in orbitofrontal cortex (OFC). The patients with major depressive disorder (MDD), in contrast, displayed an IOR effect for all faces, which indicated a strategy of attention avoidance due to the high cognitive burden in the cue-target task, and was correlated with decreased resting-state activation and function connectivity in OFC. Moreover, the hippocampus, a less-known cortex in IOR, showed a contrary model, that is, lower activation in depression remission and higher task- and resting-state activation in depressive episodes. The results suggest the OFC mechanism of the IOR effect in remitted depression and the hippocampus mechanism of the IOR effect in depressive episodes, which offer potential biomarkers for the clinical treatment of depression. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Neural correlates of reduced depressive symptoms following cognitive training for chronic traumatic brain injury.

Authors: Han, Kihwan; Martinez, David; Chapman, Sandra B.; Krawczyk, Daniel C.;


Abstract: Depression is the most frequent comorbid psychiatric condition among individuals with traumatic brain injury (TBI). Yet, little is known about changes in the brain associated with reduced depressive symptoms following rehabilitation for TBI. We identified whether cognitive training alleviates comorbid depressive symptoms in chronic TBI (>6 months post-injury) as a secondary effect. Further, we elucidated neural correlates of alleviated depressive symptoms following cognitive training. A total of seventy-nine individuals with chronic TBI (53 depressed and 26 non-depressed individuals, measured using the Beck Depressive Inventory [BDI]), underwent either strategy- or information-based cognitive training in a small group for 8 weeks. We measured psychological functioning scores, cortical thickness, and resting-state functional connectivity (rsFC) for these individuals before training, immediately post-training, and 3 months post-training. After confirming that changes in BDI scores were independent of training group affiliation, we identified that the depressive-symptoms group showed reductions in BDI scores over time relative to the non-depressed TBI controls (p < .01). Within the depressive-symptoms group, reduced BDI scores was associated with improvements in scores for post-traumatic stress disorder, TBI symptom awareness, and functional status (p < .00625), increases in cortical thickness in four regions within the right prefrontal cortex (pvertex < .01, poluster<.05), and decreases in rsFC with each of these four prefrontal regions (pvertex < .01, poluster < .0125). Overall, these findings suggest that cognitive training can reduce depressive symptoms in TBI even when the training does not directly target psychiatric symptoms. Importantly, cortical thickness and brain connectivity may offer promising neuroimaging markers of training-induced improvement in mental health status in TBI. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Measuring mindfulness: A psychophysiological approach.

Authors:
Bostanov, Vladimir; Ohlrogge, Lilian; Britz, Rita; Hautzinger, Martin; Kotchoubey, Boris;

Source:

Abstract:
Mindfulness-based interventions have proved effective in reducing various clinical symptoms and in improving general mental health and well-being. The investigation of the mechanisms of therapeutic change needs methods for assessment of mindfulness. Existing self-report measures have, however, been strongly criticized on various grounds, including distortion of the original concept, response bias, and other. We propose a psychophysiological method for the assessment of the mindfulness learned through time-limited mindfulness-based therapy by people who undergo meditation training for the first time. We use the individual pre-post-therapy changes (dERPi) in the event-related brain potentials (ERPs) recorded in a passive meditation task as a measure of increased mindfulness. dERPi is computed through multivariate assessment of individual participant's ERPs. We tested the proposed method in a group of about 70 recurrently depressed participants, randomly assigned in 1.7:1 ratio to mindfulness-based cognitive therapy (MBCT) or cognitive therapy (CT). The therapy outcome was measured by the long-term change (dDS) relative to baseline in the depression symptoms (DS) assessed weekly, for 60 weeks, by an online self-report questionnaire. We found a strong, highly significant, negative correlation (r = −0.55) between dERPi (mean = 0.4) and dDS (mean = −0.7) in the MBCT group. Compared to this result, the relationship between dDS and the other (self-report) measures of mindfulness we used was substantially weaker and not significant. So was also the relationship between dERPi and dDS in the CT group. The interpretation of dERPi as a measure of increased mindfulness was further supported by positive correlations between dERPi and the other measures of mindfulness. In this study, we also replicated a previous result, namely, the increase (dLCNV) of the late contingent negative variation (LCNV) of the ERP in the MBCT group, but not in the control group (in this case, CT). We interpreted dLCNV as a measure of increased meditative concentration. The relationship between dLCNV and dDS was, however, very week, which suggests that concentration might be relatively unimportant for the therapeutic effect of mindfulness. The proposed psychophysiological method could become an important component of a 'mindfulness test battery' together with self-report questionnaires and other newly developed instruments. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
interventions. The hypotheses which have been developed in the context of the neuropsychodynamic model of depression may be used for more specific psychotherapeutic interventions, aiming at specific mechanisms of compensation and defence, which are related to the increased resting state activity and the disturbed resting state-stimulus-interaction. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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Title:
Understanding the lived experience of cognitive remediation in schizophrenia: A qualitative comparison with an active control.

Authors:
Bryce, Shayden; Warren, Narelle; Ponsford, Jennie; Rossell, Susan; Lee, Stuart;

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

Abstract:
Objective: Cognitive remediation (CR) is a promising method of improving cognitive functioning in people with schizophrenia. Nevertheless, the lived experience of participation, and whether this differs from computer game (CG) playing control conditions, remains poorly understood. This study aimed to qualitatively compare the experience of participating in these 2 interventions. Method: Forty-two outpatients with schizophrenia or schizoaffective disorder completed a qualitative survey with 7 open-ended questions after completing 10 weeks of CR (n = 22) or CG (n = 20). An iterative and inductive thematic analysis was used to identify and tally reoccurring codes and facilitate their organization into overarching themes. Results: Four high-order themes summarized the data: (a) Perceived benefits; (b) Experience of group; (c) Operation of group; and (d) Suggestions for improvement. Participation was described as enjoyable with similar levels of social and intrinsic benefits reported by study completers in both CR and CG groups. CR completers were more likely to report improvements in memory and everyday functioning as well as greater opportunities to acquire new cognitive skills and experience personal and cognitive challenge. CR completers also described the pursuit of shared goals with other peers. Conclusions and Implications for Practice: CR and CG share qualitative benefits in schizophrenia. CR may, however, offer a supportive environment where participants can encounter and surmount personal challenges, learn new abilities that may be functionally relevant and experience team-based success. These benefits may be unique to CR and contribute to increases in self-efficacy, which could bridge the gap between capacity and real world functioning in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Subtle ways of stigmatization among professionals: The subjective experience of consumers and their family members.

Authors:
Amsalem, Doron; Hasson-Ohayon, Ilanit; Gothelf, Doron; Roe, David;

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

Abstract:
Objective: Subtle expressions of stigmata or microaggressions consist of insensitive and demeaning remarks or statements which negate an individual’s perception of their reality. They are differentiated from more traditional and overt forms of discrimination in that they are often voiced by well-intentioned individuals who are unaware of the negative underpinnings and potentially harmful effects of their comments. This study aimed to explore the subjective experience of stigma and macroaggression among consumers and their family members during their encounters with mental health care providers. Method: Sixteen individuals who were recently diagnosed with schizophrenia spectrum disorders and 15 of their family members were interviewed. The interviews were recorded, transcribed verbatim, and analyzed using grounded theory. Results: Three major forms of subtle stigma expressions or microaggressions were identified; that lived experience is not relevant, people diagnosed with a psychosis have no hope for recovery, and sharing and discussing professional knowledge is not necessary. Conclusions and Implications for Practice: Encounters with mental health care providers include subtle conveyance of stigmatizing messages that are well recognized as a barrier to recovery. Psychoeducational interventions for staff that emphasize the importance of lived experience and sharing professional knowledge are recommended, as well as further studying the subtle ways of stigmatization among staff. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
Cone of gaze in positive schizotypy: Relationship to referential thinking and social functioning.

Authors:
Wastler, Heather M.; Lenzenweger, Mark F.;

Source:

Abstract:
Eye contact is an essential means of nonverbal communication, providing information about attention, emotion, mental state, facial expressions, and identity/gender (Itier & Batty, 2009). Although studies suggest that patients with schizophrenia endorse direct gaze more often than controls in ambiguous gaze circumstances, gaze perception in schizotypy remains unstudied. This study investigated whether individuals with positive schizotypic features incorrectly perceive that others are looking at them and whether this is related to referential thinking and psychosocial functioning. Schizotypic individuals (n = 33) and controls (n = 29) completed a newly developed measure of gaze perception, a cone of gaze task (Gamer & Hecht, 2007). Results reveal that individuals in the schizotypy group report feeling as though they are being looked at across a wider range of angles than controls. Consistent with our hypotheses, this wider cone of gaze is associated with increased referential thinking and poorer psychosocial functioning. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
The bias toward intentionality in schizophrenia: Automaticity, context, and relationships to symptoms and functioning.

Authors:
Buck, Benjamin; Hester, Neil R.; Pinkham, Amy; Harvey, Philip D.; Jarskog, L. Fredrik; Penn, David L.;

Source:

Abstract:
Previous research on attributions in schizophrenia has focused on whether individuals make hostile, intentional attributions for ambiguous negative events. It is unclear, however, whether individuals with schizophrenia differ from controls in their general judgments of intentionality judgments in nonconflict and emotionally neutral situations. Research in social psychology suggests that nonclinical individuals present with an automatic bias to see intentionality and that this bias is regulated by the operation of controlled processes. The present study examined whether this general intentionality bias distinguishes individuals with schizophrenia (n = 213) from nonpatient controls (n = 151). Indeed, individuals with schizophrenia were more likely to attribute intentional motives to others’ actions relative to controls. This intentionality bias was related to hostility, role functioning, and independent living skills. These findings may provide one domain to examine in future approaches to social cognition in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Antipsychotic treatment of very late-onset schizophrenia-like psychosis (ATLAS): A randomised, controlled, double-blind trial.

Authors:
Howard, Robert; Cort, Elizabeth; Bradley, Rosie; Harper, Emma; Kelly, Linda; Bentham, Peter; Ritchie, Craig; Reeves, Suzanne; Fawzi, Waleed; Livingston, Gill; Sommerlad, Andrew; Oomman, Sabu; Nazir, Ejaz; Nilforooshan, Ramin; Barber, Robert; Fox, Chris; Macharouthu, Ajay Verma; Ramachandra, Pranathi; Pattan, Vivek; Sykes, John; Curran, Val; Katona, Cornelius; Dening, Tom; Knapp, Martin; Gray, Richard; ATLAS Trialists Group;

Source:
BACKGROUND: Very late (aged ≥60 years) onset schizophrenia-like psychosis occurs frequently but no placebo-controlled, randomised trials have assessed the efficacy and risks of antipsychotic treatment. We investigated whether low-dose amisulpride (100 mg daily) is superior to placebo in reducing psychosis symptoms over 12 weeks and whether any benefit is maintained by continuing treatment after 12 weeks. METHODS: The ATLAS double-blind controlled trial enrolled participants from 25 old age psychiatry services in the UK. Eligible participants (ie, those with a diagnosis of very late-onset schizophrenia-like psychosis and a Brief Psychiatric Rating Scale [BPRS] score of ≤30, without cognitive impairment) were randomly assigned (1:1:1) to one of three groups in a two-stage trial: amisulpride in stage 1 and 2 (group A), amisulpride then placebo (group B), or placebo then amisulpride (group C). Treatment (100 mg oral amisulpride daily vs placebo) was given for 12 weeks in stage 1 and, initially, 24 weeks then reduced to 12 weeks in stage 2. Participants, investigators, and outcome assessors were masked to treatment allocation. Primary outcomes were psychosis symptoms assessed by the BPRS at 4, 12, and 24, or 36 weeks, and trial treatment discontinuation for non-efficacy. The primary, secondary, and safety endpoints were all analysed in participants given at least one dose of study treatment in modified intention-to-treat analyses. This study is registered with EudraCT, number 2010-022184-35, and ISRCTN, number ISRCTN45593573. FINDINGS: Between Sept 27, 2012, and June 28, 2016, we recruited 101 participants. 92 (91%) of 101 participants took trial medication, of whom 59 (64%) completed stage 1 and 34 (58%) of these 59 participants completed stage 2 treatment. Despite suboptimal compliance, improvements in BPRS scores at 12 weeks were 7.7 points (95% CI 3.8–11.5, p=0.0002) greater with amisulpride (mean 11.9 points [SE 1.3]) than with placebo (4.2 points [1.0]). In stage 2, BPRS scores improved by a mean of 1.1 points (1.6) from 12 weeks to the final assessment in those who continued amisulpride but deteriorated by 5.2 points (2.0) in those who switched from amisulpride to placebo (difference 6.3 points [95% CI 0.9–11.7], p=0.024). Fewer participants who were allocated amisulpride than placebo stopped treatment because of non-efficacy in stage 1 (p=0.010) and stage 2 (p=0.031). Serious adverse events were reported more frequently in the amisulpride group than in the placebo group in stage 1 (p=0.057) and stage 2 (p=0.19). The most common serious adverse events were infection (five patients in the amisulpride group, three in the placebo group) and extrapyrimidal side-effects (three patients in the amisulpride group, none in the placebo group). Five patients died during the study, one from a gastric ulcer bleed before treatment started (group B), two while taking stage 2 treatment (one in group A and one in group C), and two who stopped trial treatment in stage 1 and died many weeks later (one in group B and one in group C). No deaths were related to treatment. INTERPRETATION: Low-dose amisulpride is effective and well tolerated as a treatment for very late-onset schizophrenia-like psychosis, with benefits maintained by prolonging treatment. FUNDING: UK National Institute for Health Research. (PsycINFO Database Record (c) 2018 APA, all rights reserved) http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2018-27389-001&site=ehost-live

Title: Schizophrenia and prospective memory impairments: A review.
Authors: Wang, Ya; Chan, Raymond C. K.; Shum, David H. K.;
Abstract: Objective: Prospective memory (PM) is the ability to remember to carry out intended actions in the future. Prospective forgetting has been shown to be one of the key cognitive impairments that contribute to medication non-adherence, reduced independence, and social dysfunction in individuals with schizophrenia. This review aimed to provide an up to date appraisal of the nature and extent of PM impairments in individuals with schizophrenia and those who are at risk and to discuss clinical applications in this area. Method: We searched and reviewed relevant studies in this area between 2013 and August 2017. Results: Findings of studies conducted so far indicate that PM is severely impaired in schizophrenia. The most frequent type of PM errors in individuals with schizophrenia is no response, or failure to carry out the intended action. PM impairments in schizophrenia have been found to be related to everyday functioning. For individuals with schizophrenia, a number of assessment techniques have been developed to assess PM. These include: self-report questionnaires, computerized tasks, psychometric test batteries,
and virtual reality tasks. So far, a few studies have used the compensatory approach to improve PM performance in individuals with schizophrenia and those who are at risk, and the results reported are promising. Based on findings of these studies, suggestions for the development of interventions for PM impairments in individuals with schizophrenia are provided. Conclusions: PM dysfunction is an important impairment in individuals with schizophrenia, and more rehabilitation studies to improve PM performance in these individuals are needed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Prospective memory in first-degree relatives of patients with schizophrenia.

Authors: Saleem, Saima; Kumar, Devvarta; Venkatasubramanian, Ganesan;


Abstract: Objectives: Among various cognitive impairments in schizophrenia, prospective memory (ProM) deficit is unequivocally established. However, there is a paucity of research examining whether ProM impairment can be considered a cognitive endophenotypic marker in schizophrenia. An important step toward this is to assess the status of ProM in first-degree relatives (FDRs) of patients with schizophrenia. Keeping this in view, present study has been conducted to assess event- and time-based ProM in FDRs of patients with schizophrenia. Methods: Twenty patients with schizophrenia, 20 FDRs of these patients, and 20 nonpsychiatric (healthy) controls were administered event- and time-based ProM tasks. Results: Findings show that the FDRs had poorer performance on event-based ProM task in comparison to healthy controls. On time-based task, though the FDRs performed poorly in comparison to healthy controls the difference was statistically non-significant. The patient group performed poorer than healthy controls on both event- and time-based tasks. Conclusions: Findings of the present study indicate that the FDRs of patients with schizophrenia exhibit ProM impairment, though to a lesser degree than the patients with schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The effects of cannabidiol (CBD) on cognition and symptoms in outpatients with chronic schizophrenia a randomized placebo controlled trial.

Authors: Boggs, Douglas L.; Surti, Toral; Gupta, Aarti; Gupta, Swapnil; Niciu, Mark; Pittman, Brian; Schnakenberg Martin, Ashley M.; Thurnauer, Halle; Davies, Andrew; D'Souza, Deepak C.; Ranganathan, Mohini;


Abstract: Rationale: Preliminary evidence suggests that cannabidiol (CBD) may be effective in the treatment of neurodegenerative disorders; however, CBD has never been evaluated for the treatment of cognitive impairments associated with schizophrenia (CIAS). Objective: This study compared the cognitive, symptomatic, and side effects of CBD versus placebo in a clinical trial. Methods: This study was a 6-week, randomized, placebo-controlled, parallel group, fixed-dose study of oral CBD (600 mg/day) or placebo augmentation in 36 stable antipsychotic-treated patients diagnosed with chronic schizophrenia. All subjects completed the MATRICS Consensus Cognitive Battery (MCCB) at baseline and at end of 6 weeks of treatment. Psychotic symptoms were assessed using the Positive and Negative Syndrome Scale (PANSS) at baseline and biweekly. Results: There was no main effect of time or drug on MCCB Composite score, but a significant drug × time effect was observed (p = 0.02). Post hoc analyses revealed that only placebo-treated subjects improved over time (p = 0.03). There was a significant decrease in PANSS Total scores over time (p < 0.0001) but there was no significant drug × time interaction (p = 0.18). Side effects were similar between CBD and placebo, with the one exception being sedation, which was more prevalent in the CBD group. Conclusions: At the dose studied, CBD augmentation was not associated with an improvement in MCCB or PANSS scores in stable antipsychotic-treated outpatients.
with schizophrenia. Overall, CBD was well tolerated with no worsening of mood, suicidality, or movement side effects. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: COMT Val 108/158 Met polymorphism and treatment response to aripiprazole in patients with acute schizophrenia.

Authors: Kaneko, Haruka; Miura, Itaru; Kanno-Nozaki, Keiko; Horikoshi, Sho; Hino, Mizuki; Yabe, Hirooki;


Abstract: Introduction: The COMT Val 108/158 Met polymorphism (rs4680) may affect treatment response to antipsychotics, as well as metabolism and dynamics of neurotransmitters during the treatment of schizophrenia. We investigated the effects of the COMT Val 108/158 Met polymorphism on treatment response to aripiprazole and plasma monoamine metabolite levels in patients with acute schizophrenia. Materials and methods: Forty patients with schizophrenia were treated with aripiprazole for 6 weeks. We measured Positive and Negative Syndrome Scale (PANSS) and plasma levels of homovanillic acid (HVA) and plasma MHPG (3-methoxy-4-hydroxyphenethyleneglycol) at baseline and endpoint. The COMT Val 108/158 Met polymorphism was genotyped with the polymerase chain reaction and restriction fragment length polymorphism. Results: There were significant genotype–time interactions on PANSS total and general psychopathology scores, with Met/Met genotype showing greater improvement. The response rate to aripiprazole did not differ between COMT Val 108/158 Met genotype groups. We found a significant time effect on plasma MHPG levels, but no time effect on plasma HVA levels or time–genotype interactions in the plasma levels of HVA and MHPG. Although the responder rate did not differ among the 3 genotype groups. Conclusion: Our results suggest that individuals with the Met/Met genotype had greater improvement in PANSS score after the treatment with aripiprazole. On the other hand, the Val 108/158 Met polymorphism may not induce changes in plasma levels of monoamine metabolites during aripiprazole treatment. Because of the small sample size, further studies are needed to confirm and to extend our results. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Reduced pupil dilation during action preparation in schizophrenia.

Authors: Thakkar, Katharine N.; Brascamp, Jan W.; Ghermezi, Livon; Fifer, Kassidy; Schall, Jeffrey D.; Park, Sohee;


Abstract: Impairments in cognitive control—the ability to exert control over thoughts and actions and respond flexibly to the environment—are well-documented in schizophrenia. However, the degree to which experimental task performance reflects true cognitive control impairments or more general alterations in effort, arousal and/or task preparedness is unclear. Pupillary responses can provide insight into these latter factors, as the pupil dilates with degree of cognitive effort and response preparation. In the current study, 16 medicated outpatients with schizophrenia (SZP) and 18 healthy controls performed a task that measures the ability to reactively inhibit and modify a planned action—the double-step task. In this task, participants were required to make a saccade to a visual target. Infrequently, the target jumped to a new location and participants were instructed to rapidly inhibit and change their eye movement plan. Applying a race model of performance, we have previously shown that SZP require more time to inhibit a planned action. In the current analysis, we measured pupil dilation associated with task preparation and found that SZP had a shallower increase in pupil size prior to the onset of the trial. Additionally, reduced magnitude of the pupil response was associated with negative symptom severity in patients. Based on primate neurophysiology and cognitive neuroscience work, we suggest that this blunted pupillary response may
reflect abnormalities in a general orienting response or reduced motivational significance of a cue signifying the onset of a preparatory period and that these abnormalities might share an autonomic basis with negative symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Disturbed functional connectivity within the left prefrontal cortex and sensorimotor areas predicts impaired cognitive speed in patients with first-episode schizophrenia.

Authors: Krukow, Paweł; Jonak, Kamil; Karakuła-Juchnowicz, Hanna; Podkowiński, Arkadiusz; Jonak, Katarzyna; Borys, Magdalena; Harciarek, Michał;


Abstract:
This study aimed at identifying abnormal cortico-cortical functional connectivity patterns that could predict cognitive slowing in patients with schizophrenia. A group of thirty-two patients with the first-episode schizophrenia and comparable healthy controls underwent resting-state qEEG and cognitive assessment. Phase Lag Index (PLI) was applied as a connectivity index and the synchronizations were analyzed in six frequencies. Pairs of electrodes were grouped to separately cover frontal, temporal, central, parietal and occipital regions. PLI was calculated for intra-regional connectivity and between-regions connectivity. Computer version processing speed tests were applied to control for possible fluctuations in cognitive efficiency during the performance of the tasks. In the group of patients, in comparison to healthy controls, significantly higher PLI values were recorded in theta frequency, especially in the posterior areas and decreased PLI in low-alpha frequency within the frontal regions. Mean PLI in gamma frequency was also lower in the patients group. Regression analysis showed that lower intra-regional PLI for left frontal cortex and higher PLI within somatosensory cortex in theta band, together with the duration of untreated psychosis, proved to be significant predictors of impaired processing speed in first-episode patients. Our investigation confirmed that disrupted cortico-cortical synchronization contributes to cognitive slowing in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The effect of financial incentives on patients' motivation for treatment: Results of 'Money for Medication,' a randomised controlled trial.

Authors: Noordraven, Ernst L.; Wierdsma, André I.; Blanken, Peter; Bloemendaal, Anthony F. T.; Mulder, Cornelis L.;


Abstract:
Background: Offering financial incentives is an effective intervention for improving adherence in patients taking antipsychotic depot medication. We assessed whether patients' motivation for treatment might be reduced after receiving financial rewards. Methods: This study was part of Money for Medication, a multicentre, open-label, randomised controlled trial, which demonstrated the positive effects of financial incentives on antipsychotic depot compliance. Three mental healthcare institutions in Dutch secondary psychiatric care services participated. Eligible patients were aged 18–65 years, had been diagnosed with schizophrenia or another psychotic disorder, had been prescribed antipsychotic depot medication or had an indication to start using depot medication, and were participating in outpatient treatment. For 12 months, patients were randomly assigned either to treatment as usual (control group) or to treatment as usual plus a financial reward for each depot of medication received (€30 per month if fully compliant; intervention group). They were followed up for 6 months, during which time no monetary rewards were offered for taking antipsychotic medication. To assess treatment motivation after 0, 12 and 18 months, interviews were conducted using a supplement to the Health of the Nation Outcome Scales (HoNOS) and the Treatment Entry Questionnaire (TEQ). Results: Patients were randomly assigned to the intervention (n = 84) or the control group (n = 85). After 12 months, HoNOS motivation scores were available for 131 patients (78%). Ninety-one percent of the patients had no or mild motivational problems for overall
treatment; over time, there were no significant differences between the intervention and control groups. TEQ data was available for a subgroup of patients (n = 61), and showed no significant differences over time between the intervention and control groups for external motivation (β = 0.37 95% CI: -2.49 – 3.23, p = 0.799); introjected motivation (β = - 2.39 95% CI: -6.22 – 1.44, p = 0.222); and identified motivation (β = - 0.91 95% CI: -4.42 – 2.61, p = 0.613). After the 6-month follow-up period, results for the HoNOS and TEQ scores remained comparable. Conclusions: Offering financial incentives for taking antipsychotic depot medication does not reduce patients’ motivation for treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Local functional connectivity alterations in schizophrenia, bipolar disorder, and major depressive disorder.
Authors: Wei, Yange; Chang, Miao; Womer, Fay Y.; Zhou, Qian; Yin, Zhiyang; Wei, Shengnan; Zhou, Yifang; Jiang, Xiaowei; Yao, Xudong; Duan, Jia; Xu, Ke; Zuo, Xi-Nian; Tang, Yanqing; Wang, Fei;
Source: Journal of Affective Disorders, Vol 236, Aug 1, 2018 pp. 266-273. Publisher: Elsevier Science; [Journal Article]
Abstract: Background: Local functional connectivity (FC) indicates local or short-distance functional interactions and may serve as a neuroimaging marker to investigate the human brain connectome. Local FC alterations suggest a disrupted balance in the local functionality of the whole brain network and are increasingly implicated in schizophrenia (SZ), bipolar disorder (BD), and major depressive disorder (MDD). Methods: We aim to examine the similarities and differences in the local FC across SZ, BD, and MDD. In total, 537 participants (SZ, 126; BD, 97; MDD, 126; and healthy controls, 188) completed resting-state functional magnetic resonance imaging at a single site. The local FC at resting state was calculated and compared across SZ, BD, and MDD. Results: The local FC increased across SZ, BD, and MDD within the bilateral orbital frontal cortex (OFC) and additional region in the left OFC extending to putamen and decreased in the primary visual, auditory, and motor cortices, right supplemental motor area, and bilateral thalami. There was a gradient in the extent of alterations such that SZ > BD > MDD. Limitations: This cross-sectional study cannot consider medications and other clinical variables. Conclusions: These findings indicate a disrupted balance between network integration and segregation in SZ, BD, and MDD, including over-integration via increased local FC in the OFC and diminished segregation of neural processing with the weakening of the local FC in the primary sensory cortices and thalamus. The shared local FC abnormalities across SZ, BD, and MDD may shed new light on the potential biological mechanisms underlying these disorders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Parkinsonism is associated to fronto-caudate disconnectivity and cognition in schizophrenia.
Authors: Molina, Vicente; Lubeiro, Alba; Blanco, Jorge; Blanco, José A.; Rodríguez, Margarita; Rodríguez-Campos, Alicia; de Luis-García, Rodrigo;
Abstract: The present work studies the possible relation of parkinsonism and fronto-caudate dysconnectivity, as well as its relation to cognition in schizophrenia patients. We assessed parkinsonism using Simpson-Angus scale and prefronto-caudate connectivity using diffusion magnetic resonance in 22 schizophrenia patients (11 first-episodes) and 14 healthy controls. Fractional anisotropy was calculated for the white matter tracts directly linking rostral middle prefrontal (RMPF) and superior medial prefrontal (SMPF) regions with caudate nucleus. Cognition was assessed using the Brief Assessment of Cognition in Schizophrenia Scale (BACS). Total parkinsonism scores were negatively related to fractional anisotropy in the right SMPF-caudate tract in patients, which was also found in the first-episode patients alone, but not in controls. Parkinsonism was also inversely associated in patients to performance in social cognition, verbal
memory, working memory and performance speed tests. In conclusion, our data support the involvement of fronto-striatal dysconnectivity in parkinsonism in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The dysfunction of processing emotional faces in schizophrenia revealed by expression-related visual mismatch negativity.
Authors: Yin, Guimei; She, Shenglin; Zhao, Lun; Zheng, Yingjun;
Abstract: To investigate the emotional face processing in patients with schizophrenia, the preattentive automatic processing of emotional faces in individuals with schizophrenia was compared with that of age-matched healthy control group as indexed by the expression-related mismatch negativity (EMMN) elicited by facial expressions. Compared with neutral faces as standard stimuli, deviant emotional faces elicited posterior EMMN between 150 and 500 ms after stimuli onset, with larger amplitudes for sad than happy deviant faces. Both early and late EMMNs significantly decreased in the schizophrenia group, regardless of sad or happy EMMN, in comparison with the healthy control group. These data suggest the dysfunction of automatic processing of expression-related information in patients with schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Residual symptoms following empirically supported treatment for PTSD.
Authors: Larsen, Sadie E.; Fleming, C. J. Eubanks; Resick, Patricia A.;
Source: Psychological Trauma: Theory, Research, Practice, and Policy Publisher: Educational Publishing Foundation;
Abstract: Objective: Although there are several evidence-based treatments that are effective in mitigating the symptoms of posttraumatic stress disorder (PTSD), rates of nonresponse to treatment as well as treatment dropout remain high. In order to determine which symptoms remain most problematic at the end of treatment for PTSD, the present study examined residual symptoms in a treatment study that evaluated the effects of cognitive processing therapy (CPT) and prolonged exposure (PE). Method: The sample consisted of 108 female rape survivors who initially met criteria for PTSD and who were then randomized into and completed either CPT or PE. The sample was 71% White and 25% African American, with an average age of 32 years (SD = 9.98 years). Results: Symptoms of PTSD, depression, guilt, and social adjustment were evaluated in the sample of treatment completers, and findings suggest that overall symptoms improved over the course of treatment. Results further suggested that distress related to trauma reminders, detachment, and insomnia were the most common residual PTSD symptoms at posttreatment, while self-blame, concerns about body image, and fatigue were the most common residual symptoms of depression. The most common residual symptom of guilt was lack of justification for actions that had to be taken during the index event. Conclusions: This pattern of findings is in line with past research suggesting that evidence-based practices are effective in the treatment of PTSD, but underscores the need to continue to evaluate residual symptoms to best assist clients in achieving full recovery. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Profiling inflammatory signatures of schizophrenia: A cross-sectional and meta-analysis study.
We aimed to profile a broad panel of inflammatory markers in patients with schizophrenia and healthy controls. Additionally, we performed a meta-analysis of chemokine alterations that have not been subjected to quantitative synthesis so far. We recruited 78 patients with schizophrenia and 78 healthy controls, and measured inflammatory markers using the Luminex technology. After adjustment for multiple testing, we found elevated levels of interleukin (IL)-1 receptor antagonist (IL-1RA), IL-6, IL-7, IL-8, IL-9, IL-10, IL-13, interferon-γ, eotaxin-1, granulocyte-macrophage colony-stimulating factor (GM-CSF), monocyte chemoattractant protein-1 (MCP-1), platelet-derived growth factor with two B subunits (PDGF-BB), macrophage inflammatory protein (MIP)-1α, MIP-1β, vascular endothelial growth factor A (VEGF-A) and RANTES in multiple-episode schizophrenia (MES) patients. These differences, except for the difference in eotaxin-1 levels, appeared to be significant after co-varying for the dosage of antipsychotics. There were no significant differences in the levels of immune markers between first-episode schizophrenia (FES) patients and controls. Our meta-analysis revealed elevated levels of MCP-1 in first-episode psychosis (FEP) patients and MES individuals. Other chemokine alterations (elevated levels of IL-8, eotaxin-1 and MIP-1β) were present only in MES patients. Our results indicate that dysregulation of immune response in schizophrenia develops with illness progression or appears as a long-term medication effect. Chemokine alterations are another example of aberrant immune response in schizophrenia patients. Elevated levels of MCP-1 might represent trait markers since these alterations were found in FEP and MES patients. Other chemokine alterations might be the markers of disease progression or might represent medication effects. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
TAK-063, a novel PDE10A inhibitor with balanced activation of direct and indirect pathways, provides a unique opportunity for the treatment of schizophrenia.

Authors:
Suzuki, Kazunori; Kimura, Haruhide;

Source:

Abstract:
The basal ganglia regulates motor, cognitive, and emotional behaviors. Dysfunction of dopamine system in this area is implicated in the pathophysiology of schizophrenia characterized by positive symptoms, negative symptoms, and cognitive deficits. Medium spiny neurons (MSNs) are principal output neurons of striatum in the basal ganglia. Similar to current antipsychotics with dopamine D₂ receptor antagonism or partial agonism, phosphodiesterase 10A (PDE10A) inhibitors activate indirect pathway MSNs, leading to the expectation of therapeutic potential for the treatment of psychosis. PDE10A inhibitors also activate direct pathway MSNs which may be associated with cognitive functions. These pathways have competing effects on antipsychotic-like activities and extrapyramidal symptoms in rodents. Therefore, careful consideration of activation pattern of these pathways by a PDE10A inhibitor is critical to produce potent efficacy and superior safety profiles. In this review, we outline the pharmacological profile of TAK-063, a novel PDE10A selective inhibitor. Our study revealed that off-rates of PDE10A inhibitors may characterize their pharmacological profiles via regulation of each MSN pathway. TAK-063, with a faster off-rate property, could provide a unique opportunity as a novel therapeutic approach to treatment of psychosis and cognitive deficits in schizophrenia. TAK-063 also has a therapeutic potential in other basal ganglia disorders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Functional outcome and service engagement in major depressive disorder with psychotic features: comparisons with schizophrenia, schizoaffective disorder and bipolar disorder in a 6-year follow-up of the

Authors:
Cavan-Monaghan First Episode Psychosis Study (CAMFEPS).
Kingston, Tara; Scully, Paul J.; Browne, David J.; Baldwin, Patrizia A.; Kinsella, Anthony; O’Callaghan, Eadbhard; Russell, Vincent; Waddington, John L.;

Source:

Abstract:
Objective: While long-term outcome following a first psychotic episode is well studied in schizophrenia (SZ), schizoaffective disorder (SA), and bipolar disorder (BD), major depressive disorder with psychotic features (MDDP) has received less investigation. This study compares MDDP with SZ, SA, and BD at 6-year follow-up. Methods: At 6 years after a first psychotic episode, follow-up data on psychopathology, functioning, quality of life, and service engagement were obtained for 27 cases of MDDP in comparison to 60 SZ, 27 SA, and 35 BD. Results: Positive psychotic symptoms were less prominent in MDDP and BD than in SZ and SA. Negative symptoms, impaired functioning, and reduction in objectively determined quality of life were less prominent in MDDP and BD, intermediate in SA and most prominent in SZ. However, subjectively determined quality of life was indistinguishable across diagnoses. Service engagement was highest for MDDP, intermediate for SA and BD, and lowest for SZ. Conclusions: At 6-year follow-up, these diagnoses are characterized by quantitative rather than qualitative differences in psychopathology, functionality, quality of life, and service engagement, with considerable overlap between them. These findings suggest that MDDP should join SZ, SA, and BD in a milieu of psychosis that transcends arbitrary boundaries. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A within-subject consideration of the psychotic spectrum disorder concept in a patient in remission associated with cortical gray matter recovery.

Authors:
Meltzer, Herbert Y.; Sim, Min Young; Anderson, Adam; Cannistraci, Christopher; Jayathilake, Karu; Share, Daniel Barrett; Lee, Myung;

Source:

Abstract:
Introduction: Psychotic spectrum disorder (PSD) links the syndromes of bipolar disorder, psychotic depression, and schizophrenia, often viewed as unique disorders. Aims: Application of the PSD concept to a single patient rather than across groups of patients and demonstration of a remarkable remission of schizophrenia phenotype with recovery of gray matter in specific brain regions. Results: We report a woman who experienced discrete, nonoverlapping periods of each of the above syndromes, in the order noted, over a 30-year period, followed by abrupt ending of psychosis and full remission lasting at least 7 years. This patient had 2 episodes of Bipolar 1 mania, followed by a 20-year period of psychotic depression. From ages 35-48, she manifested severe, paranoid schizophrenia with marked functional decline. She became refractory to antipsychotic drugs, including oral risperidone and clozapine. At age 48, while participating in a double-blind, 6-month clinical trial of long-acting injectable risperidone (Consta®, 100 mg IM biweekly) for treatment-resistant schizophrenia, at week 23, upon awakening, complete disappearance of psychosis and marked improvement in function was noted, which persisted until the present (approximately 7 years). Remarkably, cognitive test performance in most domains improved beginning at 6 weeks and reached normal levels in executive function, despite minimal improvement in psychosis until week 23. MRI studies before and after remission revealed unique and substantial increases in gray matter of the cingulate and parietal cortex, and subthalamic nucleus, not seen in other patients in this study. Conclusions: The 3 discrete periods of psychopathology support the diagnosis of PSD. The unusual course and outcome, including remarkable improvement, in executive function and enhanced cortical gray matter in selective brain regions may have been the result of unique endogenous genetic and epigenetic factors and effect of medication. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Manual dexterity and brain structure in patients with schizophrenia: A whole-brain magnetic resonance imaging study.
Authors: Hidese, Shinsuke; Ota, Miho; Sasayama, Daimei; Matsuo, Junko; Ishida, Ikki; Hiraishi, Moeko; Teraishi, Toshiya; Hattori, Kotaro; Kunugi, Hiroshi;
Abstract: The Purdue Pegboard Test (PPT) is a motor coordination task used to assess manual dexterity. Although several brain regions are thought to be involved in PPT performance, the relationship of the task with decreased insular volume has not been investigated. The PPT was administered to 83 subjects diagnosed with schizophrenia (mean ± standard deviation age: 38.6 ± 11.2 years; 47 males, 36 females) and 130 healthy controls (42.1 ± 15.2 years; 67 males, 63 females). All subjects were Japanese and right-handed. Gray matter volume was analyzed using voxel-based morphometry in statistical parametric mapping, while white matter measures were analyzed using diffusion tensor imaging in tract-based spatial statistics. For the patients with schizophrenia, the left-hand scores positively correlated with the right insular and bilateral operculum volumes, while the summation score (sum of left-, right-, and both-hands scores) positively correlated with the right insular volume, and the summation and assembly (number of assemblies completed) scores correlated with the diffuse white matter fractional anisotropy, axial diffusivity, and radial diffusivity values. In contrast, no significant correlations were found for the controls. These results suggested that decreased insular volume and white matter measures contributed to the impairments in manual dexterity observed in subjects with schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Association between schizophrenia polygenic risk and neural correlates of emotion perception.
Authors: Dzafic, Ivana; Burianová, Hana; Periyasamy, Sathish; Mowry, Bryan;
Abstract: The neural correlates of emotion perception have been shown to be significantly altered in schizophrenia (SCZ) patients as well as their healthy relatives, possibly reflecting genetic susceptibility to the disease. The aim of the study was to investigate the association between SCZ polygenic risk and brain activity whilst testing perception of multisensory, dynamic emotional stimuli. We created SCZ polygenic risk scores (PRS) for a sample of twenty-eight healthy individuals. The PRS was based on data from the Psychiatric Genomics Consortium and was used as a regressor score in the neuroimaging analysis. The results of a multivariate brain-behaviour analysis show that higher SCZ PRS are related to increased activity in brain regions critical for emotion during the perception of threatening (angry) emotions. These results suggest that individuals with higher SCZ PRS over-activate the neural correlates underlying emotion during perception of threat, perhaps due to an increased experience of fear or neural inefficiency in emotion-regulation areas. Moreover, over-recruitment of emotion regulation regions might function as a compensation to maintain normal emotion regulation during threat perception. If replicated in larger studies, these findings may have important implications for understanding the neurophysiological biomarkers relevant in SCZ. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Using ERPs to explore the impact of affective distraction on working memory stages in schizophrenia.
Authors:
Research on individuals with schizophrenia (SCZ) shows a variety of emotional and cognitive deficits. We examined the hypothesis that ineffective emotional interference control may impact working memory (WM) performance by disrupting information encoding, maintenance, or retrieval in SCZ. Twenty-eight SCZ and 28 matched healthy controls (HC) performed the visual and verbal delayed-matching-to-sample task (DMST) with trials preceded by negative and nonemotional visual distractors. Event-Related Potentials associated with affective stimuli processing (Late Positive Potential-LPP) and WM-encoding (target-P3), maintenance (Negative Slow Wave-NSW), and retrieval (probe-P3) were analyzed. Patients showed overall worse DMST accuracy than HC. Emotional distraction negatively impacted accuracy during the verbal DMST in both groups combined. Both groups also displayed similar LPP modulation during the presentation of emotional distractors. HC showed enhanced NSW after presentation of a negative distraction, whereas this did not occur in SCZ. Comparable effects of emotional distraction were found for WM-encoding and retrieval in both groups. While emotional and neutral stimuli differentially impacted WM-maintenance on the neural level in HC, we did not observe this effect in SCZ, even though both groups showed similar behavioral and neurophysiological reactions to affective stimuli. Deficits in inhibitory mechanisms in SCZ may be responsible for this effect and may have particular relevance for WM-maintenance difficulties. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
determine whether resistance to first-line antipsychotics is reflected in resting-state connectivity. rs-fMRI data were collected from 15 people who had failed to respond to first-line antipsychotics (clozapine-eligible) and 10 first-line treatment responders (FLR). Image pre-processing and analysis were performed using FMRIB's software library (FSL). Data was decomposed into spatial and temporal components using independent components analysis. Connectivity within each independent component was compared between groups using t-tests and the Bonferroni correction for multiple comparisons. Gender was added as a covariate. Clozapine-eligible individuals exhibited enhanced functional connectivity within the sensorimotor network compared with FLR. Those eligible for clozapine showed additional connectivity with the precuneus compared with FLR. No other comparisons reached statistical significance and no effect of gender was observed. These data reveal differences in functional connectivity between FLR and those eligible for clozapine and suggest that greater connectivity between the SMN and precuneus may be indicative of treatment resistance in people with schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Predictors of medication adherence among patients with severe psychiatric disorders: Findings from the baseline assessment of a randomized controlled trial (Tecla).
Authors: Stentzel, Ulrike; van den Berg, Neeltje; Schulze, Lara N.; Schwaneberg, Thea; Radicke, Franziska; Langosch, Jens M.; Freyberger, Harald J.; Hoffmann, Wolfgang; Grabe, Hans-Jörgen;
Abstract: Background: Schizophrenia and bipolar disorder are characterized by a high disease burden. Antipsychotic medication is an essential part of the treatment. However, non-adherence is a major problem. Our aim was to examine potential determinants of non-adherence for patients with severe mental disorders. Methods: Baseline data of the study 'Post stationary telemedical care of patients with severe psychiatric disorders' (Tecla) were used. Medication adherence was assessed with the Medication Adherence Report Scale German version (MARS-D). A logistic regression was calculated with age, sex, education, employment status, level of global functioning, social support and intake of typical and atypical antipsychotics as predictors. Results: N = 127 participants were included in the analysis (n = 73 men, mean age 42 years). The mean MARS-D Score was 23.4 (SD 2.5). The most common reason for non-adherence was forgetting to take the medicine. Significant positive determinants for adherence were older age (OR 1.02, 95% CI 1.011–1.024, p < 0.0001), being employed (OR 2.46, 95% CI 1.893–3.206, p < 0.0001), higher level of global functioning (overall measure of how patients are doing) (OR 1.02, 95% CI 1.012–1.028, p < 0.0001), having social support (OR 1.02, 95% CI 1.013–1.026, p < 0.0001), and intake of typical antipsychotics (OR 2.389, 95% CI 1.796–3.178, p < 0.0001). A negative determinant was (female) sex (OR 0.73, 95% CI 0.625–0.859, p = 0.0001).Conclusions: Especially employment, functioning and social support could be promising targets to facilitate adherence in patients with schizophrenia or bipolar disorder. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Transcranial direct current stimulation, symptomatology, and cognition in psychosis: A qualitative review.
Authors: Gupta, Tina; Kelley, Nicholas J.; Pelletier-Baldelli, Andrea; Mittal, Vijay A.;
Abstract: Schizophrenia is a chronic, debilitating condition that affects approximately 1% of the population. Individuals diagnosed with schizophrenia typically exhibit positive (e.g., hallucinations) and negative symptoms (e.g., anhedonia) and impairments in cognitive function. Given the limitations of antipsychotic medication and psychotherapy in fully treating psychosis symptomatology, there has been increasing interest in other interventions such as transcranial direct current stimulation (tDCS). tDCS is a noninvasive neuromodulation technique, that is safe, cost-effective, and widely accessible. Here, we discuss treatment
studies that seek to improve symptoms and cognitive performance in schizophrenia using tDCS. Currently within the literature, there is support for reductions in positive symptoms such as hallucinations after receiving tDCS. Further, studies indicate that tDCS can improve cognitive functioning, which is an area of investigation that is sorely needed, as it is unclear which types of interventions may be useful in ameliorating cognitive deficits among this group. Taken together, the evidence suggests that tDCS holds promise in improving symptoms and cognition. To that end, tDCS has critical clinical implications for this population. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Possible multiple system atrophy with predominant parkinsonism in a patient with chronic schizophrenia: A case report.

Authors:
Komatsu, Hiroshi; Kato, Masaaki; Kinpara, Teiko; Ono, Takashi; Kakuto, Yoshihisa;

Abstract:
Background: Multiple system atrophy (MSA) is an adult-onset, rare, and progressive neurodegenerative disorder characterized by a varying combination of autonomic failure, cerebellar ataxia, and parkinsonism. MSA is categorized as MSA-P with predominant parkinsonism, and as MSA-C with predominant cerebellar features. The prevalence of MSA has been reported to be between 1.86 and 4.9 cases per 100,000 individuals. In contrast, approximately 1% of the population is affected by schizophrenia during their lifetime; therefore, MSA-P comorbidity is very rare in schizophrenic patients. However, when the exacerbation or progression of parkinsonism occurs in patients with schizophrenia treated with antipsychotics, it is necessary to consider rare neurodegenerative disorders, including MSA-P, in the differential diagnosis of parkinsonism. Case presentation: A 60-year-old female patient with chronic schizophrenia developed possible MSA-P. She had been treated mainly with typical antipsychotics, and presented with urinary incontinence, nocturnal polyuria, and dysarthria around 2011. In 2014, she developed worsening parkinsonian symptoms and autonomic dysfunction. Although her antipsychotic medication was switched to an atypical antipsychotic and the dose reduced, her parkinsonism was not improved. In 2015, modified electroconvulsive therapy produced slight improvements in the symptoms; however, she shortly returned to her symptomatic state. A combination of cardiac ¹²³I-meta-iodobenzylguanidine scintigraphy and ¹²³I-FP-CIT single-photon emission computed tomography imaging, in addition to brain magnetic resonance imaging findings, helped to discriminate MSA-P from other sources of parkinsonism. L-dopa had been prescribed, but she responded poorly and died in the spring of 2016. Conclusions: This case report highlights the importance of considering MSA-P in the differential diagnosis for parkinsonism in a patient being treated with antipsychotics for chronic schizophrenia. MSA-P should be considered in patients presenting with worsening and progressing parkinsonism, especially when accompanied by autonomic dysfunction or cerebellar ataxia. Although a definite diagnosis of MSA-P requires autopsy confirmation, a combination of brain magnetic resonance imaging and nuclear medicine scans may help to differentiate suspected MSA-P from the other parkinsonian syndromes. This case also demonstrates that MSA with parkinsonism that is poorly responsive to L-dopa may improve shortly after modified electroconvulsive therapy without worsening psychiatric symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Background: Motivational interviewing (MI) may be an effective intervention to improve medication adherence in patients with schizophrenia. However, for this patient group, mixed results have been found in randomized controlled trials. Furthermore, the process of becoming (more) motivated for long-term medication adherence in patients with schizophrenia is largely unexplored. Method: We performed a qualitative multiple case study of MI-sessions to analyse the interaction process affecting motivation in patients with schizophrenia. Fourteen cases of patients with schizophrenia, who recently experienced a psychotic relapse after medication-nonadherence, were studied, comprising 66 audio-recorded MI-sessions. In the MI-sessions, the patients expressed their cognitions on medication. We used these cognitions to detect the different courses (or patterns) of the patients' ambivalence during the MI-intervention. We distinguished successful and unsuccessful cases, and used the cross-case-analysis to identify success factors to reach positive effects of MI. Results: Based on the expressed cognitions on medication, we found four different patterns of the patient process. We also found three success factors for the intervention, which were a trusting relationship between patient and therapist, the therapist's ability to adapt his MI-strategy to the patient's process, and relating patient values to long-term medication adherence. Conclusions: The success of an MI-intervention for medication adherence in patients with schizophrenia can be explained by well-defined success factors. Adherence may improve if therapists consider these factors during MI-sessions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
An approach to directly link ICA and seed-based functional connectivity: Application to schizophrenia.
Authors:
Wu, Lei; Caprihan, Arvind; Bustillo, Juan; Mayer, Andrew; Calhoun, Vince;
Source:
Abstract:
Independent component analysis (ICA) and seed-based analyses are widely used techniques for studying intrinsic neuronal activity in task-based or resting scans. In this work, we show there is a direct link between the two, and show that there are some important differences between the two approaches in terms of what information they capture. We developed an enhanced connectivity-matrix independent component analysis (cmICA) for calculating whole brain voxel maps of functional connectivity, which reduces the computational complexity of voxel-based connectivity analysis on performing many temporal correlations. We also show there is a mathematical equivalency between parcellations on voxel-to-voxel functional connectivity and simplified cmICA. Next, we used this cost-efficient data-driven method to examine the resting state fMRI connectivity in schizophrenia patients (SZ) and healthy controls (HC) on a whole brain scale and further quantified the relationship between brain functional connectivity and cognitive performances measured by the Measurement and Treatment Research to Improve Cognition in Schizophrenia (MATRICS) battery. Current results suggest that SZ exhibit a wide-range abnormality, primarily a decrease, in functional connectivity both between networks and within different network hubs. Specific functional connectivity decreases were associated with MATRICS performance deficits. In addition, we found that resting state functional connectivity decreases was extensively associated with aging regardless of groups. In contrast, there was no relationship between positive and negative symptoms in the patients and functional connectivity. In sum, we have developed a novel mathematical relationship between ICA and seed-based connectivity that reduces computational complexity, which has broad applicability, and showed a specific application of this approach to characterize connectivity changes associated with cognitive scores in SZ. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Visual and audio emotion processing training for outpatients with schizophrenia: An integrated multisensory approach.
Authors:
Bechi, Margherita; Bosia, Marta; Spangaro, Marco; Pigoni, Alessandro; Buonocore, Mariachiara; Scrofani, Diego; Cocchi, Federica; Bianchi, Laura; Guglielmino, Carmelo; Smeraldi, Enrico; Cavallaro, Roberto;
Source:

**Abstract:**
Deficits in emotion processing (EP) represent a target of rehabilitation in schizophrenia, as they have been related to poor personal and social functioning. To date neither the relationship between these deficits and the generalised cognitive impairment, nor the involvement of specific mechanisms of perception (visual or auditory) are fully comprehended. We developed two treatments targeting EP, through visual or auditory channels, with the aim of disentangling possible differences and/or interactions between the two modalities in schizophrenia-related impairments, also taking into account the role of cognition and social functioning. Thirty five outpatients with schizophrenia were assessed for neurocognition, social functioning and EP (visual and auditory channel) and participated in either visual or auditory EP training or in an active control group. Results showed a significant improvement in EP through the specific channel trained for both groups, with an extended effect also on vocal stimuli for the visual training group. Positive correlations were found between working memory, social functioning and EP. Our findings help to shed light on the possible different involvement of perceptual channels in schizophrenia, as well as supporting previous evidence that emotion recognition may be inter-related but does not overlap with neurocognition and can be specifically trained. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Long-range gamma phase synchronization as a compensatory strategy during working memory in high-performing patients with schizophrenia.

**Authors:**
So, Rachel P.; Kegeles, Lawrence S.; Mao, Xiangling; Shungu, Dikoma C.; Stanford, Arielle D.; Chen, Chi-Ming A.;

**Source:**

**Abstract:**
Working memory deficits in schizophrenia may be associated with impairments in the integration of neural activity across a distributed network of cortical areas. However, evaluation of the contribution of this integration to working memory impairments in patients is severely confounded by behavioral performance. In the present multidimensional-neuroimaging study, measures of neural oscillations at baseline and during a working memory task, baseline gamma-aminobutyric acid (GABA) level in the left dorsolateral prefrontal cortex (DLPFC), and behavioral performance were obtained. Controlling behavioral performance by recruiting only 'high-performing' patients with schizophrenia, we investigated whether the strength of cross-area communications differs between patients with schizophrenia and healthy participants under accurate and equivalent behavioral performance. Results of phase-locking value indicated that these high-performing patients recruited significantly more between frontal and occipital regions in the left hemisphere, t(13) = −2.16, p = .05, Cohen’s d = −1.20, and between frontal and temporal regions in the right hemisphere, t(13) = −2.63, p = .02, Cohen’s d = −1.46. These cross-area communication patterns may be associated with visuoverbal and visuospatial working memory networks of the left and right hemispheres, respectively. Moreover, correlations of patient’s cross-area communication with in vivo GABA levels of the left DLPFC revealed a significant positive relationship (r = .77, p = .04), demonstrating that the critical role of GABA functions in gamma band oscillations may go beyond local neuronal assemblies in the left DLPFC. Altogether, these exploratory findings point to the heterogeneity among schizophrenia patients and highlight the notion that high-performing patients may engage in potential compensatory mechanisms and may represent a subgroup of patients that may be categorically or dimensionally divergent in psychopathology. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Vascular endothelial growth factor in patients with schizophrenia: A systematic review and meta-analysis.

**Authors:**
Misiak, Błażej; Stramecki, Filip; Stańczykiewicz, Bartłomiej; Frydecka, Dorota; Lubeiro, Alba;

**Source:**
Abstract:
Background: Accumulating evidence indicates that schizophrenia might be accompanied by abnormal vascularization. Vascular endothelial growth factor (VEGF) is one of key molecules involved in the development of vessels with vasodilatory activities. Objectives: We aimed to perform a systematic review and meta-analysis of studies investigating serum or plasma levels of VEGF in patients with schizophrenia and first-episode psychosis (FEP). Methods: Electronic databases were searched from their inception until 18th Apr 2018. Meta-analysis was performed using random-effects models with Hedges’ g as the effect size estimate. Quality assessment was performed using the Newcastle-Ottawa Scale. Results: We included 15 eligible studies, representing 982 patients and 791 healthy controls. Main analysis revealed no significant differences in VEGF levels between patients and controls (g = 0.10, 95%CI = −0.24–0.45, p = .553). Subgroup analysis demonstrated unaltered levels of VEGF in FEP patients (g = 0.03, 95%CI = −0.53–0.59, p = .911), including antipsychotic-naïve individuals (g = 0.34, 95%CI = −0.07–0.74, p = .103). However, the levels of VEGF were significantly higher in medicated multiple-episode schizophrenia (MES) patients (g = 0.45, 95%CI = 0.03–0.87, p = .036) compared to controls. Heterogeneity across studies was significant in the majority of analyses, except for the analysis of antipsychotic-naïve FEP patients. Tests of asymmetry were insignificant, indicating a lack of publication bias. Limitations: Main limitations of our meta-analysis include inability to address medication effects exhaustively and relatively low number of studies in subgroup analyses. Conclusions: Our results indicate elevated levels of VEGF in MES patients that are unaltered in FEP individuals. Longitudinal studies are required to disentangle whether elevated levels of VEGF in MES patients reflect illness progression, comorbid physical health impairments or appear due to medication effects. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Functional brain lateralization in schizophrenia based on the variability of resting-state fMRI signal.
Authors:
Xie, Wanqing; Peng, Chung-Kang; Huang, Chu-Chung; Lin, Ching-Po; Tsai, Shih-Jen; Yang, Albert C.;
Source:
Publisher: Elsevier Science; [Journal Article]
Abstract:
Abnormal brain lateralization has been implicated in schizophrenia but few studies have focused on the variability of resting-state fMRI signal and its lateralization in schizophrenia. Here we utilized standard deviations (SD) to quantify the variability of resting-state fMRI signal and measured the lateralization index (LI), on the basis of SD of the resting-state fMRI signal in order to assess the difference of brain signal variability across the hemispheres. We recruited 180 patients with schizophrenia and 358 age- and sex-matched healthy volunteers. Between-group comparison revealed that in comparison to healthy volunteers, schizophrenia patients have significantly higher SD of resting-state fMRI activity in left inferior temporal, left fusiform, and right superior medial frontal cortex, and lower SD in right precuneus, posterior cingulum on both sides, right lingual, and left calcarine in the occipital region. Using region of interest approach, most brain regions showed increased leftward lateralization in patients with schizophrenia, as compared with healthy controls. SD and LI were also found to be correlated to age of onset or duration of illness. These results provide further evidence that abnormal variability and lateralization exist in schizophrenia patients, and abnormality in fusiform, lingual and inferior temporal could have potential help to identify the dysfunctional brain lateralization in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Neurometabolite levels in antipsychotic-naïve/free patients with schizophrenia: A systematic review and meta-analysis of ¹H-MRS studies.
Authors:
Iwata, Yusuke; Nakajima, Shinichiro; Plitman, Eric; Mihashi, Yukiko; Caravaggio, Fernando; Chung, Jun Ku; Kim, Julia; Gerretsen, Philip; Mimura, Masaru; Remington, Gary; Graff-Guerrero, Ariel;
Abstract:
Background: Studies using proton magnetic resonance spectroscopy (¹H-MRS) have reported altered neurometabolite levels in patients with schizophrenia. However, results are possibly confounded by the influence of antipsychotic (AP). Thus, this meta-analysis aimed to examine neurometabolite levels in AP-naïve/free patients with schizophrenia. Methods: A literature search was conducted using Embase, Medline, and PsycINFO to identify studies that compared neurometabolite levels in AP-naïve/free patients with schizophrenia to healthy controls (HCs). Eight neurometabolites (glutamate, glutamine, glutamate + glutamine, N-acetylaspartate [NAA], choline, creatine, myo-inositol, and γ-Aminobutyric acid [GABA]) and seven regions of interest (ROI; medial prefrontal cortex, dorsolateral prefrontal cortex, frontal white matter, occipital lobe, basal ganglia, hippocampus/medial temporal lobe, and thalamus) were examined. Results: Twenty-one studies (N = 1281) were included in the analysis. The results showed lower thalamic NAA levels (3 studies, n = 174, effect size = −0.56, P = 0.0005) in the patient group. No group differences were identified for other neurometabolites. Conclusions: Our findings suggest that impaired neuronal integrity in the thalamus may be a potential trait maker in the early stages of schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A double dissociation between two psychotic phenotypes: Periodic catatonia and cataphasia.
Authors:
Foucher, Jack René; Zhang, Yi Fan; Roser, Mathilde; Lamy, Julien; De Sousa, Paulo Loureiro; Weibel, Sébastien; Vidailhet, Pierre; Mainberger, Olivier; Berna, Fabrice;
Source:
Publisher: Elsevier Science; [Journal Article]
Abstract:
Schizophrenia as a single liability model was confronted to the multiple psychotic phenotypes model proposed by the Wernicke-Kleist-Leonhard school, focusing on two: periodic catatonia (PC) and cataphasia (C). Both are stable and heritable psychotic phenotypes with no crossed liability and are coming with the buildup of specific residual symptoms: impairment of psychomotricity for PC and a specific disorganization of thought and language in C. Regional cerebral blood flow (rCBF) was used as a biomarker. We attempted to refute the single phenotype model by looking at relevant and specific rCBF anomalies for PC and C, that would exceed anomalies in common relative to controls (CTR), i.e. looking for a double dissociation. Twenty subjects with PC, 9 subjects with C and 27 matched controls had two MRI QUIPSS-II arterial spin labeling sequences converted in rCBF. One SPM analysis was performed for each rCBF measurement and the results were given as the conjunction of both analysis. There was a clear double dissociation of rCBF correlates between PC and C, both being meaningful relative to their residual symptomatology. In PC: rCBF was increased in the left motor and premotor areas. In C: rCBF was decreased bilaterally in the temporo-parietal junctions. Conversely, in both (schizophrenia): rCBF was increased in the left striatum which is known to be an anti-psychotics' effect. This evidence refuts the single schizophrenia model and suggests better natural foundations for PC and C phenotypes. This pleads for further research on them and further research on naturally founded psychotic phenotypes. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
The association of psychopathology with concurrent level of functioning and subjective well-being in persons with schizophrenia spectrum disorders.
Authors:
Hochstrasser, Lisa; Borgwardt, Stefan; Lambert, Martin; Schimmelmann, Benno G.; Lang, Undine E.; Stieglitz, Rolf-Dieter; Huber, Christian G.;
Source:
The objective is to investigate the relationship between psychopathology measured by the positive and negative syndrome scale (PANSS) and concurrent global assessment of functioning (GAF) and subjective well-being under neuroleptics (SWN) in patients with schizophrenia spectrum disorder (SSD) regarding severity of illness and disease phase. We analyzed a sample of 202 SSD patients consisting of first episode psychosis (FEP) and multiple episode psychosis (MEP) patients followed up to 12 months using linear mixed models. All PANSS syndromes except excitement were associated with GAF scores (positive syndrome: p < 0.001, d = 1.21; negative syndrome: p = 0.029, d = 0.015; disorganized syndrome: p < 0.001, d = 0.37; anxiety/depression syndrome: p < 0.001, d = 0.49), and positive symptoms had an increasing impact on global functioning with higher severity of illness (mildly ill: p = 0.039, d = 0.22; moderately ill: p < 0.001, d = 0.28; severely ill: p < 0.001, d = 0.69). SWN was associated with positive (p = 0.002, d = 0.22) and anxiety/depression (p < 0.001, d = 0.38) syndromes. Subgroup analyses showed differing patterns depending on illness severity and phase. Over all our results show different patterns of associations of psychopathology and concurrent functioning and subjective well-being. These findings contribute knowledge on the possible role of specific psychopathological syndromes for the functioning and well-being of our patients and may enable tailored treatments depending on severity and phase of illness. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


The use of polygenic risk scores to identify phenotypes associated with genetic risk of schizophrenia: Systematic review.

Mistry, Sumit; Harrison, Judith R.; Smith, Daniel J.; Escott-Price, Valentina; Zammit, Stanley;

Studying the phenotypic manifestations of increased genetic liability for schizophrenia can increase our understanding of this disorder. Specifically, information from alleles identified in genome-wide association studies can be collapsed into a polygenic risk score (PRS) to explore how genetic risk is manifest within different samples. In this systematic review, we provide a comprehensive assessment of studies examining associations between schizophrenia PRS (SZ-PRS) and several phenotypic measures. We searched EMBASE, Medline and PsycINFO (from August 2009–14th March 2016) plus references of included studies, following PRISMA guidelines. Study inclusion was based on predetermined criteria and data were extracted independently and in duplicate. Overall, SZ-PRS was associated with increased risk for psychiatric disorders such as depression and bipolar disorder, lower performance IQ and negative symptoms. SZ-PRS explained up to 6% of genetic variation in psychiatric phenotypes, compared to < 0.7% in measures of cognition. Future gains from using the PRS approach may be greater if used for examining phenotypes that are more closely related to biological substrates, for scores based on gene-pathways, and where PRSs are used to stratify individuals for study of treatment response. As it was difficult to interpret findings across studies due to insufficient information provided by many studies, we propose a framework to guide robust reporting of PRS associations in the future. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Social motivation in schizophrenia: How research on basic reward processes informs and limits our understanding.

Fulford, Daniel; Campbellone, Tim; Gard, David E.;

Title: Social motivation in schizophrenia: How research on basic reward processes informs and limits our understanding.
Authors: Fulford, Daniel; Campbellone, Tim; Gard, David E.;
Limited quantity and quality of interpersonal exchanges and relationships predict worse symptomatic and hospitalization outcomes and limit functional recovery in people with schizophrenia. While deficits in social skills and social cognition contribute to much of the impairment in social functioning in schizophrenia, our focus on the current review is social motivation—the drive to connect with others and form meaningful, lasting relationships. We pay particular attention to how recent research on reward informs, and limits, our understanding of the construct. Recent findings that parse out key components of human motivation, especially the temporal nature of reward and effort, are informative for understanding some aspects of social motivation. This approach, however, fails to fully integrate the critical influence of uncertainty and punishment (e.g., avoidance, threat) in social motivation. In the current review, we argue for the importance of experimental paradigms and real-time measurement to capture the interaction between social approach and avoidance in characterizing social affiliation in schizophrenia. We end with suggestions for how researchers might move the field forward by emphasizing the ecological validity of social motivation paradigms, including dynamic, momentary assessment of social reward and punishment using mobile technology and other innovative tools. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Discontinuing antipsychotic treatment after a first-episode of psychosis: Who, when and how?
Authors: Emsley, Robin;
Abstract: The article discusses about the discontinuation of antipsychotic treatment after a first-episode of psychosis. Deciding how long antipsychotic treatment should be maintained in patients who respond favorably after a single psychotic episode remains a controversial and unresolved matter, of great clinical importance. On the one hand, it could be argued that, given the very high rates of relapse after antipsychotic discontinuation and the serious consequences associated with illness recurrence, indefinite maintenance treatment should be advised for all patients who have benefited from treatment and where side-effects are not severe. Concerns have been raised that the cumulative effects of antipsychotics may contribute to poorer functional outcome, physical ill health and brain volume reductions, to the extent that there have been calls to reconsider the practice of routine maintenance antipsychotic treatment for psychotic disorders. As the authors point out, the treatment period was considerably shorter than that recommended by guidelines. While there will undoubtedly be ongoing disagreement as to if and when antipsychotic discontinuation should be considered, all would agree that further research is desperately needed to clarify the issue. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Relationship between objectively measured sedentary behavior and health outcomes in schizophrenia patients: The PsychiActive project.
Authors: Bueno-Antequera, Javier; Oviedo-Caro, Miguel Ángel; Munguía-Izquierdo, Diego;
Abstract: This study aimed to investigate possible relationships between sedentary behavior and body mass index (BMI), cardiorespiratory fitness (CRF), and health-related quality of life (HRQoL) in schizophrenia patients. Variables contributing to the variability in sedentary behavior were identified. Eighty-two schizophrenia outpatients (mean age ± SD: 41.0 ± 8.7 years, 87% men, mean illness duration ± SD: 17.1 ± 8.9 years) wore a multisensor armband for 7 consecutive full days to objectively measure sedentary behavior. BMI, walking capacity (6-minute walking test) as a proxy for CRF estimation and HRQoL (Short Form 36-Item Health Survey questionnaire version 2) were also assessed. Correlation (Pearson or Spearman coefficients) and multiple regression analysis were used. Sedentary behavior was significantly associated with BMI, CRF, and the physical component summary score of HRQoL (r values, −0.34–0.41; all P <
and remained significant after adjustments for age, illness duration, symptom severity, adherence to Mediterranean diet, smoking, and antipsychotic medication (all P < 0.05). BMI, CRF and vitality were identified as determinants of sedentary behavior. Consistent relationships between sedentary behavior and BMI, CRF, and the physical component summary score of HRQoL were found in schizophrenia patients. All the identified determinants of sedentary behavior are modifiable and may be important areas for future interventions in this population. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Reduced dorsolateral prefrontal cortex activation during affective Go/NoGo in violent schizophrenia patients: An fMRI study.
Authors:
Tikász, András; Potvin, Stéphane; Richard-Devantoy, Stéphane; Lipp, Olivier; Hodgins, Sheilagh; Lalonde, Pierre; Lungu, Ovidiu; Dumais, Alexandre;
Source:
Abstract:
We investigated the influence of anger processing on cognitive control in male schizophrenia patients presenting violent behaviors. We recruited 23 patients without and 24 patients with (SCZ + V) a history of violent behaviors, as well as 22 healthy non-violent men. Participants were administered an affective (angry-neutral faces) Go/NoGo task while undergoing functional magnetic resonance imaging. We found a reduced activation in the dorsolateral prefrontal cortex in SCZ + V patients specifically when inhibiting a response while viewing angry faces. These results show an inability of SCZ + V to recruit a core region of the (inhibitory) cognitive control network in the context of anger. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Abundance of ribosomal RNA gene copies in the genomes of schizophrenia patients.
Authors:
Source:
Abstract:
Objective: The ribosome is a critical component of the translation machinery. The key component of ribosomes is ribosomal RNA (rRNA). Dysregulation of rRNA biogenesis has been implicated in some human diseases. One of the factors affecting rRNA biogenesis is the ribosomal RNA genes (rDNA) copy number in the genome. The aim of this study was to examine the rDNA copy number (CN) variation in the genomes of patients with schizophrenia (SZ) compared to healthy controls (HC). Methods: We evaluated rDNA CN in leukocytes of 179 subjects with SZ (108 male/71 female) in comparison with 122 HC (60 male/62 female) using two techniques: qPCR and nonradioactive quantitative hybridization (NQH), which is based on the use of biotinylated rDNA probes. Results: rDNA CN (NQH) and rDNA CN (qPCR) was higher in SZ patients than in controls (median 542 vs 384, p = 10−25 and median 498 vs 370, p = 10−12). NQH was experimentally proved to be less sensitive to severe DNA damage than qPCR. The more DNA damage, the higher the ratio R = CN (NQH)/CN (qPCR). 15% of the SZ patients had significantly higher rDNA damage degree than the HC. Conclusion: Genomes of some SZ patients contain more ribosomal genes than those of HC. The elevated ribosomal genes copy number in human genome can be one of the genetic factors of schizophrenia development. This hypothesis requires further experimental studies to be corroborated or disproved. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Polygenic risk for schizophrenia affects working memory and its neural correlates in healthy subjects.

Authors:
Krug, Axel; Dietsche, Bruno; Zöllner, Rebecca; Yüksel, Dilara; Nöthen, Markus M.; Forstner, Andreas J.; Rietschel, Marcella; Dannlowski, Udo; Baune, Bernhard T.; Maier, Robert; Witt, Stephanie H.; Kircher, Tilo;

Source:

Abstract:
Schizophrenia is a disorder with a high heritability. Patients as well as their first degree relatives display lower levels of performance in a number of cognitive domains compared to subjects without genetic risk. Several studies could link these aberrations to single genetic variants, however, only recently, polygenic risk scores as proxies for genetic risk have been associated with cognitive domains and their neural correlates. In the present study, a sample of healthy subjects (n = 137) performed a letter version of the n-back task while scanned with 3-T fMRI. All subjects were genotyped with the PsychChip and polygenic risk scores were calculated based on the PGC2 schizophrenia GWAS results. Polygenic risk for schizophrenia was associated with a lower degree of brain activation in prefrontal areas during the 3-back compared to the 0-back baseline condition. Furthermore, polygenic risk was associated with lower levels of brain activation in the right inferior frontal gyrus during the 3-back compared to a 2-back condition. Polygenic risk leads to a shift in the underlying activation pattern to the left side, thus resembling results reported in patients with schizophrenia. The data may point to polygenic risk for schizophrenia being associated with brain function in a cognitive task known to be impaired in patients and their relatives. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Theory of mind impairment and its clinical correlates in patients with schizophrenia, major depressive disorder and bipolar disorder.

Authors:
Wang, Yan-yu; Wang, Yi; Zou, Ying-min; Ni, Ke; Tian, Xue; Sun, Hong-wei; Lui, Simon S. Y.; Cheung, Eric F. C.; Suckling, John; Chan, Raymond C. K.;

Source:

Abstract:
Background: Although Theory of Mind (ToM) impairment has been observed in patients with a wide range of mental disorders, the similarity and uniqueness of these deficits across diagnostic groups has not been thoroughly investigated. Methods: We recruited 35 participants with schizophrenia (SCZ), 35 with bipolar disorder (BD), 35 with major depressive disorder (MDD), and 35 healthy controls in this study. All participants were matched in age, gender proportion and IQ estimates. The Yoni task, capturing both the cognitive and affective components of ToM at the first- and second-order level was administered. Repeated-measure ANOVA and MANOVA were conducted to compare the group differences in ToM performance. A network was then constructed with ToM performances, psychotic and depressive symptoms, and executive function as nodes exploring the clinical correlates of ToM. Results: Overall, ToM impairments were observed in all patient groups compared with healthy controls, with patients with SCZ performing worse than those with BD. In second-order conditions, patients with SCZ and MDD showed deficits in both cognitive and affective conditions, while patients with BD performed significantly poorer in cognitive conditions. Network analysis showed that second-order affective ToM performance was associated with psychotic and depressive symptoms as well as executive dysfunction, while second-order affective ToM performance and negative symptoms showed relatively high centrality in the network. Conclusions: Patients with SCZ, MDD and BD exhibited different types and severity of impairments in ToM sub-components. Impairment in higher-order affective ToM appears to be closely related to clinical symptoms in both psychotic and affective disorders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Adjunct transcranial direct current stimulation improves cognitive function in patients with schizophrenia: A double-blind 12-week study.

**Authors:**
Jeon, Dong-Wook; Jung, Do-Un; Kim, Sung-Jin; Shim, Joo-Cheol; Moon, Jung-Joon; Seo, Young-Soo; Jung, Sung-Soo; Seo, Beom-Joo; Kim, Jeong-Eun; Oh, Minkyung; Kim, You-Na;

**Source:**

**Abstract:**
Objectives: Cognitive impairment is a common symptom of schizophrenia that has significant effects on quality of life and the activities of daily living. The present study examined the ability of transcranial direct current stimulation (tDCS) to improve cognitive function and clinical symptoms in patients with schizophrenia. Methods: Fifty-six patients with schizophrenia were randomized to real-tDCS and sham-tDCS groups. The participants were stable for a period of 3 months before study enrollment. Each group received 30 min of active 2-mA tDCS or sham stimulation over the left dorsolateral prefrontal cortex (anode F3, cathode F4) once per day for 10 consecutive weekdays. The Measurement and Treatment Research to Improve Cognition in Schizophrenia Consensus Cognitive Battery (MCCB) and Wisconsin Card Sorting Test (WCST) were used to evaluate cognitive function, and the Positive and Negative Syndrome Scale (PANSS), Clinical Global Impression-Schizophrenia scale (CGI-SCH), and Calgary Depression Scale for Schizophrenia (CDSS) were used to evaluate symptoms at baseline, after 10 sessions, and at 3-month follow-up. Results: There was a significant time × group interaction, indicating that MCCB working memory (P = 0.008) and overall scores (P = 0.031) improved over time in the real-tDCS group compared to the sham-tDCS group. There was also a significant time × group interaction for depressive symptoms as evaluated by the CGI-SCH, which decreased over time in the real-tDCS group (P = 0.041). tDCS treatment combined with antipsychotic medication was generally well-tolerated and safe. Conclusions: Adjunct tDCS treatment is safe and effective for improving cognitive status in patients with schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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Title:
A randomized controlled trial examining a cognitive behavioral therapy intervention enhanced with cognitive remediation to improve work and neurocognition outcomes among persons with schizophrenia spectrum disorders.

**Authors:**
Kukla, Marina; Bell, Morris D.; Lysaker, Paul H.;

**Source:**

**Abstract:**
This single blind, three-armed randomized controlled trial compared cognitive behavioral therapy (CBT) enhanced with cognitive remediation (CBT + CR) to CBT alone and an active control condition on work and neurocognition outcomes for persons with schizophrenia spectrum disorders. Seventy-five adult outpatients with schizophrenia or schizoaffective disorder were randomized to three study conditions (N = 25 per group). The CBT intervention was the Indianapolis Vocational Intervention program (IVIP), consisting of weekly group and individual sessions focused on work-related content. Participants in the CBT + CR group received IVIP and Posit Science computer-based cognitive training. The active control group consisted of weekly vocational support groups and individual vocational support sessions. All participants were placed into a noncompetitive work assignment and were followed for 26 weeks. Data collection included hours worked, weekly work performance ratings, and neurocognition assessed at baseline and 6 months. Neurocognition was also assessed at 12 months. Data were analyzed using multilevel linear models to account for nested, repeated measures data. Results indicate that participants in the CBT + CR condition worked significantly more hours and had a more positive trajectory of improving global work performance and work quality across the study compared with the CBT alone and vocational support condition. Compared to the other conditions, CBT + CR also had a significant increase in overall neurocognition that continued to the 12-month follow-up, particularly in the domains of verbal learning and social cognition. In conclusion, CBT + CR may be an effective intervention to improve work functioning and neurocognition in persons with schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Positive allosteric modulation of M₁ and M₄ muscarinic receptors as potential therapeutic treatments for schizophrenia.

Authors: Yohn, Samantha E.; Conn, P. Jeffrey;


Abstract: Current antipsychotic drugs provide symptomatic relief for positive symptoms of schizophrenia, but do not offer symptom management for negative and cognitive symptoms. In addition, many patients discontinue treatment due to adverse side effects. Therefore, there is a critical need to develop more effective and safe treatment options. Although the etiology of schizophrenia is unclear, considerable data from post-mortem, neuroimaging and neuropharmacology studies support a role of the muscarinic acetylcholine (mAChRs) in the pathophysiology of schizophrenia. Substantial evidence suggests that activation of mAChRs has the potential to treat all symptom domains of schizophrenia. Despite encouraging results in demonstrating efficacy, clinical trials of nonselective mAChR agonists were limited in their clinical utility due to dose-limiting peripheral side effects. Accordingly, efforts have been made to specifically target centrally located M₁ and M₄ mAChR subtypes devoid of adverse-effect liability. To circumvent this limitation, there have been tremendous advances in the discovery of ligands that bind at allosteric sites, binding sites distinct from the orthosteric site, which are structurally less conserved and thereby afford high levels of receptor subtype selectivity. The discovery of subtype-specific allosteric modulators has greatly advanced our understanding of the physiological role of various muscarinic receptor subtypes in schizophrenia and the potential utility of M₁ and M₄ mAChR subtypes as targets for the development of novel treatments for schizophrenia and related disorders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Comparison of changes in the oxygenated hemoglobin level during a ‘modified rock-paper-scissors task’ between healthy subjects and patients with schizophrenia.

Authors: Sato, Mamoru; Shoji, Yoshihisa; Morita, Kiichiro; Kato, Yusuke; Ishii, Youhei; Nakano, Shinya; Uchimura, Naohisa;


Abstract: Aim: The purpose of this study, using single-event-related near-infrared spectroscopy (NIRS), was to examine the psychophysiological and social function assessment of 30 schizophrenic patients during a modified rock-paper-scissors task. Methods: We set up a screen in front of the subjects, on which pictures of hand-gestures for rock, paper, and scissors were randomly presented. Subjects were asked to give verbal answers under the conditions of win, lose, and draw, respectively. Using the 44-channel NIRS system, we evaluated the maximum amplitude of oxygenated hemoglobin, latency, and the area based on the arithmetic mean of resulting values after the task between 30 outpatients with schizophrenia and 30 healthy subjects, and analyzed the frontal pole area, dorsolateral prefrontal region, and parietal association area as regions of interest (ROI). Results: In schizophrenic patients, oxygenated hemoglobin changes (Δoxy-Hb) when losing the task showed a significantly lower level of Δoxy-Hb in ROI than controls. In addition, a significant positive correlation was observed between the Global Assessment of Functioning Scale and Δoxy-Hb in ROI, and a significant negative correlation was observed between the Negative Syndrome scale of the Positive and Negative Syndrome Scale and Δoxy-Hb in ROI. Conclusion: From these results, we conclude that Δoxy-Hb levels when performing the modified rockpaper-scissors task assessed using NIRS may be a useful psychophysiological marker to evaluate the cognitive and social functions of schizophrenic patients. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Patterns in adolescent cannabis use predict the onset and symptom structure of schizophrenia-spectrum disorder.

Authors: Shahzade, C.; Chun, J.; DeLisi, L. E.; Manschreck, T. C.;


Abstract: This study investigated adolescent cannabis use as a risk factor for schizophrenia spectrum disorder (SSD). Motives for early cannabis use and resulting usage patterns were examined alongside clinical measures of SSD onset and symptomatology. Participants (N = 178) were recruited for two samples, 1: healthy controls (HC) with cannabis use, 2: schizophrenia patients (SSD) with cannabis use. Structured interviews of participants and family informants were used to obtain diagnostic and biographical information. Factor-analysis of reported motives for initiating cannabis use produced four groups; sedation, stimulation, social pressure, and recreation. Regression analyses revealed significant relationships between these groups and SSD. Most notably, reason group factor scores predict SSD risk as well as schizotypal symptom severity. Findings also indicate that these factors follow a hierarchical structure, which explains their relative involvement in increased SSD risk. We suggest that adolescent cannabis use both hastens the onset and amplifies the severity of SSD. In response we propose a model for identifying at risk individuals, predicting the onset and severity of SSD, and potentially mitigating the associated psychiatric impairments. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Dysregulation of miRNA and its potential therapeutic application in schizophrenia.

Authors: Cao, Ting; Zhen, Xue-Chu;


Abstract: Although it is generally believed that genetic and developmental factors play critical roles in pathogenesis of schizophrenia, however, the precise etiological mechanism of schizophrenia remains largely unknown. Over past decades, miRNAs have emerged as an essential post-transcriptional regulator in gene expression regulation. The importance of miRNA in brain development and neuroplasticity has been well-established. Abnormal expression and dysfunction of miRNAs are known to involve in the pathophysiology of many neuropsychiatric diseases including schizophrenia. In this review, we summarized the recent findings in the schizophrenia-associated dysregulation of miRNA and functional roles in the development and pathogenesis of schizophrenia. We also discussed the potential therapeutic implications of miRNA regulation in the illness. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Anhedonia in depression and schizophrenia: A transdiagnostic challenge.

Authors: Lambert, Clare; Da Silva, Susana; Ceniti, Amanda K.; Rizvi, Sakina J.; Foussias, George; Kennedy, Sidney H.;


Abstract: Background: Anhedonia, as a dysregulation of the reward circuit, is present in both Major Depressive Disorder (MDD) and schizophrenia (SZ). Aims: To elucidate the clinical and neurobiological differences
between schizophrenia (SZ) and depression (MDD) in regard to anhedonia, while reconciling the challenges and benefits of assessing anhedonia as a transdiagnostic feature under the Research Domain Criteria (RDoC) framework. Methods: In this review, we summarize data from publications examining anhedonia or its underlying reward deficits in SZ and MDD. A literature search was conducted in OVID Medline, PsycINFO and EMBASE databases between 2000 and 2017. Results: While certain subgroups share commonalities, there are also important differences. SZ may be characterized by a disorganization, rather than a deficiency, in reward processing and cognitive function, including inappropriate energy expenditure and focus on irrelevant cues. In contrast, MDD has been characterized by deficits in anticipatory pleasure, development of reward associations, and integration of information from past experience. Understanding the roles of neurotransmitters and aberrant brain circuitry is necessary to appreciate differences in reward function in SZ and MDD. Conclusion: Anhedonia as a clinical presentation of reward circuit dysregulation is an important and relatively undertreated symptom of both SZ and MDD. In order to improve patient outcomes and quality of life, it is important to consider how anhedonia fits into both diagnoses. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:** Surviving the voices.
**Authors:** Jepson, Jason;
**Abstract:** This article discusses the author's experience of hearing voices and how he controls it. The author notes that most people living with schizophrenia have a grandiose voice or voices which feed their delusions—mixing some parts of reality and some parts of fantasy. When a patient becomes stable he/she learns to check the evidence in determining whether or not the delusion is real. The grandiose voice comes from that mixture of a person's genetics and life experiences. The author discusses his experiences with grandiose ideas and a voice that is like a commentary on his activities. The author discusses the social isolation of schizophrenia and his attempts to counteract that. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:** The details in schizophrenia.
**Authors:** Weiner, Susan;
**Abstract:** The article discusses her experience of schizophrenia. She understands her diagnosis as schizoaffective disorder with a paranoid component. It is noted that the presence of paranoia in her disorder has had the greatest impact on his experience and interpretation of the world, coloring most of what author's see with a veil of fear and even panic. Terrors have run through her head, and she suspects they're not done with her yet. Weiner maintains that although she has fully recovered, she will never forget the overwhelming threat of minutia that effectively replaced her understanding of how to make sense of and cope with the world. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:** Varieties of self disorder: A bio-pheno-social model of schizophrenia.
**Authors:** Sass, Louis; Borda, Juan P.; Madeira, Luis; Pienkos, Elizabeth; Nelson, Barnaby;
Abstract:
The self-disorder model offers a unifying way of conceptualizing schizophrenia's highly diverse symptoms (positive, negative, disorganized), of capturing their distinctive bizarreness, and of conceiving their longitudinal development. These symptoms are viewed as differing manifestations of an underlying disorder of ipseity or core-self: hyper-reflexivity/diminished-self-presence with accompanying disturbances of 'grip' or 'hold' on reality. Recent revision to this phenomenological theory, in particular distinguishing primary-vs-secondary factors, offers a bio-pheno-social model that is consistent with recent empirical findings and offers several advantages: (1) It helps account for the temporal variations of the symptoms or syndrome, including longitudinal progression, but also the shorter-term, situationally reactive, and sometimes defensive or quasi-intentional variability of symptom-expression that can occur in schizophrenia (consistent with understanding some aspects of ipseity-disturbance as dynamic and mutable, involving shifting attitudes or experiential orientations). (2) It accommodates the overlapping of some key schizophrenic symptoms with certain nonschizophrenic conditions involving dissociation (depersonalization, derealization), including depersonalization disorder and panic disorder, thereby acknowledging both shared and distinguishing symptoms. (3) It integrates recent neurocognitive and neurobiological as well as psychosocial (eg, influence of trauma and culture) findings into a coherent but multi-factorial neuropsychological account. An adequate model of schizophrenia will postulate shared disturbances of core-self experiences that nevertheless can follow several distinct pathways and occur in various forms. Such a model is preferable to uni-dimensional alternatives—whether of schizophrenia or ipseity-disturbance—given its ability to account for distinctive yet varying experiential and neurocognitive abnormalities found in research on schizophrenia, and to integrate these with recent psychosocial and neurobiological findings. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Grip strength is associated with cognitive performance in schizophrenia and the general population: A UK Biobank study of 476559 participants.

Authors:
Firth, Joseph; Stubbs, Brendon; Vancampfort, Davy; Firth, Josh A.; Large, Matthew; Rosenbaum, Simon; Hallgren, Mats; Ward, Philip B.; Sarris, Jerome; Yung, Alison R.;

Source:

Abstract:
Background: Handgrip strength may provide an easily-administered marker of cognitive functional status. However, further population-scale research examining relationships between grip strength and cognitive performance across multiple domains is needed. Additionally, relationships between grip strength and cognitive functioning in people with schizophrenia, who frequently experience cognitive deficits, has yet to be explored. Methods: Baseline data from the UK Biobank (2007–2010) was analyzed; including 475 397 individuals from the general population, and 1162 individuals with schizophrenia. Linear mixed models and generalized linear mixed models were used to assess the relationship between grip strength and 5 cognitive domains (visual memory, reaction time, reasoning, prospective memory, and number memory), controlling for age, gender, bodyweight, education, and geographical region. Results: In the general population, maximal grip strength was positively and significantly related to visual memory (coefficient [coeff] = -0.1601, standard error [SE] = 0.003), reaction time (coeff = -0.0346, SE = 0.0004), reasoning (coeff = 0.2304, SE = 0.0079), number memory (coeff = 0.1616, SE = 0.0092), and prospective memory (coeff = 0.3486, SE = 0.0092: all P < .001). In the schizophrenia sample, grip strength was strongly related to visual memory (coeff = -0.155, SE = 0.042, P < .001) and reaction time (coeff = -0.049, SE = 0.009, P < .001), while prospective memory approached statistical significance (coeff = 0.233, SE = 0.132, P = .078), and no statistically significant association was found with number memory and reasoning (P > .1). Conclusions: Grip strength is significantly associated with cognitive functioning in the general population and individuals with schizophrenia, particularly for working memory and processing speed. Future research should establish directionality, examine if grip strength also predicts functional and physical health outcomes in schizophrenia, and determine whether interventions which improve muscular strength impact on cognitive and real-world functioning. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
Social cognition psychometric evaluation: Results of the final validation study.

Authors:
Pinkham, Amy E.; Harvey, Philip D.; Penn, David L.;

Source:

Abstract:
Social cognition is increasingly recognized as an important treatment target in schizophrenia; however, the dearth of well-validated measures that are suitable for use in clinical trials remains a significant limitation. The Social Cognition Psychometric Evaluation (SCOPE) study addresses this need by systematically evaluating the psychometric properties of promising measures. In this final phase of SCOPE, eight new or modified tasks were evaluated. Stable outpatients with schizophrenia (n = 218) and healthy controls (n = 154) completed the battery at baseline and 2–4 weeks later across three sites. Tasks included the Bell Lysaker Emotion Recognition Task (BLERT), Penn Emotion Recognition Task (ER-40), Reading the Mind in the Eyes Task (Eyes), The Awareness of Social Inferences Test (TASIT), Hinting Task, Mini Profile of Nonverbal Sensitivity (MiniPONS), Social Attribution Task—Multiple Choice (SAT-MC), and Intentionality Bias Task (IBT). BLERT and ER-40 modifications included response time and confidence ratings. The Eyes task was modified to include definitions of terms and TASIT to include response time. Hinting was scored with more stringent criteria. MiniPONS, SAT-MC, and IBT were new to this phase. Tasks were evaluated on (1) test-retest reliability, (2) utility as a repeated measure, (3) relationship to functional outcome, (4) practicality and tolerability, (5) sensitivity to group differences, and (6) internal consistency. Hinting, BLERT, and ER-40 showed the strongest psychometric properties and are recommended for use in clinical trials. Eyes, TASIT, and IBT showed somewhat weaker psychometric properties and require further study. MiniPONS and SAT-MC showed poorer psychometric properties that suggest caution for their use in clinical trials. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Flourishing with psychosis: A prospective examination on the interactions between clinical, functional, and personal recovery processes on well-being among individuals with schizophrenia spectrum disorders.

Authors:
Chan, Randolph C. H.; Mak, Winnie W. S.; Chio, Floria H. N.; Tong, Alan C. Y.;

Source:

Abstract:
Well-being is not just the absence of mental disorder but also involves positive feelings and contentment (emotional well-being), meaningful engagement (psychological well-being), and contribution of one's community or society (social well-being). Recovery processes, which encompass mitigation of clinical symptomatology (clinical recovery), improvement in occupational, social, and adaptive functioning (functional recovery), and development of personally valued goals and identity (personal recovery), have demonstrated to be important markers of well-being. This study examined the relative contribution of clinical, functional, and personal recovery processes on well-being among individuals with schizophrenia and explored the effect of personal recovery on people with varying levels of symptom severity and functional ability. A longitudinal quantitative research design was used in which 181 people with schizophrenia spectrum disorders were assessed at baseline and 6 months. At baseline, 28.2% of the participants were considered as flourishing. Around half of the participants (52.5%) were moderately mentally healthy, while 19.3% were identified as languishing. Results showed that clinical recovery was predictive of better well-being at 6-month postbaseline. Personal recovery was found to positively predict well-being, above and beyond the effects of clinical and functional recovery. Moderation analysis showed that the effect of personal recovery on well-being did not depend on clinical and functional recovery, which implied that people with schizophrenia can participate in the process of personal recovery and enjoy positive well-being regardless of their clinical stability and functional competence. Given the robust
salutogenic effect of personal recovery, greater emphasis should be placed on developing person-centered, strength-based, recovery-oriented services. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Risk factors for suicidality in patients with schizophrenia: A systematic review, meta-analysis, and meta-regression of 96 studies.

Authors:
Cassidy, Ryan Michael; Yang, Fang; Kapczinski, Flávio; Passos, Ives Cavalcante;

Source:

Abstract:
The lifetime risk of suicide and suicide attempt in patients with schizophrenia are 5% and 25%–50%, respectively. The current meta-analysis aims to determine risk factors associated with suicidality in subjects with schizophrenia. We searched Pubmed, Web of Science, EMBASE, and the reference lists of included studies. Inclusion criteria were met if an article reported a dichotomous sample of patients with schizophrenia with suicidal ideation, attempted suicide, or suicide compared to patients without. We also performed a cohort study meta-analysis as a supplemental analysis. A total of 96 studies with 80488 participants were included in our analysis. Depressive symptoms (P < .0001), Positive and Negative Symptom Scale (PANSS) general score (P < .0001) and number of psychiatric hospitalizations (P < .0001) were higher in patients with suicide ideation. History of alcohol use (P = .0001), family history of psychiatric illness (P < .0001), physical comorbidity (P < .0001), history of depression (P < .0001), family history of suicide (P < .0001), history of drug use (P = .0024), history of tobacco use (P = .0034), being white (P = .0022), and depressive symptoms (P < .0001) were the most consistent variables associated with suicide attempts. The first two were also significant in the cohort meta-analysis. Being male (P = .0005), history of attempted suicide (P < .0001), younger age (P = .0266), higher intelligence quotient (P < .0001), poor adherence to treatment (P < .0001), and hopelessness (P < .0001) were the most consistently associated with suicide. The first three were also significant in the cohort meta-analysis. Our findings may help with future development of preventive strategies to combat suicide. Future studies may combine the above-mentioned variables by using multivariate predictive analysis techniques to objectively stratify suicidality in schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Impacts of electroconvulsive therapy on 1-year outcomes in patients with schizophrenia: A controlled, population-based mirror-image study.

Authors:
Lin, Hai-Ti; Liu, Shi-Kai; Hsieh, Ming H.; Chien, Yi-Ling; Chen, I-Ming; Liao, Shih-Cheng; Tsai, Hui-Ju; Wu, Chi-Shin;

Source:

Abstract:
Objectives: Despite the decline in the use of electroconvulsive therapy (ECT) in patients with schizophrenia, ECT augmentation is still recommended for those with poor response to standard pharmacological intervention. However, the effectiveness of augmentation of antipsychotics with ECT on long-term clinical outcomes needs to be verified in an expanded sample. Methods: Patients who were hospitalized for schizophrenia and received ECT for the first time during that hospitalization were identified from the total population health insurance database in Taiwan between 2002 and 2011. A comparison group was randomly selected and matched by age, gender, calendar year of hospitalization, and duration of hospitalization. Using a mirror-image design, the changes in rates of psychiatric and overall hospitalization, length of hospital stay, number of emergency department visits, and direct medical costs across the 1-year pre- and post-treatment periods were examined. Results: A total of 2074 patients with the same number of comparison participants were included in the analysis. The rate of re-hospitalization decreased significantly in the ECT group during the 1-year post-treatment period, while there was no
significant difference in the comparison group. Correspondingly, the total medical expenses increased significantly in the non-ECT group, but not in the ECT group. Notably, the reduction in the psychiatric re-hospitalization rate in the ECT group was more pronounced among those treated with clozapine or a medium-high average daily dose of antipsychotics. Conclusion: This 1-year mirror-image analysis indicated that augmentation of antipsychotics with ECT in schizophrenic patients was associated with a reduced rate of psychiatric re-hospitalization. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Negative symptom interventions in youth at risk of psychosis: A systematic review and network meta-analysis.

Authors:
Devoe, Daniel J.; Peterson, Aaron; Addington, Jean;

Source:

Abstract:
Objective: Youth at clinical high risk (CHR) for psychosis often demonstrate significant negative symptoms, which have been reported to be predictive of conversion to psychosis and a reduced quality of life but treatment options for negative symptoms remain inadequate. Therefore, we conducted a systematic review and network meta-analysis of all intervention studies examining negative symptom outcomes in youth at CHR for psychosis. Method: The authors searched PsycINFO, Medline, Embase, CINAHL, and EBM from inception to December 2016. Studies were selected if they included any intervention that reported follow-up negative symptoms in youth at CHR for psychosis. Treatment comparisons were evaluated using both pairwise and network meta-analyses. Due to the differences in negative symptom scales the effect sizes were reported as the standardized mean difference (SMD). Results: Of 3027 citations, 32 studies met our inclusion criteria, including a total of 2463 CHR participants. The null hypothesis was not rejected for any of the 11 treatments. N-methyl-D-aspartate-receptor (NMDAR) modulators trended toward a significant reduction in negative symptoms compared to placebo (SMD = −0.54; 95% CI = −1.09 to 0.02; I² = 0%, P = .06). In respective order of descending effectiveness as per the treatment hierarchy, NMDAR modulators were more effective than family therapy, need-based interventions, risperidone, amisulpride, cognitive behavioral therapy, omega-3, olanzapine, supportive therapy, and integrated psychological interventions. Conclusions: Efficacy and effectiveness were not confirmed for any negative symptom treatment. Many studies had small samples and the majority were not designed to target negative symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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Suicide

Title:
The prediction and prevention of suicide: Introduction to the special issue.
Authors:
Magaletta, Philip R.; Patry, Marc W.; Labrecque, Matthew R.;
Source:
Abstract:
The delivery of psychological services including screening, assessing, and providing interventions to suicidal individuals occurs within all public and organized care settings where psychologists practice. These services are typically the most demanding and important clinical tasks these psychologists will perform. To inform aspects of such practice, the journal issued a call for papers and 16 of the articles received in response are part of this special issue and reviewed in this Introduction. These articles inform three broad psychological service perspectives: conceptual models and assessment, interventions, and special populations and cultures. From female firefighters and adolescent girls with chronic pain, to our veterans and military personnel and those incarcerated, the samples drawn, studied, and written about in this special issue represent an effort to address our current need for actionable knowledge in this area. The opening section presents four papers on models and assessments, the next considers individual and group interventions and perspectives on access to care, and the final section walks us through a myriad of special populations and cultures to understand facets of the prediction and prevention of suicide. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A stepped care approach to clinical suicide prevention.
Authors:
Jobes, David A.; Gregorian, Mariam J.; Colborn, Victoria A.;
Source:
Abstract:
Despite the enormous humanitarian and economic toll of suicide, mental health systems of care are largely underprepared to work effectively with suicidal individuals and suicide is a leading 'Sentinel Event' in U.S. health care settings (The Joint Commission, 2016). In response to these concerns, a recent policy initiative called 'Zero Suicide' has advocated a systems-level response to the suicidal risk within health care and this policy initiative is yielding positive results (Hogan & Goldstein Grumet, 2016). Along these lines, a 'stepped care' approach developed by Jobes (2016) has been adapted and used within the Zero Suicide curriculum as a model for systems-level care that is suicide-specific, evidence-based, least-restrictive, and cost-effective. The Collaborative Assessment and Management of Suicidality (CAMS) is an example of one suicide-specific evidence-based clinical intervention that can be adapted and used across the full range of stepped care service settings (Jobes, 2016). This article describes various applications and uses of CAMS at all service levels and highlights CAMS-related innovations. It is argued that psychological services are uniquely poised to make a major difference in clinical suicide prevention through a systems-level approach using evidence-based care such as CAMS. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Predictive utility of an emergency department decision support tool in patients with active suicidal ideation.
Authors:
Boudreaux, Edwin D.; Larkin, Celine; Kini, Nisha; Capoccia, Lisa; Allen, Michael H.; Goldstein Grumet, Julie; Silverman, Morton M.; McKeon, Richard; Barton, Bruce; Miller, Ivan; Formica, Scott W.; Camargo, Carlos A. Jr.;
Source:

Abstract:
Emergency department (ED) clinicians routinely decide the disposition of patients with suicidal ideation, with potential consequences for patient safety, liability, and system costs and resources. An expert consensus panel recently created a 6-item decision support tool for patients with passive or active suicidal ideation. Individuals scoring a 0 (exhibiting none of the tool's 6 items) are considered 'lower risk' and suitable for discharge, while those with non-0 scores are considered 'elevated risk' and should receive further evaluation. The current study tested the predictive utility of this tool using existing data from the Emergency Department Safety Assessment and Follow-up Evaluation. ED patients with active suicide ideation (n = 1368) were followed for 12 months after an index visit using telephone assessment and medical chart review. About 1 in 5 patients had attempted suicide during follow-up. Because of the frequency of serious warning signs and risk factors in this population, only three patients met tool criteria for 'lower risk' at baseline. The tool had perfect sensitivity, but exceptionally low specificity, in predicting suicidal behavior within 6 weeks and 12 months. In logistic regression analyses, several tool items were significantly associated with suicidal behavior within 6 weeks (suicide plan, past attempt) and 12 months (suicide plan, past attempt, suicide intent, significant mental health condition, irritability/agitation/aggression). Although the tool did not perform well as a binary instrument among those with active suicidal ideation, having a suicide plan identified almost all attempters while suicide plan and past attempt identified over four-fifths of near-term attempts. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Pilot trial of post-admission cognitive therapy: Inpatient program for suicide prevention.
Authors:
LaCroix, Jessica M.; Perera, Kanchana U.; Neely, Laura L.; Grammer, Geoffrey; Weaver, Jennifer; Ghahramanlou-Holloway, Marjan;
Source:

Abstract:
Suicide remains a significant public health problem for the United States military. Trauma-related diagnoses such as acute stress disorder (ASD) or posttraumatic stress disorder (PTSD) may exacerbate suicide risk, particularly among service members psychiatrically hospitalized following suicide-related events. To date, treatments to address suicide risk and trauma symptomatology among service members within inpatient milieus have been nonexistent. To address this gap, a randomized controlled pilot trial of Post-Admission Cognitive Therapy (PACT) was conducted to evaluate a targeted cognitive-behavioral program among traumatized military personnel (N = 36) hospitalized following a recent suicide attempt. All participants met criteria for ASD or PTSD and were randomly assigned to receive either PACT and enhanced usual care (PACT + EUC) or EUC alone. PACT consisted of six 60- to 90-min individual psychotherapy sessions, adapted from Brown et al.’s (2005) cognitive therapy protocol for suicide prevention. Blinded follow-up assessments were conducted at 1-, 2-, and 3-months postspsychiatric discharge. The primary outcome was days until repeat suicide attempt. Secondary outcomes included depression, hopelessness, suicide ideation, and PTSD symptoms. Participants did not significantly differ in reattemt status. However, based on reliable change index analyses, a greater proportion of PACT + EUC versus EUC participants met criteria for clinically significant change on measures of depression (100% vs. 78%), hopelessness (83% vs. 57%), and PTSD symptom severity (100% vs. 38%), but not for suicide ideation (60% vs. 67%). PACT is an innovative inpatient protocol, currently under evaluation in a well-powered multisite RCT for its efficacy in reducing subsequent suicidal behaviors. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Survivors of suicide attempts (SOSA) support group: Preliminary findings from an open-label trial.
Authors: Hom, Melanie A.; Davis, Lisa; Joiner, Thomas E.; 
Abstract: Suicide attempt survivors represent a high-risk group for death by suicide; however, few empirically supported, tailored interventions exist for this population. One intervention format that may be useful in reducing suicide risk among suicide attempt survivors is support groups co-led by a clinician and peer survivor. This study aimed to evaluate changes in suicidal symptoms and resilience appraisals following attempt survivors’ participation in the Survivors of Suicide Attempts (SOSA) support group. A sample of 92 suicide attempt survivors was recruited to participate in the 8-week SOSA support group. Individuals completed self-report measures of suicidal symptoms (i.e., suicidal ideation, hopelessness, suicidal desire, and suicidal intent) and resilience appraisals immediately prior to and following participation in the SOSA program. Paired t tests were utilized to examine pre-post symptom changes. Participants in this study reported significant reductions in suicidal ideation, hopelessness, suicidal desire, and suicidal intent after completing the SOSA program. Additionally, individuals reported significant increases in resilience appraisals following SOSA group participation. Of note, individuals engaged in concurrent mental health treatment did not demonstrate significantly greater reductions in suicidal symptoms than those not engaged in concurrent treatment, highlighting the potential utility of the SOSA intervention. Findings suggest that the SOSA support group model may be useful in therapeutically impacting suicidal symptoms and increasing resilience among suicide attempt survivors. However, to establish SOSA’s efficacy, further research is warranted to replicate these findings utilizing a randomized controlled trial design to compare outcomes from the SOSA support group to treatment as usual. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Perceived access to care among adult patients who attempted suicide. 
Authors: Abar, Beau; Greener, Elizabeth; DeRienzo, Vincent; Botelho, Sara; Wiegand, Timothy; Conner, Kenneth; 
Abstract: This study examined perceptions of barriers to care among patients presenting through the emergency department with a suicide attempt. Eighteen patients were surveyed on their perceived access to providers and how they felt 6 distinct barriers limited their access to treatment. Although most (73%) reported having a health care provider they could have contacted before their suicide attempt, the majority (78%) reported at least 1 moderate barrier to care, with the most common barrier being difficulty finding transportation. Of those reporting any experienced barriers, 80% reported more than 1. Knowledge of the most prevalent and serious barriers perceived can subsequently be used to craft tailored follow-up instructions to prevent repeated attempts. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Psychiatric symptom severity, criminal risk, and suicidal ideation and attempts among not guilty by reason of insanity state hospital inpatients. 
Authors: Mitchell, Sean M.; Brown, Sarah L.; Bolaños, Angelea D.; Rose, Benjamin; Delgado, Darci; Morgan, Robert D.; Velasquez, Susan; Cukrowicz, Kelly C.; 
Abstract:
Individuals forensically committed to a state hospital are at an increased risk of suicide; however, there is extremely limited research examining suicide risk estimates and risk factors among inpatients deemed not guilty by reason of insanity (NGRI). This study aimed to determine (a) rates of suicidal ideation history, suicide attempt history, and current distress due to suicidal ideation, and (b) the associations between psychiatric symptom severity, criminal risk factors, and suicide risk. NGRI inpatients (n = 207) from 2 state hospitals were administered assessments of psychiatric symptom severity and criminal risk factors (i.e., criminal tendencies and antisocial personality traits). Results indicated 46.4% of participants reported at least 1 previous suicide attempt, 58% reported previous suicidal ideation, and 10.1% reported some level of current distress due to suicidal ideation. Binary logistic regression results indicated psychiatric symptom severity, not criminal tendencies or antisocial personality traits, was associated with a greater likelihood of current distress due to suicidal ideation. Additionally, psychiatric symptom severity and antisocial personality traits were associated with a greater likelihood of a suicide attempt history, whereas criminal tendencies were associated with a decreased likelihood. Clinical implications are discussed, particularly the need for suicide risk assessments and management to consider both psychiatric symptoms and criminal risk factors. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Differences between inmates who attempt suicide and who die by suicide: Staff-identified psychological and treatment-related risk factors.

Authors:
Folk, Johanna B.; Loya, Jennifer M.; Alexoudis, Emily A.; Tangney, June P.; Wilson, John S.; Barboza, Sharen E.;

Source:

Abstract:
Suicidal behavior occurs at much higher rates in correctional facilities than in the community, yet little is known about factors that distinguish inmates at risk for attempting versus dying by suicide. Individuals in the current study included 925 inmates housed in 2 large U.S. jails and 8 state correctional systems who attempted (79.5%) or died by (20.5%) suicide for whom archival data were available. Mental health professionals completed a tracking sheet after suicide-related incidents, documenting inmate psychological, diagnostic, and treatment related risk factors. Differences between inmates who attempt versus those who die by suicide indicate that when mental health staff are aware of inmates' current and historical risk factors, deaths by suicide are less likely to occur. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Relation between sexual and gender minority status and suicide attempts among veterans seeking treatment for military sexual trauma.

Authors:
Sexton, Minden B.; Davis, Margaret T.; Anderson, RaeAnn E.; Bennett, Diana C.; Sparapani, Erin; Porter, Katherine E.;

Source:

Abstract:
There is limited study of suicidal behaviors among veterans identifying as sexual and gender minorities (SGMs), despite previous research indicating rates of suicide attempts are high within civilian SGM populations. Further, some research incorporating military service members suggests those identifying as SGMs are disproportionately exposed to military sexual trauma (MST), an additional risk factor for negative psychiatric sequelae. To address health care research disparities among minority veterans (i.e.,
women, those endorsing MST, SGMs), we examined presentations of veterans (N = 277) who attended initial consultation appointments for MST-related treatment and completed a semistructured clinical interview including demographic characteristics, history of suicide attempts (HSA), and a diagnostic evaluation. Twenty-eight (10.1%) veterans identified as SGMs. SGM/non-SGM groups were contrasted on suicidal and psychiatric morbidity outcomes. Overall, endorsement of HSA was high (30.7%). Despite similar clinical profiles, 53.6% of veterans who identified as SGM endorsed HSA in contrast with 28.1% of peers identifying as heterosexual and nontransgender, a significant effect of small-to-moderate size. Findings suggest assessment and clinical management of suicidality is of critical importance for clinicians providing services to veterans pursuing recovery from MST, generally, and may be especially so when delivering care to SGM. Further, results underscore the need for culturally competent delivery of trauma-focused interventions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Sexual orientation, gender, and attempted suicide among adolescent psychiatric inpatients.

Authors: DeCou, Christopher R.; Lynch, Shannon M.


Abstract: Lesbian, gay, bisexual, and queer (LGBQ) and female youth report disproportionately high rates of attempted suicide. Previous studies have not addressed the association between sexual orientation, gender, and attempted suicide among adolescent psychiatric inpatients. This study examined LGBQ orientation as a correlate of attempted suicide above and beyond other risk factors (e.g., age, rurality, trauma exposure, psychopathology), and also examined the interaction between gender and sexual orientation with regard to attempted suicide. We conducted a chart review study that included 550 adolescent psychiatric inpatients admitted to a public psychiatric hospital. Adolescents completed standardized intake assessments and self-report measures of sociodemographics, history of attempted suicide, psychopathology, and trauma history. Sexual orientation, gender, and their interaction were evaluated as predictors of attempted suicide using sequential logistic regression. LGBQ youth were more than 3 times more likely (odds ratio [OR] = 3.08) than non-LGBQ peers to have attempted suicide, and female youth were more than twice as likely to have attempted suicide compared with male patients (OR = 2.44). There was not a significant LGBQ orientation by gender interaction. These findings demonstrate the importance of LGBQ orientation and female gender as risk factors for suicidal behavior in a sample of adolescent psychiatric inpatients. Although limited by the self-report and retrospective nature of the data collected, these findings suggest the importance of initial and ongoing assessment of gender, sexual orientation, and suicidality in inpatient youth and the need for additional research to inform effective intervention efforts in this high-risk population. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: No difference in the prevalence of Alzheimer-type neurodegenerative changes in the brains of suicides when compared with controls: An explorative neuropathologic study.

Authors: Matschke, Jakob; Sehner, Susanne; Gallinat, Jürgen; Siegers, Julia; Murroni, Melanie; Püschel, Klaus; Glatzel, Markus;


Abstract: Suicide ranks among the leading causes of death for individuals of all ages with highest rates in the elderly. The cause of suicide is considered a multifactorial phenomenon. A variety of neurodegenerative diseases, notably Alzheimer’s disease, or, more recently, tauopathies as frontotemporal lobar degeneration or chronic traumatic encephalopathy, has been suggested as risk factor for suicide.
Accordingly, we hypothesized that neurodegenerative changes typical of these diseases should be more prevalent in the brains of suicides when compared with controls. Suicides from the German federal state of Hamburg (n = 162) were compared with age- and sex-matched controls who died of other cause. Neuropathological assessment included semiquantitative analysis of neuritic plaques and neurofibrillary tangles visualized with silver stains; in addition, quantitative immunohistochemical analysis of β-amyloid load and counts of tau-positive neurofibrillary tangles and neuropil threads was done. Univariate analysis and multivariable conditional logistic regression models did not show an effect of any parameter associated with the odds of committing suicide. On the contrary, after stratification for age, older suicide victims (over 48 years) showed lower β-amyloid loads when compared to controls in the univariate analysis (suicides: 4.7 ± 12.9; controls: 9.9 ± 20.9; p = 0.031; r = −0.17). In conclusion, neuropathological characteristics of Alzheimer’s disease and common tauopathies associated with age seem to be of limited relevance for suicides. However, intact cognition when planning and carrying out complex acts may be of importance in the context of suicide. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Homelessness, mental health and suicidality among LGBTQ youth accessing crisis services.

Authors:
Rhoades, Harmony; Rusow, Joshua A.; Bond, David; Lanteigne, Amy; Fulginiti, Anthony; Goldbach, Jeremy T.;

Source:

Abstract:
LGBTQ youth experience increased risks of homelessness, mental health disorder symptoms, and suicidality. Utilizing data from LGBTQ youth contacting a suicide crisis services organization, this study examined: (a) rates of homelessness among crisis services users, (b) the relationship between disclosure of LGBTQ identity to parents and parental rejection and homelessness, and (c) the relationship between homelessness and mental health disorder outcomes and suicidality. A nationwide sample of LGBTQ youth was recruited for a confidential online survey from an LGBTQ-focused crisis services hotline. Overall, nearly one-third of youth contacting the crisis services hotline had experienced lifetime homelessness, and those who had disclosed their LGBTQ identity to parents or experienced parental rejection because of LGBTQ status experienced higher rates of homelessness. Youth with homelessness experiences reported more symptoms of several mental health disorders and higher rates of suicidality. Suggestions for service providers are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Is cannabis a risk factor for suicide attempts in men and women with psychotic illness?

Authors:

Source:
Psychopharmacology, Vol 235(8), Aug, 2018 pp. 2275-2285. Publisher: Springer; [Journal Article]

Abstract:
Objective: To investigate whether recent cannabis use by men and women with psychotic disorders was associated with increased risk of suicide attempt, and to determine associated factors, stratified by sex. Methods: Data from 1065 men and 725 women interviewed in the Australian national survey of psychosis were analysed to model separately, for each sex, the impact of daily, casual or no past-year cannabis use and other risk factors including age, on a past-year suicide attempt. Results: In the past year, 168 (9.4%) participants attempted suicide. Unadjusted analyses showed daily cannabis users of both sexes had significantly increased odds of attempting suicide compared to non-users. After adjusting for confounding factors, this relationship was no longer significant. Depression had the strongest association with attempting suicide for both sexes. Sex differences in other risk factors were observed. In post hoc analysis, daily cannabis use was associated with higher odds of attempting suicide in older men compared to non-users; this was not found in younger men or women. Conclusions: Associations between past-year cannabis use and suicide attempts were confounded by other factors (depression, loneliness,
homelessness and hallucinations). The possibility of greater risk of suicidal behaviour with regular cannabis use for older men should be considered. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Reasons for living and dying in suicide attempters: A two-year prospective study.

Authors:
Brüdern, Juliane; Stähli, Annabarbara; Gysin-Maillart, Anja; Michel, Konrad; Reisch, Thomas; Jobes, David A.; Brodbeck, Jeannette;

Source:

Abstract:
Background: The internal suicide debate hypothesis assumes that in a suicidal crisis, individuals are involved in an internal struggle over whether to live or die. Reasons for living (RFL) and Reasons for dying (RFD) are important individual reasons for staying alive (e.g. family) or wanting to die (e.g. hopelessness) and reflect this internal motivational conflict of the suicidal mind. The aim of this study was to explore the association between RFL and RFD of suicide attempters and current and future suicide ideation and behavior.

Method: The sample consisted of 60 patients who were admitted at a psychiatric emergency unit in Switzerland following an attempted suicide. They received treatment as usual, participated in an assessment interview and completed self-report questionnaires. Additionally, they were instructed to write down up to five individual RFL and RFD. The number of RFL and RFD responses, depressive symptoms, and suicide ideation were assessed at baseline and 6, 12, and 24 months follow-up. Outcome measures were suicide ideation and repeated suicide attempts. Multiple imputations were used in order to address missing data. Results: The number of RFD responses was the strongest predictor for increased suicide ideation at baseline. The number of RFL responses was not associated with suicide ideation and reattempts. RFD, depressive symptoms, and baseline suicide ideation predicted subsequent suicide reattempt up to 12 months later in simple regression analyses. Mediation analyses suggested that RFD mediated the effect of depressive symptoms at baseline on suicide ideation at 12-months follow-up.

Conclusion: RFL were unrelated to the mental health of study participants and did not function as protective factor against suicide risk. RFD may be an important motivational driver in the suicidal process. Clinical interventions should focus more on the reduction of RFD than on RFL in suicidal individuals. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Re-development of mental health first aid guidelines for supporting Aboriginal and Torres Strait islanders who are experiencing suicidal thoughts and behaviour.

Authors:
Armstrong, Gregory; Ironfield, Natalie; Kelly, Claire M.; Dart, Katrina; Arabena, Kerry; Bond, Kathy; Reavley, Nicola; Jorm, Anthony F.;

Source:

Abstract:
Background: Suicide is a leading cause of death among Indigenous Australians. Friends, family and frontline workers (for example, teachers, youth workers) are often best positioned to provide initial assistance if someone is suicidal. Culturally appropriate expert consensus guidelines on how to provide mental health first aid to Australian Aboriginal and Torres Strait Islander persons who are experiencing suicidal thoughts or behaviour were developed in 2009. This study describes the re-development of these guidelines to ensure they contain the most current recommended helping actions. Methods: The Delphi consensus method was used to elicit consensus on potential helping statements to be included in the guidelines. These statements describe helping actions that Indigenous community members and non-Indigenous frontline workers can take, and information they should have, to help someone who is experiencing suicidal thoughts or displaying suicidal behaviour. A panel was formed, comprising 27 Aboriginal and Torres Strait Islander people who have expertise in Indigenous suicide prevention. The panellists were presented with the helping statements via online questionnaires and were encouraged to
suggest re-wording of statements and any additional helping statements that were not included in the original questionnaire. Statements were only accepted for inclusion in the guidelines if they were endorsed by ≥90% of panellists as essential or important. Results: From a total of 301 statements shown to the expert panel, 172 were endorsed as helping statements to be included in the re-developed guidelines. Conclusions: Aboriginal and Torres Strait Islander suicide prevention experts were able to reach consensus on appropriate strategies for providing mental health first aid to an Aboriginal or Torres Strait Islander person experiencing suicidal thoughts or behaviour. The re-development of the guidelines has resulted in more comprehensive guidance than the earlier version, for which the panel had rated 166 helping statements and had endorsed 52. These re-developed guidelines can be used to inform Indigenous suicide gatekeeper training courses. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Religious activity, psychotic features, and suicidality in 688 acute psychiatric inpatients.
Authors:
Abdel Gawad, Noha; Desai, Pratikkumar; Ali, Taha; Lewis, Kimberly K.; Polo, Robert; Engstrom, Allison; Allen, Melissa; Pigott, Teresa;
Source:
Abstract:
Background: Religiosity has been linked to mental health outcomes for decades. This study examined the potential relationship between religiosity and demographic and clinical variables in a sample of psychiatric inpatients. Methods: In total, 688 adults admitted to an acute psychiatric facility with a primary mood or psychotic disorder completed the Duke University Religion Index (DUREL). The DUREL measures religious activity in 3 domains: organizational religious activity (ORA), nonorganizational religious activity (NORA), and intrinsic (or subjective) religiosity (IR). We categorized scores into high and low religiosity. Bivariate analyses with χ² and independent sample t tests were used to examine the association between the DUREL subscales and demographic, clinical, and outcome measures. A generalized linear model was used to identify predictors of suicidality, psychosis, and 30-day rehospitalization. Results: Elevated religious activity was common in the inpatient sample, with 58% categorized as high IR, 43% as high NORA, and 36% as high ORA. For all 3 DUREL subscales, high religiosity scores were associated with significantly more psychosis (P < 0.05) and significantly less suicidal ideation (P < 0.001). High ORA (P = 0.001) and high IR (P = 0.01) were associated with significantly fewer suicide attempts. High ORA scores were also associated with an increased length of stay (P < 0.05) and more frequent 30-day readmission rates (P = 0.01). In the generalized linear model, predictors of lower levels of suicidality were high ORA, high IR, and a diagnosis of schizophrenia, schizoaffective disorder, or other psychotic disorder, whereas a diagnosis of depressive disorder was associated with greater suicidality. Predictors of psychosis were high IR and Hispanic ethnicity, whereas a diagnosis of depressive disorder was associated with lower rates of psychosis. Female inpatients were more likely than male inpatients to score high on the ORA (P < 0.05), NORA (P < 0.05), and IR (P < 0.0001) subscales. In addition, a significant relationship was detected between age and high IR scores (P < 0.005), with increasing age associated with higher IR scores. Conclusions: Although preliminary, these results suggest that a brief measure of religiosity may provide important information concerning clinical features and acute outcomes in patients hospitalized with serious mental illness. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Whether called acute suicidal affective disturbance or suicide crisis syndrome, a suicide-specific diagnosis would enhance clinical care, increase patient safety, and mitigate clinician liability.
Authors:
Joiner, Thomas E.; Simpson, Skip; Rogers, Megan L.; Stanley, Ian H.; Galynker, Igor I.;
Source:
Abstract:
Separate research groups have independently argued the need for a suicide-specific diagnosis within the psychiatric diagnostic nomenclature. Although a suicide-specific diagnosis could possibly enhance clinical care and improve patient safety, some clinicians have expressed concerns regarding the legal risk of utilizing a suicide-specific diagnosis. In this column, the first of a 2-part series exploring the potential risks and benefits of a suicide-specific diagnosis, the authors draw from their decades of experience in clinical work, legal consulting, as well as the litigation of suicide and wrongful death lawsuits and contend that the bona fide use of a suicide-specific diagnosis would mitigate legal liability to clinicians. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Adapted psychotherapy for suicidal geriatric patients with depression.
Authors: Conell, Jörn; Lewitzka, Ute;
Abstract: This debate article aims to evaluate whether current diagnostic and therapeutic options for suicidal geriatric patients with depression suffice, and which adapted strategies might be helpful. We hope to encourage clinicians to consider special approaches when treating the elderly. Background: Suicide in old age is a major public health problem, as the suicide rates are highest among those aged 60 years and older in most European countries. Although pharmacological treatment options are relatively easy for older patients to obtain, their access to standard psychotherapy is limited. The reasons for this are i) the widely shared attitude about the effectiveness of psychotherapy for older people and ii) the limited access to standard psychotherapy due to their immobility. Conclusion: New psychotherapeutic methods need to be developed. Psychotherapy at the patient's home seems to be a new approach to accommodate that individual's personal circumstances and make effective therapy possible. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Using electronic health record alerts to increase safety planning with youth at-risk for suicide: A non-randomized trial.
Authors: Reyes-Portillo, Jazmin A.; Chin, Erica M.; Toso-Salman, Josefin; Blake Turner, J.; Vawdrey, David; Mufson, Laura;
Abstract: Background: No study to date has examined the effectiveness of integrating clinical decision support tools, like electronic health record (EHR) alerts, into the clinical care of youth at-risk for suicide. Objective: This study aimed to examine the feasibility and acceptability of using an EHR alert to increase clinicians’ use of safety planning with youth at-risk for suicide in an outpatient pediatric psychiatry clinic serving an urban low-income Latino community. Methods: An alert intervention was developed to remind clinicians to complete a safety plan whenever they documented that their patient endorsed suicidal ideation, plan, or attempt during a visit in EHR notes. The alert appeared as a separate window containing a reminder message to complete a safety plan whenever they documented that their patient endorsed suicidal ideation, plan, or attempt during a visit in EHR notes. The alert appeared as a separate window containing a reminder message to complete a safety plan whenever they documented that their patient endorsed suicidal ideation, plan, or attempt during a visit in EHR notes. The alert appeared as a separate window containing a reminder message to complete a safety plan whenever they documented that their patient endorsed suicidal ideation, plan, or attempt during a visit in EHR notes. Results: There were 69 at-risk patients between the ages of 13–21 in the intervention period (M = 15.71; SD = 1.86; 66.7% female) and 64 (M = 15.38; SD = 1.93; 68.6% female) in the control period. Logistic regression analyses indicated that patients in the intervention period were significantly more likely than patients in the control period to receive a safety plan (p < .01). The pattern of results remained the same after adjusting for demographic variables (p = .01). Forty clinicians also completed a questionnaire assessing their satisfaction with the EHR alert, indicating moderate satisfaction (M = 3.01; SD = 0.63; range = 1.11–4.11). Conclusions: EHR alerts are associated with changes in clinicians’ behavior and improved compliance
Title: Examining the characteristics and clinical features of in- and between-session suicide risk assessments among psychiatric outpatients.

Authors: Hom, Melanie A.; Stanley, Ian H.; Rogers, Megan L.; Sheffler, Julia L.; Nelson, Katherine R.; Joiner, Thomas E.; Schramm, Elisabeth;


Abstract: Objective: To evaluate the characteristics of suicide risk assessments completed using the Decision Tree framework both in and between psychotherapy sessions, clinical features of patients for whom between-session assessments are indicated, and data collected across assessments. Method: Data were collected from 1,358 suicide risk assessments conducted with psychiatric outpatients (N = 41) at elevated suicide risk engaged in care at a psychology training clinic. Results: Participants completed an average of 4.75 (standard deviation = 4.95) suicide risk assessments (2.81 ± 4.43 between-session assessments) per each month in treatment. Assessment frequency and patient ratings of suicidal desire and intent were each significantly associated with therapist risk level categorizations. Conclusion: The Decision Tree framework's in- and between-session assessments have the potential to be implemented in a routinized format among psychiatric outpatients at elevated suicide risk. Additional research is needed to establish the feasibility and clinical utility of this framework across samples and providers. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Examination of interoception along the suicidality continuum.

Authors: Rogers, Megan L.; Hagan, Christopher R.; Joiner, Thomas E.;


Abstract: Objective: Interoception deficits have been associated with various points on the suicidality continuum. Most research, however, has focused on general, rather than specific facets of, interoception. This study compared individuals with lifetime suicidal ideation, plans, and attempts using a multidimensional assessment of interoception. Method: A total of 537 adults completed measures of their interoception and lifetime suicide histories. Results: Individuals with lifetime suicidal ideation reported more worry about their bodily sensations. Those with lifetime suicide attempts reported a greater tendency to distract themselves from bodily sensations and less self-regulation using bodily sensations. Individuals at all points of the suicidality continuum reported less trust of their bodily sensations. Conclusion: These findings suggest that interoception may be impaired in those with a history of suicidal thoughts and behaviors. Longitudinal designs are needed to parse apart the interplay of these variables and directionality of these relationships. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Psychiatric hospitalisation and the risk of suicide.

Authors: Large, Matthew Michael; Kapur, Nav;

Source:
Abstract:
The association between current or recent psychiatric hospitalisation and increased suicide risk is well described. This relationship is generally assumed to be due to the selection of people at increased risk of suicide for psychiatric admission and subsequent failure of protection from suicide once admitted. Here, Matthew Large and Nav Kapur debate whether or not admission to hospital also selects for vulnerability to certain harmful aspects of hospitalisation and whether the increased rate of suicide in current and recently discharged psychiatric patients is, in fact, due to psychiatric hospitalisation itself. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Depression and hopelessness as risk factors for suicide ideation, attempts and death: Meta-analysis of longitudinal studies.
Authors: Ribeiro, Jessica D.; Huang, Xieyining; Fox, Kathryn R.; Franklin, Joseph C.;
Abstract:
Background: Many studies have documented robust relationships between depression and hopelessness and subsequent suicidal thoughts and behaviours; however, much weaker and non-significant effects have also been reported. These inconsistencies raise questions about whether and to what degree these factors confer risk for suicidal thoughts and behaviours. Aims: This study aimed to evaluate the magnitude and clinical utility of depression and hopelessness as risk factors for suicide ideation, attempts and death. Method: We conducted a meta-analysis of published studies from 1971 to 31 December 2014 that included at least one longitudinal analysis predicting suicide ideation, attempt or death using any depression or hopelessness variable. Results: Overall prediction was weaker than anticipated, with weighted mean odds ratios of 1.96 (1.81–2.13) for ideation, 1.63 (1.55–1.72) for attempt and 1.33 (1.18–1.49) for death. Adjusting for publication bias further reduced estimates. Effects generally persisted regardless of sample severity, sample age or follow-up length. Conclusions: Several methodological constraints were prominent across studies; addressing these issues would likely be fruitful moving forward. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: The suicidal diary and the absent analyst.
Authors: Cheifetz, Philip;
Abstract:
Three universally recognized diaries are compared with the account of a research subject who ended her diary by ending her life. The author explores the successful diarist's capacity to transcend the isolation of self by creating a perception of otherness to whom the diary is addressed, the other-in-the-self, that facilitates the emotional processing of one’s life. Indeed, all diaries seek a response in their creation that alters the soliloquy through the diary’s self-recognizing and self-reflecting function. In contrast, the suicidal diarist cannot break free of the solipsism of her mental state and the diary’s plea to the other-in-the-self goes unanswered. The absence of response, the absent analyst, leaves the words stuck to their page. The study of the diary process makes it clear that there is no self without the other, nor a successful diary without a responsive and recognizing other-in-the-self. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: The indirect effect of perceived burdensomeness on the relationship between indices of social support and suicide ideation in college students.

Authors: Hollingsworth, David W.; Slish, Meredith L.; Wingate, LaRicka R.; Davidson, Collin L.; Rasmussen, Kathy A.; O'Keefe, Victoria M.; Tucker, Raymond P.; Grant, DeMond M.


Abstract: Objective: Research has demonstrated that a lack of social support is related to suicide risk. This study examines perceived burdensomeness and thwarted belongingness, of the Interpersonal Theory of Suicide, as mechanisms of the social support–suicide relationship in college students. Method: The study consisted of 207 students from a Midwestern university. Data were collected from 2007 to 2008. Two multiple mediation analyses were conducted to examine whether perceived burdensomeness and thwarted belongingness mediated the relationship between indices of social support and suicide ideation. Results: Perceived burdensomeness mediated the relationships between perceived social support and suicide ideation (95% confidence interval [CI] −.02 to −.00, effect size = −.01) and social connectedness and suicide ideation (95% CI −.03 to −.00, effect size = −.03). Thwarted belongingness did not mediate either relationship. Conclusions: Results suggest that a lack of social support could lead to perceptions of being a burden on others, which could lead to suicide ideation. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Depression and suicidality among bisexual youth: A nationally representative sample.

Authors: Taliaferro, Lindsay A.; Gloppen, Kari M.; Muehlenkamp, Jennifer J.; Eisenberg, Marla E.


Abstract: To address gaps in the literature on bisexual youth, we used the first nationally representative sample of high school students from the United States to determine profiles of behaviors related to depressive symptoms, a suicide attempt, and a medically-serious attempt. We examined the data from 922 bisexual students in grades 9–12 who completed the Centers for Disease Control and Prevention's 2015 National Youth Risk Behavior Survey. Latent class analysis derived three classes reflecting unique patterns of 10 risk and protective behaviors. For both the sexes: one group was high on all the risk behaviors and demonstrated the greatest risk of depression, a suicide attempt, and a medically-serious attempt; another was below average on all the risk and protective behaviors and demonstrated average/moderate risk of the outcomes; and the last demonstrated the highest levels of protective behaviors and the lowest risk of depression and suicidal behavior. Bisexual students are not homogenous with regard to the risk of mental health problems. Greater involvement in several risk behaviors and less involvement in protective behaviors, rather than merely a bisexual identity, might contribute to bisexual adolescents' increased risk of depression and suicidal behavior. Findings have implications for prevention programming, clinical interventions, and future research. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Socioeconomic risk factors for hospital admittance due to a suicide attempt in Belgium: A population-based study using administrative data.

Authors: Roelands, Marc; Vanoverloop, Johan; Maron, Leila; Bilsen, Johan.

Source:
Purpose: This population-based study aims to investigate socio-economic factors, depression and psychosis as independent risk factors for a suicide attempt that requires hospitalization, and estimate the incidence of suicide attempts. Methods: Individual-level administrative data were analysed that were collected for all members of the Socialist Health Insurance Schemes in Belgium during the period 2011–2013 (N = 3,156,030) in the context of the financing of the health care services provided. Bivariate and multivariate odds ratios were calculated for multiple socio-economic factors, socio-demographic factors and the presence of depression and psychosis. Results: During the study period, 4063 persons were hospitalized due to a suicide attempt. The incidence of suicide attempts with hospital admittance was 48.0/100,000 persons/year. Being unemployed, incapable of work over a shorter or longer period with substitute income, living on social welfare, having an increased healthcare reimbursement, living alone and using antidepressants or antipsychotics were identified as independent factors that contributed to the risk of hospitalization due to a suicide attempt. Conclusions: Persons from low income groups, however defined, those living alone, or persons using antidepressants or antipsychotics are at an increased risk of attempting suicide and needing hospitalization for it. A social policy that focuses on the improvement of these factors or their consequences may be expected to have a favourable effect on the number of suicide attempts. Funding of mental health care should also better match population needs. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: A systematic review of mass media campaigns for suicide prevention: Understanding their efficacy and the mechanisms needed for successful behavioral and literacy change.
Authors: Torok, Michelle; Calear, Alison; Shand, Fiona; Christensen, Helen;
Abstract: Mass media campaigns are increasingly seen as an important part of suicide prevention; however, despite their popularity, their efficacy is not well understood. The current review aimed to address key knowledge gaps regarding how mass media campaigns can be optimized to prevent suicide, by looking at their global efficacy, and mechanisms related to successful outcomes. A systematic review of the international literature examined studies which evaluated mass media campaigns targeted at suicide prevention, where suicide behaviors (mortality, attempts) or suicide literacy (knowledge, attitudes, help-seeking) was identified as a primary outcome. Thirteen articles describing 12 unique campaigns met eligibility criteria. For behavioral outcomes, mass media campaigns appear to be most effective when delivered as part of a multicomponent suicide prevention strategy, while 'standalone campaigns' were modestly useful for increasing suicide literacy. Level of exposure, repeat exposure, and community engagement appeared to be fundamental to the success of these campaigns; however, these constructs were poorly adhered to in the development and implementation of campaigns. Overall, the mixed quality of the included studies highlights a need for increased quantity, consistency, and quality of evaluations to advance the evidence base. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Suicidality in psychiatrically hospitalized children and adolescents: Demographics, treatment, and outcome.
Authors: Dobson, Eric T.; Keeshin, Brooks R.; Wehry, Anna M.; Saldaña, Shannon N.; Mukkamala, Lekha R.; Sorter, Michael T.; DelBello, Melissa P.; Blom, Thomas J.; Strawn, Jeffrey R.;
BACKGROUND: Despite the high prevalence of suicidality in psychiatrically hospitalized youth, its risk factors and impact on inpatient psychopharmacologic treatment are unknown. We identified characteristics associated with suicidality in psychiatrically hospitalized youth and determined the association of suicidality with subsequent psychopharmacologic interventions. METHODS: Medical records from consecutive psychiatric admissions to a large, acute care, urban, pediatric hospital were analyzed retrospectively (N = 1,309). Demographic, clinical, and treatment-related features of suicidal and nonsuicidal youth were characterized. Logistic regression identified predictors of suicidality, and multiple comparison analyses evaluated the association between suicidality and changes to antidepressant prescribing during inpatient course. RESULTS: Compared with nonsuicidal patients, inpatients who were suicidal were more likely to have a mood disorder or posttraumatic stress disorder, as well as Cannabis and alcohol use, were more commonly girls, and at least 13 years of age (all P < .05). Hospitalization was shorter for suicidal patients, was more likely to be associated with antidepressant treatment (P < .001), and among suicidal patients prescribed antidepressants at the time of admission, was associated with a greater likelihood of changing antidepressant treatment compared with nonsuicidal inpatients (P < .05). CONCLUSIONS: These findings reveal differences between suicidal and nonsuicidal psychiatrically hospitalized youth and suggest that suicidality is associated with specific pharmacologic treatment approaches within this population.


Title: Postvention is prevention—The case for suicide postvention.
Authors: Jordan, John R.;
Abstract: There is now convincing empirical evidence that exposure to suicide increases the risk of subsequent suicide, as well as other negative mental health sequelae, in those who have been exposed. This article provides a review of this empirical evidence. It also concludes that this substantial evidence base makes the compelling case that all suicide prevention programs need to include postvention services as a direct form of suicide prevention with a population of people known to be at heightened risk for suicide themselves: suicide loss survivors.


Title: Surviving suicide: A psychiatrist’s journey.
Authors: Roston, Diane;
Source: Death Studies, Vol 41(10), Nov, 2017 pp. 629-634. Publisher: Taylor & Francis; [Journal Article]
Abstract: This article is a personal narrative by Diane Roston, M.D. of the suicide of her husband, David, in 2008. It is a powerful and intimate recounting of her thoughts, emotions, and behaviors from the day of her husband’s death, up to the present time, as she tries to cope with the shock, trauma, confusion, horror, and intense grief produced by this life-changing event. It also includes her thoughtful reflections on how this experience has changed her personal and her professional life and has led to a hard-won sense of meaning and acceptance of the death.

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-57609-005&site=ehost-live

Title: After suicide: Coming together in kindness and support.
Authors: Walker, Ronnie Susan;
Source:

Abstract:
This article is a personal narrative by Ronnie Walker, MS, LCPC about the suicide of her stepson, Channing, in 1995. It describes the particular journey of shock, despair, disorientation, guilt, and anger that Walker began after the death. It also describes the remarkable personal growth and restoration of meaning that emerged for the author as she began what is now the largest online community of suicide loss survivors in the world, the Alliance of Hope (www.allianceofhope.org). The article also provides numerous examples of the power of supportive community in helping survivors of suicide loss to not only cope but also to demonstrate posttraumatic growth after the suicide of a loved one. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Responding to a suicide death: The role of first responders.
Authors: Norton, Kenneth;
Abstract: Effective response by first responders in the immediate aftermath of a suicide death can play a critical role in reducing risk and promoting healing for family, friends, and the larger community by helping people who are newly bereaved to cope with the immediate crisis, created by the death. They also can lay the foundation for the difficult journey of mourning and healing that must follow. Stressing the importance of a comprehensive and coordinated community response to suicide, this article addresses the principles and practices that are called for in the Guidelines by highlighting four distinct first responder communities: law enforcement and emergency medical services; medical examiners; funeral professionals; and clergy and faith leaders. For each of these groups, the interrelated functions they serve after a suicide are described, and clear suggestions for improvement of these functions in the service of better assisting suicide loss survivors, as well as the broader community, are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Evidence- and practice-informed approach to implementing peer grief support after suicide systematically in the USA.
Authors: Cook, Franklin James; Langford, Linda; Ruocco, Kim;
Abstract: The landmark report, Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines, identifies the suicide bereaved as an underserved population and recommends systematic development of peer grief support to help meet the needs of survivors of suicide loss. A widespread array of peer grief support after suicide (PGSS) services exists nationally, but only as a decentralized network of autonomous programs. Some research indicates that peer support is generally helpful to the suicide bereaved, a finding that is reinforced by a large body of emerging research showing that peer support is effective in mental illness and substance abuse recovery. The practice, study, growth, and refinement of peer support in those fields have generated viable ideas about the elements and principles of effective peer support—for individual practitioners and for programs and organizations—that could be used to guide the systematic implementation of PGSS. In addition, a comprehensive PGSS program (Tragedy Assistance Program for Survivors) that currently serves a large population—survivors of suicide in the military—could be a model for national PGSS systems development. Finally, there are several frameworks for systems development—zero suicide, consumer-operated services, recovery-oriented systems of care, and the consumer action research model—that could guide the expansion and increased effectiveness of
PGSS in keeping with the Guidelines’ recommendation. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Key concepts in the national guidelines: 'suicide exposure' and 'levels of care'.
Authors:
Cook, Franklin James;
Source:
Abstract:
This article is an extended excerpt from the document Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines, rewritten to emphasize, expand upon, and clarify two key, interrelated concepts introduced in the Guidelines. First, everyone exposed to a suicide fatality, regardless of their relationship to the deceased, may require support services to ameliorate the effects of that exposure. Second, a systemic response to suicide ought to be organized around three levels of care, designed and implemented strategically to meet people’s immediate needs, their need for ongoing support, and any clinical treatment needs that arise from their exposure to the fatality. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A reanalysis of occupation and suicide: Negative perceptions of the workplace linked to suicide attempts.
Authors:
Howard, Matt; Krannitz, Morgan;
Source:
Abstract:
Suicide is the ultimate outcome of poor psychological well-being; however, there is a paucity of research examining the link between occupation and suicide, despite early academic interest and the known importance of work to our everyday lives. We propose that this body of research was abandoned prematurely, and we provide a reanalysis by integrating the Job Characteristics Model and the Conservation of Resources model with extant suicide research. Specifically, we hypothesize that work design characteristics (job autonomy, task variety, physical demands) and threats to personal resources (absence of viewing work-as-career, work-family conflict, family-work conflict, job dissatisfaction) are linked to suicide attempts via depression and suicidal ideation. Utilizing three measurement occasions and 2,855 participants from the AddHealth database, our findings indicate that job autonomy, task variety, work-family conflict, family-work conflict, and job dissatisfaction all indirectly contribute to employees' suicide attempts via depression and suicidal ideation. Thus, negative employee perceptions of the workplace environment have much more severe consequences than is typically examined. Based on these results, we provide recommendations for developing a theoretically derived nomological net around suicidal behavior in an organizational context, and offer strategies for managers and employees to construct a work environment that is conducive to employee well-being. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Structural and functional alterations of the suicidal brain: An updated review of neuroimaging studies.
Authors:
Bani-Fatemi, Ali; Tasmim, Samia; Graff-Guerrero, Ariel; Gerretsen, Philip; Strauss, John; Kolla, Nathan; Spalletta, Gianfranco; De Luca, Vincenzo;
Source:
Brain imaging is a non-invasive and in vivo direct estimation of detailed brain structure, regional brain functioning and estimation of molecular processes in the brain. The main objective of this review was to analyze functional and structural neuroimaging studies of individuals at risk for suicide. We reviewed articles published between 2005 and 2018, indexed in PubMed and Medline, assessing structural and functional alterations of the brain of individuals at high risk for suicide and at low risk for suicide. We reviewed functional and structural neuroimaging studies which included individuals with a history of suicidal ideation or attempt in major depressive disorder (MDD), bipolar disorder (BD), psychosis, and borderline personality disorder (BPD). We selected 45 papers that focused on suicidality in MDD, 17 papers on BD, 11 papers on psychosis, and 5 papers on BPD. The suicidal brain across psychiatric diagnoses seems to heavily involve dysfunction of the fronto-temporal network, primarily involving reductions of gray and white matter volumes in the pre-frontal cortex (PFC), anterior cingulate, and superior temporal gyrus. Nonetheless, there are several ways to define suicidal behaviour and ideation. Therefore, it still remains difficult to combine the evidence from imaging studies that used different definitions of suicidality. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Exploring lived experience in gender and sexual minority suicide attempt survivors.

Authors:
Williams, Sara M.; Frey, Laura M.; Stage, Dese'Rae L.; Cerel, Julie;

Source:
American Journal of Orthopsychiatry Publisher: Educational Publishing Foundation; [Journal Article]

Abstract:
Gender and sexual minorities (GSM) are at a higher risk for victimization, discrimination, and emotional distress. GSM also face unique stressors that contribute to negative mental health outcomes, such as family and interpersonal rejection, ostracism and isolation, and internalized gender and sexual stigma. Suicide attempt survivors often experience similar stigma and isolation after an attempt. However, little is known about the specific experiences of GSM individuals who attempt suicide. Transcripts of interviews with 25 GSM attempt survivors conducted as part of the Live Through This project were analyzed using an interpretive phenomenological approach. Five themes that capture the lived experience of suicidality of the participants were identified in the interviews: (a) intersecting identities, (b) identity concealment, (c) internalized stigma and self-hate, (d) the social environment, and (e) the importance of peer support. Findings highlight the compounding stigma that occurs when individuals identify as both a GSM and a suicide attempt survivor. Implications for clinical work include the need for additional peer support for individuals who maintain the dual identity of GSM and suicide attempt survivor. Moreover, there is a need for mental health, crisis, and support resources and services tailored for GSM individuals that emphasize the importance of peer support in healing and recovery after a suicide attempt and in preventing future suicidal behavior. This important information can help us develop strategies to prevent suicide among the GSM population and to provide support for GSM suicide attempt survivors. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Single versus multiple suicide attempts: A prospective examination of psychiatric factors and wish to die/wish to live index among military and civilian psychiatrically admitted patients.

Authors:
Kochanski, Kristen M.; Lee-Tauler, Su Yeon; Brown, Gregory K.; Beck, Aaron T.; Perera, Kanchana U.; Novak, Laura; LaCroix, Jessica M.; Lento, Rene M.; Ghahramanlou-Holloway, Marjan;

Source:
Journal of Nervous and Mental Disease, Vol 206(8), Aug, 2018 pp. 657-661. Publisher: Lippincott Williams & Wilkins; [Journal Article]

Abstract:
Individuals with multiple suicide attempts have a greater risk for eventual suicide death. We investigated clinical differences in participants with single versus multiple suicide attempts. Individuals with multiple
attempts were more likely to have severe depressive symptoms, drug use disorder, and a higher wish to die. Borderline personality disorder traits and drug use disorder were significant predictors of multiple attempts when adjusting for other psychiatric disorders. Participants with multiple attempts sustained higher suicidal ideation—worst and wish to die/wish to live—worst scores during the 3-month assessment period. Clinical differences between individuals with multiple versus single attempts point to the need of tailored suicide prevention efforts. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
National study comparing the characteristics of patients diagnosed with schizophrenia who committed homicide vs. those who died by suicide.

Authors:
Baird, Alison; Shaw, Jenny; Hunt, Isabelle M.; Kapur, Nav; Appleby, Louis; Webb, Roger T.; Journal of Source:
Abstract:
Associations between serious mental disorder and violence are well-documented, but there is little epidemiological evidence linking these disorders and homicide risk. The reported study compares socio-demographic and clinical characteristics of people diagnosed with schizophrenia who committed homicide vs. those who died by suicide. The study is a national case series of male patients in England & Wales diagnosed with schizophrenia and convicted of homicide during 1997–2012 (n = 168), and a randomly selected comparison group of male patients with schizophrenia who died by suicide and who were matched to the homicide case series by age (n = 777). There are different patterns of behaviour in people with schizophrenia preceding homicide and suicide. Homicide perpetrators have frequently disengaged with services whilst patients who die by suicide are often in recent contact. This is important knowledge for clinical services as it indicates a different preventive emphasis despite the existence of other shared characteristics. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
A 17-year national study of prison suicides in Belgium.
Authors:
Favril, Louis; Wittouck, Ciska; Audenaert, Kurt; Vander Laenen, Freya;
Source:
Crisis: The Journal of Crisis Intervention and Suicide Prevention Publisher: Hogrefe Publishing; [Journal Article]
Abstract:
Background: Suicide is a leading cause of mortality in prisoners worldwide, yet empirical data on this matter are lacking in Belgium. Aims: This study sought to describe characteristics associated with a consecutive series of suicides in Belgian prisons from 2000 to 2016 inclusive, in order to inform suicide prevention strategies. Method: All documented cases of suicide (N = 262) were reviewed using a standardized assessment checklist. Official records were Abstracted for prisoners' sociodemographic, criminological, and clinical information, as well as for suicide-related characteristics. Results: Over the 17-year study period, suicides accounted for one third of all deaths in Belgian prisons. The average annual suicide rate in Belgium from 2000 to 2016 was 156.2 per 100,000 prisoners. Examination of all cases highlights both individual (psychiatric disorders and a history of suicide attempt) and situational (the early period of incarceration, interfacility transfers, and placement in solitary confinement) factors common in many prison suicides; some of them amenable to (clinical) management, which presents several potential avenues for suicide prevention. Limitations: Given the absence of a matched control group, no conclusions could be ascertained regarding risk factors. Conclusion: Suicide is a common, preventable cause of death among prisoners in Belgium. The results underscore the timely need for national standards and guidelines for suicide prevention in Belgian prisons. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Is suicidal behavior in mood disorders altered by comorbid PTSD?

Authors: Lento, René M.; Carson-Wong, Amanda; Green, Jonathan D.; AhnAllen, Christopher G.; Kleespies, Phillip M.;

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

Abstract: Background: Suicide is a leading cause of death among US veterans. Associations between depression, posttraumatic stress disorder (PTSD), and suicidal behaviors have been found in this population, yet minimal research has explored how manifestations of self-injurious behavior (SIB) may vary among different diagnostic presentations. Aims: This study aimed to identify clinically useful differences in SIB among veterans who experience comorbid mood disorder and PTSD (CMP) compared with those who experience a mood disorder alone (MDA). Method: Participants were 57 US military veterans who reported an incident of intentional SIB. The semistructured Post Self-Injury/Attempted Self-Injury Debriefing Interview was used to examine characteristics of the SIB. Results: Veterans diagnosed with CMP were more likely than those with MDA to (a) report that the SIB was impulsive and (b) to be under the influence of substances at the time of self-injury. Limitations: Generalizability may be limited by small sample size and predominantly European American, male demographics. While highly relevant to routine clinical practice, caution is recommended, as study diagnoses were attained from medical records rather than structured interviews. Conclusion: Safety planning that emphasizes protection against impulsive suicide attempts (e.g., means restriction) may be especially important among veterans with comorbid mood disorder and PTSD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: The association between lithium in drinking water and incidence of suicide across 15 Alabama counties.

Authors: Palmer, Anna; Cates, Marshall E.; Gorman, Greg;

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

Abstract: Background: Recent studies have shown that lithium may be effective at reducing suicide at low doses, such as those found in drinking water. Aims: The purpose of this study was to compare suicide rates with natural lithium levels in the drinking water of various Alabama counties. Method: Five drinking water samples from each of 15 Alabama counties were collected. Lithium levels were measured in triplicate using an inductively coupled plasma emission spectrophotometer and compared with suicide rate data for the period 1999–2013. Age, gender, and poverty were evaluated as potential confounding variables. Results: The average measured lithium concentrations ranged from 0.4 ppb to 32.9 ppb between the counties tested. The plot of suicide rate versus lithium concentration showed a statistically significant inverse relationship (r = −.6286, p = .0141). Evaluation of male-only suicide rate versus lithium concentration data also yielded significant results; however, the female-only rate was not significant. Age standardized suicide rates and poverty when individually compared against lithium levels were also found to be statistically significant; unexpectedly, however, poverty had a parallel trend with suicide rate. Conclusion: Lithium concentration in drinking water is inversely correlated with suicide rate in 15 Alabama counties. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Electroencephalographic and cardiovascular markers of vulnerability within families of suicidal adolescents: A pilot study.

Authors:
Suicide, self-injury, and predisposing vulnerabilities aggregate in families. Those at greatest risk often show deficits in two biologically-mediated domains: behavioral control and emotion regulation. This pilot study explored electroencephalographic and cardiovascular indices of self-regulation among typical and suicidal adolescents (n = 30/group) and biological family members (mothers, fathers, and siblings). We measured event-related potentials during a flanker task designed to evoke impulsive responding and respiratory sinus arrhythmia (RSA) at rest and during social rejection. Multilevel models indicate control families’ RSA was unaffected by social rejection (slope = 0.136, p = .097, d = 0.09), whereas clinical families demonstrated RSA withdrawal (slope = −0.191, p = .036, d = −0.13). Clinical families displayed weaker positive voltage (Pe) deflections following behavioral errors relative to controls (coefficient = −2.723, p = .017, d = −0.45), indicating risk for compromised cognitive control. Thus, families with suicidal adolescents showed autonomic and central nervous system differences in biological markers associated with suicide risk. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Nonsuicidal self-injury (NSSI) continues to be a psychiatric problem for youth and young adults, and is a robust risk factor for suicidal thoughts and behaviors. Research has established that NSSI is motivated by intrapersonal and interpersonal functions; however, research on the perceived effectiveness of NSSI for achieving the desired functions is lacking. In the current study, it was expected that using NSSI to achieve intrapersonal functions would be rated as more effective than interpersonal functions, and that perceived effectiveness of NSSI would be differentially related to NSSI severity and suicide risk outcomes. In a sample of 264 adults with lifetime NSSI history (over 70% past year), intrapersonal functions were endorsed more than interpersonal functions, and were rated as significantly more effective. Overall, perceived effectiveness of NSSI for intrapersonal functions was significantly and positively predictive of NSSI severity, while interpersonal functions were significantly and negatively related. Perceived effectiveness of NSSI for intrapersonal functions, but not interpersonal functions, were significantly predictive of more frequent and intense suicide ideation and greater likelihood of suicide plans and attempts. Results highlight the importance of assessing the perceived effectiveness of NSSI for specific functions in identifying individuals at risk for more severe NSSI and suicide. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Participants were 118 psychiatric inpatients who completed self-report assessments of mindfulness, thwarted belongingness, perceived burdensomeness, and suicide ideation. Results indicated that the additive effect of thwarted belongingness and perceived burdensomeness mediated the relation between the act with awareness, non-judging, and non-reactivity mindfulness facets, and suicide ideation. Facets of mindfulness appear to be differentially related to thwarted interpersonal needs and subsequent suicide ideation. Continued examination of specific facets of mindfulness, as they relate to suicide ideation, may highlight potentially important distinctions and better inform suicide risk assessment and treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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Title: Number and violence of suicide attempt methods: A preliminary investigation of the associations with fearlessness of suicide and fearlessness about death.

Authors: Gauthier, Jami M.; Hollingsworth, David W.; Bagge, Courtney L.


Abstract: The Interpersonal Psychological Theory of Suicide (IPTS) proposes that to attempt suicide one must not only desire death, but must also have acquired the capability to act on that desire. The IPTS states that capability for suicide can be acquired through exposure to painful and provocative events, with events most closely related to suicide (e.g., non-fatal attempt) having the strongest effects on capability. We tested the effects of two aspects of suicide attempt history—number and violence of methods—on acquired capability, operationalized as both fearlessness about death and fearlessness of suicide, in a sample of psychiatric inpatients with a history of multiple suicide attempts. Results from three separate models suggest that number of methods and number of violent methods, but not history of ever using a violent method, are associated with increased fearlessness of suicide, even after accounting for hopelessness, general painful and provocative events, NSSI, and number of attempts. Few variables were associated with fearlessness about death. Our results raise the possibility that fearlessness of death and suicide may not be synonymous constructs. They also indicate that number of methods, and/or number of violent methods, may be important markers of fearlessness of suicide among those at high risk. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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Title: Discrimination and risk for suicide in later life.

Authors: Conwell, Yeates;


Abstract: Completed suicide is an issue of major public health significance worldwide, the cause of up to 1 million deaths each year. Older adults, both men and women, are at higher risk than other age groups in many countries. In the United States, rates of completed suicide are highest in mid-life for women but rise steadily to old-old age among men. The demographic trends underlying suicide are of even greater concern. Throughout their lives members of the baby boom cohort have carried higher risk of suicide than preceding age cohorts. As this large group at high risk ages into later life over the next two decades (the first baby boomers reached age 65 in 2011), we should anticipate great increases in the numbers of older people taking their own lives. The work of Li and colleagues (see record 2017-56384-008) in this issue of the American Journal of Geriatric Psychiatry contributes additional evidence that having been the target of racial discrimination may also play a role. Reasoning that Chinese American older adults are a rapidly growing cohort with high rates of suicide and for whom cultural factors may make episodes of discrimination particularly stressful, the investigators conducted analyses of data from the Population-based Study of Chinese Elderly (PINE). The largest epidemiological study of older Chinese Americans to date, PINE conducted comprehensive assessments of 3,157 individuals aged 60 years and older who lived in the Chicago area. Among the study’s many strengths are the use of a community-participatory
approach to engage a broadly representative sample, conduct of interviews in community settings in the individual's preferred language and dialect, and the availability of variables across a wide range of domains pertinent to the study of suicide risk. In addition to sociodemographic characteristics, these included measures of depression and anxiety, cognitive functions, physical illness burden, and bodily pain. Perceived racial discrimination was associated with almost twofold greater likelihood of reporting suicidal or death ideation in the last month. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
A listening perspective in psychotherapy with suicidal patients: Establishing convergence in therapists and patients private theories on suicidality and cure.
Authors:
Østlie, Kristin; Stänicke, Erik; Haavind, Hanne;
Source:
Abstract:
Objective: To explore ways that psychotherapists and suicidal patients handle suicidality as a topic, and how it impacts the bond between them. Method: Nineteen suicidal patients and their therapists participated in a naturalistic study. Patients were interviewed before they started in therapy, and both patients and therapists were interviewed after three sessions and after one year. Results: Whether suicidality was frequently or seldomly addressed during the sessions did not bear any direct influence on the establishment of a working alliance. Rather, the sense of being engaged in a process of change followed from the therapist's capacity to establish a wide listening perspective, with sensitivity towards their own uncertainties, as well as to implicit and explicit messages about the patient's state of mind. The 'private theories' of suicidality and cure that were held by the two parties tended to converge as a result of their work together. If convergence was not established early on, what mattered was their capacity to detect and work on their divergences. Unaddressed divergences led to vicissitudes and eventually resignation. Conclusions: Listening and exploring divergences in private theories of cure mattered for the creation of a viable working alliance directed at the patient’s efforts to live their life. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Suicidal ideation while incarcerated: Prevalence and correlates in a large sample of male prisoners in Flanders, Belgium.
Authors:
Favril, Louis; Vander Laenen, Freya; Vandeviver, Christophe; Audenaert, Kurt;
Source:
Abstract:
Prisoners constitute a high-risk group for suicide. As an early stage in the pathway leading to suicide, suicidal ideation represents an important target for prevention, yet research on this topic is scarce in general prison populations. Using a cross-sectional survey design, correlates of suicidal ideation while incarcerated were examined in a sample of 1203 male prisoners, randomly selected from 15 Flemish prisons. Overall, a lifetime history of suicidal ideation and attempts was endorsed by 43.1% and 20.3% of respondents, respectively. Approximately a quarter of all prisoners (23.7%) reported past-year suicidal ideation during their current incarceration, which was significantly associated with both imported vulnerabilities (psychiatric diagnoses and a history of attempted suicide) and variables unique to the prison experience (lack of working activity, exposure to suicidal behaviour by peers, and low levels of perceived autonomy, safety and social support) in the multivariate regression analysis. A first-ever period of imprisonment and a shorter length of incarceration (≤ 12 months) were also associated with increased odds of recent suicidal ideation. Collectively, the current findings underscore the importance of both vulnerability factors and prison-specific stressors for suicidal ideation in prisoners, and hence the need for a multi-faceted approach to suicide prevention in custodial settings. In addition to the provision of appropriate mental health care, environmental interventions that target modifiable aspects of the prison
regime could provide a substantial buffer for the onset and persistence of suicidal ideation in this at-risk population. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
A social-ecological framework of theory, assessment, and prevention of suicide.

**Authors:**
Cramer, Robert J.; Kapusta, Nestor D.;

**Source:**

**Abstract:**
The juxtaposition of increasing suicide rates with continued calls for suicide prevention efforts begs for new approaches. Grounded in the Centers for Disease Control and Prevention (CDC) framework for tackling health issues, this personal views work integrates relevant suicide risk/protective factor, assessment, and intervention/prevention literatures. Based on these components of suicide risk, we articulate a Social-Ecological Suicide Prevention Model (SESPM) which provides an integration of general and population-specific risk and protective factors. We also use this multi-level perspective to provide a structured approach to understanding current theories and intervention/prevention efforts concerning suicide. Following similar multi-level prevention efforts in interpersonal violence and Human Immunodeficiency Virus (HIV) domains, we offer recommendations for social-ecologically informed suicide prevention theory, training, research, assessment, and intervention programming. Although the SESPM calls for further empirical testing, it provides a suitable backdrop for tailoring of current prevention and intervention programs to population-specific needs. Moreover, the multi-level model shows promise to move suicide risk assessment forward (e.g., development of multi-level suicide risk algorithms or structured professional judgments instruments) to overcome current limitations in the field. Finally, we articulate a set of characteristics of social-ecologically based suicide prevention programs. These include the need to address risk and protective factors with the strongest degree of empirical support at each multi-level layer, incorporate a comprehensive program evaluation strategy, and use a variety of prevention techniques across levels of prevention. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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Mental Health Services/Mental Health Promotion and Prevention

**Title:**
Task-sharing approaches to improve mental health care in rural and other low-resource settings: A systematic review.

**Authors:**
Hoeft, Theresa J.; Fortney, John C.; Patel, Vikram; Unützer, Jürgen;

**Source:**

**Abstract:**
Purpose: Rural areas persistently face a shortage of mental health specialists. Task shifting, or task sharing, is an approach in global mental health that may help address unmet mental health needs in rural and other low-resource areas. This review focuses on task-shifting approaches and highlights future directions for research in this area. Methods: Systematic review on task sharing of mental health care in rural areas of high-income countries included: (1) PubMed, (2) gray literature for innovations not yet published in peer-reviewed journals, and (3) outreach to experts for additional articles. We included English language articles published before August 31, 2013, on interventions sharing mental health care tasks across a team in rural settings. We excluded literature: (1) from low- and middle-income countries, (2) involving direct transfer of care to another provider, and (3) describing clinical guidelines and shared decision-making tools. Findings: The review identified approaches to task sharing focused mainly on community health workers and primary care providers. Technology was identified as a way to leverage mental health specialists to support care across settings both within primary care and out in the community. The review also highlighted how provider education, supervision, and partnerships with local communities can support task sharing. Challenges, such as confidentiality, are often not addressed in the literature. Conclusions: Approaches to task sharing may improve reach and effectiveness of mental health care in rural and other low-resource settings, though important questions remain. We recommend promising research directions to address these questions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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**Title:**
Development of the Perceived Access Inventory: A patient-centered measure of access to mental health care.

**Authors:**
Pyne, Jeffrey M.; Kelly, P. Adam; Fischer, Ellen P.; Miller, Christopher J.; Wright, Patricia; Zamora, Kara; Koenig, Christopher J.; Stanley, Regina; Seal, Karen; Burgess, James F. Jr.; Fortney, John C.;

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

**Abstract:**
According to recent Congressional testimony by the Secretary for Veterans Affairs (VA), improving the timeliness of services is one of five current priorities for VA. A comprehensive access measure, grounded in veterans’ experience, is essential to support VA’s efforts to improve access. In this article, the authors describe the process they used to develop the Perceived Access Inventory (PAI), a veteran-centered measure of perceived access to mental health services. They used a multiphase, mixed-methods approach to develop the PAI. Each phase built on and was informed by preceding phases. In Phase 1, the authors conducted 80 individual, semistructured, qualitative interviews with veterans from 3 geographic regions to elicit the barriers and facilitators they experienced in seeking mental health care. In Phase 2, they generated a preliminary set of 77 PAI items based on Phase 1 qualitative data. In Phase 3, an external expert panel rated the preliminary PAI items in terms of relevance and importance, and provided feedback on format and response options. Thirty-nine PAI items resulted from Phase 3. In Phase 4, veterans gave feedback on the readability and understandability of the PAI items generated in Phase 3. Following completion of these 4 developmental phases, the PAI included 43 items addressing 5 domains: logistics (five items), culture (three items), digital (nine items), systems of care (13 items), and experiences of care (13 items). Future work will evaluate concurrent and predictive validity, test/retest reliability, sensitivity to change, and the need for further item reduction. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
The implementation and adherence to evidence-based protocols for psychotherapy for depression: The perspective of therapists in Dutch specialized mental healthcare.

Authors:
Bruijniks, Sanne J. E.; Franx, Gerdien; Huibers, Marcus J. H.;

Source:

Abstract:
Background: Although psychotherapy is an effective treatment for depression, a large number of patients still do not receive care according to the protocols that are used in clinical trials. Instead, patients often receive a modified version of the original intervention. It is not clear how and when treatment protocols are used or modified in the Dutch specialized mental health care and whether these changes lead to suboptimal adherence to treatment protocols. Methods: In the context of an ongoing multicenter trial that investigates whether twice-weekly sessions of protocolized interpersonal psychotherapy (IPT) and cognitive behavioral therapy (CBT) for depression lead to better treatment outcomes compared to once-weekly sessions, two focus groups using semi-structured interviews were organized. Aims were to increase insight in the adherence to and modifications of CBT and IPT protocols in the Dutch specialized mental health care for depression. Participants were fifteen therapists from seven mental health locations part of five mental health organizations. Verbatim transcripts were coded and analyzed using qualitative software. Results: Three themes emerged: modification as the common practice, professional and patient factors influencing the adherence to protocols and organizational boundaries and flexibility. Treatment modification appeared to happen on a frequent basis, even in the context of a trial. Definitions of treatment modifications were multiple and varied from using intuition to flexible use of the same protocol. Therapist training and supervision, the years of work experience and individual characteristics of the therapist and the patient were mentioned to influence the adherence to protocols. Modifications of the therapists depended very much on the culture within the mental health locations, who differed in terms of the flexibility offered to therapists to choose and modify treatment protocols. Conclusions: Not all treatment modifications were in line with existing evidence or guidelines. Regular supervision, team meetings and a shared vision were identified as crucial factors to increase adherence to treatment protocols, whereas additional organizational factors, among which a change of mindset, may facilitate adequate implementation. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Differential association of stigma with perceived need and mental health service use.

Authors:
Wong, Eunice C.; Collins, Rebecca L.; Breslau, Joshua; Burnam, M. Audrey; Cefalu, Matthew; Roth, Elizabeth A.;

Source:
Journal of Nervous and Mental Disease, Vol 206(6), Jun, 2018 pp. 461-468. Publisher: Lippincott Williams & Wilkins; [Journal Article]

Abstract:
This study examined the role of stigma at two stages of the treatment-seeking process by assessing associations between various types of stigma and perceived need for mental health treatment as well as actual treatment use. We analyzed cross-sectional data from the 2014 and 2016 California Well-Being Survey, a telephone survey with a representative sample of 1954 California residents with probable mental illness. Multivariable logistic regression indicated that perceived need was associated with less negative beliefs about mental illness (odds ratio [OR] = 0.72; 95% confidence interval [CI] = 0.54, 0.95) and greater intentions to conceal a mental illness (OR = 1.47; 95% CI = 1.12–1.92). Among respondents with perceived need, treatment use was associated with greater mental health knowledge/advocacy (OR = 1.63; 95% CI = 1.03–2.56) and less negative treatment attitudes (OR = 0.66; 95% CI = 0.43–1.00). Understanding which aspects of stigma are related to different stages of the help-seeking process is essential to guiding policy and program initiatives aimed at ensuring individuals with mental illness obtain needed mental health services. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title:
Peer-supported self-management for people discharged from a mental health crisis team: A randomised controlled trial.

Authors:
Johnson, Sonia; Lamb, Danielle; Marston, Louise; Osborn, David; Mason, Oliver; Henderson, Claire; Ambler, Gareth; Milton, Alyssa; Davidson, Michael; Christoforou, Marina; Sullivan, Sarah; Hunter, Rachael; Hindle, David; Paterson, Beth; Leverton, Monica; Piotrowski, Jonathan; Forsyth, Rebecca; Mosse, Liberty; Goater, Nicky; Kelly, Kathleen; Lean, Mel; Pilling, Stephen; Morant, Nicola; Lloyd-Evans, Brynmor;

Source:

Abstract:
Background: High resource expenditure on acute care is a challenge for mental health services aiming to focus on supporting recovery, and relapse after an acute crisis episode is common. Some evidence supports self-management interventions to prevent such relapses, but their effect on readmissions to acute care following a crisis is untested. We tested whether a self-management intervention facilitated by peer support workers could reduce rates of readmission to acute care for people discharged from crisis resolution teams, which provide intensive home treatment following a crisis. Methods: We did a randomised controlled superiority trial recruiting participants from six crisis resolution teams in England. Eligible participants had been on crisis resolution team caseloads for at least a week, and had capacity to give informed consent. Participants were randomly assigned to intervention and control groups by an unmasked data manager. Those collecting and analysing data were masked to allocation, but participants were not. Participants in the intervention group were offered up to ten sessions with a peer support worker who supported them in completing a personal recovery workbook, including formulation of personal recovery goals and crisis plans. The control group received the personal recovery workbook by post. The primary outcome was readmission to acute care within 1 year. This trial is registered with ISRCTN, number 01027104. Findings: 221 participants were assigned to the intervention group versus 220 to the control group; primary outcome data were obtained for 218 versus 216. 64 (29%) of 218 participants in the intervention versus 83 (38%) of 216 in the control group were readmitted to acute care within 1 year (odds ratio 0·66, 95% CI 0·43–0·99; p = 0·0438). 71 serious adverse events were identified in the trial (29 in the treatment group; 42 in the control group). Interpretation: Our findings suggest that peer-delivered self-management reduces readmission to acute care, although admission rates were lower than anticipated and confidence intervals were relatively wide. The complexity of the study intervention limits interpretability, but assessment is warranted of whether implementing this intervention in routine settings reduces acute care readmission. Funding: National Institute for Health Research.

Title:
Area-socioeconomic disparities in mental health service use among children involved in the child welfare system.

Authors:
Kim, Minseop; Garcia, Antonio R.; Yang, Shuyan; Jung, Nahri;

Source:

Abstract:
Relying on data from a nationally representative sample of youth involved in the child welfare system (CWS) in 1999–2000 (the National Survey of Child and Adolescent Well-Being, Cohort 1) and 2008–2009 (Cohort 2), this study implemented a diverse set of disparity indicators to estimate area-socioeconomic disparities in mental health (MH) services use and changes in area-socioeconomic disparities between the two cohorts. Our study found that there are area-socioeconomic disparities in MH service use, indicating that the rates of MH service use among youth referred to the CWS differ by area-socioeconomic positions defined by county-level poverty rates. We also found that area-socioeconomic disparities increased over time. However, the magnitude of the increase varied widely across disparity measures, suggesting that there are different conclusions about the trend and magnitude of area-socioeconomic disparities,
depending upon which disparity measures are implemented. A greater understanding of the methodological differences among disparity measures is warranted, which will in turn impact how interventions are designed to reduce socioeconomic disparities among children in the CWS. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: 'Whom do you serve?' school mental health clinics and the child and adolescent psychiatrist.
Authors: Alleyne, Shirley;
Abstract: This article discusses the school mental health clinics and the child and adolescent psychiatrist. The school mental health service agreement among the parents, school, and provider allows for dialogue between the provider and school staff concerning evaluation findings and recommendations. School-based mental health service provision has been discussed at length in the literature; however, the ethical dilemmas, interpersonal conflict, and dual loyalty unique to school mental health clinics has been less widely addressed. As a child and adolescent psychiatrist working in the context of the school parent student and physician partnership, the author has become increasingly respectful of the unique complexities of providing services in this setting, and the enormous responsibility associated with playing a central role in this partnership forged in the best interest of the child. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Parent training for preschool ADHD in routine, specialist care: A randomized controlled trial.
Authors: Lange, Anne-Mette; Daley, David; Frydenberg, Morten; Houmann, Tine; Kristensen, Lene Juel; Rask, Charlotte; Sonuga-Barke, Edmund; Søndergaard-Baden, Signe; Udupi, Aparna; Thomsen, Per Hove;
Abstract: Objective: Parent training is recommended for attention-deficit/hyperactivity disorder (ADHD) in preschool children. Evidence-based interventions are important, but only if they produce better outcomes than usual care. Method: The authors conducted a multicenter, 2-arm, parallel-group, randomized controlled trial in routine specialist ADHD clinics in the Danish Child and Adolescent Mental Health Services. Children (N = 164, 3–7 years old) with ADHD received a well-established parent training program (New Forest Parenting Programme; n = 88) or treatment as usual (n = 76). The primary outcome was parent ratings of child ADHD symptoms. Secondary outcomes included teacher ratings and direct observations of ADHD symptoms. Outcomes were measured at baseline, after treatment, and at follow-up (36 weeks later). Representativeness of participants was evaluated against the total national cohort of children (N = 1,378, 3–7 years old) diagnosed with ADHD during the same period using the Danish Civil Registration System. Statistical analysis used a repeated measure model. Results: After treatment, the parent training program was superior to treatment as usual on parent-rated ADHD symptoms (p = .009; effect size d = 0.30) and on parenting self-efficacy and family strain. Effects persisted to 36 weeks after treatment. There were no effects on teacher ratings or direct observations of ADHD or on ratings of conduct problems or parenting. The clinical sample was similar to the national cohort of young children with ADHD. Conclusion: Evidence-based parent training has value as an intervention for preschool ADHD in routine clinical settings. As in previous trials, effects were restricted to parent-reported outcomes. Surprisingly, there were no effects on child conduct problems. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Levels of depression in transgender people and its predictors: Results of a large matched control study with transgender people accessing clinical services.

Authors: Witcomb, Gemma L.; Bouman, Walter Pierre; Claes, Laurence; Brewin, Nicola; Crawford, John R.; Arcelus, Jon;

Source: Journal of Affective Disorders, Vol 235, Aug 1, 2018 pp. 308-315. Publisher: Elsevier Science

Abstract: Background: Depression is a serious disorder which significantly impacts wellbeing and quality of life. Studies exploring mental wellbeing in the transgender population are mostly limited by small, non-homogenous samples and lack of matched controls. This study aimed to address these limitations and explore depression rates in a large sample of transgender people, compared with matched controls from the general population, as well as factors predicting depression in those taking cross-sex hormone treatment (CHT) compared to those not. Methods: Transgender individuals (n = 913) completed a measure of depression, measures which predict psychopathology (self-esteem, victimization, social support, interpersonal problems), and information regarding CHT use. Participants were matched by age and experienced gender with adults from the general population who had completed the measure of depression. Results: Individuals were categorized as having no, possible or probable depressive disorder. Transgender individuals not on CHT had a nearly four-fold increased risk of probable depressive disorder, compared to controls. Older age, lower self-esteem, poorer interpersonal function and less social support predicted depressive disorder. Use of CHT was associated with less depression. Limitations: Participants were attending a national gender identity service and therefore represent only a sub-group of transgender people. Due to the cross-sectional design, longitudinal research is required to fully confirm the finding that CHT use reduces depression. Conclusion: This study confirms that non-treated transgender individuals have an increased risk of a depressive disorder. Interventions offered alongside gender affirming treatment to develop interpersonal skills, increase self-esteem and improve social support may reduce depression and prepare individuals for a more successful transition. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: An introduction to global mental health.

Authors: Patterson, Jo Ellen; Edwards, Todd M.;


Abstract: In general, readers of Families, Systems, and Health (FSH) practice in high income countries and in settings that have adequate resources. Providers can usually count on being able to offer the material resources and skills that patients need to heal. This bounty of resources is in contrast to many clinics in low- and middle-income countries (LMICs). The need for mental health services in LMICs is significant and growing because of upheaval caused by war and other disasters. The topics in this issue talk about the obstacles to obtaining mental health services, trends in global mental health, and FSH in the global mental health movement. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Family-based youth mental health interventions delivered by nonspecialist providers in low- and middle-income countries: A systematic review.

Authors: Healy, Elsa A.; Kaiser, Bonnie N.; Puffer, Eve S.;

Source:
Abstract:
Introduction: Youth in low- and middle-income countries (LMICs) are at increased risk for poor mental health due to economic and social disadvantage. Interventions that strengthen families may equip children and adolescents with the supports and resources to fulfill their potential and buffer them from future stressors and adversity. Due to human resource constraints, task-sharing—delivery of interventions by nonspecialists—may be an effective strategy to facilitate the dissemination of mental health interventions in low resource contexts. To this end, we conducted a systematic review of the literature on family-based interventions delivered in LMICs by nonspecialist providers (NSPs) targeting youth mental health and family related outcomes. Method: Cochrane and PRISMA procedures guided this review. Searches were conducted in PsychInfo, PubMed, and Web of Science, with additional articles pulled from reference lists. Results: This search yielded 10 studies. Four studies were developed specifically for the delivery context using formative qualitative research; the remaining interventions underwent adaptation for use in the context. All interventions employed a period of structured training; nine studies additionally provided ongoing supervision to counselors. Interventions noted widespread acceptance of program material and delivery by NSPs. They also noted the need for ongoing supervision of NSPs to increase treatment fidelity. Discussion: Usage of NSPs is quite consistently proving feasible, acceptable, and efficacious and is almost certainly a valuable component within approaches to scaling up mental health programs. A clear next step is to establish and evaluate sustainable models of training and supervision to further inform scalability. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: First responder mental healthcare: Evidence-based prevention, postvention, and treatment.
Authors: Lanza, Allyssa; Roysircar, Gargi; Rodgers, Sarajane;
Abstract:
Recent national tragedies of hurricanes, mass shootings, gun violence in schools, wild fires, and mudslides have drawn our attention to the trauma of affected individuals and schoolchildren, but less to the stressors of first responders. While commonly regaled as 'heroes,' responders face a scarcity of systemic and tailored mental health support. First responders are susceptible to witnessing a wide array of traumatic events, often in their own communities, that contribute to their stress (Benedek, Fullerton, & Ursano, 2007; Castellano & Plionis, 2006; Kleim & Westphal, 2011). This article critiques systemic resources for first responders' mental healthcare; addresses their personal-social characteristics as well as workplace cultural stigma about help-seeking attitudes; and includes a needs assessment of first responders' resilience that was conducted by one of the authors (Roysircar, 2008a). Using this evidence-based practice knowledge about first responders, the authors present three hypothetical vignettes that highlight the different challenges that commonly effect first responders and recommend interventions. The authors advocate for access to specialized resources that enhance first responders' preparedness for a potentially traumatic event (i.e., prevention education); increase their coping skills and social connections after an event (i.e., postvention service); and provide ongoing mental healthcare (i.e., treatment) that is culturally tailored to first responders' unique needs arising from their work context and identity. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Dissolving the dichotomy in health and healthcare.
Authors: Runyan, Christine N.;
Source: Educational Publishing Foundation; [Journal Article]
Abstract:
The New England Journal of Medicine Catalyst recently published an article entitled 'It's Time to Treat Physical and Mental Health With Equal Intent' (Compton-Phillips & Mohta, 2018). The article describes a survey of the NEJM Catalyst Insights Council, a qualified group (n=565) of U.S. executives, clinical leaders, and clinicians who are directly involved in health care delivery. Ninety nine percent of council members responded that mental health should not only be integrated into ambulatory medical care settings but also embrace a 'shared concept of mutual responsibility' (p. 11). As a long-time clinician, educator, and advocate for integrated care, Runyan was so pleased to see this dogmatic statement in a New England Journal of Medicine publication. Labeling disease as either physical or emotional has never served the individual well and may further exacerbate existing stigma and reluctance to seek the most appropriate services. Runyan argues it is time to use intentional language to avoid deconstructing physical and mental health in our discourse or be complicit when others dichotomize measurement and funding. Runyan challenges leaders and aspiring leaders in the field of integrated care to use language and advocate for measures that blur, if not dissolve, this unhelpful and artificial dichotomy.

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2018-27937-017&site=ehost-live

Title: Mental health supported accommodation services: A systematic review of mental health and psychosocial outcomes.
Authors: McPherson, Peter; Krotofil, Joanna; Killaspy, Helen
Abstract: Background: Post-deinstitutionalisation, mental health supported accommodation services have been implemented widely. The available research evidence is heterogeneous in nature and resistant to synthesis attempts, leaving researchers and policy makers with no clear summary what works and for whom. In this context, we undertook a comprehensive systematic review of quantitative studies in order to synthesise the current evidence on mental health and psychosocial outcomes for individuals residing in mental health supported accommodation services. Methods: Using a combination of electronic database searches, hand searches, forward-backward snowballing and article recommendations from an expert panel, 115 papers were identified for review. Data extraction and quality assessments were conducted, and 33 articles were excluded due to low quality, leaving 82 papers in the final review. Variation in terminology and service characteristics made the comparison of service models unfeasible. As such, findings were presented according to the following sub-groups: ‘Homeless’, ‘Deinstitutionalisation’ and ‘General Severe Mental Illness (SMI)’. Results: Results were mixed, reflecting the heterogeneity of the supported accommodation literature, in terms of research quality, experimental design, population, service types and outcomes assessed. There is some evidence that supported accommodation is effective across a range of psychosocial outcomes. The most robust evidence supports the effectiveness of the permanent supported accommodation model for homeless SMI in generating improvements in housing retention and stability, and appropriate use of clinical services over time, and for other forms of supported accommodation for deinstitutionalised populations in reducing hospitalisation rates and improving appropriate service use. The evidence base for general SMI populations is less developed, and requires further research. Conclusions: A lack of high-quality experimental studies, definitional inconsistency and poor reporting continue to stymie our ability to identify effective supported accommodation models and practices. The authors recommend improved reporting standards and the prioritisation of experimental studies that compare outcomes across different service models.


Title: Psychological interventions for caregivers of people with bipolar disorder: A systematic review and meta-analysis.
Authors: Baruch, Ella; Pistrang, Nancy; Barker, Chris
Source:

**Abstract:**
Aims: Clinical guidelines recommend that psychological interventions be offered to caregivers of people with bipolar disorder. However, there is little clarity about the efficacy of such interventions. This review examined the efficacy of psychological interventions in improving caregiver-focused outcomes, including burden, psychological symptoms and knowledge. Method: A systematic search for controlled trials was conducted using a combination of electronic database searches (PsycINFO, MEDLINE, and CENTRAL), and hand searches. Risk of bias was assessed using the Cochrane Collaboration tool. Outcomes were meta-analysed using Review Manager (RevMan). Results: Nine studies met inclusion criteria. All meta-analyses compared psychoeducation to a control. At post-treatment there was a large effect of psychoeducation on burden (g = −0.8, 95% CI: −1.32, −0.27). However, there was high heterogeneity, confidence intervals were wide, and the effect was not maintained at follow-up. The apparent effect of psychoeducation on psychological symptoms was driven by a single outlying study. There was a very large effect on knowledge at post-treatment (g = 2.60, 95% CI: 1.39, 3.82) and follow-up (g = 2.41, 95% CI: 0.85, 3.98). Limitations: There was considerable diversity in study methodology and quality. The number of included studies and sample sizes were small. Conclusions: This review provides tentative meta-analytic evidence for the efficacy of psychoeducation in improving caregiver burden at post-treatment, and knowledge at post-treatment and follow-up. Services could consider offering psychoeducation as part of a multi-disciplinary package of care. However, more methodologically rigorous research is needed before clinical recommendations can be made with confidence. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


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Personality Disorders

Title: Momentary assessment of everyday physical pain in outpatients with borderline personality disorder.
Authors: Carpenter, Ryan W.; Tragesser, Sarah L.; Lane, Sean P.; Trull, Timothy J.
Source: Personality Disorders: Theory, Research, and Treatment Publisher: Educational Publishing Foundation;
Abstract: Borderline personality disorder (BPD) is a severe psychiatric disorder associated with dysregulation in multiple domains of functioning. Physical health, and specifically pain, is one such domain that has gone understudied. Although evidence suggests that BPD is associated with chronic pain, few studies have examined nonchronic pain in the disorder. The current study used ambulatory assessment to examine momentary physical pain in everyday life in BPD outpatients (N = 26) and community comparisons (COM; N = 26) not in treatment for chronic pain (N observations = 5,458). We predicted and observed that BPD outpatients would report greater pain intensity and greater pain variability than COM comparisons. We also examined the relationship of pain and emotion dysregulation, a core feature of BPD, by testing the association between pain and negative affect concurrently and lagged over time. We predicted that momentary pain and negative affect would be associated in both groups, but that pain would predict negative affect more strongly in the BPD group. As predicted, concurrent pain and negative affect were associated in both groups, and groups differed significantly in terms of the association of lagged pain and next-assessment negative affect, with a negative association in the COM group. The current study represents a preliminary first step, finding that pain is relevant to the everyday experience of BPD individuals. This pain propensity may contribute to the elevated prevalence of BPD in chronic pain samples. Further, BPD individuals demonstrated emotional reactivity to pain, suggesting that pain may be a contributor to emotion dysregulation in this disorder. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Personality disorder traits: Testing insight regarding presence of traits, impairment, and desire for change.
Authors: Sleep, Chelsea E.; Lamkin, Joanna; Lynam, Donald R.; Campbell, W. Keith; Miller, Joshua D.
Source: Personality Disorders: Theory, Research, and Treatment Publisher: Educational Publishing Foundation;
Abstract: Mixed findings exist as to whether personality pathology involves a critical lack of awareness and insight. Research questions about insight and awareness in personality pathology are typically assessed via comparing self- and informant reports of traits. However, recent studies have measured insight by asking individuals to evaluate additional questions about impairment and desire to change. The present study uses a variety of approaches to examine these issues, including investigations of convergence between self- and informant reports (N = 197 dyads; correlations and comparisons of means) of personality psychopathology, desired trait levels, and perceptions of impairment. Convergence was observed between levels of self- and informant-reported traits, desired traits, and impairment. However, individuals rated themselves higher on pathological trait levels and impairment than did their informants. Furthermore, individuals with relatively higher pathological traits desired higher levels of these traits (but lower than their actual scores) than individuals with lower scores; on the actual measurement scale, however, these higher scorers rated their desired level below the neutral point. Overall, individuals with pathological personality traits possess a reasonable degree of insight into their actual trait levels and associated impairment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Borderline personality symptoms and work performance: A population-based survey.
Authors:
Juurlink, Trees T.; ten Have, Margreet; Lamers, Femke; van Marle, Hein J. F.; Anema, Johannes R.; de Graaf, Ron; Beekman, Aartjan T. F.;

Source:

Abstract:
Background: This study aims to elucidate the interplay between borderline personality symptoms and working conditions as a pathway for impaired work performance among workers in the general population.

Methods: Cross-sectional data from the Netherlands Mental Health Survey and Incidence Study-2 (NEMESIS-2) were used, including 3672 workers. Borderline personality symptoms were measured with the International Personality Disorder Examination (IPDE) questionnaire. Working conditions (decision latitude, psychological job demands, job security and co-worker support) were assessed with the Job Content Questionnaire (JCQ). Impaired work performance was assessed as total work loss days per month, defined as the sum of days of three types of impaired work performance (inability to work, cut-down to work, and diminished quality at work). These were assessed with the WHO Disability Assessment Schedule (WHO-DAS). Common mental disorders (CMD) were assessed with the Composite International Diagnostic Interview (CIDI).

Results: Number of borderline personality symptoms was consistently associated with impaired work performance, even after controlling for type or number of adverse working conditions and co-occurrence of CMD. Borderline personality symptoms were associated with low decision latitude, job insecurity and low co-worker support. The relationship between borderline personality symptoms and work performance diminished slightly after controlling for type or number of working conditions. Conclusions: The current study shows that having borderline personality symptoms is a unique determinant of work performance. This association seems partially explained through the impact of borderline personality symptoms on working conditions. Future studies are warranted to study causality and should aim at diminishing borderline personality symptoms and coping with working conditions.

Title:
Maternal personality disorder symptoms in primary health care: Associations with mother–toddler interactions at one-year follow-up.

Authors:
Høivik, Magnhild Singstad; Lydersen, Stian; Ranøyen, Ingunn; Berg-Nielsen, Turid Suzanne;

Source:

Abstract:
Background: Research is scarce on how mothers' symptoms of personality disorders are linked to the mother–toddler relationship. In this study we have explored the extent to which these symptoms are associated with mutual mother–toddler interactions assessed 1 year after the initial assessment.

Methods: Mothers and their 0–24-month-old children (n = 112) were recruited by nurses at well-baby clinics due to either self-reported or observed mother–toddler interaction problems. At inclusion (T1), mothers filled out the DSM-IV and ICD-10 Personality Questionnaire (DIP-Q), which measures symptoms of ten personality disorders. A year later (T2), mother–toddler interactions were video-recorded and coded using a standardised observation measure, the Emotional Availability Scales.

Results: Only maternal schizotypal personality disorder symptoms predicted both the mothers' and the toddlers' interactional styles. Mothers with schizotypal personality symptoms appeared less sensitive, less structuring and more intrusive in their interactions with their toddlers, while mothers' borderline personality disorder symptoms were associated with increased hostility. Furthermore, toddlers who had mothers with schizotypal personality symptoms were less responsive towards their mothers.

Conclusion: Measured dimensionally by self-report, maternal schizotypal personality symptoms were observed to predict the interaction styles of both mothers and their toddlers in the dyad, while borderline personality disorder symptoms predicted mothers' interactional behaviour only.

Trial registration: Current Controlled Trials ISRCTN99793905, retrospectively registered. Registered on (04/08/2014).

Title:
Symptom, alexithymia and self-image outcomes of Mentalisation-based treatment for borderline personality disorder: A naturalistic study.  
**Authors:**  
Löff, J.; Clinton, D.; Kaldo, V.; Rydén, G.;  
**Source:**  
**Abstract:**  
Background: Mentalisation-based treatment (MBT) in borderline personality disorder (BPD) has a growing evidence base, but there is a lack of effectiveness and moderator studies. The present study examined the effectiveness of MBT in a naturalistic setting and explored psychiatric and psychological moderators of outcome. Method: Borderline and general psychiatric symptoms, suicidality, self-harm, alexithymia and self-image were measured in a group of BPD patients (n = 75) receiving MBT; assessments were made at baseline, and subsequently after 6, 12 and 18 months (when treatment ended). Borderline symptoms were the primary outcome variable. Results: Borderline symptoms improved significantly (d = 0.79, p < .001), as did general psychiatric symptoms, suicidality, self-harm, self-rated alexithymia and self-image. BPD severity or psychological moderators had no effect on outcome. Younger patients improved more on self-harm, although this could be explained by the fact that older patients had considerably lower baseline self-harm. Conclusions: MBT seems to be an effective treatment in a naturalistic setting for BPD patients. This study is one of the first studies of MBT showing that outcomes related to mentalisation, self-image and self-rated alexithymia improved. Initial symptom severity did not influence results indicating that MBT treatment is well adapted to patients with severe BPD symptoms. (PsycINFO Database Record (c) 2018 APA, all rights reserved)  


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Training in good psychiatric management for borderline personality disorder in residency: An aide to learning supportive psychotherapy for challenging-to-treat patients.  
**Authors:**  
Bernanke, Joel; McCommon, Benjamin;  
**Source:**  
**Abstract:**  
Given many competing demands, psychotherapy training to competency is difficult during psychiatric residency. Good Psychiatric Management for borderline personality disorder (GPM) offers an evidence-based, simplified, psychodynamically informed framework for the outpatient management of patients with borderline personality disorder, one of the most challenging disorders psychiatric residents must learn to treat. In this article, we provide an overview of GPM, and show that training in GPM meets a requirement for training in supportive psychotherapy; builds on psychodynamic psychotherapy training; and applies to other severe personality disorders, especially narcissistic personality disorder. We describe the interpersonal hypersensitivity model used in GPM as a straightforward way for clinicians to collaborate with patients in organizing approaches to psychoeducation, treatment goals, case management, use of multiple treatment modalities, and safety. A modification of the interpersonal hypersensitivity model that includes intra-personal hypersensitivity can be used to address narcissistic problems often present in borderline personality disorder. We argue that these features make GPM ideally suited for psychiatry residents in treating their most challenging patients, provide clinical examples to illustrate these points, and report the key lessons learned by a psychiatry resident after a year of GPM supervision. (PsycINFO Database Record (c) 2018 APA, all rights reserved)  


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Psychodrama and the treatment of narcissistic and borderline patients.  
**Authors:**  
Olsson, Peter A.;  
**Source:**  
Psychodynamic Psychiatry, Vol 46(2), Jun, 2018 pp. 252-264. Publisher: Guilford Publications;  
**Abstract:**
Psychiatric clinicians are faced with the challenge of remaining flexible and psychotherapeutically relevant to the broadening scope of patients with severe narcissistic and borderline personality disorders. Diagnostic sophistication among mental health professionals, increased availability of psychotherapy services, and economic pressures combine to cause the public to expect cost-effective, successful, and shorter duration of treatments. These treatment challenges are particularly poignant with the treatment of those narcissistic and borderline patients who have meager capacity for insight and limited verbal skills. This article describes the use of psychodynamically oriented and informed psychodrama for the treatment of narcissistic and borderline patients. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: A randomized controlled trial of a mentalization-based intervention (MBT-FACTS) for families of people with borderline personality disorder.
Authors: Bateman, Anthony; Fonagy, Peter;
Source: Personality Disorders: Theory, Research, and Treatment Publisher: Educational Publishing Foundation;
Abstract: This article reports a delayed-treatment randomized controlled trial of a mentalization-based intervention for families or significant others living with or supporting a person with borderline personality disorder (BPD). In all, 56 family members/significant others living with/supporting people with a diagnosis of BPD were randomized either to immediate mentalization-based Families and Carers Training and Support, a supportive and skills-based program consisting of five 1.5- to 2-hr evening meetings, delivered by trained family members, or to delayed intervention. The primary outcome was adverse incidents reported by the family member in relation to the person with BPD. Secondary outcomes included self-reported family well-being, empowerment, burden, and levels of anxiety and depression. Family members randomized to immediate intervention showed a significant reduction in reported adverse incidents between themselves and the identified patient in the second phase of treatment compared with those randomized to delayed intervention. Analysis of the rate of change indicated a significantly steeper decline for the immediate-treatment group compared with the delayed-intervention group ($\beta = -1.07$, 95% confidence interval $[-1.40, -0.74]$, $z = -6.3$, $p < .000$). Secondary outcome measures showed family functioning and well-being improved more in the immediate-treatment group; changes were maintained at follow-up. There were no differences in depression, total anxiety, and total burden; both groups showed improvement on all these measures. Findings show that the mentalization-based Families and Carers Training and Support program delivered by families to families supporting a person with BPD reduces reported adverse incidents within the family. Further studies are needed to show whether this reduction improves outcomes for the individual with BPD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: More is not always better: Strategies to regulate negative mood induction in women with borderline personality disorder and depressive and anxiety disorders.
Authors: Daros, Alexander R.; Williams, Gregory E.; Jung, Stefan; Turabi, Mustafa; Uliaszek, Amanda A.; Ruocco, Anthony C.;
Source: Personality Disorders: Theory, Research, and Treatment Publisher: Educational Publishing Foundation;
Abstract: Individuals with borderline personality disorder (BPD) have difficulties regulating emotions, which may be a consequence of using less effective emotion regulation (ER) strategies to lessen the intensity of their negative emotions. It is not yet known whether people with BPD utilize particular ER strategies to modulate specific mood states and if these strategies are different from those used by individuals with depressive and anxiety disorders. In the present study, 90 participants (30 BPD, 30 anxiety and/or depressive disorders, and 30 healthy controls) underwent a mood induction procedure and specified which ER strategies they used and their perceived difficulty regulating mood following induction. Compared with healthy controls, BPD endorsed higher negative mood prior to, immediately following, and
4 min after neutral and negative mood inductions; more maladaptive ER strategies (e.g., rumination); and more perceived difficulty regulating negative mood. Compared with anxiety and/or depressive disorders, BPD endorsed similar ER strategies and subjective difficulty during mood inductions, endorsed higher negative mood following a neutral video and 1 negative video, and recorded higher RSA reactivity during and following 2 negative videos. Results suggest that individuals with BPD use a higher number of maladaptive ER strategies compared with healthy controls, which may lead to less effective modulation of negative mood and higher reports of difficulty regulating emotions. In addition, physiological measurements indicated that individuals with BPD may have higher RSA reactivity in response to negative mood induction compared with other mental disorders, which may reflect inefficient or disorganized attempts to regulate emotional arousal. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Experiences of parenting and clinical intervention for mothers affected by personality disorder: A pilot qualitative study combining parent and clinician perspectives.

Authors: Wilson, Ruth; Weaver, Tim; Michelson, Daniel; Day, Crispin;


Abstract: Background: Evidence-based parenting programmes are recommended for the treatment of child mental health difficulties. Families with complex psychosocial needs show poorer retention and outcomes when participating in standard parenting programmes. The Helping Families Programme (HFP) is a 16-week community-based parenting intervention designed to meet the needs of these families, including families with parental personality disorder. This study aimed to explore the help seeking and participatory experiences of parents with a diagnosis of personality disorder. It further aimed to examine the acceptability of referral and intervention processes for the HFP from the perspectives of (i) clinicians referring into the programme; and (ii) referred parents. Method: Semi-structured interviews were conducted with parents recruited to receive HFP (n = 5) as part of a research case series and the referring NHS child and adolescent mental health service (CAMHS) clinicians (n = 5). Transcripts were analysed using Interpretive Phenomenological Analysis. Results: Four themes were identified for parents: (i) the experience of parenthood, (ii) being a parent affected by personality disorder, (iii) experience of the intervention, and (iv) qualities of helping. Three themes emerged for clinicians: (i) challenges of addressing parental need, (ii) experience of engaging parents with personality disorders and (iii) limited involvement during HFP. Comparison of parent and clinician themes led to the identification of two key interlinked themes: (i) concerns prior to receiving the intervention, and (ii) the challenges of working together without a mutual understanding. Conclusions: This pilot study identifies potentially significant challenges of working with parents affected by personality disorder and engaging them in HFP and other similar interventions. Results have important wider clinical implications by highlighting potential barriers to engagement and participation and providing insights on how these barriers might be overcome. Findings have been used to inform the referral and intervention processes of a pilot RCT and further intervention development. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Psychotherapy integration and borderline personality pathology: An examination of treatment outcomes.

Authors: Goldman, Rachel E.; Hilsenroth, Mark J.; Gold, Jerold R.; Cersosimo, Bianca H.; Levy, Saryn R.; Owen, Jesse J.;

Source: Journal of Psychotherapy Integration Publisher: Educational Publishing Foundation; [Journal Article]

Abstract: The present study sought to investigate the impact of psychotherapy integration, incorporating some cognitive–behavioral (CB) techniques with psychodynamic–interpersonal (PI) techniques, with the moderating impact of borderline personality pathology on short-term psychodynamic psychotherapy treatment outcomes in a sample of 75 outpatients. PI and CB techniques were assessed using
independent videotape ratings of therapy sessions and aspects of the alliance were determined using patient-rated scores. Axis II borderline personality pathology was measured using the Borderline Pathology Index (BPI). Treatment outcomes were measured using patients' estimates of their broadband functioning (PEI) and change in global symptom index of the brief symptom inventory (BSI-GSI-RCI). Findings of preliminary analyses were nonsignificant; the direct relationship between patient pretreatment borderline pathology with the flexible integration of CB and PI techniques was not significant. In addition, PI and CB techniques derived from the CPPS each demonstrated nonsignificant relationships with the BPI, respectively. Multilevel model analyses indicated that when controlling for therapist effects, pretreatment borderline pathology did not moderate symptom change (improvement or deterioration) or patient estimates of their broadband functioning. Post hoc analyses demonstrated some significant findings, indicating that therapist, but not patient, confident collaboration scores were negatively related to borderline personality pathology, although this did not significantly impact treatment outcomes. Taken together, findings from the present study suggest that the interaction between borderline personality pathology and the integration of some cognitive-behavioral techniques within psychodynamic psychotherapy do not affect statistically significant change in treatment outcome. Implications are discussed for clinical research and practice. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Patterns of non-suicidal self-injury and their relationship with suicide attempts in youth with borderline personality disorder.

Authors: Andrewes, Holly E.; Hulbert, Carol; Cotton, Susan M.; Betts, Jennifer; Chanen, Andrew M.;


Abstract: The study aimed to identify the relationships between patterns of non-suicidal self-injury (NSSI), their severity, and suicide attempts among 107 youth (aged 15–25 years) with borderline personality disorder (BPD). Two principal patterns were identified via a graphical representation of retrospectively reported 12-month histories of NSSI. These were habitual (NSSI occurring at regular intervals) and random patterns (NSSI inconsistently spaced). Habitual patterns of NSSI were associated with lower severity and fewer suicide attempts than random patterns. Within-person comparisons revealed a reduction in NSSI engaged within a habitual pattern and an increase in NSSI engaged within a random pattern in the month prior to a suicide attempt. Findings suggest that the accuracy of risk assessments among youth with BPD might be improved by identifying an individual’s historical pattern of NSSI, as well as any relative increase in NSSI engaged within a random pattern or relative reduction in NSSI engaged within a habitual pattern. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The relationship between personality disorder traits, emotional intelligence, and college adjustment.

Authors: Krajniak, Marta I.; Pievsky, Michelle; Eisen, Andrew R.; McGrath, Robert E.;


Abstract: The current study examined the relationship between emotional intelligence, personality disorder traits, and college adjustment. Method: A sample of 246 first-semester, first-time freshmen (73.6% female, age mean = 18.7, standard deviation = 2.0) at a large university in the Eastern United States completed the Trait Emotional Intelligence Questionnaire (Petrides, 2009), the Schedule for Nonadaptive and Adaptive Personality-2 (Clark, Simms, Wu, & Casillas, 2014), and the Student Adaptation to College Questionnaire (Baker & Siryk, 1998). Results: As predicted, personality disorder symptoms and emotional intelligence were generally related, and both were related to adjustment. Unique patterns of association between traits reflecting personality disorder clusters and emotional intelligence deficits also emerged. Contrary to expectation, however, emotional intelligence did not moderate the
relationship between personality disorders and adjustment. Conclusion: The results suggest an alternative model implicating emotional intelligence as a mediator of the relationship between personality difficulties and college adjustment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Personality profiles in substance use disorders: Do they differ in clinical symptomatology, personality disorders and coping?

Authors:
Santens, E.; Claes, L.; Dierckx, E.; Luyckx, K.; Peuskens, H.; Dom, G.;

Source:
Personality and Individual Differences, Vol 131, Sep 1, 2018 pp. 61-66. Publisher: Elsevier Science;

Abstract:
We explored whether it is possible to establish subgroups of patients with a substance use disorder (SUD) based on differences in Behavioral Activation System Reactivity (BAS), Behavioral Inhibition System Reactivity (BIS) and Effortful control (EC). Further, we investigated if the identified subgroups differ on clinical symptoms, personality disorders and coping styles. Computerized self-report questionnaires were administered to 712 adult patients admitted to a specialized inpatient treatment program for SUDs. Based on cluster analysis we found three clusters: a 'Resilient', an 'Anxious' and a 'Reward Sensitive' cluster. The Anxious cluster showed the highest scores on each of the clinical symptoms, the Resilient cluster consistently displayed the lowest scores, and the Reward-Sensitive cluster generally scored in-between. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Maternal psychological control, maternal borderline personality disorder, and adolescent borderline features.

Authors:
Mahan, Rebecca M.; Kors, Stephanie B.; Simmons, Meredith L.; Macfie, Jenny;

Source:

Abstract:
Linehan (1993) theorized that the experience of invalidating parenting interacts with emotional vulnerability in the development of borderline personality disorder (BPD). Parental psychological control is a type of invalidating parenting, defined as manipulation by parents of their offspring's psychological and emotional expression and experience (Barber, 1996). In a normative sample of adolescent females, adolescent-reported maternal psychological control was related to maternal borderline symptoms (Zalewski et al., 2014). The current study expanded on these findings to sample mothers with a diagnosis of BPD (n = 28) and normative comparisons (n = 28) with male and female adolescents aged 14–18. We assessed maternal and adolescent self-reported borderline features (affective instability, negative relationships, identity disturbance, and self-harm) and coded maternal psychological control from filmed problem-solving interactions. Controlling for current major depressive disorder and family income, mothers with BPD used more total psychological control with their adolescents in comparison with normative mothers. Further, maternal psychological control was positively associated with all mothers' borderline features and with adolescent affective instability. Finally, we found a significant indirect effect for maternal affective instability between maternal total psychological control and adolescent affective instability. We discuss adolescents' risk of developing BPD themselves and prevention and treatment implications. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Dimensional conceptualizations of impulsivity.

Authors:
Abstract:
Given long-standing criticisms of the DSM’s reliance on categorical models of psychopathology, including the poor reliability and validity of personality-disorder diagnoses, the American Psychiatric Association (APA) published an alternative model (AM) of personality disorders in Section III of the Diagnostic and Statistical Manual of Mental Disorders (DSM–5; APA, 2013), which, in part, comprises 5 pathological trait domains based on the 5-factor model (FFM). However, the empirical profiles and discriminant validity of the AM traits remain in question. We recruited a sample of undergraduates (N = 340) for the current study to compare the relations found between a measure of the DSM–5 AM traits (i.e., the Personality Inventory for DSM–5; PID-5; Krueger, Derringer, Markon, Watson, & Skodol, 2012) and a measure of the FFM (i.e., the International Personality Item Pool; IPIP; Goldberg, 1999) in relation to externalizing and internalizing symptoms. In general, the domains from the 2 measures were significantly related and demonstrated similar patterns of relations with these criteria, such that Antagonism/low Agreeableness and Disinhibition/low Conscientiousness were related to externalizing behaviors, whereas Negative Affectivity/Neuroticism was most significantly related to internalizing symptoms. However, the PID-5 demonstrated large interrelations among its domains and poorer discriminant validity than the IPIP. These results provide additional support that the conception of the trait model included in the DSM–5 AM is an extension of the FFM, but highlight some of the issues that arise due to the PID-5’s more limited discriminant validity. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Effect of maternal borderline personality disorder on adolescents’ experience of maltreatment and adolescent borderline features.

Authors:
Kurdziel, Gretchen; Kors, Stephanie; Macfie, Jenny;

Source:

Abstract:
Borderline personality disorder (BPD) is a severe and chronic mental illness. Self-reported borderline features correlate highly with a diagnosis (affective instability, negative relationships, unstable sense of self, self-harm). Etiological factors of BPD include childhood maltreatment. The current study compared the experience of maltreatment in adolescent offspring of mothers with BPD, who are themselves at risk of developing the disorder, with that of offspring of mothers with no current diagnosis. Participants were 56 adolescents aged 14 to 18 years. In all, 93% of the adolescents whose mothers had BPD experienced maltreatment compared with 60% of comparisons. Specifically, adolescent offspring of mothers with BPD experienced more physical abuse, emotional abuse, and neglect, but not more sexual abuse, than did comparisons. Dimensions of maltreatment (severity, multiple subtypes, chronicity) were associated with adolescents’ own total borderline features. We discuss implications for the intergenerational transmission of BPD and for clinical interventions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Predictors of substance use in youth with borderline personality disorder.

Authors:
Scalzo, Franco; Hulbert, Carol A.; Betts, Jennifer K.; Cotton, Sue M.; Chanen, Andrew M.;

Source:

Abstract:
Concomitant substance misuse in adults with borderline personality disorder (BPD) is associated with a more severe course of illness and poorer outcomes. Previous research has found an association between the number of borderline personality features and substance misuse in community samples. This study examined the relationship between substance use and severity of BPD in youth presenting for the first time for treatment (first presentation) of BPD. Participants were 117 help-seeking youth aged 15–25 years (93 females; Mage = 19.0 years, SD = 2.8) with BPD. Hierarchical logistic regression was used to
investigate whether the severity of BPD predicted substance use. After adjusting for demographic factors and concurrent mental state pathology, BPD independently predicted alcohol dependence, amphetamine use in the previous month, or use of 2 or more illicit substances in the previous month but not daily tobacco use or cannabis use in the previous month. BPD might increase the probability that an individual will engage in higher-risk behaviors, such as amphetamine and polysubstance use, or problematic alcohol use. These findings support the need for assessment of youth with BPD for alcohol, amphetamine, and polysubstance use along with the need for routine screening in drug and alcohol services for BPD features. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Early life stress, resilience and emotional dysregulation in major depressive disorder with comorbid borderline personality disorder.
Authors: Kim, Min-Kyeong; Kim, Jong-Sun; Park, Hae-In; Choi, Sun-Woo; Oh, Wook-Jin; Seok, Jeong-Ho;
Source: Journal of Affective Disorders, Vol 236, Aug 1, 2018 pp. 113-119. Publisher: Elsevier Science; [Journal Article]
Abstract: Background: Borderline personality disorder (BPD) show different course and treatment compared to major depressive disorder (MDD). Early life stress may increase BPD onset; however, resilience may play a protective role against the development of psychopathology. The goal of this study was to compare the early life stress, resilience, and the clinical characteristics of emotional dysregulation in patients with MDD with and without comorbid BPD. Methods: Thirty patients with both BPD and MDD, 25 patients with MDD alone, and 25 age- and sex- matched healthy controls, participated in this study. Analysis of variance was used to compare the early life stress, resilience, and emotional dysregulation among groups. Also, multivariate logistic regression models were used to identify the relationship of the early life stress and resilience domains with BPD comorbidity within MDD patients. Results: The domains of emotional abuse and self-regulation ability were significantly associated with BPD comorbidity and BPD severity. In emotional dysregulation, difficulty scores of impulsivity, coping strategies, and emotion clarity domains were significantly increased in patients with both BPD and MDD compared to patients with MDD alone. Limitations: The relatively small sample size may contribute to reduce statistical power of investigation. Conclusions: Emotional abuse experiences in early life, and deficits in self-regulation, are significantly associated with comorbid BPD in patients with MDD. A comprehensive evaluation including early life stress, resilience and emotion regulation ability may help to identify comorbid BPD in patients with MDD and develop treatment strategies. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The validity and clinical utility of the personality inventory for DSM–5 response inconsistency scale.
Authors: Bagby, R. Michael; Sellbom, Martin;
Abstract: The Personality Inventory for DSM–5 (PID–5; Krueger, Derringer, Markon, Watson, & Skodol, 2012) is a self-report instrument designed to assess the personality traits of the alternative model of personality disorders (AMPD) in Section III of the DSM–5. Despite its relatively recent introduction to the field, the instrument is frequently and widely used. One criticism of this instrument is that it does not include validity scales to detect potentially invalidating response style, including noncredible over- and underreporting and inconsistent (random) responding. Keeley, Webb, Peterson, Roussin, and Flanagan (2016) constructed an inconsistency scale (the PID–5–INC) to assess random responding on PID–5 and proposed a number of potential cut scores that could be applied. In this study, we attempted to cross-validate the PID–5–INC, including whether the scale could detect randomly generated protocols and distinguish them from nonrandom protocols produced by two student and two clinical samples. The PID–5–INC successfully distinguished random from nonrandom protocols and the best cut scores were similar to those reported by
Keeley et al. (2016). We also found that a relatively low amount of random responding compromised the psychometric validity of the PID–5 trait scales, which extended previous work on this instrument. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Development and validation of personality disorder spectra scales for the MMPI–2–RF.
Authors: Sellbom, Martin; Waugh, Mark H.; Hopwood, Christopher J.;
Abstract: The purpose of this study was to develop and validate a set of MMPI–2–RF (Ben-Porath & Tellegen, 2008/2011) personality disorder (PD) spectra scales. These scales could serve the purpose of assisting with DSM–5 PD diagnosis and help link categorical and dimensional conceptions of personality pathology within the MMPI–2–RF. We developed and provided initial validity results for scales corresponding to the 10 PD constructs listed in the DSM–5 using data from student, community, clinical, and correctional samples. Initial validation efforts indicated good support for criterion validity with an external PD measure as well as with dimensional personality traits included in the DSM–5 alternative model for PDs. Construct validity results using psychosocial history and therapists' ratings in a large clinical sample were generally supportive as well. Overall, these brief scales provide clinicians using MMPI–2–RF data with estimates of DSM–5 PD constructs that can support cross-model connections between categorical and dimensional assessment approaches. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: The trait–type dialectic: Construct validity, clinical utility, and the diagnostic process.
Authors: Bornstein, Robert F.;
Source: Personality Disorders: Theory, Research, and Treatment Publisher: Educational Publishing Foundation;
Abstract: The current debate regarding how best to conceptualize, operationalize, and assess personality pathology is often framed as a choice between categorical ('type') and dimensional ('trait') models, but when viewed from the perspective of the diagnostician, these two approaches actually have much in common. It is not possible to assign symptom ratings in any categorical personality disorder framework without first evaluating the severity of each symptom on a continuum, nor to implement dimensional personality disorder assessments in clinical settings without using thresholds that demarcate the presence of personality pathology, or severity of personality dysfunction. Although recent discussions of these two frameworks have focused primarily on issues regarding construct validity (and to a lesser extent, clinical utility), it is important to consider the impact of the diagnostic process as well. When considered within this broader context, the advantages and limitations of each perspective are illuminated, and it becomes clear that the categorical and dimensional frameworks represent an evolving dialectic that will continue into the future, as new and better models alter the focus of these debates. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Emotional responses to receiving peer feedback on opinions in borderline personality disorder.
Authors: Jeung, Haang; Walther, Stephan; Korn, Christoph W.; Bertsch, Katja; Herpertz, Sabine C.;
Source: Personality Disorders: Theory, Research, and Treatment Publisher: Educational Publishing Foundation;
Abstract:
Although emotional reactivity to social rejection has been examined in patients with borderline personality disorder (BPD) in several studies, the effects of other aspects of social feedback, such as evaluation of one's opinions that concern self-esteem, have not been addressed yet. The objective of this study was to examine emotional responses of BPD patients after exchanging personal opinions in a new, ecologically valid virtual peer interaction paradigm ('chatroom paradigm'). In this paradigm, 21 BPD patients and 21 healthy controls received peer feedback on their own statements and rated the intensity of their own emotional responses (happiness, sadness, anger, and shame) and the self or other affirmation in response to agreement, disagreement, and neutral statements. Across all social feedback conditions, BPD patients reported more intense negative emotions and less happiness than healthy controls. While healthy controls showed a 'positivity bias' for any type of social feedback, the emotional responses of BPD patients corresponded to the valence of the feedback; that is, they were happiest after positive than after neutral feedback and least happy after negative feedback. Disagreement resulted in more intense anger and less other affirmation in both groups but only BPD patients also experienced higher shame in this condition. This is the first study to assess emotional responses to social feedback in an ecologically valid chatroom paradigm. Our findings underline that more negative emotional reactions in everyday interactions play a central part in interpersonal difficulties of patients with BPD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Examining the DSM-5 alternative model of personality disorders operationalization of obsessive–compulsive personality disorder in a mental health sample.

**Authors:**
Liggett, Jacqueline; Sellbom, Martin;

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

**Abstract:**
The current study evaluated the continuity between the diagnostic operationalizations of obsessive–compulsive personality disorder (OCPD) in the Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition, both as traditionally operationalized and from the perspective of the alternative model of personality disorders. Using both self-report and informant measures, the study had the following four aims: (a) to examine the extent to which self-report and informant data correspond, (b) to investigate whether both self-report and informant measures of the alternative model of OCPD can predict traditional OCPD, (c) to determine if any traits additional to those proposed in the alternative model of OCPD can predict traditional OCPD, and (d) to investigate whether a measure of OCPD-specific impairment is better at predicting traditional OCPD than are measures of general impairment in personality functioning. A mental health sample of 214 participants was recruited and administered measures of both the traditional and alternative models of OCPD. Self-report data moderately corresponded with informant data, which is consistent with the literature. Results further confirmed rigid perfectionism as the core trait of OCPD. Perseveration and workaholism were also associated with OCPD. Hostility was identified as a trait deserving further research. A measure of OCPD-specific impairment demonstrated its ability to incrementally predict OCPD over general measures of impairment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


**Title:**
Validity and clinical utility of DSM and empirically derived prototype diagnosis for personality disorders in predicting adaptive functioning.

**Authors:**
Nakash, Ora; Nagar, Maayan; Westen, Drew;

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

**Abstract:**
Prototype matching, which involves comparing a patient clinical presentation with a prototype description of the disorder addresses some of the clinical limitations of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases symptom-count approach. Here, we
investigated the validity and clinical utility of three diagnostic systems in predicting patient adaptive functioning using a multimethod multi-informant approach. Specifically, we compared a prototype matching approach based on DSM criteria, an empirically derived prototype matching approach, and DSM symptom count diagnostic systems. A convenience sample of clinicians (N = 80) and patients (N = 170) participated in the study. We imposed minimal exclusion criteria for patient participation to maximize generalizability. Clinicians completed assessment of their active patients using two prototype matching diagnoses, one based on DSM and another that was empirically derived. Independent interviewers completed the Structured Clinical Interview to provide DSM symptom count. Patient global composite assessment of adaptive functioning, rated across the clinician, patient self-report, and independent interviewer, served as outcome variable. Prototype diagnosis for personality disorders, both one that is based on DSM criteria and one that was empirically derived, demonstrates some incremental validity over and above the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition symptom count, in predicting patient's adaptive functioning. Specifically, avoidant personality disorder prototype diagnosis significantly contributed to prediction of adaptive functioning. Furthermore, clinicians rated the prototype-matching approach as more useful in clinical practice compared with the current DSM–IV categorical approach. Using a dimensional approach, which is based on prototype matching that also preserves the advantages of categorical system offers a valid and efficient approach to psychiatric assessment for personality disorders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Assessment of fluctuation between grandiose and vulnerable narcissism: Development and initial validation of the FLUX scales.

Authors: Oltmanns, Joshua R.; Widiger, Thomas A.;

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

Abstract: There is a growing interest in the distinction between grandiose and vulnerable narcissism, along with a hypothesis of a fluctuation between grandiose and vulnerable narcissism within individuals. There are several well-validated measures of both grandiose and vulnerable narcissism, but research has generally found that they are relatively distinct in their relations with their nomological networks. Further, the existing measures of narcissism do not actually assess for a possible fluctuation. The present study developed three scales of narcissistic fluctuation: fluctuation between indifference and anger, grandiosity and shame, and assertiveness and insecurity. Consistent with expectations, the FLUX scales correlated with both grandiose and vulnerable narcissism, displayed convergent and discriminant validity with factor derived-narcissism scales and the five-factor model, and correlated at moderate-to-large effect sizes with measures of affective lability. The three FLUX scales were also reduced to one unidimensional nine-item scale of narcissistic fluctuation (the g-FLUX) that retained the correlational properties for the more specific scales and had incremental validity over the Five-Factor Narcissism Inventory and Pathological Narcissism Inventory grandiose and vulnerable scales in accounting for affective lability. Results from the present study suggest that the FLUX scales may provide an informative assessment of a fluctuation between grandiose and vulnerable narcissism. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Examining the alternative model for personality disorder in daily life: Evidence for incremental validity.

Authors: Roche, Michael J.;

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

Abstract: The alternative model for personality disorders includes a single dimension of personality dysfunction severity (Criterion A) and five dimensions of personality dysfunction styles (Criterion B). Some consider Criteria A and B distinctions redundant, and this appears mostly true in cross-sectional designs. The
present research demonstrated that incremental validity can be found when examining personality
dysfunction longitudinally. Participants (n = 175) completed a 14-day electronic diary, capturing daily
levels of Criteria A and B, along with daily outcomes of personality dysfunction across several domains.
Criteria A and B incremented each other across these domains. Moreover, Criterion B trait scores were
associated with expected domains of functioning, evidencing convergent and discriminant validity. We
discuss the implications for the alternative model for personality disorders, and the usefulness of
longitudinal methods to uncover temporal dynamics in personality dysfunction. (PsycINFO Database
Record (c) 2018 APA, all rights reserved)


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Title: Fillers can help control for contextual bias in forensic comparison tasks.
Authors: Quigley-McBride, Adele; Wells, Gary L.;
Source: Law and Human Behavior Publisher: Educational Publishing Foundation; [Journal Article]
Abstract: Forensic examiners are often exposed to contextual information that can bias their conclusions about evidence samples (e.g., fingerprints, fibers, tool marks). We tested the recently proposed filler-control method for moderating the biasing effects of contextual information for forensic comparisons. Borrowing from an analogy to eyewitness lineups versus showups, the filler-control method embeds a suspect’s sample among known-innocent samples rather than the standard practice of presenting the analyst with only the suspect’s sample for comparison. Our test of the filler-control method used fingerprints. After brief training, 234 participants compared eight sets of fingerprints in which suspect prints either matched the crime print or not, the prints were high or low in ambiguity, there was or was not contextual information suggesting there should be a match, and the suspect print was either embedded among filler prints or presented alone. Although the filler-control procedure reduced both hits and false alarms, the filler-control procedure produced better results overall as measured by d’ analyses on suspect samples. These findings suggest the filler-control procedure should be considered for use in everyday forensic examination judgments, particularly when the error rate for a technique is unknown, or the risk of contextual bias is obvious, such as when examiners are called to make verification decisions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: 'I know it because it happened to me!' confrontations of children within forensic investigations.
Authors: Katz, Carmit; Barnetz, Zion;
Abstract: Confrontations and cross-examination are considered to be a vital stage in forensic investigations; however, laboratory and field studies have systematically shown their adverse effects on children’s testimonies. The current field study aimed to assess the strategies utilized, and the frequency with which they are used, in confrontations within forensic investigations involving children following suspected abuse, and to assess their effects on the children's testimonies. The forensic investigations were conducted using the National Institute of Child Health and Human Development (NICHD) Protocol. The transcripts of 224 children aged 4–14, who were referred for forensic investigation following suspected physical or sexual abuse, were analyzed. All the cases included external evidence suggesting a high probability of abuse. The results indicated that confrontations of children were utilized in more than 60% of the forensic interviews, regardless of the child’s age. The vast majority of the interviewers’ confrontation strategies involved references to the alleged suspects, with the number of confrontations ranging from 1 to 18 per interview. An examination of the children’s responses to the confrontations revealed that most of the children insisted on their initial reported testimonies; however, some of the children displayed confusion or fear, and one child recanted the allegation. The discussion addresses how confrontations and cross-examination, as a necessary stage of forensic investigation, can affect children’s testimonies, and the implications of these effects for the forensic context. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Forensic psychiatric experiences, stigma, and self-concept: A mixed-methods study.
Authors:
This study used a mixed-methods approach to investigate stigma experiences and self-concepts of individuals with both mental illness and criminal histories. The full sample of participants completed self-report measures of self-concept related to mental illness, race, and criminal history, and a brief qualitative self-concept measure. A subsample of participants completed semi-structured interviews, which were analyzed for content domains. Analyses suggested that several aspects of self-concept related to responses on stigma measures. Participants who identified their own styles of acting, feeling, and thinking tended to exhibit less mental illness self-stigma. Qualitative interview findings suggested that the majority of participants described stigma experiences related to mental illness, race, and criminal history, and these stigmatized identities negatively influenced one another. Conclusions review how stigmatized identities can intersect in powerful ways for individuals with mental illness and histories of criminal offending, and discuss implications for future research and clinical practice. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Effect of virtual reality aggression prevention training for forensic psychiatric patients (VRAPT): Study protocol of a multi-center RCT.

Authors: Tuente, Stéphanie Klein; Bogaerts, Stefan; van IJzendoorn, Sarah; Veling, Wim;


Abstract: Background: Many patients residing in forensic psychiatric centers have difficulties regulating their aggression in an adequate manner. Therefore, they are frequently involved in conflicts. Evidenced-based aggression therapies in forensic psychiatry are scarce, and due to the highly secured environment, it is hard to practice real-life provocations. We have developed a Virtual Reality aggression prevention training (VRAPT), providing safe virtual environments, in which patients can practice controlling their aggressive behaviors in an adequate way. The main objective of this study is to examine whether VRAPT is effective in reducing aggression among forensic psychiatric inpatients. Methods: Four forensic psychiatric centers in the Netherlands are participating in this study. Participants will be randomly assigned to either VRAPT or a waiting list. The two groups will be compared at several different time points: baseline (12 weeks before intervention), pre-intervention, post-intervention and at 12 weeks follow-up. After follow-up measurements are completed, participants from the waiting list will also receive VRAPT. The primary outcome is level of aggressive behavior, consisting of staff-reported and self-reported measures. Secondary outcomes are self-report questionnaires on e.g., anger, impulsivity and aggression. Discussion: To the best of our knowledge this is the first study to examine the effectiveness of a VR aggression prevention training in forensic psychiatric centers. Further details on the methodological issues are discussed in this paper. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Assessing psychopathy in forensic schizophrenia spectrum disorders: Validating the Comprehensive Assessment of the Psychopathic Personality-Institutional Rating Scale (CAPP-IRS).

Authors: De Page, Louis; Mercenier, Sophie; Titeca, Pierre;


Abstract: The assessment of psychopathy in (forensic) schizophrenia spectrum disorders is long-standing debate. In the present study, we investigated the psychometric properties of the Comprehensive Assessment of Psychopathic Personality-Institutional Rating Scale (CAPP-IRS) in a sample of 72 male forensic patients.
with a primary diagnosis of schizophrenia spectrum disorders. We compared the CAPP-IRS' psychometric properties to those of the Psychopathy Checklist-Revised (PCL-R). The CAPP-IRS showed good interrater reliability and internal consistency except for the CAPP-IRS Cognition and Emotional Domains. There appears to be a larger but intelligible overlap between the CAPP-IRS and schizophrenia symptoms than between the PCL-R and schizophrenia symptoms. Inversely, the PCL-R showed overall stronger associations with risk assessment measures. We conclude that, in forensic schizophrenia disorder spectrum patients, the CAPP-IRS has closer associations with clinical features, while the PCL-R is better a predicting risk and life-time dimensions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Multidisciplinary team functioning and decision making within forensic mental health. (includes Abstract)
Authors: Haines, Alina; Perkins, Elizabeth; Evans, Elizabeth A.; McCabe, Rhiannah;
Source: Mental Health Review Journal, 2018; 23(3): 185-196. (12p) (Article) ISSN: 1361-9322 AN: 131260619
Abstract: Purpose The purpose of this paper is to investigate the operation of multidisciplinary team (MDT) meetings within a forensic hospital in England, UK. Design/methodology/approach Mixed methods, including qualitative face to face interviews with professionals and service users, video observations of MDT meetings and documentary analysis. Data were collected from 142 staff and 30 service users who consented to take part in the research and analysed using the constant comparison technique of grounded theory and ethnography. Findings Decisions taken within MDT meetings are unequally shaped by the professional and personal values and assumptions of those involved, as well as by the power dynamics linked to the knowledge and responsibility of each member of the team. Service users' involvement is marginalised. This is linked to a longstanding tradition of psychiatric paternalism in mental health care. Research limitations/implications Future research should explore the nuances of interactions between MDT professionals and service users during the meetings, the language used and the approach taken by professionals to enable/empower service user to be actively involved. Practical implications Clear aims, responsibilities and implementation actions are a pre-requisite to effective MDT working. There is a need to give service users greater responsibility and power regarding their care. Originality/value While direct (video) observations were very difficult to achieve in secure settings, they enabled unmediated access to how people conducted themselves rather than having to rely only on their subjective accounts (from the interviews).

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=ccm&AN=131260619&site=ehost-live

Title: Dimensions of psychopathic traits in a community sample: Implications from different measures for impulsivity and delinquency.
Authors: Eisenbarth, Hedwig; Centifanti, Luna C. M.;
Source: European Journal of Psychological Assessment Publisher: Hogrefe Publishing; [Journal Article]
Abstract: There are valid measures of psychopathic traits in youth, such as the Youth Psychopathic Traits Inventory (YPI). However, it is unclear how another self-report measure, which is based on a different conceptualization of psychopathy relates to the YPI in youth and to antisocial behavior. We therefore, compared the construct validity of two measures: the personality-based Psychopathic Personality Inventory-Revised (PPI-R) and the YPI – based on adult antisocial personality traits. First, both measures showed sufficient model fit and some overlap in their variance, particularly YPI impulsive-irresponsible and grandiose-manipulative factors with PPI-R self-centered impulsivity, as well as YPI callous-unemotional with PPI-R coldheartedness. We found that although overall delinquency was correlated with PPI-R and YPI subscales, only the self-centered impulsivity factor of the PPI-R and only the Impulsive-Irresponsibility domain of the YPI were statistically predictive of self-reported antisocial behavior. Thus, the PPI-R and the YPI both show moderate construct validity and criterion validity for use among young community adults. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Effectiveness of an intervention for managing victimization risks related to societal participation for persons with severe mental illness: A cluster RCT study protocol.

Authors: Albers, Wendy M. M.; Roeg, Diana P. K.; Nijssen, Yolanda; Bongers, Inge M. B.; van Weeghel, Jaap;


Abstract:
Background: People with severe mental illness (SMI) are more likely to experience criminal victimization than other community members. In addition, (self-) stigma and perceived discrimination are highly prevalent in this group. These adversities in the social context often have major adverse effects on the rehabilitation and recovery of these persons. Current practice, however, lacks instruments to address these issues. As a reaction, the Victoria intervention was developed and pilot-tested with client representatives, professionals, trainers and researchers. The Victoria intervention is a method for community mental health care workers to expand their awareness of this topic and support them in assessing victimization and incorporate appropriate services, including trauma screening and rehabilitation services, in their health care planning. For clients, the Victoria intervention aims to increase their awareness, active management of possible victimization risks and promote safe social participation. As a new intervention, little is known about its use in real practice and its effects on client outcomes.

Methods/design: To determine the feasibility and effectiveness of this intervention, a process evaluation and a first cluster randomized controlled trial (RCT) will be carried out. Outpatients from eight Flexible Assertive Community Treatment (F-ACT) teams from two mental health care (MHC) organizations in the Netherlands are included in the study. Teams in the intervention group will receive three half-day training sessions, and bi-monthly supervision meetings for 18 months. Teams in the control group provide care as usual. For the process evaluation, a multi-method design is used. To assess effects on client outcomes, clients will be interviewed about their experiences on victimization and societal participation using validated questionnaires at baseline, and after 9 and 18 months. Discussion: This study is the first to evaluate an intervention aiming at recognition of victimization, (self-) stigma and perceived discrimination, and targeting outpatients' insights into possible risks and coping skills to tackle these risks to enhance safe societal participation. Results of this study may validate the Victoria intervention as a practice to better manage risk for adversities related to societal participation.

Title: Forensic psychiatric experiences, stigma, and self-concept: A mixed-methods study.

Authors: West, Michelle L.; Mulay, Abby L.; DeLuca, Joseph S.; O'Donovan, Keira; Yanos, Philip T.;


Abstract:
This study used a mixed-methods approach to investigate stigma experiences and self-concepts of individuals with both mental illness and criminal histories. The full sample of participants completed self-report measures of self-concept related to mental illness, race, and criminal history, and a brief qualitative self-concept measure. A subsample of participants completed semi-structured interviews, which were analyzed for content domains. Analyses suggested that several aspects of self-concept related to responses on stigma measures. Participants who identified their own styles of acting, feeling, and thinking tended to exhibit less mental illness self-stigma. Qualitative interview findings suggested that the majority of participants described stigma experiences related to mental illness, race, and criminal history, and these stigmatized identities negatively influenced one another. Conclusions review how stigmatized identities can intersect in powerful ways for individuals with mental illness and histories of criminal offending, and discuss implications for future research and clinical practice.
Title: THE ROLE OF DIMENSIONAL PERSONALITY PSYCHOPATHOLOGY IN A FORENSIC INPATIENT PSYCHIATRIC SETTING (includes Abstract)

Authors: Anderson, Jaime L. Wood, Mary E. Tarescavage, Anthony M. Burchett, Danielle Glassmire, David M.


Abstract: The Minnesota Multiphasic Personality Inventory-2 Restructured Form is a widely used measure of psychopathology and includes the Personality Psychopathology Five (PSY-5) scales, which measure dimensional maladaptive personality traits similar to those in the DSM-5 alternative model for personality disorder (PD) diagnosis. The current study evaluated the role of these dimensional personality psychopathology characteristics in a sample of 1,110 inpatients in a forensic psychiatric setting, where personality psychopathology plays a significant but understudied role. The authors examined the extent to which dimensional personality psychopathology characteristics (as measured by the PSY-5) were associated with borderline and antisocial PD diagnoses and institutional aggression. Results support the usefulness of measuring dimensional personality traits for understanding PD diagnoses, as well as incidents of institutional aggression. More specifically, the PSY-5 scales appear to measure the core features of borderline and antisocial PDs. This study supports the inclusion of dimensional personality assessment in understanding aggressive behavior in inpatient settings.

Authors: Iniesta-Sepúlveda, Marina; Nadeau, Joshua M.; Ramos, Amaya; Kay, Brian; Riemann, Bradley C.; Storch, Eric A.;


Abstract: Obsessive–compulsive disorder (OCD) is prevalent among youth with autism spectrum disorder (ASD). Cognitive–behavioral therapy (CBT) with ASD-specific modifications has support for treating OCD in this population; however, use of intensive CBT in youth with ASD and severe OCD has not been tested. The current study examined the preliminary effectiveness of an individualized intensive CBT protocol for OCD in adolescents with ASD. Nine adolescents (aged 11–17 years) completed a regimen of intensive CBT (range 24–80 daily sessions) incorporating exposure with response prevention (ERP). Treatment materials, language and techniques were modified in accordance with evidence-based findings for this population. Seven of nine participants (78%) were treatment responders, and large treatment effects (d = 1.35–2.58) were obtained on primary outcomes (e.g., obsessive–compulsive symptom severity). Preliminary findings suggest that an intensive CBT approach for OCD is effective among adolescents with ASD. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Examining the mechanisms of therapeutic change in a cognitive-behavioral intervention for anxious children: The role of interpretation bias, perceived control, and coping strategies.

Authors: Pereira, Ana Isabel; Muris, Peter; Roberto, Magda Sofia; Marques, Teresa; Goes, Rita; Barros, Luísa;

Source: Child Psychiatry and Human Development, Vol 49(1), Feb, 2018 pp. 73-85. Publisher: Springer;

Abstract: This study examined the role of theoretically meaningful mediators of therapeutic change—interpretation bias, perceived control, and coping strategies—in a cognitive-behavioral intervention for anxious youth. This is one of the few studies that examined the change in potential mediator and outcome variables by means of a longitudinal design that included four assessment points: pretreatment, in-treatment, post-treatment, and at 4-months follow-up. Forty-seven 8- to 12-year-old children with a principal DSM-IV diagnosis of anxiety disorder participated in the study. On each assessment point, questionnaires assessing the mediator variables and a standardized anxiety scale were administered to the children. The results showed that perceived control and interpretation bias (but not coping strategies) accounted for a significant proportion in the variability of various types of anxiety symptoms, providing a preliminary support for the notion that these cognitive dimensions’ act as mechanisms of therapeutic change in cognitive-behavioral therapy for anxious children. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Trauma does not predict patients’ experiences with constant observation.

Authors: Kroll, David S.; Thom, Robyn; Van Lunteren, Jennifer; Toretta, Cara; Crowley, Brittany; Knotts, Paula; Fromson, John;


Abstract:
Objective: Little is known about which patient factors are associated with a positive or negative experience of constant observation (CO) in a general hospital or emergency department. We hypothesized that posttraumatic stress disorder (PTSD) would predict a more negative experience with CO. Methods: A survey regarding the positive and negative aspects of being observed by a staff member was administered to 83 patients who were admitted to an inpatient psychiatric unit after experiencing CO; 55 of these patients had a history of trauma and 13 were diagnosed with PTSD. A total score reflecting the overall positive or negative experience of CO was calculated for each survey response. The survey also included 4 follow-up questions regarding the importance of individual observer characteristics (eg, sex), which were scored individually along a Likert scale. Results: Neither PTSD, trauma history, nor any other participant characteristic was associated with either a positive or negative overall experience with CO. Female participants were more likely than males to consider the sex and age of their staff observers to be important. Conclusions: Neither PTSD nor trauma history predicts a negative or positive experience with CO. A predictive model regarding which patients are likely to experience CO positively or negatively remains to be established. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Pioneering research into specificity of intergenerational transmission of interpretation biases from parents to children: Challenges for the future.
Authors: Legerstee, Jeroen S.; Utens, Elisabeth M. W. J.;
Publisher: Elsevier Science; [Comment/Reply]
Abstract: Comments on an article by Rianne E. van Niekerk et al. (see record 2018-33024-008). Niekerk et al. reported on their pioneering study regarding the specificity of intergenerational transmission of interpretation bias from parents to children. The main goal was to investigate whether children of parents with an anxiety disorder would show an interpretation bias corresponding to their parents’ diagnosis, even when controlling for their own anxiety. The second aim was to test whether child interpretation biases can be predicted by levels of anxiety of the parent and/or levels of anxiety of the child. Although the work by van Niekerk et al. builds on previous research and adds new dimensions, there are areas that the design of this study cannot address. In this pioneering study, the influence of lifetime and current anxiety disorder could not be satisfactorily determined. For future research, it would be interesting to differentiate the results between parents with a lifetime and current anxiety disorder. Considering the comorbidity between anxiety and depression, it would be insightful also to assess parental and child depression. In addition, the inclusion of siblings requires extra attention. In this study, the authors did not test whether siblings had a heightened interpretation bias similar to that of the included children with anxious parents. This is an area that remains to be studied. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Biases in interpretation as a vulnerability factor for children of parents with an anxiety disorder.
Authors: Van Niekerk, Rianne E.; Klein, Anke M.; Allart-van Dam, Esther; Rinck, Mike; Souren, Pierre M.; Hutschemaekers, Giel J. M.; Becker, Eni S.;
Publisher: Elsevier Science; [Journal Article]
Abstract: Objective: Children of parents with an anxiety disorder have a higher risk of developing an anxiety disorder than children of parents without an anxiety disorder. Parental anxiety is not regarded as a causal risk factor itself, but is likely to be mediated via other mechanisms, for example via cognitive factors. We investigated whether children of parents with an anxiety disorder would show an interpretation bias corresponding to the diagnosis of their parent. We also explored whether children’s interpretation biases were explained by parental anxiety and/or children’s levels of anxiety. Method: In total, 44 children of
parents with a panic disorder (PD), 27 children of parents with a social anxiety disorder (SAD), 7 children of parents with SAD/PD, and 84 children of parents without an anxiety disorder (controls) participated in this study. Parents and children filled out the Screen for Child Anxiety Related Disorders (SCARED) questionnaire, and children performed two ambiguous scenario tasks: one with and one without video priming. Results: Children of parents with PD displayed significantly more negative interpretations of panic scenarios and social scenarios than controls. Negative interpretations of panic scenarios were explained by parental PD diagnosis and children's anxiety levels. These effects were not found for children of parents with SAD. Priming did not affect interpretation. Conclusion: Our results showed that children of parents with PD have a higher chance of interpreting ambiguous situations more negatively than children of parents without anxiety disorders. More research is needed to study whether this negative bias predicts later development of anxiety disorders in children. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Results from the Child/Adolescent Anxiety Multimodal Extended Long-Term Study (CAMELS): Primary anxiety outcomes.

Authors:
Ginsburg, Golda S.; Becker-Haimes, Emily M.; Keeton, Courtney; Kendall, Philip C.; Iyengar, Satish; Sakolsky, Dara; Albano, Anne Marie; Peris, Tara; Compton, Scott N.; Piacentini, John;

Source:

Abstract:
Objective: To report anxiety outcomes from the multisite Child/Adolescent Anxiety Multimodal Extended Long-term Study (CAMELS). Rates of stable anxiety remission (defined rigorously as the absence of all DSM-IV TR anxiety disorders across all follow-up years) and predictors of anxiety remission across a 4-year period, beginning 4 to 12 years after randomization to 12 weeks of medication, cognitive-behavioral therapy (CBT), their combination, or pill placebo were examined. Examined predictors of remission included acute treatment response, treatment assignment, baseline child and family variables, and interim negative life events. Method: Data were from 319 youths (age range 10.9−25.2 years; mean age 17.12 years) originally diagnosed with separation, social, and/or generalized anxiety disorders and enrolled in the multi-site Child/Adolescent Anxiety Multimodal Study (CAMS). Participants were assessed annually by independent evaluators using the age-appropriate version of the Anxiety Disorders Interview Schedule and completed questionnaires (eg, about family functioning, life events, and mental health service use). Results: Almost 22% of youth were in stable remission, 30% were chronically ill, and 48% were relapsers. Acute treatment responders were less likely to be in the chronically ill group (odds ratio = 2.73; confidence interval = 1.14−6.54; p < .02); treatment type was not associated with remission status across the follow-up. Several variables (eg, male gender) predicted stable remission from anxiety disorders. Conclusion: Findings suggest that acute positive response to anxiety treatment may reduce risk for chronic anxiety disability; identified predictors can help tailor treatments to youth at greatest risk for chronic illness. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
A randomized clinical trial comparing individual cognitive behavioral therapy and child-centered therapy for child anxiety disorders.

Authors:
Silk, Jennifer S.; Tan, Patricia Z.; Ladouceur, Cecile D.; Meller, Suzanne; Siegle, Greg J.; McMakin, Dana L.; Forbes, Erika E.; Dahl, Ronald E.; Kendall, Philip C.; Mannarino, Anthony; Ryan, Neal D.;

Source:

Abstract:
This study compared individual cognitive behavioral therapy (CBT) and a supportive child-centered therapy (CCT) for child anxiety disorders on rates of treatment response and recovery at posttreatment
and 1-year follow-up, as well as on real-world measures of emotional functioning. Youth (N = 133; ages 9–14) with anxiety disorders (generalized, separation, and/or social anxiety) were randomized using a 2:1 ratio to CBT (n = 90) or CCT (n = 43), which served as an active comparison. Treatment response and recovery at posttreatment and 1-year follow-up were assessed by Independent Evaluators, and youth completed ecological momentary assessment of daily emotions throughout treatment. The majority of youth in both CBT and CCT were classified as treatment responders (71.1% for CBT, 55.8% for CCT), but youth treated with CBT were significantly more likely to fully recover, no longer meeting diagnostic criteria for any of the targeted anxiety disorders and no longer showing residual symptoms (66.7% for CBT vs. 46.5% for CCT). Youth treated with CBT also reported significantly lower negative emotions associated with recent negative events experienced in daily life during the latter stages of treatment relative to youth treated with CCT. Furthermore, a significantly higher percentage of youth treated with CBT compared to CCT were in recovery at 1-year follow-up (82.2% for CBT vs. 65.1% for CCT). These findings indicate potential benefits of CBT above and beyond supportive therapy on the breadth, generalizability, and durability of treatment-related gains. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Concurrent and predictive associations between infants’ and toddlers’ fearful temperament, coparenting, and parental anxiety disorders.

Authors: Metz, Marijke; Majdandžić, Mirjana; Bögels, Susan;


Abstract: This study investigated the bidirectional relations between two dimensions of coparenting (the way parental figures cooperate in parenting), undermining and support, and child fearful temperament longitudinally from infancy to toddlerhood, while inspecting the moderating role of parents' anxiety disorders. Questionnaire data on coparenting and child fearful temperament were obtained from 135 mothers, fathers, and their firstborns at 4 months, 12 months, and 30 months. Parental anxiety disorder severity was assessed with a semistructured interview before the birth of the child. Multilevel analysis revealed that, across measurement moments, undermining coparenting, but not supportive coparenting, was concurrently related to higher child fearful temperament. Parental anxiety disorder severity was related to more undermining coparenting but not to supportive coparenting. No moderation effects for parental anxiety disorder or for parent gender were found in the relations between coparenting and child fearful temperament. We conclude that more parental anxiety is related to a lower quality of the coparenting relationship, which in turn is associated to more child fearful temperament. More specifically, it appears that undermining coparenting, and not supportive coparenting, is related to child fearful temperament and parental anxiety disorder severity. Our results suggest that undermining coparenting, by both father and mother, is one of the mechanisms that may contribute to the intergenerational transmission of anxiety from parent to child. The coparenting relationship may be a useful target in the prevention and treatment of child anxiety. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Predictive relationship between parental beliefs and accommodation of pediatric anxiety.

Authors: Meyer, Johanna M.; Clapp, Joshua D.; Whiteside, Stephen P.; Dammann, Julie; Kriegshauser, Kathryn D.; Hale, Lisa R.; Jacobi, David M.; Riemann, Bradley C.; Deacon, Brett J.;


Abstract: Behavior performed by parents to assist a youth in avoiding or alleviating anxiety, known as accommodation, is ubiquitous among pediatric anxiety disorders and strongly related to poor treatment outcome. According to cognitive-behavioral theory, the beliefs parents hold regarding accommodation should predict parental accommodating behavior. Unfortunately, little is known about the beliefs parents
hold regarding accommodation, as there exists no validated measure of this construct. First, the
psychometric properties were examined for the Parental Accommodation Scale (PAS), a novel measure of
parental accommodating behavior frequency (PAS-Behavior scale) and parental beliefs about
accommodation (PAS-Belief scale). Second, the relationship between parental beliefs about
accommodation and accommodation frequency was examined. Results provide preliminary evidence of
the internal consistency and convergent validity of the PAS. Stronger positive beliefs about
accommodation significantly predicted accommodation frequency, even after controlling for youth anxiety
severity. Specifically, beliefs that accommodation prevents youth from losing behavioral and emotional
control significantly predicted accommodation frequency. Therefore, efforts to decrease accommodation in
clinical settings should involve correcting maladaptive parental beliefs about accommodation, with a
particular emphasis on beliefs regarding the necessity of accommodation in preventing a youth from losing
behavioral and emotional control. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Co-sleeping among school-aged anxious and non-anxious children: Associations with sleep variability and
timing.

Authors:
Palmer, Cara A.; Clementi, Michelle A.; Meers, Jessica M.; Alfano, Candice A.;

Source:
Article]

Abstract:
Little is known about the co-sleeping behaviors of school-aged children, particularly among anxious youth
who commonly present for the treatment of sleep problems. The current study examined the occurrence of
cosleeping in both healthy and clinically anxious children and its associated sleep patterns. A total of 113
children (ages 6–12), 75 with primary generalized anxiety disorder and 38 healthy controls, participated
along with their primary caregiver. Families completed structured diagnostic assessments, and parents
reported on their child's co-sleeping behaviors and anxiety severity. Children provided reports of anxiety
severity and completed one week of wrist-based actigraphy to assess objective sleep patterns. A
significantly greater proportion of anxious youth compared to healthy children co-slept, and greater anxiety
severity was related to more frequent cosleeping. Co-sleeping in anxious youth was associated with a
delay in sleep timing and with greater sleep variability (i.e., more variable nightly sleep duration). All
analyses controlled for child age, race/ethnicity, family income, and parental marital status. Co-sleeping is
highly common in anxious school-aged children, with more than 1 in 3 found to co-sleep at least
sometimes (2–4 times a week). Co-sleeping was even more common for youth with greater anxiety
severity. Increased dependence on others to initiate and maintain sleep may contribute to poorer sleep in
this population via shifted schedules and more variable sleep patterns. (PsycINFO Database Record (c)
2018 APA, all rights reserved)


Title:

Authors:
Poole, Kristie L.; Van Lieshout, Ryan J.; McHolm, Angela E.; Cunningham, Charles E.; Schmidt, Louis A.;

Source:
Article]

Abstract:
Few studies have examined the interactive effect of intra- and extra-individual vulnerability factors on the
trajectory of social anxiety in children. In this study, we examined the joint influence of familial vulnerability
(i.e., parental social anxiety) and child biological stress vulnerability (i.e., cortisol reactivity) on trajectories
of social anxiety. Children (N = 112 (57 males), Mage = 8.14 years, S.D. = 2.25) were followed over three
visits spanning approximately three years. Parental social anxiety was assessed using the Social Phobia
and Anxiety Inventory, children’s behavior and salivary cortisol reactivity were measured in response to a
speech task, and children’s social anxiety was assessed at all three visits using the Screen for Child

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Related Emotional Disorders (SCARED; Parent-report). A growth curve analysis was used to examine trajectories of child social anxiety as predicted by children’s cortisol reactivity and parental social anxiety, adjusting for covariates. We found a significant interaction between parental social anxiety and child cortisol reactivity in predicting child social anxiety across time. Having a socially anxious parent coupled with heightened cortisol reactivity predicted the highest levels of child social anxiety, with scores that remained above clinically significant levels for social anxiety across all visits. Children with familial risk for social anxiety and who also exhibit high stress-reactivity appear to be at risk for persistent, clinically significant social anxiety. This highlights the importance of considering the interaction between both biological and contextual factors when considering the development, maintenance, and treatment of social anxiety in children across time. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,athens&db=psyh&AN=2017-57240-001&site=ehost-live

Title: Vulnerabilities in sequencing and task switching in healthy youth offspring of parents with mood disorders.
Authors: Singh, Manpreet K.; Leslie, Sara M.; Bhattacharjee, Kalpa; Gross, Melina; Weisman, Elizabeth F.; Soudi, Laila M.; Phillips, Owen R.; Onopa, Alexander;
Abstract:
Introduction: Visuospatial processing and task switching are impaired in individuals with mood disorders. It is unknown whether early deficits are present before mood symptom onset or are related to risk for a specific type of mood disorder. To investigate, we compared visual attention and task switching during sequencing among never-disordered youth with parental family histories of bipolar (BD) and major depressive disorders (MDD) and healthy controls (HC) with no personal or family history of psychopathology. Method: 8–17-year-old youth of parents with BD (n = 31, ’BD-risk’), youth of parents with MDD (n = 49, ’MDD-risk’), and demographically similar HC (n = 31, ’HC’) were examined using the Delis–Kaplan Executive Functioning System Trail Making Test. Seed-based resting-state functional connectivity (RSFC) was collected from a subset of 88 participants (25 BD-risk, 37 MDD-risk, 26 HC) to investigate group differences in RSFC related to visuospatial processing. Results: BD-risk and MDD-risk offspring had impaired sequencing and task switching, demonstrated by reduced scores on visual scanning, F(2, 108) = 4.12, p = .02, number sequencing, F(2, 88) = 4.75, p = .01, letter sequencing, F(2, 108) = 4.24, p = .02, and number–letter sequencing, F(2, 108) = 4.66, p = .01, compared to scores in HC. RSFC between the posterior cingulate (PCC) and clusters in the subcallosal cortex, amygdala, and hippocampus significantly differed among HC, BD-risk, and MDD-risk groups. PCC-subcallosal/limbic RSFC was positively coupled in the MDD-risk and BD-risk groups and negatively coupled in HCs. Conclusions: Youth at familial risk for mood disorders demonstrate visuospatial deficits early in the processing stream. Improved methods for identifying at-risk children with the earliest possible neurocognitive impairments may inform remediation strategies that could prevent mood disorders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The compatibility of clinical child mental health treatment and evidence-based treatment protocols.
Authors: Whiteside, Stephen P. H.; Leffler, Jarrod M.; Hord, Melissa K.; Sim, Leslie A.; Schmidt, Michele M.; Geske, Jennifer R.;
Source: Psychological Services Publisher: Educational Publishing Foundation; [Journal Article]
Abstract:
Few children with mental health problems receive evidence-based psychotherapy, partly because of unsuccessful dissemination of evidence-based treatments (EBTs). Previous research suggests that the length and structure of EBT protocols for anxiety disorders may impede their adoption in community practice. To examine the potential discrepancy between EBT protocols and clinical practice across disorders, we examined patient diagnoses and average length of treatment for childhood psychiatric
disorders in a regional medical center where child and adolescent patients from the community have access to mental health care. The findings suggest that although a large portion of youth seeking mental health care presented with symptoms consistent with those addressed by common evidence-based psychotherapy protocols, less than half of these patients ever met with a therapist and less than 10% of those attended a sufficient number of sessions to complete a full treatment protocol. These results underscore the need to develop brief and flexible EBT protocols, such as modular treatments, that introduce essential elements early in the course of treatment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Mothers’ mental state talk and preschool children’s social-behavioral functioning: A multidimensional account.
Authors: Bekar, Ozlem; Steele, Miriam; Shahmoon-Shanok, Rebecca; Steele, Howard;
Abstract: This study aimed to investigate the multidimensional nature of maternal mental state talk with respect to children’s social-behavioral functioning in a low-income urban preschool sample. Maternal speech data were collected as mothers narrated a wordless picture book depicting a diverse set of mental states to their children (n = 130, 2–4 year olds). Dimensions of maternal mental state talk (i.e., type, direction, causality) were examined with the Coding System for Mental State Talk in Narratives. Approximately half of the sample consisted of higher-risk children who were identified as in need of clinical services by on-site clinicians. Results indicated that mothers’ diversity and causality of mental state talk, their acknowledgement of characters’ negative emotions, and talk about children’s cognitions and their own mental states were associated with children’s socially adaptive behaviors. On the other hand, mothers’ tendency to focus on children’s perceptions during the story-telling task (e.g., 'see that?,' 'look!') was linked with lower social competence and internalizing problems. Mothers in the clinical sample used a significantly lower proportion of emotion words compared to mothers in the nonclinical sample. Results suggest that a picture book reading task might provide a cost-effective method for assessing and possibly modifying maternal mental state talk. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Self-injurious behavior in children with developmental disabilities: A systematic review of behavioral intervention literature.
Authors: Erturk, Buket; Machalicek, Wendy; Drew, Christine;
Abstract: We reviewed single-case research studies examining the effects of behavioral interventions for self-injurious behavior (SIB) in young children with autism and developmental disabilities. Systematic searches of electronic databases, journals, and reference lists identified 46 studies (66 participants younger than the age of 12) meeting inclusion criteria. Studies were examined based on (a) participant demographics, (b) topography and function of SIB, (c) type of functional behavior assessment (FBA), (d) intervention procedures and outcomes, and (e) experimental design and measurement. Intervention strategies were categorized as antecedent manipulations, teaching behavior, consequence-based procedures, and/or extinction procedures. Positive outcomes were reported for 78% of participants in the reviewed studies and 88% of the participants were diagnosed with autism. Results suggest the effectiveness of behavioral interventions to decrease SIB for young children with disabilities; however, the frequent use of packaged interventions without component analysis limits the conclusiveness of any treatment recommendation. Suggestions for future research are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Differential reinforcement of other behaviors to treat challenging behaviors among children with autism: A systematic and quality review.

Authors: Weston, Regan; Hodges, Abby; Davis, Tonya N.;


Abstract: This review summarizes the literature regarding differential reinforcement of other behaviors (DRO) to treat challenging behavior among children with autism spectrum disorder (ASD) and determines the quality of studies among the current literature according to the 2014 Council for Exceptional Children (CEC): Standards for Evidence-Based Practices in Special Education. Studies that focused on the use of DRO in the treatment of challenging behavior for individuals with ASD were included for systematic analysis. Forty-five studies were identified for inclusion in this review and were evaluated using the eight quality indicators described by the CEC. To the authors’ knowledge, this is the only systematic review of the literature that evaluates DRO as an intervention for individuals diagnosed with ASD. Principle findings, practical recommendations, and areas of future research are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Employing a fixed-lean multiple schedule in the treatment of challenging behavior for children with autism spectrum disorder.

Authors: Haq, Shaji S.; Machalicek, Wendy; Garbacz, S. Andrew; Drew, Christine;


Abstract: Despite its utility, there is limited applied research on employing fixed-lean (FL) schedules of reinforcement in treatment packages to address challenging behavior. One potential reason is that abrupt shifts to terminal schedules of reinforcement have been associated with immediate increases in challenging behavior before subsiding to clinically acceptable levels. The purpose of the present study was to (a) provide evidence demonstrating the utility of a FL multiple schedule (MS) in the treatment of challenging behavior in applied settings, (b) examine the potential effects of alternative stimuli on challenging behavior during a FL MS, and (c) assess the social validity of this treatment package with participants and caregivers. The results of this study showed low levels of challenging behavior and discriminated mands during the FL MS, but no evidence to support the inclusion of alternative stimuli. In addition, caregivers of both participants reported high levels of satisfaction with the treatment package. Implications for research and clinical practice are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Childhood developmental vulnerabilities associated with early life exposure to infectious and noninfectious diseases and maternal mental illness.

Authors: Green, Melissa J.; Kariuki, Maina; Dean, Kimberlie; Laurens, Kristin R.; Tzoumakis, Stacy; Harris, Felicity; Carr, Vaughan J.;


Abstract:
Background: Fetal exposure to infectious and noninfectious diseases may influence early childhood developmental functioning, on the path to later mental illness. Here, we investigated the effects of in utero exposure to maternal infection and noninfectious diseases during pregnancy on offspring developmental vulnerabilities at age 5 years, in the context of estimated effects for early childhood exposures to infectious and noninfectious diseases and maternal mental illness. Methods: We used population data for 66,045 children from an intergenerational record linkage study (the New South Wales Child Development Study), for whom a cross-sectional assessment of five developmental competencies (physical, social, emotional, cognitive, and communication) was obtained at school entry, using the Australian Early Development Census (AEDC). Child and maternal exposures to infectious or noninfectious diseases were determined from the NSW Ministry of Health Admitted Patients Data Collection (APDC) and maternal mental illness exposure was derived from both APDC and Mental Health Ambulatory Data collections. Multinomial logistic regression analyses were used to examine unadjusted and adjusted associations between these physical and mental health exposures and child developmental vulnerabilities at age 5 years. Results: Among the physical disease exposures, maternal infectious diseases during pregnancy and early childhood infection conferred the largest associations with developmental vulnerabilities at age 5 years; maternal noninfectious illness during pregnancy also retained small but significant associations with developmental vulnerabilities even when adjusted for other physical and mental illness exposures and covariates known to be associated with early childhood development (e.g., child's sex, socioeconomic disadvantage, young maternal age, prenatal smoking). Among all exposures examined, maternal mental illness first diagnosed prior to childbirth conferred the greatest odds of developmental vulnerability at age 5 years. Conclusions: Prenatal exposure to infectious or noninfectious diseases appear to influence early childhood physical, social, emotional and cognitive developmental vulnerabilities that may represent intermediate phenotypes for subsequent mental disorders. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Editorial perspective: From schizophrenia polygenic risk score to vulnerability (endo‐phenotypes): Translational pathways in child and adolescent mental health.

Authors: Poletti, Michele; Raballo, Andrea;


Abstract: Comments on an article by Philip R. Jansen et al. (see record 2017-27067-001). Rather than a mere shortcut towards a diagnostic biomarker of schizophrenia, schizophrenia Polygenic Risk Scores (PRS) might carry an important and yet-to-be exploited broader translational potential. Indeed, although preliminary, studies on its early phenotypic expressivity in the general population could pave the way towards a deeper understanding of the neurodevelopmental pathogenesis of schizophrenia spectrum. This could be implemented through a detailed analysis of (endo)phenotypic expressions across development and has foreseeable implications in terms of a more accurate early staging of the risk for severe mental disorders. This could be important for individuals with a higher genetic load but also for symptomatic help-seekers. Finally, if further corroborated and optimized, the specificity of schizophrenia PRS, might be useful for a more individually tailored stratification of the lifetime risk for severe mental disorders, with the related potential in terms of individualized prevention and empowerment of resilience. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Psychometric evaluation of the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID).

Authors: Duncan, Laura; Georgiades, Kathy; Wang, Li; Van Lieshout, Ryan J.; MacMillan, Harriet L.; Ferro, Mark A.; Lipman, Ellen L.; Szatmari, Peter; Bennett, Kathryn; Kata, Anna; Janus, Magdalena; Boyle, Michael H.;

Source:
The goals of the study were to examine test–retest reliability, informant agreement and convergent and discriminant validity of nine DSM–IV–TR psychiatric disorders classified by parent and youth versions of the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID). Using samples drawn from the general population and child mental health outpatient clinics, 283 youth aged 9 to 18 years and their parents separately completed the MINI-KID with trained lay interviewers on two occasions 7 to 14 days apart. Test–retest reliability estimates based on kappa (κ) went from 0.33 to 0.79 across disorders, samples and informants. Parent–youth agreement on disorders was low (average κ = 0.20). Confirmatory factor analysis provided evidence supporting convergent and discriminant validity. The MINI-KID disorder classifications yielded estimates of test–retest reliability and validity comparable to other standardized diagnostic interviews in both general population and clinic samples. These findings, in addition to the brevity and low administration cost, make the MINI-KID a good candidate for use in epidemiological research and clinical practice. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Autism spectrum disorder in an unselected cohort of children with neurofibromatosis type 1 (NF1).
Abstract: In a non-selected sample of children with Neurofibromatosis type 1 (NF1) the prevalence rate of autism spectrum disorder (ASD) and predictive value of an observational (ADOS)—and questionnaire-based screening instrument were assessed. Complete data was available for 128 children. The prevalence rate for clinical ASD was 10.9%, which is clearly higher than in the general population. This prevalence rate is presumably more accurate than in previous studies that examined children with NF1 with an ASD presumption or solely based on screening instruments. The combined observational- and screening based classifications demonstrated the highest positive predictive value for DSM-IV diagnosis, highlighting the importance of using both instruments in children with NF1. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: The prevalence and psychopathological correlates of sibling bullying in children with and without autism spectrum disorder.
Authors: Toseeb, Umar; McChesney, Gillian; Wolke, Dieter;
Abstract: Using data from a prospective population based study, the prevalence and psychopathological correlates of sibling bullying in children with and without autism spectrum disorder (ASD) were estimated. There were 475 children with ASD and 13,702 children without ASD aged 11 years. Children with ASD were more likely to be bullied by their siblings compared to those without ASD. They were also more likely than those without ASD to both bully and be bullied by their siblings, which was associated with lower prosocial skills as well as more internalizing and externalizing problems compared to those not involved in any sibling bullying. Interventions to improve social and emotional outcomes in children with ASD should focus on both the affected and the unaffected sibling. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Evaluating sex and age differences in ADI-R and ADOS scores in a large European multi-site sample of individuals with Autism Spectrum Disorder.


Abstract: Research on sex-related differences in Autism Spectrum Disorder (ASD) has been impeded by small samples. We pooled 28 datasets from 18 sites across nine European countries to examine sex differences in the ASD phenotype on the ADI-R (376 females, 1763 males) and ADOS (233 females, 1187 males). On the ADI-R, early childhood restricted and repetitive behaviours were lower in females than males, alongside comparable levels of social interaction and communication difficulties in females and males. Current ADI-R and ADOS scores showed no sex differences for ASD severity. There were lower socio-communicative symptoms in older compared to younger individuals. This large European ASD sample adds to the literature on sex and age variations of ASD symptomatology. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: A genome-wide linkage study of autism spectrum disorder and the broad autism phenotype in extended pedigrees.

Authors: Woodbury-Smith, Marc; Paterson, Andrew D.; O'Connor, Irene; Zarrei, Mehdi; Yuen, Ryan K. C.; Howe, Jennifer L; Thompson, Ann; Parlier, Morgan; Fernandez, Bridget; Piven, Joseph; Scherer, Stephen W.; Vieland, Veronica; Szatmari, Peter;

Source: Journal of Neurodevelopmental Disorders, Vol 10, Jun 11, 2018 ArtID: 20. Publisher: BioMed Central Limited; [Journal Article]

Abstract: Background: Although several genetic variants for autism spectrum disorder (ASD) have now been identified, these largely occur sporadically or are de novo. Much less progress has been made in identifying inherited variants, even though the disorder itself is familial in the majority of cases. The objective of this study was to identify chromosomal regions that harbor inherited variants increasing the risk for ASD using an approach that examined both ASD and the broad autism phenotype (BAP) among a unique sample of extended pedigrees. Methods: ASD and BAP were assessed using standardized tools in 28 pedigrees from Canada and the USA, each with at least three ASD-diagnosed individuals from two nuclear families. Genome-wide linkage analysis was performed using the posterior probability of linkage (PPL) statistic, a quasi-Bayesian method that provides strength of evidence for or against linkage in an essentially model-free manner, with outcomes on the probability scale. Results: The results confirm appreciable interfamilial heterogeneity as well as a high level of intrafamilial heterogeneity. Both ASD and combined ASD/BAP specific loci are apparent. Conclusions: Inclusion of subclinical phenotypes such as BAP should be more widely employed in genetic studies of ASD as a way of identifying inherited genetic variants for the disorder. Moreover, the results underscore the need for approaches to identifying genetic risk factors in extended pedigrees that are robust to high levels of inter/intrafamilial locus and allelic heterogeneity. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Specificity of spontaneous EEG associated with different levels of cognitive and communicative dysfunctions in children.

Authors:
Kozhushko, Nadezhda Ju.; Nagornova, Zhanna V.; Evdokimov, Sergey A.; Shemyakina, Natalia V.; Ponomarev, Valery A.; Tereshchenko, Ekaterina P.; Kropotov, Jury D.

Source:

Abstract:
This study aimed to reveal electrophysiological markers of communicative and cognitive dysfunctions of different severity in children with autism spectrum disorder (ASD). Eyes-opened electroencephalograms (EEGs) of 42 children with ASD, divided into two groups according to the severity of their communicative and cognitive dysfunctions (24 with severe and 18 children with less severe ASD), and 70 age-matched controls aged 4–9 years were examined by means of spectral and group independent component (gIC) analyses. A predominance of theta and beta EEG activity in both groups of children with ASD compared to the activity in the control group was found in the global gIC together with a predominance of beta EEG activity in the right occipital region. The quantity of local gICs with enhanced slow and high-frequency EEG activity (within the frontal, temporal, and parietal cortex areas) in children 4–9 years of age might be considered a marker of cognitive and communicative dysfunction severity. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Comparison of effectiveness and cost-effectiveness of an intensive community supported discharge service versus treatment as usual for adolescents with psychiatric emergencies: A randomised controlled trial.

Authors:
Ougrin, Dennis; Corrigall, Richard; Poole, Jason; Zundel, Toby; Sarhane, Mandy; Slater, Victoria; Stahl, Daniel; Reavey, Paula; Byford, Sarah; Heslin, Margaret; Ivens, John; Crommelin, Maarten; Abdulla, Zahra; Hayes, Daniel; Middleton, Kerry; Nnadi, Benita; Taylor, Eric

Source:

Abstract:
Background: Intensive community treatment to reduce dependency on adolescent psychiatric inpatient care is recommended in guidelines but has not been assessed in a randomised controlled trial in the UK. We designed a supported discharge service (SDS) provided by an intensive community treatment team and compared outcomes with usual care. Methods: Eligible patients for this randomised controlled trial were younger than 18 years and had been admitted for psychiatric inpatient care in the South London and Maudsley NHS Foundation Trust. Patients were assigned 1:1 to either the SDS or to usual care by use of a computer-generated pseudorandom code with random permuted blocks of varying sizes. The primary outcome was number of inpatient bed-days, change in Strengths and Difficulties Questionnaire (SDQ) scores, and change in Children's Global Assessment Scale (CGAS) scores at 6 months, assessed by intention to treat. Cost-effectiveness was explored with acceptability curves based on CGAS scores and quality-adjusted life-years (QALYs) calculated from the three-level EuroQol measure of health-related quality of life (EQ-5D-3L), taking a health and social care perspective. This study is registered with the ISRCTN Registry, number ISRCTN82129964. Findings: Hospital use at 6 months was significantly lower in the SDS group than in the usual care group (unadjusted median 34 IQR 17–63 vs 50 days, 19–125, p = 0.04). The ratio of mean total inpatient days for usual care to SDS was 1.67 (95% CI 1.02–2.81, p = 0.04), which decreased to 1.65 (0.99–2.77, p = 0.057) when adjusted for differences in hospital use before randomisation. Scores for SDQ and CGAS did not differ between groups. The cost-effectiveness acceptability curve based on QALYs showed that the probability of SDS being cost-effective compared with usual care was around 60% with a willingness-to-pay threshold of £20 000–30 000 per QALY, and that based on CGAS showed at least 58% probability of SDS being cost-effective compared with usual care irrespective of willingness to pay. We recorded no adverse events attributable to SDS or usual care. Interpretation: SDS provided by an intensive community treatment team reduced bed usage at 6 months' follow-up but had no effect on functional status and symptoms of mental health disorders compared with usual care. The possibility of preventing admissions, particularly through features such as reduced self-harm and improved reintegration into school, with intensive community treatment should be investigated in future studies. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Title: Cluster randomized trial of the classroom SCERTS intervention for elementary students with autism spectrum disorder.

Authors: Morgan, Lindee; Hooker, Jessica L.; Sparapani, Nicole; Reinhardt, Vanessa P.; Schatschneider, Chris; Wetherby, Amy M.;


Abstract: Objective: This cluster randomized trial (CRT) evaluated the efficacy of the Classroom Social, Communication, Emotional Regulation, and Transactional Support (SCERTS) Intervention (CSI) compared with usual school-based education with autism training modules (ATM). Method: Sixty schools with 197 students with autism spectrum disorder (ASD) in 129 classrooms were randomly assigned to CSI or ATM. Mean student age was 6.79 years (SD 1.05) and 81.2% were male. CSI teachers were trained on the model and provided coaching throughout the school year to assist with implementation. A CRT, with students nested within general and special education classrooms nested within schools, was used to evaluate student outcomes. Results: The CSI group showed significantly better outcomes than the ATM group on observed measures of classroom active engagement with respect to social interaction. The CSI group also had significantly better outcomes on measures of adaptive communication, social skills, and executive functioning with Cohen’s d effect sizes ranging from 0.31 to 0.45. Conclusion: These findings support the preliminary efficacy of CSI, a classroom-based, teacher-implemented intervention for improving active engagement, adaptive communication, social skills, executive functioning, and problem behavior within a heterogeneous sample of students with ASD. This makes a significant contribution to the literature by demonstrating efficacy of a classroom-based teacher-implemented intervention with a heterogeneous group of students with ASD using both observed and reported measures. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Assessment and treatment of aggressive behavior maintained by access to physical attention.

Authors: Newcomb, Eli T.; Wright, J. Adam; Camblin, Jennifer G.;

Source: Behavior Analysis: Research and Practice Publisher: Educational Publishing Foundation; [Journal Article]

Abstract: Aggression maintained by access to physical attention was examined using two preparations of a functional analysis, after which additional assessment was carried out to identify stimuli that competed with problem behavior. The participant, Ted, was a 13-year-old boy diagnosed with autism spectrum disorder, who attended a private specialized education facility because of underdeveloped communication skills and problem behavior. At the time of the study, his aggression had become more prevalent, unpredictable, and elevated in intensity. Following assessment, a noncontingent reinforcement (NCR) intervention using competing stimuli was implemented to reduce rates of Ted’s increasingly unmanageable aggression. Results indicated that implementation of the NCR intervention was followed by decreased rates, more predictable patterns, and diminished intensity of aggressive behavior. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Learning a musical instrument can benefit a child with special educational needs.

Authors: Rose, Dawn; Jones Bartoli, Alice; Heaton, Pamela;
This study explores outcomes related to musical learning in a child with complex special educational needs. CB is a boy who was 8 years old at the start of the study and was diagnosed with comorbid autism spectrum disorder, attention deficit hyperactivity disorder, sensory processing difficulties, dyslexia, and dyspraxia during the study. He was evaluated on a battery of developmental measures before and after 1 year of music learning. At pretesting, CB obtained a high musical aptitude score and an average IQ score. However, his scores on tests measuring motor abilities, executive function, and social-emotional skills were low. Posttesting revealed improvements in CB’s fluid intelligence and motor skills, and although teacher and parent reports suggested a decline in his social-emotional functioning, his musical progress was good. The results are discussed in the context of impairments in developmental disorders, the importance of flexible teaching approaches, and family support for music learning during childhood.


Title:

Authors:
Ivy, Jonathan W.; Payne, Julie; Neef, Nancy A.;

Source:
Behavior Analysis: Research and Practice Publisher: Educational Publishing Foundation; [Journal Article]

Abstract:
Repetitive or stereotyped patterns of responding are a defining characteristic of autism. These repetitive patterns of responding often extend to leisure or free time during which an individual may engage in a limited range of activities, resulting in missed opportunities to contact other potential reinforcers. Lag schedules of reinforcement have been shown to be effective in promoting varied response patterns within-session. Applying a Lag schedule as a second-order schedule may produce varied responding across-session. A multiple baseline across participants design was used to examine the effects of a second-order lag schedule and visual discriminative stimuli on the leisure activity selection of three elementary school students diagnosed with autism. During the intervention condition, reinforcers were delivered when participants selected leisure activities that differed from previous sessions, which were associated with visual stimuli. The intervention increased variable responding across sessions and stable responding within sessions, thereby allowing the participants to sample the natural reinforcers associated with more sustained engagement with a wider range of leisure activities. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
An integrative model of risk for high school disordered eating.

Authors:
Davis, Heather A.; Smith, Gregory T.;

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

Abstract:
Binge eating and purging behaviors are associated with significant harm and distress among adolescents. The process by which these behaviors develop (often in the high school years) is not fully understood. We tested the Acquired Preparedness (AP) model of risk involving transactions among biological, personality, and psychosocial factors to predict binge eating and purging behavior in a sample of 1,906 children assessed in the spring of 5th grade (the last year of elementary school), the fall of 6th grade (the first year of middle school), spring of 6th grade, and spring of 10th grade (second year of high school). Pubertal onset in spring of 5th grade predicted increases in negative urgency, but not negative affect, in the fall of 6th grade. Negative urgency in the fall of 6th grade predicted increases in expectancies for reinforcement from eating in the spring of 6th grade, which in turn predicted increases in binge eating behavior in the spring of 10th grade. Negative affect in the fall of 6th grade predicted increases in thinness expectancies in the spring of 6th grade, which in turn predicted increases in purging in the spring of 10th grade. Results
demonstrate similarities and differences in the development of these two different bulimic behaviors. Intervention efforts targeting the risk factors evident in this model may prove fruitful in the treatment of eating disorders characterized by binge eating and purging. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Authors: Lockhart, Kristi L.; Keil, Frank C.;
Abstract: This article is part of the monograph 'What Heals and Why? Children's Understanding of Medical Treatments.' We live in an increasingly pharmacological and medical world, where children and adults frequently encounter alleged treatments for an enormous range of illnesses. How do we come to understand what heals and why? In this monograph, 15 studies explore how 1,414 children (ages 5–11) and 882 adults construe the efficacies of different kinds of cures. Developmental patterns in folk physics, psychology, and biology lead to predictions about which expectations about cures will remain relatively constant across development and which will change. With respect to stability, we find that even young school children (ages 5–7) distinguish between physical and psychological disorders and the treatments most effective for each. In contrast, young children reason differently about temporal properties associated with cures. They often judge that dramatic departures from prescribed schedules will continue to be effective. Young children are also less likely than older ages to differentiate between the treatment needs of acute versus chronic disorders. Young children see medicines as agent-like entities that migrate only to afflicted regions while having 'cure-all' properties. They also differ from older children and adults by judging pain and effort as reducing, instead of enhancing, a treatment's power. Finally, across all studies, optimism about treatment efficacy declines with age. Taken together, these studies show major developmental changes in how children envision the ways medicines work in the body. Moreover, these findings link to broader patterns in cognitive development and have implications for how medicines should be explained to children. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: What heals and why? Children's understanding of medical treatments. II. The proper realms of medicines and their alternatives: What count as cures?
Authors: Lockhart, Kristi L.; Keil, Frank C.;
Abstract: This article is part of the monograph 'What Heals and Why? Children's Understanding of Medical Treatments.' This chapter asks how children come to narrow down the most plausible links between diseases and potential cures. Based on the predictions proposed in Chapter I (see record 2018-17638-001), we expected that both spatial proximity and dualism biases would be present throughout the school years. Study 1 investigated participants' beliefs about the efficacy of interventions to improve physical and psychological health. Study 2 employed new disorders: symptoms of depression and obsessive-compulsive disorder replaced the symptoms of the previous two anxiety disorders, and symptoms of lung and stomach problems, more familiar to children, replaced the kidney and liver symptoms. In Study 3, participants were asked to select which of four possible treatment options would be best for curing physical or psychological symptoms. In Study 4, we tested whether participants differentiate between treatments involving living versus non-living substances by comparing their use in internal, near external, and distant external treatments. Ss were 5-7 yr olds, 8-11 yr olds, and adults. Studies 1–4 supported the
predictions in Chapter I. In particular, proximity of cures to the disease was related to judgments of efficacy. In addition, psychological cures were seen as more plausibly connected to psychological illnesses and physical cures to biological illnesses. Finally, in all four studies, the youngest age group was the most optimistic about proposed interventions to effect improvements in both physical and psychological symptoms. The next chapters ask whether changing views of temporal and spatial relations between causes and cures might arise from shifts in views of the underlying causal patterns and mechanisms associated with medicines and their actions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: What heals and why? Children's understanding of medical treatments. III. Time courses of illnesses and treatments.  
Authors: Lockhart, Kristi L.; Keil, Frank C.;  
Abstract: This article is part of the issue 'What Heals and Why? Children’s Understanding of Medical Treatments.' In Chapter I (see record 2018-17638-001), we proposed that intuitions about timing are likely to undergo developmental changes during the early school years both with respect to reasoning about treatments for chronic and acute illnesses and also with respect to deviations from prescribed cures. Studies 1–4 (see record 2018-17638-002) supported the predictions concerning spatial proximity, dualism, and optimism. In the current chapter, Study 5 focused on varying dosage schedules away from their prescribed norms. 46 5–7-year-olds, 44 8–11-year-olds, and 38 adults (aged 18–58 yrs) participated. This study examined participants' beliefs about how the progress of a specific disease might be influenced by varying the amount of medicine and time course over which it is administered. Also, Study 6 looked at chronic physical and psychological symptoms in contrast to sudden onset cases and asked if they might be mapped onto different treatment time courses and different underlying mechanisms. Across the two studies, the adult and child predictions concerning timing were supported. As predicted, the youngest children embraced adherence to the precise prescription rules when possible, but when departures from the schedule do occur, they failed to make distinctions between deviations that would produce harm. Adults, with a richer understanding of disease and medication mechanisms, were more tolerant of minor deviations, believing the efficacy of taking two pills in the morning of each day was similar to that of taking pills once in the morning and once in the evening. Intuitions about time courses seem to be related to intuitive beliefs about how medicines work in the body. We turn to investigations of spatial intuitions and agency in Chapter IV. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Ethnicity's role in the relationship between anxiety and negative interpretation bias among clinically anxious youth: A pilot study.  
Authors: Sherman, Jamie Alexa; Ehrenreich-May, Jill;  
Source: Child Psychiatry and Human Development, Vol 49(3), Jun, 2018 pp. 396-408. Publisher: Springer;  
Abstract: Negative interpretation bias, a correlate of anxiety, is defined as an individual's tendency to interpret ambiguous events as negative or threatening. The current study examined associations between interpretation bias and anxiety symptoms in clinically anxious youth and potential moderators of these relationships. Thirty anxious youth and their parents participated in a clinical interview and reported on child anxiety symptoms. Youth completed implicit, explicit-personally irrelevant, and explicit-personally relevant interpretation bias measures. Child-reported anxiety was only associated with negative interpretation bias on the explicit-personally relevant measure and parent-reported social anxiety was negatively associated with positive bias on this measure. Hispanic individuals displayed marginally higher
anxiety symptoms and significantly more intense negative interpretation on the implicit measure. While this pilot study revealed preliminary findings that Hispanic ethnicity may play a role in relationships between interpretation bias and anxiety, future work may further elucidate associations between interpretation bias, anxiety, and ethnicity in anxious youth. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Employment and Mental Health

Title:
The decade-long effect of work insecurity on husbands' and wives' midlife health mediated by anxiety: A dyadic analysis.
Authors:
Wickrama, Kandauda (K. A. S.); O'Neal, Catherine Walker; Lorenz, Frederick O.;
Source:
Abstract:
Although the detrimental physical health effects of work insecurity have been noted in previous research, less is known about the mediating processes, such as anxiety symptoms, that link work insecurity to physical health. Even less research has explored these effects at specific life stages and how these effects may impact significant others, even though the impact of this stress may vary across the life course and the mutual influences between married partners may cause dyadic effects stemming from partners' work insecurity. To fill these gaps, the current study incorporates theories that emphasize the stress-work connection, such as stress appraisal theory (Lazarus, 1999) and resource conservation theory (Hobfoll, 1989), into a neurobiological stress-health perspective. This study uses a sample of 330 consistently married, dual-earner husbands and wives who provided data at multiple time points over a 10-year period from 1991 to 2001. Results from a model including growth curves of work insecurity and anxiety symptoms when respondents were in their early middle years and reports of physical illness in their later middle years generally supported the hypothesized model. Both the level and rate of change in work insecurity were related to the change in anxiety symptoms over time. Similarly, the level and rate of change in anxiety symptoms from 1991 to 1994 were linked to subsequent illness years later in 2001. There was only partial support for the existence of partner effects. Findings are discussed as they relate to previous research as well as policy and clinical implications. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Intergenerational policy and workforce participation in Australia: Using health as a metric.
Authors:
Strazdins, Lyndall; Welsh, Jennifer; Hinde, Sarah; Butterworth, Peter;
Source:
Abstract:
Like many nations, population ageing is challenging Australia's economic future; increasing the workforce participation of mothers and mature-aged adults are two policy strategies to address it. Drawing on a Health in All Policies (HiAPs) framework, our study aims to supply longitudinal evidence on connections between this policy strategy and health. Considering physical inactivity, poor mental health, overweight and obesity we estimate associations with the level of participation (not employed compared with part- or full-time employed). Using eight waves of data from the Household, Income and Labour Dynamics in Australia survey, a series of random intercept logistic models estimate the odds for mothers (n = 2105) and Australians aged 55–64 years (n = 3201) on each health outcome. We find that there are health benefits as well as risks linked to level of participation. Mothers who worked > 20 h/wk had higher odds of physical inactivity, as did mature-aged Australians working either part—or full-time. Working part- or full-time was unrelated to overweight or obesity over the span of our study. Level of participation was unrelated to mental health among mature-age Australians, although part-time (but not full-time) work benefited mothers'. In terms of health, working more may offer mixed blessings to these two target populations; part-time work appears to be optimal. By using health as a metric, our study adds to the case for a HiAPs approach. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title:
Experiences with the implementation of Individual Placement and Support for people with severe mental illness: A qualitative study among stakeholders.

Authors:
Vukadin, Miljana; Schaafsma, Frederieke G.; Westerman, Marjan J.; Michon, Harry W. C.; Anema, Johannes R.;

Source:

Abstract:
Background: Individual Placement and Support (IPS) is an evidence-based approach to help people with severe mental illness achieve competitive employment. This article provides insight into an organizational and a financial implementation strategy for IPS in the Netherlands by exploring the perceived facilitators and barriers among participating stakeholders. The goal of this multifaceted strategy was to improve IPS implementation by improving the collaboration between all organizations involved, and realising secured IPS funding with a 'pay for performance' element. Methods: A qualitative, explorative study among practitioners (n = 8) and decision makers (n = 7) in mental health care and vocational rehabilitation was performed using semi-structured interviews to collect rich information about the possible facilitators and barriers with regard to the organizational and financial implementation strategy for IPS. Results: Important perceived facilitators were the key principles of the IPS model, regular meetings of stakeholders in mental health care and vocational rehabilitation, stakeholders' experienced ownership of IPS and collaboration, the mandate and influence of the decision makers involved and secured IPS funding. Important perceived barriers included the experienced rigidity of the IPS model fidelity scale and lack of independent fidelity reviewers, the temporary and fragmented character of the secured funding, lack of communication between decision makers and practitioners and negative attitudes and beliefs among mental health clinicians. Changes in legislation were experienced as a facilitator as well as a barrier. Conclusions: The results of this study suggest that the collaboration and IPS funding were experienced as improved by applying an organizational and a financial implementation strategy. However, considerable effort is still necessary to overcome the remaining barriers identified and to make the implementation of IPS a success in practice. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title:
Labor trafficking victimizations: Repeat victimization and polyvictimization.

Authors:
De Vries, Ieke; Farrell, Amy;

Source:

Abstract:
Objective: To examine labor trafficking victimizations as forms of repeat victimization and polyvictimization. Method: The study uses secondary cross-sectional data about 115 labor-trafficked persons in the United States who received services after the labor trafficking experience. Through multivariate regression analyses, victimization patterns were investigated at each primary stage of the trafficking process (recruitment, transportation, employment). Results: Our findings demonstrate patterns of repeat victimization and polyvictimization among labor-trafficked persons. Prior victimization experiences before the onset of the trafficking significantly increased the odds of experiencing victimization during the initial stages of the trafficking process (recruitment and transportation). Victimization experiences during these initial stages further increased the risk of experiencing a higher count of polyvictimization during the final stage of the trafficking process (employment). Conclusions: Our study lays the groundwork for an analytical framework upon which to evaluate labor trafficking. The results call for early intervention and comprehensive assistance programs that take into account enduring and cumulative victimization patterns in order to meet the needs of identified labor-trafficked persons. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Transphobia in the workplace: A qualitative study of employment stigma.
Authors: Mizock, Lauren; Riley, Julie; Yuen, Nelly; Woodrum, T. Dawson; Sotilleo, Erica A.; Ormerod, Alayne J.;
Abstract: Transgender individuals report frequent encounters with transphobia in the workplace, although relatively few studies have investigated this phenomenon. The present grounded theory analysis was conducted with 45 transgender and gender diverse participants to delineate their different experiences with bias and discrimination in the workplace. Qualitative data analysis revealed the following themes pertaining to work transphobia: lack of social support, workplace gender policing, personal safety threats, acquisition and advancement barriers, intersectional discrimination, intuited stigma, and lack of inclusive policy. Results suggest the diverse challenges faced by transgender individuals in the workplace and the need for further interventions, supports, and policy to counteract work-related transphobia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: The association between unemployment and depression—Results from the population-based LIFE-adult-study.
Authors: Zuelke, Andrea E.; Luck, Tobias; Schroeter, Matthias L.; Witte, A. Veronica; Hinz, Andreas; Engel, Christoph; Enzenbach, Cornelia; Zachariae, Silke; Loeffler, Markus; Thiery, Joachim; Villringer, Arno; Riedel-Heller, Steffi G.;
Source: Journal of Affective Disorders, Vol 235, Aug 1, 2018 pp. 399-406. Publisher: Elsevier Science; [Journal Article]
Abstract: Background: Unemployment is a risk factor for impaired mental health. Based on a large population-based sample, in this study we therefore sought to provide detailed information on the association between unemployment and depression including information on (i) differences between men and women, (ii) differences between different types of unemployment, and (iii) on the impact of material and social resources on the association. Methods: We studied 4,842 participants (18–65 years) of the population-based LIFE-Adult-Study. Depression was assessed using the Center for Epidemiological Studies Depression Scale. Employment status was divided into three groups: being employed, being unemployed receiving entitlement-based benefits, being unemployed receiving means-tested benefits. Multivariate logistic regression models were applied to assess the association between employment status and depression. Results: Statistically significantly increased depression risk was solely found for unemployed persons receiving means-tested benefits. Adjusting for differences in sociodemographic factors, net personal income and risk of social isolation, comparable associations of being unemployed and receiving means-tested benefits with elevated depression risk were found for men (Odds Ratio/OR = 2.17, 95%-CI = 1.03–4.55) and women (OR = 1.98, 95%-CI:1.22–3.20). Limitations: No conclusions regarding causality can be drawn due to the cross-sectional study design. It was not possible to assess length of unemployment spells. Conclusion: Unemployed persons receiving means-tested benefits in Germany constitute a risk group for depression that needs specific attention in the health care and social security system. The negative impact of unemployment on depression risk cannot be explained solely by differences in material and social resources. Contrasting earlier results, women are equally affected as men. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Dealing with negative job search experiences: The beneficial role of self-compassion for job seekers’ affective responses.
Authors: Kreemers, Loes M.; van Hooft, Edwin A. J.; van Vianen, Annelies E. M.;
Searching for a job is associated with various obstacles and difficulties, which may elicit emotional responses among job seekers. In a cross-sectional (Study 1; N = 99) and a 5-wave diary study (Study 2; N = 227), we examined whether self-compassion helps job seekers to better cope emotionally with the difficulties they encounter (Study 1) and the lack of progress they experience (Study 2) during job search. Results of Study 1 indicated that self-compassion related positively to positive affect and negatively to negative affect. Furthermore, the negative relationship between difficulties during job search and different types of positive affect (i.e., activating and deactivating) was less negative for job seekers with more self-compassion. Results of Study 2 showed that job seekers high on self-compassion reported less negative affect and more positive affect during job search episodes in which progress was lacking than job seekers low on self-compassion. Furthermore, self-compassion was found to function as an adaptive mindset that attenuates the positive relationship of perceived lack of job search progress with different types (i.e., activating and deactivating) of negative affect. The combined Study 1 and 2 findings suggest that self-compassion can be beneficial for job seekers’ well-being in difficult times during the job search process.


Title: Development and validation of the short-form employability five-factor instrument.
Authors: Van der Heijden, Beatrice I. J. M.; Notelaers, Guy; Peters, Pascale; Stoffers, Jol M. M.; De Lange, Annet H.; Froehlich, Dominik E.; Van der Heijde, Claudia M.
Abstract: A 22-item short-form of the 47-item Employability Five-Factor instrument (Van der Heijde & Van der Heijden, 2006; Van der Heijden, De Lange, Demerouti, & Van der Heijde, 2009) was developed and validated across five empirical survey studies. The Short-Form Employability instrument has consistent and acceptable internal consistencies and a similar factor structure across all samples studied. The outcomes favor a five-dimensional operationalization of the employability construct over a one-dimensional higher-order construct, with good discriminant validity of the underlying employability dimensions. Moreover, since the five dimensions of employability all appeared to be significantly related to both objective and subjective career success outcome measures, the predictive validity of the shortened tool is promising. The Short-Form Employability instrument facilitates further scientific HRM and career research without compromising its psychometric qualities. (PsycINFO Database Record (c) 2018 APA, all rights reserved)


Title: Implementation of resource facilitation to assess referral needs and promote access to state vocational rehabilitation services in people with traumatic brain injury.
Authors: Davis, Lynne C.; Sander, Angelle M.; Bogaards, Jay A.; Pappadis, Monique R.
Abstract: Resource facilitation (RF) has shown promise for improving return to work (RTW) after traumatic brain injury (TBI), but little is known about the RF needs of people recruited from acute trauma settings. In this descriptive study, we sought to track referral needs, describe problems in accessing state vocational rehabilitation (VR) services, and highlight the role of RF in overcoming these difficulties in 45 adults with complicated mild to severe TBI seeking RTW who were recruited from acute trauma care. Participants received a referral to the state VR agency, along with RF services for up to one year. Case coordinators (CCs) conducted biweekly assessments, provided referrals, and helped address problems in accessing services. On average 4.92 referrals were generated per participant; 91% required referrals. CCs made
44% of referrals, while physicians/other healthcare professionals generated 33% and VR counsellors generated 23%. CCs filled a gap in referring for financial and transportation difficulties. Two case studies illustrate implementation of the RF paradigm. RF provides systematic assessment and referral for services needed to facilitate utilisation of state VR services. Among persons with TBI recruited from acute trauma settings in the US, CCs provide referrals that are often not generated by other sources. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Unemployment as a liminoid phenomenon: Identity trajectories in times of crisis.
Authors: Daskalaki, Maria; Simosi, Maria;
Abstract: This article explores the formation of work identities in times of financial crisis and extreme austerity. In particular, we build upon prior studies of liminality, a state of in-betweenness and ambiguity, and explore how individuals, whose employment opportunities and career paths have been disrupted, construct their work/professional identities. The study draws on 39 semi-structured interviews conducted in Greece, where high levels of unemployment and economic stagnation prevail. Persistent crisis and austerity have prompted extended periods of instability and unpredictability during which the unemployed narratively (re)construct their past, present and future work selves. We propose that frequent job changes and persistent lack of work are not linear experiences but, instead, require multiple and, at times, ambiguous, fluid and incomplete identifications. These identifications include attempts to re-affirm prior stable professional identities, to institute new, yet still unidentified, careers or to enact what we term 'liminoid identity positions'. When in liminoid positions, instead of pursuing intangible work futures, the unemployed create anti-structural spaces in which they collectively practice alternative forms of work and organization. Concluding, the article provides grounds for the study of individuals’ capacity to challenge the neoliberal restructuring of work and the possibilities for transformation in periods of unemployment and crisis. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Title: Impact of frontal neurobehavioral symptoms on employment in individuals with TBI.
Authors: Weber, Erica; Spirou, Angela; Chiaravalloti, Nancy; Lengenfelder, Jeannie;
Source: Rehabilitation Psychology Publisher: American Psychological Association; [Journal Article]
Abstract: Objective: To explore the contribution of frontal systems behavioral dysfunction on employment outcomes in individuals with traumatic brain injury (TBI), in the context of relevant predictors of work status. Method: Forty-two participants with history of moderate-to-severe TBI were classified as either 'Employed' or 'Unemployed.' Groups did not differ on most demographic or injury variables, although the Unemployed sample reported greater symptoms of depression, pain, and fatigue (ps < 0.05). Participants completed a neuropsychological evaluation emphasizing frontal systems and Frontal Systems Behavior Scale (FrSBe; self- and informant-rated forms). Results: T tests using cognitive indicators of frontal dysfunction revealed no significant differences between groups (ps > 0.05). T tests using neurobehavioral indicators of frontal dysfunction (i.e., FrSBe) revealed differences between groups on both self- (Hedge's g = 0.71; p = .046) and informant-rated (g = 1.12; p = .001) FrSBe total T scores. Two logistic regressions for each FrSBe score were conducted, including relevant variables on which samples differed as covariates. Only the informant-rated FrSBe score remained a significant predictor of employment (FrSBe-informant: p = .038; R-squared change = 0.177). Self- and informant-rated FrSBe scores were significantly correlated in the Unemployed group (r = .403; p = .037) but not in the Employed sample (r = .102; p = .717). Conclusions: These results suggest that behavioral indicators of frontal systems dysfunction are predictive of employment status in individuals with TBI. Future work should aim to test the efficacy of strategies to
reduce dysfunctional frontal behaviors as a means to gain and maintain employment. (PsycINFO
Database Record (c) 2018 APA, all rights reserved)


Title:
A randomized controlled trial examining a cognitive behavioral therapy intervention enhanced with
cognitive remediation to improve work and neurocognition outcomes among persons with schizophrenia
spectrum disorders.
Authors:
Kukla, Marina; Bell, Morris D.; Lysaker, Paul H.;
Source:
Abstract:
This single blind, three-armed randomized controlled trial compared cognitive behavioral therapy (CBT)
enhanced with cognitive remediation (CBT + CR) to CBT alone and an active control condition on work
and neurocognition outcomes for persons with schizophrenia spectrum disorders. Seventy-five adult
outpatients with schizophrenia or schizoaffective disorder were randomized to three study conditions (N =
25 per group). The CBT intervention was the Indianapolis Vocational Intervention program (IVIP),
consisting of weekly group and individual sessions focused on work-related content. Participants in the
CBT + CR group received IVIP and Posit Science computer-based cognitive training. The active control
group consisted of weekly vocational support groups and individual vocational support sessions. All
participants were placed into a noncompetitive work assignment and were followed for 26 weeks. Data
collection included hours worked, weekly work performance ratings, and neurocognition assessed at
baseline and 6months. Neurocognition was also assessed at 12months. Data were analyzed using
multilevel linear models to account for nested, repeated measures data. Results indicate that participants
in the CBT + CR condition worked significantly more hours and had a more positive trajectory of improving
global work performance and work quality across the study compared with the CBT alone and vocational
support condition. Compared to the other conditions, CBT + CR also had a significant increase in overall
neurocognition that continued to the 12month follow-up, particularly in the domains of verbal learning and
social cognition. In conclusion, CBT + CR may be an effective intervention to improve work functioning
and neurocognition in persons with schizophrenia. (PsycINFO Database Record (c) 2018 APA, all rights
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Title:
How to identify ethical practices in organizations prior to employment.
Authors:
Brodhead, Matthew T.; Quigley, Shawn P.; Cox, David J.;
Source:
Abstract:
Behavior analysts likely can evaluate multiple organizations prior to accepting a job due to recent
increases in the number of organizations providing ABA services. We argue that evaluating the ethical
values of an organization is paramount during the job search process. We provide strategies for
evaluating the ethical values of an organization prior to employment and describe considerations from the
pre-application process through contract negotiations. Ultimately, we add to the growing body of literature
that provides guidance for common problems behavior analysts may face over the course of their careers.
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Title:
The contribution of employment duration to 18-month neurocognitive outcomes in first-episode psychosis.
Authors:
Karambelas, George J.; Allott, Kelly A.; Killackey, Eóin; Farhall, John; Cotton, Sue M.;
Objective: Increased employment duration has been associated with change in performance on specific neurocognitive domains in populations with schizophrenia, but not in first-episode psychosis. The aim of this exploratory study was to examine whether employment duration over 18 months is associated with neurocognitive outcomes over 18 months among individuals with first-episode psychosis. Method: Eighty-eight young people with first-episode psychosis completed a neurocognitive battery at baseline and 18 months. Setwise (hierarchical) multivariate linear regressions were used to examine predictors of change in neurocognitive performance over 18 months. Total hours employed over 18 months were entered after accounting for age, gender, premorbid IQ, and negative symptom change scores. Results: Total hours employed was significantly associated with change in Symbol Digit Modalities Test raw score ($p = .020$), Letter-Number Sequencing scaled score ($p = .016$), Digit Span total scaled score ($p = .047$) and Rey Complex Figure Test delayed recall raw score ($p = .016$) over 18 months, after controlling demographic characteristics, premorbid IQ, and changes in negative psychotic symptoms. Conclusions and Implications for Practice: Total hours worked over 18 months was associated with small improvements on one test of processing speed and one test of working memory. However, total hours worked over 18 months was also associated with decline on one test of attention and working memory and visual organization and memory. The findings implicate that work alone may not be entirely effective in changing neurocognitive functioning for young people with first-episode psychosis. (PsycINFO Database Record (c) 2018 APA, all rights reserved)